

The first days you'll spend at the Maternity Hospital are especially important: doctors need to make sure that the baby is healthy, and the young parents need to learn to take care of the baby and understand his or her needs. Here we have listed what tests will be performed for the baby, as well as briefly described the most important things to pay attention to in the care for the newborn.

EXAMINATIONS

In the first hours after the birth, the baby will be examined by a neonatologist, who will prescribe additional examinations if necessary. If the specialist assesses that everything is fine with the baby's health, you will be together from the moment of birth. In the following days, while you are at the Maternity Hospital, the neonatologist will examine the baby at least once every two days, and the pediatric nurses or midwives will check on your baby every day. In case of doubt or questions, you can turn to the medical staff for support, help or advice at any time.

VITAMIN K

Vitamin K is an important factor in blood clotting, but the newborn does not have enough of it, which increases the risk of bleeding. To enhance the clotting ability, the baby will receive an injection of vitamin K into the thigh muscle during the first hours of life. If vitamin K is administered intramuscularly, no further doses are required later on.

WEIGHT LOSS

Usually in the first 3 to 4 days, the newborn's weight drops by as much as 10% of the birth weight, but do not worry about it – it is a physiological process, because the loss of fluid through the skin, through urination and defecation, exceeds the amount of fluid consumed by the baby. Most babies experience weight gain as early as on their fifth day of life, and in the case of adequate breastfeeding, birth weight should be restored by day 7 to 14, depending on the gestational age.

DEFECATION AND URINATION

The newborn's first bowel movement and urination should be within the first day. The initial black, sticky stool, called meconium, will be gradually replaced by a greenish, then yellowish, transitional stool. In diapers, you can sometimes see a mixture of brick color in the urine. These are urate crystals and you do not have to worry about that.

• JAUNDICE

From the second day of life, your baby may develop jaundice due to higher levels of bilirubin in the blood. In most cases, this is a physiological phenomenon that you do not have to worry about. However, sometimes jaundice can be excessive and needs treatment. If jaundice persists at home for more than two weeks after the birth, a doctor's assessment of the causes of the prolonged jaundice and the observation or treatment tactic is required.

SCREENINGS

Until your discharge from the hospital, the baby will undergo:

• A HEARING TEST – this will be done by a trained nurse with the help of a special device. If any doubts arise about the results of the examination, or the examination does not go well, you will be advised to go to the Children's Hearing Centre.

• PULSE OXIMETRY - this test is needed to make sure that the baby's blood is fully saturated with oxygen. A special sensor on the baby's right hand and one foot will measure the oxygen saturation in the blood. If the result is abnormal, the doctor will decide on a further strategy. The saturation may be insufficient if the child has severe congenital heart disease.

• GENETIC SCREENING – a 48 to 72 hours-old newborn will have a blood sampling taken on a special filter paper for examination for six metabolic and genetic diseases (galactosemia, cystic fibrosis, phenylketonuria, biotinidase deficiency, congenital hypothyroidism, congenital adrenal hyperplasia). The test is performed at the Children's Clinical University Hospital, and if the results are suspicious, geneticists will contact you or the child's family doctor and invite you to a re-examination.

VACCINATION

Although parents sometimes have doubts about the need for a vaccination and are afraid of possible complications, we want to emphasize that vaccination protects children from dangerous diseases that can cause lifelong complications or even cause death or disability. If the mother is a carrier of **hepatitis B** (she had a positive HBsAg test result during pregnancy), the baby is vaccinated against hepatitis B in the first 12 hours after birth.

Almost all newborns are vaccinated against tuberculosis in their first days of life. Tuberculosis is a life-threatening disease, whose prevalence in Latvia still remains high and which, even in the mildest cases, must be treated for months, but sometimes does not respond to almost any treatment. The tuberculosis vaccine (BCG) is given in the child's left shoulder. At the beginning, a white spot will appear at the site of the injection, but at the end of the first month, a blister with pus will form instead, which will leave a small scar when it dries.

BREASTFEEDING

Breastfeeding is started already at the maternity or operating room, if the state of health of the baby and the mother allows it.

In the first few days, the baby should be breastfed "on demand" – whenever he shows a willingness to suckle – usually every one to three hours. When lactation increases and colostrum is replaced by real milk, the baby will begin to extend the intervals between the meals him – or herself. Thus, in the first days you will have to breastfeed up to 12–15 times a day, later 7–8 times.

From the second day of life, the baby should be breastfed at least once every three hours. If the baby's sleep time is approaching three hours, he or she should be woken up and breastfed. At night, the child should be breastfed on demand, and the interval between the meals can be extended to up to six hours.

The desire to eat is indicated by the baby imitating sucking movements, putting fingers in the mouth, moving the head as if "looking for the nipple". Anxiety and crying are already late signs of hunger. If the baby is very agitated, he or she should be calmed down before breastfeeding.

Breastfeeding usually lasts 10 to 40 minutes. In the first days, you should breastfeed with both breasts each time, but as the amount of milk increases, one breast may be enough for one meal.

Wait for the burp after each meal by lifting the baby upright. There may be no burp in the first few days when the amount of first milk is low.

If it is necessary to leave expressed milk at home for the baby during your absence, it can be stored at room temperature for 6 hours, in the refrigerator for 48–72 hours, and in the freezer at -18°C for up to 6 months.

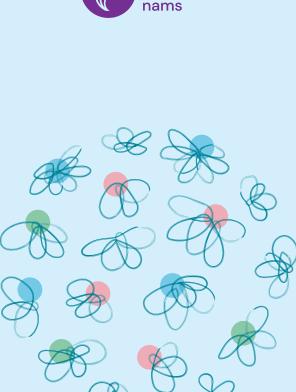


We wish you strength, patience and many beautiful moments with your baby!



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