**Welcome to the maternity ward!**

Congratulations on your new family member!

In this folder you will find useful information and a few simple guidelines.

We are here to give you support, guidance and help. Our main interest is to give you the confidence you need to get a good start with your new baby.

**Meals:**

• Breakfast from 08.30h to 09.30h

• Dinner from 12.30h to 13.00h

• Early supper from 17.00h to 18.00h

• Late supper from 19.30h to 20.30h

If you are hungry between meals or if you are in the neonatal care unit when the meals are served, please let us know, and we will find food for you. The kiosk by the main entrance is also open at all times.

Food in the buffet is only for admitted patients and admitted companions. Admittet companions will receive å paper note allowing them to get dinner in the buffet.

**Nursing staff handover:**

07.00h to 07.30h

15.00h to 15.30h

22.00h to 22.30h

There is only one staff available in the ward at these times.

**Informational films:**

We recommend our informational films about maternity and breastfeeding. Scan the QR code to go directly to the films.

Maternity: Et bilde som inneholder sort, mørke

KI-generert innhold kan være feil.Breastfeeding:Et bilde som inneholder sort, mørke

KI-generert innhold kan være feil.

**Visiting hours:**

• You can choose ONE next of kin who can visit during your stay.

• Visiting hours for partner/next of kin is between 09.00h to 21.00h

• Siblings are welcome from 17.00h to 18.00h weekdays and from 14.00h to 15.00h in the weekends

**Mobile telephone:**

Please turn the sound off at all times. If you get many phone calls, please answer the phone outside the room.

**Wireless network:**

Search for the wireless network “Gjest.ihelse.net”. Press continue two times. Register with your full name and telephone number. Username and password will automatically be sent to you on sms after registration.

**“Knipen”**

A physical therapist will have a group lecture about pelvic floor muscle exercise on Mondays, Wednesdays and Fridays at 11.15h-11.45h

**Welcoming conversation**

**Routines and “house rules”:**

• Read the information you are handed by the staff

• Examination by a paediatrician (children’s doctor) the first day

• Conversation with a midwife the second/third day

• Conversation with a doctor during your stay if needed

• Discharging third day, maybe later if needed due to medical or other reasons

• Storage of valuables

• Always wash your hands after going to the toilet, before breastfeeding and before serving yourself from the buffet in the dining room.

• Please wear slippers and robe or personal clothes when not in your room

• Leave toilet and shower as you would like to find it

• Please keep bags etc. in your night table or closet. This makes it easier for the cleaning staff.

**Breastfeeding:**

• Do you wish to breastfeed? How do you find the breastfeeding? Any breastfeeding experiences?

• Information: Breastfeeding within 6 hours after birth, early signs from the baby, self-regulation, breastfeeding during the night, breastfeeding technique, hand expression, disadvantages with the use of a pacifier.

• Breastfeeding room where you can use a breast pump if needed.

**The child:**

• Nursery room

• Sleeping on the back

• Skin-to-skin contact (calming the baby, temperature regulation, increase the milk supply, bonding)

• Getting to know the child (breathing, signals, crying)

• Jaundice

**Mother after birth:**

• Bleeding, after-birth pains (cramping), pain in tears/sutures, urinating, hemorrhoids, maternity blues

• Thirst, sweat. Important to drink a lot.

• Personal hygiene

**The birth:**

• Anything specific you would like to talk about regarding your birthing experience?

• How did you experience the help during birth?

• Do you wish to talk to the midwife, the children’s nurse, the doctor, others?

**If your child has to stay in the neonatal care unit:**

- Information about the neonatal care unit (you will get an information brochure from the nurses at neonatal care unit)

- Your opportunity to be near your child. Let us know when you are leaving the maternity ward and when you will be back.

- Information about breastfeeding/hand expression/pumping – a cooperation with neonatal care unit.

- How to store your breast milk, donor breast milk if needed.

- If you are ready to be discharged before your child

**Examination a paediatrician (children’s doctor):**

The day after your baby is born, he/she will be examined by a paediatrician/children's doctor. This takes place on the maternity ward and you, the parents, are very welcome to be present during the examination. A children's nurse will also be present during your child’s examination, and sometimes students join us.

