

St. Olavs Hospital

Trondheim University Hospital

September, 27th, 2006

Mother and Child Friendly

Your hospital stay is meant to be a time for you to get to know your newborn, become accustomed to your new family situation, and become established with breastfeeding. The maternity ward is well known as being a “mother and child friendly ward.” That means that the newborn and the mother will not be separated unless necessary and the newborn can nurse at will. The maternity ward strives to allow the mother and father and newborn to have the best possible beginning on their new journey together.

Hospital Stay

The normal hospital stay is from three to four days. Individual circumstances are taken into consideration for shorter or longer hospital stays.

Telephone

Cell phones are allowed. It is recommended to have the sound turned off while staying at the hospital. In addition, there is a telephone at your bedside.

Pediatrician

The maternity ward always has a pediatrician on staff. The newborn will be examined by the pediatrician on the day of arrival or the following day together with the mother. Otherwise, the pediatrician will do examinations on an as needed basis.

Newborn Screening Tests

All newborns will be tested for PKU (phenylketonuria) and for hypothyroidism by taking a blood test 60 to 72 hours after birth.

Jaundice

There are many newborns who develop jaundice. If jaundice is a concern the newborn will be closely monitored and treated if necessary. Some newborns receive light therapy.

Hygiene

Make it a routine to wash your hands before picking up your newborn. Remember proper hygiene when you use the shower and toilet. Please, use shoes or slippers when walking around in the hospital.

Navel Care

The navel can be a point of entry for bacteria until it grows closed two to four weeks after delivery.

The newborn can be bathed and washed as normal using water. The skin around the navel must be washed with clean water and dried well. The navel must be checked daily for redness and any secretions.

Sleeping Patterns and Temperature Regulation

The normal sleeping and waking patterns for newborns vary greatly.

Current research about Sudden Infant Death Syndrome recommends that babies sleep on their back.

Take care that baby does not become too warm. The newborn's temperature can best be checked on the neck and back.

It is not necessary to have the temperature extra warm indoors, however, avoid a direct draft.

Other Professionals

A social worker, pastor, and physical therapist are available to meet upon request or as needed.

Getting into Shape After Childbirth

After pregnancy and birth your body needs both rest and gradually increased exercise. We recommend a well rounded exercise program to improve circulation, strength and condition. In addition, specialized exercises for the pelvic and stomach muscles are strongly encouraged. Be sure to get enough rest and sleep not only at night but also during the day.

Health Care Center

When you are released from the hospital information on the newborn is sent to your local Healthcare Center. The public health nurse will contact you to arrange the next appointment. You are also welcome to contact the public health nurse if you have any questions.

Pediatric Clinic

Any additional blood tests needed after the newborn has been sent home will take place at the pediatric clinic.

The staff in the nursery can be contacted with any questions the first two weeks after birth.

Newborns in Intensive Care

A few newborns will need to be moved to intensive care for observation and/or special treatment.

The maternity ward will do the best it can for you to spend as much time as possible with your newborn and assist in getting your milk production developed even if you are not able to directly nurse your newborn.

Lochia (Discharge of leftover blood, mucus, and tissue from the uterus)

After the birth, it is normal for there to be a discharge of leftover blood, mucus, and tissue from your uterus. The first few days it is common that the bleeding is heavier than that of menstruation. However, within three to four days the bleeding should be minimal and brownish in color. After ten to fourteen days, you may have heavy bleeding once again for a very short time.

Afterpains

After the birth, you may have afterpains which are caused by the contractions of the uterus as it makes its normal descent back into the pelvis following birth. The contractions are more likely to be felt by and be more intense in women who have had previous births.

Baby Blues

Many new mothers will experience stronger mood swings than normal and most new mothers will experience days when tears run very easily. Remember this is normal.

Mood swings can last weeks and/or months before you feel as though you are back to yourself. This is usually a passing state. However, if you are concerned about your mood swings do not hesitate to talk to a healthcare professional.

