

PART 1

PREGNANCY, CHILDBIRTH AND THE NEWBORN

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PLANNING A BABY

Safe Motherhood

While the term 'safe motherhood' is now used to suggest measures to safeguard the health of the pregnant woman and her baby, ideally, care for a woman's health should be a concern right from her infancy. A girl who is well looked after in her childhood and teenage years has fewer problems in pregnancy and childbirth, and is more likely to deliver a healthy baby.

Take Folic Acid

The regular intake of leafy vegetables and a vitamin called folic acid during the first six weeks of pregnancy greatly reduces the chances of your baby being born with spina bifida (a developmental anomaly affecting the spinal cord).

Conceive At The Right Age

Research has shown that the best time to have a child is when you are 23 to 27 years old. It is better to avoid getting pregnant before the age of 18 or after you cross 35. Babies born to younger mothers are more likely to be premature. The risks associated with pregnancy and delivery increase again after the age of 35 years.

Don't despair, however, if you are below 18 years or over 35 years and do get pregnant. Your chances of delivering a

normal baby can be increased considerably by carefully following your doctor's orders and looking after yourself well.

Space Your Babies

A gap of 2 years is advisable between babies; for the mother's health, I would strongly recommend a gap of 3 years. It takes 2 years for a mother to fully recover from each pregnancy and delivery.

There is also a risk for both the babies if the space between their births is less than 2 years — children born too close together do not usually develop as well, physically and mentally, as those born at least 2 years apart.



Planning for 1 or 2 children is a healthy trend. A gap of 2 to 3 years is advisable between the two

Paradoxically, however, the opposite could also hold true. A study by the US Centre for Disease Control (CDC) found that those who waited 10 years to have another child were twice as likely to have an unusually small baby and 50% were likely to deliver prematurely.

Plan Your Family

Many parents in Indian cities today plan for 1 or 2 children; this is a healthy trend.

Seek proper advice on family planning at the first postnatal check-up. It is true that, before the baby is 6 months old, less than 2% of mothers who breastfeed exclusively are likely to conceive before they menstruate. But it is a misconception that a nursing mother will never get pregnant.

Also remember that if you already have twins, your chances of having them again are higher compared to other couples that did not have them.

PREGNANCY

MEDICAL CARE THROUGH PREGNANCY

Confirming The Pregnancy

See your doctor as soon as you miss your menstrual period or if you suspect you are pregnant, and have the pregnancy confirmed.

The doctor will also advise you on diet, general care and any medication you need to take.

Tests Through Pregnancy

At your first antenatal visit and at all visits thereafter, the doctor will examine you, especially for high blood pressure and anaemia. Anaemia and calcium deficiency are quite common in women of childbearing age. Iron and folic acid tablets and calcium are prescribed to combat this deficiency. One or two shots of tetanus toxoid will also be given to protect both of you against tetanus. As the pregnancy progresses, your urine may be periodically tested for the presence or absence of albumin and sugar and an increase in the number of pus cells.

Your blood will be tested to confirm your blood group and for the presence or absence of the Rh factor. These days, most hospitals also require you to be tested for HIV, sexually transmitted diseases and other infections, so that

arrangements can be made at the time of delivery to reduce the chances of these being passed on to your newborn.

If the doctor suspects a congenital disorder that may affect the baby's brain or spinal cord, she may also do a blood test for alpha-foeto-protein.

Ultrasound Scans (Sonography)

Sonography is a useful tool to study the growth of the foetus, the size of the head, the position of the placenta, the amount of amniotic fluid surrounding the foetus, multiple pregnancies and the presence of certain congenital disorders.

Amniocentesis

This test is undertaken if the doctor strongly suspects any chromosomal or congenital abnormalities in the foetus. It must be done only by an expert under ultrasound guidance. Unfortunately, some unscrupulous doctors use it to determine the sex of the foetus and to abort if it is female.

Genetic Testing And Counselling

Parents with a child with a genetic disorder will naturally be anxious about the possible risk of the same condition in the next child. In most cities in India, facilities are now available to detect whether the unborn baby is likely to be born with the inherited disorder. A genetic counsellor will discuss the possible risk, if any, to the foetus.

Ideally, a couple who share the same ancestors (as in a consanguineous marriage) should seek genetic counselling before marriage. The risk of inherited diseases and conditions is higher in such cases.

Antenatal Classes

Antenatal classes conducted by medical or paramedical professionals can be very helpful. At these, you and your husband will learn about pregnancy and childbirth and also get

an opportunity to interact with other women in various stages of pregnancy.

KEEP YOURSELF HAPPY

Ancient Ayurvedic texts exhort that a pregnant woman be treated with as much care as that taken when carrying a pot filled to the brim with oil. Your husband's love and affection will also play a major part in helping you deliver a happy, healthy child.

You will be advised to listen to recitations from the Holy Scriptures and to avoid thoughts that evoke anger, fear, jealousy and hatred. You will be discouraged from the use of intoxicants, asked to avoid over-strenuous work, and to refrain from travel by vehicles over uneven roads.

There is now proof that your state of mind affects your baby. It has been found that maternal anxiety in pregnancy is associated with the uterine artery resistance index, thus affecting foetal development and leading to low birth weight.

Of course, you may not feel as happy about your pregnancy as you would like to, especially if you do not receive the care you deserve or if the pregnancy was not planned. Even the most coddled mother may suffer depression in the last month of pregnancy. Relax. Lean on the support of your husband and the people who are dear to you — this too will pass, as it did for so many other women before you.

DIET THROUGH PREGNANCY

Make sure you eat enough seasonal fruits, vegetables (especially leafy and raw — though well washed), pulses and grains. If you like milk and milk products, meat, fish and eggs, indulge yourself. However, while you need extra food, overeating is not advisable.

If you don't like milk or eggs, or if your older child has a history of allergy, avoid these items. Snack on fresh fruits, dry

fruits and roasted *channa* (gram) rather than biscuits and fried foods.

Pregnant women (and nursing mothers) with a family history of allergies should avoid eating peanuts and peanut products in order to reduce the chances of allergy in the baby.

Cut down on the amount of tea and coffee you drink. The caffeine in coffee can lead to a premature delivery and lowered birth weight.

A 'Vegetarian' Pregnancy

A balanced vegetarian diet can meet all the requirements of a pregnant woman.

Gopalan, Puri and Sachdev, in their excellent 1993 article in *Indian Pediatrics*, the official journal of the Indian Academy of Pediatrics, refer to 3 categories of vegetarian diets. They are:

- **Lacto-ovo-vegetarian diets**, which include eggs in addition to mammalian milk (cow, buffalo and breast milk).
- **Lacto-vegetarian diets**, which include mammalian milk.

According to Gopalan, Puri and Sachdev, such a diet — which is the one largely in practice in our country — can meet all the nutritional requirements of a pregnant mother.

- **Vegan diets** exclude the consumption of all foods of animal origin except breast milk.

These diets do not include cow, buffalo or other mammalian milk.

They may not provide some nutrients. Food items that could correct the deficiency in vegan diets are listed on the next page.

Important Nutrients Lacking In A Diet Devoid Of All Mammalian Milk

<i>Missing nutrients</i>	<i>Food items that could correct the deficiencies</i>
Retinol (Vitamin A)	Carotenoids — B carotene (precursor of Vitamin A) abundantly available in vegetable foods
Vitamin B12	Available in mammalian milk*
Vitamin D	Available in mammalian milk; available through exposure to sunlight
Carnitine and (needed by infants) taurine	Available in breast milk
Some long-chain fatty acids (needed by infants)	Available in breast milk

* Deficiency of Vitamin B12 can cause anaemia and brain and nerve damage. I have seen severe effects on the mental faculties of 2 breastfed infants whose mothers were on vegan diets. Kavita Mukhi, a reputed Mumbai nutritionist, believes that spirulina — can meet some of the normal requirement of Vitamin B12. Vegetarians may also obtain some Vitamin B12 by consuming legumes and nodules of root vegetables in which Vitamin B12 is synthesised by microorganisms. However, I recommend that those on a vegan diet take a daily supplement of Vitamin B12.

Calcium Rich Foods:

- Leafy vegetables: *curry leaves, choolai, leaves of shalgam, arbi (black variety) and mooli, methi, pudina, augusti.*
- Grains and pulses: *ragi, soyabean, rajma, black gram*
- Animal source: *small fish, cow milk, buffalo milk, curds, rohu fish*

TIPS FOR A HEALTHY PREGNANCY

Most women are highly motivated during pregnancy to remain as healthy and happy as possible in order to give their baby the best start in life. Pregnancy is, in fact, an excellent time and opportunity to develop healthy habits for life.