The paediatrician examination is extremely important, and you may only take your child home after this has been carried out.

It is a normal clinical examination, during which the doctor listens to the heart and lungs, and carries out a thorough check of your infant. Some babies cry when they are examined but it is not painful.  Normally your child will be examined once during you stay. If there is a heart murmur for example, then your child will be examined several times.

This paediatric assessment is the first step in a national programme that is offered to all Norwegian babies. The next routine examination will be the 6-week check at your local health clinic.  Sometimes the paediatrician will request that the health clinic follow up certain findings. If you have any questions for the paediatrician during the examination you are welcome to bring them up.

**Breastfeeding:**

Our goal is to provide individual guidance and help for you to find the best way to breastfeed your baby. Each mother-baby care situation is unique, and together you need to find what is comfortable and works for you both. We are here to give you the support and guidance you need – you only have to ask!

Why breastfeeding is good

• Mother’s milk contains all the important nutrients your baby needs.

• Mother’s milk contains antibodies which protect a child against disease

and allergies in the first years of life.

• Breastfeeding provides important, intimate contact between mother

and child.

• Mother’s milk is cheap and practical to use.

• Breastfeeding causes the uterus to contract and protects a woman against

certain types of cancer.

It is important that you spend as much time as possible with your baby, to enable you to get to know each other and feel more secure when you go home.

• Pick up the baby and bring him or her to your breast as soon as he or she wakes and makes a sound. Don’t wait until the baby begins to cry.

• When you have breastfed just after birth, you should arrange for the next feeding to take place no later than 6 hours after the birth. Ask us for assistance.

• Even if you don’t think you have any milk, the few drops you can give are worth their weight in gold and are often enough to calm the baby.

Let breastfeeding be a comforting time for you and your baby!

We recommend you breastfeed during the night, right from the start.

Breastfeeding at night stimulates lactation more effectively than during the day. As a nursing mother it is natural that you experience light, frequently interrupted sleep, precisely because you have a newborn baby to care for. Ensure that you compensate for some of the lost sleep during the day, while the baby is also asleep.

Feeding time and emptying of breasts

If the breastfeeding technique is correct it will not be necessary to increase sucking time gradually in order to prevent sore nipples. A baby may take 10 to 30 minutes to empty a breast. Because the last milk is the richest, it is important that the breast is completely emptied before the other breast is offered. This also stimulates lactation. If the baby feeds from both breasts during one feeding, it is important to begin the next feeding with the breast which was not emptied completely the last time. The baby should be brought to the breast when it shows signs of hunger. Some babies want to be fed 10 to 12 times a day, while others are satisfied with less frequent feedings. Anyway the baby should be given the opportunity to breastfeed at least 6-8 times pr 24 hours. It is normal for a baby to want more frequent feeding in the afternoon and evening. If the baby sleeps a lot during the first few days, you should wake it for feeding. This will help reduce breast engorgement since lactation increases considerably in volume around the third or fourth day.

Useful websites:

www.ammehjelpen.no

https://www.llli.org/ (La Leche League - Info in many languages.)

**About your baby:**

Babies indicate their needs and discomfort in many ways and are constantly developing. Research has confirmed what many parents have said for manyyears – a newborn baby has well-developed senses and can communicate with its caregivers from birth. Babies can see things close up and have well developed senses of hearing and smell. They feel pain, hunger and tiredness differently from older children because they do not have an experiential foundation with which to associate their sensations. However, they experience those sensations just as vividly. The job of the parents is to spend a lot of time with their baby, be attentive to its signals and, to the best of their ability and with common sense, attempt to satisfy the baby’s needs. All parents will experience that they have doubts as to what is best for their baby in a given situation, and it is often only patience and compassion which provide the solution.

**Connecting with your baby:**

Just when the connection with a baby is established varies from woman to woman. Some have already made the connection during pregnancy, while for others it appears during or immediately after childbirth. For others it takes longer and develops gradually as they get to know their child. It is important not to feel you are a bad mother even if you don’t experience strong feelings for the baby immediately.