The milk hormone, prolactin, can assist you to relax and sleep. This is an advantage when you have been awake at night to nurse.

Your partner may also experience changes in mood/feelings after becoming a father.

Breastfeeding

Right after the birth, the hormones change in the mother's body and this allows the start of milk production to occur. Every time the baby suckles, the breast signals the appropriate hormones to increase the milk production. This means the more the baby suckles, the more milk the mother will have.

Night feedings are important for milk production.

Most newborns are awake a few hours after delivery and have the desire to suckle at once. Your newborn should open wide and you should get much of your areola as possible in your baby's mouth to ensure a good latch. This grasp is best for breastfeeding and the let down of milk. It reduces the risk for sore nipples and properly stimulates milk production. It is not always easy to get your newborn to latch on correctly.

After the first nursing, most newborn babies will sleep for a long time. It may be as long as nearly twenty-four hours before your newborn is interested in nursing once again. If your newborn is not interested in nursing, you can use that time to rest together with your newborn.

The first few days after the birth the milk is yellowish in color. This milk is called colostrum. Colostrum is especially rich in proteins, vitamin A, and antibodies that protect the newborn against sickness.

The thick, yellowish colostrum is gradually replaced by breast milk which is thinner and bluish in color. The components of your breast milk are constantly changing to match your baby's needs and age.

A newborn of average size can be allowed to nurse on demand. You may experience times when your newborn will nurse very often. Premature, small, or very large babies will follow an individual feeding program. In an effort to prevent engorgement and to stimulate breastfeeding hormones (prolactin and oxytocin) it is recommended that you nurse at least every four hours in the beginning stages.

It is normal for a newborn to lose up to 10% of his/her birthweight. This weight should be regained within one to two weeks of delivery.

After two to four days most new mothers will have full, tender breasts as their milk comes into full production. Allow your newborn to empty your breasts as often as possible. Keep your breasts warm. You may wish to use breast pads made of wool.

You can massage your breasts while you take a warm shower.

Breast milk's composition and advantages

- Breast milk has just the right components of proteins, sugars and fats to create the perfect balance that naturally change with your baby's needs and age.
- The fat in breast milk is especially important for brain development and eyesight.
- The iron in breast milk is very easily digested in contrast to formula.
- Breast milk contains hormones and growth components that provide the ideal development of the intestines.
- Breast milk contains antibodies that protect your baby against a long list of infections.

- If your baby is breastfed the first six months, your baby may have milder or later developing symptoms if they are allergy prone. Your baby also has a reduced risk for developing diabetes later in life.
- Your baby has a lower chance of developing diarrhea, constipation, and of vomiting.
- It is best if your newborn can receive breast milk exclusively the first six months. If there are any allergies or asthma in your family your baby can benefit from having only breast milk for eight months. Your baby can very slowly begin with food at six months. There is a big difference when each baby is ready to start eating solid foods. The World Health Organization (WHO) recommends that children continue to receive breast milk in addition to other foods until they are two years old.

Breastfeeding Techniques

It is important to have good positioning when nursing for both the mother and baby. The staff will be happy to assist you.

Nursing while Lying Down:

Find a comfortable and relaxing position on your side with proper head support, however, make sure that your shoulder is placed all the way down on the mattress. You and your baby should lie with your stomachs facing each other. The baby should be brought to the breast and not the breast to the baby. Hold your baby's back so that the baby is laying tightly into you. Allow your baby to have control over his/her head to be able to tip his/her head back a bit and reach for the breast. This will stimulate your baby to open his/her mouth wide and latch on properly. At the same time his/her nose will be placed on the breast in a way that allows the baby to breathe and the mother will not need to hold the breast away from the baby's nose. The baby's chin automatically puts pressure against the breast in such a way that the milk is let down very effectively.

Breastfeeding in a Sitting Down position:

Some people prefer to sit and nurse. Make sure you have proper support in an upright or slightly leaning forward position. You may want to have a pillow in your lap for the baby to lie on. Your arm must be properly supported by the arm of the chair, a nursing pillow, or some other type of support.

