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PREGNANCY

Looking after yourself

Antenatal care

BIRTH

Planning for the birth

Labour and birth

YOU AND YOUR NEW BABY

Caring for your new baby

Looking after yourself

YOUR GROWING BABY

Your baby's development

Health and wellbeing

YOUR TODDLER

You and your child

Common challenges


Keeping them healthy and safe

Bump, Baby & Beyond

Your journey begins...




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Welcome

This book has been written by parents, health professionals and child psychologists. It is packed with useful information which will support you all the way from the early stages of pregnancy, through to the early days with your baby and into the toddler years. We hope you enjoy this book and that the information it provides will give you confidence and help you to enjoy being a mum or dad.

How to use this guide

This book is split into five sections to make it easy to follow and find the information that you need quickly.

Part one: Pregnancy

Find out about your pregnancy, including how to look after yourself, what to expect from antenatal care and how to prepare for parenthood.

Part two: Birth

Find out about giving birth, how you can prepare for the big day and what it means to be a birth partner.

Part three: You and your new baby

Information about how to look after yourself and your baby, during the first few days and weeks.

Part four: Your growing baby

Information and ideas about caring for your baby up to his first birthday.

Part five: Your toddler

Information and tips to help you enjoy the toddler years.

The words we use

Throughout the book, your baby is called 'she' in some chapters and 'he' in others. This is simply because it's less confusing than using 'he or she' throughout.

Families come in all shapes and sizes, including single parents and this book is for everyone. Feel free to share this book and the information in it with other people who are important in your baby's life. This book also avoids assuming that everyone is in a heterosexual relationship and includes information for same sex couples.

Your thoughts and feedback

We are always looking for ways to make this book more interesting and relevant so let us know what you like and what you want to see more of by emailing:

bumpbabyandbeyond@wales.nhs.uk

or by writing to:

**Public Health Wales
2 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ**

Thanks to

- The mums and dads who have shared their experiences, ideas and questions and given us feedback as we have developed the book
- NHS Health Scotland (www.healthscotland.com) for their kind permission in the use of their content in the production of this book
- The health and early years' professionals across Wales who have contributed their expertise
- First Steps Nutrition Trust who have supported Public Health Wales with the nutrition information
- The New Economics Foundation who gathered the evidence and developed the 'Five Ways to Wellbeing' concept
- Tommy's, a charity which funds research into pregnancy problems and provides information to parents, who have helped us with the information in the pregnancy section

**Dads and partners:
Keep a look out
for this symbol
throughout the book
for tips and advice for
you and your important role.**



Healthy, happy families

Parents want their children to be happy and healthy, for you this journey starts now. You can make a really big difference to the health and happiness of your child by the way you look after yourselves. Getting things right early on will help your child to get off to a good start, physically and emotionally.

Feeling good: Wellbeing

We don't just want to be healthy, we want to enjoy life too and we want the same for our children. Being able to do things that are fun, get on well with family and friends and cope with the challenges that life throws at us are all important. This is what we mean by 'wellbeing'. It is about living in a way that helps us and those around us to feel good and function well.

Becoming a new parent is a big change and big changes can be challenging and affect how we feel. We need to look after our own wellbeing because it will help us to cope better with the ups and downs of pregnancy and being a parent, the day to day things that life throws at us, or when our lives are difficult.

Wellbeing doesn't just happen on its own. We have to work at it. Think about it as something you do, not what you are.

Five ways to wellbeing

There are five things, that all of us can do, day to day, to help us feel better. Lots of parents say they like these ideas and find them helpful.



Connect with the people around you, your friends, family, partner and people at work. Make new friends with other pregnant mums through classes or local groups, they will give you support when your baby is born.



Take notice of the changes in your body, of the world around you. Enjoy the little things.



Be active, perhaps go for a walk, or a swim, or dance to your favourite music. Exercising makes you feel good and helps your body cope with the changes of pregnancy.



Keep learning as there's a lot to learn when you are pregnant and new parents. Knowing more about what's going on and what your baby needs will help you feel more calm and confident.



Give your partner a little time – talk to one another about all the changes in your lives and give your friends and family chance to spoil you and look after you – they'll want to – make the most of it.

Look out for the symbols throughout this book.

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Pregnancy

Pregnancy is an incredible time of change. Sometimes it is planned, often it's a surprise. Either way the reality can take some time to get used to. You will have lots of questions and perhaps some worries too. A great team of health professionals are there to support you and are happy to answer any questions you may have – even if you think they might be silly ones!

Your midwife will be your main contact during your pregnancy and for the first few days after birth.

Pregnancy at a glance

Looking after yourself is really important. Your health and wellbeing now will affect your baby's growth and development.

Talk to your 'bump'

Sing to her. Think about your new baby as a little person. Your baby will get to know the sound of you and your partner's voice. It will bring you closer together.

Take time to relax

Have fun and de stress. It's a good thing to do for yourself and your baby.

Eating well

Eat plenty of good healthy food but eat for one, not two! Putting on too much weight, or trying to lose weight in pregnancy can be harmful.

Don't drink alcohol or smoke

It's time to think about cutting out alcohol or stopping smoking to reduce the risks these activities pose to your baby.

Take pregnancy vitamins

Take a folic acid supplement and a vitamin D supplement or a Healthy Start vitamin if you're eligible for the Healthy Start scheme. But avoid supplements containing vitamin A.

Vaccinations

Some illnesses such as flu or whooping cough can cause serious problems for you and your baby. Your midwife will talk to you about getting a jab to protect you and your baby.

Go to antenatal classes

Learn about birth and ways to help you cope and keep calm. Meet other parents there. They will be going through the same things as you.

Keep yourself active

Staying active will help you to feel good and get you out and about. Walking and swimming are great fun.

Be aware of your baby's movements

This is a good indicator of your baby's wellbeing. Let your midwife know urgently if they slow down or change.

Think about your baby's growth and wellbeing

Smoking, drinking alcohol or misusing drugs are not good for your baby. They can increase your chances of having problems during the pregnancy. In rare cases these things can cause your baby to die before she is born.

Relationships

Talk with your partner, family or friends about your pregnancy and how you are feeling. It's important that dads talk about their feelings too. Let others help you when you feel tired. Talk to your midwife if you feel lonely or isolated.

Dads/Partners



Give lots of support to your partner and get involved. Remember that your wellbeing is important too.

If you are employed

Remember to tell your employer that you are pregnant. You need to do this before you are 25 weeks pregnant.

Get to know your midwife

Your midwife is there to help you. Go to all your appointments and ask questions. Contact your midwife at once if things don't feel right with you or your baby.

Follow your instincts

Contact your midwife at once if things don't feel right with you or your baby. Don't worry that you may be wasting people's time, you won't be, even if everything is okay. If you can't get hold of your midwife, call your maternity unit or your GP.

Looking after yourself

It's not just you now - you're growing a baby. You'll want to know what you should be doing and avoiding to give your baby the best possible start.

In these pages we cover the main topics expectant parents tell us they want to know about and provide lots of links to extra information if you want more. If you are worried or want to speak to someone, ask your midwife - she'll be pleased to help you.

In this section we will look at:

- Eating well matters to everyone
- Taking care
- Active you
- Your weight in pregnancy
- Your changing life:
 - Emotions
 - Work
 - Relationships
- Information for dads or partners
- Preparing for parenthood
- Smoking in pregnancy
- Alcohol in pregnancy
- Medicines and drugs in pregnancy
- Teeth and gums in pregnancy

Further information

See 111.wales.nhs.uk/LiveWell/Pregnancy/. Or visit www.readysteadybaby.org.uk
 Or you can call Tommy's midwives for free expert advice on healthy pregnancies
 on **0800 0147 800**, or visit www.tommys.org, or email info@tommys.org

Eating well matters to everyone
 Everyone wants the best for their family and eating well is a great way to help your children have a fit and healthy future. Having a new baby is a good time to think about how everyone in your family eats.

Eating well need not be expensive, difficult or dull! Try these tips:

- Eat a wide range of different foods
- Make meals colourful with lots of different vegetables and fruit
- Cook food from basic ingredients where you can. It is cheaper, tastier and you will know what went into it
- Try and make meals that everyone in the family can enjoy

Tips for healthy eating

More recipes and ideas for healthy snacks can be found on the First Steps Nutrition website. Look for 'Eating well in pregnancy'.

www.firststepsnutrition.org

Need to brush up on your cooking skills?



Find out about **cooking classes** in your area by asking your midwife, local Flying Start Service, family information service or library. There might also be courses at the local college and some schools offer family cooking classes.

Eating well during your pregnancy

Nia (15 weeks pregnant)

Nia lives with her partner Dave and works part time at a local department store.

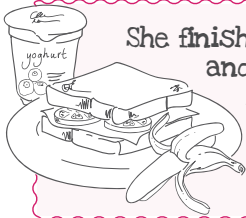
For breakfast Nia has a bowl of whole grain cereal and raisins with milk, a small glass of orange juice and her daily vitamin supplement.



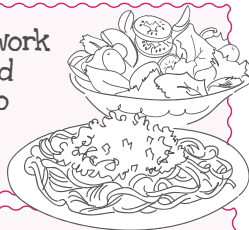
During the morning at work she has a milky decaffeinated coffee, two digestive biscuits and an apple.



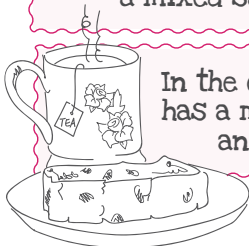
She finishes work at 2pm and heads home for lunch, where she has a ham and tomato sandwich and a banana and yoghurt.



Dave comes home from work after his shift at 8pm and they sit down together to spaghetti Bolognese and a mixed salad.



In the evening Nia has a milky decaffeinated tea and a piece of malt loaf.



Becki (8 weeks pregnant)

Becki lives with her family and is currently studying at the local college.

Becki often feels a bit sick when she wakes in the morning, so has a decaffeinated fruit tea and some dry toast and a daily vitamin supplement recommended to her by her midwife.



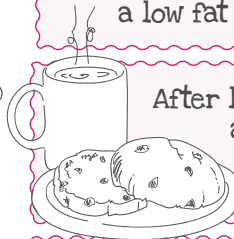
As she is not going to college until later today, Becki makes herself breakfast of a scrambled egg on toast and a glass of milk and has an apple as a snack.



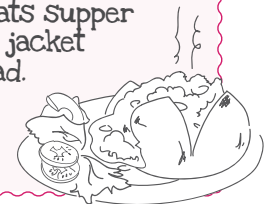
As food at college is expensive Becki packs a tuna and sweetcorn sandwich, some cucumber sticks and a low fat yoghurt.



After lectures she visits a friend at home and they have a toasted teacake and a milky coffee.



When she gets back she eats supper with her family and has a jacket potato with chilli and salad. During the evening she watches a film and has a bowl of fruit salad.



Eating well during your pregnancy

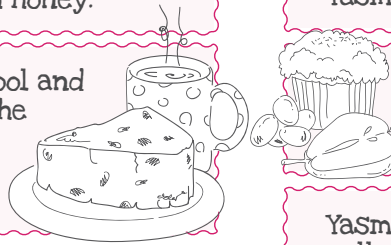
Anna (30 weeks pregnant)

Anna is a busy mum to two other children Sophie and Tom.



Anna gets Sophie ready for school and takes her daily vitamin supplement with a glass of orange juice while they all sit down to porridge and toast with honey.

Anna takes Sophie to school and Tom to playgroup where she has a milky coffee and some fruit cake with the other parents there.



She and Tom go home and after he has a sleep they have lunch of fish pie and broccoli, followed by yoghurt and fruit.

She picks Sophie up from school and on the way home they all go to the park and have a snack of plain rice cakes and grapes that she has brought with her.



Anna gives the children their tea but waits to eat with her partner when he is back from work, they both have chicken stir fry with rice.



Yasmin (20 weeks pregnant)

Yasmin lives with her husband Mahboob and toddler, Fatima age 18 months and works part time in the local building Society

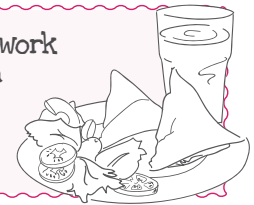
Yasmin gets up early and the family have breakfast together, whole wheat cereal with milk and fruit and Yasmin has a cup of fruit tea.



She takes Fatima to her mother's and when she gets to work has a snack of fruit and a muffin.



Yasmin has lunch with a work colleague and brings in a couple of samosas and salad from home and has a glass of fruit juice.



After picking Fatima up at 3pm Yasmin returns home and they share a snack of fruit and some bread sticks.



When Mahboob comes home they eat a lamb and vegetable curry with rice and pear and kiwi chopped with natural yoghurt.



During the evening she has a small bowl of nuts and a glass of milk.



Base your meals on these...

Lots of fruit and vegetables for essential nutrients. Aim for five different types a day.



Starchy foods such as bread, potatoes, pasta, rice and breakfast cereals for energy. Choose whole grains where you can.



Protein-rich food twice every day including meat, poultry, fish, beans, peas, lentils, nuts, Quorn and other meat alternatives to help your body with growth and repair as well as providing other essential nutrients such as iron and zinc. Eggs are also a good source of protein and other important nutrients, and can be eaten raw (e.g. in home made mayonnaise), partially cooked and fully cooked if they carry the British Lion mark (they have a lion stamp on them) or if they have been produced under the Laid in Britain Scheme. Eggs that don't carry the British Lion mark, or have not been produced as part of the Scheme should be cooked until both the yolk and white are hard.



Milk and dairy foods like plain yoghurt and cheese are good sources of calcium. Unsweetened calcium fortified soya milk can also be used instead of cows' milk.



Take care with these...

Drinks which contain caffeine such as tea, coffee, cola and energy drinks should be limited in pregnancy. Swap to decaffeinated coffee and tea.

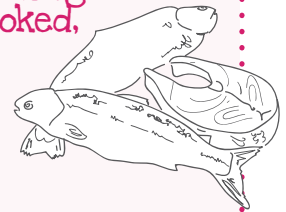


Otherwise have no more than;

- one mug of filter coffee, or
- two mugs of instant coffee, or
- two cans of energy drink, or
- three mugs of tea.

Snacks and drinks that are high in fat and/or sugar and salt have limited benefit to you and your baby. Try swapping them for healthier ones instead such as fruit, unsalted nuts/seeds, a piece of toast, water or decaffeinated tea or coffee.

You can eat any fish or seafood, including sushi, as long as it's cooked. You can also eat smoked fish such as salmon or trout as long as it is thoroughly cooked, as raw smoked fish has been linked to listeria outbreaks.

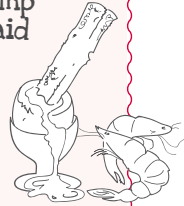


Avoid these...



Women are advised not to drink alcohol at all during pregnancy, you may find that you go off the idea of drinking while you're pregnant anyway, lots of women do.

Foods which might give you food poisoning, like undercooked or raw meat, raw or partially cooked eggs that don't carry the British Lion stamp or aren't produced under the Laid in Britain Scheme, undercooked ready meals and raw shellfish and smoked fish (but you can eat cooked shellfish or thoroughly cooked smoked fish).



Food which might contain a bacteria called listeria which might harm your baby such as unpasteurised milk or cheese, cheeses such as brie and camembert or goats' cheeses that have a similar rind, blue cheeses that are made with mould and any pate.



Foods which are rich in vitamin A, such as liver products and any supplements containing vitamin A (which might be called retinol on the label).



Guidance around foods that are safe to eat during pregnancy can change from time to time to reflect public health concerns such as listeria, or when new evidence emerges around food safety.

For a full list of foods that should be avoided during pregnancy, please visit 111.wales.nhs.uk/livewell/pregnancy/FoodstoAvoidHW/ or speak to your midwife.

Healthy Start cards and food banks

You may be entitled to Healthy Start card which you can use to buy milk and fresh and frozen vegetables and Healthy Start vitamins.

You can check your eligibility for one of these cards by visiting www.healthystart.nhs.uk or by speaking to your midwife.

If you're struggling to buy food as a result of financial difficulties you're facing, please speak to your midwife about getting vouchers to visit a food bank.

Useful tips for avoiding food poisoning

- Always wash fruit and vegetables, including fruit or salad from pre-packed bags
- Always wash your hands and any equipment used, such as knives and cutting boards, after handling raw meat or fish (to avoid salmonella poisoning)
- Store raw foods separately from cooked foods and don't let raw foods touch cooked foods, particularly meat and fish
- Use separate chopping boards for raw food and ready-to-eat food
- If you buy chilled ready meals keep them in the fridge until you are ready to cook them. Then make sure they are cooked thoroughly until piping hot inside
- Cook food well when you are pregnant. Meat must be cooked all the way through and eggs should have a hard yolk
- Wash your hands if you blow your nose (or help a child blow theirs) or handle pets before or during food preparation*

Washing your hands when preparing food is one of the best ways to prevent the spread of bacteria and keep your family safe.

**For more information on hand washing, see page 26*

Vitamins for everyone in pregnancy

All pregnant women should take a folic acid supplement as soon as they think they are pregnant, or before that if they are planning a pregnancy. They should also take a vitamin D supplement as soon as they find out they are pregnant. Check with your midwife about which supplements are the best to buy.

All pregnant women under 18, or are claiming benefits, are entitled to free Healthy Start vitamins. Find out more by visiting www.healthystart.nhs.uk or speaking to your midwife.

Taking supplements when you're pregnant

Avoid any herbal preparations and teas, or non-food substances unless you have checked with your midwife they are safe. There are some old wives tales about things that can be good in pregnancy or to hurry along the birth, but most of them aren't true and some herbs and other substances might be harmful.

Be careful!
Don't take supplements with vitamin A in them when you are pregnant as too much vitamin A can harm your baby.

Your questions:

Can I eat spicy food and curry when I am pregnant?

There is no need to avoid spicy food or curry. Lots of people eat mainly spicy food. Some women may find spicy food is linked to heartburn later in pregnancy.

I don't like milk. Where else can I get my calcium?

Any foods made from milk contain calcium, such as yoghurt, fromage frais and cheese. If you don't eat dairy foods then unsweetened calcium fortified soya milk is a great alternative.

Is it safe to have probiotic drinks and yoghurts when I am pregnant?

It is fine to drink or eat live probiotic drinks or yoghurts when pregnant, but they do not provide any special benefits for most people.

Can I eat shellfish like prawns?

As long as shellfish are cooked thoroughly, it is fine to eat them when you are pregnant.

Can I have honey when I am pregnant?

Yes, but don't give honey to babies under one year of age.

I am a vegetarian. Is it okay to avoid meat during my pregnancy?

Yes, it is perfectly possible to eat well as a vegetarian and to get all the nutrients needed for a healthy pregnancy. You will have a blood test in pregnancy to see if you need extra iron. If you do you will be given iron tablets.

Is it alright to carry on eating fast food like fried chicken when I am pregnant?

Fast food like fried chicken, chips, burgers and kebabs are high in fat and salt and should only be eaten occasionally.

A diet that contains a lot of fast food will be low in important nutrients, so think about swapping them for more nutritious foods.

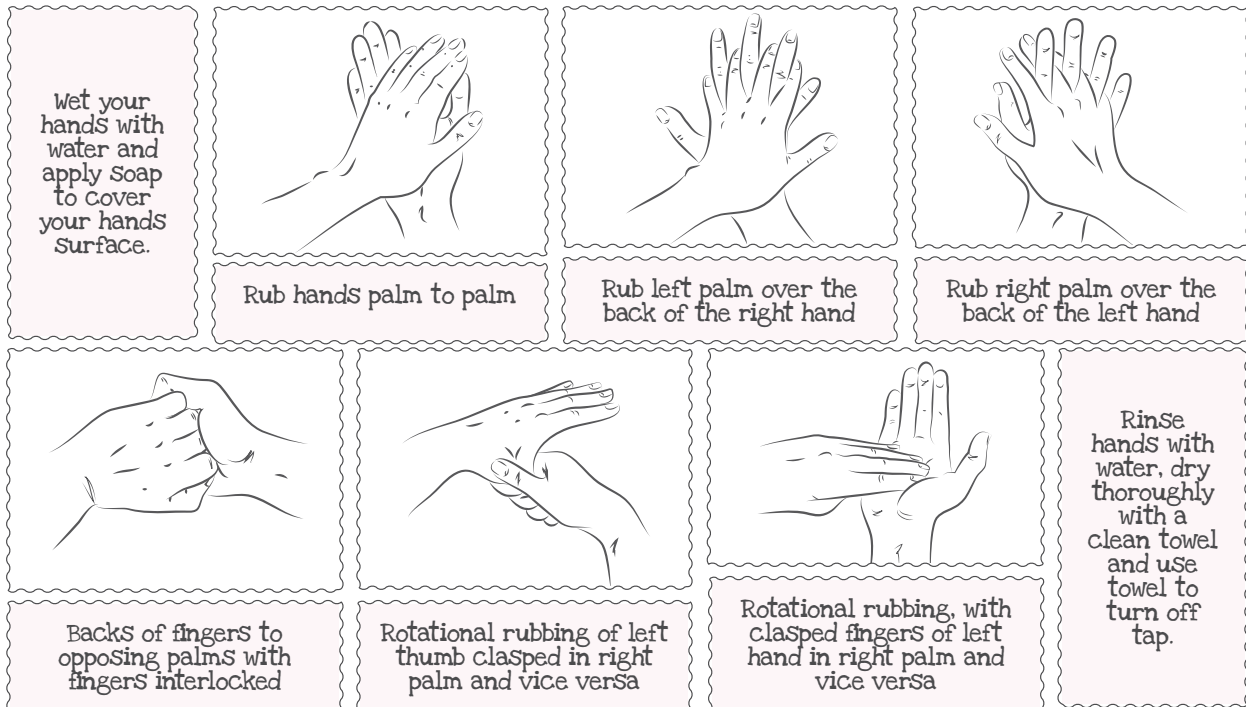
Do I need chocolate and sweets or sugary drinks for energy when I am pregnant?

No, you don't need to eat or drink sweet things to provide extra energy. Sugary foods and drinks are often high in calories and low in other nutrients. They contain the type of sugars that damage teeth, so limit your intake of these.

Taking care

Preventing the spread of bacteria and infections during pregnancy is very important for the health of you and your unborn baby.

Preventing the spread of bacteria by washing hands thoroughly



Avoiding serious infection from animals

Zoonoses are infections that pass from animals to humans. They are rare, but some may harm pregnant mums or their unborn baby.

Cats

Cat litter and cat poo can contain toxoplasmosis infection. To protect yourself:

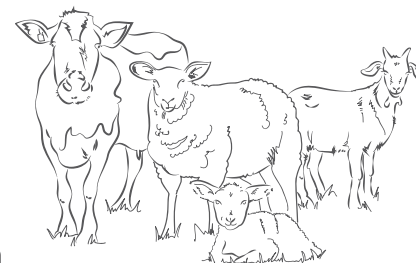


- Wear gloves when you garden (even if you don't have a cat), in case the soil is contaminated with cat poo
- Wash your hands and gloves thoroughly after gardening or handling soil
- Avoid emptying cat litter trays when you're pregnant – if you can't get somebody else to do it, wear disposable rubber gloves and wash your hands thoroughly afterwards
- Make sure cat litter is changed every day (the litter tray should also be cleaned every day and filled with boiling water for five minutes)
- Make sure you wash your hands thoroughly if you come into contact with cat poo
- Avoid close contact with sick cats
- Wash your hands thoroughly after handling cats

Wear gloves when you garden (even if you don't have a cat), in case the soil is contaminated with cat poo.

Sheep, cattle and goats

A number of diseases that cause abortions in sheep, cattle and goats and can be passed on to



humans. Although the risks of this are low, to protect yourself:

- Do not help deliver lambs, calves or kids
- Do not milk ewes
- Avoid contact with aborted or newborn lambs, calves or kids and with the afterbirth, birthing fluids or contaminated materials, such as bedding
- Avoid handling (including washing) clothing, boots or any materials that may have come into contact with animals that have recently given birth. Clothing will be safe to handle after being washed on a hot cycle
- Make sure your partner or close friends and family who have attended to any animals giving birth wear protective clothing and have a good wash afterwards

Further information

Please visit: www.gov.uk

When to get medical advice

Seek medical advice if you have a high temperature, flu-like symptoms or you think you may have an infection from a farm environment.



Active you

The more active you are during pregnancy the more easily you will be able to: avoid putting on too much weight, cope with labour, get back to your normal weight and fitness once you have had your baby and cope with being a busy mum with a baby and then toddler.

Staying active

Keep up with your normal daily physical activity for as long as you feel comfortable, like walking to work or the shops, playing sport, running, dancing, or going to exercise classes. If you have any worries check with your midwife whether it is safe to continue.

Listen to your body carefully and don't push yourself. You will need to slow down a bit. As a general rule you should be able to hold a conversation during exercise when you are pregnant. If you become breathless as you talk, slow down.

Getting moving

If you haven't been very physically active now is a great time to start. It will be much easier to start now than when you have a baby to care for and you can build activity into your routine.

Many women find that taking exercise when they are pregnant helps them to adjust to the changes that happen to their body and feel well. Making exercise part of your daily routine now will mean you'll have more energy as a mum and encourage your children to grow up healthy and active.

Becoming more active:

- Don't suddenly take up strenuous exercise – start gently. Try walking part of the way to work, or take a stroll with a friend or your partner in the evening
- Swimming is great in pregnancy because the water supports your weight. Lots of pools have aqua natal classes. Your local leisure centre or council swimming pool will give you details. If you want to join an exercise class, let the instructor know you are pregnant. You could try pregnancy yoga, or low-impact aerobics which has no high kicks or leaps
- Ask your midwife what's going on locally for pregnant mums
- If you have a disability which makes physical activity a challenge talk to your doctor about the types and amounts of physical activity that are right for you. Ask your midwife to refer you to the exercise referral scheme for support from an exercise professional

Activities to avoid

- Don't do sports where you could have a hard fall, or where you might be thrown off balance, or get hit in the stomach
- You may hear advice not to cycle while pregnant. This is because your sense of balance changes, which may make you more likely to fall off. If you are an experienced cyclist, you should be safe to continue as usual, but if you feel less stable then stay off the bike to be on the safe side. Cycling on an exercise bike is safe
- Exercising flat on your back after four months may make you dizzy so avoid it

A mum's view:

"I was very active throughout my pregnancy, up until the week before I had Cora I was doing Zumba and Swimming. The midwives said that because of my fitness the pushing stage was over very quickly because I had the physical strength to do it." Rachael from Tywyn

Keeping your bladder control

Pelvic floor muscles are important because they help prevent 'stress incontinence', which is when you leak a few drops of wee when you cough, laugh or run. It's very common to feel you have no control over these muscles late in pregnancy and for a couple of days – maybe weeks – after the birth. If you do these exercises in pregnancy, the muscles will be stronger and your chances of stress incontinence will be less.

How to do the exercises

It is really important to find the correct muscle and the best way to do this is by doing the following.

Tighten around the back passage as if to stop passing wind. Now tighten your muscles as if stopping a wee. Aim for an upwards and forwards lift, trying to bring the back passage towards the pubic bone. Make sure you fully release the muscles following the lift. This is called a pelvic floor contraction.

It is easy to use the wrong muscles when trying to do a pelvic floor contraction, but the following tests will help.

Belly button test

If your belly button remains relatively still while performing a pelvic floor exercise, your technique is correct.

Mirror test

Using a mirror, look at your vagina and back passage. When you do a correct pelvic floor contraction, there should be a small movement of the muscle **away** from the mirror. More importantly you should not see any bulging towards the mirror as it means you are bearing down.

Vaginal test

This one is really important, because it will tell you what your muscle is actually doing. Place your finger or thumb into your vagina, then do a pelvic floor muscle contraction. If you are doing this correctly you may feel your finger lift in an upward and forward direction. With strong muscles you may also feel your finger being drawn inside. If your finger is being pushed out, it means you are bearing down. If you feel nothing, don't worry, you may not be using the correct technique or your muscle may be weak.

You can do pelvic floor exercises anywhere and no one will notice. You should aim to do them several times a day.

EXERCISE ONE:

- Imagine you are trying to stop yourself passing wind.
- At the same time, imagine that you are trying to stop the flow of urine.
- It will feel like squeezing shut and lifting the back and front passages.
- Start by trying to hold for three seconds. Rest for five seconds then repeat the exercise.
- Build up to holding for ten seconds.

Repeat this process up to ten times and do five sets per day.

Once you feel you are getting the hang of exercise one and are able to hold each squeeze for at least five seconds then you can have a go at exercise two.

EXERCISE TWO:

- Squeeze and lift as in exercise one.
- Let go straight away.
- Repeat 10 times.

Don't:

- Tighten your buttocks.
- Hold your breath.
- Squeeze your thighs together.

Don't stop the flow of wee midstream as an exercise. This can mean you don't fully empty your bladder and increase the risk of infection.

If you are having a problem controlling your bladder tell your midwife,



Your weight in pregnancy

Some pregnant mums worry about their weight. The most important thing is to eat well and be active. Even if you started your pregnancy heavier than recommended for your height, you should not try and lose weight in pregnancy.

Eat for one and be healthy for two

Sometimes people say you should 'eat for two', but this could cause you to gain too much weight during pregnancy. In general, women only need an extra 200 calories a day in the last 12 weeks of pregnancy. Try to use the extra calories wisely, choosing healthy options, such as a small pot of low fat yoghurt and a banana.

A healthy diet and keeping active will help you:

- Have a more comfortable and enjoyable pregnancy
- Reduce the risk of pregnancy complications
- Have less weight to lose after you have had your baby

Further information

If your body mass index (BMI) is high you may need extra care during pregnancy. For more information talk to your midwife or go to www.tommys.org



Your changing life

Becoming pregnant and having a baby is a huge life changing event which can be a bit overwhelming at times.

You might not have told many people that you are pregnant yet and are still coming to terms with the idea yourself, particularly in early pregnancy when you don't look any different from the outside.

How you may be feeling

Pregnancy hormones can really affect how you are feeling. Sometimes you can feel over the moon, then down in the dumps within a matter of minutes. That's normal. It can also be difficult to cope when everyone expects you to feel happy and excited about the new baby. Some women feel anxious about things like the birth, or whether the baby will be healthy.

There's no 'normal' way to feel while you're pregnant and everyone is different. Your midwife will talk to you often about how you are feeling.

Pregnancy is an emotional time. It can be quite challenging and stressful. It can also feel like another pressure on top of everyday things, like money worries, your job, family or relationship problems. If you are struggling, getting help and support early on is really important.

Some tips which may help:

- Talk about how you feel with your husband, partner, friends or family members, it can help you feel positive and cope with stress
- Relaxation exercises are one way to manage stress, it's a great idea to learn some now
- Keep active. Exercise helps our bodies deal with stress and improves our mood
- Share your worries and concerns with your midwife or GP. They will provide a sympathetic ear and can put you in touch with local support if you need it

Further information
www.stepsforstress.org

Mental health problems in pregnancy

Around 1 in 10 women will have mild to moderate depression during pregnancy. Some women may feel down and anxious without becoming depressed. If this happens there are things you can do that will help, like exercising, using self-help strategies or short-term counselling.

If you have more severe depression, your doctor or midwife should discuss treatment options with you. Those who have suffered from depression before can be more at risk.

However you are feeling there's no need to suffer in silence. If you think you may be depressed, or someone close to you is concerned about you, please don't be afraid to mention it to your midwife or GP. You are not wasting people's time or going mad and they will be pleased to help you.

If you already have a mental health problem don't stop taking your medication. Always talk to your midwife or doctor first.

The 'Five Ways to Wellbeing' have benefits for everyone, whether you are feeling great, or finding things tough from time to time.

See pages 12 and 13 for more on wellbeing

The world of work

Now you are pregnant you may have questions or worries about your work, like when to tell your employer, when to start maternity leave, what benefits and payments you are entitled to and what rights you have.

When to tell work

What you decide to tell your colleagues and employer and when, will depend on a few things, including your relationship with your boss and how you are feeling early in pregnancy. It's a good idea to make sure your employer hears the news from you and not through workplace gossip.

You may not want to tell anyone until you're past the first 12 weeks, but you may need to let people know sooner. For example, you may want to let your boss know if you're suffering bad morning sickness, or if you are particularly tired or are having other health problems. Your antenatal rights don't start until you've notified your employer. They will have to make sure that the kind of work you do and your working conditions will not put your's and your baby's health at risk.

Remember you have to tell your employer before your 25th week of pregnancy.

Your questions:

I'm pregnant and want to have as much time off with my baby as possible after she is born. When should I start my maternity leave?

You cannot start your maternity leave until 11 weeks before the baby is due. You are allowed to work right up to the day the baby is born and take all your leave after the birth. However, you may feel you need to leave work a few weeks before the due date. Everyone feels differently and it is your decision.

Further information

About maternity leave, maternity pay, your rights at work and paternity leave go to: www.gov.uk or www.maternityaction.org.uk

Benefits payments

Working out what money is due to you during and after your pregnancy can be quite complicated. For up-to-date advice, check with your employer, your trade union or your local Citizens Advice Bureau.

Further information

About benefits payments:
www.adviceguide.org.uk or
www.maternityaction.org.uk

Relationships

Families come in all shapes and sizes. You may be on your own, with a committed partner, in a same sex relationship or with a partner but not quite sure about being together. Whatever your circumstances, you will probably find that being pregnant changes you, those around you and the way you relate to one another.

Let those around you know how you are feeling and what you need. They will want to give you extra love and attention. If you feel very lonely and isolated, let someone know. Your midwife will be able to put you in touch with local sources of support.

Couples



Pregnancy is bound to bring about some quite big changes in your relationship, especially if this is your first baby. For some people these changes happen easily and others find it harder to change. Everybody is different.

It is quite common for couples to find themselves having arguments every now and then during pregnancy, however much they are looking forward to the baby. Some of these may be nothing to do with the pregnancy, but others may be caused by one or other partner feeling worried about the future and how they are going to cope. Perhaps the most important thing to realise is that during pregnancy there are understandable reasons for the odd difficulty between you and good reasons for feeling closer and more loving.

However, if your relationship is particularly difficult, or if you are in an abusive relationship, do seek help.

Further information

For sources of confidential support, contact www.welshwomensaid.org.uk or call the Wales Domestic Abuse Helpline, on **0808 801 0800** or contact Relate Cymru on **0300 100 1234** or visit: www.relatecymru.org.uk

Domestic violence

Sadly 30% of domestic violence starts in pregnancy, or if it is already happening gets worse. If this is your experience you are probably concerned both for you and your baby and you are right to be worried. It's important that you seek medical attention after your partner has hit you. If you are concerned about violence in your relationship, talk to your midwife.

Sex during pregnancy

Sex is normally perfectly safe in pregnancy. Any sexual activity that doesn't harm you will not harm your baby. You don't risk hurting or affecting your baby.

Is it ever risky?

Your baby is protected in your womb by the bag of fluid which cushions movement. Your baby may feel the movements of vigorous sexual activity, but they won't do her any harm. Occasionally, women who have had a number of miscarriages may be advised not to have sex around the time their period would have been due, or even not at all during the first three months. There's no evidence that sex and miscarriage are linked though and some doctors disagree about how to advise couples in this situation.

Women and men sometimes find their desire for sex changes during pregnancy and both may go off it. This is not serious or long-lasting. Keep your closeness with lots of warm, physical contact that need not lead to sex. If sex played an important role in your lives before, then the feelings are very likely to come back in time.

Being a single parent

If you're on your own, the whole business of pregnancy can seem daunting. You may feel lonely, especially if it seems as though everyone else has a husband or partner to help them through it.

You may be worried about giving birth on your own and how you'll cope when the baby is born and is growing up. You may have family or friends nearby and they will probably be happy to help out if you let them know what you need. That may be anything from a shoulder to cry on to going along to antenatal classes with you.

You may also want to think about who you'd like with you at the birth. It may help to talk to someone who is in the same situation, or who has been through it before. Your midwife may be able to put you in touch with someone locally or a national support group.

Further information
www.gingerbread.org.uk

A midwife's view:



“Parenting education classes are great, they will give you loads of information. The sessions will add to your knowledge and help you feel confident and prepared for what is ahead. You will cover pregnancy, birth and afterwards including feeding your baby and how to cope with the lack of sleep. It is also a great way of getting to know people, who live locally and are going through the same thing as you. If you are going to be a single mum, having twins, in a same sex relationship or have other individual needs, speak to your midwife, she may be able to arrange sessions that address things that are more relevant to you.”

Sarah, Abertawe Bro Morgannwg
 University Health Board



Information for dads or partners

AS the main supporter for a pregnant woman and an expectant parent yourself, your feelings and needs can sometimes be overlooked.