Educate yourself on pregnancy: Learn as much as you can about the wonderful ways in which your body is changing and about how your baby is growing. Talk to your mother, your friends and other women about pregnancy, labour and birth. Attend antenatal classes, read relevant books and literature, and watch videos about normal pregnancy and childbirth. Being well informed is the best way of retaining control over your own pregnancy — especially if you are unfortunate enough to hear other women's horror stories and your doctor is too busy to address all your concerns. The Internet is an informative resource as well.

Eat a well-balanced diet and drink enough water.

Avoid substances that may be dangerous to you and your baby, such as cigarettes, *guthka*, alcohol and hard drugs. Avoiding these (at least for the 9 months of pregnancy) reduces the risk to your foetus. It has been shown that babies born to women who quit smoking early in their pregnancies had birth weights that were almost 300 grams higher than those who did not. Intermediate improvement in birth weights was seen for those who cut down on their smoking but were not able to eliminate it. It has also been seen that maternal smoking during pregnancy increases the risk of idiopathic mental retardation.

Do NOT take any medication — even over-the-counter drugs — without discussing them with your doctor and getting her approval. On the other hand, **DO** take the medication that your doctor allows you — many medicines these days are formulated to be safe for your baby. **DO** inform

your doctor if you are on ongoing medication — as for epilepsy — so that she can work out the effects it may have on your baby, and substitute it with another version that will not affect your pregnancy.

Remain active. If you were following an exercise programme before you became pregnant, continue it after consultation with and modification by your doctor. If you were not exercising at all before you became pregnant, this is the time to start walking or swimming. Start with short periods of exercise and gradually increase the amounts of time. Regular and monitored exercise will reward you with better posture, less back pain, less stress, anxiety, depression and constipation, better digestion and more energy.

Once you are in labour, the rewards of exercise will be apparent in the form of increased strength, flexibility and stamina. Fit women typically enjoy faster postpartum recovery too.

However, do not exercise in hot, humid weather or wear excessive clothing, as overheating can be harmful for your baby. To prevent dehydration, drink plenty of water, before, during and after exercise. Monitor your fluid intake by checking the colour of your urine; if it is clear, you are drinking sufficient liquid.

DO NOT exercise however if you have any of the following medical conditions: Pregnancy-induced hypertension, pre-term rupture of membrane, pre-term labour during the current or prior pregnancy, incompetent cervix, persistent second or third trimester bleeding and intrauterine growth retardation.

Get plenty of rest. Listen to your body — it will tell you how many hours of sleep you need at night, and when you need to take short breaks during the day as well.

Talk to your baby. Enjoy your growing bond with her. Research shows that a foetus as young as just 10 weeks can react to the sense of touch. Later, she will respond to light, your voice, music and other sounds.

Involve your husband. He can be your best friend and help mate, and pregnancy and childbirth is a great opportunity to cement your bonds.

Most important, do not shut him out of the whole experience; it is his baby too!

Sex is possible. Lovemaking does not ordinarily harm your baby and most women can safely continue to have sex during pregnancy. During the third trimester, you will need to use your imagination to find positions comfortable for you.

Avoid sex however in these medical situations: Recent vaginal bleeding, pre-term labour, ruptured membranes (broken water bag), and placenta previa (a condition in which the placenta covers the inside of the cervix).

Destress with techniques like slow and deep breathing, yoga and relaxation of the various muscle groups.

Enjoy this special time of your life. Accept the support of your husband, family and friends in this wonderful transitional period. Have confidence in your body's ability to grow and nourish and give birth to your baby.

Your Vegetarian Baby

US scientists at the Monell Chemical Senses Center, Philadelphia, have found that babies whose mothers preferred vegetables during their pregnancies and while breastfeeding were more enthusiastic about adopting the same diet.

MAKING PREPARATIONS

You have to prepare for bringing your newborn home long before the delivery. Besides making preparations to deal with her requirements, also take the time to prepare the rest of the family for the new member.

Take special care to make your older child ready to welcome a new brother or sister. (See *Sibling Rivalry* in the chapter on CARE OF THE NEWBORN.)

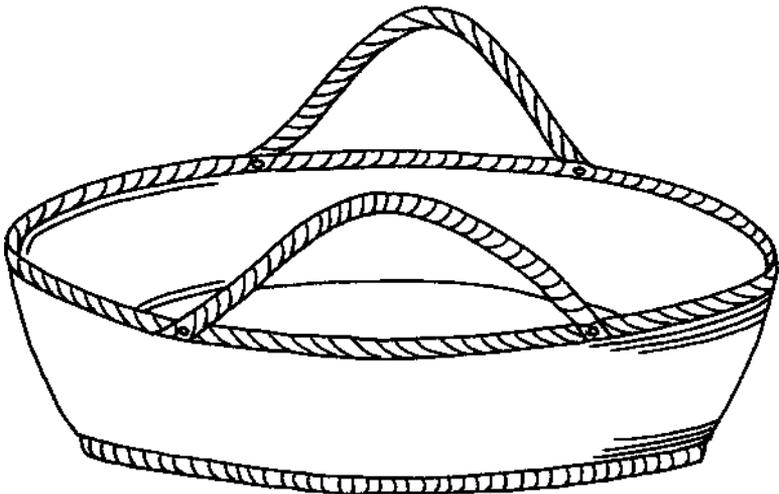
Also make sure that you involve your husband preparations; husbands may worry that new babies will usurp their place in their wives' attention.

Buying For Your Baby

When buying equipment for your newborn, consider what you already have — either passed down from your older child or received from relatives and friends.

Also, always choose cotton over synthetic fabrics for your baby's clothes.

- Nappies or diapers : 2 dozen cotton square nappies, 2 dozen cotton triangular nappies and one box of disposable diapers
- Plastic panties : 4



Moses basket

- Diaper bag : 1, for keeping clean diapers
- Bucket
(plastic with lid) : 1, for used diapers
- Diaper pins : 1 dozen with safety lock
arrangement
- Macintoshes (big) : 2
- Macintoshes
(small, encased
in towelling cloth) : 6
- Turkish towels : 2
- Bath towel
with a hood : 1
- Baby bath-tub
(thick plastic) : 1*
- Booties : 4 pairs
- Cotton vests : 4
- Frocks (with front
opening) or *jhablas*
without sleeves : 4

- Frocks or *jhablas* with sleeves : 4
- Blankets (cotton/woollen) : 2
- Sweater : 1
- Caps : 2
- Cotton (absorbent) : 1 packet
- Alcohol or spirit : 1 small bottle
- Wrap cover : 2
- Mosquito net : 1
- Mat cover : 1
- Small bedsheets for bottom : 6
- Small bedsheets for cover : 6
- Baby quilt : 1
- Blunt scissors or clippers for nails : 1
- Baby hair brush : 1
- Car seat : 1‡

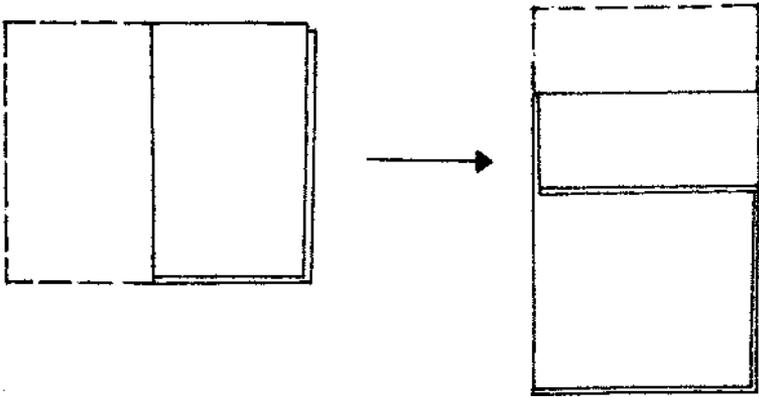
* May not always be needed.

‡ To buy only if a proper one is available.

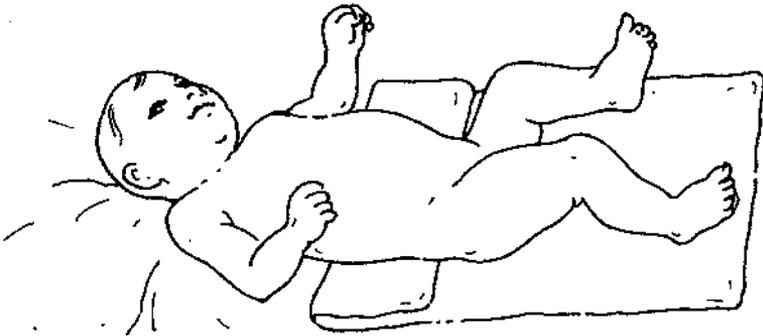
You will notice that this list does not include special baby soaps, talcum powder (or baby powder), ear buds, shampoo, cream and baby lotion. Any non-smelling bath soap is adequate. Baby powder, cream, shampoo and lotion are not required. Talcum powder and ear buds, in fact, can be harmful (see sections on *Skin Conditions* and *Earache, Ear Infections And Deafness* respectively in THE A-Z OF CHILDHOOD ILLNESSES).