Signs that your Baby is Nursing Properly:

- Baby opens wide, and takes in not only the nipple but also the areola area
- Baby lays tightly against your breast
- Baby's head is slightly tilted backwards
- Baby's mouth is around the areola and not only the nipple
- Baby's bottom lip is slightly rolled outward
- The jaw muscles work in a rhythmic pattern which is seen back to the ears
- The baby has rhythmic suckling. The pattern should be suckle, swallow, and a short pause.

After breastfeeding it is wise to air dry your breasts to prevent sore nipples.

Some babies are full in ten to fifteen minutes while others may need thirty minutes on each breast. It is best for the baby to nurse until he/she releases the breast. If you want your baby to stop nursing, you can carefully insert your little finger in his/her mouth to have the suction released. This technique prevents cracking of the nipples and soreness.

Good Indications that Your Newborn is Receiving Enough Breast Milk:

- The baby has a strong suckling action and you can hear the baby swallowing.
- The baby is content and relaxed after a feeding.
- There are approximately five wet diapers within a twenty-four hour time period.
- The mother's breasts become supple during and after a feeding.
- Your baby gains weight.

Expressing Breast Milk by Hand:

Expressing breast milk by hand is an alternative to using a pump. This is an effective, gentle way to express milk to have an extra feeding available or to empty your breasts if you have clogged milk ducts, and/or with the onset of mastitis.

Proper Technique:

- Wash your hands thoroughly before beginning to pump. Use a clean cup or a small bowl to milk into.
- In order to stimulate the let down reflex, roll and massage your nipples between your fingers for about one minute.
- Place your thumb above and forefinger below your breast on the edge of your areola (the brown circular area on your breast).
- Press your finger and thumb in towards your breast and then bring your fingers together. This can be a bit uncomfortable the first few times, especially if your breasts are engorged. You can then repeat the same technique as long as the milk is flowing.
- When the milk stops flowing then move your fingers clockwise repeating the same technique until you have been around the entire breast.

Growth Spurts:

Many times within the period you are breastfeeding you will most likely experience that your baby will suddenly change his/her feeding pattern and want to nurse more frequently. Your baby is experiencing a growth spurt and it is his/her way of stimulating you to make more milk to meet his/her needs.

The most common breastfeeding problems:

Sore breast nipples are the most common problem as you start to nurse. The reason usually stems from allowing the baby to suckle improperly and/or breastfeeding in an improper position.

If soreness is a problem:

- Check your baby's suckling technique and breastfeeding position. Make sure that your baby is not hanging on your nipple or suckling only on the upper or under side of your breast. The technique is what is important, not the time. You can stimulate the let down reflex in order to get your milk to flow by rolling and massaging your nipples between your fingers for approximately one minute before breastfeeding.
- Express a bit of breast milk onto your nipples and then allow them to air-dry after nursing.
- Do not use soap on your breasts. Soap can dry out your skin and remove the skin's natural oils.
- Apply a thin layer of lanolin salve on your breast nipples.
- Use with breast milk as this can have good results. Use only during the day.

- Do not use any salves or creams and breast shells or cups at the same time.
- If your breasts are extremely sore you can pump milk and feed your baby with a cup for a few days to give your nipples a rest.
- Nipple shields should be used as a last resort and can reduce your milk production if used for a long period of time.
- There is a rare incidence of breast soreness from yeast infection (thrush) in your nipples. This needs to be treated with medication prescribed by your doctor.

Clogged milk ducts can be identified by sensitive, hard clumps in your breasts. Your breasts can be red and swollen and you may have a fever. Clogged milk ducts can occur at anytime while you are nursing.

There is a higher risk of having clogged milk ducts if:

- You have engorged breasts that are not emptied often or thoroughly enough.
- You produce more milk than your baby needs.
- You quit nursing during the night.
- Your bra is too tight or you use an underwire bra
- Your baby does not latch on properly and is not able to empty your breast.
- You are pressing your finger against your breast under your baby's nose.
- Your breasts have been in a cool draft and/or your breasts, hands, or arms have gotten cold.
- You have been born with tight or crooked milk ducts.