Your role is really important. We know that the early involvement of a dad or partner has many benefits for children and your support will be invaluable to your partner too.

Your feelings

Finding out your partner is pregnant can be an emotional rollercoaster. You are probably finding that your partner is very emotional too – the hormones of pregnancy can make women very tearful and dealing with all this is not easy. Confide in friends who are already fathers/parents and who know what you are going through.

The role of fathers has changed over the years. Lots of dads are much more involved with the care of their children and studies show that children really benefit from this. Some men want to be a different kind of dad from the one their own father was, including being

more involved with their children's day-to-day lives and emotional needs. Dads who get involved during the pregnancy tend to spend more time with their babies after birth. Dads say that listening to their baby's heartbeat, seeing their baby on a scan, or even buying something little for the baby makes them feel more involved.

Supporting your partner

You will want to support your partner, but knowing how can be difficult, especially if she is feeling very tired and sick in early pregnancy. She may be grumpy and it can be difficult to know what to do for the best. Knowing more about what's going on and what to expect can help you feel more confident. You will be very welcome to attend antenatal appointments and ask questions and lots of areas run sessions to help you prepare for parenting, or dads groups. Ask your midwife what's going on in your area.

The 'Five Ways to Wellbeing' and you

These are simple things you can do to feel good and better able to cope with the challenges that life throws at you. You can have a read about them on page 13. Have a think about how many of these are already part of your life – can you spot an area that would be good to make some changes in?

If you are feeling good and functioning well you will be better able to support your partner and cope better with the challenges of becoming a parent.

See pages 12 and 13 for more on wellbeing

Families that do not live together

It is not unusual for babies to be born into families where dad does not live with mum and baby. If this is how your family is living, remember that dads are important wherever they live. You can still be involved. Getting involved at this early stage, supporting your baby's mum, adopting a healthier lifestyle, going to appointments and being at the birth mean you will stay more involved as your baby grows. Ask your midwife for a second copy of this book if you are not living together as a couple.

Healthy baby, healthy you

It seems obvious that a pregnant mum needs to look after herself to help her baby be healthy, but so do dads. Looking after your health now has lots of benefits:

- If you smoke you will damage your growing baby's health. Stopping will help your baby and will be supportive to your partner if she is trying to give up too
- Eat well and take exercise. Mum is being encouraged to eat healthily and keep active and if you join in too it will help her. You will both begin life with your new baby feeling better and more able to cope with the stresses and strains of being new parents
- Setting good habits now makes it easier to have a happy and healthy family life as your baby grows

A dad's view:

"I made a point of going to all the appointments. The appointments seem to be aimed at my wife, but I wanted to be able to support my wife by knowing what was happening or going to happen."

James from Cardiff



Preparing for parenthood

Your baby's experiences and what's around her, both in the womb and in early life, will lay down her foundations for health and wellbeing.

You as parents are your baby's most important influences on her wellbeing and development. Loving, caring for and taking notice of your baby as well as good nutrition and protection from toxic substances such as tobacco, are essential for your baby's growth, wellbeing and development. All these things together have a direct and lasting impact on your baby's physical development (particularly brain growth) and on her future health, learning and behaviour.

There's lots of information in this book to help you, most of what makes a good mum and dad is simple stuff that you'll want to do – one great thing is that you can start now.

Bonding with your bump

Mums and dads who connect with their growing baby will cope better with the sudden changes of having a newborn. Connecting with your baby means thinking of her as a little person, talking to her, imagining what she will be like and what life will be like when she arrives.

People often talk about bonding – and by this they mean the close loving feeling you have for your baby – as if it happens when your baby is in your arms – but it can start way before that.

Ideas to help you bond with your bump

- Put on some of your favourite music and notice whether she seems more active or whether she goes to sleep
- Try playing gentle, soothing music while you are going to sleep. See if she remembers it and goes off to sleep after she is born
- Babies love nursery rhymes and songs – if no one is around why not sing a few songs?
- When you feel a kick, put your hand on your stomach and say it's okay I am right here!
- Try sitting down and relaxing. Gently rub your bump and ask your baby how she is
- Get your partner to do the same and have a chat with your baby
- As you go from one activity to another, talk to your baby as though she were right there in front of you. Say what you are doing. "Okay, let's see what we are going to have for dinner. Are you hungry?"

Thinking about what life will be like when your baby has arrived is helpful. It can be hard to imagine, especially if it's your first baby and even more so if you don't have friends or family with babies or young children.

What your baby can do

Your growing baby can:

- Hear your voice and those around you, taste (what mum has eaten through the water she is surrounded by) and after 6 months smell
- Sense the rhythms of your daily life

Towards the end of your pregnancy your baby will:

- Have her own cycle of rest/activity
- Respond to things – may kick in response to loud noise – calm if you chat to her

Born ready to say hello

Your baby will be born ready to form a strong loving bond with you, her parents. If the birth has been straightforward, with not too many drugs, your baby will have a quiet alert period after birth, you will see her turn her head towards your voice – which is familiar and she will be attracted to your face. From birth your baby is learning to feel comfortable, safe and secure in the world. By responding to your baby's signals and providing lots of love and comfort, you help her to form a trusting bond with you. It's trial and error at first – it takes time to get to know your baby – trust your instincts and know that just being there is enough.

Mums - share this with your partner - it will help them start thinking about your baby as a little person with needs and feelings now which will make life easier for all of you when she is born.

Smoking in pregnancy

Stopping Smoking is the best thing you and your family can do for your baby. The earlier in your pregnancy you stop the better, but it is never too late to stop smoking.

You are your baby's whole world. By looking after yourself, you are also looking after your baby.

In pregnancy, it's important not to do some things that might have been part of your life before. Sometimes it's hard to make changes, but thinking about your new baby is a great motivator and there is lots of support out there so now is a great time to make changes.

Why you should stop

When you smoke, carbon monoxide and over 4000 other harmful chemicals pass through your lungs, into your blood stream and are then passed on to your baby through the placenta.

These chemicals can seriously harm your baby, because:

- Your baby gets lower levels of oxygen and nutrients and cannot grow as well as she should
- The nicotine makes your baby's heart beat faster which can put a strain on her heart

Mothers who smoke have an increased risk of miscarriage and stillbirth. Their baby may be born too early and weigh less than normal. A baby with a low birth weight may pick up infections more easily, can have difficulty in breathing at birth and can have health problems that last throughout childhood and beyond. Smoking in pregnancy also increases the risks of sudden infant death syndrome (cot death).

E-cigs

E-cigs are growing in popularity and many people are switching to them as they are believed to be less harmful than smoking tobacco. At the moment we have no scientific research to tell us about the possible effects. We believe they are likely to be less harmful but we do not know for sure. In pregnancy it is important to be particularly careful, so we recommend stopping smoking altogether.

Further information

Call Help Me Quit on **0800 085 2219**
or text HMQ to **80818** or visit
www.helpmequit.wales

The best way to quit smoking is with free NHS help and support.

If you stop smoking now

- Your baby will feel better immediately
- You will be healthier during your pregnancy and cope better with the birth
- Your baby is less likely to be born too early and/or be born underweight
- Your baby will have a greater chance of growing up healthily
- You will reduce the risk of cot death

Second hand smoke (passive smoking)

Even if you're not a smoker yourself, breathing in cigarette smoke can still harm you and your baby. Studies have shown that second hand smoke can also reduce birth weight and increase the risk of cot death.

If a family member smokes, then you should talk to them about the effects on you and your baby. They may not be aware of the impact of what they're doing. Encourage them to give up, particularly if you share a home.

Stopping Smoking is one of the most beneficial steps you as a parent can take to improve the health of your baby.

Avoiding second hand smoke

- Set a date to make your home and car smoke free
- Discuss your plans to go smoke free with your family and friends and ask for their support
- Tell all visitors that your home is smoke free and that anyone who smokes will have to go outside
- Set up a smoking area outside – make it a comfortable space if you can
- Keep an umbrella by the back door so there are no excuses to not smoke outside when it's raining
- Make sure cigarettes are out of sight.
- Remove ashtrays from the home – put them at the back door or outside for when you want a smoke
- If you're going on a longer car journey then plan where and when to stop and get out of the car to take a smoking break. It will help you feel more positive knowing when the next stop is and reduce the number of toxins in your car
- Be positive and remind yourself why you have made the effort to keep your home smoke free

Your questions:**Will quitting cause stress to my baby?**

Smoking is far more harmful than any stress that might come from quitting. Your stress can even be reduced when you quit.

Why am I fine if my mum smoked?

Smoking will have a different effect on every baby. You were fine but your baby may not be. Do you want to take that risk?

I didn't know I was pregnant, is it too late to stop now?

NO. It's never too late to stop smoking; quitting at any stage in your pregnancy is better than not stopping at all. The sooner you stop the greater the benefits for you and your baby.

Is it okay if my partner only smokes in one room in the house?

NO. Smoke travels even when you can't see or smell it. Make your home and car smoke free. Even better, quit together so that you can support each other.

Is it true that my baby will be smaller and it will be easier to give birth?

NOT TRUE. Having a smaller baby does not mean an easier birth. In fact if you smoke you have a higher chance of health problems happening during your labour.

Alcohol in pregnancy

It is best not to drink alcohol at all during pregnancy, as any alcohol you drink while pregnant will reach your baby and may cause harm.

Drinking alcohol during pregnancy can affect your baby's growth and development and may cause long-term harm. Drinking heavily during pregnancy, can cause your baby to develop foetal alcohol syndrome (FAS). This is a serious condition, in which children have:

- Restricted growth
- Facial abnormalities
- Learning and behavioural disorders

We know that the risk of harm to your baby increases the more you drink. The risks of drinking small amounts of alcohol are probably low. There is, however, no level of drinking

which we can be sure is completely safe. The official guidance from the UK Chief Medical Officers, is that if you are pregnant or think you could become pregnant, drinking no alcohol at all is the safest approach to keep the risks to your baby to a minimum.

If you have drunk alcohol during pregnancy, perhaps before you knew you were pregnant, you should avoid further drinking. You should be aware that, in most cases, it is unlikely that your baby has been affected. If you are worried about alcohol use during your pregnancy, do talk to your doctor or midwife.

Further information

Visit Alcohol Change www.alcoholchange.org.uk for general information, and for support and guidance contact Dan 24/7 Wales Drug and Alcohol Helpline www.dan247.org.uk
Freephone: **0808 808 2234** or text DAN to: **81066**

Medicine and drugs in pregnancy

Any medicine or drug that you take may affect you or your baby at any time during your pregnancy.

Remember when collecting prescriptions or buying medicines over the counter you should check with the pharmacist if it's okay to take it when you're pregnant. Check the label for yourself as well. If you have any questions ask the pharmacist, your midwife or your doctor.

Prescribed drugs and over-the-counter medicines

Not all drugs or medicines affect you or your baby but some can, and a number can be dangerous. You should seek advice from a health professional if you're taking any sort of drug or medication, not just medicines that are being prescribed. If you have a condition that means you take prescription drugs all the time, for example for epilepsy, talk to your doctor or specialist when you are planning to get pregnant, or as soon as possible if the pregnancy was unplanned. You should not stop taking prescribed drugs without advice from your doctor.

Remember! A drug includes a medicine you get on prescription, medicines and products you buy over the counter in pharmacies or even supermarkets, herbal remedies and illegal drugs.

Drug misuse

Misuse of drugs is not safe at any time and especially during pregnancy, this can be harmful and affect both the baby and mother. If you are addicted to drugs, help is available to support you to give them up. It is always best to be honest about all the drugs you have taken. Midwives and doctors will not judge you but will be able to ensure you and your baby get the care you both need.

Further information

Contact the Wales Drug and Alcohol Helpline, call **0808 808 2234** or text **DAN** to **81066** or access the DAN24/7 website: www.dan247.org.uk

Health professionals will not judge you - it's their job to offer you all the help and support you need to make the changes that you decide are right for you.

X-RAYS

X-rays should be avoided in pregnancy if possible. Make sure your dentist knows you are pregnant.

Herbal and homeopathic remedies and aromatherapy

Not all 'natural' remedies are safe in pregnancy. This includes herbal or homeopathic remedies and aromatherapy. Many of these products can be bought over the counter in pharmacies or other shopping outlets. Check with a pharmacist or a registered practitioner.

Further information

To find a registered practitioner visit www.naturaltherapypages.co.uk
Remember to tell the practitioner that you are pregnant.

If you decide to use a natural remedy you should tell your midwife, doctor or pharmacist which herbal, homeopathic or aromatherapy remedies you are using.

Teeth and gums in pregnancy

Looking after your teeth and gums in pregnancy is more important than you might think. If you are not great at this now is a good time to make a start, for you and for your baby.

Caring for your teeth and gums

Swollen, red, tender gums that bleed when you floss or brush are a sign of pregnancy gingivitis. This is a very common complaint during pregnancy. The inflammation is caused by higher hormone levels which make your gums more sensitive to the bacteria in plaque and by the increased blood supply to your mouth during pregnancy. Pregnancy gingivitis should disappear after your baby is born.

When cleaning your teeth

- Brush your teeth twice a day for a full two minutes using a fluoride toothpaste
- Spit out excess toothpaste – don't rinse
- If your gums continue to bleed, it is important to keep brushing twice a day and, if the symptoms continue, contact your dentist or dental hygienist
- If you experience pregnancy sickness, avoid brushing your teeth immediately after being sick as this may cause tooth erosion which is the wearing away of the surface of the tooth. Rinsing your mouth with an alcohol-free fluoride mouthwash after being sick can help

NHS dental care

You should visit your dentist as usual during pregnancy. Let your dentist know you are pregnant.

NHS dental check up and treatments are free during pregnancy and until your baby is one year old. It's advisable to have a dental check up if you haven't seen a dentist for a while or do not have a dentist – it's important for the health of your teeth and gums and you can have treatment if you need it, usually later on in pregnancy.

If you don't have a dentist, your Local Health Board provides information on dentists who are accepting NHS patients. See your Health Board website or ask your midwife for their contact details.

All parents want their children to have healthy teeth – what you do now, in pregnancy can help

- Eat well
- Stop smoking
- Clean your teeth twice a day
- Visit the dentist
- Limit sugary drinks and snacks between meals

A health visitor's view:

“All parents want to make sure that their child grows up with strong healthy teeth and avoids tooth ache and tooth decay. If you eat well and have good tooth brushing habits you will be a good role model for your children. If you haven't ever been very good at looking after your own teeth now is a good time to start.”

Angela, Aneurin Bevan Health Board

Remember!
Brush your teeth twice a day for two minutes.

Antenatal care

Antenatal care means the care you receive throughout your pregnancy and before birth.

What to expect from antenatal care

The aim of antenatal care is to make sure that you and your baby are doing well and to spot any problems before they become serious.

Most of your care will probably take place at the midwives' clinic, at your GP's surgery, or at home. Some women may be cared for at hospital with a specialist doctor called an obstetrician who looks after pregnant women.

Most pregnant women have between seven and ten antenatal appointments, sometimes more if they need extra care and support. If you are working, you're entitled to time off to attend antenatal appointments.

Your maternity notes

Your maternity notes are an important record of the care you receive throughout your pregnancy and will help midwives and doctors keep track of how your pregnancy is going. At your first antenatal appointment

your midwife will start to fill these out. Take them with you to all health care appointments and when you go into labour. You might need them without expecting to, so remember to take them with you if you're staying away from home for any length of time.

Your midwife will give you the contact numbers you will need during your pregnancy. Remember, you can contact the maternity services at any time, day or night, if you have any concerns.

The right language for you

Your midwife will ask you if you would like to have your maternity care in Welsh and this will be provided. If you do not speak Welsh or English you will be able to use an interpretation service by phone. If you have a particular language and or communication need, for example if you are deaf or hard of hearing this will be addressed as part of your care plan.



Antenatal information and education

Depending on where you live you may have the opportunity to go to antenatal classes.

Why go to an antenatal class?

They are a good way to meet other people who are about to become parents and many new mums and dads make lifelong friends there.

Antenatal classes aim to prepare you and your partner or birth partner for what is to come. They cover all sorts of things that you may have questions about, like:

- What to expect in later pregnancy, including the early signs of labour
- What to expect during labour and birth and your pain relief options
- Relaxation and breathing techniques to help you cope with labour and birth
- Possible problems during labour and things like a caesarean section
- Exercises for before, during and after labour
- Birth plans
- Feeding and caring for your baby safely
- Life as a new parent
- What a new baby can do
- What a new baby needs

If these classes are not available in your area, antenatal information and education is available in many other formats. This may include sessions with your midwife, road shows, support groups or DVDs.

Ask your midwife what is available in your area.

A mum's view:

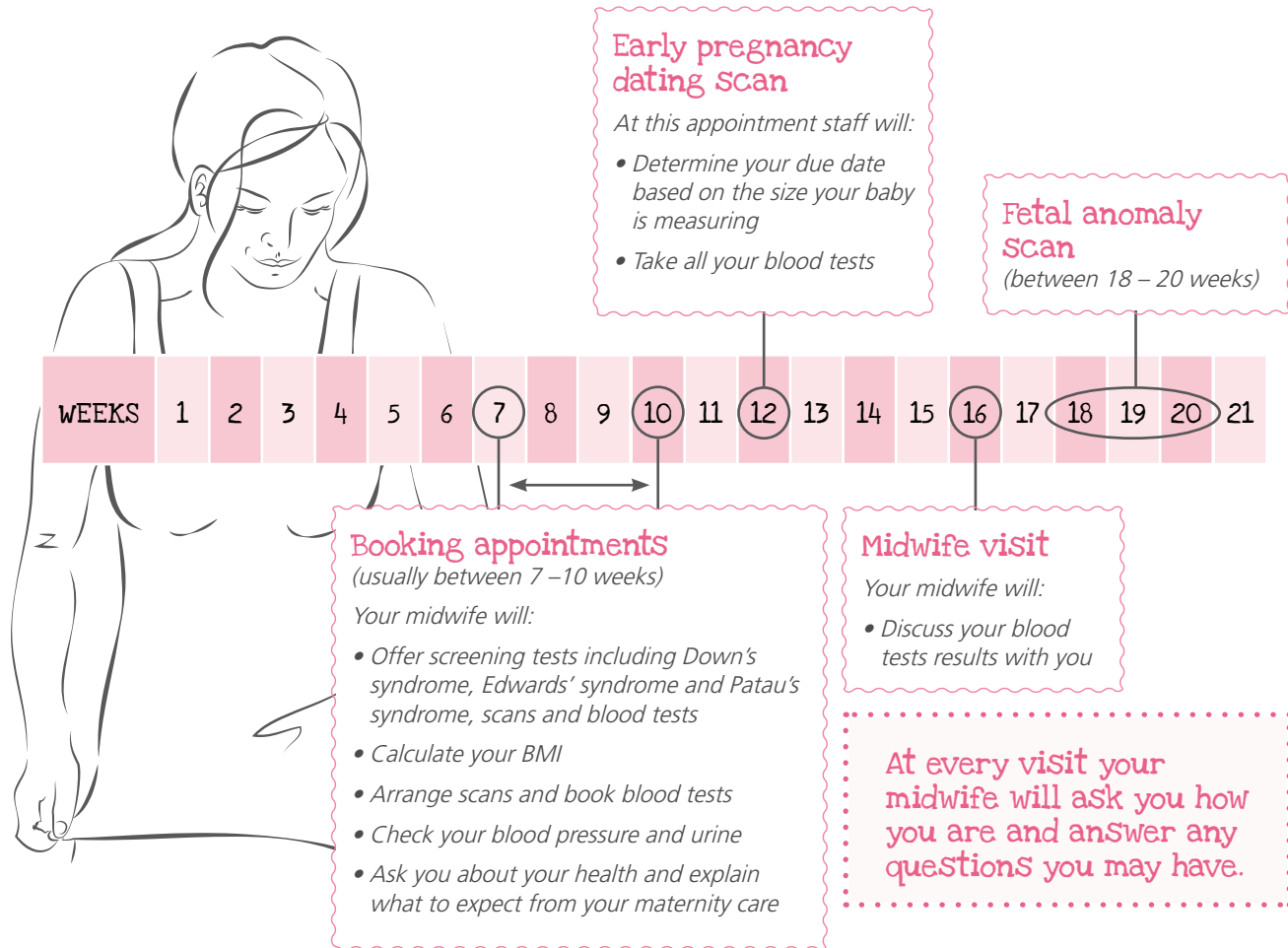
"It was amazing to learn all about the different stages of labour itself and how to spot postnatal depression and how to feed the baby."

Jessica from Swansea



Antenatal care timeline

It is important that all women and their families understand what happens during their antenatal care.



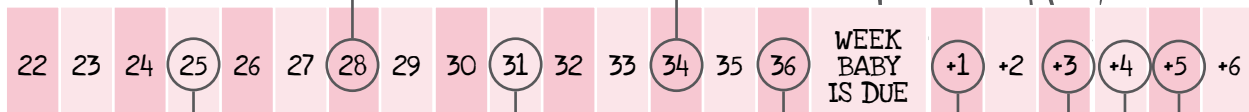
Don't forget!
Take your maternity notes and your copy of *Bump, Baby & Beyond* to every appointment.

Midwife visit

Your midwife will:

- Take blood tests to check your iron level and recheck for blood group antibodies.
- Give you your Anti D injection (if you have a Rhesus negative blood group you will need this to protect your next baby).

Midwife visit



Midwife visit

(first baby only)

Your midwife will:

- Check your blood pressure and urine
- Measure your tummy and check your baby is moving well (and on every appointment from now on).

Midwife visit

(first baby only)

Your midwife will:

- Give you your blood results

Midwife visit

Your midwife will:

- Check your baby's position in tummy to see if baby is breech*
- Check your blood pressure and urine

Midwife visit



*For more information on breech babies, see page 84

Tests and checks during pregnancy

During your pregnancy, you will be offered a number of different tests called 'screening tests'.

The screening tests are

- Early pregnancy dating scan
- HIV
- Hepatitis B
- Syphilis
- Blood group and antibodies
- Sickle cell and thalassaemia
- Down's syndrome, Edwards' syndrome and Patau's syndrome
- Fetal anomaly scan

What to do first

Your midwife will give you all the information you need about antenatal screening tests, including a booklet on the topic, which can

Your midwife will give you a leaflet about these tests and talk to you about them, but it's your choice whether you have them or not.

also be found at:

phw.nhs.wales/antenatal-screening

Antenatal Screening Wales have produced a video providing more information about the Down's syndrome, Edwards' syndrome and Patau's syndrome screening test to help support your decision about whether or not to have this test. To watch the video visit:

<https://phw.nhs.wales/services-and-teams/screening/antenatal-screening-wales/accessible-resources/videos/>

Remember it's your choice whether you have the screening tests or not.

Viral Illness during pregnancy

You will be offered jabs to protect you against common, preventable virus infections such as flu during pregnancy. However, you may come in contact with viral illnesses like chickenpox, German measles or parvovirus B19 which cause a rash. It is important to see your doctor straight away if you develop a rash, or someone in the household has a rash due to these virus infections.

Vaccinations

Flu

Flu is a virus that can cause chills, fever, muscle aches, extreme tiredness and pneumonia. It is much worse than a bad cold. If you have flu during the later stages of pregnancy, you could go into premature labour or your baby could have a low birth weight. Some types of flu have been linked with stillbirth and there have been deaths from flu among pregnant women.

Having the flu vaccine could help you avoid catching flu and help protect your baby, as some of the protection passes to the baby. The earlier you are immunised the better, so whatever stage of pregnancy you are at speak to your midwife and make an appointment.

Whooping cough

Whooping cough is a serious infection in young children that can lead to pneumonia and brain damage. Babies who are too young to start their vaccinations are at greatest risk. Most babies with whooping cough will need hospital treatment.

You can help protect your baby by being vaccinated against whooping cough, even if you have been immunised before or have had whooping cough yourself. You can get immunised any time between 28 and 38 weeks of pregnancy, but the best time is between 28 and 32 weeks.

Rubella (German measles)

If you already had two doses of a vaccine containing rubella, e.g. MMR, you will be protected against rubella. If you don't remember receiving two doses please discuss with your midwife. If you have not been vaccinated against rubella, you should wait until after your baby is born before you get the MMR vaccine.

COVID-19

COVID-19 vaccines are recommended by UK expert bodies for all pregnant women. We know from global experience that vaccines are very effective in preventing severe complications with COVID-19. Some pregnant women may become seriously unwell with COVID-19 infection, particularly in the later stages of pregnancy, resulting in premature delivery of their baby. There is emerging data on the safety of COVID-19 vaccines in pregnancy, and large numbers of pregnant women have safely received Pfizer or Moderna vaccines in the United States and the UK. For further information, speak to your midwife or doctor. You will also find answers to frequently asked questions at this link:

www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/

Where to give birth

Your midwife will usually ask you where you want to give birth at the start of your pregnancy, but you can change your mind later. It's important your midwife knows what you want.

Choosing where to give birth

Your midwife will help you to choose where to have your baby, because not all options are ideal for everyone. In Wales most women have the option of giving birth:

- At home
- In a birth centre or a maternity unit (known as a midwife led unit) where you will be cared for by midwives rather than doctors
- In a larger hospital where doctors may be more involved in your labour if there are any problems

If you are fit and well and have had a pregnancy without any problems, you may wish to give birth in a midwife-led unit. This is usually the best way of having a normal birth*.

At home

For some women a home birth is the perfect way to have a baby and it can be a safe option. If you are thinking about a home birth it is important that you discuss your plans with your midwife so she is able to give you up to date information and talk through your options.

A mum's view:

"It was the happiest time of my life. She was born in the lounge of our family home."

Arwen from Llandrindod Wells

*The term 'normal birth' is when you push your baby out yourself with the support of a midwife.

Birth centre or community maternity unit

In many cases, this unit will be led by midwives and it is suitable for women expected to have a normal pregnancy and birth. It will have links with a hospital maternity unit in case you need to be transferred.

Midwife-led unit in hospital

Some hospitals have midwife-led units where midwives are responsible for running the unit. Usually this is for women who are expecting a normal birth.

Consultant-led unit in hospital

This will normally be where you give birth if you or your baby are expected to need care from a doctor or neonatologist (a doctor who specialises in caring for newborns). Although midwives carry out most of the care in these units, doctors are available 24 hours a day to oversee care where it is necessary.

A mum's view:

"I was advised to give birth in the consultant-led unit due to a heart condition I have, I was really anxious about it but the care we were given was brilliant."

Sian from Cardiff

If you have already had a baby by caesarean

If you have already had a caesarean section you may be able to have a vaginal birth next time. Your midwife will talk to you about this.

The benefits of a vaginal birth can be:

- Better health for you and your baby
- A better chance of successful breastfeeding
- A more positive birth experience
- Shorter stay in hospital

For some women another caesarean birth is safer. Your doctor (obstetrician) will discuss this with you.

Raising a concern about your midwife

If you have any concerns about your midwife or the care she is offering, you can make a complaint or raise a concern via your local health board website. You will first need to fill in a contact form, which can usually be found under the 'Contact Us' or 'About Us' sections. Provide as much information as you can on the form and your health board will action your complaint or concern, and if necessary escalate it to the Head of Midwifery or a Clinical Supervisor for Midwives. If you want to change your midwife, then please record this on your form.

Alternatively you can speak to the clinic or GP where the midwife is based about your concerns.

How will you feed your baby?

How you plan to feed your baby is an important decision which can have lifelong benefits for your own health, as well as the health of your baby.

Breast is best

Breast milk is very different to formula milk because it contains really good things that you simply can't make in a factory. For example, your milk contains antibodies that help to protect your baby from infection and reduce the risk of illness. This protection can last for many years and the longer you breastfeed the greater the health benefits. However, breastfeeding for a short time – even a few days or weeks – is better than not at all.

It is recommended that you breastfeed your baby exclusively (this means you give no other food or drinks) until your baby is around six months old and then continue to breastfeed as you introduce solids foods for as long as you and your baby want, but at least until her first birthday.

The benefits

Your baby will be at less risk of:

- Tummy upsets
- Coughs and colds
- Ear and chest infections
- Urine infections
- Allergies, asthma and eczema
- Childhood diabetes

Breastfed babies also have better mental development than babies fed on formula milk. Having been breastfed as a baby protects children's health when they grow up, making them less prone to things like obesity, high blood pressure and heart disease.

You will be at less risk of:

- Breast cancer
- Ovarian cancer
- Osteoporosis (bone thinning)

Other benefits

- Breastfeeding is free. You don't have to buy formula, bottles, teats or sterilising equipment.
- Breast milk is always available, always at the right temperature and always has the right ingredients for your baby. This makes it easier to feed your baby at night or on the go.
- Breastfeeding gives mums a huge sense of achievement, seeing your baby grow and develop well, knowing it's all your own work!

Further information

To view Bump to Breastfeeding film go to:
www.bestbeginnings.org.uk

A mum's view:

"I hadn't thought about breastfeeding until someone actually pointed out when I was pregnant just how expensive formula is. I love that it's on tap and no planning is required!"

Louise from Bridgend

Where to get help

Even though breastfeeding is the natural way to feed, to make sure it's a successful and enjoyable experience you and your baby will both need to learn how to get it right. There are plenty of people around to help.

Midwives and health visitors in Wales have all had extra training to help them support new mothers with advice about breastfeeding.

In lots of areas there are 'breastfeeding peer supporters' – mums who have previously breastfed their babies and who are keen to encourage and support others to breastfeed. You might meet them at your antenatal class, in hospital, or at a local mum and baby group.

There are also breastfeeding counsellors trained by voluntary groups that offer support over the phone.

Further information

To get more information and support to help you with breastfeeding call the National Breastfeeding Helpline on **0300 100 0212** or NCT Breastfeeding Helpline on **0300 330 0771** or La Leche League Helpline on **0845 120 2918**



Your baby's movements

Most women are first aware of their baby moving when they have been pregnant for around 18 to 20 weeks. Sometimes it can be a bit later if it's your first baby. You will feel your baby's movements as a kick, flutter, swish or roll.

As your baby develops, the number and type of movements you feel will change with your baby's activity pattern. Usually, the afternoon and evening periods are busy times for your baby. During the day and night, your baby has little sleeps that last between 20 and 40 minutes and are rarely longer than 90 minutes. Your baby will usually not move during these sleep periods.

The number of movements you feel will tend to increase until you have been pregnant for 32 weeks and then they will stay about the same. The type of movement you feel may change as you get nearer to your due date. Often, if you are busy, you may not notice all of the movements. You should continue to feel your baby move right up to the time you go into labour. Your baby should move during labour too.

Your questions:

Why are my baby's movements important?

Feeling your baby move will reassure you that your baby is okay. If you notice your baby is moving less than usual, or if you have noticed a change in the pattern of movements, it may be the first sign that your baby is unwell. You should contact your midwife or local maternity unit straight away so that they can check your baby.

How many movements are enough?

There is no specific number of movements which is normal, but you need to be aware of your baby's pattern of movements. A reduction or a change in your baby's movements is what is important.

What if I am unsure about my baby's movements?

If you are not sure whether your baby's movements are reduced, you should lie down on your left side and focus on your baby's movements for the next two hours. If you do not feel ten or more separate movements during these two hours, you should take action (see question below).

What should I do if my baby's movements are reduced or changed?

Always contact your midwife/maternity unit straight away. Never go to sleep ignoring a reduction in your baby's movements.

Always contact your midwife/maternity unit straight away if your baby's movements have reduced or changed! Never go to sleep ignoring a reduction in your baby's movements.

Minor problems in pregnancy

During pregnancy there are a few minor things that can affect you.

'Morning' sickness

Morning sickness is one of the most well known problems in pregnancy. It can come at any time. For most women it settles down by about 16 weeks. Very serious cases need hospital treatment. Try eating something before getting up in the morning; choose plain starchy foods e.g. bread, toast, or a cracker. Avoid strong smelling food and drinks. Try milk or water instead of tea or coffee.

Heartburn (indigestion)

Heartburn is a burning sensation around the breastbone. It is more common in later pregnancy. Strong tea or coffee, pure fruit juice, spicy and fatty foods can make it feel worse. Avoid these foods if they trigger heartburn and take your time when you eat.

Backache

Backache can get worse as you get further along the pregnancy. This is because there is extra strain on your joints and hips as you put on more weight and get closer to the birth.

Gentle exercise and taking care while lifting can help. You can also try:

- Wearing flat or low heeled shoes
- Sitting and standing with your back straight and your shoulders relaxed
- Bending at the knees when lifting and avoiding lifting heavy weights

Constipation

Constipation can be a problem in pregnancy due to all the changes taking place in your body. Your diet can be the best way to tackle constipation. Eat plenty of fibre-rich food, like vegetables, fruit, beans and wholegrain bread. Make sure you are getting enough fluids. Moderate exercise, like swimming or walking, can also help you stay regular.

Piles or haemorrhoids

Piles are varicose veins of the back passage, or anus. They are sometimes very painful and itchy and they can be made worse by constipation. Your midwife or GP can advise you on treatment.

Cystitis

Cystitis is a urine infection which can cause a burning sensation when you pee and make you feel like you need to pass urine all the time. Some of these symptoms can be felt in pregnancy anyway, so it might not be cystitis. If you have symptoms like this, make sure you drink lots of water and, if you need to, discuss them with your midwife. You may be given a course of antibiotics if there is an infection.

Varicose veins

Varicose veins are swollen veins, in the legs, or in the vaginal opening. They may cause aching and sometimes itching. Support tights can help. Avoid standing for long periods and try to rest with your legs up. Always tell your midwife or GP if you notice any hot, red or painful areas in your legs or vulva.

Swelling of the ankles, fingers, face and hands

Swelling happens because your body holds more fluid in pregnancy and a certain amount of puffiness is normal in later pregnancy. More severe cases of swelling can indicate an illness called pre-eclampsia. If you get severe swelling, especially with any of the signs of pre-eclampsia* you should telephone your midwife as soon as possible.

*For more information on pre-eclampsia, see page 65

Anaemia

Anaemia is a condition which occurs when there are not enough red blood cells in your body. The condition shows up in a blood test. Anaemia can be the result of illness, not eating enough iron rich foods, severe sickness, or extra strain on your body like when you are expecting twins. You will be given information on changing your diet and you may be prescribed iron and vitamin supplements.

Braxton Hicks contractions

Throughout your pregnancy, the muscles of your womb 'practice' tightening and releasing ready for labour. Mostly you do not feel this happening. However, as the pregnancy goes on, some women can feel the muscles tightening. It is supposed to be painless, but for some women they sometimes hurt. If the contractions are painful and regular, call your midwife to check that you are not going into labour early.

Feeling depressed or anxious

Some women feel depressed** or anxious when they are pregnant. Talk to your midwife about how you are feeling.

If you are worried, talk to your midwife.

**For more information on depression, see pages 140 and 169

More Serious problems in pregnancy

Occasionally, there may be signs of more serious problems in your pregnancy and you will need to seek medical care.

Infections of the womb

Bacteria and germs like the ones that cause a sore throat can sometimes get into a pregnant mum's womb and cause an infection. It is rare, but it can be very serious so it's worth knowing what to look out for:

- Headache and feeling generally unwell
- Sore throat
- Feeling hot and cold
- Fast pulse (over 100 beats per minute)
- Fast breathing
- Smelly discharge from your vagina
- Rash
- Vomiting and/or diarrhoea
- Tummy and/or leg pains

If you have two or more of these signs, especially if they are getting worse contact your GP or midwife urgently.

Vaginal bleeding

Seeing blood loss from your vagina is very worrying for mums and it can be very serious but it often passes with no harm to you or your baby, especially if there is only a small amount of blood and there is no pain. It is important to get medical advice (by calling your midwife, maternity unit, or GP) straight away if you have any vaginal bleeding during pregnancy.

Abdominal pain

If you have severe pain in your stomach, you should get medical advice straight away. However, a bit of discomfort is normal when you are pregnant and all sorts of things can cause it. Early on it could be your womb growing and the support ligaments stretching. Sometimes it is from trapped wind or constipation. Sometimes it is a sign that you are having Braxton Hicks contractions (that's when your muscles are 'practicing' for giving birth). If you are worried about discomfort in your stomach area, speak to your midwife.

Gestational diabetes

Some women develop temporary diabetes during pregnancy, called 'gestational diabetes'. It disappears after pregnancy, although some women do go on to develop diabetes later. Breastfeeding your baby will reduce your risk of this happening.

If you get gestational diabetes you will be given help and support to eat the right things and may need to attend a different antenatal clinic and see a specialist obstetrician. Often you just need to be careful about what you eat, but sometimes insulin injections are needed.