Don't buy a baby cot if the baby will sleep with you, though a carrycot (Moses basket) is usually useful.

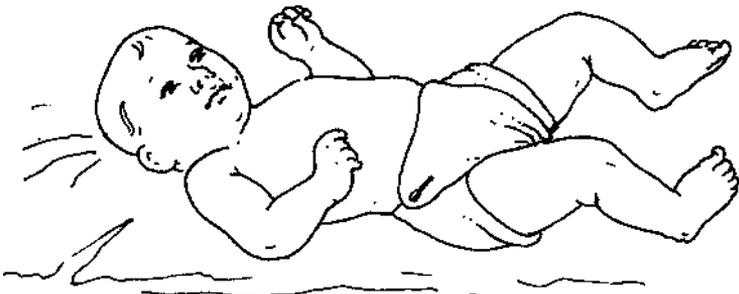
If you are expecting twins, make the necessary arrangements for bringing home two babies instead of the usual one.



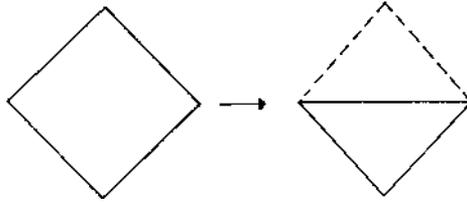
Rectangular folded diaper



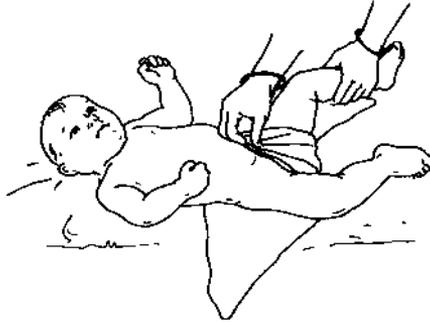
Place baby on diaper



Fold both sides upwards and secure with a closed safety pin



Triangular folded nappy



First, take the bottom tip upwards



Then fold one side to the middle



Then fold the other side and secure together with a closed safety pin

LABOUR AND DELIVERY

In Europe, women are being given a chance to have their babies in a hospital, at a maternity home, at a 'birthing centre' or even in their own homes. Some women even in the urban areas in India are now opting to deliver at home.

I Would Go Along With Your Wish To Deliver At Home If

- You live next to a hospital;
- You have an obstetrician or a trained midwife living in your building; or
- If an obstetrician is ready to be present at the time of delivery.

Doctors Recommend That You Deliver In An Institution In The Following Cases

- If there is an interval of less than 2 years since the last birth;
- If you are below 17 or over 35 years of age;
- If you have had 4 children already;
- If you have previously had a premature delivery;
- If you have earlier delivered a baby that weighed less than 2 kilograms at birth;
- If you have previously had a difficult or Caesarean birth, miscarriage, abortion or stillbirth;

- If you weighed less than 40 kilograms or more than 70 kilograms before pregnancy; or
- If you are less than 145 cm. in height.

You Will Also Need Extra Care If:

- You fail to gain at least 6 kilograms in pregnancy;
- You are diabetic or severely anaemic, or have heart or kidney disease, or high blood pressure;
- Your limbs and face are excessively swollen;
- You have had vaginal bleeding during the pregnancy;
- You have suffered severe headaches and vomiting, or persistent high fever;
- You are having twins;
- You are Rh negative; or
- You are scheduled to have a Caesarean for medical reasons.

Your doctor will guide you on choosing the hospital. It may also have to be one she normally works with, and which she knows is capable of dealing with any medical emergencies that may arise. Ask to visit the hospital if you like, and see the delivery room and the nursery to help you prepare yourself for delivery there.

Most hospitals require you to register well in advance of your due date; check with your doctor about this.

Choose A Baby-Friendly Hospital

The Baby-Friendly Hospital Initiative (BFHI) is a global effort to protect, promote and support breastfeeding while providing good care to the mother before, during and after delivery, treating her with dignity and supporting her with factual information and guidance. Country-level guidelines for achieving baby-friendly hospitals have been developed and are now being put into action. In India, a task force has been formed for this purpose.

Assisted by the government, UNICEF and WHO, this task force assesses hospital conformity with baby-friendly criteria and certifies and designates hospitals that meet the standards. Make sure your hospital or maternity home has been certified 'Baby-Friendly'.

Names and addresses of such hospitals are available with the Convenor, National Task Force, BFHI, Indian Medical Association, IMA House, Indraprastha Marg, New Delhi 110002.

Choose A Paediatrician

Ask your doctor to recommend a paediatrician for your baby even before you deliver, if you don't know one already. It is important to exchange notes in advance, especially in cases where there may be potential complications.

Getting Ready For The Hospital

Some hospitals have a list of requirements they would like you to bring with you. Make sure you keep your suitcase packed well in advance with the following essentials:

- Items of personal use—toothbrush, toothpaste, cream, etc;
- 2 nightgowns with front opening (to make it easier for you to breastfeed), and a wrap for when you have visitors;
- Underclothing;
- **Well-fitting bras (nursing bras are not essential; they may get in the way of skin-to-skin contact between the breast and your baby's face as you nurse her);**
- A towel;
- Non-slip slippers;
- Clothes for you and the baby to wear when you are discharged;
- Some cash;
- A table clock; and
- A book of scriptures for daily reading, books or magazines.

You may also want to bring along a photograph of your older child or your husband, and a small picture or statue of your favourite deity to keep on your bedside table in the hospital.

An Emergency Delivery Kit At Home

All the best-laid plans can sometimes go awry; even if you have registered at a hospital, keep a delivery kit at home in case of an emergency.

Make sure you have:

- Soap
- A plastic sheet
- Cotton and gauze pads
- Cotton thread for tying the cord
- A new razor blade
- Cetrimide solution (1%)

Drugs In Labour

These should be avoided as far as possible. In general, I encourage the process of natural delivery. I also believe that a drug to relieve a woman of pain during labour is not a good substitute for emotional support from a sympathetic doctor or midwife, or even a husband, mother or mother-in-law educated in the process of labour.

Besides being possibly addictive, the pain-relieving drugs may also result in the mother being less cooperative in the delivery. They may also depress the baby and cause problems with breathing and nursing. Discuss the subject of pain management with your doctor. Read about it. Work with your doctor's advice to mutually decide on the best pain management technique for you and your baby.

MANAGEMENT OF THE NEWBORN IN HOSPITAL

At last, the long awaited moment arrives. The doctor announces your baby's birth.

The doctor or a paediatrician has a quick look at the baby and places her near your breast. The baby now has direct skin-to-skin contact with your body. The nurse covers both of you to avoid a chill. The little one opens her eyes, manages to turn her head to one side and seems to be searching for your nipple. As the doctor attends to you, your baby succeeds in getting hold of the nipple and starts suckling...

A New Experience

This is an ideal situation and it may be yours — especially in a baby-friendly hospital. In such a hospital, as soon as you deliver, your doctor will probably dim the lights in the room and make sure that the atmosphere is quiet and peaceful. Attendants may avoid any unnecessary talk and noise, trying to create, as far as possible, the same sort of environment that your newborn had inside your womb. There may be an instant bonding between your new daughter and you; you may start talking to her.

But be prepared for surprises; no two babies or mothers are alike. You may not even feel excited when you see your child for the first time, or you may find her blood-stained face and wrinkled body disconcerting to look at.

It is also possible that you may feel exhausted or sleepy. Don't feel guilty if you do. Just go with your body. Remember, it is your right to smile, cry, burst out with joy or just go to sleep.

If you were motivated through your pregnancy and if your doctor managed to avoid giving you pain-relieving drugs or sedatives through labour, it is very likely that you and your baby will meet each other as if you have been waiting for this moment for ages.

The baby is wide awake for about 40 minutes after delivery. This is the time to put your arms around her and experience your first moments of bonding with her; this will probably help make her feel secure all her life. (Research by Lynee Murray and Liz Andrews for their book *The Social Baby* reveals that a baby identifies its mother within a minute of its birth. Within 2 minutes, it may even strain its neck to study her face. Within half an hour, the baby can recognise the form of a human face. Random waving of arms and gurgling among newborns may appear incomprehensible to adults, but is actually a complex system of intelligent



The baby is wide awake for about 40 minutes after delivery

communication that the infant possesses. There is a wired-in programme to help babies lock in to those who are caring for them.)