**Baby care:**

Many of the new mothers we have cared for here have hardly held an infant before. Some may have done so before but need a refresher. We encourage you to care for the baby yourself as far as possible. When it comes to looking after a baby there is practically nothing you can do wrong. You’ll soon find this out if you use common sense and look after your baby in the same way as you

would yourself. Bathing is usually demonstrated during the first day after birth, primarily to first-time parents. If you feel comfortable bathing your baby yourself, you can use the washbasin in the baby care room.

**Growth spurts:**

After a few weeks or months the baby will have periods of a few days when it feeds more often than normal. These are known as growth spurt days. Frequent breastfeeding over a period of a few days will cause an increase in lactation. The baby will eventually return to its normal feeding pattern. Growth spurts will occur at irregular intervals

**”Good to know”**

**Eyes:**

Shortly after birth, a baby’s eyes may occasionally become sticky and/or filled with tears. Wash around the eyes with cooled boiled water, eye bath solution or 0.9% saline solution. Dry from the outside in towards the corner of the eye using a wad of cotton wool. If the eyes become very sticky a sample must be taken for bacteriological analysis.

**Navel:**

Here at the Maternity Ward we keep the baby’s navel dry, rather than washing it with special fluids as used to be the practice. We dry around the navel stump with a clean Q-tip once a day. After that it is important to let it dry thoroughly. A dry, healthy navel stump will normally fall off after 5 to 10 days. It is important to make sure that the air can get to it. If you find a sticky moistness around the navel stump and it gives off an unpleasant smell, we wash it with saline solution, chlorhexidine or Pyrisept.

**Urine and faeces:**

The first bowel movement is greenish-black and is called tar stool. It is viscous and has no odour because the bacteria have not yet started working. As the baby gets colostrum (the first mother’s milk) into its digestive system a normal intestinal flora will become established. This can result in a slightly unsettled stomach for the first couple of days. As the baby consumes more milk its bowel movements will change colour from greenish-black to brown, followed by mustard yellow when lactation has become fully established.

For the first six weeks the baby will have frequent bowel movements, either daily or every second day. Some babies have a bowel movement after each breastfeeding. If the bowel movements are small or less frequent than every second day in the first six weeks, this should be looked into. NB! During growth spurts the frequency of bowel movements reduces, and sometimes more than a

week may pass between bowel movements. This is not constipation, but happens because the baby is digesting the milk completely. After the first six weeks, some babies develop a pattern in which they have a large bowel movement every three to four days or even less often. This is not abnormal for babies which only feed on mother’s milk.

Sometimes orange or red spots may be seen in the baby’s nappy in the first few days. This is caused by salts (urates) produced in the kidneys and is perfectly normal. As lactation becomes stabilised and the flow through the kidneys increases the precipitation of urates will cease. A thoroughly wet nappy is a sign that the baby is getting enough fluids.

**Babies’ genitals:**

GIRLS: Wash the vaginal area from front to back to prevent transfer of bacteria to the urethra. It is not necessary to wash inside the labia unless they have been soiled by a bowel movement. In baby girls, some mucus and occasionally blood may emerge from the vagina. This is known as a “mini period” and is a hormonal effect resulting from the withdrawal of the mother’s oestrogen which was supplied in the womb. This usually occurs within the fifth day after birth.

BOYS: The foreskin must not be pulled back. A boy’s scrotum may be slightly swollen as a result of excess fluid. This is known as water hernia and generally disappears of its own accord.

**Nails:**

Babies’ nails are often long and sharp, and they may scratch their faces. A rich, non-perfumed cream can be applied to the skin. It can also be applied to the nails, so that the scratches become less serious. After returning home you should tear (not clip) the nails carefully if they become split. Thin cotton mittens can also be put on the baby’s hands.

**Normal and harmless**

**Baby rash:**

Small, pale red spots or larger blotches, especially on the throat, chest and underarms. The blotches often have a small, white spot in the centre. This rash is caused by hormonal influence from the mother and appears and disappears suddenly.

**Heat rash:**

Small red nubs appear when the baby is too warm and clear up after cooling down.

**“Witch’s milk”:**

Both boys and girls may display a slight swelling of the breast area due to hormonal influence from the mother during pregnancy. It will disappear after a few days, but your baby will be a little sore, so take care when touching the affected area.