Your health care team will keep a close eye on how your baby is growing. Sometimes, if the diabetes is not controlled, your baby can be larger. Your baby will need extra care when she is born to check her blood sugar levels are okay, so you will probably be in hospital a little bit longer than normal. Your midwife will talk to you about this.

High blood pressure

If you have high blood pressure during your pregnancy it can affect your health and your baby's health. Your midwife will monitor your blood pressure regularly. Sometimes women need blood pressure tablets in pregnancy. If you have high blood pressure and other symptoms, like protein in your urine, severe swelling, or headaches, then you may have pre-eclampsia.

Pre-eclampsia

You can only get pre-eclampsia when you are pregnant. It affects one in every ten pregnancies. Usually it is mild, but sometimes it is dangerous for the baby and the mum. This is called 'severe pre-eclampsia' and happens in around one first pregnancy in every 100.

If you have pre-eclampsia or severe pre-eclampsia you may be induced into labour, even though this may mean your baby is delivered early.

Some of the signs and symptoms of pre-eclampsia are:

- Rising blood pressure in mid to late pregnancy
- Protein in the urine
- Severe swelling in the ankles, fingers or face
- Headaches and/or visual disturbances
- Severe pain just below the ribs
- Poor growth of the baby

Let your midwife know straight away if you have headaches and/or visual disturbances, or severe pain just below the ribs. She will arrange for your blood pressure to be checked.

Itching

Mild itching is common in pregnancy because of the increased blood supply to the skin. Later on, as your bump grows, the skin of your abdomen is stretched and this may also feel itchy. Mild itching is usually nothing to worry about, but if the itching becomes severe it can be a sign of a liver condition called obstetric cholestasis. Usually symptoms occur after 24 weeks of pregnancy but sometimes it develops earlier. An itch is the most common symptom. The itch can be all over, but it is often worst on the hands and feet. There may be a small increased risk of complications of pregnancy associated with this condition. If you have itching that you are worried about talk to your midwife.

Always call your midwife or maternity unit urgently if:

- You start bleeding from your vagina
- You have severe tummy pain
- Feel very poorly
- Your baby is moving less than usual

Pelvic girdle pain

This happens when the small joint at the front of the pelvis opens up too far. It can cause a lot of pain when walking or even standing up. Physiotherapy or wearing a support belt can help.

Baby's growth

Small women tend to have small babies and taller women tend to have bigger babies. Your midwife will make allowances for this when she measures your bump. There may be some special cases where your baby's size affects your options for delivery. But, in general, if your baby is growing well for her size, then this is a good sign. If your baby's growth has slowed down during the pregnancy, then you'll need to have some extra care to ensure the baby is still doing well.

If your baby is moving less than usual

Your baby's movements* are an important way you can keep track of how your baby is doing. If you are worried about your baby's movements, you should contact your midwife straight away.

Follow your instincts

If you feel that something is not quite right, let your healthcare team know. Phone your GP about general health problems, or your maternity unit or midwife if you have concerns about your pregnancy.

**For more information on your baby's movements, see page 60*

Twins and multiple births

The news that you are expecting more than one baby can come as a big surprise. But there's lots of support and information available.

The difference in pregnancy and birth with twins

If your womb is bigger than expected at your stage of pregnancy it could be a sign that you are having twins, triplets or more. They will also show up on the screen during an ultrasound scan.

Carrying twins or more can be hard work for your body. You'll need lots of rest, especially later on in pregnancy. A healthy diet will be even more important than usual.

Extra care

If you are expecting more than one baby your midwife and doctor will keep a closer eye on you during your pregnancy. They'll watch your blood pressure carefully and look at how your babies are growing.

If you have twins you are more likely to:

- Have backache, tiredness, heartburn, nausea, constipation and piles
- Give birth before your due date
- Need a caesarean

Most twin or multiple births are as joyous and rewarding as any other and many of these pregnancies and births are perfectly straightforward.

Being told you are expecting more than one baby may come as a shock. You may find it hard to cope with the thought of looking after more than one baby. However, there is lots of support for twin and multiple birth families.

Further information

Ask your midwife about local support groups, or visit www.twinstrust.org

Premature birth

Some babies are born earlier than expected, or they are too sick to cope on their own. If this happens to your baby, you may not be able to take her home with you straight away. Instead, your baby might need to be looked after in the Neonatal Intensive Care Unit (NICU) sometimes called a Special Care Baby Unit (SCBU).

A midwife's view:

"If your midwife or doctor has told you to expect your baby to be born early then it may be possible for you to visit the neonatal unit and talk to the staff. Ask your midwife if she can arrange this for you."

Sarah, Abertawe Bro Morgannwg University Health Board

When your baby arrives early

If you go into labour before the 37th week of your pregnancy, this is called 'preterm labour.'

These days, babies born early have a greater chance of surviving and developing without any long-term problems. The older your baby is and the more she weighs, the less likely she is to have problems.

Your questions:

Why are some babies born early?

It's not always known why women go into labour early. Some possible reasons are:

- Mum has an infection
- Mum has a condition like pre-eclampsia
- More than one baby. Most twins and triplets are born before 38 weeks and many sooner than this because the uterus starts to contract when it is overstretched
- A weakness in the opening to the womb (cervix)

If your labour starts early, your waters may break or you will start to feel contractions. If you think you might be in labour, call the hospital straight away. It may be possible to slow down or even stop your labour. Drugs that stop you having contractions may give your baby more time in the womb. You may also be given treatment to reduce the chances of your baby having breathing problems after being born.

Am I in labour?

You may feel your tummy tightening or hardening for about 30 seconds several times a day from week 28 onwards. These can be easy to mistake for labour, but they are probably just Braxton Hicks* contractions. You will be able to tell the difference because Braxton Hicks contractions don't get longer, stronger or closer together. They tend to be short and come and go.

Time your contractions. This will help you decide if they are the real thing or not.

If you are less than 37 weeks pregnant and you're having more than four contractions in an hour, or other signs of preterm labour, contact your midwife for advice.

Further information

Bliss provides vital support and care to premature and sick babies across the UK. Phone their free helpline on **0500 618140** or go to their website: www.bliss.org.uk
They also produce information booklets for parents which are available on neonatal units in Wales.

**For more information on Braxton Hicks, see page 63*

When pregnancy goes wrong

Losing a baby, no matter where you are in your pregnancy, can be a very difficult and upsetting experience.

Miscarriage in early pregnancy

Most miscarriages happen in the first three months of pregnancy and usually nobody knows why it happens. It is very unlikely that anything a pregnant woman did or didn't do will have caused the miscarriage. As many as one in five pregnancies ends in miscarriage.

Symptoms of miscarriage

While some spotting of blood is quite common in early pregnancy, if this happens you should tell your midwife or GP. Heavier bleeding, sometimes accompanied by cramps that feel like bad period pain, could be the start of a miscarriage. In either case, you may be referred for a scan to see what's happening.

What to do

If you think you are having a miscarriage you should seek medical help. If you are registered with a midwife or local maternity unit, contact them if you are having any of the symptoms of a miscarriage.

Further information

If you haven't registered with a midwife or local maternity unit yet, contact your GP or NHS Direct Wales **0845 46 47**

Further support

If you have a miscarriage, ectopic pregnancy or molar pregnancy, you can get support and advice from the Miscarriage Association.

www.miscarriageassociation.org.uk

or call: **01924 200 799**

How you may be feeling

Even though miscarriage is common, that doesn't make it any less upsetting and you may have a real sense of loss and grief. Family and friends might try to cheer you up and they mean well, but sometimes it doesn't help. It can help to talk it over with others who have been through the same thing. Your midwife or GP may be able to put you in touch with a local support group, or there are organisations that can give you support, information or counselling.

If you experience a late miscarriage or a stillbirth you will need care from a midwife to make sure your body is recovering.

Stillbirth

Stillbirth is where a baby dies before or during labour. It's a devastating tragedy for families. While some of the risks that can lead to stillbirth are known, the exact causes aren't always clear. A woman who seems to be having a healthy pregnancy can still go on to have a stillbirth. In the event of a stillbirth, your midwife and hospital will support you, your partner and family in this very sad time.

Further support

The charity Sands can give you lots of useful information to help and advise you. Visit www.sands.org.uk or call **020 7436 5881**

Information for Dads



Losing a baby at whatever stage of pregnancy is devastating for both parents. As a dad you may not know how best to support your partner and cope with your own feelings. It can sometimes seem that all the support is aimed at mum, who may need medical care, and that no one is interested in how you are feeling.

It can be hard to talk to your partner about how you are coping because you may be worried that you will upset her more. But it might actually help her to know how you feel and perhaps you can support each other. You can get support from the groups mentioned above, or you could ask your partner's midwife or your own GP for details of support groups in your area.



Birth

As a pregnant mum or dad you might have already learned a lot about birth from reading books, looking on the internet or watching TV. Or you might be trying not to think about it because it makes you feel worried. Getting information and planning ahead can help women feel calmer and more prepared. If you are a dad or birth partner it's a good idea to find out a bit about what's going to happen and talk to your partner about what she wants in labour. That way, you will be the best possible help when the big day comes.

Birth at a glance

The day your baby is born is one you'll never forget. Knowing what may happen can help mums, dads and birth partners feel more prepared.

Things to think about

Who do you want to support you at the birth? This person will be your birth partner.

What will help you relax when you are in labour?

Make sure your birth partner knows about your birth plan.

If you want pain relief what kind is right for you?

Things to do

Pack a bag for the birth and a bag for you and your baby afterwards.

Don't forget: An old nightdress or t-shirt, (something that opens at the front will make breastfeeding easier later on), clothes for your baby, your wash bag, clothes for you and plenty of sanitary towels and old or disposable knickers.

Try using our tick sheet on page 80 to help you ensure that you remember to pack everything you need.

What happens in labour and birth?

Early labour

This is when you start to feel pain (contractions), or your waters may break. If you are not sure what is happening or need advice phone your midwife or maternity hospital.

First stage of labour

This is when labour has really got going and the hard work starts.

Try to stay relaxed and find a position that is comfortable for you.

Whether you are at hospital or at home, make sure you have easy access to your notes and your birth plan.

Second stage of labour

This is when your baby is born. Dads / birth partners can be involved by helping you be as comfortable as possible

Some babies may need to be born with help. This might be a caesarean birth, or help with forceps or a ventouse.

Enjoy a quiet time after the birth. Cuddle your baby, skin-to-skin. This helps you to bond with your baby and helps him to stay warm and feel safe. This is a great time to start breastfeeding too.

The third stage

This is when the placenta is delivered. Your midwife can help with this by giving you an injection.

You may need some stitches if your skin has torn.



Planning for the birth

Your midwives will do their best to make sure that the birth of your new baby will be a positive experience.

You and your partner or birth partner can help things go smoothly by finding out what to expect and by taking some time to think about what's important to you.

How to help your birth stay normal

It's best for mums to try and have a normal birth and not a caesarean. This is because mums recover much more quickly from a normal birth and the birth of the next baby will be easier if you decide to have another.

There are some things you can't control, but there are things you can do to increase your chances of having a normal birth:

- Stay active during your pregnancy
- Keep moving about as long as possible in labour
- Stay at home during the early part of labour – you will be calmer and happier

Your body, your choices

During your pregnancy, your midwife will ask if you would like to make a birth plan. This means that your choices are written down. It's a good idea because it gives you a chance to think about what you'd like and ask questions before you go into labour. Talk about your plan with your partner or birth partner.

If you are not sure what you want:

- Ask your midwife and she will talk you through your options
- Have a look at the information in this book
- Join a local antenatal class

Further information

Visit the NHS 111 Wales website 111.wales.nhs.uk/livewell/pregnancy/BirthPlan/

Once you have finished your birth plan it will be added to your maternity notes and will guide the midwife caring for you later on. But don't worry, you can still change your mind.

Who will be with you at the birth?

Think about who you would like to be your birth partner* to give you support and encouragement when you're in labour. Your partner, if you have one, may be the obvious choice, but it doesn't have to be. There is some evidence that having another person with you instead of (or as well as) your partner is helpful and can shorten your labour. Some women have a close friend or a relative with them.

It's a good idea to discuss your birth plan with your partner and whoever else will be with you at the birth. If they know what you expect and what your decisions are they'll be able to give you better support.

**The term 'birth partner' refers to someone who you have chosen to give you support during labour.*

Making a birth plan

Things to consider for your birth plan are:

- What are the things that keep you calm and happy? Can you have them around you at home during early labour, or bring them with you to the hospital?
- Where do you think you will feel most comfortable during labour and while giving birth? This is where you will be most likely to achieve a complication free birth
- What positions do you find most comfortable?
- What kind of pain relief would you like to use? Which kinds do you want to avoid?
- Are you happy for the midwife to give your baby an injection of vitamin K after birth?
- Has your birth partner practiced giving you a back massage or a shoulder rub? You might be glad of it in labour
- Are you happy for the midwife to give you an injection of syntometrine to help bring out the placenta after the baby is born?

A midwife's view:

"Remember, it is great to get as much information as possible to help you feel calm and in control in labour. Whether it is watching TV programmes, researching good sites on the internet or speaking to family and friends, all the preparation will be useful to ensure you feel fully involved in all decision making at this important time."

Sarah, Abertawe Bro Morgannwg University Health Board

Water birth

Labouring in water can help you relax, and mums often say that it helps lessen the pain of contractions. You can spend time in a bath either at home or in hospital. If you think you might like to spend a lot of time in water during labour, a birthing pool will be more comfy. Have a chat with your midwife. Some hospitals have a birthing pool or a large bath they use for labour. You can hire a special pool for use at home or in units where they are not available.

A mum's view:

"I hired a pool to use at home. I got into it as soon as my midwife arrived and stayed there for 12 hours, so I got my money's worth! I cannot describe to you the difference it made, I still felt the pain of the contraction but I was able to cope with it and get into more comfortable positions. I would not have managed it without the pool!"

Sarah from Cowbridge

If your first birth was by caesarean section

If you have previously had a caesarean and you have no other complications, your midwife will explain how she will support you to have a vaginal birth.

Vitamin K and your new baby

We all need vitamin K to help make our blood clot and when babies are born they have very little vitamin K. Health experts recommend that all new babies receive vitamin K shortly after they are born to remove the small risk that they will start bleeding.

There are two methods of giving vitamin K: by injection, which is done once very soon after birth; or by mouth, which means your baby will need several doses. If it's given by mouth, it is recommended that all babies get two doses within the first week. For babies who are exclusively breastfed, a third dose will be given at one month.

Syntometrine injection

Almost straight after your baby is born you will also deliver your placenta. Because you will be busy saying hello to your baby, it's good to think about how you want to deliver your placenta beforehand. Most women are happy for their midwife to give them an injection of syntometrine as the baby is born. The syntometrine helps your womb to push out your placenta and means that your midwife can help by pulling gently on the cord. Women who have this usually lose less blood.

Sometimes your midwife will recommend that you have a syntometrine injection for a medical reason.

Think about what you want and put it in your birth plan. That way, there will be less to think about on the big day.

Getting organised: What to pack

As you get closer to your due date there will be lots of things to arrange. It makes sense to have a bag packed. In fact, you'll probably want to pack two bags. One with things you want for the labour and one with everything you'll need afterwards – including something for your new baby to wear going home!

Even if you are planning a homebirth, it may be sensible to pack a small bag in case you need to transfer to hospital at any time.

Use our tick sheet overleaf to help you pack your bags

First bag (during labour)

Things you will need:

- An old nightdress or t-shirt. Something that opens at the front will make breastfeeding easier.
- A dressing gown or a big cardigan to cover you up when you are in your nightie or t-shirt.
- Something to slip on your feet, like sandals or slippers.
- A wash bag with toiletries, including hair bands for long hair.

Things you might like:

- Some facecloths for cooling your face and skin.
- Some unscented oil or a light body lotion for massage.
- A thermal pack – the sort you can heat in a microwave for taking with you on cold outings. It stays warm for hours and can be wrapped in a towel and used as a warm compress to relieve aches in the back or legs.
- A mobile phone.
- A camera.
- Some drinks and snacks for you and your partner.

Second bag (after the birth)

Things you will need:

- Two nightdresses. Ones that open at the front will make breastfeeding easier.
- Easy to wear day clothes, like leggings and loose tops.
- Some underwear, including large, close-fitting pants to hold maternity pads and nursing bras. You may find disposable pants useful for the first few days.
- Some towels.
- Maternity pads or night-time sanitary pads.
- Breast pads.
- A box of tissues.

Things you will need for your baby:

- Nappies.
- Vests and sleepsuits.
- Cotton wool balls.
- Car seat for going home.

Pain relief in labour

Give some thought to the kind of pain relief you want in labour. If you have any questions speak to your midwife and she will give you more information about what's available.

Even if you're sure you want pain relieving drugs to help you cope with labour, it's a good idea to find out what other help there is. In the early stage of labour, it's usually best to try to avoid drugs.

Some women want to avoid drugs in labour, because all pain-killing drugs have some disadvantages to mothers or babies.

Pain relief (without drugs)

Breathing and relaxation techniques

Most antenatal classes teach breathing awareness as a way of coping with the pain of contractions. If you haven't been to classes, talk to your midwife about breathing techniques for labour – she can quickly show you how to do it.

The emphasis is on using breathing to help you stay relaxed, which helps you cope with the pain. Relaxation doesn't take away pain, but it can prevent it from becoming stronger because tension increases pain levels. Research shows that when women are relaxed they release endorphins, the body's own pain relievers.

Birthing pools and lying in water

Water is very good at helping you to relax and make the contractions seem less painful. Ask if you can have a bath or use a birth pool.

TENS machine

TENS – short for ‘transcutaneous electrical nerve stimulation’ is a form of pain relief provided by pads which fix to your back and which give a slight electrical charge. It can be effective in relieving pain and it is safe for you and your baby. It probably works best in the early stages of labour when many mums have lower back pain. If you want to try this, ask your midwife where you can hire or borrow a TENS machine.

Complementary therapies

Complementary therapies such as homeopathy, hypnosis, acupuncture or acupressure can help some mums in labour. You will need to see a specialised practitioner if you are interested in these methods.

Chemical pain relief (drugs)

Gas and air

‘Gas’, or ‘gas and air’, is a form of pain relief that is available in hospital and at home births. The gas comes with a tube and a mask or mouthpiece that you can breathe through when you need it, usually at the start of a contraction. It can take the ‘edge’ off the peak of the pain. The pain relief does not last very long and for it to work effectively you need to begin breathing it at the very start of the contraction so it builds up by the time the contraction is strongest.

There is no danger of taking too much, but it can make some people feel sick. You can use gas with other kinds of pain relief. Babies do not appear to be affected by gas.

Morphine and opiate drugs

Drugs that are related to morphine are often used in labour. They are given by injection. These drugs are not usually used at a homebirth.

Most morphine and opiate drugs take around 15 minutes to work and last for two to four hours. You may feel sleepy and slightly ‘out of it’, so they cannot be used if you are in a birthing pool. Some women like this feeling and it helps them cope. Some don’t and feel out of control. Some women feel sick with these drugs and an anti-sickness medicine is usually given at the same time.

All opiates can affect a baby's breathing at birth. If your baby's breathing is poor because of the opiates, a drug can be given to your baby to treat this.

If you have had opiates in labour your baby may be sleepier and less interested in feeding for two or three days afterwards, you will get extra help with feeding if you and your baby need it.

Epidural anaesthesia

An epidural is when pain-relieving drugs are injected into the space around your spinal nerves. The aim of the epidural is to relieve the pain of labour by reducing the sensation in your lower body. You will still be able to move around the bed and push when giving birth. An epidural is the most effective form of pain relief in labour. It is especially useful if your labour is long or complicated and if your baby needs close monitoring. An epidural can only be given to you by an anaesthetist, so it is not available at every unit.

Side effects

An epidural does not cause you to be sleepy. Sometimes your legs might feel numb or heavy which can make it harder to push. This means it can increase the risk of needing help with the birth, like a ventouse or forceps delivery*. It does not increase your risk of a caesarean section. The numbness can last up to a few hours after the delivery. Sometimes an epidural can make your baby a bit sleepy after birth and make learning to breastfeed more difficult. Occasionally an epidural can give mums a bad headache for some days after the birth and mild itching is also possible.

A midwife's view:

"Pain relief in labour is a very personal choice, some women want to feel no pain and for other women the benefits of natural childbirth are clear. A long labour often requires effective pain relief, but women feel and cope with the pain of childbirth very differently."

Sarah, Abertawe Bro Morgannwg
University Health Board

*For more information on your ventouse or forceps deliveries, see page 98

Other things that may affect your labour and delivery

Your baby's position

Your baby's position, or 'presentation', refers to which part of the baby's body will be born first. Although most babies are born head first, sometimes they are coming bottom first, which is called 'breech' presentation.

How common is breech?

By the end of pregnancy only about 3% of babies are breech. Babies who are still breech by about 37 weeks of pregnancy may not turn around by themselves.

Delivering a breech baby

If your baby remains in the breech position after 37 weeks you would normally be offered the chance to have your baby turned around, this procedure is called an external cephalic version or ECV. An ECV will be able to turn about half of breech babies to being head first. If your baby remains breech, you will need to discuss whether a vaginal breech birth or planned caesarean section is best for you and your baby.

Pain relief during a caesarean section

If you have a caesarean section you will need total pain relief. Some women have a general anaesthetic, which works instantly and means you are unconscious during the operation. Most women have an epidural or spinal anaesthetic. This completely numbs you from just below the breasts downwards, but allows you to remain fully awake and aware of everything except the pain. However, you may feel some pressure or discomfort.

It takes time to recover from the effects of a general anaesthetic and there are more risks to the mum's health, so epidural or spinal anaesthesia will usually be given. In some units, doctors administer a combined spinal and epidural which allows a top-up of anaesthetic when necessary. This type of anaesthesia takes effect in about 15 minutes. You are more likely to need a general anaesthetic for an emergency caesarean section if your baby is in distress and the doctor has to deliver him as quickly as possible. You will receive help and support to make sure you are able to breastfeed comfortably after a caesarean section.

Your questions:

What is a caesarean birth?

This means your baby is born by an operation. The obstetrician makes an opening in your tummy and then your womb to get the baby out.

Why is it done?

A caesarean section may be planned in advance. This is called an 'elective section'. Your appointment will probably be in the week before the date your baby is due so you are less likely to go into labour before the operation.

Sometimes a decision has to be made to carry out a caesarean while you are in labour. This is called an 'emergency caesarean section', although often it isn't as dramatic or last-minute as the name suggests.

Why might I need an elective caesarean section?

- You have a very low-lying placenta – called 'placenta praevia' – which blocks your baby's way out
- For some twins and almost always for triplets or more
- If your baby is in a position which makes vaginal birth difficult or impossible
- Previous surgery on your womb. You may have had two or more caesarean sections before or other rarer operations

Why might I need an emergency caesarean section?

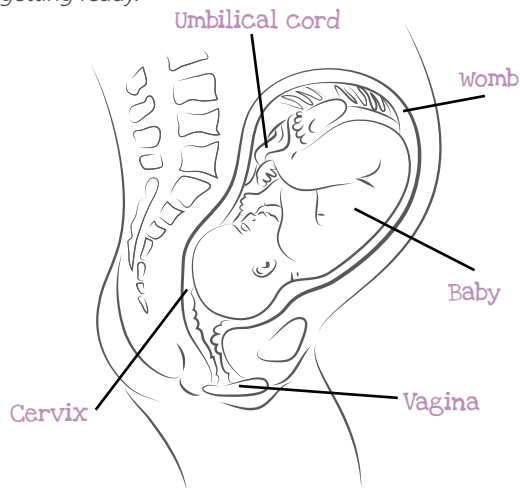
- If you are very poorly, with conditions like severe pre-eclampsia, kidney disease or very high blood pressure and your baby needs to be delivered quickly
- If your baby is not coping with the stress of labour and you are still a long way from delivery
- If your baby is in a position in your womb that makes labour difficult

Labour and birth

Labour has three stages and the length of a normal labour can vary enormously for each person.

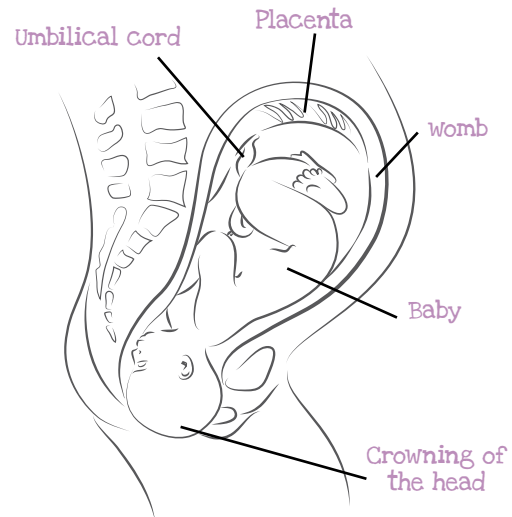
First stage

This is when the neck of the womb, called the cervix, opens. When you go into labour the muscles in your womb contract and this gradually pulls the neck of the womb (cervix) open. The first stage is usually the longest and can last anything from one hour to 20 hours or sometimes even longer. Early labour is the very start of this stage when your body is slowly getting ready.



Second stage

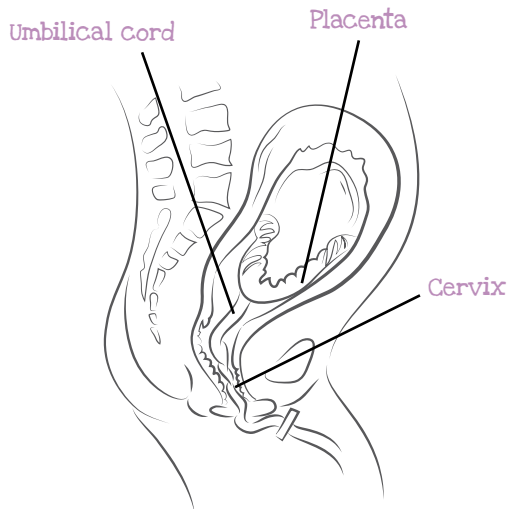
This is from when the cervix is open enough to allow your baby to move down into your birth canal (vagina) and for you to start pushing your baby out into the world. Your contractions will change and push your baby down the birth canal and you will have the urge to push with your tummy muscles.



You have probably heard stories about people who have been in labour for days and others who had their babies in minutes. Most births are somewhere in between.

Third stage

This is after your baby is born. This is when the afterbirth or placenta is delivered. This is usually much easier than delivering your baby, because the placenta is smaller and softer and your midwife can give you an injection to help speed this up if you would like.



Your questions:

Will it hurt?

Most women find that contractions get very strong as labour gets going and commonly describe them as painful. For lots of women the pain they experience when they feel the urge to push is different, because they have the hard work of pushing to take their mind off it.

A mum's view:

"My midwife was great, she made me feel like everything was going to be okay and that I was doing well, I feel that she enabled me to have the birth I wanted."

EnfyS from SwanSea

The start of labour

Labour can start very quickly, or it can seem to take ages. Sometimes it starts without you realising and it may take a while to work out if you are actually in labour. Once your labour gets going your contractions will be longer and stronger and the gaps between them shorter.

Some signs of labour

The show

This is the release of the 'plug' which seals the opening of your womb. In some women, the plug comes out of the vagina as a single blob of pinkish jelly. In others it is a series of smaller pieces and in others it can be reddish brown and blood-tinged.

It is a sign that the opening of the womb – called the 'cervix' – is beginning to stretch and soften a little in preparation for labour. It may not mean you are actually in labour. It can be several days between the show and the start of labour, or it can be just an hour or so. Although a show is common, not all women have one.

Call your midwife or maternity unit for advice at any time.

The breaking of the waters

Inside your womb there is a bag of fluid around your baby called the 'amniotic sac'. Sometimes one of the early signs that you are in labour is that a hole appears in this sac and the fluid escapes. It can happen as a sudden gush of liquid down your legs, but more often it will start to trickle. Telephone your midwife or the hospital if your waters break. Sometimes your waters don't break until just before your baby is born.

Contractions

Contractions that gradually come closer together and last longer than 40 seconds are the only sure sign of labour. You will feel them getting stronger, longer and in more of a regular pattern.

False alarms

Sometimes women start to have contractions, only for them to fade away. These can make you think you are in labour when your body is just having a practice run. This can be confusing and sometimes you may go to hospital only to find everything stops. If this happens to you, you may be examined and may be disappointed that you are not very far on in your labour or not really in labour at all. In this situation, you may be asked if you'd prefer to go home. This is sensible, unless you live a long way from the hospital. Don't feel embarrassed. This sort of false alarm happens all the time.

A midwife's view:

"Early labour can last for many hours, so try and get some rest if you can. Make sure you keep drinking and eat small amounts of whatever you fancy regularly. It is important to keep your strength up. Many women find early labour very challenging, even when you are at home, so prepare for it to take some time. Keep an eye on your baby's movements and keep in touch with your midwife or maternity unit to ensure they can advise you of when active labour is likely to have started."

Sarah, Abertawe Bro Morgannwg
University Health Board

Early labour

The early stages of labour can be exciting because the day you have longed for has finally arrived. It can also be boring or frustrating because you are waiting for labour to get going properly.

You might not be quite sure when to go into hospital, or you may go to hospital only to find you are advised to go home for a few more hours. If you are not sure what to do, contact the maternity unit or your community midwife.

In early labour try to relax by:

- Taking deep relaxing breaths
- Having a bath or shower
- Having your partner give you a gentle massage
- Using an ice pack or hot water bottle on your back if you are uncomfortable
- Walking around
- Eating a light, healthy snack and drinking plenty of water

A mum's view:

"I wasn't sure if I wanted my partner there when I gave birth, but actually it was great, even in the early stages when there wasn't much happening. We probably talked more than we've done in ages. We've both been so busy preparing for the baby."

Sue from Llandrindod

Coping with labour

Provided everything has been straightforward during your pregnancy, you are likely to cope better and have less chance of having a complicated birth if you stay at home in the early stages of labour.

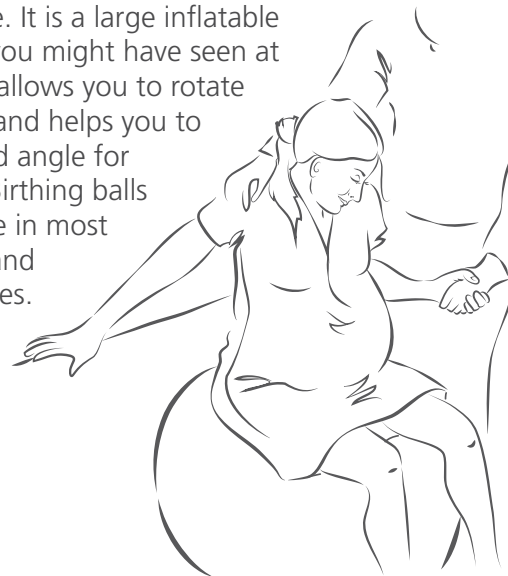
Positions you can try

Listen to your body, experiment with different positions and movements and do what's most helpful for you. Your midwife will encourage you to find a position that suits you.

Most women cope best with labour if they are free to move around. You may find that different positions work best for you at different times.

Birthing balls

You may find a birthing ball comfortable. It is a large inflatable ball which you might have seen at the gym. It allows you to rotate your pelvis and helps you to sit at a good angle for childbirth. Birthing balls are available in most birth units and delivery suites.



Kneeling

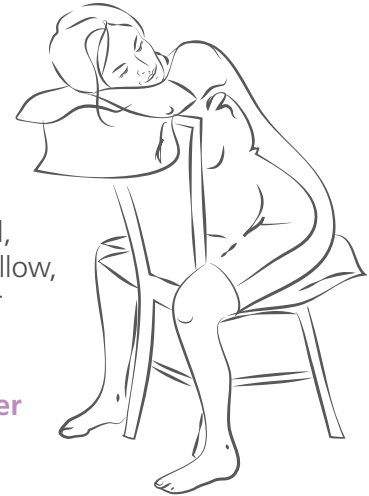
You can rest by leaning forward between contractions.

**Supported standing**

Some mums like to stand and rock or pace slowly and then stop and rock when they have a contraction, if you need support you can lean on a wall or your partner.

**Sitting**

You can sit astride a chair and lean forward, rest on a cushion or pillow, or on a birthing ball or beanbag.

**For your birth partner**

Knowing what's going on will help you to be a better support. Keep your partner company, tell her she's doing well, help her stay relaxed and gently rub her back if it helps. Hold her hand and be there to share the pain, as well as the joy.

For positions for birth, see page 96

A mum's view:

"In the early stages I thought my husband Jeff would be invaluable rubbing my back, however, when the time came I needed the freedom to move around. His verbal reassurance and constant bringing of drinks and food was enough."

Susie from SwanSea

Breathing

A very common reaction when experiencing pain is to tense up and hold your breath, but this actually makes the pain feel worse. When a contraction comes concentrate on keeping your breathing slow and relaxed and focus on breathing out. If your partner understands this and breathes with you during a contraction it can help you remember and create a lovely feeling of closeness between you. This doesn't work for everyone though. Some mums say they can concentrate better on their own.

As you feel a contraction coming:

- Relax. Think especially about your shoulders, your face and your hands. Make sure they are relaxed
- Start to concentrate on your breathing, keeping it slow and relaxed. Focus on breathing out
- As the contraction gets stronger think more carefully about the way you breathe and try to stay relaxed
- Sway and rock your pelvis and make any noises you find helpful
- Don't resist the contraction – it increases in intensity, reaches its height, then starts to fade
- As it goes, blow it away – it's gone. That contraction will never appear again

When to contact your hospital, birth centre, or community midwife

If it's your first pregnancy, you may feel unsure about when you should go into hospital or a midwifery unit. The best thing to do is to call your hospital or unit for advice.

If your waters have broken, you'll probably need a midwife to check you and your baby. If it is your first baby and you are having contractions but your waters have not broken, you may be told to wait. You'll probably be told to come in when your contractions are:

- Regular
- Strong
- About five minutes apart
- Last about 45–60 seconds

You will probably be told to come in if there are any changes to your baby's movements.

If you are planning a home birth, follow the procedure you have agreed with your midwife.

Don't forget to phone the hospital or unit before leaving home and remember to take your maternity notes.

Checks and monitoring during labour

You and your baby will be checked regularly throughout labour to make sure you're both doing well.

How your baby may be monitored

Listening to your baby's heart rate will help your midwife monitor your baby's health and strength during labour and birth. When everything is going smoothly it is done at regular intervals, but sometimes your midwife will need to keep a constant watch on your baby's heart rate. This is called 'continuous monitoring'.

If you are being continuously monitored it does not mean you have to stay lying on a bed. A ball, mat, chair or stool may be more comfortable. If you have an epidural for pain relief your baby will need to be continuously monitored.

Checks on you

Your midwife will keep a close eye on you and will examine the neck of your womb (your cervix) occasionally to see how the labour is progressing. This is called a vaginal examination. The thought of this can be a bit scary, because you may never have had this done before. Don't worry, your midwife will be very gentle and respectful, and explain everything before she does it. For most mums it isn't as bad as they thought and they really appreciate finding out how their labour is progressing.

When your baby is nearly ready to be born

For most mums the hardest part of labour is towards the end of the first stage, just before the pushing begins. Your contractions will be very strong and you will not have much time in between them to catch your breath and relax. This part is often called transition.

Transition: what you can expect

Transition affects how you feel emotionally as well as physically. You may feel impatient, tired, irritable and even angry and frustrated with the people looking after you. This is a perfectly natural reaction and it means that the birth of your baby is not far off.

- Try to remember that although it's hard, it's normal and your baby is nearly here
- Make the most of the space that there is between contractions and completely relax – ignore everyone else

For birth partners

Don't take her behaviour personally, nothing you do will be right! It's perfectly normal and is usually a good sign that the baby is nearly here.

The second stage

This is the stage where your baby arrives. It begins when the neck of your womb (your cervix) is fully open (to 10 centimetres) and ends with the birth of your baby. With a first baby this stage can last anywhere between ten minutes and two hours, or sometimes even longer. It's usually easier and shorter with your second baby.