Accept the child — son or daughter — gratefully, as a gift from God. This will help you begin a life-long healthy relationship with your child.

REJOICE IN YOUR DAUGHTER

Once considered almost a misfortune, having a daughter today is more a matter of celebration than grave concern, though exceptions remain. Rita Sawhney interviewed several parents in this connection. What has led to this tilting of the scales in favour of the girl child? The writer also interviewed psychologists, gynaecologists and a teacher of sociology. It seems that the stand is changing because the myth that it is easier and safer to bring up a boy has exploded. Accepting hospitality at a married daughter's home is no more a taboo. Besides being more reliable, girls continue to maintain emotional ties and provide their parents their much-cherished freedom, whereas a boy means long-term babysitting for the ageing mother. Girls are showing equal and, in many cases, better business acumen than their brothers to carry on the family business. Girls are venturing into many a field that was earlier considered male-dominated. Behaviourists believe that girls are more demonstrative of their feelings.

Additionally, even health wise, having a baby girl could mean less sleepless nights. Boys outnumber girls 3:1 in learning disabilities, and 4:1 as stutterers. Haemophilia (a blood disorder) and Duchenne's Muscular Dystrophy (a serious muscle disease) afflict boys exclusively. Boys are more likely than girls to suffer from Fragile-X Syndrome, one of the causes of mental retardation. The mortality rate of boys is 20% higher than that of girls. This continues as they grow older.

The Kangaroo Position

The kangaroo position is ideal for the newborn. In it, the mother clasps her baby between her breasts, with the baby's face just below the mother's chin. The baby stays quiet, possibly hearing the mother's heartbeat to which she was accustomed while she was in the womb. If the room temperature is low and the baby is premature, the baby's head may be covered with a cap. This greatly helps to maintain body temperature.

Apgar Scoring

Doctors and nurses often use the term 'Apgar scoring'. It is meant to assess the condition of your baby in certain respects at 1 minute and 5 minutes after birth. Sixty seconds after the complete birth of the infant, the 5 objective signs given in the table are evaluated, and each is given a score of 0, 1 or 2. A total score of 10 indicates an infant in the best possible condition. Most normal babies score 7 to 10 points. An infant with a score of 0 to 3 requires immediate attention.

Sign	0	1 point	2 points
Heart rate	Absent	Less than 100/minute	More than 100/minute
Respiration	Absent	Slow, gasping	Good or crying
Muscle tone	Limp	Some flexion of limbs	Active and flexed
Reflex response to catheter placed in the infant's nose	None	Minimal grimace	Cough, sneeze or
Colour	Blue or pale	Body pink, extremities blue	Completely pink

Normal Reflexes

While examining your newborn baby, the paediatrician will test for certain reflexes like the grasp reflex, the walking and stepping reflex and the Moro reflex.

For the grasp reflex, the doctor places her finger in the palm of the baby, who is expected to grasp it firmly. To test the walking and stepping reflex, the doctor holds the baby upright so that her feet touch a firm surface. The baby takes a few steps as if she were walking. If the baby's leg comes in contact with the edge of a table, she steps up onto the table.

A newborn baby can see at birth. She can focus at a distance of 15 to 20 cms. Thus, she can see her mother's face while breastfeeding. She can also hear and can smell her mother's milk. She likes body contact, especially with her mother. She is alert for 40 to 60 minutes after birth. Then she may go to sleep for a few minutes or for several hours.

Examination Of The Baby

It is not essential that there be a paediatrician at every delivery. However, most babies should be checked by a paediatrician within 24 hours after delivery. Or a paediatrician may be called earlier if any problem is noticed.

It is normal to worry about your newborn baby. It helps to remember that many things that may appear abnormal to you are normal variations in a newborn. (See chapter on NORMAL VARIATIONS IN A NEWBORN.)

Rooming-In

In all baby-friendly hospitals, the baby is given to the mother soon after delivery, and kept in her room; she is not sent to a separate nursery. This is called rooming-in. Normal babies kept in a nursery are more likely to contract infection from the attendants or from other infected babies (if any).

In some hospitals, the baby is unwisely kept in the nursery to allow the mother to rest after the delivery. Experience shows, however, that the average mother would prefer to have her baby with her, especially if she knows that this is the best thing for her and her baby. Unless the mother is heavily sedated, she can keep her baby in her bed (bedding-in).

Immunisation In The Hospital

In some hospitals, it is a routine practice to give BCG (immunisation against tuberculosis) and one dose of hepatitis B vaccine and oral polio vaccine to all newborn babies before they are discharged from the hospital. This dose of oral polio vaccine is called the zero dose. This is an extra dose besides the primary course of 3 to 5 doses about which we shall discuss in detail in the chapter on IMMUNISATION.

If your baby is not given these immunisations at the hospital, they can be given at a later date.



Unless the mother is heavily sedated, she can keep her baby in her bed

NORMAL VARIATIONS IN A NEWBORN

Skin

The doctor will first look at baby's skin. Her hands and feet may appear blue. This blue colour should not cause anxiety as it disappears without any treatment within a few hours. If the doctor finds that the rest of the body is pink and that her breathing is normal, he will reassure you that the baby is normal.

Some babies have a dark skin that may become darker in the successive weeks. The nipples and genitals may show a deeper pigmentation.

Some babies have *Mongolian spots*. These are patches of greyish blue colour over the lower back. Sometimes, they are also seen on the limbs or inside the cheeks. While they may last for 2 to 3 years, they disappear spontaneously without affecting the child.

Some may have permanent patches of pigmentation called *cafe au lait spots*. In about a quarter of such children, a single spot less than 3 cm. (about an inch) in size is seen. Such spots would attract the attention of your doctor, as they may indicate certain other conditions.

Another interesting condition is the *Harlequin colour change*. For a few minutes, one half of the baby's body seems pink and the other half white. This condition is normal and may last for even a month or a month and a half.

White or yellowish pin-head sized spots called *milia* may be noticed on the nose or other parts of your baby's face. They disappear within a few days. At times, you may also notice a transient red rash on the body.

Stork bites, seen as red patches on the forehead, eyelids and the back of the neck, are quite common. They may last for a year or so.

A few days or weeks after birth, you may observe what is commonly termed *strawberry naevus*. It begins as a tiny red spot that grows rapidly for about 6 months. When fully developed, it becomes raised from the skin and looks like a strawberry. As far as possible, this should be left alone. About 60% of these disappear by the age of 5 years and most by the age of 10 years. In very rare cases, a doctor may consider removal or treat them with some medicines.

Some babies develop a harmless condition termed *cutis marmorata*. This happens if the temperature of the environment suddenly falls. Temporary lacy, reddish or bluish patterns appear on the skin. The baby is otherwise normal. An arm exposed to cold may also become swollen and, at times, turn blue. This swelling subsides on its own within a few hours.

A baby's skin may normally peel in the first few days after birth. As the skin at this stage is very delicate, avoid unnecessary friction or pressure, to prevent blisters and infection.

Vernix is a waxy material that covers the baby's skin at birth. It protects the skin from getting infected. No deliberate attempt should be made to remove it. Some of it gets left behind on the linen in which the baby is wrapped after birth. The rest is gradually shed after a few baths.

Fine, silky hair covers the baby's skin. This is especially pronounced in a premature baby's skin. In

the first few weeks, babies normally lose hair, especially on the back of the head, but this loss is temporary.

Head

Sometimes, a baby's head may look bigger or smaller than average. Consider whether you or your husband have larger-sized heads. Also, larger babies have bigger heads as compared to smaller babies. A premature baby's head is bigger in proportion to her body. Your doctor or paediatrician will maintain a serial measurement of your baby's head size as she grows, to ensure that everything is normal.

At times, a newborn's head looks elongated, because it gets moulded during the passage from the uterus to the outside world. The head regains its usual roundness within a few days after delivery. The odd head shape may also be acquired from the parents.

A baby who lies habitually on one side may also have a head temporarily flattened on that side. This is normal.

Sometimes, a soft diffused swelling called *caput succedaneum* is seen on the head soon after birth. This is due to the collection of a little fluid in the scalp that gets absorbed on its own within a day or two. A swelling that may last longer is *cephalhaematoma*, which is caused by the collection of blood between the periosteum (the thin but firm layer of tissue covering bones) and the skull bone. It looks like a bun tied on one side of the head by some Hindu women from Kerala. At times, the swelling occurs on both sides of the head. Nothing needs to be done and the swelling subsides after a couple of weeks or months. However, the doctor will make sure that there is no associated complication.

If forceps are used at birth to assist the expulsion of the head, they may leave behind temporary marks on the face in front of the ears.

