

WELCOME BABY

FORMULA

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01 CONGRATULATIONS!

You've just become a mum or dad. That's quite an experience.

During your stay the maternity team will be on standby to help you settle into your new role. Just ask for information and help when you need it.

This brochure provides practical information about formula feeding. It also contains your baby's data and a diary. Just like the information checklist, feel free to fill in the diary.

We wish you a pleasant stay and a smooth start with your baby.



02 BREAST MILK OR FORMULA

Breast milk is the normal food for a newborn baby. The World Health Organisation recommends to give all babies breast milk only until they are six months old.

Sometimes it is not possible to give breastfeeding due to medical reasons. Or maybe you make a conscious choice of giving formula instead.

As soon as you start formula feeding and your baby does not drink from your breast, your body will stop producing milk. You may feel some tension in your breasts the second or third day after the delivery. This is normal and will automatically go away.



03 GIVING FORMULA

The first bottle of formula is given within four hours after birth. Some babies drink easily, others need some more time to learn how to suck. Babies do have some reserves, give them the time to learn how to feed.

Feeding on demand

Formula may be given on demand. Every baby has his own rhythm. It is rather exceptional if a child asks to be fed at certain set times immediately after birth. Sometimes the intervals between feeds may be shorter, sometimes longer. Your baby will display some hunger cues to let you know he wants to drink.

Hunger signs

Your baby tells you when he wants to drink by:

- ▲ making movements with the mouth and/or tongue
- ▲ moving more actively
- ▲ taking his hands to his mouth
- ▲ sucking on his fists

These are early hunger cues. Crying is a late hunger sign.



How often and how much does my baby drink?

Normally **6 formula feeds every 24 hours** are offered. Some babies require 7, or exceptionally 8, smaller feeds.

Ready-to-use formula bottles are available at the hospital. The feed is given at room temperature.

You can let your child drink **according to needs**. During some feeds the child may drink more/less than during other feeds. That is normal.

You will have to prepare the formula yourself at home (see below: preparation). If you notice that your baby finishes the bottle every time, you can offer a little more the next day. If he does not empty the bottle, you should wait a little longer to give more. If you have any doubts, ask for advice from the independent midwife, the Kind en Gezin nurse or the doctor. They can give advice about the appropriate amount of food based on your baby's weight and age.

Preparation

Prepare the formula at home with powder and water. Write down the name of the formula powder your baby gets in the diary on page 11. Follow the doctor's instructions when choosing a type of milk powder. First age milk is only sold at the pharmacy.

This powdered milk is packaged in cans or cartons. An opened box should be discarded after one month. You can write the date of opening on the box to make sure the expiry date is not exceeded.

Use non-sparkling mineral water from a bottle. Water specifying: 'suitable for the preparation of baby formula' and at room temperature is preferred.

Make the bottles right before each feed, not earlier. Mixing the powder and water in advance increases the chances of infection for your baby. Careless preparation of formula can be dangerous for your baby.

How to prepare the bottles?

- ▲ Wash your hands.
- ▲ Respect the recommended amount of water.
- ▲ Add the correct amount of powder in a measuring spoon. 1 level spoon of powder for 30 ml of water.
- ▲ Only use the measuring spoon provided inside the box.
- ▲ Close the bottle and roll it between your hands to avoid clots.
- ▲ Discard the remaining milk after each feed and rinse the bottle with cold water to avoid the formation of bacteria.
- ▲ Never leave the milk at room temperature for longer than 1 hour. Bacteria can develop quickly in the prepared formula.
- ▲ Wash all bottles and teats at least once every 24 hours with detergent, then rinse with warm water.
- ▲ Close the bottles for storage.

Sterilizing bottles is no longer necessary for healthy children. Sterilization is necessary for sick, prematurely born children or situations where hygiene is inadequate.

How to sterilise: 10 minutes in boiling water, adding a splash of vinegar to avoid limescale. Add teats and retaining rings the last 3 minutes to avoid damage. You can also use a steriliser for sale in the shops.

How do I bottle-feed my baby?

A baby seems to be very small and helpless but can actually do quite a few things already. Babies have a rooting, sucking and swallowing reflex. Using these reflexes allows them to drink easily. Sit down as comfortable as possible and cradle your baby close to you.

- ▲ Keep your baby in a semi-upright position. Support the head with your arm.
- ▲ Make sure the baby is not in foetal position with his chin on his chest.
- ▲ Moving the teat over his cheek or upper lip will usually trigger the baby's rooting reflex.
- ▲ By filling the teat with milk you make sure that the baby swallows less air.
- ▲ The bubbles which are released in the teat tell you the baby is drinking correctly.
- ▲ If your baby flattens the teat by sucking, try loosening the ring a little to allow some air to be sucked into the bottle.
- ▲ Some babies are very eager and drink everything in one go. Other babies take their time and stop every now and then to rest or burp.
- ▲ After giving the bottle wait about 15 minutes before putting your baby back to bed.
- ▲ Give your baby the chance to burp by holding him upright, as high as possible on your shoulder and patting his back softly.

Because your baby's energy need may be different from day to day, it is normal that one baby needs more feeding than the next one.



Help us recycle by sorting

Empty milk bottles are largely sorted at the PMD. You only need to throw the pacifier and the label with your personal information (if present) in the residual waste.

04 BABY CARE

At the hospital we will help you with the first baths. At home it is not necessary to give your baby a bath every day. Make sure that your baby's face, hands and bottom are washed daily.