**Jaundice:**

Jaundice is characterised by a yellow colouring of the skin and the mucous membranes of the eyes. It is a common and usually harmless condition in newborn babies. Physiological or normal jaundice usually occurs in the second or third day in healthy newborn babies and usually clears up in the course of about a week. About half of all newborn babies get jaundice. Placing the baby in daylight

(but not direct sunlight) may help the condition to clear up more quickly. If the jaundice is more marked or occurs during the first 24 hours after birth it will be monitored using instruments and blood tests which will determine whether your baby needs phototherapy. If this is necessary you will be given furth.

**Beeing a new mother**

**Hand hygiene:**

In the post-natal period (which actually lasts for six weeks) hygiene is particularly important. Bleeding and the associated changing of sanitary pads, breastfeeding and not least changing the newborn baby’s nappies, make it essential for us to remind you that proper hand hygiene is extremely important.

**Afterpains:**

After childbirth you may experience painful contractions of the uterus, especially in the first few days. These contractions are usually more painful in mothers who have given birth more than once. The pain can be relieved by passing water frequently, especially before breastfeeding. A hot water bottle applied to the tummy or back may also help, while some mothers find that keeping their feet warm brings relief. If the afterpains are very troublesome you may receive painkilling medication. Tell the midwife if you need this. We recommend lying on your stomach as much as possible as this allows the uterus to drain more easily and contract.

We recommend that you use a shower to rinse your private parts two to three times a day and avoid the use of soap. Remember to have a clean sanitary pad ready before you sit on the toilet. Good hygiene helps reduce the risk of infection.

**Treating painful stitches:**

Tell a midwife if your stitches are painful. You may be given pain killers if needed. Stitches and tears may sting. We recommend that you rince yourself with lukewarm wather while urinating, as the dilutes the salty urine. With persisting pain you may bathe using a soft anticeptic soap (grønnsåpe) to clean the wound. This will also have a soothing effekt.

**Baby blues:**

The post-natal period is a period of major physical and mental readjustment. Becoming a mother isn’t always easy, and one often experiences being terribly exhausted but at the same time elated or excited. You may find that you weep because you are happy, sad, miss your partner, are exhausted, want to be visited, don’t want to be visited, and so on. To put it simply, you may experience

a confusing mixture of feelings. All these emotions have become known as the “baby blues”. Immediately after giving birth, your system is going through a lot, both physically and mentally. You may even experience a sort of “loneliness” because the baby is no longer kicking inside your tummy. It is not easy to control these feelings or the tears which well up. Most women who experience the baby blues will notice them mostly around the third day after childbirth, though this varies, of course. It’s all right to weep! This doesn’t mean that you aren’t coping with the role of mother – in fact quite the opposite. Being a mother is a huge event and it does something to you! The baby blues usually get better after a day or two. If you continue to feel down, lethargic and tired after this time you should tell the midwife, nurse or your doctor.

**Postpartum bleeding:**

The bleeding which occurs in the days after childbirth is known as “postpartum bleeding”.Bleeding will normally occur freely to begin with, but the amount will lessen already after a day or two. The discharge will then become more to the uterus. This bleeding should diminish after a day or two. If you don’t notice anything happening after ten to twelve days, this is not abnormal. How long postpartum bleeding continues varies considerably from mother to mother. It is not abnormal for it to last up to twelve weeks, though about six weeks is most common. If the discharge has a very unpleasant odour, you should contact your doctor. You should also contact your doctor if the bleeding is profuse! In connection with post partum bleeding we ask you to take particular care with your hygiene. Because the discharge is rich in bacteria and there may be ruptures in the vaginal area, you should rinse yourself in the vaginal area 2-3 times daily. Make sure you have a sanitary pad ready before you wipe yourself so that you don’t handle the sanitary pad wrapper with dirty fingers. After going to the toilet, thorough hand washing is essential.

**Urinating:**

Most women will experience increased urin production the first days after childbirth. This because the body needs to get rid of the extra fluids contained during pregnancy. It is important to try to empty your bladder often, even though you may not feel the urge. We recommend you to try to empty your bladder at least every 3rd hour to avoid urinary problems.

**Bowel movements:**

Some women are afraid to resume bowel movements after childbirth. This is an understandable fear, but usually groundless. In general it is important to drink plenty and eat fibre-rich food to prevent

constipation. When lactation is well established, a good deal of fluid is removed from the body, often resulting in hard bowel movements. It is essential to drink two to three litres of fluids daily.