The anterior fontanelle, a soft spot on the top of the head, is normally present at birth. It widens in the first few weeks, but gradually contracts and closes after 6 months or by 2 to 3 years. The posterior fontanelle is at the back of the head and closes within 2 months or so.

The skull bone on the side of the head, when pressed, may tend to go inwards. This is called *craniotabes* and is usually normal.

Cradle cap, which presents itself, as black patches on the scalp, often clears with 1% cetrimide solution. It should be used as a shampoo, after which the scalp is to be dried gently with a towel. Soap and oil should be avoided for a few days. At times, stronger measures may be needed.

It is likely that your little one sweats profusely around the head when asleep. Treat this sweating as normal.

Eyes

The iris is the coloured part of the eye. Its colour may change as your baby grows. The whites of the eyes may appear bluish in the first 3 months. The baby's eyelids may be a little puffy on waking up from sleep. A slight squint, which disappears by about 6 months, is not uncommon. An eye specialist should be consulted if it is marked.

Some normal babies have the so-called '*setting-sun sign*'. In this condition, the white portion of the eye is prominently seen above the pupil. While this is one of the features of hydrocephalus — a condition in which fluid under pressure collects in the brain — the doctor will look for other important signs and symptoms before diagnosing this.

Your baby may have a visible small patch of blood in the eye called a *subconjunctival haemorrhage*. In the absence of bleeding anywhere else, this is considered normal and disappears spontaneously within a few days.

Watering of the eyes is commonly seen in babies who have a partial blockage of the tear duct (nasolacrimal duct). This duct connects the eye to the nose. The watering increases if the child catches a cold. The eyes may also become sticky. The duct generally opens on its own within the first year.

For sticky eyes, your doctor may advise massage at the junction of the eye and the nose, and prescribe some local eye medicine. Instead of eye drops or an ointment, you can try putting a drop of breast milk into the eye every hour or so. It seems to work in many cases.

About half of all babies develop yellowness of the eyes and of the skin on the second or third day. This jaundice, termed physiological jaundice, is usually harmless and needs no treatment. Sometimes, however, phototherapy (light therapy) may be required.

Nose

Some normal babies have a slightly sticky discharge from the nose that does not interfere with feeding and stops after 2 to 3 months.

Sneezing is normal in newborn babies and so is occasional coughing.

Mouth

Your baby may be born with a tooth. It should generally be left alone. Do not worry that baby will inhale it or hurt you while breastfeeding.

In a *tongue-tie*, the fold of tissue connecting the underside of the tongue to the floor of the mouth is too short and this restricts the movement of the tongue. It is over-diagnosed; true tongue-tie that requires surgery is extremely rare. If the child can touch the roof of the mouth with her tongue, surgery is not required. If at all surgery is needed, it should be

postponed until the child is 3 years old. The tongue grows bigger as the child grows older.

A uniform white coating on the tongue is normal. Leave it alone. No effort should be made to clean the tongue with glycerine or a piece of cloth.

Some babies may have thick sucking blisters on the lips. These are normal and disappear after a few weeks.

Some babies normally have *mucous cysts* (also termed 'epithelial pearls') in their first weeks, near the margin of the gums or even the palate.

Some babies may have a bloodstained vomit after birth. This is possibly due to irritation of the stomach by the amniotic fluid or mother's blood swallowed by the baby. The bleeding does not recur and the baby is otherwise normal. Some babies swallow blood from the mother's cracked nipple. This also does not need any treatment. However, in such cases, a condition called the *haemorrhagic disease of the newborn*, commonly due to Vitamin K deficiency, should be excluded. Hiccup in newborns is normal.

Chest

Swollen breasts and milk-filled breasts may be seen in several 2 or 3-day-old babies. Do not attempt to remove the milk or to massage the breasts. Severe infection needing surgery has been seen when such advice was not followed. The swelling will disappear on its own.

Your doctor may hear a heart murmur over the chest. It doesn't necessarily mean that baby has a heart disease. The murmur may disappear within a few days. If it persists, your doctor will ask for some tests.

A newborn has a breathing rate of about 45 per minute. This can vary from child to child. Sometimes, the rate becomes fast, followed by a slower rate. If your baby is

suckling and is otherwise well, such variations are usually normal.

Palms

Although 2 transverse creases across each palm are normal, do not jump to the conclusion that your baby has Down's Syndrome or some other chromosomal disorders just because she has a single crease.

Umbilical Cord

The umbilical cord starts drying up within the first week and separates towards the end of the first week or in the second week.

If you find blood oozing from the cord, report it to the nurse. It should be kept clean and dried properly after the bath. Nothing need be applied on it. If your doctor gives you spirit to clean the skin around the cord, use it 3 or 4 times a day.

It is important to keep the skin dry. Do not use any binder to cover the cord. Also, do not allow urine to come in contact with the cord. When the cord falls off, a drop or two of blood may be noticed around the base. This is normal. If you notice pus at the base of the cord or redness of the skin around the navel, bring it to the attention of your doctor to rule out infection of the cord. If required, the doctor may prescribe some medicine.

Genitals

In a male newborn, the foreskin (prepuce) is not completely separated from the front (glans) of the penis. No effort should be made to retract the foreskin. It can be harmful. If left alone, the foreskin often separates fully before the child starts schooling.

The doctor will also check if both the testes are felt in the scrotum. If not, it should be seen whether these are

undescended testes or whether they are just retracted (see *Undescended Testes* in THE A-Z OF CHILDHOOD ILLNESSES). On most occasions, I find that the testes are not undescended but simply retract, specially when the scrotum is examined with cold hands. These testes can be easily pushed down into the scrotum. In such cases, the parents only need reassurance and nothing else need be done.

In girl babies, the external genitalia may appear unduly prominent in the first month. In the first or second week, the baby may have a white discharge from the vagina, with or without blood. All these changes are related to certain hormones that the baby gets from the mother via the placenta.

Anal And Urinary Openings

Meconium is the first stool that the baby passes. It is dark green and sticky. Most babies pass meconium within 12 hours of birth. The doctor should be informed if the baby does not pass meconium within 24 hours. Some babies first pass a yellow or greyish-white 'meconium plug', followed by the typical meconium. It changes to green-brown after 2 or 3 days. Gradually, over the next few days, it changes to greenish yellow and then to the so-called normal orange-yellow loose stool of an exclusively breastfed child.

These motions are often quite frequent. The newborn baby may pass a motion after each feed or after every hour. At times, the motions are watery, may come out with force and contain mucus. At times, they may also be green. As long as the child is being given only mother's milk and is thriving well, such frequent motions are normal. On the other hand, some babies may pass a motion every 5 to 6 days, but the motions are soft, not hard. This is also normal and there is absolutely no need to give purgatives or use a suppository.

Most babies would pass urine within 24 hours after birth. Some may do so a little later. But special note is to be taken of babies who have not passed urine within the first 36 hours.

Straining or crying a little before passing urine is normal. The stream of urine should be checked. An interrupted stream should be brought to the notice of your doctor, who may ask for a urine examination. Similarly, so long as the stools are not hard, straining before passing a motion is also normal.

Hips, Legs And Spine

The doctor will examine your baby's hips to rule out an uncommon condition called *congenital dislocation of hip*. If diagnosed, this needs immediate treatment.

Bowlegs are normal in most cases and usually disappear by the time the child turns 3 years. While handling your baby, you may note a click in your baby's knee. Leave it alone.

Over the back of the head and spine, a *congenital dermal sinus* may be observed sometimes in the mid-line of the head or spine. It appears like a hole in the overlying skin going inwards, mostly near the lower end of the spine. It does not pose any problem in most cases, but a surgeon's opinion should be sought if it remains deep after the age of 2. An early consultation is advised for sinuses situated higher up.

CARE OF THE NEWBORN

In case of a normal delivery, you are likely to be discharged from the hospital after 3 to 5 days. If you had a Caesarean delivery or if you or your baby had any problem, you may have to stay longer. Follow your doctor's advice.

Get Help

Given a choice, choose to go home as soon as possible, especially if you have some help at home. In a nuclear family, it is especially important to make sure that the mother has such help — either from a female relative or an experienced midwife. Or hire the services of an efficient maid.

If you are unable to arrange any support, it is best for you that your husband takes 'paternity' leave. But if, despite his best efforts, he cannot be around, do not hold it against him.

Once home, do not blindly follow the instructions of any relative or health worker. Do not let them make you anxious that you may not have enough breast milk or have them give your baby water or top feeds. You and your baby share a bond, and your body will produce the nourishment she needs.