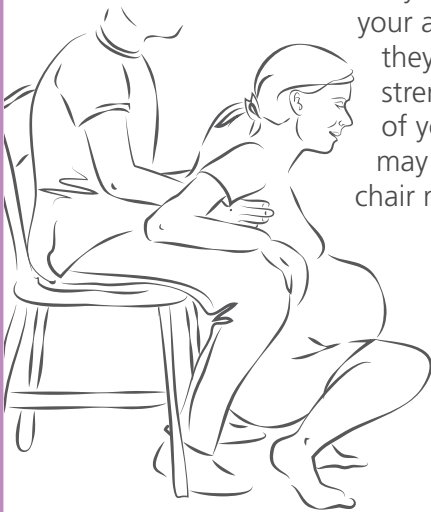
Positions for birth

There's no right or wrong position for you to give birth in. However, lying on your back is usually uncomfortable and makes it more difficult to push your baby through your pelvis, so it is not recommended. When women are encouraged to do what feels best, they hardly ever adopt this position. If possible, get gravity to help you and stay upright and active.

Supported standing or squatting

This position is good for the birth, it allows your pelvis to open wide and your baby to be born with the help of gravity. You will need support for your upper body to keep your balance. Your partner can support you from behind by holding you under

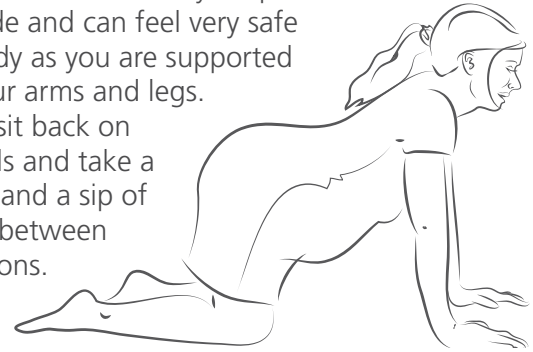
your arms, though they will need the strength to take all of your weight and may find sitting in a chair makes this easier.



All fours

This position also allows your pelvis to open wide and can feel very safe and steady as you are supported by all your arms and legs.

You can sit back on your heels and take a breather and a sip of water in between contractions.



Leaning on the back of the bed

If you are on the bed this is a great position, it gives your pelvis freedom to open and you have something to lean on.



All this pushing can be hard work with your first baby and it can take a little while to get the hang of what you're doing. Your midwife will help you listen to your body and focus your energy so your pushes are effective if you need her to.

The birth of your baby

Most babies come into the world head first, so it is your baby's head that will stretch the birth canal when your baby is very nearly born.

The muscle and skin at the opening to your vagina will start to stretch and this can produce a stinging or burning sensation. At this stage your midwife may ask you not to push, or only give tiny pushes to slow things down to give you time to stretch.

Very occasionally if the stretching is taking a while and your baby needs to be born quickly, the midwife (with your permission) will give this bit of skin and muscle a small cut. You will have an injection so you do not feel this – and it will all be explained to you. This cut is called an episiotomy.

For your birth partner

This stage is very intense and you can really help your partner if you:

- Keep calm and tell her how well she is doing
- Help her be as comfortable as possible
- Don't talk too much and make sure she can really relax in between contractions
- Think about where you want to be when the baby is born. Do you want to see him being born, or would you rather support your partner and greet the baby later?

Every birth is unique and special, it may not have been the birth you have anticipated but you will usually remember it as one of the most important moments of your life.

If you and your baby need help

Sometimes you or your baby will need some help during labour. This could be because your baby is getting too stressed, or labour has been hard and long and you have no more strength left.

If you need help before you are in the second 'pushing' stage, you will probably have an unplanned caesarean section.

Once you are in the second stage your doctor or midwife may be able to help using forceps or ventouse.

If you need help with forceps or ventouse

Forceps and ventouse are both instruments that can be attached to your baby's head so that the doctor or midwife can help you as you push. Forceps are made of metal and look a bit like large spoons for serving salad, a ventouse is made of soft plastic and is like a cup that fits on your baby's head. You will be given a local anaesthetic – an injection to make the skin and muscle at the opening to your vagina numb and your bladder may be emptied by a thin tube inserted into your bladder – called a catheter and you will probably need a small cut (called an 'episiotomy') to allow room for the forceps or ventouse to be inserted. You will probably be helped to lie down on your back and your legs will be raised. Occasionally your baby will have a mark (bruising or swelling) from the forceps or ventouse cup on his head, but don't worry it will soon fade.

First moments



Your midwife will have talked to you about what you want to do straight after birth. Most mums like to hold their baby straight away. How you feel straight after the birth varies with every mum, because it can take a bit of time to take in what has happened.

Newborn babies can look funny. Your baby may look a little squashed and wrinkly at first and possibly blueish on his head, hands and feet.

Skin-to-skin

You will be encouraged to hold your baby straight after he is born, provided you are both doing well. Cuddle him close without anything between you, so that his skin touches your skin, then you'll keep him warm and he'll feel safe being so close to you. Hold him like this for a good long while, at least an hour if you feel comfy, it takes a bit of time for all the stress hormones of labour to fade and for all the 'feel good' hormones to start flowing.



After a little while, when he is ready, your baby will start to look for your breast. This is a brilliant way to start breastfeeding, because your baby's instincts to feed are really strong now. Your midwife will encourage you to keep your baby in your arms and against your skin until his first feed has finished.

If you are not planning to breastfeed your baby, you should still consider giving him one or two feeds at the start. The very early breast milk you produce will protect him against infections.

Getting to know each other

Close contact between you and your baby will help your baby stay warm. He'll hear your heartbeat as he did in the womb. His circulation will be better too and he will be less likely to cry. What's more, skin-to-skin contact has been shown to help get breastfeeding off to a good start.

Skin-to-skin with mum is best until your baby has had a good first feed. However, if mum is unwell and can't hold him straight away, the next best thing is for your baby to have skin-to-skin contact with your partner.

Welcome your new baby by talking to him. Your voice will be familiar and this will help to reassure your baby in this strange new world.

Dads



You will long to give your partner and new baby a cuddle, put your arms round them both. You can have skin contact too when your baby has had a good hour or two with his mum and finished the first feed.

A midwife's view:

"All new parents are eager to know the weight of their baby, but allow him to have lots of skin-to-skin first, he will prefer that. He can be weighed, dressed and passed around for cuddles later."

Sarah, Abertawe Bro Morgannwg University Health Board

Above all, enjoy these precious moments. You're meeting your baby!

The third stage

The third stage of labour is when you will deliver your placenta. You will have a choice about how your midwife helps you with this stage of labour.

A natural third stage

The act of breastfeeding your baby, or simply having him against your skin, stimulates the release of a hormone that will help you to deliver your placenta. It will help your womb to contract and help the placenta to fall off the wall of your womb. You'll get a pain in your tummy and you'll feel like pushing the placenta out.

The placenta is soft and comes out quickly, often when you sit or stand up, or with a tiny push. You won't notice it much because you'll be looking at your baby. The midwife will keep an eye on you to make sure you do not lose too much blood at this stage.

An 'actively managed' third stage

This is when the midwife gives you an injection to help you deliver your placenta. This injection, which is given as the baby is being born, means the midwife can help you by gently pulling the placenta out. The injection also slightly reduces the small chance of bleeding after your baby is born. It may be recommended if your labour has been long.

If you need stitches after the birth

Soon after the birth of your baby and placenta, your midwife or doctor will gently inspect the vaginal area for signs of tearing. If you need some stitches they will be done at this point. Often you will need to have your feet held up so the midwife can see clearly and you will be given pain relief if this is uncomfortable, usually gas and air.

Often mums are able to keep their baby in their arms, but if you need gas and air and get drowsy, your baby can have skin contact with dad. Mostly the time it takes for you to have your stitches (around 20 or 30 minutes) passes quickly as you are concentrating on your new baby. The midwife will tell you how to look after your stitches and if they are sore you will be given pain killers. The stitches will soon heal and most stitches these days dissolve on their own.



Being a birth partner

Lots of dads are now present at the birth of their children and most describe being at their child's birth as one of the most moving moments of their life.

Some men feel concerned about being their partner's only supporter and worry about knowing what to do.

What do I need to do?

Talk to your partner about her birth plan. Finding out what she wants and why will help you understand what's going on, and may help you explain what she wants to your midwife if you need to.

Just be there and support her. The hormones we make when we feel loved are the same ones that help keep contractions working well. When we are scared or tense adrenaline is made that can stop contractions working and slow the labour.

A dad's view:

"I had to make a point of asking what was going on. Once things had been explained I felt more reassured. NHS is worth every penny!"

"We had a birthing plan but obviously until you experience it nothing can prepare you for it."

James from Cardiff



You and your new baby

Find out more about the first few days and weeks with your new baby. These early days are a very special time. Getting to know and enjoy your new baby can be tough too. It's a big change and you and your partner will be tired.

You and your new baby at a glance
Your baby needs lots of attention and cuddles, this helps her to feel loved, secure, safe and gives her the best emotional start in life.

Your new baby

After birth new babies can sometimes look squashed or even bruised. This is normal and will disappear after a few days.

Your baby is already aware of things going on around her. She can see and hear you. She will enjoy it when you touch her hands or feet. Talk to her and stay close to her.

Your new baby's health

You will be offered various tests to check your new baby is healthy. You will need to give your permission for these.

Keep track of your baby's progress in the red book you will be given. Keep a note of important things such as jabs or illnesses. Take the book with you when you go to see a doctor or health visitor.

Feeding your baby

Breastmilk will give your baby the best start in life. It can take a while to become confident with breastfeeding, there is lots of help and support so don't be afraid to ask.

If you are bottle feeding, hold and cuddle your baby when you are feeding her and keep her face close to yours. This helps to develop the bond between you.

If you are bottle feeding, always prepare bottle feeds exactly as the instructions tell you.

Keeping your baby safe

Make sure you have the correct car seat for your baby's age and one that is suitable for your car and learn how to fit it properly.

Do not let anyone smoke in your house.

The safest place for your baby to sleep is in a cot by your bed. Put her on her back to sleep, never on her front or side.

Getting support

Your midwife will look after you for the first 10 days after birth. Then the health visitor will take over your care.

Practical things

You must register your baby's birth before she is 42 days old (6 weeks).

Child benefit* is payable from the date your baby is born.

Looking after yourself

Remember to take good care of yourself. The better you feel the more you will be able to take good care of your new baby. Look back at the 'Five Ways to Wellbeing' to help you.

See pages 12 and 13 for
more on wellbeing

**For more information on child benefit, see page 124*



Caring for your new baby

Becoming confident around your baby happens slowly over time. Finding out about what to expect can help.

How you may feel

New parents react in different ways. Some new parents may fall head-over-heels in love with their baby straight away. Others will take a bit longer. You will probably be excited and exhausted. It may take a while to get used to your new baby and to figure out everything she wants and needs. Partners may feel a bit left out at this point, especially if they are leaving mum and baby in hospital to go home. It's important to involve your partner in supporting you, as well as getting to know the newest member of your family.

Bonding with your baby

Bonding is what happens when you get strong feelings of attachment towards your baby. It is a very individual experience and you shouldn't worry if it doesn't happen straight away. Your baby is a completely new little person and however cute she is, it takes time to get to know her. Real bonding develops and strengthens as you care for her every day. You'll find that your feelings deepen over time.

Skin-to-skin contact

Touch is incredibly important for babies. That's why your baby is placed on your tummy as soon as possible after she is born. This skin-to-skin contact not only helps you and your baby to bond, but will comfort her when she is upset. Remember that she will love to be touched and that it's a very important part of her emotional growth and development.

Your questions:

What can my baby do?



Your baby will be able to see from the moment she is born. She will love to look at your face, which she will be able to see easily when you hold her in your arms. She may even hold your gaze for a few moments, start imitating your expressions within days or weeks.

She can hear and be startled by loud noises. Babies seem to like soft voices best. She will recognise your voice. Speaking to her will help her to develop a relationship with you, which is important for her future social skills.

She can grasp. Try touching the palm of her hand, or stroking her feet. Play and communicate with her as much as you can. Talk to her, smile at her, laugh with her and watch her reactions.

Your baby will be able to smell. She'll recognise the smell of your body and your smell will help her feel safe. After she is born, hold her to your skin and feed her before you have a shower. She'll be used to a confined space, so she'll love being cuddled close to you.

What does my baby need?

Your baby needs to know you are near, and she won't understand that you will be 'back in a minute'. Reassure her that you are still near her by:

- Being close to her
- Talking to her
- Holding and cuddling her

Your baby will feel safe and loved if she doesn't have to wait too long to be comforted, fed or cuddled. She needs to be at the centre of your world. This will increase your confidence as a parent and will also give her the best emotional start in life. Babies who have a secure bond with mum and dad usually go on to be confident children and will be less likely to have mental health problems later on.

A midwife's view:

"When your baby is born, take time to really get to know them. This time cannot be repeated and rushing into a busy routine, at least for the first week or so should be avoided if possible."

Sarah, Abertawe Bro Morgannwg
University Health Board

Tests you will be offered for your baby
In the first days after the birth of your baby, you will be offered various tests to make sure that your baby is fit and healthy.

Your doctor or midwife will discuss the tests with you beforehand and they will be happy to answer any questions. Although these tests are recommended, it's up to you whether you decide to have them. The results will be recorded in your baby's personal record, known as the 'red book'.

The red book

Shortly after your baby is born you'll be given a Personal Child Health Record. This is often called the 'red book' because it usually has a red cover.

The red book will help you keep track of your baby's health and development, like what tests she has had and what the results were. This means that you'll have a record of her health which you can show to health professionals if you need to.

When you visit a clinic, your GP or a hospital, the staff will use the red book to keep a record of your baby's health and development. They will record things like your baby's weight, what vaccinations she has had and other important health information.

Newborn physical examination

All parents are offered a thorough physical examination for their baby within 72 hours of giving birth.

The examination includes screening tests to find out if your baby has any problems with their eyes, heart, hips and, in boys, testicles (testes).

For more information visit

111.wales.nhs.uk/LiveWell/Pregnancy/newbornphysicalexamination/

Newborn hearing screening

This is a quick and painless test to check if your baby has a hearing loss that could affect speech and language development. It will be done before you leave hospital, or in a local clinic within the first few weeks of life. If more tests are needed your baby will be referred to a specialist team called Audiology. Information, help and support will be given if your baby is found to have a hearing loss.

For more information visit: <https://phw.nhs.wales/services-and-teams/screening/newborn-hearing-screening-wales/> and

you can also discuss with your midwife or a Newborn Hearing Screener. Paper copies of the information leaflet will be available on request.

Screening is your choice, however newborn hearing screening is recommended by the NHS.

Newborn bloodspot screening

This test can pick up some health problems that cannot be seen by examining your baby. The bloodspot test, or 'heel prick test', is usually carried out when your baby is five days old. The midwife takes a few small spots of blood from her heel and sends them to a laboratory where tests are done for nine rare but serious conditions.

If your baby is found to have any of the conditions they will receive early specialist care and treatment. You can find out more about the tests by visiting <https://phw.nhs.wales/services-and-teams/screening/newborn-bloodspot-screening-wales/> On this site you will find a copy of the Information For Parents Leaflet, which will also be given to you as a paper copy by your midwife, and provides all the information you need to know about this test.

A midwife's view:

"Many new parents can find their baby's newborn bloodspot screening test upsetting because your baby usually cries. However, the test usually only takes a minute or two and the crying usually stops straight afterwards. If you like you can breastfeed during the test which can really help"

Sarah, Abertawe Bro Morgannwg University Health Board

Feeding during the first six months
 In the early weeks your baby will spend most of her waking time feeding, it's an important time not just so she grows but also so she feels safe and trusts that she can have food whenever she needs it.

Breastfeeding

Your breast milk provides all the goodness and nutrients your baby needs and will give your baby the best start in life. Breast milk contains your antibodies which will help give your baby immunity against common illnesses like colds and coughs. Breastfeeding* is good for you too.

Learning how to breastfeed can take a while, but the benefits will last you and your baby a lifetime.

Breastfeeding – getting started

Breastfeeding is a completely natural process, but it is something mums and babies have to learn to do together, getting the positioning and attachment** right can take time.

Most mums who have successfully breastfed will tell you that the first few days were tricky, but you will be really glad if you keep at it. Lots of mums say they are sad they gave up so soon.

***The term 'positioning' refers to how you sit or lie and how you hold your baby and the term 'attachment' refers to how your baby gets her mouth around your nipple and breast. She needs enough breast to get a good feed and you need to be comfortable.*

Top tips for getting off to a good breastfeeding start

- Start off with lots of skin-to-skin contact. Watch for when your baby gives you signs that she wants a feed and take your time. The first feed is important, you'll both gain confidence if it goes well
- Feed her as often as she wants and for as long as she wants. This will help you make plenty of milk
- Don't give your baby bottles in the first few days. It might be tempting if you are tired, but your baby needs to feed from your breast to get your milk supply going. Introducing a bottle can also be confusing for your baby because she will suck differently on a bottle
- Getting the positioning and attachment right is the key to successful breastfeeding. You may need help to do this, either in hospital or when you get home. Don't be afraid to ask for help

You will soon be able to tell if your baby is breastfeeding well. Her mouth will be wide open and you will be able to see her feeding rhythmically and swallowing. You should be comfortable during the feed.

Further information

On positioning and attachment, ask your midwife for the 'Off to the Best Start' leaflet or visit: www.parentclub.scot/articles/feedgood

Tips from the Bridgend breastfeeding group;

"Look out for long deep noisy swallows this shows the baby is feeding well."

Sarah

"Take it one day and one feed at a time, set short goals and reward yourself when you meet them."

Louise

"It does take a few weeks for milk supply to properly 'come in' just keep feeding to your baby's cue."

Laura

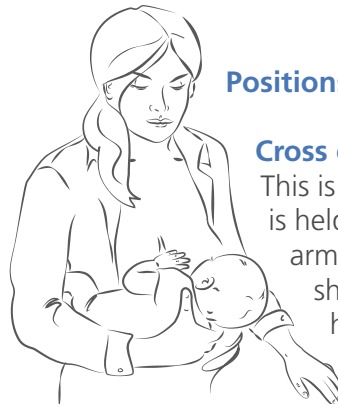
"Please don't stop breast feeding - be patient with yourself and your baby, it takes about a month for everything to settle but it's so worth it and everything is so much better now."

Emma

How to breastfeed

Breastfeeding should not be painful if your baby is well attached. If feeding is hurting make sure you ask for help from your midwife or health visitor as soon as possible. The following tips may help you & your baby find a good technique:

- Hold your baby really close to your body
- Support your baby's neck, shoulders and back making sure she can easily tilt her head back
- Your baby's head & body should be facing the same way so she is not twisted at all
- Your baby's nose needs to be opposite your nipple so that she can reach up and attach well



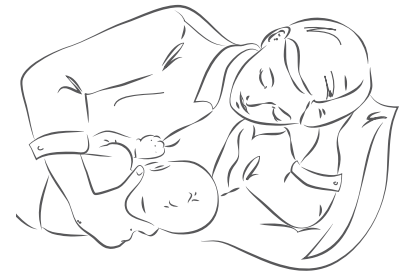
Positions

Cross cradle

This is where your baby is held in the opposite arm to the breast that she is feeding from allowing her more flexibility to move her head more freely.

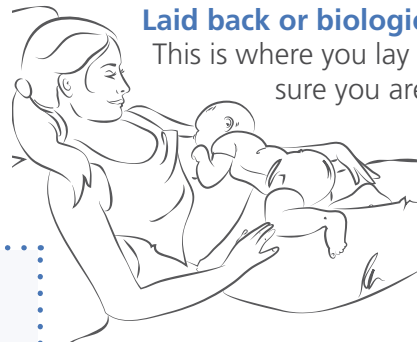
Sidelying

This is where you can lay down on your side whilst your baby also lays on her side in front of you.



Laid back or biological nurturing

This is where you lay on your back, making sure you are comfortable with pillows propping you up from behind whilst your baby lays on top of you on her stomach.



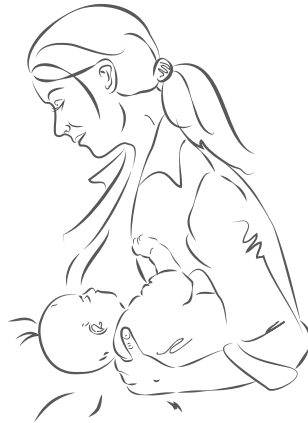
There are lots of different positions for breastfeeding. Use whichever position feels best for you and your baby.

Further information

On biological nurturing visit:
www.biologicalnurturing.com

Under arm hold

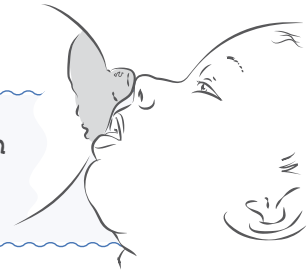
This is where you position your baby under the breast she will be feeding on with her feet and bottom quite far back.

**Cradle hold**

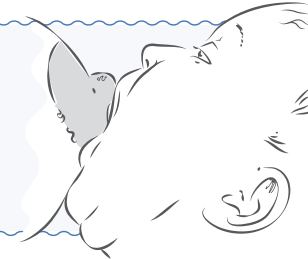
This is where your baby is held in the arm on the same side as the breast she is feeding from. Be careful to make sure her head is free and not squashed in the crook of your arm.

**Attachment**

Hold her close with her nose opposite your nipple.



Wait for her to open her mouth really wide and bring her to the breast.



She can attach to a big mouthful of breast and your nipple will end up in the soft part at the back of her mouth.

**Signs of good attachment:**

- Your baby has a large mouthful of breast and her chin is firmly touching your breast
- Her cheeks are full and rounded when she is sucking
- She takes deep sucks and you can hear her swallowing
- You feel no pain although sucks may feel strong

Expressing breastmilk

Expressing milk means gently squeezing milk out of your breast, you can do this by hand or by a pump.

You may want to express your milk so that your baby can still have your breastmilk when someone else is feeding her – because you have gone out for the day or gone back to work.

Hand expressing

Hand expressing is easy once you have the knack of it and is the best method of expressing when your milk is thick and rich (called colostrum) in the first day or so after birth. It can also be helpful when:

- Your breasts feel full and uncomfy but your baby is asleep
- You don't want to buy a breast pump

How to express by hand

Have a clean, sterilised container ready before you start. Some mums find that their milk flows more easily if they gently massage their breasts and twiddle their nipples before they express. Do what feels nice and hormones that help milk flow will be released. Cup your breast, work your thumb and forefinger back from the base of your nipple about 2cm's (you might feel a different texture here).

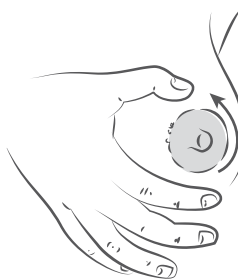


Using your thumb and finger gently squeeze and release this area. It should not hurt. Squeeze and release in a steady rhythm but make sure you don't slide your fingers over your skin as this will hurt.



After a little while drops of milk will appear, if they do not your fingers are not quite in the right place so move them a bit (further back usually) and have another go. You will soon find the right spot for you and then next time it will be easier and quicker.

If you express before your baby is three or four days old your milk will be thick and sticky and you will only see a few drops – later the milk will be thinner and squirt out.



When the milk flow from this spot slows down move your finger like you are moving them round the face of a clock so that you express the milk from all parts of your breast.

Your questions:

I am struggling to get my baby to feed well. Who can help me?

There are lots of people who can help you to get breastfeeding going*.

How much milk does my baby need?

In the early days your baby's tummy is very small – only about the size of a small egg. Newborn babies need to feed little and often. A breastfed baby will take the amount of milk she needs if given the opportunity to feed often, but this might be different amounts on different days or times of day.

How can I tell if my baby is getting enough breastmilk?

Some mums worry that their baby isn't getting enough milk, but almost every mum can provide enough milk for her baby. The secret is to let your baby feed often and follow her lead. When she seems to be asking for a feed, feed her even if you think it's quite soon after the last feed. Think of yourself – sometimes you go back for a second helping, or have a little extra snack. Your baby is growing fast and needs plenty of milk. Feed her as often as she wants.

Is your baby:

- Feeding at least 6–8 times in 24 hours in the first few weeks? (Most babies feed 10–12 times in 24 hours)
- Swallowing while she feeds?
- Happy after feeds?
- Back up to her birth weight by two weeks old?
- Having six to eight wet nappies a day (after the first five days)?
- Producing dirty nappies at least twice a day with yellow or mustard coloured poo (after the first five days)?

If you say no to any of these questions talk to your midwife or health visitor or to a breastfeeding counsellor.

Can I give my baby too much breastmilk?

Breastfed babies will take the amount of milk they need and will stop feeding when they are full. The milk gets richer in fat towards the end of the feed, which tells your baby she has had enough. You cannot overfeed a breastfed baby if you are giving only breastmilk.

My baby wants to feed a lot in the evenings and in the night. Is this normal?

Yes this is normal. Babies are all different and however you choose to feed your baby, you will find they have periods when they want to feed more. Many babies feed very often in the early days and weeks. It is unlikely a baby with a little tummy will be able to go for more than a few hours without a feed.

**For more information on helping to breastfeed, see page 59*

Your questions:

Can I feed my baby in public places?

Yes. The law says that your baby has the right to be fed wherever you are. Some mums feel a bit awkward feeding in front of other people, but it is very easy to do this without drawing too much attention to yourself. Talk to your midwife or health visitor if you feel worried about this and they will give you some helpful tips.

Can I store breast milk for my partner to give in a bottle if I have to go out?

You can store breastmilk in the main part of the fridge for up to five days, in the ice compartment of the fridge for up to 2 weeks or up to 6 months in the freezer. Milk can be warmed by standing in a jug of hot water.

Does my baby need a dummy?

Dummies are best avoided in the early days of breastfeeding because babies who have a dummy sometimes find it difficult to attach to their mums breast – especially when they are learning how to breastfeed.

If you use a dummy your baby will be less likely to feed when she needs to, so will have less milk and this may in turn affect the amount of milk you make.

Information for partners



Your support will help your partner and baby get off to a good start with breastfeeding. Breastfeeding can be a bit tricky for the first few days and they will need you to be encouraging and supportive. You can provide practical support so mum can concentrate on feeding the baby, or so that she can rest. Make sure that mum has plenty to eat and drink and that she doesn't have to worry about keeping the house tidy or doing the washing. Keep the number of visitors limited. Above all, make sure you tell her often that she's doing a brilliant job.

A dad's view:

"We have saved an incredible amount of money. It's easier because milk is on tap!"

Philip from Bridgend

Bottle feeding

Babies who are bottle fed should be held close and cuddled just like a breast fed baby would be. This will help you to develop a close bond with your baby.

Some things are the same for breastfed and bottle fed babies:

- Babies need an adult who is paying attention to them while they are being fed
- Make eye contact with your baby, talk to her and take time to enjoy feeding her
- Babies should be allowed to decide when and how much milk to drink. Never force your baby to finish her bottle
- Only give her breastmilk or formula milk during the first six months. She doesn't need any other food or drinks

Whether you are breast or bottle feeding remember never to have a hot drink whilst feeding a baby as it may spill and scald your baby.

The best milk for a bottle fed baby

If you are bottle feeding you should give your baby formula based on cows' milk as her main milk drink for the first year, unless you have been advised to use another sort of milk by a doctor. Look for a milk which is labelled 'suitable from birth' – sometimes called 'first stage milks'. You can use this milk all through your baby's first year. There is no need to change milk.

You may notice lots of advertising trying to get you to buy other milks, but they are not needed. If you are not sure ask your health visitor.

A health visitor's view:

"Babies should stay on first stage formula milk until they are one year old. Avoid changing their milk, as this only causes the baby to have an upset tummy and become constipated."

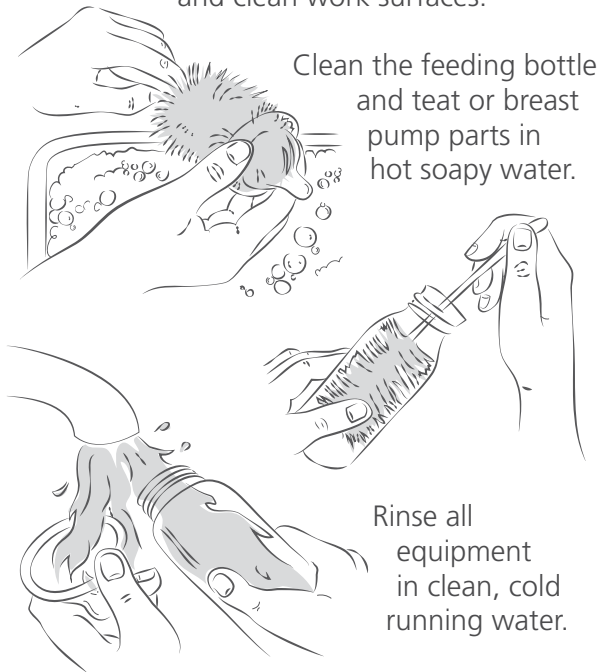
Angela, Aneurin Bevan Health Board

How to sterilise feeding equipment

There are 3 ways to sterilise feeding equipment – you need to do this if you are feeding your baby formula or breastmilk in a bottle until your baby is around one year old.

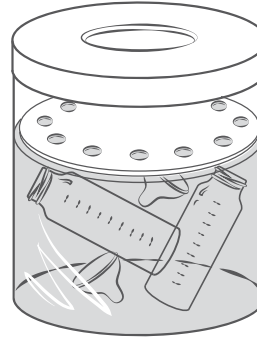
Before sterilising

Wash your hands with soap and water and clean work surfaces.



Follow the manufacturer's instructions for whichever method you are using.

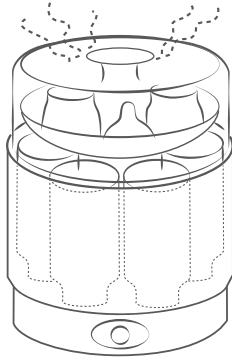
Cold water sterilising



- Change the sterilising solution every 24 hours
- Leave the feeding equipment in the solution for at least 30 minutes
- Make sure there is no air trapped – the solution needs to come into contact with all parts of the equipment to work properly
- Using the floating cover to keep the equipment under the water

Regularly check that teats and bottles are not torn, cracked or damaged.

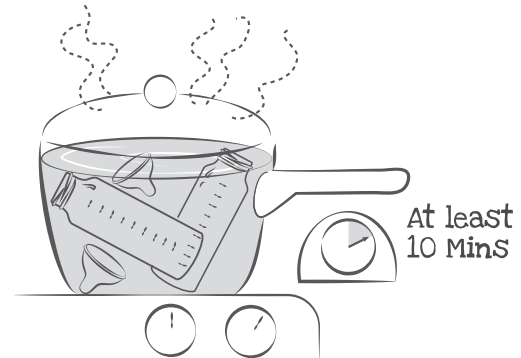
Steam sterilising (electric or microwave)



- Make sure the openings of the bottles, teat or breastpump are face down in the steriliser
- Check how long you can leave any equipment you do not use straight away

If you are not using the bottles immediately put them together fully with the teat and lid in place to prevent the inside of the sterilised bottle and the inside of the teat from being contaminated.

Sterilising by boiling



- Check that whatever you sterilise this way is safe to boil
- Boil the feeding equipment in water for at least 10 minutes making sure all items stay under the water

Be careful to ensure safety and prevent burns and scalds never leave hot pans and liquids unattended especially if children are present.

MAKING UP POWDERED MILK SAFELY

GENERAL

WHAT SHOULD I DO?	WHY IS THIS IMPORTANT?
Make up feeds one at a time as your baby needs them. Don't make a batch and store it.	This will stop bacteria growing in the milk and make it safer for her.
Sterilise all bottles and equipment to be used.	Your baby's immune system is not well developed. Sterilising kills any germs on the bottles and teats, reducing the risk of infection from germs.
Use water from the cold tap to put in your kettle ready for making up a feed. Do not use bottled or artificially softened water.	Bottled water is not sterile and may contain too much sodium or sulphate.

MAKING UP A FEED USING FORMULA MILK POWDER

WHAT SHOULD I DO?	WHY IS THIS IMPORTANT?
Use a kettle to boil at least 1 litre of fresh water from the cold tap. Do not re-boil water that has been standing in the kettle. Let the water cool a bit before making up your feed but not for longer than 30 minutes*.	This will help you to be sure that the water you use to mix the formula is above 70°C. This will kill most of the germs or bacteria that may be in the milk.
Clean and disinfect all equipment and work surfaces, wash your hands and keep teat and bottle cap on the upturned lid of the steriliser. If you are using a cold-water steriliser, shake off excess solution and rinse bottles in cooled boiled water from the kettle. Don't use tap water to rinse any of the equipment after you have sterilised it.	This will help prevent the germs in tap water, on your hands or on work surfaces from getting into the milk.

*Some formula manufacturers recommend lower temperatures than boiling water, or don't tell you that water should never be left for longer than 30 minutes. Always follow the advice here rather than what manufacturers tell you. Source: Food Standards Agency, 2005; NHS, 2011.

MAKING UP A FEED USING FORMULA MILK POWDER	
WHAT SHOULD I DO?	WHY IS THIS IMPORTANT?
Pour the correct amount of cooled, boiled water into bottles. Double-check the volume of water before adding the powder.	This is to make sure the amount of water is correct and that the milk is not too strong or too weak.
<p>Always check the instructions carefully for the powder you are using.</p> <p>Fill the scoop loosely with milk powder. Level off the scoop using the leveller provided, or the back of a clean, dry knife. Always use the scoop you get with the powder you are using.</p> <p>Add the powder to the water in the bottle.</p>	Different milk powders and different makes have different scoops. The wrong amount of powder may result in the milk being too strong or too weak
Holding the edge of the teat, put it on the bottle and then secure the retaining ring and cap.	This will make sure the teat does not get dirty.
Shake the bottle until the powder is dissolved.	This will make sure that the milk is mixed properly.
<p>Cool the milk by holding the bottom of the bottle under cold running water. Do not allow the tap water to touch the bottle cap.</p> <p>Test the temperature of the milk by shaking a small amount onto the inside of your wrist. It should be body temperature and feel warm or cool but not hot.</p>	This will make sure the milk is the right temperature.
Throw away any of the feed that has not been used.	This is to make sure you do not give your baby old milk by mistake.

Feeding away from home

If you need to feed your baby away from home a convenient choice is to use ready to feed infant formula with an empty sterilised feeding bottle. However, if you are using powdered formula you will need:

- A measured amount of formula in a small, clean, dry container
- A vacuum flask of hot water that has just been boiled
- An empty sterilised feeding bottle with a cap

Make up the fresh feed when your baby needs it – the water must still be hot when you use it otherwise any bacterial in the formula may not be killed.

The vacuum flask does not need to be sterilised but it should be cleaned and only used for your baby.

The safest option is to make up a feed only when your baby needs it. If you do need to make up formula feed before your baby needs it, store it in the back of the fridge and use within 24 hours.

If transporting a made up feed, cool it for one hour in the back of the fridge and then:

- Store in a cool bag with an ice pack
– and use within four hours
- Or if you cannot store it in a cool bag
– use within two hours

Warming feeds

When you are ready to use the feed, place the bottle in a container of warm water to heat it. Never use a microwave to warm milk as the milk heats unevenly and you could scald your baby's mouth.

Always test the feed on the inside of your wrist to make sure it is not too hot before you feed your baby.

Remember to cool the feed before giving it to your baby

Remember the safest option is to make up a feed only when your baby needs it.

Your questions:

Is there a formula milk that is close to breastmilk?

No. It is impossible to make milk that is like breastmilk.

Will a 'hungry baby' formula help my baby to sleep better?

No. There is no evidence that milk marketed for 'hungry babies' offer any advantage. Use first milks throughout the first year if babies are not being breastfed.

If a baby is bringing up small amounts of milk after feeds, do they need a special formula?

Many babies will bring up small amounts of milk after feeds, or if they burp. This is perfectly normal. Talk to your midwife or health visitor if you are worried, but your baby probably doesn't need a special milk.

Do babies need follow-on formula after six months of age?

No. Babies don't need follow-on formula. You can't buy these milks with Healthy Start vouchers.

Is it worth buying ready-to-feed formula?

These milks can be convenient if you are out and about, or if for some reason you can't heat water or make up milk safely. However, they are very expensive and are not usually a good option for all your baby's feeds.

Opened and unused ready to feed infant formula that remains in the carton should be stored at the back of the fridge on the top shelf with the cut corner turned down, for no longer than 24 hours.

If you're planning to feed your baby formula right from birth then you may need to take some ready to feed formula in with you to hospital. Speak to your midwife about this.

Is soya-based formula a good option if there are allergies in the family?

Soya-based formula should not be given to babies under six months of age unless recommended by a doctor. If you are thinking about using this formula, talk to your GP or health visitor.

Things you need to know

Useful advice for all the things you need to know for your baby's health and wellbeing.

