



15 The early weeks: you

Going home from hospital can be very exciting, but you may feel nervous too without the hospital staff on call to help you. The more you handle your baby, the more your confidence will increase. Of course, the community midwife and then the health visitor and your own GP are there to advise you should you have any worries or problems. Ask your midwife or health visitor for a copy of the book which follows on from this one – *Birth to Five*.

COPING

INVOLVING YOUR PARTNER

'Everybody tells you how much having a baby's going to disrupt your life, your relationships – especially with your partner – but I didn't find that. Obviously, when you're both tired, nerves get frayed, but life's tons better with a baby than without.'

(A FATHER)

The more you can share your baby's care, the more you will both enjoy your baby. Your partner may not be able to breastfeed but he can help with bathing, changing and dressing as well as cuddling and playing. He may feel quite nervous of handling the baby and need encouragement. Be patient if he seems awkward at first.

HELP AT HOME

You'll probably need a lot of full-time help at first, not just with the chores, but also to give you emotional support. You're bound to feel up and down and to get easily tired in the early days. Many women

want to have their partners with them so that they will have a chance to get to know the baby properly, as well as helping with the work. It also gives you some time to start adjusting to the changes in your life. If you're on your own, or your partner is unable to be with you, perhaps your mother or a close friend can be there. Even with help you will probably feel tired. Cut corners where you can.

- **Cut down on cleaning.** A bit of dust won't hurt.
- **Keep meals simple.** You need to eat well but this needn't involve a great deal of preparation and cooking.
- **Try to space visitors out.** Too many in a short time will be very tiring. If visitors do come, don't feel you have to tidy up or lay on a meal. Let them do things for you.
- **If you need extra help, ask.** Friends or neighbours will probably be very willing to do some shopping, for example.



LOOKING AFTER YOURSELF

REST

During the weeks or months that you are feeding your baby at night and your body is recovering from childbirth, finding time to catch up on rest is essential. It's tempting to use your baby's sleep times to catch up on chores, but try to have a sleep or a proper rest at least once a day.

- as you breathe out, gently draw in the lower part of your stomach like a corset, narrowing your waistline;
- squeeze your pelvic floor also;
- hold for the count of 10 then gently release;
- repeat 10 times.



PHYSICAL ACTIVITY

Continue with any postnatal exercises you were shown in hospital. You can also do this deep stomach exercise when you feel well enough.

- lie on your side with your knees slightly bent;
- let your tummy sag and breathe in gently;

You should not move your back at any time. After 6 weeks progress to the box position (see page 16).

Besides these exercises, try to fit in a walk with your baby. A short walk in the fresh air will make you feel good.

If a gap or bulge line appears vertically down the centre of your stomach, you should ask your physiotherapist for special exercises.



FOOD



It's very important to continue to eat properly (see pages 8–12). If you want to lose weight, don't rush it. A varied diet without too many fatty foods will help you lose weight gradually. Try to make time to sit down, relax, enjoy your food and digest it properly. It doesn't have to be complicated. Try food like baked potatoes with baked beans and cheese, salads, pasta, French bread pizza, scrambled eggs or sardines on toast, for example, followed by fruit mixed with yoghurt or fromage frais.

A healthy diet is especially important if you're breastfeeding. Breastfeeding uses up a lot of energy. Some of the fat you put on in pregnancy will be used to help produce milk, but the rest of the nutrients will come from your diet. This means that you may be hungrier than usual. If you do need a snack, try having cheese or beans on toast, sandwiches, bowls of cereal or fruit. (See **Your diet when breastfeeding**, page 71).

YOUR RELATIONSHIPS

When you bring your new baby home, all the relationships around you will start to shift and change. Your mother, for example, may find the change alarming and feel quite unsure of how much to get involved. You may find that she is trying to take you over or that she is so anxious to avoid bothering you that she doesn't help at all. Try to let the people close to you know clearly just how much you do want from them.