Most Indian families employ a *maalishwali bai*, a traditional massage woman, to massage and bathe the new mother and



Oil massage — the traditional way

the newborn, especially in the urban areas. In the rural communities, a senior woman member of the household will do this. The mother herself may like to massage her baby. Since the traditional massage woman will have a great influence on the mother and the other members of the family, her knowledge, attitudes and practices with regard to infant feeding and baby care are of great import. Unfortunately, most of these women have no contact with the medical community and the majority are illiterate. Their knowledge and practices are therefore often suspect.

Taking into consideration the key role played by traditional massage women, a project has been started in North-West Mumbai to give them formal training and to certify them. Certified *maalishwali bais* are expected to pass correct scientific information and messages on infant feeding (including breastfeeding) and baby care to the mothers under their care. They are also expected to pass on literature in appropriate languages to mothers on these subjects. Carried out under the auspices of the Breastfeeding Promotion

Network of India (BPNI), and its Maharashtra state branch, and funded by UNICEF (Mumbai), the project is likely to spread to other regions. Hence we hope that certified *maalishwalis* will be available all over India in the near future.

For more information about the Trained *Maalishwali* (TMW) project, you may contact:

Dr. Prashant Gangal, TMW Project Co-ordinator, Flat No. 2B, Rolex Apts., New Era Signal, S. V. Road, Malad (West), Mumbai 400 064.

The Indian Joint Family System

A caring joint family offers you the readymade support of people who are usually knowledgeable about and sensitive to the needs of a new mother and baby, and who will support you through post-partum depression, if any.



Cherish a caring joint family

Accept their help and advice; it works to your benefit to consider all solutions to any problem that arises.

Remember that the child's grandparents too want the best for their new grandchild. (In a study published in the *British Medical Journal*, the presence of grand-mothers in the home was seen to be helpful in preventing unnecessary accidents and emergency visits to the hospital.) Listen to their suggestions, but do not follow their advice blindly, especially if it contradicts new knowledge about child care. Most important, do not allow tensions to arise in the family. If you believe that your mother-in-law's beliefs will clash radically with yours, decide in advance to spend the first couple of weeks after delivery at your parents' house.

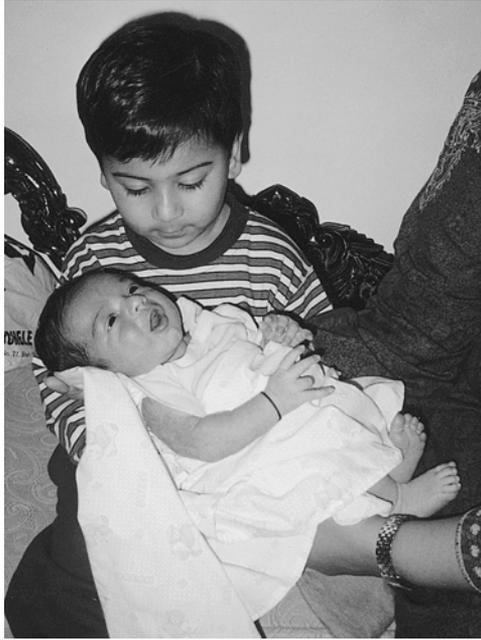
If you are truly confused about what to do in a certain situation, consult your paediatrician. For instance, if elders insist that you give water to your baby, let the doctor convince them that an exclusively breastfed normal baby does not need water in the first 6 months of life, even on a very hot day.

If possible, arrange for them to meet the doctor. If that is not practical, let the doctor give the advice in writing and also, if possible, give you some written material (a book or an article or a pamphlet) to substantiate the given advice.

Finally, of course, it is for you to decide whether you want to spend the time after delivery at your mother's place or with your in-laws or with just your husband. But before you decide, do keep in mind the fact that there are several benefits of living in a joint family. So do not take a hurried decision to stay alone if adjustment is possible.

Sibling Rivalry

If you have an older child, be prepared for the possibility of sibling rivalry.



Be prepared for the possibility of sibling rivalry

Ideally, you should have introduced the baby to her in advance. Let the older child know that you are going to have a little baby. As the baby in your womb starts kicking about, let the older one put her hand on your abdomen and say hello to the 'little' one. Let her talk to the baby in her own way.

Encourage the older sibling to make or buy a welcome card to be presented to the newborn on her arrival.

It would please your older child considerably if you have a framed photograph of her on your bedside table in the hospital. It will reassure her that she is still your favourite. Arrange to have your older child brought to see you and the new baby in hospital after you deliver. Ignore the baby for a little while and make a fuss of the older child. Then introduce the older child to the baby and ask her if she would like to hold her. If the older child wants this, make her sit in the

middle of the bed and put the baby in her lap. If she decides to kiss the baby, let her do so, as long as she doesn't have a cold or any other infection. If she does, she should wait at home for the baby's arrival.

Some amount of jealousy is normal and to be expected, but we must be sensitive and handle it properly. Take the help of your older child in the care of the younger one — getting her clothes, changing her diapers, etc.

If the older child hits or pinches the younger one, by chance or intentionally, remove her from the scene so that no further damage is done. But keep in mind that 'A child needs love most when she is least lovable'. Hug the older child. Cuddle her and give her a kiss. Do not make an issue of the incident by punishing her for hitting the baby. By your action, the child gets a clear message that hitting others is not allowed, but also that everyone still loves her as before.

A child may feel bad because she is suddenly deprived of her possessions — her cot, her room, her toys, her father's lap or her mother's breast — for the sake of the younger one. Assure her of her place in the family. If the older child, on seeing the baby breastfeeding, shows a desire to suckle, she may be allowed an occasional feed.

When parents are unable to handle a child's jealousy adequately, she may start behaving like a little baby — wetting her bed, sucking her thumb or even speaking like a little baby. Often, the problem resolves on its own. At times, however, the situation worsens, and the child may withdraw and stop communicating. Seek the help of a child psychologist or a family counsellor in such a case.

HANDLING YOUR BABY

Crying

Do not hesitate to pick your child up when she cries. It is most important for a baby to have a feeling of

security after birth. Crying is often a signal that she needs something. Don't worry about disciplining the child at this stage. I am all for discipline, but let that come later, when the child is reassured that she is loved and wanted.

Sometimes, a baby who was quite at peace in hospital may start crying unduly on reaching home. Perhaps she needs time to adjust to her new surroundings. She will almost certainly settle in 2 to 3 days.

If you are worried that your baby is crying because you are not producing enough breast milk for her, watch the colour of her urine. If she is getting only your milk (without additional water), and keeps passing a light-coloured urine, that is a sure sign that she is getting enough milk. The crying is then due to other reasons (see *Crying* in the chapter on THE A-Z OF CHILDHOOD ILLNESSES).

Is Your Milk Suitable For Your Baby?

Your milk — thin, thick, yellowish, bluish or white — is always right for your baby. Breastfeeding is to be continued even if the mother is suffering from asthma, malaria, cold, typhoid or tuberculosis. It is important not to give any glucose water or any other milk for the first few days, because the first yellowish milk (colostrum) produced then, though small in amount, is enough to meet all the needs of the baby. Even if you have to work outside the home, it is dangerous to start bottle-feeding with the assumption that the baby should get used to it. Working mothers can breastfeed successfully without ever using a bottle.

You can feed in any position — lying down, sitting or reclining, as is convenient for you. The important point is that the position of the baby at the breast should be correct. This is based on the fact that breast milk collects in the dilated ducts that lie underneath the areola, the dark portion behind the nipple of the breast. The breast should be put into the

baby's mouth so that much of the areola — especially the portion below the nipple — is not visible while the baby is suckling. Let the baby keep suckling from one breast even if she seems to have fallen asleep and her eyes are closed. Offer the other breast only when the baby releases the first breast on her own. If the baby is satisfied with only one side, offer her the other breast at the next feed. If you have twins, milk from one breast is enough for one baby.

Some mothers' breasts feel heavy or congested 3 to 4 days after delivery. This means that the mother is not feeding the baby enough. She should offer the baby frequent feeds or express the milk for the next 2 to 3 feeds. If the heaviness is allowed to remain, the mother will feel more discomfort and the baby will have difficulty in suckling.

If the baby starts sucking her fingers, do not jump to the conclusion that she is not getting enough milk from you. Observe the baby's urine; its light colour indicates that the baby is getting her required quota of milk. Here, it may be mentioned that a baby may pass yellowish urine if she is given vitamins or if she sweats more because of heavy clothing.

Vitamins For The Baby

Your baby does not need any vitamin drops if you are breastfeeding and eating well. Your diet should include seasonal fruits, vegetables, sprouts, whole grains and nuts.

Babies who are given cow or buffalo milk do need extra vitamins. Formula milk (from baby milk powders) has added vitamins.

Your paediatrician may give your newborn baby a dose of Vitamin K, based on the premise that it takes some time for the newborn to start making this important vitamin in her system. The first milk produced by the mother (colostrum) is rich in this vitamin and all babies should get colostrum.