Support from healthcare professionals after the birth

In the first 10 days after you've given birth, you'll be looked after by a midwife in hospital and at home. After this a health visitor will be keeping an eye on you and your new baby instead. You'll also need to register your baby with a GP.

The role of the health visitor

Health visitors are registered nurses with an additional qualification in Public Health Nursing. Your health visitor will be a great source of support and information. S/he will visit you at home and then invite you and your baby to attend a child health clinic. This is your chance to ask questions, talk about baby care and have your baby's health and growth checked.

Your health visitor will also give you a number to call if you ever need any advice about your baby.

Child benefit

This is payable from the date your baby is born and is paid by Her Majesty's Revenue and Customs (HMRC). Most people with a child qualify for child benefit and can receive it regardless of income. If you or your partner earn over £50,000 (individually, not joint income), some or all of your child benefit will be paid back through tax.

Child benefit can be paid directly into your bank or savings account or through a Post Office or national savings account that accepts direct payment. There is a form for child benefit in the 'bounty pack' handed out by the hospital after your child is born.

Further information

Get the form by phone on **0300 200 3100**
or visit www.hmrc.gov.uk/childbenefit

Car safety

All children, including babies, must sit in a properly fitted child seat during every car journey.

You should never sit a baby on your lap or in your arms on a car journey and you should never put a seatbelt around yourself and a baby. Make sure you have the correct car seat for your baby and your car. Learn how to fit it properly.

Rearward-facing seats provide better protection for your baby's head, neck and spine than forward-facing seats. So, it is best to keep your baby in a rearward-facing seat for as long as possible, even up to the age of four. Your baby will grow quickly, so whichever seat you choose, remember to check that she has not exceeded the maximum weight for her seat or that the top of her head is not higher than the top of her seat.

Further information

For more information on choosing the right car seat for your baby, visit www.childcarseats.org.uk

- You can use infant car seats in the front or back seat, but they must be used in the way the manufacturer says
- Never put a rearward-facing baby seat in the front if there is an active passenger airbag
- Don't use a second hand car seat unless you're absolutely sure it isn't damaged. Sometimes you can't tell if a seat is faulty just by looking
- Some hospitals will let you hire a car seat for a while and some taxis have them too. If you don't have your own child seat yet, always ask a taxi firm if they have a suitable one before booking. Always remember to wear a seatbelt yourself for protection too
- Babies should not sleep in a car seat for long periods as many seats are not flat, which can mean babies are slumped over, which can in some cases affect their breathing.

For further information on safe car seat use, please visit www.lullabytrust.org.uk

Smoke free homes

Second hand smoke is the smoke that you breathe in from other people's cigarettes. Your new baby is powerless to protect herself from second hand smoke. So don't ever let anyone smoke around your baby.

Anyone's health can be affected by the effects of second hand smoke, but babies and children are especially at risk.

Further information

On the effects of second hand smoke visit www.nhs.uk/live-well/quit-smoking/passive-smoking-protect-your-family-and-friends/

Babies and children are more vulnerable

Babies and children tend to breathe more quickly and have less-developed airways, lungs and immune systems. Also babies can't complain, or leave the room.

Babies and children who are exposed to second hand smoke are more at risk of:

- Cot death
- Having damaged lungs
- Getting illnesses like coughs, colds, bronchitis and pneumonia
- Getting middle ear disease, which can cause deafness
- Getting asthma, or wheezing

Your questions:

Why is cigarette smoke so bad?

Cigarette smoke is a mixture of gases and particles which contains over 4,000 chemicals. Lots of these chemicals are toxic or irritate the lungs. Over 50 of these chemicals are known to cause cancer.

More than 80% of second hand smoke is invisible, so you can't see where it goes. The smoke is impossible to control too. Even if you smoke near an open window or door, it can stay in the air long after you've finished.

If you would like to talk to someone about quitting, contact your midwife, health visitor or GP.

How can I keep my baby or child safe from smoke?

A completely smoke free home and car is the only way to make sure that your children and family are protected. There is no safe level of second hand smoke.

Smoking in a car with the window down, or near an open door won't work because the smoke gets everywhere. Smoking in just one room of the house, waving smoke away, or only smoking inside when it's raining or cold will not protect your loved ones either.

There are lots of ways you and your family can benefit from making your home and car smoke free. Keeping cigarette smoke well away from your car and home:

- Helps to protect your family from the poisons that can damage their health
- Keeps your home, car and clothes smelling fresh
- Lowers your chance of having a fire in your home
- Lowers the cost of insurance
- Will help you to quit smoking if you haven't already stopped

Further information

Support is available for free by calling Help Me Quit on **0800 085 2219** or text HMQ to **80818** or visit www.helpmequit.wales

Registering the birth of your baby

You must register the birth of your baby within 42 days of your baby being born.

Ask your midwife to tell you where your local registrar is and then get in touch with them to make an appointment.

Further information
visit www.gov.uk/register-birth

Parental rights and responsibilities

As parents you will need to make decisions about your child's care, welfare, education and development. If you register the birth together, or if you are married, you share equal parental responsibilities and rights under the law. If you do not register the birth together, or if you are not married, only the mother assumes these rights and responsibilities.

Your questions:

I'm married. What do I need to do?

If you are married, either you or your partner can register the birth of your baby. You'll automatically have the same parental rights and responsibilities. You'll need to take a copy of your marriage certificate and the card you were given at the hospital with you.

I'm not married, but I want dad to be on the register, what do I need to do?

If you are not married, then mum will take on all parental rights and responsibilities unless dad is named on the birth register. To register dad, there are three options for you:

- Dad will need to sign the register jointly with mum. You will both need to go to the Registrar's office
- Dad will need to sign a declaration, which can be picked up in advance from the Registrar's office. Mum will need to sign a declaration too. The declarations say that you both agree who the father of your baby is. This means that mum can register both of you as parents without dad needing to be there
- Dad can get a court decree declaring that he is the father. The mother can then register the birth, without dad needing to be there

I'm in a same-sex relationship. What are my partner's rights?.

If you're in a same-sex relationship, registering the birth and assigning legal parenthood can sometimes be a bit more complicated.

Civil Partners

If you were civil partners when you conceived your baby you will both have parental responsibility.

Non-civil partners

For same-sex partners who aren't civil partners, the second parent can get parental responsibility by either:

- Applying for parental responsibility if a parental agreement is made
- Becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth

Further information

Contact Stonewall call **08000 502020**
or visit www.stonewallcymru.org.uk

Babies who need extra care

Around one in every nine babies will be admitted to a specialist neonatal unit after they are born. This is because they arrive earlier than expected, or are too sick to cope on their own.

Having your baby admitted to a Neonatal Unit (NICU) or Special Care Baby Unit (SCBU) can be a frightening experience. Some families will know beforehand that their baby is likely to need special care, but for most families it is unexpected.

If your baby needs special care, you may find walking into a unit for the first time confusing and frightening. Seeing your baby for the first time in a neonatal unit surrounded by unfamiliar equipment and staff can be a worrying and stressful time. Although your baby will be receiving the very best care, you may feel helpless and unsure about how to cope. You may also feel that you have missed out on a normal pregnancy and be sad that you can't go straight home with your baby.

There will be lots of support available for you if you are in this situation, from the expert staff in the unit and from others. Ask the staff caring for your baby how you can help, getting involved with caring for your baby, even simple things, can really help you feel closer. Lots of very tiny babies can have skin-to-skin contact with mum and dad as long as they are not too poorly.

Further information

Contact Bliss who are a charity that runs a helpline for parents with a baby in the neonatal unit. Visit www.bliss.org.uk, or call their family support helpline on **0500 618140** (9am to 9pm, Mon to Fri). Or email them at hello@bliss.org.uk

Crying

All babies cry. It's their way of letting you know that they are not comfortable or need something. Usually it's obvious what your baby needs and you can work out that she is hungry, needs a nappy change, or just wants some company.

Some parents worry that responding to their baby every time she cries might not be the right thing to do, but you won't 'spoil' your baby by giving her too much attention. Responding to her needs and listening to her is very important and will help her to feel secure.

When your baby cries a lot

Some babies cry a lot more than others, and it's not really clear why. Some babies can be difficult to soothe and seem unhappy a lot of the time, even if they are healthy and developing normally. Remember you can always get help if you are worried.

How to cope with a crying baby

Pick your baby up, talk to her and cuddle her, offer her another breastfeed. Breastfeeding is sometimes just for comfort and that's okay. You can't over feed a breastfed baby.

Coping with a baby who always seems unhappy is extremely stressful, so try to make sure there's plenty of support around. Ask an understanding friend to hold her for a while, or ask your health visitor about local sources of support.

As you and your partner get to know your baby, you'll begin to learn what different cries mean.

If your baby cries, you could try:

- Rocking, patting or gently rubbing her back, tummy or feet
- Giving her more frequent feeds
- Carrying her in a sling. A sling that keeps your baby solidly against your body in an upright position is the safest. Make sure that you check that she has her chin off her chest so she can breathe easily
- Giving her a warm bath
- Having a change of scenery by going for a walk or a drive

Remember:

If you are getting frustrated by a crying baby, remember to 'Step back, Stop and Think.'

Parents can get exhausted and upset by a baby who never seems to stop crying. If you're getting very upset, try putting her down somewhere safe or ask someone else to hold her and leave the room. **Never, ever shake your baby, no matter how frustrated you feel.** Shaking is very dangerous for your baby, because her head is big and heavy compared to the rest of her body. If her head isn't supported it flops around because her neck muscles aren't strong enough. When a baby is shaken her head can be thrown back and forth very quickly with great force. This force can cause tiny blood vessels around your baby's brain to tear and bleed and the brain to swell, resulting in bruising and damage to your baby's brain. This can be fatal.

If you are getting frustrated by your baby's crying, remember to 'Step back, Stop and Think' as suggested in the short video '*Shaking your baby is just not the deal*' which contains some helpful ideas about how to cope in this situation.

Further information

To see '*Shaking your baby is just not the deal*' visit: www.youtube.com/user/PublicHealthWales

Follow your instincts

It's important to trust your instincts. If you are worried about your baby's crying, ask your health visitor to check that she is okay. If there's nothing wrong, you may just have to accept that this is the way your baby is. You're not doing anything wrong, it's not your fault and it happens to lots of people. Over time, she'll become more settled.

Baby massage

Baby massage is becoming popular and most areas now offer classes. You will learn how to use gentle soothing touch and stroking to calm your baby. It has benefits for you both. You can start when your baby is about six weeks old. Don't do anything your baby doesn't like and use natural oils like grapeseed or almond oil. 'Essential oils' can cause severe irritations or allergic reactions or burns and should always be avoided for a baby under three months and after that only used with professional advice.

Skin contact

Skin-to-skin contact with your baby is good at any age, it's not just for the first hours after birth. It will help her do well physically and emotionally and it can also help you become more confident as a parent.

A mum's view:

"It took me a while to work out what was wrong when Tom would cry. Usually he was hungry or just needing to have his nappy changed. However, sometimes he just needed a cuddle."

Katrina from Cardiff

Remember:

Some babies simply cry more than others but you can always speak to your health visitor for local sources of support.



The importance of dads

Dads are important, whatever shape or size your family. Sometimes, especially in the early days after birth, some dads feel a bit lost or not sure what to do. Dads sometimes feel left out and envious of the baby.

Your new baby is the 'star of the show', quickly followed by mum because she did all the hard work of giving birth. Mum will be getting lots of attention because she needs to recover from the birth. Where does that leave you as a dad?

Dad's role

Your job for now is to look after mum and baby together. Keep them safe and support mum by doing all the practical things so she can focus on your baby. Do the shopping, the cooking and washing.

In a few days or weeks, your baby will become more interested in the world around her and she'll need feeding slightly less often. She will want to play with you when she is awake and you will learn to comfort and soothe her.

The support and understanding a mum receives from those around her – her partner, parents and friends – can make a huge difference at this time. If people around her think about how she's feeling, then she is more likely to be able to concentrate on providing the physical and emotional care for your baby.

Talk to your baby

Most brain development occurs between birth and age two, so babies and toddlers need stimulation as much as they need nourishing food. The best way to stimulate babies' brains is to connect with them through 'mutual gaze' and talk to them from the moment they are born. Gaze directly into your baby's eyes, talk to her and wait for her response. This stimulation will strengthen the connections that make learning possible. It will also help her learn to talk, because it is from listening to your voice that she will learn to use language. Good speaking and listening skills will help her to become a good reader and writer later on.

Communicating, talking and interacting with your baby will help her to develop social skills and good relationships. It is also a way for you to show that you love and respect her and help her self-esteem to grow. Spending time talking with her will help the two of you form a close bond. Communication is the basis of your relationship with each other.

What else can dads, friends and family do?

As well as needing practical help, new mums need support, reassurance and someone to listen to them. There's so much you can do to help:

- Be ready to listen and pass the tissues when mum is emotional
- Remind her that the baby blues are common and will pass
- Make sure she isn't overwhelmed by visitors
- Help with the baby
- Offer to do the cleaning, cooking and ironing
- Make sure she gets as much rest as possible

A dad's view:

"The important thing to remember is that it's not the big things that make the difference but as many little things as possible. A cup of tea, a cuddle or telling great auntie Zelda that no, she can't come and visit. Again. It's being the arm around the shoulder without being dramatic about it." Craig from Cardiff

Looking after yourself

Giving birth can be an exhausting experience which brings about all sorts of physical and emotional changes. The first few days may be tough - so don't be too hard on yourself. Rest and enjoy your baby.

Even though you might have expected to feel great, you might actually feel a bit down. It's important that you look after yourself, take time to recover from the birth and get to know your baby.

The first few days

For the first few days after the birth you will probably feel really tired. If you had a caesarean section you will still be recovering from the operation. If you had stitches you may be sore and worried about moving around or going to the toilet. You could have some tummy pain as your womb shrinks back to its normal size and your breasts will be filling with milk.

Eating well as a new mum

It is really important that you eat well to ensure that you have the energy and strength to look after your new baby.

The importance of eating well

- Eating well is important for you. It will help you recover from the birth and give you the energy to care for your new baby
- Eating well is important for your family. As a mum, you will influence your family's diet. If you eat well, it will help encourage everybody else to eat well too

Further information

For examples of simple, cheap and healthy snacks you can make visit:

www.firststepsnutrition.org

Tips for eating well with a new baby

- Make sure you eat and drink regularly throughout the day. It can be easy to skip meals when you have a new baby to look after, but you need energy and nutrients for the demands of parenting and to stay well yourself
- Carry on with the same healthy diet you had in pregnancy. There is no need to stop now that baby has arrived and you will soon have a family to feed so you will want to carry on those good habits
- If you are worried about how much weight you gained in pregnancy and how you might get back to a weight you are comfortable with, talk to your midwife or health visitor. They can advise you on where to get support and advice in your area
- If you are finding it hard to make meals, then nutritious snacks can be just as good

Breastfeeding mums

If you are breastfeeding your baby you will need extra energy and extra fluids, here are some examples of healthy snacks:

- A glass of milk
- Fruit
- A bowl of milky porridge with banana and chopped nuts
- A bowl of yoghurt and fruit
- Hot chocolate
- Slices of toast with peanut butter
- An egg sandwich and some chilled water or a small glass of pure fruit juice unsweetened

Further information

On eating well for breastfeeding mums visit:

www.firststepsnutrition.org

Don't forget:
Keep taking your Healthy Start vitamins from pregnancy, or take a separate vitamin D supplement. Talk to your health visitor or midwife about suitable supplements.

Alcohol and breastfeeding

It's probably sensible to drink very little while breastfeeding and no more than one or two units once or twice a week. This is because alcohol passes through to breastfed babies in very small amounts. It's unlikely that having an occasional drink will harm you or your baby, but it might affect how easily your baby feeds. If you intend to drink more than this on a special occasion, you might want to think about expressing milk in advance for your babysitter.

If you have had a lot to drink and you need to express your milk because your breasts feel full, this milk will contain alcohol and so should be thrown away. Once you feel sober again it is okay to feed your baby. However, if you have had a lot to drink it is hard to be as aware of your baby's needs as usual.

One unit of alcohol is approximately a single (25ml) measure of spirits, half a pint of beer or half a standard (175ml) glass of wine, although it depends on the strength of the drink.

Further information

On alcohol and breastfeeding visit:

www.breastfeedingnetwork.org.uk

Your questions:

Is there anything I should avoid eating and drinking when I am breastfeeding?

You can eat and drink the same healthy food as the rest of the family when you are breastfeeding, but there are a few things to watch out for:

- Your baby could become unsettled if you drink a lot of coffee and tea with caffeine in them. Try switching to decaffeinated versions if you think your baby is sensitive to caffeine in your breastmilk
- You can eat oil-rich fish like salmon, trout, mackerel, herring, kippers, sardines, whitebait and pilchards, but only have these fish twice a week

What if my baby shows signs of allergic response to what I eat?

If you are worried that your baby is showing an allergic response (for example by being very unsettled after feeds, being sick, crying too much or having a rash), then talk to your GP or midwife. In rare circumstances babies can be allergic to cows' milk protein and mums might need to avoid dairy products themselves when breastfeeding. If so mum may need a calcium supplement; your GP can arrange for you to see a dietitian.

Will foods like onions, garlic and spicy curries upset my baby?

Eating ordinary foods will not affect your breastfeeding baby, especially if they are foods you have always eaten and ate when you were pregnant.

How you may be feeling

Having a baby is a life changing event, your emotions will probably change every five minutes.

Feelings of sadness and depression are more common after childbirth than many people realise. It is perfectly normal to feel a bit down after the birth. Around 70% of all new mums suffer from so-called 'baby blues'.

Baby blues describes feelings of mild depression and tearfulness. It normally kicks in two to three days after the birth and shouldn't last very long. But it can happen at any time and may last for only a couple of hours or up to a few days. This is quite different to post-natal depression.

Baby blues and how it might affect you

Caring for a new baby can be exhausting. Poor sleep and worrying about coping may upset your mood. You may feel really tired or generally not very well. You may cry for no particular reason and find it impossible to cheer up. Little things that you'd normally take in your stride suddenly seem like huge problems.

We don't exactly know what causes the baby blues, but we do know it's perfectly normal. There could be hormonal reasons. The baby blues will go away, but it's important to get extra support while it lasts. If these feelings don't pass within a few days, talk to your midwife or health visitor.

Postpartum psychosis

This is a rare, severe episode of mental illness which begins suddenly in the days or weeks after having a baby, most often the first two weeks. It affects about one or two in every 1000 mothers.

The symptoms vary and can change rapidly. They can include high mood (mania), depression*, confusion, hallucinations and delusions. Postpartum psychosis is a psychiatric emergency and you should seek help from your GP, health visitor or midwife as soon as possible.

**For more information on depression see page 169*

Getting a good night's sleep

A full night's sleep is one of the things that many new parents miss most after their baby is born.

Where your baby should sleep

Keep your baby close. The safest place for your baby to sleep is in a cot by the side of your bed. This means you can hear your baby and respond to her needs before she starts crying and you can reach her easily without having to get up.

Listen for these early feeding cues:

- Sucking fingers
- Restlessness
- Murmuring sounds

When your baby wakes up, try not to stimulate her too much. As soon as she starts waking, offer her a feed. That way she won't get too upset and it will be easier for her to settle back to sleep. Talk to her in a soft, quiet voice and avoid changing her nappy or clothing unless she really needs it.

Sharing your bed

Some parents choose to sleep with their baby in their bed and some parents fall asleep with their baby during the night while feeding and comforting whether they intend to or not.

If you decide to share a bed with your baby:

- Keep your baby away from the pillows
- Make sure your baby can't fall out of bed or get trapped between the mattress and wall
- Make sure the bedclothes cannot cover your baby's face or head
- Don't leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position
- It is not safe to bed-share in the early months if your baby was born very small or preterm

When babies don't settle

There may be times when your baby is unsettled after feeds. Placing your baby in skin-to-skin contact with you and gently rocking can provide comfort. Your partner can help with this too. If you are breastfeeding you can offer your breast again even if your baby has just fed. Babies find the suckling comforting and there is no risk of overfeeding a breastfed baby. If you have had a particularly disturbed night, try to take time out to rest during the day. Visitors can wait – or they can help by taking over chores or looking after other children while you and your baby catch up on sleep.

Breastfeeding

Many women choose to feed their baby whilst lying in bed. Ask your midwife or health visitor to help you find a safe and comfortable position.

How partners can help



Try making sure that mum is comfortable. Pass her things, rather than her having to reach for them, keep bringing her drinks and snacks and make sure she has a glass of water to hand as breastfeeding can be thirsty work.

Bottle feeding

It is important to be organised to make sure that bottle-feeding at night doesn't disturb or upset baby too much. Powdered milk is not sterile and can cause infections if made up in advance. Therefore you will need to make up feeds during the night. However, you can make this easier by having bottles and teats ready sterilised, the powder measured out and boiled water kept in a flask. You may also choose to use ready-to-feed milk.

Your questions:

How much sleep is normal for my baby?

Some babies sleep more than others. There's no normal amount of sleep. All babies have days when they want to sleep more and days when they are more wakeful than usual. New babies sleep a lot. This may be as much as 18 hours a day for the first month or so. However, they will rarely sleep for more than a few hours at a time. A baby who seems unusually sleepy may be unwell. Trust your instincts and get medical advice if you are worried.

Parents sometimes think that they are doing something wrong if their baby does not sleep as much as they expect. It can be confusing and stressful, but it's normal for babies to wake during the night to be fed and comforted.

WARNING:

Do not put yourself in the position where you could doze off with your baby on a sofa or armchair.

Do not sleep with your baby when you have been drinking any alcohol or taking drugs or medicines that may cause drowsiness (legal or illegal).

Do not sleep in bed with your baby if you or your partner are smokers.

ALWAYS REMEMBER:

Keep the cot beside your bed for at least the first six months.

Put your baby down on her back to sleep, never on her front or side.

Position her at the bottom of the cot with her feet at the foot of the cot - not with her head at the top. That way, she can't wriggle down and get caught under her blankets.

Make sure the cot mattress is firm, flat and well fitted with gaps no larger than two fingers between the sides of the cot and the mattress. Waterbeds, bean bags and sagging mattresses are not suitable for your baby.

Make sure that your baby is not overdressed or covered with too much bedding. Use no more bedding than you would use yourself and make sure the bedding does not cover her head and remove cot bumpers.

Make sure the room is not too hot. Around 16-20°C is ideal.

The safest place for your baby to sleep is in a cot by the side of your bed.



Relationships

Having a baby is a time of big change, but you need to feel that you are still 'you'. Your own needs at this time are important, as you'll feel more confident as a parent if you're happy.

Making some time for yourself and having a normal grown-up conversation are often important to new mums. If people offer to help, let them. Sometimes people will offer to bring around meals, do a bit of shopping for you or even do the cleaning. Say yes! They will feel good about being able to help. Don't be afraid to ask for help if you need it.

You and your family

Offers of help can be welcome and you should definitely say yes sometimes. But don't feel you have to entertain people. Let them make their own cup of tea and bring their own biscuits. If it's too tiring to see someone, don't be afraid to ask them to arrange to come another time.

'Always phone first' is a good rule. Partners can be good gatekeepers by explaining that you are just too tired. Grandparents can help keep people away too, but they should remember that there are times when you won't want to see them either.

You and your partner

In theory having a baby should be a joyous time which brings you and your partner closer. In reality it can sometimes put a real strain on even the best relationships. You can both be tired and can feel your world has been turned upside down.

Partners can feel 'shut out' by the new arrival. Your sex life may well suffer and that can put pressure on you both.

Learning to look after the baby together is good for a relationship. Mums should encourage partners to share the baby care. The most important thing is to keep talking to each other. Try to spend some time alone as a couple, even if it's just a walk for half an hour.

Making friends

Having a baby can be a good time to make new friends. Most areas will have groups of other parents that are good for support and friendship. Some organisations have coffee groups, drop-in centres, or baby and toddler clubs. If you feel shy you could ask someone you already know if they'll come with you for the first few times until you get to know other people there. Ask your health visitor for advice and details about local groups.

If you're on your own

Try to get as much support as possible from your family and friends. It's important to make time for yourself, as well as for your baby. There are groups that can help when it all seems too much. Ask your health visitor or contact groups like Gingerbread who provide advice and support to single parents.

A dad's view:

"My partner and I can't believe how lucky we are to have our lovely baby. Every time we look at him we feel blessed."

Jim from Llanelli

A mum's view:

"It's true, becoming a mum really does change your life. It feels like the most important job in the world. Help from family and friends helped me to enjoy even the most challenging times."

Katrina from Cardiff

Further information

For support for single parents visit:

www.gingerbread.org.uk

Sex and contraception

Shortly after giving birth you may feel like you'll never want to have sex again. But at some point you probably will, so it's good to be prepared for how you might be feeling physically and emotionally and think about what form of contraception you want to use.

It's okay to wait

Physically there's no real reason why you can't have sex as soon as your vaginal discharge has cleared up (usually after about four weeks) and any cut or tear in your perineum has healed. Before then sex may be uncomfortable and there's a risk of infection if you haven't healed up properly.

In reality many couples wait longer than that. You or your partner may be too tired for sex. You may still feel a bit physically or emotionally bruised from the birth and want to wait a while. There's no right or wrong, it's up to you when you feel ready. Different people want to resume their sex life at different points.

Keep talking

This can be a tough time for relationships. Try to spend some quality time together without the baby and keep talking to each other about how you both feel.

Taking your time

Remember there are other ways of being close that don't involve penetrative sex and cuddling is almost always nice. When you do feel the time is right to have sex again, don't be surprised if it feels a bit strange and different. Your muscles can take several months to get back to normal. Doing pelvic floor exercises* can help your body to recover. You'll both probably be a bit nervous too, so don't rush it.

Sometimes you can feel too 'dry' for sex after childbirth and vaginal dryness caused by low oestrogen levels during breastfeeding can make sexual intercourse uncomfortable. Lubricant can make vaginal sex more comfortable and a water-based lubricant such as KY Jelly can help. However, if you are using condoms or a diaphragm as contraception, avoid using extra lubricant unless you really need to. Using it when you don't need to can increase the chance that the condom might slip off.

Don't use oil-based lubricants such as Vaseline or massage oil, as they can damage latex condoms or diaphragms. If you're finding that sex actually hurts, talk to your GP as you might have an infection.

**For more information on pelvic floor exercises, see page 30*

Your questions:

Is breastfeeding a form of contraception?

This is not a reliable method of contraception unless you are very strict about keeping to certain rules. If you want to use this method of contraception, talk to a GP or family planning nurse first. You can only rely on breastfeeding as a contraceptive when you:

- Are exclusively breastfeeding often, including during the night
- Have not had a period
- Your baby is under six months old

When should I start using contraception?

You should start using your chosen method of contraception within four weeks of the birth if you don't want to become pregnant again.

Your midwife and health visitor will chat to you about contraception now so that you can think about it before it becomes more pressing. It may be that the method of contraception you used before you became pregnant may not be the most suitable one now.

Further information

About contraception, visit the Family Planning Association website at www.fpa.org.uk or call **0845 122 8690**



Your growing baby

The period from one month to one year will be an amazing time for you and your baby. He will grow from a tiny bundle into a little person. At one year old he will be moving around and may be walking. Even though words will still be few and far between, he will be communicating with you. Your baby's brain is growing very fast. The experiences he has and the way you respond to him will shape the way his brain and emotional system develop. Find out how to understand your baby's world and what he needs from you.

Your growing baby at a glance

Your baby's brain is growing very fast at this time. Give him lots of love, smiles, time to play games, talk and sing together and new things to learn about the world around him.

Looking after yourself

If you feel very isolated, low or tearful and it doesn't get better after a few days, talk to your health visitor or GP. You may have postnatal depression. It is common and can be treated but do ask for help.

Remind yourself of the 'Five Ways to Wellbeing' and try do at least one each day.

See pages 12 and 13 for
more on wellbeing

Your baby's health

Breastfeeding will help to keep your baby well. He needs only breast or formula milk, until six months.

Take your baby to be immunised. The first jab is when he is two months old.

Talk to your health visitor if you have any concerns.

Illnesses

Mild illnesses such as coughs and colds are common.

Contact your GP if you feel something isn't right, or doesn't get better.

Make sure you know the signs of two very serious illnesses – meningitis and septicaemia* – get medical help immediately for these.

For more information visit www.meningitisnow.org

Safety

Make sure your home is as safe as possible for your baby.

Always use a high factor sun cream or sun block and stay out of midday sun.

Use a car seat when travelling by car and a cycle helmet if you go on a bike ride.

Never leave your baby alone around water, even for a minute.

Your baby's food

At around six months your baby may be ready to try some solid food.

Never add any salt or sugar to your baby's bottle or food.

Be patient and try to make food time fun when your baby is trying new tastes.

Your baby's teeth

Look after your baby's teeth. Don't give him sugary and sweet things to eat and brush your baby's teeth as soon as his first tooth appears.

**For more information on meningitis and septicaemia, see page 192*



Your baby's development

AS your baby develops it is important that he is immunised and checked regularly to ensure that he is kept safe and well as he develops.



Immunisations
(at 2, 3 and 4 months)

Health visitor appointment

(around 6 months)

This aims to help you keep your baby safe, now he is moving around.

MONTHS

1

2

3

4

5

6

7

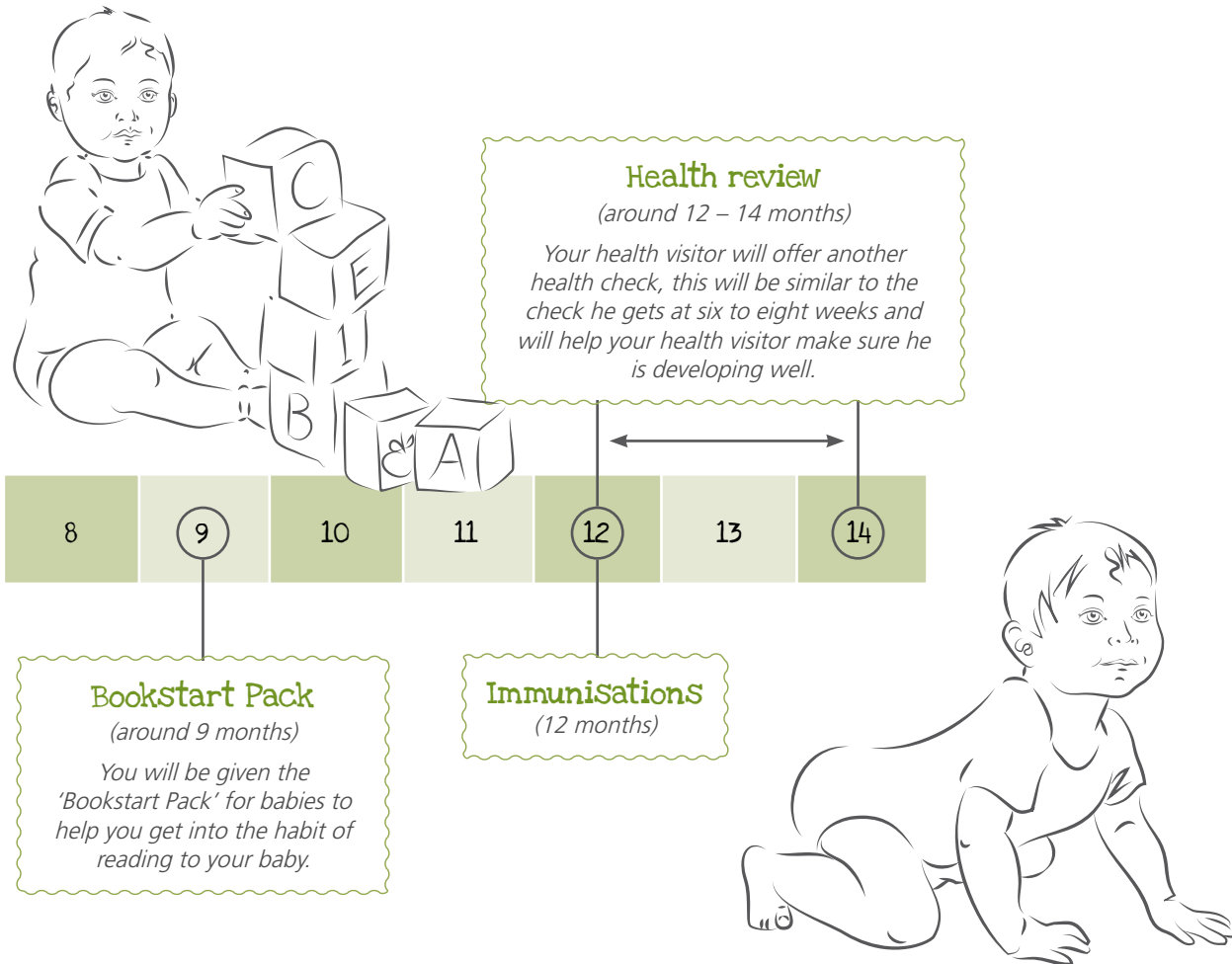
Health review

(6 – 8 weeks)

You will be offered a physical examination of your baby when he is six to eight weeks old. This will include a physical check, weighing and measuring your baby and a postnatal check for mum, including assessment for postnatal depression. Your GP or health visitor can answer any questions you may have about feeding or caring for your baby and immunisations.



Your health visitor will work with you to make sure you have the support you need to help you care for your baby during this important time.



Your baby's immunisations

Immunisation is the safest and most effective way of protecting your baby against some serious diseases. Your baby will be offered his first immunisations when he is two months old.

DISEASES AND VACCINES	2 MONTHS	3 MONTHS	4 MONTHS	BETWEEN 12 AND 13 MONTHS
Diphtheria, tetanus, whooping cough, polio, haemophilus influenzae type b (Hib) and Hepatitis B, known as the DTaP-IPV-Hib-HepB (6-in-1) vaccine.	✓	✓	✓	
Oral rotavirus vaccine	✓	✓		
Pneumococcal infection – the PCV13 vaccine		✓		✓
Meningococcal infection – the MenB vaccine	✓		✓	✓
Haemophilus influenzae type b and meningitis C – the HibMenC vaccine				✓
Measles, mumps and rubella – MMR				✓

Your immunisation appointment

You will be sent an appointment letter telling you when it's time to bring your baby in for his immunisations. The nurse or GP will explain the process, ask if your baby is well and ask if he is on any medications. The nurse or GP will answer any questions you have.

Some babies are also offered BCG or extra Hepatitis B vaccines. Extra doses of Hepatitis B vaccine are given to babies whose mothers are Hepatitis B positive.

Immunisation and premature babies

Premature babies can be at greater risk of getting an infection. They should start getting their immunisations from two months after birth, as advised by a health professional.

If you have any concerns regarding your baby's immunisation speak to your GP or health visitor.

Keep up to date

From time to time immunisation programmes change. For the latest information visit:

www.phw.nhs.wales/topics/immunisation-and-vaccines

Your questions:

What is immunisation?

Immunisation protects us from serious diseases. Once we have been immunised our bodies are better at fighting diseases that we come into contact with.

Are there any side effects?

Most babies are fine after their immunisations, but some have mild side effects like redness and swelling where they have had the injection, or may seem unsettled. They may also have a fever, particularly after their MenB immunisations at two and four months. Give the baby infant paracetamol at the time of these injections to treat or prevent this. A total of three doses should be given with a syringe or 2.5mls spoon at 4 - 6 hourly intervals, please read the instructions on the bottle carefully.

After the oral rotavirus vaccine, some babies can get diarrhoea. In very rare cases the vaccine can cause stomach pain, vomiting, and the baby may pass a red jelly substance, usually within a week of vaccination. If you are worried speak to a health professional.

My baby is ill. Should I still get him immunised?

You don't need to postpone an immunisation appointment unless your baby has a fever, is being sick, or has diarrhoea. Speak to your nurse or health visitor if you aren't sure.



What you can expect at 1-2 months

Now that your baby is a month old, your life together may have started to settle into some kind of pattern. It's still too early to expect to be in a routine, this will start to happen over the coming weeks and months.

Even at this early stage, there are many things you can do to help him develop. Talk to your baby and sing to him as much as possible. Read to him, tell him stories and nursery rhymes and describe what you are doing as you go about your day. Ensure you have quiet time with your baby and give him time to respond to you. This early communication is critical to his speech and language development and he'll love hearing the sound of your voice.