Advice

- Empty your breasts very often. They must be emptied at least every two to three hours during the day and at least twice during the night.
- Let your baby nurse as that is better than any pump.
- Keep your breasts warm (for example use a wool scarf) especially before nursing or pumping
- Have your baby's lower jaw against the area on your breast that is sore while nursing.
- Let your baby suckle as long as possible, until you feel that your breasts are supple.
- When your baby is nursing well, you can massage your breasts using circular motions from the sore area and into the nipple. It is recommended that you use oil on your fingers and massage firmly
- If your baby is not interested in nursing or can not latch on, you can express milk by hand or use a manual or electric pump.
- Massaging your breasts in a warm shower often gives good relief.

The best nursing positions while you have clogged milk ducts:

It is wise to try and have your baby use his/her lower jaw in the area that is sore on your breast. Sometimes the most painful area is on the upper side of the breast and, in that case, you can try to lie on your side in bed and lay your baby upside down to nurse. This means your baby's feet are in the area of your face. Another alternative is for you to kneel by the bedside and lean over the baby to nurse. This allows the force of gravity to assist you. If you have clogged milk ducts on the outside portion of your breasts and under your arms, you can use the nursing position used

for twins also know as the football hold. To do this lay the baby with his/her body and legs out underneath one of your arms.

Breast Infection (Mastitis)

Mastitis has the same symptoms as clogged milk ducts but in addition there is a high fever and other symptoms of illness. Mastitis can come from bacteria which can enter into the breast through a cracked nipple. Clogged milk ducts can also be the reason that mastitis develops.

It is important that your breasts are emptied. It is not dangerous for the baby to suckle even if there are bacteria in the milk.

If you have clogged milk ducts and a high fever that does not improve within twenty-four hours, you must contact the maternity ward or your doctor to receive a diagnosis and determine if you need antibiotics.

You can continue to breastfeed while you take antibiotics for mastitis. In rare instances, mastitis can develop into a breast abscess that must be treated at the hospital.

It is common that your milk production decreases a bit while you have mastitis, but once your baby has a growth spurt it usually increases once again.

Mother's Diet while Nursing:

Eat everything that you would like to eat but use common sense and reasonable limits.

It is not necessary to stop eating certain foods because you are concerned about allergy problems for your baby. If there is a history of severe allergies with both parents it may be necessary to avoid certain foods. You should consult your allergy doctor and follow his advice.

Storage of Breast Milk:

Fresh breast milk can be stored in the refrigerator for three days and for up to six months in the freezer (taste the milk after three months). Freeze small portions at a time and thaw them as needed in the refrigerator. The thawed milk must be used within twenty-four hours. Milk that has been thawed at room temperature or in a warm waterbath must be used immediately. Any unused portion that has been warmed must be thrown due to the risks of bacteria developing in the milk. When warming up milk, always use a warm waterbath and not the microwave which destroys important antibodies in the milk.

When Breastfeeding is Not Successful

If you, for a variety of reasons, can not or do not wish to breastfeed, remember that you can give your baby the intimacy he/she needs by holding your baby close. Baby formula continues to be a good alternative to breast milk.

Breastfeeding assistance (ammehjelpen) is a voluntary organization that can assist with advice and support in breastfeeding techniques.

www.ammehjelpen.no

Labor and Delivery

Patient Information

Labor and Delivery

Labor will begin with contractions and/or your water breaking. If labor starts with contractions, then the time when you should depart for the hospital is dependent upon how far you live from the hospital.

Usually, it is recommended when the contractions are five minutes apart it is time to go to the hospital. Contact the labor and delivery ward after your water breaks or if you experience bleeding. Please, call before you arrive and feel free to call if you have any questions.

Sometimes you can continue to wait at home after you have been examined at the hospital.

Always take with your pregnancy health card and information regarding your bloodtype.