It has also been seen that the amount of Vitamin K in breast milk can be increased if the mother's diet includes leafy vegetables.

10 Important Points For The Care Of Your Newborn

- Aim for direct skin-to-skin contact with your baby soon after birth.
- The first yellowish breast milk (colostrum), though produced in small amount, is enough to meet the needs of your baby.
- A crying baby may need body contact. Pick her up; don't worry about spoiling her.
- Bathe a newborn with plain lukewarm water for the first 7 to 10 days of life. Soap and oil may be used later. There is no need to buy medicated soaps and expensive baby soaps and oils. In fact, some babies may develop skin rash with their use. Any non-scented bath soap and a locally preferred oil like *til* (sesame) oil, coconut oil, groundnut oil or mustard oil is adequate. Refined groundnut oil, available in most homes, is a possible substitute. There is no need to go in for almond or olive oil. Talcum powder, including special baby powder, irritates a baby's nostrils and can cause severe lung disease. At times, it gets caked in the skin folds. Avoid using all types of powders. If you feel you must use it, restrict its application to the nappy area or where the skin tends to chafe. Never buy prickly heat powders; they are often medicated and unsafe for babies. Some children get skin rashes with *besan* (gram flour) or *malai* (milk cream). In general, we do not recommend their application.
- Relatives should massage or bathe the baby. If a *maalishwali* is hired, she should be closely supervised to ensure she does not give too vigorous a massage.

- Some newborns may have swollen breasts that subside on their own after a few weeks. Pressing the breasts to squeeze 'milk' out of them can be dangerous and should never be done.
- Do not try to push the foreskin of a male child's penis to separate it from the soft front portion. It is meant to protect the delicate part of the penis.
- Do not put oil into the ears and nostrils of the newborn. Oil, if aspirated into the lungs, can be dangerous. The baby's nose may sometimes be obstructed by thick secretions. These should be moistened with cotton soaked in water and then removed gently with a clean cloth. Do not clean the tongue and mouth of a baby. *Avoid pacifiers* (dummies); besides interfering with proper feeding habits, pacifiers increase the risk of infections (including middle ear infection) and malocclusion of the teeth.



Mom's clean finger may be safer than a pacifier

- Never use earbuds or cotton buds for the baby. After a bath, use a corner of the towel to clean the external ear. The wax normally found in the ear canal protects it. Do not try to remove it. Also, do not blow into the baby's ears after a bath.
- Never use *surma* for the baby's eyes. Quite a few such preparations contain lead, which can be dangerous for the baby.

Skin Massage

In most Indian families, it is customary to give the baby an all-body massage with oil or ghee to stimulate the circulation. I support this tradition; it provides extra body contact. But I must add that it is not essential, especially if you do not have extra help.

Bath

I recommend a daily bath in normal circumstances. In extremely cold weather, daily sponging and a bath twice a week should be adequate. The face and diaper area need more frequent cleansing.

In the hospital, you may be shown how to bathe your baby in a bath-tub and you may follow the same method. Many Indian women also often bathe babies without a tub. The woman sits comfortably on the floor with her legs stretched out in front of her. The baby is laid, on her back or stomach, between the woman's bare legs and then massaged or bathed. I find this a very simple and practical method and strongly recommend it.

Never leave the baby alone in water even for a few moments. Negligence can be fatal.

Some people clean the mouth and tongue of the baby with a piece of cloth or with glycerine. This is unnecessary and may

damage the delicate mucous membrane of the baby's mouth and lead to infection.

Cut your baby's nails while she is sleeping after a bath. Cut the nails straight across with a nail clipper.

Sleep

To begin with, a newborn baby either feeds or sleeps. She may not yet be aware of the difference between day and night. She may sleep more during the day and feed more often throughout the night, which can be rather annoying. Fortunately, within a couple of weeks, your baby will fall into a routine convenient to you. Till then, try to doze off while she sleeps during the day. As people at home start taking more and more interest in talking to the baby, she may start sleeping less during the day and for longer hours during the night.

Put your baby to sleep on her back. Prone sleeping (on the stomach) has been reported to be a risk for Sudden Infant Death Syndrome (SIDS). However, putting baby to sleep on her side, previously recommended as a safer alternative, also appears to be associated with SIDS, probably because infants placed on their sides tend to roll onto their stomachs.

Additionally, infants who die of SIDS have a more than twofold-increased probability of having been born to smoking mothers. Risk of SIDS specifically attributable to parental smoking (mother or father) was over 61%.

Fan Or Air-Conditioner?

During hot weather, a fan must be used, unless you are lucky to have a room with cross-ventilation which always remains cool. Do not hesitate to switch on an air-conditioner.

However, make sure that the baby does not sleep directly under the fan. Keep the windows open when the air-conditioner is not in use.

Place the baby a little away from the window in order to avoid her being in the draught.

Music And The Baby?

Sing or have her grandmother sing to baby to lull her to sleep. If you want to play recorded music to serve the same purpose, go ahead. Should you listen to music while the baby is asleep? Of course, you should, if you enjoy music. Let the baby also start getting used to your ways of living.

Of course, the music shouldn't be played too loud; that would not be good even for adult ears.

Should You Use A Cradle Or A Hammock To Rock The Baby To Sleep?

Do not let your child be dependent on being in a cradle or hammock to sleep; you will find it very difficult to put your baby to sleep if you happen to go to a new place, where you do not have such a facility. However, if your baby is already used to it, fold a sari to make a hammock and suspend it securely from both ends of a bed or a table.

Should You Wrap Up Your Baby?

Keep baby warm in cold weather. Some babies sleep better if wrapped up, especially during their first month. Some like to have their hands out. Be flexible; go with what your baby seems to like.

Gradually, the baby should be unwrapped more and more so that she can move her limbs freely. She will start looking at her hands later and get to know the shape of her body better. It was mentioned earlier that most babies tend to sweat profusely on the head. But some tend to sweat a lot all over. Some of these babies, if kept wrapped all the time, may develop fever due to dehydration. This fever will settle down if your baby is kept cool and is given a few sips of boiled and cooled water with a cup or a spoon. Never use a bottle for this

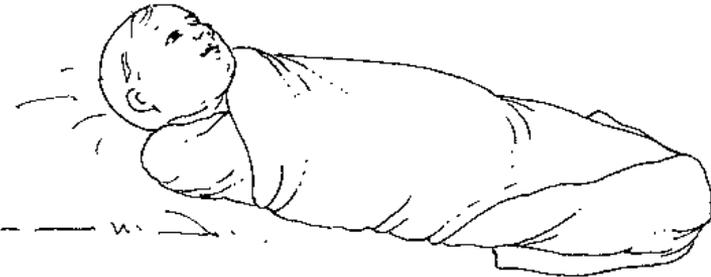
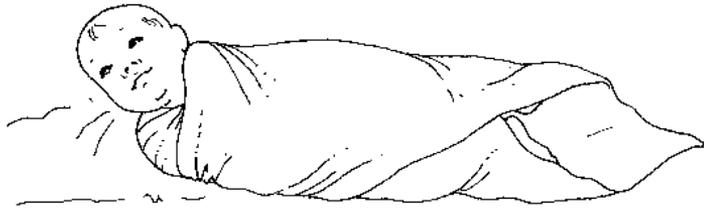
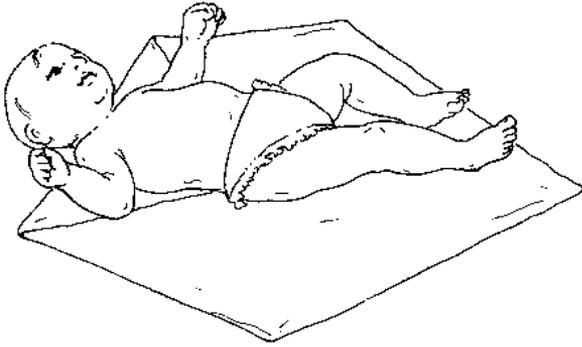
purpose. (See chapter on FEEDING THE NEWBORN AND INFANTS.)

Wrapping the baby is not difficult. Follow the figures on the next page: (a) fold the upper corner of the sheet. Put the baby on the sheet as shown; (b) straighten the baby's right arm gently. Wrap the right half of the sheet over the arm and her body. Take the sheet behind her back and tuck it; (c) straighten the left arm and wrap the left half of the sheet over the body as before; (d) lift the lower portion of the sheet upwards over the body. You may secure it with a closed safety pin or just leave it as it is.