**Haemorrhoids:**

Haemorrhoids are a common complaint among nursing mothers. Tell the midwife if you are having problems and we will try to help. Painful haemorrhoids can be treated using topical analgesic cream or suppositories, and almost always get better of their own accord. If you are still having problems at the time of the follow-up examination, discuss this with your doctor. It is important to drink plenty and eat fibre-rich food to keep bowel movements soft.

**Meeting the midwife:**

The day after you give birth the midwife will offer to talk with you about childbirth, maternity, and practical things you should be aware of when you go home. The midwife who assisted you will visit you for a chat if she can. This will give you a chance to clarify anything that happened during the birth with the midwife who was there. Make a note of anything in particular you are wondering

about, so that you can take it up with the midwife. If necessary, you may also return to the outpatients’ clinic for a consultation a few weeks after going home.

The midwife in the Maternity Ward may suggest that you visit our maternity outpatients’ clinic if she feels there are things that should be followed up after you return home. You will be able to make an appointment for this before you leave.

**Follow-up examination:**

You must make an appointment yourself for a follow-up examination with yourown doctor or midwife six to eight weeks after the birth. The doctor will thencheck that everything has returned to normal after the birth. You should alsotalk to the doctor or midwife about methods of contraception. Your haemoglobinlevel and blood pressure will also be checked and a urine sample will be analysed.

**Intercourse:**

You can decide for yourself when you feel you are ready to resume sexual relations and have intercourse again. You are recommended to use a condom as long as you are experiencing postpartum bleeding (because of the risk of infection). Some women experience pain in tears or incisions for a while after childbirth, and you should make your partner aware of this.

**Contraception:**

While breastfeeding you should not use contraceptives containing oestrogen, as this can inhibit lactation. The following methods of contraception can be used during the breastfeeding period:

Minipill oestrogen-free contraceptive pill, contraceptive rod.

Condoms are a simple contraceptive which are readily available. Condoms alone

can cause soreness for a woman after childbirth because her vagina is drier

than normal. Only special lubricants should be used with condoms,

since Vaseline and oil will dissolve the rubber.

Intrauterine devices are available in two different types; the hormonal IUD and the copper IUD. Ask the midwife for advice if you are uncertain. When arranging your follow-up appointment, say that you want to use an IUD and you will

be given a prescription. You will normally have to buy this yourself and bring it with you to the follow-up examination.

Useful website:

https://sexogsamfunn.no/wp-content/uploads/2019/11/Contraception-guide-March-2018.pdf

**Going home**

Problems that arise when you come home you best discuss with

• your local Helsesykepleier/Helsestasjon (Public health center)

• Ammehjelpen www.ammehjelpen.no (breast feeding advice)

• your “Fastlege” (doctor).

We can help you to find out which public health centre you belong to before you leave the hospital.

**Additional feeding of healthy new-borns may:**

**• Disrupt the breastfeeding process**

The baby often becomes less interested in the breast. Additional feeding gives a feeling of fullness, and the infant will therefore seek the breast less often. Less frequent stimulation means it takes longer for the mother to produce enough milk.

**• Lead to more breast engorgement**

As the baby suckles less frequently, the mother may experience more engorgement. Frequent breastfeeding can prevent engorgement.

**• Disrupt the natural gut flora**

Research shows that if the infant receives additional fluid (water, sugar water, formula milk), it disturbs the baby's natural gut flora, and makes the gut more permeable to harmful bacteria. This can lead to increased frequency of diarrhoea.

**• Lead to a shorter duration of breastfeeding**

Studies have shown that use of formula milk in healthy full-term babies is linked to stopping breastfeeding earlier.

Healthy new-borns don’t need additional feeding. There are no studies that show a need for more fluid than the modest amount the mother supplies during the first days of a baby's life.    However, it is extremely important that the baby can suck at the breast as often and as long as he/she wants. If the baby is very restless and cries a lot it is often due to something other than hunger, such as nausea, colic pains, or a need for body contact.

The Women`s Clinic

Stavanger University Hospital

Kvinneklinikken SUS, juni 2025

www.sus.no/kvinneklinikken