Your relationship with your partner will also change. It's very easy in those exhausting early weeks just to leave things to sort themselves out. Take care. You may wake up six months later to find that you haven't spent an hour alone together and have lost the knack of easily talking your problems through. You both need time alone, without the baby, to recharge your own batteries, and time together to keep in touch with each other.

Your relationship with the baby may not be easy either, particularly if you're not getting much sleep. Don't feel guilty if you sometimes feel resentful at the demands your baby makes, or if your feelings are not what you expected them to be. Talk to your midwife or health visitor if you're upset, but remember, many mothers do not feel instant love for their baby. They come to love them gradually over the weeks.



THE ‘BABY BLUES’ AND POSTNATAL DEPRESSION

Up to 80% of mothers go through a patch of what is known as the ‘baby blues’, often about three or four days after the birth. You might feel very anxious about small things, for example, or mildly depressed, or just keep bursting into tears for no apparent reason.

Baby blues may be caused by hormone changes, tiredness, discomfort from sore stitches or sore breasts, or even a feeling of anti-climax after all the excitement. Whatever the cause, you will usually find it only lasts a day or so. Have a good cry if you feel like it, and try to sleep if you can. The best help your partner or someone close can give is probably just to listen, give you a reassuring hug and look after the baby while you get some rest. If these feelings do not go away, it may be that you are simply not treating yourself very well. Take time out for treats, however small – a long lazy bath, your favourite food or visit a friend.

Around 10% of mothers slide into a depression which may be quite deep. They are taken over by a feeling of hopelessness. They may feel angry, but more often feel too exhausted to be angry or even to cope with the simplest tasks. If you feel like this you must get help. You should contact your GP or health visitor and explain how you are feeling. A partner or friend might contact them after talking to you about it. You can also contact the Association for Post-Natal Illness (see page 150) for more information.

SEX AND CONTRACEPTION

There are no rules about when to start making love again. If you haven’t had stitches, you may be eager to share the extra love you feel with your partner. On the other hand, if you’re tired and sore, sex may be the last thing you have in mind. Don’t rush into it. If it hurts, it will be no pleasure. You may want to use a lubricating jelly the first time because hormone changes may make your vagina feel drier than usual.

It can take some time for the old feelings to come back, but they will, and, until they do, you may both feel happier finding other ways of being loving and close. If you have any worries, discuss them with your GP or health visitor.

It’s possible for a woman to conceive even if she has not started her periods again or even if she is breastfeeding. Contraception should be discussed before you leave hospital and again when you go for your six-week postnatal check. In the meantime, you could talk to your midwife or health visitor when they visit you at home or you could go to your GP or family planning clinic.

The Family Planning Association (see page 148) publishes free leaflets about all methods of contraception.



POSSIBLE METHODS OF CONTRACEPTION

- **The condom** – *this may be the best and simplest choice for the early weeks after childbirth.*
- **The combined pill** – *if you’re not breastfeeding, start taking this pill from the 21st day after delivery. If you start it later than the 21st day, it won’t be reliable for the first seven days, so for this time you’ll have to use some other form of contraceptive (like a condom) as well. Don’t take this pill if you’re breastfeeding as it reduces the milk flow.*
- **Progestogen-only pill** – *if you’re breastfeeding, you may be offered a progestogen-only pill, which will not affect your milk supply. This is also started on the 21st day after delivery and has to be taken at the same time every day. There’s no evidence to suggest that this pill affects the baby in any way, but, even so, some women prefer not to take any form of contraceptive pill while they are breastfeeding and use another form of contraception instead.*
- **Cap or diaphragm** – *these can be used six weeks after delivery. Your old one probably won’t fit. Have a new one fitted at your postnatal check-up.*
- **IUD (intra-uterine device)** – *this can be fitted at your postnatal check-up when the womb is back to its normal size.*

THE POSTNATAL CHECK

You should have your postnatal check about six weeks after your baby's birth to make sure that you feel well and are recovering as you should from the birth. You may go to your own GP or may be asked to return to the hospital. It's a good opportunity to ask any questions and sort out any problems that are troubling you. You may like to make a list of questions to take along with you so that you don't forget what you want to ask. If you have had a Caesarean section, you may like to ask if another one will be needed if you have another baby.