Going Out

Traditionally, an Indian woman stays at home for at least 6 weeks after delivery; it takes about that much time for the woman's anatomy to return to its previous state. For instance, as the foetus grows bigger, the uterus goes right up to the top of the pregnant woman's abdomen. This has to come back to its earlier position. The baby suckling at the breast hastens the process of this so-called involution of the uterus. The 6 weeks' rest also gives the mother and the baby time and opportunity to become familiar with each other's moods and to continue the on-going process of mothering and mother-infant bonding.

But can you go out — say to a party or for shopping or for a wedding — earlier than this 'sacred' period of 6 weeks? Of course you can, and you must if it is important. If you know that you will enjoy going out, go ahead. Whenever possible, take your baby with you. Do not worry that she is not yet immunised. Of course, avoid taking her to crowded places as far as possible. If you are going to a party and you have a maid, take her with you. Let the baby be with her in an adjoining room, join your friends, enjoy the evening and attend to your baby if the need arises.



Wrapping the baby

Resuming Sex

Avoid sexual intercourse in the first 6 weeks after delivery. Do discuss family planning with your doctor. If you do not believe in modern family planning methods, make sure that you exclusively breastfeed your child for 6 months and after that, add other foods gradually, while breastfeeding is continued and bottle-feeding is avoided.

FREQUENCY OF CHECK-UPS

After seeing the baby at birth, I like to see her 1 and 2 weeks after discharge from the hospital. At around 10 days, the baby is supposed to regain her birth weight. I also like to know how breastfeeding is going and answer any questions that the mother might have forgotten to ask in hospital. I also like to see the condition of the umbilical cord at that time.

I would then like to see the child at 6, 10 and 14 weeks for immunisation (see chapter on IMMUNISATION). I would also check about breastfeeding and see the milestones of development that the child has achieved and record her height, weight and head circumference.

Then I would like to see the child at about 6 months, 9 months, 15 months and 2 years. At 6 months, addition of complementary foods will be discussed. At 9 months, measles vaccine will be advised. I also like to see at that time if the child needs any vitamins, calcium and iron. At 15 months, MMR vaccine will be advised. Through these visits, I would observe the growth and development of the child and advise a booster dose of DPT and OPV at 2 years. At this age, we may also get a rough idea about the height that the child will achieve later in life. Then I like to see the child once a year and guide the parents for a healthy and happy childhood and adolescence. If you would like your paediatrician to see your child every month for the first year or two of her life, discuss it with her and arrange for check-ups accordingly.

Guest Article – Dr. Geetanjali Shah

HOLISTIC BONDING WITH YOUR UNBORN CHILD

Dr. Geetanjali Shah, MD, DCH, DNB is a consulting paediatrician and neonatologist practicing in Mumbai. An allopath, Dr. Shah is also trained in alternative medicine.

The days when a foetus in a mother's womb was considered a passive, mindless creature are long gone.

Medical science has now woken up to the abilities of this highly evolving being to understand, listen to and be influenced by its environment.

Good *sansharas* (exposure to ennobling influences) can be imparted to the unborn baby not just during pregnancy, but also a good 3 months before conception.

Start Preparing Before Conception

I offer preconceptional counselling 3 months prior to conception in accordance with the Supraja theory as described in Ayurveda. This involves improving the quality of the parents' gametes by purification or *pindashuddhi*, so that their fusion may produce a healthy and intelligent baby.

The counselling involves abstinence from alcohol, cigarettes, drugs and excessive tea or coffee. It includes eating nutritious homemade food, exercise and other herbs for both the to-be parents, meditation and positive visualisation techniques.

Spiritual Health For The Baby In Utero

The baby in the uterus has its own special senses developing, especially the hearing capacity. Henry Truby, former professor of paediatrics, linguistics and anthropology at the University of Miami, USA, points to studies since 1960 showing that the foetus hears clearly from the sixth month in utero and even more startlingly that it responds to the mother's speech.

Resonant Sounds Have A Greater Effect

Experiments prove that resonant sounds (like a bell or a musical instrument) cause an immediate change in foetal heart sounds. Which somewhat explains the ancient Indian tradition of teaching expectant mothers to loudly chant *mantras* with *beejaksharas* like 'om', 'brim', etc. These sounds are understood to make the baby increasingly alert, thereby possibly stimulating greater intelligence development.

MEDITATION

The Holistic Pregnancy Relaxation Programme

I recommend this at my mothercraft classes. Each session has 3 phases

- Meditation
- Auto-hypnosis and Auto-suggestion
- Breathing exercises (*pranayam*)

Meditation Techniques

The best time to practise meditation is early in the morning when the mind and the body are really relaxed. Take a comfortable posture, by lying on your back or sitting with your eyes closed. Slowly allow your mind to slip into the 3 stages of meditation:

- Focus your mind on your body, and be aware of it slowly being completely relaxed, upward from the toes, all the way to your head.

- Concentrate your thoughts on your abdomen, then on the baby inside and imagine it to be in a state of perfect health.
- Your body is in a state of inner alertness. Your mind is relaxed. Meditate on the image/idol/vision/concept/idea you believe in, either your God/deity/saint/person/force/entity, the qualities of which you want your baby to imbibe.
- With your eyes closed, breathe slowly and deeply. As you inhale, visualise your breath as a radiant white light filling your body. As you exhale, imagine the light passing out of your body through the cells of your feet, carrying all tension away. Repeat this thrice, each time directing the light to each part of your body and then to your baby. Enjoy the feeling of complete relaxation for a few minutes. Take one last deep breath, open your eyes and stretch. Visualisation helps induce relaxation and creates positive, pleasurable images about childbirth.

Auto-Hypnosis And Auto-Suggestion Techniques

- Close your eyes and visualise yourself entering a place of complete peace and tranquillity — like a garden or seashore. Imagine resting on the grass or sand and a relaxing feeling spreading from your toes upwards. Your toes, ankles, knees, legs, thighs and then your abdomen, back, chest, arms, from the shoulders to the fingertips, neck, face and head are getting completely relaxed. Count numbers 1, 2 and 3 and prepare your mind for auto-suggestions.
- Give yourself the following suggestions: “With the help of my higher self and energised mind, I will keep my mind free from negative thoughts about pregnancy and labour. I will follow the right path and remain happy and content even in stressful situations. I know that every thought, desire and action of mine may have a direct or indirect effect on the baby. I visualise my baby thriving, gaining weight, enjoying moving about in the amniotic fluid around her. Her respiratory, cardiac and central nervous system

are forming well. Her immune system and special senses are developing without any defect. I am sending my positive vibrations to the baby to grow well till the ninth month of gestation is over, and then have a smooth delivery and post-natal course.” Now, slowly count the numbers 1, 2 and 3. At the same time, talk aloud to the baby, sing to her, and stroke her by touching the abdominal wall fondly. This quiets the baby. Some children even recognise lullabies played to them later, which they had heard only when they were in the uterus.

Breathing Exercises

Sit on a chair, reclining slightly. Take a deep breath through your nose, filling your lungs. Then blow it out completely through your mouth, like an audible sigh of relief. As you do this, notice how your belly flattens as you squeeze out every last bit of air. This full exhalation pushes out all the stale air from the bottom of the lungs. Repeat this 3 to 5 times at each sitting, doing it whenever possible during the day. This type of breathing increases blood circulation to the baby and helps you relax.

HAVE A HOLISTIC LABOUR TOO

- **Guided imagery relaxation exercises:** It is important to practise guided imagery exercises during the ninth month of pregnancy prior to labour as follows:

Imagine yourself getting the initial labour pains at your expected due date. You are completely prepared and ready in body and mind for the delivery and proceed to the hospital after informing your doctor. Imagine yourself in the hospital in a relaxed state, doing breathing exercises, walking and listening to music in the first stage of labour. You are eagerly awaiting the birth of your baby and in complete control of yourself. Imagine yourself getting a massage from a relative or an

attendant and feeling relaxed. Your labour is now progressing; contractions are getting stronger in intensity and are coming frequently.

- **Labour affirmations:**

Close your eyes and visualise the following:

“With each contraction, my cervix is dilating more and more, and the baby is descending.

“The contractions of my uterus are massaging the baby, hugging it.

“My belly feels as if it is suspended in warm water, floating lightly.

“My breathing is slow and even.

“My legs, hands, face, shoulders, stomach and abdomen are relaxed. My belly and pelvis feel relaxed.

“I am open and relaxed, so that my baby comes out easily.”

- **Childbirth affirmations:**

“The baby is descending naturally. With each contraction, the baby descends a little more. Soon my baby will be here.

“The baby and I are doing beautifully.

“My vagina stretches as the baby’s head crowns, then emerges. I think of coolness, coolness.

“Now the baby is here. My baby is beautiful.”

I have observed that all my patients who have practised this technique sincerely and regularly have had relatively smooth and painless labour and lesser incidence of operative interventions during delivery.