Work together with the birthing instincts within your body. Work together and not against the contractions. Go along with the contractions as they are the force that makes certain you can give birth to your baby. Move around freely for as long as possible.

Suggestions to ease the pain during labor include having a massage, using appropriate breathing techniques, using warmed ricebags, and taking warm baths and/or showers. There is usually someone available to administer acupuncture upon request or recommendation. There is also laughing gas. If more pain relief is needed an epidural may be administered. You are allowed to eat and drink whatever you would like during labor unless another recommendation is given to you. Drink as much as possible so that your body gets enough liquids and energy. You should empty your bladder frequently so that there is not a chance for it to take up the much needed space for the baby's head to be delivered.

There will be at least one midwife and a pediatric nurse in the room while you are delivering. A doctor will come if a cesarean section is needed, the baby is presenting breech, or if a suction cup or forceps are needed. A doctor is also often present if there are twins being born. If a gynaecologist is present then another doctor will be nearby to take the newborn if that is needed. There will be a table to take the baby to in the delivery room.

A Baby Is Born

If you wish, you can usually have your baby laid directly up on your stomach. The placenta will usually be delivered within a short time period. Afterwards, if needed, the midwife will administer anesthetic and sew if there has been an episiotomy or tearing. The stitches will become loose and dissolve within ten to twelve days.

Your newborn will receive a shot of vitamin K to reduce the risk of bleeding. Your newborn will be weighed and measured. Most newborns are wide awake and will usually want to nurse the first few hours. Your newborn should be allowed to nurse as soon as possible.

Try to get eye contact with your newborn and cuddle. Skin contact is good for your baby.

Cesarean Section

When a cesarean section is needed it is almost always done in the best interests of the baby. The majority of cesarean sections are done using a spinal tap.

If an emergency cesarean section is needed it may be necessary to administer general anesthesia. If the mother is conscious during the operation she is allowed to have one person join her in the operating room.

Photography

You are allowed to take videos and/or pictures during labor and after the baby have been delivered with the midwife's approval.

Paternity

Unmarried couples can declare the father before the birth, after the birth, or after the baby has gone home. The father at this time also takes future responsibility for being a parent with his signature.

Parking

Your escort is welcome to drive directly to the labor and delivery entrance but as soon as possible the car must be moved to the hospital's parking area available for visitors or to the parking garage.

Students

We have midwife and medical students in clinical practice in labor and delivery.

Observation

The observation station receives all pregnant women with any kind of complication regarding pregnancy.

We have a close working relationship with the National Center for Neonatal Medicine and, therefore, we have women from various parts of the country.

Each patient receives individual care. Every patient talks to the doctor the day they are admitted to the hospital. The next day they will have a new appointment with the doctor and then they will create an individual plan for your stay. How long you will stay is dependent upon your diagnosis and treatment.

The observation ward has three rooms at Hotel St. Olav (patient hotel). Some pregnant women do not need to stay at the hospital but they must be close to the hospital. These women will be offered to stay at the hotel and make arrangements to come back to the department for regular check-ups.

If your closest kin needs a place to stay they may be able to stay in a dorm room or in the patient hotel. The hospital does not cover any of the expenses of staying overnight for the next of kin.

The Mother and Child Hotel at St. Olav's Hospital

In addition to the maternity ward, there is a hotel for the mother and her newborn. This hotel is an option to the new mother and works in close contact with the maternity ward at the hospital.

There are eighteen beds on the fifth floor of the hotel which are available to those patients from the maternity ward.

You may move to Hotel St. Olav as soon as four hours after the birth of your baby. You will be transported by car and there is transportation available 24 hours a day.

There is a midwife, nurse, and a pediatric nurse available 24 hours a day.

A pediatrician is available during the day.

Visitors are allowed in accordance with the hotel's policies.

The maternity floor at the hotel follows the same rules and procedures as the maternity ward at St. Olav's Hospital. You may visit the homepage for the maternity ward for more information.

Information about the serving of meals is in the hotel's brochure.