At 1–2 months your baby may be able to:

- Reach for you when he needs attention, security or comfort
- Stretch and kick more strongly as the weeks go by
- Smile on purpose, blow bubbles and coo when you talk and play together. Newborn babies are sensitive to the way you hold, rock and feed them
- Mimic your facial expressions. Try sticking your tongue out or making funny faces and see if he copies you
- Respond to the sound of your voice
- Respond to loud noises by blinking, startle, frowning, or waking up
- Move his limbs more, or slow down his sucking rhythm when he hears familiar household noises like footsteps or running bath water
- Begin to face straight ahead while lying on his back and lift his head while lying on his tummy



What you can expect at 3-4 months

Your baby will have come a long way in his first three months. Many mums and dads say this is a very enjoyable time for them. You will be more confident and your baby will be more sociable.

You will have learned enough about your baby's personality to understand what he wants most of the time.

Your baby will be able to recognise familiar faces. He will be able to turn towards your voice when he hears you and he will be excited by familiar sounds. He will be able to make more sounds and will love to hear his own voice. He will laugh when he interacts with people.

Your baby will learn to take turns when you play peek-a-boo. Copy his sounds back to him and wait and see what happens. Your full attention is the best gift you can offer your baby.

Around now is a good time to think about an evening routine. If you follow a similar pattern each night, your baby will start to show excitement as he knows what to expect. He will know that after his bath he will get a feed and a story before going to bed. Some babies even start to sleep through the night at this point, but most don't!

At 3-4 months your baby may be able to:

- Keep his head up almost straight when he's in a sitting position (make sure he's supported) and his back is straighter than before
- Open his fingers and bring his hands together

- Wave and kick more forcefully. Make sure there's nothing dangerous for him to kick over, like hot drinks
- Wiggle. Take care, because there's a risk he could wriggle out of your arms, off the bed, or other high places
- Start to look towards your voice when you speak to him. Try having 'quiet time' by putting the TV and radio off. This will help your baby hear your voice clearly and can help him with talking and language
- 'Stand' on your lap with your help and later may be starting to take some of his own weight with some support
- Support his head and chest with his arms when lying on his stomach
- Open and shut his hands and start to use his hands and eyes to coordinate
- Begin to babble and imitate some sounds and enjoy playing with other people

Playing with your baby at 3-4 months

This is when parents can really get to know their baby. The first year is when your baby's brain develops quickly. It's very important to talk, play and to read to him as much as possible. Although he doesn't understand what you're saying, he can hear the patterns of your speech and is learning how to communicate. It's important to have 'face-to-face' time with your baby to help these skills develop.

Get your baby talking

You can help your baby learn how to communicate by talking to him and responding to his noises. This will help him develop good relationships, do better at school and be a confident, happy child.

Further information
www.wordsforlife.org.uk/baby

Get your baby reading

- It's never too early to start. Your baby has been listening to your voice since before he was born
- Make it part of your routine. Books, songs and rhymes can easily become part of your day. Why not share a rhyme with your baby during changing or feeding times?
- Talk to your baby about the story. Point things out and really give him a good chance to look at the book. Talk about the pictures and how the characters are feeling
- It's fun to make noises to match the pictures. For example, 'quack' when you see a duck
- Point out things that you and your baby might have seen. For example, you might want to say, 'Look, there's a picture of a dog – we saw a dog on our walk today'
- Don't worry about sounding silly. Babies love to hear different voices and sounds

- As your baby gets older, leave books where he can reach them. Don't worry if he chews them!
- Keep a book handy in your bag when you are out and about. This will keep your baby amused while waiting for appointments, on a journey, or in a queue
- Cuddle up with your baby and read

'Bookstart' gives free book packs to every child in Wales at nine-months and two-years-old to inspire a love of reading. Ask your health visitor or at your local library for more information.

Further information
www.bookstart.org.uk

Play ideas

From about three months, your baby will be able to hold things. He will soon start to develop 'hand-eye coordination'. That means he will be able to hold something like a rattle and look at it too.

Here are some ideas to help you play with your baby. Remember to turn off the television so your baby can concentrate.

- Encourage him to play on the floor and spend time on his tummy
- Sing songs and see if he joins in with his own baby noises
- Experiment with different noises and see which he likes best
- Dangle an object in front of his face. From about eight weeks, you should see him follow it with his eyes
- Read, sing and tell him stories. Enjoy 'rhyme time' together, or look for local parent and baby groups with sing-along sessions

Further information

For ideas on play activities or things you can do in your local area, see
www.parentclub.scot/articles/play-talk-read



What you can expect at 5-6 months

By the time your baby is five or six months old, you will have a good understanding of his needs. You will know the signs that he is tired, hungry, or wants attention. You may be in a routine and be able to tell when he needs feeding, or a sleep.

Many babies will be sleeping through the night by now. Some nights he will still wake up, maybe because he is hungry, has a dirty nappy, or is feeling unwell. When he cries, it will be his way of telling you that something is not right.

Your baby will be smiling and laughing now when you play with him. He will show you that he is annoyed or angry by squeaking or screaming, rather than by tearful crying.

He will be more sociable and will enjoy watching other children and want to join in. He will also love your attention and will be learning how to get more of it by waving his arms or making a noise.

At six months your baby will be ready to start having 'solid' food, as well as his regular breast or formula milk.

At 5–6 months your baby may be able to:

- Hold his arms out to be lifted
- Roll over from his front to his back and sometimes from his back to his front
- Sit up with support in the pram, or on the sofa with cushions around him. Don't leave him alone like this because he could fall
- Enjoy bouncing in a standing position on your lap
- Grab small toys and objects that you put in front of him
- Drop things and let them fall. If he can't see things he's dropped, he'll forget them quickly. He won't realise he can look for things and find them again
- Know that if he shakes a rattle it makes a noise
- Use his mouth to explore things, or put things in his mouth. Make sure you remove items that could be poisonous or could cause him to choke

Remember!

If you're entitled to Healthy Start vouchers, you can get free vitamins for your baby.

Breastfeeding after going back to work

Speak to your employer about your choice to continue breastfeeding. If your childcare is close to work you could try arranging your breaks so you can pop out to feed your baby.

You can provide expressed milk for your nursery or childminder to use. You may need to express milk at work, refrigerate it and then transport it in a sterilised container in a cool bag. Your employer has a duty to provide a room or space where you can express milk and a fridge where you can store it.

If you express milk during the day when you're at work, you will still be able to breastfeed in the evening and at weekends when you and your baby are at home together. Your body will soon adjust.

From six months, your baby can have expressed breast milk from a cup, so there's no need to introduce him to a bottle.

Further information
www.maternityaction.org.uk



What you can expect at 7-8 months
You and your baby will have got to know each other well by now. He will be a real person who can easily let you know what he likes and dislikes. You will be starting to understand what type of child he will grow into. Your baby will behave differently depending on what is going on.

Some babies get quite cranky because they start to realise what they can and can't do. Your baby may really want to reach a toy on the other side of the room and get frustrated that he can't crawl yet.

At around 7–8 months, some babies start to get shy with strangers. For some babies this only lasts for a short time, for others it can be longer.

Your baby can get upset if you or your partner leaves the room. He doesn't yet understand that you're still in the house, so call out to him to let him know you're around.

Enjoy spending time with your baby and playing and singing with him. He may clap his hands and copy you.

At 7–8 months your baby may be able to:

- Sit up without help for a few minutes
- Move across the floor by sliding, shuffling or rolling
- Hold and drink from a cup with a spout
- Look at where sounds are coming from quite accurately
- React to familiar people around him and repeat an act if you praise him
- Babble and respond to you with noise
- Get upset if you take a toy away from him. He will probably also cry if you leave him for too long
- Get 'clingy' with you and his regular carers
- Roll over
- Move things from one hand to the other
- Support his whole weight on his legs when he is held upright
- Respond to his own name when you call it
- Explore objects with his hands and mouth
- Enjoy playing peek-a-boo
- Be interested in mirrors

A health visitor's view:

"If your baby becomes clingy at this stage, such as he gets upset if you leave the room, or is shy around strangers don't worry. It's part of normal development, your baby feels safe and secure with you and doesn't know you will come back when you leave. He will learn this over time. Your baby not liking you leaving is a good sign that he feels a deep and safe connection with you. If you are planning to go back to work this can be a worry, will your baby be upset all day at nursery? Take your time choosing childcare* that feels right for you and your family and make sure you have plenty of getting to know you sessions."

Angela, Aneurin Bevan Health Board



What you can expect at 9-10 months

By 10 months most babies are crawling or nearly crawling. Some can also move around the furniture and pull themselves up to a standing position if furniture is the right height.

Your baby may want to stick very close to your lap. He may still be a bit clingy at this stage if he is with new people. Your baby may also be getting more independent and able to make his feelings felt. For example, he may refuse to cooperate by stiffening his body as you try to dress him. He will also begin to use lots more gestures, including clapping and waving.

Talk to him about the things you do together. Make your voice tuneful and he will listen. Give your baby quiet time every day. You will notice that he practises with speech sounds when he is on his own.

Introducing your baby to different foods early on can help him to enjoy a variety of tastes and textures and make him less likely to be a picky eater later on. It might also help him to make healthier eating choices. From now on, your baby will gradually start fitting in with your family eating patterns – eating breakfast, lunch, tea and maybe a couple of snacks in between.

If your baby is eating less than usual, this is fine as long as he is happy and healthy and continues to grow. It's normal for your baby's appetite to change from day to day.

At 9–10 months your baby may be able to:

- Turn and stretch to grab a toy without falling over
- Use his finger to point at small objects.
- Babble with recognisable sounds such as 'mama' and 'dada' and copy noises that you make
- Understand some phrases like 'no', 'bye-bye' and 'dinner', especially when they are part of a familiar routine. For example, he'll understand 'bath time' when he's in the bath
- Clap and wave
- Copy things you do to make the same thing happen. Show him how to ring a bell and he'll shake it to make the same noise
- Understand that things are still there even if he can't see them. He will be able to watch while you hide a toy under a cloth and find it again by removing the cloth

Playing with your baby at 9–10 months

Your baby will be very interested in toys that have sound and movement. He will be able to use his fingers and hands to open little doors, or to push things along. Show your baby what to do and he will copy you. Try to limit the amount of time he spends in baby bouncers and other types of seats. Where possible, let him safely play on the floor.

Have fun!

Playing with your baby is great fun for him and for you. It's a useful way to see how he is developing too.

Watch how your baby starts games. Your baby will enjoy handing things to you and then taking them back. He might start dropping things on to the floor from his high chair just so that you will pick them up. He will do it again and again! Check that toys and other things you give your baby to play with are safe and can't be swallowed or cause him to choke.

Your baby will love songs and rhymes. Sing him the rhymes you remember from your childhood. Ask your parents, or your brothers or sisters, what they remember too.

Your health visitor can help you with ideas for games if you don't know any. Switch off the television to get rid of background noise when you're playing or reading to your child.

Further information

For ideas on play activities or things you can do in your local area, see

www.parentclub.scot/articles/play-talk-read
or www.wordsforlife.org.uk/songs

Dummies

Some parents don't give their baby a dummy, but if you do make sure you do not let your baby use it for long periods. If your baby is using a dummy after he is one year old it can delay his speech and language development, cause dental problems and increase his risk of ear infections.

Always make sure that your baby's dummy is removed before you talk to each other. The earlier you wean your baby off the dummy, the easier it will be, this is why giving your baby a dummy is not encouraged past the age of 9 months.

How to wean your baby off a dummy

Replace the comfort: Many babies use a dummy to comfort them, especially when they are tired, upset or unwell. Replace this need with another comforting object such as a soft blanket or teddy bear to cuddle.

Top Tips:

- Choose your timing. A period of change or stress for you or your baby might not be a good time to give up the dummy
- Begin by restricting the dummy to certain times and places, like bedtime. This will give your baby time to get used to being without the dummy
- Once your baby is coping for periods of time without the dummy, set a time and date and then remove the dummy completely
- Make sure you get rid of every dummy so you are not tempted to give your baby the 'emergency' dummy
- Don't turn back! Expect some protests initially, but stay strong and it will be worth it in the end

If you have any worries about your baby at this stage, your health visitor can check your child's health and development.



What you can expect at 11-12 months

Think about how far you've come as parents and how well you've done. It will not have been easy!

Your baby will have changed a lot in one year. He will be able to do things he couldn't do before. He will be able to communicate with you and move around. He will definitely have a mind of his own and he'll be showing signs of wanting to make his own decisions and he won't always agree with you.

However, in lots of ways your baby will want to please you and keep you happy. You might find that your baby will hold his arms out for his jacket or wave 'goodbye' if you ask him to and he may be able to point to familiar things.

At 11–12 months your baby may be able to:

- Understand simple phrases like 'do you want a drink?'
- Follow simple directions with familiar objects, like 'bring me teddy'
- Recognise people he knows
- Show affection with kisses and cuddles
- Point at objects so that you can say things like, 'yes, that's a cup'
- Push, throw and knock down everything in sight and give toys to others
- Use gestures like pointing and waving and understand more of what you are saying
- Move around. Some children learn to crawl, while others move around on their tummies or their bottoms. Others will roll to wherever they want to go
- Walk around, but don't worry if your baby hasn't done this yet. It happens any time between eight and 20 months

Health and wellbeing

Your own health and happiness are very important. If you are not feeling well it is hard to give your baby everything he needs.

Make sure you are eating a healthy balanced diet. Now that your baby is a little bit older, try and find some time to make some more positive changes to what you eat if you need to.

Take your baby out for walks. Talk to him about what you see while you are out. He will be taking it all in.

Now is a great time to make new friends. There are lots of groups for mums and babies and it's great to get out and share your experiences with other mums.

Take a bit of time to relax and switch off. Make time for your favourite things, like listening to some music, reading a magazine, going for a swim, or watching an episode of your favourite television programme.

A mum's view:

"It's easy to forget about the things you used to enjoy doing before you had a baby. I found that just having an hour or two to myself whilst someone looked after Eva made a huge difference."

Katrina from Cardiff

See pages 12 and 13 for more on wellbeing



Postnatal depression

IS more common than you might think. It affects 10 to 20% of new mums and is common in dads too.

It can happen days, weeks, or even months after the birth of your baby. Help is at hand and you are not alone. With the right support and treatment, you will be able to make a full recovery.

Symptoms of postnatal depression

A person with postnatal depression will usually experience a lot of difficult feelings such as: loneliness, guilt, worry, getting angry and frustrated, feeling tearful and crying a lot and feeling exhausted. It can affect their appetite, sleep patterns, sex drive and concentration. For some people, these feelings can be quite mild, but for others they are overwhelming.

If you have postnatal depression, you may feel worried and negative about the future, or overly concerned about your baby's health.

Feeling lonely

It is common to feel lonely after the birth of your baby, especially if you've given up work, or can't go out shopping or on nights out with your friends. If you don't have a partner or close friends and family around you on a regular basis, then it's especially tough.

Feeling guilty

You might feel that everybody expects you to be delighted when your new baby is born, but often this just isn't the case. If you don't bond with your baby straight away you might feel guilty too. Guilt can sometimes trigger depression, as well as be a symptom of it.

Feeling down

Sometimes postnatal depression can come right out of the blue, even if everything is going well. This can be confusing and upsetting. Feeling down for no reason might make you feel anxious and guilty and make you feel more depressed.

Postpartum psychosis

Postpartum psychosis is a serious but rare condition. It usually affects women in the first few days after birth*.

Getting help with postnatal depression

Getting help early on is the best thing you can do if you have postnatal depression, so if you are feeling bad let somebody know. The sooner you get help, the sooner you will feel like yourself again.

Not getting the help you need can be harmful, because it can affect all your relationships, including how you bond with your baby. The first step to getting better is to talk about how you are feeling.

You are not alone

Some parents with postnatal depression try to hide it because they think they should be coping better. They worry about admitting that they're finding it tough. You might also worry that your baby will be taken away from you, but that will not happen. There are a number of ways in which you will be helped and supported.

Talk about it

Talk to your midwife, health visitor or GP. They will have a lot of experience in helping new parents with postnatal depression. The earlier you open up to them, the sooner you will be on the road to recovery.

Counselling and psychotherapy

For most people with postnatal depression the best treatment is counselling and support. This begins with your health visitor who can listen to you and talk to you about your feelings. This may be enough to help you feel better. You may decide that you need more in-depth counselling or therapy. If so, that will be arranged for you.

Self-help

Many parents find that self-help groups are really good. These groups offer support and counselling from an experienced counsellor. Finding out that you are not alone and realising that other people know how you are feeling is often the first step to getting better. Your health visitor will be able to put you in touch with a local group or service.

**For more information on Postpartum psychosis, see page 140*

'Enjoy Your Baby' online course

This course, based on cognitive behavioural therapy (CBT) can help you as a new mum or dad make positive changes in your life and enjoy being a parent more. It will help you to learn how to improve your feelings when you are low, worried or hopeless and give you new skills to help tackle any problems in your life.

Further information

is available at www.twoinmind.org registration is required, but it is free.

Medical treatment

Although most mums with postnatal depression will not need antidepressants, you and your GP may decide that this is the best thing for you. If this is the case, you might be given counselling too. If you are breastfeeding, your GP will prescribe an antidepressant that will not affect your baby.

Antidepressants may be prescribed for up to a year. Although this seems like a long time, it is important that you don't stop taking them without talking to your GP, even if you start to feel better. Antidepressants can take two to four weeks before they start to take effect and they need to be taken for up to six months after you've started to feel better. This can help to stop your depression from coming back.

Dads



Dads can get depression after the birth of a child too. Between 1 and 4 percent of new dads get depression during the first year. Some new dads are more at risk of getting depression. Being young, unemployed, or not having much money when your baby is born increases your risk of depression.

If mum is depressed this can make dad more stressed, which can increase the risk of dad getting depressed too. Dads might get depressed for a number of reasons: the new responsibility, the cost of bringing up baby, the change in lifestyle, the change in the relationship with their partner, or lack of sleep and more work to do at home.

If you are a dad who thinks he might be depressed, talk to your GP or health visitor. The sooner you get help the more quickly you will recover. In lots of areas of Wales there are dads support groups which may be helpful.

Looking after yourself

It is very easy to forget your own needs when you have a new baby. Take up any offers of help from family or friends and try and do some of these things:

- Give yourself a treat, or meet up with some friends for coffee
- Try and put your feet up when your baby is asleep
- Get into a night-time routine. Have a bath and a hot drink and read for a while
- Do some exercise. Even a short walk can make you feel better
- Make sure you eat regular nutritious meals rather than quick-fix snacks
- Express your feelings. Talk to someone you trust, or write it all down

How partners, family or friends can help

If you have family or friends with a new baby, you can help them avoid or cope with postnatal depression by doing some of these things:

- Offer to look after the baby so that parents can have a good rest, ideally in the middle of the day
- Help them around the house by cooking, cleaning or doing laundry
- Encourage parents to look after themselves by eating regularly, drinking plenty of water and taking a break now and then
- Take the baby out for a walk in the pram for a couple of hours
- Pick up essentials from the supermarket, and make up a sandwich and leave it in the fridge with some other snacks
- Be prepared to listen. If you think they may be depressed, encourage them to seek help from their GP, health visitor and midwife

The important thing to remember is that you are not alone with postnatal depression. Help is at hand.

Further information

On depression visit www.mind.org.uk

Introducing solid foods to your baby

When your baby is around six months old, he will be ready to have some solid food alongside his breast or formula milk.

Giving your baby solid foods before six months is not recommended, as his digestive system is not fully developed and you will be replacing milk with less nutritious foods.

At about six months you can slowly introduce other foods, but you should keep giving him breast or formula milk until he is at least one year old. You can continue to breastfeed him for as long as you wish. When you first start introducing solid foods alongside milk it is important to know that milk will still be the most important source of nutrition. As your baby starts to eat more solids in the second six months, his milk intake will reduce.

Breast fed babies will always take the amount they need. Formula fed babies will need about 400ml a day by the age of around one year alongside a good range of healthy foods.

Before six months, if you feel that your baby is not satisfied with his usual milk feeds, give extra breast or formula milk rather than giving solids too early.

If your baby starts waking up in the night when he used to sleep through, it is not necessarily a sign of hunger. Starting solids early will not help him to sleep longer or through the night.

Signs to look for that your baby is ready to start solid foods include:

- He can sit up well without support and hold his head steady.
- He can look at food, pick it up and put it in his mouth by himself.
- He can swallow food. Babies who are not ready will push food back out, so they get more around their face than in their mouth.

If you believe your baby is ready for solid foods before six months talk it through with your health visitor.

Getting started with solid food

It is best to start off slowly. Build up gradually from one solid feed a day at first, to breakfast, lunch and tea. Babies under 12 months old don't need snacks between meals. Some babies will take longer to move over to solids than others.

Find a time that suits you

It's best not to give your baby solid food straight before a milk feed. You don't want to fill him up because he'll have less milk that way. Choose a time when your baby is awake and alert. The middle of the day may be best. Offer food on a baby spoon and just a little bit at a time to start with.

Be safe and comfortable

At around six months, your baby will be able to support himself enough to sit in a high chair, provided he is safely strapped in. Never leave a baby alone in a high chair. **You should always stay with your baby while he is eating in case he chokes***.

Things that you can do to prevent choking are:

- Remove any stones or pips from foods and avoid tough skins
- Halve or chop small fruit, like cherry tomatoes or grapes cutting them length ways
- Cut large fruit into slices rather than chunks

**For more information on what to do if your child chokes, see page 242*

Spitting and refusing

When you first introduce solid food to your baby it will be a completely new experience. As well as the unexpected taste and texture, your baby will have to learn to move the food around his mouth and swallow it. Many babies react by spitting their first mouthfuls of food straight back out again! This is normal and you should gently keep trying until baby gets the hang of it. You might find that your baby refuses food at first. Again, this is fine. Leave it for another day and try again.

Your baby's appetite

Healthy babies know their own appetite, and to begin with a couple of teaspoons of food may be enough. Never force your baby to eat. Contact your health visitor if you're worried about your baby's appetite.

Solids don't replace milk. They are given in addition to it in the first year. As your baby starts to eat more solids, the amount of milk he drinks will go down, if you are formula milk feeding, to about 400ml a day by the time he is a year old.

Further information

If you're stuck for ideas, talk to your health visitor as they will have access to local resources and recipes.

Or visit: www.everychildwales.co.uk

What to start with

A baby at six months can start off with food mashed with a fork to a soft consistency, but with more texture than puréed food. You can also give babies finger food they can hold themselves, like soft cooked vegetable sticks.

Suitable first foods

You don't have to buy any special foods for your baby – lots of everyday foods are fine.

Start off with savoury tastes like:

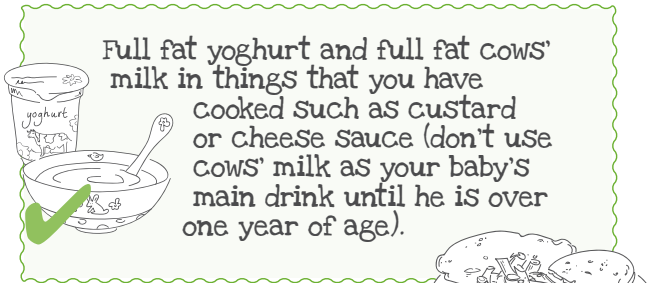
- Cooked and mashed vegetables, like potato, sweet potato, carrot, broccoli, parsnip or cauliflower
- Baby rice mixed with your baby's usual milk

Try flavours one at a time to start with. Increase the variety of flavours. When your baby has accepted a range of vegetable tastes, increase the range of foods and flavours. Offer baby mashed egg, beans, fruits, meat, fish, rice, plain cereals and plain yoghurt.

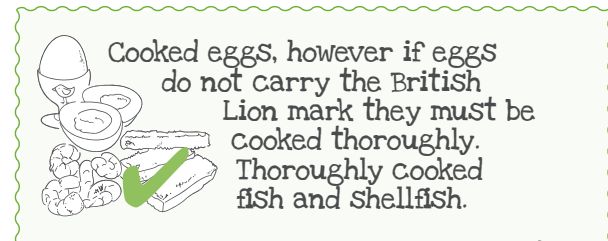
You can make tasty family meals and use the same food for your baby. For example, you could cook a sweet potato stew (see page overleaf for recipe). But do not add any sugar or salt to your baby's food. Salt can damage his kidneys and sugar can damage his teeth.

From six months old

Your child will be okay to eat:



Bread, pasta, chapatis, or any food made from wheat flour.

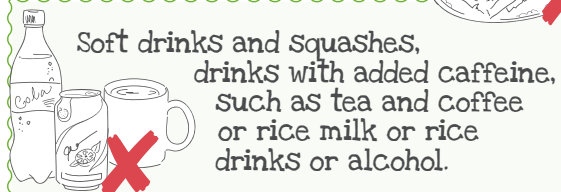


Ground nuts and seeds.

**Under one year old**

Do not give your child:

Liver pate or honey.



Salted savoury snacks like crisps or whole nuts.



Anything sweetened with artificial sweeteners or foods or drinks that contain the additives E102, E104, E110, E122, E124, E129 or E211. These additives have been linked to an increase in hyperactive behaviour in some children.



Any foods, designed for adults, with special ingredients (for example, cholesterol lowering margarines, low-fat or low-sugar products, or fortified products). Or ready meals designed for adults.



Low fat food products. These are not suitable for children of this age.

Recipes for the whole family

You can make tasty family meals and use the same food for your baby. For example, you could cook a sweet potato stew, but your baby can have some of the potato on its own mashed.

HOW TO MAKE

This recipe makes 4 adult-sized portions.

1. Heat the oil in a large pan and fry the onions until they start to soften.
2. Add all the other ingredients and bring to the boil, stirring well. If you are serving children under 5 with this recipe, you can add the chilli powder after cooking, after the children's portions have been put on one side.
3. Simmer for about 20 minutes until the vegetables are soft.
4. Sprinkle with the fresh herbs before serving.

SWEET POTATO STEW

INGREDIENTS

- 1 1/2 tablespoons vegetable oil
- 1 small onion, peeled and diced
- 1 red pepper, de-seeded and diced
- 450g sweet potato, peeled and diced
- 75g frozen green beans
- 1 large can (400g) chopped tomatoes
- 1 large can (400g) red kidney beans, drained and rinsed, (drained weight 240g)
- 2 heaped tablespoons (85g) smooth peanut butter
- 1 teaspoon chilli powder
- 300ml water
- 1 teaspoon freshly chopped herbs such as coriander or parsley (optional)



25cm

Average portion for:
An adult or teenager aged 12–18 years



25cm

Average portion for:
5–11 year old



20cm

Average portion for:
1–4 year old



13cm

Average portion for:
7–12 month old

For more ideas for recipes the whole family can enjoy visit www.everychildwales.co.uk

Allergies

While variety in your baby's diet is really important, there is a chance they may be allergic to certain foods. That's why it's important to introduce trigger foods one at a time and not before the baby is six months old. These foods include cows' milk, eggs, wheat, gluten, nuts and peanuts (serve them ground, crushed or as a nut butter), seeds, fish and shellfish.

Once introduced and if tolerated, keep offering these foods as part of your baby's usual diet (to minimise the risk of allergy).

Things to look out for:

- Breathing difficulties
- Runny nose
- Stomach upset
- Skin reaction: blotchy, raised red rashes,
- Itchy patches and swelling around the mouth
- Sore, red and itchy eyes

Further information

If your child shows any of these symptoms, talk to your health visitor or GP for advice or call NHS direct Wales on **0845 46 47** or visit www.111.wales.nhs.uk

Sometimes parents stop giving their baby some foods because they think their child is having a reaction. Always talk things over with your health visitor or GP before making any big changes to your baby's diet.

Specific allergies to peanuts or eggs

If your baby already has a known allergy, like eczema or a food allergy, then they have a higher risk of developing a peanut or egg allergy. If your baby has an allergy, you should talk to your GP, health visitor, or medical allergy specialist before you give peanuts or foods containing peanuts or eggs to your child for the first time. Otherwise there is no reason to avoid foods containing cooked eggs or nut pastes for babies over six months old.

Remember not to give whole peanuts, nuts or seeds to children under five years old because of the risk of choking*.

If you think your baby is suffering a severe allergic reaction, always call 999 and ask for a paramedic.

**For more information on what to do if your child chokes, see page 242*

Ready-prepared foods

Baby foods can be expensive to use every day, so it is best to make your own. If you do need to use bought foods occasionally, read the label to check for added sugars. These sugars may be in the form of concentrated fruit purée and fruit juice which make food very sweet. Check for starch and water content too, because they 'bulk out' the food but add little in the way of nutrition.

Some babies who have a lot of pre-prepared 'baby food' take a while to get used to 'real' food with its varieties of tastes, textures and lumps.

Don't let your baby suck pureed food directly out of a pouch. This can damage their teeth and doesn't let your baby see the food or practice feeding skills.

Some sample puree foods



Drinks

The only drinks your baby needs in his first year are breast or formula milk and water. If you are breastfeeding your baby does not need drinks of water before around six months.

If you are using formula milk, you don't need to change the formula after six months. First infant formulas are the best ones to use throughout his first year. From six months onwards, you can offer your baby water in a proper cup. It is important that your baby learns to sip and swallow instead of sucking. Give him a little baby cup without a spout or lid. If you want to use a cup with a lid make sure you use a 'free flow' beaker.

Vegetarian diets

Babies do not need meat or fish to stay healthy, but you need to make sure he's getting enough protein and other nutrients from the rest of his diet. Make sure he gets a good variety of foods, including eggs, milk, fruit, vegetables, peas, beans and lentils, nut pastes, soya based foods like tofu, rice, pasta, bread, potatoes and other starchy foods.

Further information

On eating well for vegetarian infants and children visit www.vegsoc.org

Vegan diets

A lot more care needs to be taken with a vegan diet, which cuts out animal products like eggs and milk, although it is possible for your baby to develop healthily on such a diet. Ask your health visitor or GP to arrange for you to speak to a dietitian if you are thinking of weaning your baby on to a vegan diet.

Further information

On eating well for vegan infants and children visit www.firststepsnutrition.org

Feeding your growing baby

After six months you can start introducing your baby to foods he can pick up and eat by himself. Getting your baby involved in feeding himself can also make weaning easier and more fun.

Here are a few suggestions for finger foods, which your baby can chew, gnaw or suck on:

- Slices of bread, toast, chapatti or naan
- Slices of apple or pear
- Sticks of carrot or celery, just cooked a little bit to soften them. Tiny sandwiches with grated cheese, mashed banana, or mashed tinned fish
- Cooked pasta shapes
- Slices of hard boiled egg, or strips of soft meat like chicken
- Cooked vegetables like broccoli florets, peas, green beans, carrots and halved cherry tomatoes

Babies between seven and nine months of age should have three savoury meals a day with finger foods. Between 10–12 months, you can add a fruit or milk based pudding after the savoury dish.

See next page for some example menu plans

Some sample finger foods

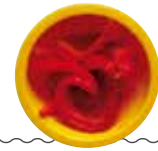
From the age of six months:



Banana



Cooked carrot

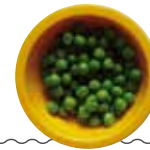


Cooked peppers

From the age of seven months:



Cucumber



Peas



Strawberries



Bread squares



Pasta shapes



Egg

From the age of ten months:



Orange



Chicken



Cheese

Sample Menu 1 (7-9 month olds)

Breakfast: Baby rice made with full-fat milk with a chopped banana and a breast feed or infant formula.



finger food

Kiwi slices.

Lunch: Butter bean and vegetable stew, rice pudding with strawberry purée and a breast feed or infant formula.



Soft-cooked potato.

finger food

Tea: Tomato rice with chicken and a breast feed or infant formula.



finger food

Steamed mange tout.

Before bed:
A breast feed or infant formula.

Sample Menu 2 (7-9 month olds)

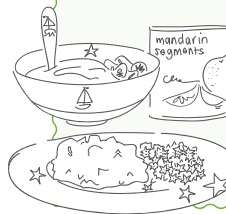
Breakfast: Plain porridge made with full-fat milk, and a breast feed or infant formula.



finger food

Pear slices.

Lunch: Stewed lamb in tomato sauce with baby pasta, canned mandarins in juice and full-fat yoghurt and a breast feed or infant formula.



Cooked carrot sticks.

finger food

Tea: Scrambled egg with canned chopped tomatoes and a breast feed or infant formula.



finger food

Cooked greenbeans.

Before bed:
A breast feed or infant formula.

Remember! Meals need to be mashed or chopped for under one's.

Sample Menu 1 (10-12 month olds)

Breakfast: Porridge and dried apricots and a breast feed or infant formula in a cup.

finger food

Apple slices.



Lunch: Chicken casserole, full-fat yoghurt with raspberries and water in a cup.

Cooked broccoli.



finger food

Tea: Vegetable couscous and a breast feed or infant formula in a cup.

finger food

Cucumber sticks and mango slices.



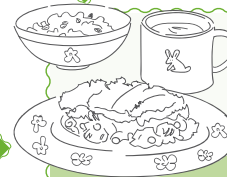
Before bed:
A breast feed or infant formula.

Sample Menu 2 (10-12 month olds)

Breakfast: Plain porridge with full-fat milk and raisins and a breast feed or infant formula in a cup.

finger food

Blueberries halved lengthways.



Lunch: Fish pie, stewed apple with raisins and water in a cup.

Raw carrot sticks.



finger food

Tea: Baked potato with tomato sauce, canned mandarin oranges and a breast feed or infant formula in a cup.

finger food

Sliced, hard boiled egg.



Before bed:
A breast feed or infant formula.

Remember! Allow food to cool before serving.

Stay safe

- Always wash and dry your hands well before preparing your baby's food
- Check that your baby's hands are clean before feeding
- Keep surfaces clean and prevent pets from coming near food or surfaces where food is prepared or eaten
- Keep chopping boards thoroughly clean
- Use separate chopping boards for raw food and ready-to-eat food
- Keep raw meat and eggs covered and away from other foods in the fridge, including cooked or ready to eat meats. Raw meat should ideally be kept in a sealed container at the bottom of the fridge so it can't touch or drip onto other foods
- Cooked food should not be reheated more than once
- Cook all food thoroughly and cool it as quickly as possible to a lukewarm temperature before giving it to your baby
- Wash and peel fruit and vegetables, such as apples and carrots

Your questions:**What can my baby eat?**

Some foods are unsuitable for your baby before six months*. It is important that you do not introduce any of these foods before six months. This is because of possible allergic reaction.

There are also some foods all babies should avoid in the first year. The best foods for babies are simple foods that have not been 'messed about with' – like meat, poultry, fish, eggs, beans, bread, rice, pasta, yoghurt, fruits and vegetables.

Does my baby need a vitamin supplement?

It is recommended that all children aged six months to five years are given vitamin supplements containing vitamins A, C and D every day.

Babies that are breastfed should be given vitamin D drops daily from birth.

Babies who are having more than 500ml (about a pint) of infant formula a day shouldn't be given vitamin supplements because formula is fortified with certain nutrients and no other supplementation is required.

If you are eligible for the Healthy Start Scheme, you can get Healthy Start vitamins free of charge. Ask your health visitor how to get these in your area.

**For a list of unsuitable foods for your baby, see page 176*

Teething

Teething is when your baby's first teeth start to come through. Some babies sail through this process and are showing off their first teeth before you know it. For others it can be an uncomfortable time, causing distress to both you and your baby.

Some signs that your baby is teething are:

- Dribbling more than usual
- Flushed cheeks
- Sore, red gums
- Loss of appetite
- Irritability and disturbed sleep
- Chewing and biting on everything

If your baby is unwell or has a temperature, do not put it down to teething. Ask your doctor or health visitor if your baby is unwell.

Easing teething

Here are some ways you can help to make your baby feel better when he is teething:

- Cuddle him. Hugs and cuddles will help comfort and reassure your baby if he is distressed
- Rub his gums. Lightly massaging your baby's gums with a clean finger will soothe him and help to alleviate the pain
- Teething rings. Babies like to chew and bite, so teething rings can help. Make sure you watch your baby when he is biting on the ring. Keep teething rings clean by washing them well in warm soapy water

- Soothe his sore chin. Some babies may dribble a lot and give themselves a sore chin, neck and chest. Try to keep his chin as dry as possible and change any wet clothing. A simple barrier cream can help to keep his skin soft and smooth and may ease chapped areas
- 'Teething gels' should not be used. They do not work and some brands may be harmful
- Never rub brandy or any other kind of alcohol on your baby's gums. You should never give any type of alcohol to a baby

Looking after your baby's teeth

From the moment his first tooth appears, you should brush your baby's teeth. As more teeth come through, it is important to have a brushing routine. This will help to make sure that the teeth are brushed properly each time. Use a toothbrush with a small head and soft bristles. Add a very thin layer of fluoride toothpaste. Fluoride helps to strengthen teeth and prevent tooth decay.