The umbilical cord does not require any additional care. It will dry up nicely and fall off on its own. This usually happens within 2 weeks after birth, but can take up to 4 weeks. It is normal for the drying umbilical cord to have limited moisture at the junction with the skin. Even after the umbilical cord has fallen off, the navel may have limited moisture. Make sure you keep the navel dry after bathing. If the skin around the navel becomes very red and smells strongly, it is best to report this to your doctor or midwife. If the drying umbilical cord has not fallen off after 2 weeks or the umbilical stump is and remains very moist, it is also best to contact a healthcare provider.

At the hospital your baby's temperature will be checked. The temperature may fluctuate between 36.5°C and 37.5°C. If your baby's temperature is above 37.5°C he may be overdressed or has just cried a lot. Take some layers of clothes off, soothe your baby and check the temperature again an hour later. If the temperature is still too high (above 38°C), contact your doctor.

05 SCREENING FOR METABOLIC DISEASES

We recommend to have your baby screened for genetic disorders which are not visible at birth. The idea is to detect these diseases early on and start a treatment. This may avoid serious disabilities or chronic disorders.

Blood is drawn by the midwife at the hospital or at home between 48 and 96 hours after birth. A drop of your baby's blood will be collected on a card. One half of the card is sent to the lab, you keep the other part as evidence that it was taken. The results will be ready after two weeks. No news is good news.

06 VITAMIN D

Your baby should get a vitamin D supplement. The midwife and/or paediatrician will explain how, how many and when you should administer the vitamins when you leave the hospital. Preferably use a mono preparation.

All children get 400 IU vitamin D per day until the age of 6. For children with a dark (Negroid) skin, 600 IU/day is recommended. Apply the drop directly in your baby's mouth.

After the birth your baby will get a single vitamin K dose from the midwife. You do not have to repeat this at home.

In some specific cases the doctor will prescribe another dose.

07 EXAMINATION BY THE PAEDIATRICIAN

Your baby will be examined extensively by the paediatrician, after the birth and before the discharge from the hospital.

The discharge examination can only be performed correctly if your baby is more than 48 hours old.

Early discharge (less than 48 hours) is possible subject to the paediatrician's approval and adequate follow-up at home from an independent midwife. The appointment with the midwife must be made before the discharge. You also have to make an appointment with the paediatrician within one week following the birth.

08 DIARY

Adrema baby

Boy/girl

Date of birth: Weight:

Time of birth: Length:

Pregnancy term: Head circumference:

Apgar: / / Blood group:

Konakion: PKU screening

Remarks:

.....

.....

Adrema mum

Mother's blood group:

Feel free to fill in the diary below.

Extra pages are available for printing on www.uzgent.be.

09 CHECKLIST

Use the checklist below to see which information you have received so far.

The checklist can be an aid to use when talking to care providers maternity care provider, midwife, K&G nurse, paediatrician, gynaecologist ...

BABY	
Care/baby bath	
Nappy change	
Urine / stool	
Umbilical cord	
Weight	
Temperature	
Skin colour	
Baby's behaviour	
Sleeping	
Crying and soothing	
Carrying	
Metabolic disease test	
Vit D	
Safe living environment	
Hearing test	
Vaccinations	
Safely on the road	

Mother	
Physical recovery (blood loss, stitches ...)	
Lifestyle: sleep, rest, food, hygiene	
Pain control	
Baby blues	
Birth control methods	
Sexual life	
Physiotherapy and pelvic floor	

Formula	
Types of formula	
Hygiene and preparation	
Amount + evolution	
Giving a bottle	
Storing and packing	
Cleaning and sterilising	

10 USEFUL ADDRESSES

UZ Gent contact details

Maternity department: Phone 09 332 20 43

Flemish Professional Midwives Association

Phone numbers of independent midwives and/or lactation experts near you are listed on the website.
www.vroedvrouwen.be

Maternity Care Expertise Centre

Expertise centres provide besides home care by midwives and maternity carers, also extra services such as telephone info line, sometimes a shop/lending desk (e.g. breast pump), organisation of courses/workshop ... www.expertisecentrakraamzorg.be

Child and Family (Kind en Gezin)

Kind en Gezin is an organisation subsidised by the government. Its mission consists in providing a maximum of opportunities to every child, no matter where and how it is born or growing up. A lot of information can be found on their website and in their brochures.

www.kindengezin.be.

Phone (Brussels) 02 533 12 11 - Info line 078 15 01 00

Independent midwife expert who will follow you up after your discharge:

Name:

Phone number:

Paediatrician who will follow you up after your discharge:

Name:

Phone number:

11 IMPORTANT

Contact a care provider in the following exceptional circumstances:

Mother

- ▲ suddenly has very abundant blood loss
- ▲ has persistent fever
- ▲ has persistent headache, visual disorders, stomach ache ...
- ▲ has pain in the lower legs with redness and, possibly, swelling, shortness of breath,
- ▲ shoulder pain
- ▲ has persistent feelings of depression

Baby

- ▲ has blue lips
- ▲ looks pale or grey
- ▲ does not drink for several feeds in a row
- ▲ urinates less
- ▲ is drowsy and weak
- ▲ has a fever (more than 38°C)
- ▲ looks yellow over his entire body
- ▲ has blood in the stool
- ▲ vomits green fluid
- ▲ has a swollen foul smelling belly button

Maternity department

T +32 (0)9 332 20 43

www.uzgent.be/materniteit

Deze brochure werd enkel ontwikkeld voor gebruik binnen het UZ Gent. Alle rechten voorbehouden. Niets uit deze uitgave mag worden veeveelvoudigd, opgeslagen in een geautomatiseerd gegevensbestand of openbaar gemaakt, in enige vorm of op enige wijze, zonder voorafgaande schriftelijke toestemming van het UZ Gent.

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Volg ons op