Routines do vary a little, but the list below is probably what will be done.

- You may be **weighed**. You may be on the way to getting back to your normal weight again by now. Breastfeeding mothers tend to lose weight more quickly than those who are bottle feeding.
- Your **urine** may be tested to make sure your kidneys are working properly and that there is no infection.
- Your **blood pressure** may be checked.
- You may be offered an examination to see whether your **stitches** (if you had any) have healed, whether your **womb** is back to its normal size, and whether all the **muscles** used during labour and delivery are returning to normal. Tell the doctor if the examination is uncomfortable.
- Your **breasts** are unlikely to be examined unless you have a particular concern.
- The **cervical smear test** may be discussed if you haven't had one in the past three years (see page 55). This is usually delayed until three months after delivery.
- If you are **not immune to rubella** (German measles) and were not given an immunisation before you left hospital, you will be offered one now. You should not become pregnant for one month after this immunisation.
- The doctor will ask if you still have any **vaginal discharge** and whether you have had a **period** yet.
- There will be an opportunity to talk about **contraception**. If you have any worries over contraception or, indeed, any aspect of sex, now is a good time to discuss them. Tell your doctor if intercourse is painful.
- If you're feeling **very tired, low or depressed**, make sure you tell the doctor about this.
- If you are having trouble holding your urine, or wind, or are soiling yourself, tell your doctor.

Your GP's surgery or health clinic will probably arrange for your baby's six-week check to be done at your postnatal check. If you go to the hospital, the baby's check will usually need to be arranged separately.





From Conception to Your New Baby - Healthy the Natural Way

During both the conception process and throughout pregnancy it is important that hopeful moms maintain their physical wellbeing and as well as their psychological health.

This broad field of women's health includes psychological issues surrounding mood, stress and relaxation, as well as physical areas such as infertility, nutrition, morning sickness, labor and delivery and more.

After a baby is delivered, it is important that new moms maintain their physical and psychological health, as well as that of their newborn.

Addressing the health of mothers includes psychological issues surrounding mood, stress and relaxation, as well as physical areas such as healing, breast-feeding and energy levels. Baby's health issues include sleep and relaxation, cradle-cap, teething and much more.

At Native Remedies you will find a comprehensive set of herbal remedies to help you manage and optimize your body and weight health – naturally and safely.

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- Conception Support
- Labor and Delivery Aids

- Pregnancy Support

View Natural Products for Mom & Baby

- [Infant Comfort & Health Aids](#)
- [Post-Partum Support](#)

Two Important Differences in Native Remedies Products

We use the **Full Spectrum Method** of extraction to create our products. Many *so-called natural remedies* are manufactured using standardized extractions which – although often cited as being more scientific method – is not approved by the manufacturers of holistic medicines.

To us, it makes little sense for companies to go the natural route, while being unable to guarantee that their product is free of contamination with chemicals known to be harmful to health! Using the Full Spectrum Method helps us to maintain the integrity, balance and therapeutic effect of herbs with the least risk of side effects or harm to your health!

Read more about the our [*Manufacturing & Full Spectrum Approach*](#) »

We utilize a unique **dual-modality approach** to complete holistic wellness because we know that natural medicine works best in combination (herbal, homeopathic, flower essences and tissue salts) for fast relief and long-term care. Our approach provides a complete solution by offering OTC homeopathic remedies for relief of symptoms as well as compound herbal remedies for complete support of your physical, emotional and mental well-being.

While each of our natural remedies works well on its own to address a specific body function or relieve a particular symptom, we believe that by combining our herbal and homeopathic remedies you will find a complete solution that is safe and highly effective.

Read more about the our [*Dual-Modality Approach*](#) »