There are various ways to position your baby when you brush his teeth. You could try sitting him on a changing mat on the floor, on your lap, or in a baby chair.

Tooth brushing should be introduced as a fun part of your baby's daily routine. You might find that playtime or bath time are good times to brush teeth. Eventually, you can move to a morning and night-time routine.

Always supervise tooth brushing and never leave a baby or small child alone with either a toothbrush or toothpaste.

Sugar is the main cause of tooth decay. Protect his teeth by choosing foods and drinks without added sugar. Sugary drinks and snacks are particularly harmful to teeth when given inbetween meals. The safest drinks for his teeth are milk and water.

You can introduce a beaker or free-flow cup at six months. Aim to stop using a feeding bottle by his first birthday. There's a risk that feeding from a bottle for too long can push his new teeth out of alignment. There is no risk to your baby's teeth from breastfeeding.

Further information
www.designedtosmile.co.uk

Safety and your growing baby

Make sure that your home is as safe as possible as your baby gets bigger and starts to move around. Here are some things to look out for, especially when your baby starts to crawl, pull himself around the furniture, or walk.

Around the house

- Cords from electrical equipment. Babies can see them as a good thing to grab on to. Unplug them and keep them out of reach and switch sockets off when they are not in use
- Be careful of small or sharp objects, like an older child's toys, left on the floor
- Hot drinks. Don't let anyone drink them while your baby is on their lap or crawling around. Don't leave hot fluids on low tables where they can be grabbed
- Hanging tablecloths can be easily grabbed by little hands. Remove them or make sure there is nothing on the table that could fall and hurt your baby
- Door slamming on your baby's fingers; Use a door stop or tie a cloth across the front and back handles, to stop the door from shutting completely. Remember to remove the door stop at night so that you can close the door as part of your night time fire prevention routine

Did you know that a hot drink can still scald a child 20 minutes after it was made - keep them out of reach.

- Blind cords. These should be kept out of the reach of children. If you can, buy blinds that do not have a cord, especially in your child's bedroom. If you have these cords, do not place a child's cot, bed, playpen or high chair near a window. Tie up the cords, or use cleats, cord tidies, clips or ties. Curtain tie-backs can form a loop that could injure your child. Remove them until he is much older
- Do not leave your baby alone with a family pet, even if they are normally friendly. Keep your pets' things, like cat litter trays, food bowls and especially water bowls, away from where your baby can get to them

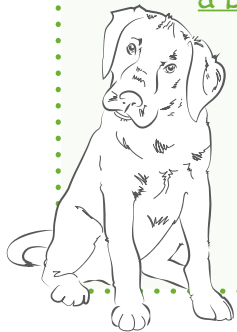
Safety and dogs

Deaths from dog bites are rare. Serious injuries from dog bites/ strikes are more common, with about 100 hospital admissions a year in Wales many of which are very young children and babies. Therefore you should never leave a baby or young child

unsupervised with a dog, even for a moment, no matter how well you know that dog.

Further information

Visit www.dogtrust.org.uk
or www.bluecross.org.uk



In the sun

Sun safety is even more important for your baby than it is for you. Babies under one year of age should be kept out of direct sunlight altogether. Older babies and children should be protected.

The biggest risk to your baby from sunlight is sunburn. This is painful and can cause permanent damage, or even skin cancer. One episode of sunburn will double your baby's risk of developing skin cancer later in his life.

Keep your baby in the shade as much as possible and use a sun hat or sun shade on the pram or pushchair.

Use child sunscreen cream with a high sun protection factor (at least factor 25). Make sure he is covered up with at least a T-shirt and hat. Some manufacturers now sell bathing suits that cover up most of your child's body.

Other sensible safety steps include staying indoors around midday in the summertime or when you are in a hot country. Make sure he gets plenty to drink in the heat.

Keep your baby in the shade as much as possible and use a sun hat or sun shade on the pram or pushchair.

Water safety

Children can drown in even a couple of inches of water. Never leave your baby alone in the bath or near water, either inside or outside the house. Look out for things like a garden pond, or even a bucket that has collected rain water. Don't leave the paddling pool filled with water overnight.

When you are running a bath for your baby, keep an eye on him as he may try to get into the bath alone. Check the temperature using your elbow or the inside of your forearm. Your baby's skin is thinner than yours and he will scald more easily. Don't leave him alone in the bath, not even for a second. Not only will he be at risk of drowning, but he may play with the taps and scald himself.

Remember!

Never leave your baby alone in the bath or near water. Not only will he be at risk of drowning but he may play with the taps and scald himself.

Protection against bumps and falls

Never leave your baby or toddler alone on a raised surface. He may roll off and get hurt. Lots of parents can be surprised when their baby learns to roll because it can happen suddenly.

Baby bouncers and car seats should be put on the floor. Every year many babies are injured after falling from a raised surface.

Babywalkers

Baby walkers will not help your baby to learn to walk. In fact they might slow down his progress and can actually cause injury. A baby needs to be able to roll, crawl, sit and play on the floor to develop properly.

As your baby gets older and becomes more confident moving around he will be able to move very quickly. You will need to make your home as safe as possible for him.

Take a look at page 244 for more information on making your home safe.

If your baby is ill

Babies who are really ill do not tend to cry continuously and loudly. A really poorly baby is more likely to whimper and moan.

Serious illnesses

A mild fever can bring on bouts of crying and it is usually not too much to worry about. Coughs and colds are common too. However, you should be aware of the more serious and rarer conditions that your baby can get.

Telephone or see your GP if your baby:

- Seems less bright and alert than usual, or sleeps for an unusually long time
- Is having bouts of vomiting for more than an hour
- Has diarrhoea which doesn't clear up in a day
- Has a rash which is not a heat rash or the result of clothes rubbing
- Does a poo that is an odd colour or texture for him, or that contains blood (green poo from time to time is normal)
- Has dry nappies and does not seem to be peeing as much as normal

- If he seems to have a fever or is uncomfortably hot
- Has unexplained bruising, or bleeding from his ears, mouth, nose or bottom, or blood in his poo or pee

**When in doubt, always
seek help from your GP
or health visitor.**

Further information

Call NHS Direct Wales on **0845 46 47** or visit **www.111.wales.nhs.uk**, if you need urgent advice and care during the out-of-hours period when your GP surgery is closed.

Seek medical help straight away if your baby:

- Has a fit or convulsion*, this means twitching or jerking with unfocused rolling eyes
- Has breathing difficulties
- Loses consciousness
- Becomes blue around the lips or face
- Has signs or symptoms of suspected meningitis or septicaemia**
- Passes blood or redcurrant jelly-like poo
- Seems in obvious pain
- Has swallowed any poisonous item

Keep dangerous household products and medication in a locked kitchen cupboard, high up and out of sight. Just tiny amounts can be fatal to a young child.

It is also important to think about the other places in your home where you leave drugs or medicines. For example handbags, drawers or carrier bags of shopping left lying on the floor. Even everyday medicines which you buy over-the-counter, like aspirin, can be as dangerous as prescription drugs.

Medicine and your baby

Some over-the-counter medicines are especially for babies or small children. If in doubt, always ask your pharmacist. Your GP won't prescribe medicine for your child if he doesn't need it. Make sure you understand what the correct dose is for your child.

A mum's view:

"Sick children don't just need medicine, they need reassurance and lots of cuddles which is more 'medicine' in itself"

Carlien from Newport

*For more information on fits and convulsions, see page 241

**For more information on meningitis or septicaemia, see page 192

Very Serious illnesses

It is important that you understand and can identify quickly the signs that your baby might be suffering from a serious illness and get medical help immediately.

Meningitis and septicaemia

Meningitis and septicaemia are very serious diseases that can affect anyone very quickly. They are not common, but it is important to know the signs and symptoms and get medical help quickly.

What are meningitis and septicaemia?

Meningitis means swelling of the linings of the brain and spinal cord (meninges) and septicaemia is blood poisoning. These conditions can be caused by the same bacteria and viruses and can occur separately or together. Viral meningitis is more common than bacterial, but it is less serious. If treated early enough, most children will survive.

Signs and symptoms of meningitis or septicaemia in babies

The early signs and symptoms may be difficult to spot as they are similar to flu.

They include:

- High-pitched, moaning cry
- Irritability when picked up
- Bulging of the soft spot on his head
- Drowsiness and not responding to you, or being difficult to wake
- Floppy or listless, or stiff with jerky movements
- Refusal to feed and vomiting
- A rash or purple bruise like spots that do not fade under pressure (see the glass test on opposite page)
- Skin, especially on his hands and feet, that is pale, blotchy or turning blue
- Fever, with cold hands or feet

The 'glass test'

The rash starts as tiny red pinprick-sized spots or marks and later changes to purple blotches. These can look like bruises or blood blisters. The rash can be anywhere.

Press a clear drinking glass firmly against the rash so you can see if the rash fades and loses colour under pressure. If it doesn't change colour, contact your GP straight away.

The spots and rash are more difficult to see on darker skin, so check paler areas like the palms of the hands, soles of the feet and the eye area. Any spots or rash may fade at first, so keep checking to be sure.

Not everyone who gets meningitis will have this rash.



What to do next

Remember that not all babies will develop the signs and symptoms listed on page 192. If they develop some of them, especially the red or purple spots, get medical help urgently.

Further information

If you can't get in touch with your GP, call NHS Direct Wales on **0845 46 47**

If you are still worried after getting advice, trust your instincts and take your baby to the emergency department of your nearest hospital. These conditions are dangerous and can develop very quickly. The earlier babies are treated, the better their chances of making a full recovery.

Symptoms of meningitis or Septicaemia can occur in any order. Not all babies develop all the symptoms. Trust your instincts. If you suspect meningitis get medical help urgently!



Your toddler

Find out about the big changes that your child will go through as she grows from baby to toddler. It is a time of change for parents too.

Your toddler at a glance

Making the effort to understand the world from your toddler's point of view really helps.

Understand what she wants

It helps to remember that your time and attention are the most important things to your child, so if she learns to get lots of it by throwing a tantrum, she'll continue down that path. Instead, reinforce good behaviour whenever you see it by giving her praise and cuddles and kisses. When you praise what she does she'll respond by doing it again and again.

She needs to feel safe and secure, and one of the ways you will do this is by giving her structure and boundaries – but she will test them and that's hard on you.

Understand how she learns

Toddlers learn by copying, so show her love and affection, treat her – and others – with consideration.

Toddlers learn through playing indoors and outside. You are her best playmate, join in the fun.

She will learn to talk by hearing you talking to her – the more you talk to her and read books together the faster she'll learn.

Remember the basics

To grow healthy and strong she needs good healthy food. If you eat well as a family she will soon learn to take pleasure in food and mealtimes.

She also needs lots of activity, get out and about together. It's important for her (and you too) that you get involved in lots of fun stuff to do for parents and toddlers locally – find out at your family information service.

Brush her teeth in the morning and last thing at night with toothpaste containing fluoride.

Look after yourself

Your own health and happiness are really important, if you are not okay then your children will feel it. It's okay to put yourself first sometimes.

See pages 12 and 13 for more on wellbeing

A child Psychotherapist's view:

"The toddler years are times of rapid change and development. Your baby is less dependent on you and is becoming an inquisitive toddler with likes and dislikes of her own. As she learns to walk and talk, she will both challenge parents to the limits and also make them feel proud. All children are different and will develop at their own pace - with parental encouragement - so try not to compare them with older siblings or other toddlers. Learning to understand things from your child's point of view will help."

Julie, Aneurin Bevan Health Board

You and your child

The 'toddler years' will be a time of big changes for you and your child. She will grow from a baby who needs your constant care and attention into a little person who will thrive and develop with your love, patience and affection.

Try to understand the world from your toddler's point of view. This will make it easier to be patient and help avoid problems.

In this section we will look at:

- Getting the basics right
- Eating well for toddlers
- Childcare
- Learning to talk
- What you can expect at 12-24 months
- What you can expect at 25-36 months
- We are a family: When mum and dad are not together

Getting the basics right

The time between your toddler's first and third birthdays can be very demanding. Take a practical approach to the challenges.

Take a positive approach

- Praise her to encourage her to behave well
- Respect her, her thoughts, needs and wishes. This does not mean giving into her over everything, but try giving her limited choices like what colour top to wear
- Try and see the world through her eyes. Recognise when she's feeling unhappy, angry, tired, bored or hungry. These things may affect her behaviour
- Be consistent and have basic rules that are right for her age. Make sure that everyone who cares for her knows what these rules are

See the world through your toddler's eyes

The world is an exciting place to your toddler, but it can also be confusing. The way she sees things will depend on her personality as well as how far her brain has developed. You can help by making a real effort to see things from her point of view as she gets used to being more independent.

Lead the way

Children learn by copying so show them love and affection. Treat them – and others – with consideration. Listen to her views and respect her feelings. It's no good telling her that hitting or shouting is not allowed if that's what you do.

Lay down some ground rules

Your toddler will naturally want to please you, but she needs to know what you expect of her. Set clear, simple rules that she can understand and are right for her age.

Be consistent

Conflict can arise when parents and others who care for your child, follow different sets of rules. Make sure other carers know what the rules are. You will confuse your toddler if you allow her to do something one day and then tell her off for doing the same thing the next. When you say 'no' make sure you mean it.

Show your toddler that you expect her to behave well

Although it may not always seem like it, children love to please their parents. If you expect your toddler to behave badly, chances are she will.

Be realistic

Don't expect your toddler to know that an ornament isn't a toy to bang on the floor. Put things you don't want her to touch out of the way.

Reward good behaviour

- Praise and attention work far better than criticism or punishment. Show your toddler you are pleased when she behaves well
- Let her hear you saying good things about her to other people
- Don't use sweet treats to praise good behaviour but give her cuddles, kisses and extra attention

Think of their feelings

When your toddler misbehaves, it's often because she is hungry, bored, tired or doesn't know how to deal with her feelings. There may be something in her life upsetting her. You can help by letting her know that she's allowed to show her emotions and by giving her a name for her feelings so that she can express them. For example say, 'it looks to me as if you're sad'. Don't worry if you haven't identified it correctly – she'll soon put you right if needs be.

Tell her when you're pleased

Your toddler wants your attention more than anything else. When you praise what she does, she will respond by doing it again and again. Explain what you mean. Say, 'thank you for putting your blocks away' instead of a general 'that's a good girl'.

It's all completely normal

There's no doubt about it, being a parent to a toddler can be incredibly rewarding, but at times, incredibly challenging too.

They're growing up fast, developing a sense of self and want more control over their own lives. They become easily stressed and frustrated when things don't go their way, and can get overwhelmed by their own emotions, which can often result in tantrums or meltdowns.

All of this is normal, it doesn't mean your child is ill behaved or that you're a bad parent. The important thing is not to shout or swear at them, it just frightens them. Never use physical punishment, no matter how challenging they may be.

We are constantly learning more about how children's brains develop and how childhood experiences, especially traumatic ones such as being physically punished, can have a negative impact on brain development, which can lead to poor health and wellbeing later in life.

Find out more about baby and child brain development by visiting **Parenting. Give it time** at www.gov.wales/parenting-give-it-time and looking up **Development Stages**

Understand their behaviour and focus on solutions

Key to managing toddler behaviours is understanding why the behaviour happens, what you can do to prevent or manage the

behaviour, and what you can do to calm and reassure your child.

Parenting resources with advice and guidance on this topic are widely available, but may not always provide accurate up-to-date information. For parenting tips, and advice you can trust, visit the **Parenting. Give it time** website at www.gov.wales/parenting-give-it-time. All the information on there is regularly updated and has been developed by child psychologists and other experts based on the latest scientific thinking on managing behaviour in children.

Physical punishment and the Law

There are lots of types of physical punishment. It can mean smacking, hitting, slapping and shaking. But there are other types too.

It isn't possible to give a set list of what makes up physical punishment because it can be anything where a child is punished using physical force. Research suggests that any type of physical punishment could be harmful to children.

On 21 March 2022, a new law will come into force which will make it illegal to use any form of physical punishment against a child. The current defence of 'reasonable punishment' will no longer exist and parents or anyone else who physically punishes a child could be charged with common assault. For more information on this topic, visit www.gov.wales/endphysicalpunishment

If you are finding things tricky

All parents go through times when they find being a mum or dad difficult. For some, the toddler phase is particularly tough. If you are finding it difficult, there's lots of support out there. You might see less of your health visitor after your baby is one, but she will still be there to support you. Let her know if you are finding things hard, or if you need reassurance or support. She is trained in parenting support as well as health issues and will know who you can talk to locally if you need extra help.

Further information

Contact the Family Information Service on **0300 123 7777** to find services in your area

Top tip!

Choose one thing you'd like to do for yourself and make time to do it. It could be a chat with a friend, getting stuck into a good book, or having a relaxing bath.

Remember to look after yourself

Your own health and happiness are very important in raising contented and confident children. Put yourself first sometimes.

What your child needs most of all is you

'Toddler battles' are most likely when you feel undervalued, overworked or that life's getting on top of you. So you have to learn to put yourself first sometimes.

Feeling good and functioning well

Remember the 'Five Ways to Wellbeing.' These are really important now. If you look after yourself and keep making time for the 'five ways' you'll be in good shape physically and emotionally even on a difficult day.

When it's more than just a bad day

Talk to your health visitor or doctor if you:

- Are finding every day a struggle
- Feel constantly depressed, anxious or exhausted even when you're getting enough sleep
- No longer get enjoyment from life, or if you are feeling suicidal

See pages 12 and 13 for more on wellbeing

Eating well for toddlers

Once your child is over one year old she will enter a phase of rapid growth. She will need small, regular healthy meals and snacks to help her get all the nutrition she needs.

A good diet will help your child to grow, learn and have the energy to be active and fight off illnesses and infections. A good diet will also give her a chance to use her hands, mouth and senses.

Spend time talking to her at mealtimes and help her to be independent and make choices. Eating together will also give her a chance to develop social skills, like sharing, taking turns and sitting with others.

**Remember: Good habits
now will last a lifetime.**

Top tips to help toddlers eat well

- Make sure you give your toddler a variety of foods. Don't get upset if she doesn't eat everything she's offered. Keep offering foods and you will be amazed what she suddenly likes
- Having a few different things on a plate can encourage her to try new things
- Food that looks colourful on a plate will tempt children. Try different textures as well, like raw and cooked vegetables and fruit
- Toddlers love to mimic adults. Sit with your toddler at mealtimes and eat the same food as she does. Showing how much you enjoy it will encourage her to do the same
- Never force her to eat and don't get upset or angry if she refuses food. Appetites, likes and dislikes will vary from day to day. If you keep offering a range of foods at mealtimes she will settle into good eating habits

Top tips for drinks!

- After your toddler is one year old, drinks should be given in an open cup, not a bottle. This is so they can learn to swallow and not suck drinks through a teat or nozzle.
- The only drinks you need to give your child between meals are water or milk. Any other drinks can damage teeth, even if they have no sugar in them. Most soft drinks are acidic and can damage tooth enamel.
- Children can have fresh fruit juice diluted half-and-half with water, as long as they have it with meals and served in a cup.
- Avoid artificial sweeteners for children under five – things like saccharin and aspartame. These are found in almost all squashes and fizzy drinks.
- Children love water. It quenches their thirst, which is why they want a drink.

Drinks and teeth

Milk will still be an important drink for your toddler in the first four years of life. Children should be offered about half a pint (300 mls) of milk a day. This could be as a cup of milk at one of their snack times and a cup of milk in the evening.

Which milk to choose

Children 1–2 years: Whole milk, or unsweetened calcium fortified soya milk if you are avoiding dairy products.

Children 2–4 years: If your child eats well, then semi-skimmed milk or calcium fortified unsweetened soya milk can be their main milk drink. If you are worried your child isn't eating well, you can try giving them whole milk.

Milks to avoid: Children over the age of one do not need fortified milks, like growing up milks or toddler milks, unless recommended by your GP. All young children should avoid rice milk, canned milks, flavoured milks, or low fat milks like 1% fat or skimmed milk.

Breastfeeding will benefit you and your child for as long as you choose to do it. Carry on as long as you want to!

Little and often

Most children need three meals and two 'mini-meals' a day. Toddlers have small tummies, so they need to eat every three hours or so. They are more likely to enjoy small meals so they aren't overwhelmed by the portion sizes. Toddlers don't need snack foods like biscuits, crisps, sweets and ice cream between meals. These foods will fill them up without providing many nutrients, so save them for special occasions. See examples of snacks you can give your toddler inbetween meals.

Further information

See First Steps Nutrition website for ideas on healthy snacks:

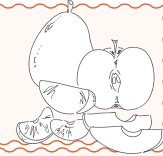
www.firststepsnutrition.org

Never leave a toddler or young child alone when eating, as they could choke*. They are still learning how to chew properly, so sit with them. You will be there to help them if they get into trouble.

Snack attack

Bin the crisps and try some of these snacks:

Bite-sized chunks of apple or pear or segments of a seedless satsuma.



Carrot, pepper, cucumber, courgette sticks with hummus dip or slices of cherry tomato.

Squares of toast, bread rolls, baps with butter, spread, or peanut butter or bread sticks, with a tomato dip or soft cheese.



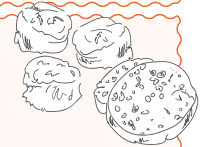
Mini sandwiches with yeast extract, tuna, cheese, or mashed banana or even mini pizza triangles.

Low salt oatcakes, rice cakes, crackers, crispbreads or unsalted plain popcorn.



Natural yogurt and fromage frais, with or without a little chopped fruit.

English muffins, crumpets, pancakes, potato or cheese scones



*For more information on what to do if your child chokes, see page 242

Portion sizes vary from age to age.

Menu 1: Lewis, 18 months

Breakfast: Unsweetened orange juice, diluted half-and-half with water. Baked beans and half a toasted muffin.



Morning Snack: Cup of milk. Toast fingers and soft cheese and a tangerine.

Lunch: Chicken breast and mashed potato with peas Bananas and custard.
Cup of water.



Afternoon Snack: Cup of water. Sliced apple dipped in natural yogurt.

Tea: Cheese on toast with tomatoes. Cup of water.



Before Bed: Cup of milk*

Menu 2: Ellie, 26 months

Breakfast: Unsweetened orange juice, diluted half-and-half with water. Porridge.



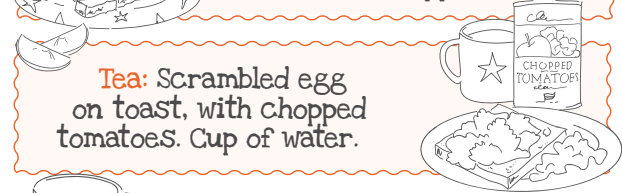
Morning Snack: Cup of water. Bread sticks, cubed cheese, and grapes.

Lunch: Spaghetti bolognese grated cheese and broccoli. Tinned rice pudding with dried apricots.
Cup of water.



Afternoon Snack: Cup of milk. Toast fingers with peanut butter and an apple.

Tea: Scrambled egg on toast, with chopped tomatoes. Cup of water.

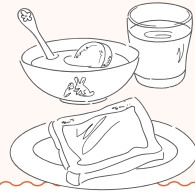


Before Bed: Cup of milk*

Be guided by your toddler's appetite.

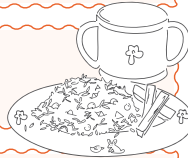
Menu 3: Saanvi, 36 months

Breakfast: Small glass of unsweetened apple juice, diluted half-and-half with water. Wholegrain cereal with milk. A slice of toast with spread.



Morning Snack: Orange segments and mini scotch pancakes. Cup of milk.

Lunch: Mixed vegetable pilau. Carrot sticks. Cup of water.



Afternoon Snack: Cup of milk. Pineapple in juice, with natural yogurt.

Tea: Channa aloo, masoor dahl and a chapati. Stewed apple with custard. Cup of water.



Menu 4: Tom, 12 months

Breakfast: Unsweetened orange juice, diluted half-and-half with water. Scrambled egg and fingers of toast.



Morning Snack: Sliced banana and a cup of milk.

Lunch: Cottage pie with carrots. Melon and grapes cut up. Cup of water.



Afternoon Snack: Cup of milk. Cucumber sticks with yogurt dip.

Tea: Tuna and sweetcorn pasta. Apple cake. Cup of water.



Before Bed: Cup of milk*

Your questions:

How much should my toddler eat?

The amount your toddler eats will depend on her size and how much she runs about. Toddlers have growth spurts. These happen every six months or so during the first few years. Your toddler may want to eat a lot during a growth spurt. At other times she may have less interest in food and you might worry she is not getting enough. As long as she is growing well and is healthy, try not to worry about her changing patterns. Just make sure you offer her healthy foods regularly and encourage her to take part in family meal times.

What about vitamins?

All children should be given a vitamin A, C & D supplement between their first and fifth birthdays. Ask your health visitor, a pharmacist or your GP for information about types of products available.

Top Tips!

Never add salt to foods or meals for babies and young children.

Keep the amount of sugar you use low. Sugar damages teeth and children who are used to lots of sweet things may find it hard to enjoy other flavours.

Don't serve foods and drinks designed for adults to young children. Avoid things like adult ready meals, take away foods, drinks with caffeine in them, soft drinks, alcohol, foods with artificial sweeteners and colours in them and highly salted foods like savoury snacks.

Remember:

Always wash your hands and your toddlers hands before mealtimes and if you are preparing food.

Childcare

It may be hard to leave your toddler in someone else's care. If you choose who looks after her carefully, the experience can benefit both of you.

Young children need security and routine, but you don't have to be the only one who cares for them. You may need to go out to work or feel that having time apart will help them learn new skills and encourage their independence.

What you need

Finding childcare can be difficult and stressful as there are so many different types and some are very expensive. They range from childminders, nurseries and nannies, to friends and family. Family Information Services are the first point of contact for advice and information on local services for families and carers.

Further information

Family Information Services are found in local authorities across Wales. Call **0300 123 7777**

Top tip! If your toddler is being cared for away from home, let them take something familiar with them.

What to look out for

When you hand over the care of your toddler to someone else it's important that emotional as well as physical needs are looked after. You also need to make sure that your carer knows your views on issues like behaviour, sweets and TV. Before making your choice, take time to discuss these areas in detail to avoid clashes later on. Toddlers get confused if there is a very big difference in the way they are looked after at home and elsewhere, which is why it's so important to agree some ground rules with your toddler's carer. There will be minor differences in the way things are done.

Safety first

Between the ages of one and three your toddler is an active little explorer. A major consideration when choosing a carer or a care setting is safety. Registered carers like childminders and nurseries will be well aware of safety issues. But if your child is going to be cared for by a relative or someone who does not have young children of their own, their home may not be child friendly. You will need to work with them to make sure that it is quite safe.

Further information

For a list of registered childcare providers visit The Care Inspectorate website, which has a list of registered childcare providers that you can access www.careinspectorate.wales

Give it time

To begin with you might find that your toddler cries and clings to you when you leave. She might be angry or annoyed with you when you return and go back to babyish behaviour for a time. This is her way of showing you how she feels about being separated from you. Be patient and show that you understand her feelings.

Babysitting

You and your partner will want to enjoy some time alone together, so you may be looking for a babysitter. In some areas, there are babysitting groups where mums get together and take it in turns to look after each other's children. Again, your health visitor will be able to tell you what is available locally.

Spend some time with your new babysitter before you go out so that you and your child can get to know them. Point out any particular risks or hazards in your home. Sometimes parents ask their teenage children to look after a younger brother or sister. If you're doing this, make sure they know how to get in touch with you and are aware of basics such as telephoning emergency services.

Make sure anyone you leave your child with is responsible, knows where you are, when you'll be back and how to contact you. Also, leave a list of emergency numbers like your GP and make sure that the babysitter knows where the first-aid box is and how to leave the house safely in case of fire.

Babysitting and the law

The laws about who you can leave your child with are not clear. It is your responsibility to make sure your child is safe and well cared for.

The law doesn't say at what age a child may be left alone, or how old a babysitter should be. If you pay someone to babysit, they should be considered capable of doing so. If they are under 16, then you as a parent could be prosecuted if your child comes to any harm. If your babysitter is 16 or over, a court would generally assume that they were capable of looking after children. If they are babysitting, they have temporary care of your child and a general responsibility to safeguard their health, development and welfare. But remember, this responsibility only applies if your babysitter is 16 or over.

A health visitor's view:

“Many mums feel guilty about leaving their baby or toddler in childcare. It can be a wrench leaving her but good childcare can benefit your toddler. She will learn to play with other children, make friends, have a chance to do things that you might not have space or time for at home. All these will help her learn and grow.”

Angela, Aneurin Bevan Health Board

The type of childcare you choose will depend on your circumstances, the amount of money you have available and what sort of services there are in your area.

Learning to talk

Your toddler has been learning about sounds since before she was born. And during her first year she has been gaining the skills she needs to talk, now it all starts to come together.

At around 12 to 18 months your toddler will probably be able to say two or three words. Over the following six months or so she will add to these. She will point to objects when asked, wave when someone is leaving and say 'bye-bye'. At this stage words tend to be all-purpose. 'Cat' or 'dog' may refer to all four-legged animals, while 'mama' or 'dada' can mean anything from 'great to see you' to 'I'm tired', 'I'm hungry' or 'give me a cuddle', depending on how it's said. Simple phrases like 'want drink' or 'all gone' come out as one word.

How you can help

- Keep on talking. Your toddler will need to hear a word about 500 times before using it
- Point out things you see when you're out and about ('there's a bus'). As she gets older, add more detail ('there's a red bus')
- Act it out. Help her to make connections between actions and words by talking her through what you are doing. For example, 'let's put your coat on to go out now. First put one arm in the sleeve. Now let's do the other arm'

Soon, she will say her first words, usually between the ages of 9 and 15 months. After that, she will start talking in her own time.

- Remember to speak slowly and clearly. Make your voice slightly higher in order to attract your child's attention
- Have fun singing nursery rhymes and songs, especially those with actions like 'Pat-a-cake' or 'Row, row, row your boat'
- At first your toddler won't pronounce words properly. Baby talk is okay. They might say 'do' for 'dog' or 'dat' for 'that'. You don't need to correct them. They will begin to say things properly in their own good time
- Help them add more words to their vocabulary with new experiences, like a trip on a bus or train, or a visit to a city farm. Talk to them about what they have seen and done
- Help other people understand what your child is saying. If others can't understand, help them out so that your child will gain confidence in talking
- If your child uses a dummy, try not to allow her to speak while it is in her mouth. Better to remove it altogether*
- Give your child your full attention. Talk to her face-to-face. This will provide eye contact with her and allow her to copy you

**For more information on limiting the use of a dummy, see page 166*

Consider the advantage of Welsh

Do you want your child to be bilingual? Using Welsh from birth helps with bilingual fluency.

Cymraeg for Kids supports parents from birth onwards. Join their free groups for baby yoga, massage, songs and stories, or similar on-line sessions. <https://meithrin.cymru/cymraeg-for-kids/?lang=en>

More tips on how to introduce Welsh to your baby:

- If one of you can speak Welsh, it's important to speak the language with your child all the time. This includes relatives like grandparents, since language is a precious gift.
- If you're looking for childcare, consider a Welsh-speaking childminder or nursery setting.
- Join a '**Ti a Fi**' (literally means 'You and Me') group, to play with your baby and meet other parents.
- Read Welsh or bilingual books and sing together. Free apps, like **Magi Ann** and **Selog**, support parents who don't speak Welsh.
- Enjoy watching children's programmes on S4C. '**Cyw**' is very popular.

Further information

For further advice on introducing Welsh, visit www.gov.wales/cymraeg-for-kids

Around 19 to 24 months

By 19 months or so, your toddler will usually be speaking at least a few words. She may have a working vocabulary of 50 to 70 words and be able to understand as many as 200. She will be learning words at a rate of 10 or more a day and be starting to string words together such as, 'carry me'.

By the time she is two, she will usually be able to form sentences of two or three words and sing simple tunes. Most children will be able to follow simple instructions like, 'take your shoes to Daddy', or 'where's your hat?'

She may be able to identify pictures and point at actions like running, jumping or crying. She will also begin to talk about what she likes and dislikes. Her favourite word may be 'no'. She will still use names instead of talking about 'I' or 'me'. For example, 'Tami throw ball' or 'Daddy get it'.

How you can help

- Talk about what is happening as you go about everyday activities. Like, 'We're putting the toys in the toy box. Pass me the blocks, Gwen, you can help me put them in the box'
- Help her learn the names of her feelings. Like, 'you're happy to see Grandad', 'you're angry because it's time to stop playing now'.
- Use questions and answers to help her understand that communication goes two ways
- If something happens ask them 'what?' or 'where?' If you're looking at a book together, ask her what is happening in the pictures

Around 25 to 36 months

Your toddler's vocabulary will be growing fast now. By about the age of three, she will probably have a working vocabulary of around 300 words and will understand many more. She will be getting the hang of 'I', 'me', 'you' and plurals like 'cats'.

By this time most toddlers will be able to put words together to form simple sentences. Your toddler will probably be able to carry on a conversation and change her tone depending on who she is talking to. She will be able to say her name, age, that she is a girl and name the main body parts. Other people should be able to understand most of what she says.

How you can help

- Join in her make-believe games. Ask what she's doing, where she's going, where she lives and what she likes to eat
- Encourage her to use words to describe things, such as the 'red' ball or the 'soft' blanket
- Use every opportunity you can to talk to her. When looking at a book or TV, encourage her to tell you what's happening and explain why she thinks things happen
- Encourage her to help you and put names to things. Teach her that different activities have different words. Such as, in cooking the words are chop, mix, beat, peel, hot
- Enjoy stories, nursery rhymes and songs together

Tune in, turn off

There are some great children's television programmes these days, but don't let the box take over. Television can entertain and inspire your child – and give parents a bit of a break. But too much television can lead to weight problems and prevent children giving their full attention to more important things, like learning to talk. The best way for your little one to watch the box is with you – and in small doses.

Ways to help your toddler get the most out of watching TV

- Help her to understand what is on screen. Explain anything that could be difficult to understand and ask questions. 'What do you think is going to happen next?', 'What was your favourite part of the story?'
- Encourage her if she plays games based on what she has seen. Give her props, like a tea towel for a cloak, or make a cardboard crown
- Don't have the television on at mealtimes and keep it out of the bedroom
- Don't use television to reward or punish her
- Don't allow the television to be a constant presence in the corner. Turn it off when you're not watching and play instead. Turn it off at least one hour before bedtime

If you are worried

Children learn to communicate in their own time. But slow language development can be a sign of hearing or other difficulties. If you think there is a problem, talk to your health visitor who can refer you to a speech and language therapist if needed. There is probably nothing to worry about, but the sooner you look into it the better.

Top tip! Be firm with the amount of screen time your toddler has. Toddlers should have no more than two hours a day.



What you can expect at 12-24 months
Toddlers learn a lot in a short space of time. Let your toddler set the pace. She will be learning how to process the information she gets from her senses by thinking, remembering, imagining and solving problems. She is learning to understand her emotions and those of other people around her. This is a vital skill for forming relationships.

Remember: The more active your toddler starts to become the more important it is to ensure your home is a safe place for them*.

To help to understand your toddler's progress, see opposite page for a guideline as to how your toddler should be developing between the ages of 12 and 24 months.

However, it is important to understand that all toddlers develop at different paces. If you have any concerns speak to your GP or health visitor for further advice, support and guidance.

She's learning to move in new ways

Help her development by;

- Making her surroundings safe because she doesn't have a sense of danger yet
- Realising that going to the shops is a real adventure. She may want to climb up steps or on to a wall
- Helping her develop physical skills – for example, by helping her get down from somewhere she's climbed

She's learning to control her hands and fingers

Help her development by;

- Giving her lots of healthy finger foods, so she can feed herself
- Taking time when you dress her so she can put her arms in the sleeves
- Letting her join in family meals. Give her a spoon to hold, but be patient with her if she's slow or makes a mess
- Letting her have blocks so she can try to build a tower and other toys and objects that allow her to practise her dexterity
- Letting her drink from a cup
- Not telling her off if she draws on the wall. To her it's no different to a piece of paper. Show her where she can draw
- Helping her as she's learning fast but will still want you to play with her and help her to do difficult things
- Being patient with her, as she will want to know about how things work, so give her the chance to figure things out for herself

She's learning more about herself and other people

Help her development by;

- Letting her help you around the house by giving her simple but real jobs to do
- Letting her help when you are dressing and undressing her
- Playing games of pretend, but don't take over
- Letting her be around you as you do things and set her a good example to copy
- Understanding if she cries when you go away. She's scared you won't come back. Tell her when you're coming back
- Showing her pictures of herself and her family and talk to her about them
- Letting her have other children round to play or go to their houses, but don't expect her to play 'with' them yet
- Not expecting her to know about sharing. Help by providing two toys
- Understanding that if she lashes out it's because her feelings are strong. Show her other ways to get what she wants



What you can expect at 25-36 months

Toddlers experiences of the world will shape their development. You can help your toddler to learn by doing things together.

Important things to remember

Your relationship with your child is important in helping her to develop in a healthy way. Her physical, mental and emotional growth are all linked and depend on each other.

The age at which toddlers learn to do things varies, so don't worry if there are a few things your child seems to be taking longer to pick up. If your toddler seems noticeably different to other children, or you think that things aren't quite right, ask your health visitor for help.

She's learning finer control of her hands and fingers

Help her development by;

- Reading to her as much as you can and letting her turn the pages
- Giving her blocks to play with and paper to draw on
- Carrying on giving her finger foods, but let her use a spoon and fork if she wants to
- Letting her help you prepare her food. She can wash fruit, snap green beans, and mix things too.
- Letting her help you lay the table before your meals
- Letting her pour the milk over her breakfast cereal
- Using jars with safety caps if there's anything dangerous in them that she really shouldn't touch
- Not making her use her right hand if she prefers to use her left

She's learning to move in lots of different new ways

Help her development by;

- Making your home a safe place so she can explore and practice new things
- Taking her out doors so she can run, jump and climb
- Being prepared for her to keep repeating new skills
- Taking her for walks and swimming and let her join in family games like football
- Holding her hand when she goes upstairs and remind her to hold on to the banister
- Letting her go up and down steps when you are out
- Putting on some music and dancing with her
- When you're out, talk to her about what you're doing so she can learn new words
- Helping her understand ideas, like big and small, high and low, wet and dry
- Getting her a trike or other wheeled toy. A hand-me-down one is fine

She's learning even more about herself and other people

Help her development by;

- Understanding that pretend play is how she learns about the world
- Setting her a good example so she knows how to behave
- Not worrying if your toddler copies things you do, like putting on makeup if you have a boy, or dad shaving if you have a girl
- Understanding that if she copies behaviour that you don't like it will help her more if you explain why rather than telling her off
- Letting her spend time playing with other people so she can learn about making friends
- Understanding that when she has tantrums her feelings may frighten her
- Letting her play with other children at home, at their house or nursery, so she can learn more about taking turns and sharing
- Letting her join in family meals so she can learn to enjoy eating with other people. Invite other children to tea sometimes, or let her go to their house
- Having fun with her

Remember: The more active your toddler starts to become the more important it is to ensure your home is a safe place for them*.

**For more information on keeping your home safe, see page 244*

We are a family

Families come in all shapes and sizes and it is not family structure that matters the most. Responsible, committed and stable parenting by people who care about a child will give her the best start in life.

If you as parents divorce or separate the change will have an impact on your toddler. But if you handle the break-up sensitively, she will cope.

Talk to her about the separation in words she will easily understand. She needs to know that both of you still love her and will continue to be involved in her life.

If you are separating

Before you part, make plans for sharing parenting in the future. It is important the parent who is leaving has a clear, defined role. If you can't talk to each other, it's a good idea to get outside help with solving practical problems. Keep in touch with both sets of grandparents. Make sure you inform your toddler's nursery and other groups.

Try to keep your toddler's daily life as familiar and stable as possible. Stick to her routine and have a consistent approach to discipline and treats. Be prepared for her to revert to more babyish behaviour for a time.

One on one

It can be very tiring when there's no one else to share parenting. It's important to make time for yourself and get the emotional support you need, as well as the practical, financial support you may be eligible for.

Smart tips for lone parents

- Don't be afraid to ask for help if you need it
- Try to get out of the house regularly
- Get your child used to being looked after by other people so she doesn't become too dependent on you alone

Step-parenting

Building a relationship with a child takes time. If you are a step-parent, look for activities you can share so you can get to know each other.

Further information

For support and guidance for changing family circumstances visit:

www.gingerbread.org.uk

A child Psychotherapist's view:

"It's hard work being a parent, especially if you are on your own. Try and make some time for yourself during the day, even 30 minutes can make a difference. Meet up with other parents and share the care and some adult company. Try and get out of the house. A short walk can provide a breathing space for you and your child, as well as reducing stress levels."

Julie, Aneurin Bevan Health Board

There are many organisations which can provide support and guidance for changing family circumstances.

Common challenges

Your toddler is developing fast in lots of different ways. So it is no surprise that at times you can feel overwhelmed and unsure of how to handle some situations. Your toddler will need structure and boundaries to make her feel safe, but she will test them and this will be hard on you.

Don't despair. Find out about the common challenges you're likely to come across and the steps you can take to make things a bit easier.

In this section we will look at:

- Temper tantrums
- When mealtime is a battleground
- Toilet training
- A good night's sleep
- Concerns about sexualized behaviour

Temper tantrums

Try to rise above the tantrums, they won't last forever. Here's how to remain calm and cool.

If there's one thing toddlers do well, it's throwing a tantrum. The worst time for tantrums is at around two years old. With firm and fair boundaries the tantrums will usually begin to fade by the time your child is three. By the age of four most toddlers have worked out that there are better ways to get what they want.

A full-on temper tantrum is tough for you and frightening for your child. The good news is that a few simple strategies will prevent or contain most of your child's tantrums.

Why tantrums happen

It may seem as if your toddler is having a tantrum out of spite, to attract attention, or just to annoy you. Tantrums really happen because she is frustrated by being a toddler.

At this age, she will be learning to do so many things, but she will be frustrated by the things she can't do yet. She will be grappling with the rules of the world and the fact that some things are not allowed.

Because she can't tell you what she's feeling she may end up screaming and throwing herself around. Remember she may be scared by the force of her rage.

However helpless you may feel, you are the one in charge. You need to do everything possible to get that message across. That doesn't mean having a tantrum yourself, shouting or smacking your child. These are signs that you are out of control. What it does mean is being prepared for tantrums and drawing up a tantrum strategy in advance.

Tantrum control

Try to prevent tantrums by giving praise. Your time and attention are the most important things to your child. If she learns to get your attention by throwing a tantrum, she'll keep doing it.

Reinforce good behaviour whenever you see it by giving her praise and cuddles and kisses. Spotting the early warning signs of a tantrum is the best way of stopping them getting out of control.

Try to become aware of tantrum triggers, like tiredness, hunger, too much heat or cold. Where possible, try to avoid situations that you know are likely to start a tantrum, like supermarket checkouts and busy shopping centres.

Distract your child if you see them gearing up for a tantrum. Sing a funny song, suggest she helps you to look for a toy, or take her to another room – anything that shifts her attention.

Giving her a choice over some aspects of her life can help stop tension building up. You could allow her to make certain decisions, like what shoes to wear, or whether to brush her teeth before or after her bath.

Four questions to ask

If your child is throwing lots of tantrums, it may help to work out why. This might help you to spot one happening in the future.

You could ask yourself:

1. What triggered the tantrum?
2. What did she do during the tantrum?
3. How did you react?
4. What was the end result?

Remember

- Praise her when you see her doing something well
- Be clear and calm about what you expect
- Don't be embarrassed, tantrums happen to all parents
- Stay firm and ignore the behaviour. Don't argue or reason
- Make sure your child is safe.
- Once the tantrum is fading, reassure your child and carry on with what you were doing before

A mum's view:

"Look around you and realise there are 10 other toddlers throwing tantrums at the same time!!"

Carlien, mum of JoShua 3 and Luke 1

When mealtime is a battleground

Mealtimes are one of the few areas where your toddler can express her growing independence and have control. Mealtimes should be fun, so try and avoid fighting when it's time to eat.

Try talking about food, reading about food and playing with new foods. When you give a new food to your toddler, she will be more willing to try it if she knows what it is.

Think small

Toddlers don't like big portions. Keep servings small so eating doesn't seem like a big task. Cut finger foods into bite-sized pieces that are easy for little hands to pick up.

Stay calm

If your toddler turns down food, it is the food they are saying no to, not you. If she doesn't want to eat, take the food away without a fuss.

Be patient

Toddlers tend to be naturally unadventurous. She may need to see a new food five to 15 times before she's willing to eat it. If she says no to something new, calmly take it away. You can try serving it again another time.

Don't bribe

Don't bribe, force or reward her for eating. If you promise her a biscuit for eating lunch, you are teaching her that lunch is a punishment and the biscuit is a reward.

It is normal for small children not to trust new tastes and textures.

Let them help

Get your child to help you with preparing food, because it will help her to feel part of things. Even young toddlers can rip up the lettuce for a salad, or wash fruit. Older children can help with mixing, or laying the table.

Make it special

Children like to be independent and love having small bowls of their own finger foods. Try strips of cheese, toast fingers, raisins and vegetable sticks.

Keep it simple

Don't waste time and energy creating complicated meals. Fresh food that tastes and looks good is best.

Set a good example

Children learn by watching you. If you are a fussy eater, your child may become one too. Eating together at a table will help your child to learn.

Don't expect manners

Don't expect toddlers to have good table manners. It's natural for a young child to want to squash their food and explore it with their fingers. Playing is part of understanding. Put a bib on her, protect the floor with a plastic tablecloth and don't worry about the mess. She'll get tidier as she gets older.

Know when to call it a day

If your child stops eating, turns away or gives you other signs that they've had enough, it's time to stop. Trying to force your toddler to carry on eating when she has had enough will just get everyone cross and could cause her to over-eat or refuse food altogether. Mealtimes should not usually last longer than 30 minutes.

A health visitor's view:

“Lots of toddlers are fussy eaters, as they are eating food they have never seen before and some days they are hungrier than others. Toddlers also have a small attention span and are easily distracted. It's important that you eat together as a family, as little eyes are watching and will copy everything you do and the faces you make when eating food. Also remember their tummy is the same size as their fist, so it doesn't take a lot of food to fill it up.”

Angela, Aneurin Bevan Health Board

Toilet training

After a couple of years of buying disposables or washing cloth nappies, you probably can't wait for your little one to be potty trained. But don't be in too much of a hurry.

Don't be worried if other children learn to use the potty earlier than yours. Many children start at around the age of two, but every child is different. Stay calm and don't rush her into it.

Getting started

Once she has got a rough idea of what it's all about, get a potty or toddler toilet seat and step and let her get used to it. At first, she'll probably use it as a toy. You can encourage her to find out what it's really for by playing at putting a doll or a teddy on it. Children this age love to copy you, so let her come with you when you go to the toilet. Talk about what you're doing in simple terms and perhaps let her use the flush if she's not scared by the noise. Avoid words like 'dirty' that may cause her to feel unclean. Be patient and try not to expect too much, too soon. You may find your toddler masters her bladder before her bowels, or the other way around. It will all work out with time.

Three clues that your child is ready for potty training:

1. She tells you she wants to do a wee or a poo. At first, this may be after rather than before the event! But at least she's becoming aware of her bowel and bladder movements
2. There are longer spells between wet nappies. She has a wet or dirty nappy after a meal or drink and can then be dry for a good few hours
3. She shows that she's aware of bodily functions. She imitates you going to the toilet or shows some other sign that she is aware of what's going on inside her body

Potty training without the tears

Time it right

Pick a period when you have plenty of time. If she is about to start nursery, or you have a holiday planned, it's best to leave it until things are less hectic. Be consistent once you've started. Don't change backwards and forwards from nappies to pants or knickers during one day.

Be prepared

If you live in a house, keep a potty upstairs and another one downstairs. Be sure to have a potty with you when you're out and about. It's a good idea to keep one in the car too and to take a set of spare clothes out with you.

A child Psychotherapist's view:

"Be prepared for backward steps, usually at times of change."

Julie, Aneurin Bevan Health Board

Top tip!
Make sure everyone who cares for your child knows that they are potty training. Tell them the words you and your child use for the toilet.

Don't hang about

Don't ignore it when she says she needs to go. To begin with, when she needs to go, she will need to go straight away. As she gets older she will be able to wait longer.

The summer months can be an easier time to try potty training, as your little one can run around without a nappy. Bath time is another good time to introduce the pot. Make a note of your child's pattern of bowel movements so you can pick the best times of day to try it.

Get the clothes right

You don't want to spend ages changing your toddler's clothes. Make sure what they're wearing is easy to remove.

Let her set the pace

If you know when she is likely to want the potty, encourage her to sit down on it. Make sure she feels it is her choice. She will like to feel that she's in control.

Be prepared for accidents

It is normal for toddlers to do a poo or wee before they can get to the potty during potty training. When these accidents happen, change her clothes straight away and calmly encourage her to have a go on the potty or toilet next time.

Encourage them with praise

If she uses the potty give her praise, but don't make a big deal of it. For example, don't reward her with food or toys. Ignore the odd lapse and never tell her off for not using the potty or for having an accident.

A health visitor's view:

"Toilet training is a subject everyone has an opinion on. Your child should be ready to potty train at around two years of age. Watch for your child showing signs that they recognise the need to go. Plan when you are going to start and remain consistent. Starting and stopping only causes confusion for your child." Angela, Aneurin Bevan Health Board

A good night's sleep

The world is a new and exciting place for your toddler, so sleep can seem like a boring interruption.

At this age, your child will also realise that she is separate from mum and dad and she may be frightened of being left alone for good.

On top of this, it is becoming clear to her that playing up at bedtime is a great way to wind up the grown-ups. But don't despair, peaceful nights are just a few simple steps away.

A health visitor's view:

“Sleep is all about routine and calming down before bedtime. Try and stick to a regular bed time. Don't give them too much fluid before bedtime or they will wake up frequently to use the toilet.”

Angela, Aneurin Bevan Health Board

Routine matters

The single most important thing you can do to ensure that your toddler gets a good night's sleep is to set up a simple bedtime routine. It's up to you to develop your own system, but it could go like this.

Talk to her about how she is going to get ready for bed now. Play a quiet game and talk about what you did today and any plans you have for tomorrow.

Give her a warm bath, put the lights on low, keep distractions to a minimum and clean her teeth. Put pyjamas on her in her bedroom. Finish with a story – nothing too exciting – or a gentle song or rhyme. Kiss and cuddle her and say 'goodnight' or 'I love you', then leave the room with confidence and without fuss.

Things that may help your child sleep

- **Keep it down:** Try to keep things calm and quiet during the hour or so before bedtime. This will help your toddler get in the mood to rest. Switch off the television at least an hour before her bedtime
- **Curb your enthusiasm:** Avoid rough and tumble games, scary stories, television programmes and electronic games
- **Gently does it:** Warn her when it is nearly bedtime so that it doesn't come as a surprise
- **Beds are for sleeping:** Never confuse the issue of sleeping by sending your little one to her cot or bed as a punishment
- **Get in the groove:** Stick to a regular bedtime. Children sleep best if they go to bed and get up at around the same time every day
- **Start helpful routines:** Don't let her become reliant on drinks (unless you are continuing to breastfeed), or television
- **Hold your nerve:** Changes in routine – as a result of teething, illness, the arrival of a new baby, Christmas or a holiday – can disrupt sleep patterns. Be prepared for this and try not to get into bad habits. If you behave consistently, they'll soon go back to their usual routine
- **Warning signs:** If your child seems grumpy during the day she is probably over-tired. Try putting her to bed a bit earlier

Your questions:

Is it okay to let my toddler cry for a few minutes if she wakes at night?

It's difficult to decide just how long to leave a crying toddler at night, because it is distressing to both of you to allow her to cry for too long. However, don't jump out of bed at the first cry. She will often soothe herself and return to sleep. If she doesn't, some gentle reassurance can be what's needed to settle her.

When is it time for a nap?

Typically, a one-year-old needs about an hour in the morning and an hour in the afternoon. A two-year-old usually needs an hour in the afternoon, but by the age of three most toddlers are okay with a short nap in the afternoon or none at all.

Between 15 and 18 months your child may reach a stage where one nap doesn't seem enough, but two is too much. The same may happen around the age of three.

If she falls asleep in the pushchair don't disturb her. It sometimes helps during these transition periods to make bedtime a bit earlier. Even if your toddler doesn't sleep during the day, some 'quiet time' after lunch should help to relax and revive her.

Concerns about sexualized behaviour
Many toddlers show an interest in holding or playing with their genitals, or games that may seem a bit sexual like mummies and daddies or doctors and nurses. Parents have told us that they are not sure what is normal and when they should worry.

A health visitor's view:

“Do talk to your health visitor if you have any worries about these issues, she will be able to give you support and information and help you if you need to take action.”

Angela, Aneurin Bevan Health Board

Look at the chart opposite to see:

- Things your toddler may do which are part of normal development – these are labelled green
- Things that a toddler may do which might cause a worry and that you need to keep an eye on and have a chat to your health visitor or GP about – these are labelled amber
- Things that are a definite cause for concern and where you need to get help – these are labelled red

GREEN

Holding or playing with own genitals.

Attempting to touch or curiosity about other children's genitals.

Attempting to touch or curiosity about breasts, bottoms or genitals of adults.

Games e.g. mummies and daddies, doctors and nurses.

AMBER

Pulling other children's pants down or skirts up/trousers down against their will.

Talking about sex using adult slang.

RED

Persistently touching the genitals of other children.

Persistent attempts to touch the genitals of adults.

Simulation of sexual activity in play.

Further information

- Talk to your health visitor or GP
- Call the NSPCC Helpline on **0800 800 5000** or visit www.nspcc.org.uk
- Call the Child Exploitation and Online Protection Centre (CEOP) on **0870 000 3344** or visit www.ceop.police.uk
- Call Stop it Now! on **0808 1000 900** or visit www.stopitnow.org.uk
- Call Parents Protect! on **0808 1000 900** or visit www.parentsprotect.co.uk

Keeping them healthy and safe

All children will get ill from time to time and most will have the occasional accident. Find out here how you can help to keep your child safe and healthy. Remember good habits that you instil now will last her a lifetime.

AS your toddler grows and develops and becomes more independent, caring for her will become different from caring for her when she was an baby.

In this section we will look at:

- Daily health care
- Minor illnesses
- More serious illnesses
- If your child starts choking
- Specialised health needs
- Making your home safe
- Your health service: What to expect and who can help

Daily health care

Making basic health care a part of your daily routine at an early age will instil good habits for your toddler, which they will continue to follow as they get older.

Teeth

- Brush your child's teeth in the morning and last thing at night with fluoride toothpaste. For children under two years use a thin layer of toothpaste and for older children use a pea-size amount
- Encourage your child to spit, but not rinse after brushing. Leaving toothpaste on the teeth gives it time to work
- Sugar is the main cause of tooth decay. Don't give her sugary snacks, especially between meals. The safest drinks for children's teeth are milk and water
- Both you and your child should visit the dentist regularly. The dental team can give more information about looking after her teeth

All NHS dental treatment is free in Wales for children up to and including 17 years. Contact your local Health Board to find NHS dentists in your area.

Further information

Designed to Smile is an NHS Dental Health Improvement Programme funded by Welsh Government helping children to have healthier teeth.

www.designedtosmile.co.uk

Ears

- The ears are self-cleaning. Never poke a cotton bud into them
- A child tugging or holding their ears can be a sign of ear infection
- Contact your doctor if your child is grouchy, in pain, or has a discharge from her ear

Eyes

- Avoid risk of irritation by never smoking around your child
- Consult your health visitor or doctor if your toddler seems to have problems with her sight. Watch out for squinting or crossed-eyes, closing or covering one eye, rubbing her eyes a lot, or a family history of sight problems

Hair

- Keep her hair clean and brushed or combed
- Make hair washing a game. Prevent tears at bath time by using a shampoo shield, or flannel
- Watch out for head lice ('nits'). You may see them on her hair close to the scalp. Your pharmacist or health visitor can tell you about the best products to get rid of them
- Regular combing with a 'bone comb' (a fine-tooth comb) at least twice a week will help to prevent hair lice becoming a serious problem
- Shampoos and sprays that claim to prevent head lice do not work

Feet

- Let your toddler go around barefoot indoors – but make sure your floor is clean and safe. This will encourage her feet to develop properly
- For outdoors, give her comfortable, lightweight shoes with flexible, non-skid soles
- Have her feet measured every six-to-eight weeks, because she's growing rapidly at this time
- Always make sure that her socks fit. Tight socks can damage her feet too
- Keep an eye on her toenails and always cut them straight across the top
- If something is wrong with your child's feet or they're walking oddly, talk to your health visitor or GP

Urinary/genital area

- Keep your child's genital area clean and use a barrier cream to prevent nappy rash if needed
- If a rash develops, let her go around with her nappy off. Ask your health visitor for advice
- Watch out for threadworms. They look like little white threads in your child's poo. Your pharmacist or health visitor will be able to suggest treatments
- Seek medical advice from your health visitor or GP if your child is often constipated, has loose poo, or blood in their poo

Skin

- Wipe your child's face and hands gently before and after eating. Be careful of her delicate skin. Don't use baby wipes all the time
- Keep her nails short
- Give your child a bath every few days, or daily if she likes it. For some families it is part of the bedtime routine. Dry her well and apply body moisturiser if needed. Never leave your child alone in the bath, even if she is with another child. She may turn on the hot tap and be scalded and children can drown in seconds
- In summer use a sunscreen with a sun protection factor of at least 15 on her skin and dress her in light, loose clothes and ensure she wears a hat
- Always put on more sunscreen after she has been in water

Lungs

- Make sure nobody smokes around your child. Do not smoke in your car. Second hand smoke* can damage your child's health. Children are more vulnerable because their bodies are young and still developing
- Ensure she gets plenty of fresh air
- Check with your doctor or health visitor if she develops wheezing, coughing (especially at night), shortness of breath, or complains of pain or tightness in the chest. These are all symptoms of asthma

A health visitor's view:

“Bath time isn't just about cleanliness it can be fun and a great time for learning about water too. If you have some simple toys in the bath such as a little plastic tea pot and cup, or an old yoghurt pot and a jug you can play with your toddler and she will learn pouring, about full and empty and overfilling, all without a mess for you to clear up.”

Angela, Aneurin Bevan Health Board

*For more information on second hand smoke, see page 126

Minor illnesses

Toddlers tend to get more minor illnesses like coughs and colds than older children because their immune systems are still developing. The occasional bout of illness is to be expected and can help them to build up immunity.

Too many illnesses can wear your child down. Healthy nutritious food, regular activity, fresh air and a few simple hygiene measures can help to keep them healthy and will help prevent many common illnesses.

Easy ways to stay well

- Keep floors clean and regularly change and wash bedding, clothes, towels and soft toys. Watch for any build-up of moulds or dust mites that can trigger allergies such as asthma.
- Keep kitchen surfaces clean and don't let pets go near family food. Use separate chopping boards for raw food and ready-to-eat food.
- Keep your home tidy to help avoid injuries
- Make sure your toddler washes her hands after going to the toilet. Do the same yourself and also after changing their nappy or blowing your nose and before meals
- Make sure your child gets all their immunisations and has check-ups

If your toddler has a temperature

- Encourage her to rest and drink plenty of fluids
- She doesn't have to stay in bed unless she wants to. It's okay for her to be with you as long as she can rest
- Avoid exciting games and toys. Do quiet things with her until she feels better
- Keep the room cool – open a window if it's hot
- Dress her in just a nappy, or pants if she's toilet trained
- If she's staying in bed, take the duvet or blanket off if she starts sweating
- Give sugar-free paracetamol syrup or ibuprofen for children. Always stick to the dose that's recommended. Don't leave it in her bedroom
- Remember, never give aspirin or adult's medication to a child under 16 or ibuprofen to a child who has asthma

Caring for an ill child

Children are usually tired and grouchy when they are ill, so be patient. She may want to sleep more, so let her stay in bed if she asks. She'll probably want you around, so be prepared to spend time reading and watching television together. Breastfed children may wish to breastfeed more often at this time.

Keep things familiar and low-key – now is not the time to wean her off a dummy or change routines.

If she's hungry, give her something light to eat and give her plenty to drink. Drinking is more important than eating when she is ill.

Once she's feeling better, she can go outside if the weather is fine – but keep her indoors if it is cold, damp or foggy.

A health visitor's view:

“When your toddler is ill it is hard work for you. When she is better and you get the chance take a bit of time for yourself to recharge your batteries. Have an early night, treat yourself to a soak in the bath, go for a walk with a friend. Something that will help you feel better and help you get your energy back.”

Angela, Aneurin Bevan Health Board

Your questions:

How do I know if my child is sick?

You're the best judge of whether your toddler is unwell. If you think she's ill, even if you can't quite put your finger on what's wrong, speak to your GP or health visitor.

A classic sign of illness is a fever. Your child may have one if she's flushed or feels hot and sweaty, or if her temperature is over 38°C or 100.4°F. You can use a strip-type thermometer or a digital, non-breakable one to measure her temperature. You can also get a rough idea by feeling her forehead.

Other clues that your child is ill include a runny nose, coughs and sneezes, a rash, sleeping more, lack of appetite, increased whining, clinginess and listlessness. If your toddler's temperature doesn't stop her from playing and eating normally, there may not be anything to get too worried about. Teething does not give children a fever. If you are concerned, no matter what their temperature, call your health visitor or GP.

Always call the doctor or NHS Direct Wales out of hours if your child:

- Cries constantly and can't be comforted
- Seems drowsy and floppy and won't wake up
- Has a fever that lasts for more than three days
- Is not getting better after an operation or course of treatment for an illness
- Has been vomiting for more than 24 hours
- Has a headache or stiff neck
- Seems to be dehydrated, for example has strong concentrated wee or has not had a wee for several hours

Further information

If you need urgent advice and care when your GP surgery is closed you can also call NHS Direct Wales on **0845 46 47** or information on childhood illnesses is also available at www.111.wales.nhs.uk

Top tip!

You're the person most familiar with your toddler's health, so follow your instincts if you think there's something wrong that should be looked at by the doctor.

More Serious illnesses

Don't hesitate to see the GP if your child has any of the symptoms described below.

Fits and fevers

A sharp increase in temperature can cause a child to have a fit – or a 'febrile convulsion'. If this happens, your child will go stiff, lose consciousness, throw her head back and her limbs will jerk. She will go pale and may foam at the mouth. The attack will end after a few minutes and she will return to normal colour and becomes conscious, or falls into a deep sleep. These fits are scary to watch but usually harmless.

Always seek medical help

- After the first convulsion
- If there's no improvement after a convulsion
- If a convulsion lasts longer than five minutes
- In case of breathing difficulties
- If another one starts soon after the first

Here's what to do:

- Put her into the recovery position (pictured below), lying on her side



- Loosen her clothing and don't try to hold her down
- Don't put anything into her mouth and remove anything she might swallow

Meningitis and septicaemia

Meningitis and septicaemia* are very serious diseases that can affect anyone very quickly. They are not common, but it is important to know the signs and symptoms and get medical help quickly.

**For more information on meningitis and septicaemia, see page 192*

If your child starts choking
Remember you should always stay with your child while they are eating in case they choke.

IF YOUR CHILD STARTS CHOKING

If your child does choke and cannot breathe properly, follow these instructions:

1. Shout for help
2. Pick up your child and support their chest and their chin in one hand
3. Give 5 sharp blows between the shoulder blades with the heel of the other hand to help dislodge the object.

If your baby is still experiencing difficulty breathing, you should call 999 immediately.



Further information

Learn how to deal with choking by visiting www.redcrossfirstaidtraining.co.uk
Or ask your health visitors about local first aid courses.

Specialised health needs

In cases of chronic illness, disability or developmental, behavioural or emotional difficulties, there are services to support you and your child.

Doctors, occupational therapists, speech and language therapists, physiotherapists, eye and hearing specialists, dietitians, psychologists and nurses are there and ready to help. They can also put you in touch with families in similar circumstances to you.

Tapping into the system

Your toddler may have been identified as needing specialised care at birth, or at an early-years check. But it may be you who notices something is not quite right. Your first port of call should be your health visitor or GP. Be persistent until your concerns are properly addressed. Your GP or health visitor may refer you to a hospital specialist, or to a child development centre, where you'll be able to see a community paediatrician and a team of other experts. Your child should be assessed

quite quickly, but the time it then takes to access the specialised services your child needs may vary considerably.

Seven important questions you should ask if your child has a specialised health need:

1. What is the name of my child's condition?
2. How can it be treated or managed?
3. What extra support will my child need, and who will provide this?
4. How long will I have to wait to get the services my child needs?
5. Where can I get more information about my child's problem?
6. Are there any support groups or charities that can help my child, me, or my other children?
7. Could you put me in touch with any other parents of children with the same problem?



Making your home safe

Toddlers can move very quickly, and you may feel you can't turn your back on them for a second. Our guide to safety around the home can help you think ahead and avoid any nasty injuries.

A child safety expert's view:

"We shouldn't wrap children up in cotton wool. They do need to learn about risk and to be given the opportunity to explore and develop."

Karen, Children in Wales

Children will still have bumps, bruises and little trips and this is fine. We should focus on preventing the type of injuries that can lead to serious injuries.

For toddlers, these serious injuries are most likely to be caused by:

- Falls from a height
- Scalds
- Burns
- House fires
- Drowning
- Poisoning
- Blind cords

Preventing falls from a height

There are many causes of falls from a height, but the most common are shown below:

Stairs: For toddlers under 24 months old, screw mount a safety gate at the top and the bottom of the stairs. Adults should always keep it closed and should not step over it as children learn by copying your behaviour.

If your toddler is over 24 months old, she will be able to climb over the gate, so the safest thing to do is to remove it. This may feel uncomfortable, but if you teach her to climb up and down the stairs slowly and with the handrail, then it is likely to be safer than leaving the gate up.

If you have a young child in your house, then leave the safety gate up, but teach your toddler not to climb over it and to ask an adult to open it if she wants to go through it.

High chairs: Every year, many children are injured after falling out of their high chair. Use a securely fitted four or five point harness every time and don't leave your toddler alone in it. Many high chairs only have a lap strap and this is not enough to prevent falls, so you may have to buy a harness.

Windows: Fitting a window restrictor is the safest way to avoid a fall from an upstairs window. If possible, fit one that opens without a key as these are safest. If you have one with a key, make sure the key is kept on a hook next to the window, but high up and out of sight of children. Always put the key back in the same place, you'll need to know where it is in an emergency.

Removing toys, games and teddies from the window sill will make them less attractive to toddlers, also keep cots, beds and toy boxes away from the window.

A consultant Paediatrician's view:

“Toddlers view the world as an adventure playground, so we usually need to be two steps ahead of them! They depend on us to learn about danger, but also need the freedom to explore and learn some lessons themselves. Over-cautious parents lead to under-confident children.”

Aideen, Aneurin Bevan Health Board

Preventing scalds

The biggest causes of scalds in toddlers are hot drinks and bath water, but prevention is simple.

Hot drinks: A hot drink can still scald a child 20 minutes after it has been made. You may feel this is too cold for you to drink, but a child's skin is thinner and it could still be dangerous to them.

Never hold your toddler when drinking a hot drink. It's not worth the risk, so just wait until you have put your baby down. Keep hot drinks pushed towards the back of a high surface so that your toddler can't reach them.

Baths: Most bath scald injuries happen when children are unsupervised. They happen when running a bath and if an adult leaves during the bath. Never leave a running bath or the children unattended. Always check the water with your elbow, it should be tepid and not hot as a child has thinner skin.

Preventing burns

Burns are usually caused by contact with a hot, dry area. This includes oven doors, radiators, fires and heated hair appliances such as hair straighteners. Supervise children around these and wherever possible, keep them out of reach of children. Use a fireguard that is securely fixed to the wall.

Preventing house fires

Having a working smoke detector, a safe night time routine and a well practiced fire escape plan can all help to reduce the risk of a fire.

Further information

You can book a free home fire safety check with the Fire and Rescue Service by phoning
0800 169 1234

Preventing drowning

Children can drown in as little as 3cm of water. Check your home and your garden to see where your risks are.

Preventing drowning at home:

- Check outside for buckets and toys that have collected rain water
- If you have a pond, think about how you can make it safer. Can you fill it in, fence it off or put a grid over the pond?
- Does your neighbour have a pond? If so, could your toddler get access to it through the fence or the hedge?
- Always stay with your toddler when they are in the bath. If the phone rings, either leave it or take her with you
- Drowning can happen in seconds. It is usually a quiet accident and you won't always hear it happening. Don't assume that you will hear splashing or coughing

Preventing poisoning

Toddlers explore everything without understanding the dangers. Their taste buds are still developing. Because of this, things like cleaning products may not taste nasty to them. Check your home for any poisonous items that might be lying around. You'll be amazed at what there is. There might be tablets and bleach in the bathroom, cleaning products and liquid tabs under the sink, perfumes and medication in the bedroom, nicotine products and liquid air fresheners in the lounge.

Poisoning prevention:

- Check every room for poisonous items
- Lock them away, up high and out of sight
- Swap your kitchen cupboards around. For example, put your tins under the sink and the cleaning products in a high cupboard
- Put all poisonous items in a high kitchen cupboard and use a cupboard restrictor. Doing this means that you are more likely to prevent your toddler being poisoned
- Remember that handbags often contain medicines. Hang your bag up and ask visitors to do the same

Preventing blind cord injuries

Toddlers love to look through windows, climb onto window sills and play in blinds and curtains. Unfortunately blind cords have been the cause of fatal and serious injuries in children.

Preventing blind cord injuries:

- Look around your home, have you got any cords that form a loop. These might be blind cords, roman blinds, venetian blinds or curtain tie backs
- Where possible, use a cleat hook. This is, a hook with two ends that you can wrap the cord around to keep it out of the way. Place it as high as possible
- Consider other options than a blind in your child's bedroom
- If buying a blind, choose a blind with no cords or loops
- Take tie-backs off curtains
- Move beds and other furniture away from the windows where you have blinds

Kitchen

Make sure your kitchen is a safe place and the things your child does in there are safe for her age. Always keep an eye on children in the kitchen at all times.

Fit short power leads on kettles and other appliances and push them well back out of reach. Use the back hobs on your cooker and turn pan handles away from the edge. Don't put chairs near the cooker, as she can climb up. If you have to leave the room, remove pans from the heat.

Put away plastic bags, including nappy sacks. Babies can suffocate on nappy sacks, always keep them out of reach.

Never leave the front door open. Your toddler can be through it and out on to the road in an instant.

Out and about

Always make sure your child is:

- In an appropriate car safety seat
- Safely strapped into a five-point harness in their pushchair
- Kept hold of at all times. A harness or wrist strap can be helpful but remember that pulling too hard could hurt your child
- Reminded often about road safety and the dangers of traffic

Children will always have injuries, this does not mean that you are a 'bad' parent. Toddlers are susceptible to injuries at home because of how they explore, develop and learn. As a parent, you can use the tips above to help prevent the more serious and common injuries, but also learn from any injuries that do happen and make changes if necessary.

Things to think about for the future:

- Where did it happen? Think about the room. Could you move things around, add something or take something away
- When did it happen? What time of day was it? Was there lots of chaos around or too much time on her own?
- How did it happen? Were rules broken, was it a normal everyday activity?
- Why did it happen?

Answering these question will help you to understand why it happened and also how to stop it happening again.

Your health service

Your health visitor is still at the end of a phone, even when your child gets older.

The best time to call your health visitor is first thing in the morning, or towards the end of the day. They will usually have an answering machine, so leave a message if they are not in..

Make the most of your GP

Your GP is there to help you if your child is ill or if she has a chronic condition like eczema or asthma. Don't forget to take your child's red book if you have one. You won't always come away with a prescription. Many illnesses get better on their own.

Checks you will be offered

Your child will be offered a programme of health checks at different stages, combined with support and advice during her early years. These are listed in your 'red book' which helps you keep an important record of your child's development.

These health checks are intended to support you as a parent in helping your child develop. As her parent, you will be aware of your child's strengths and needs. If you are worried about any aspect of your child's progress, such as speech, hearing, walking, coordination,

learning or behaviour, you should contact your health visitor to discuss whether your child needs any additional help or assessment.

Immunisations

Further routine immunisations are due at 12 to 13 months and a nasal spray flu vaccine is offered to all children from the age of two years each year in autumn.

At three years and four months your child will need a second dose of MMR (measles, mumps, rubella). This is to boost protection before your child goes to school. Measles still causes outbreaks in schools in Wales. They also get a booster against whooping cough which commonly affects children.

Remember, it's important to catch up on missed immunisations. If your child has missed an immunisation and is older than the recommended age, talk to your health visitor, practice nurse or GP.

Further information
[www.phw.nhs.wales/topics/
 immunisation-and-vaccines](http://www.phw.nhs.wales/topics/immunisation-and-vaccines)

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Your journey continues...

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