



Bottle feeding

Follow-up booklet - Finding your way at the maternity ward

H1

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02 Welcome

During the first weeks and months of your child's life, as a parent you are busy feeding for a considerable period of time. Choosing the right type of bottle formula and preparing it correctly are key to your baby's optimal growth and development. This brochure tells you all about it.

If you still have questions after reading the brochure, you can always contact our maternity ward. We wish you a pleasant stay and a smooth start with your baby.

Maternity ward (department H1)

03

Baby's first report card

My name is:

My mother's name is:

I was born on:

I weigh:

I am tall.

I got to grow weeks in my mother's tummy.

My first milk was

The midwife who was at my delivery

I got my heel prick on / / 20

My milk when I went home:

I was allowed to go home on: / / 20

I weighed when I was allowed to go home.



Congratulations on the birth of your baby! Your discovery journey can begin. We wish you a pleasant stay in our maternity ward. In this brochure you will find information about bottle feeding and tips to help you get started with feeding your newborn baby.

You have opted for bottle feeding. We always choose a standard formula. If the parents have known allergies, the paediatrician will prescribe a different bottle formula. If you yourself are thinking of changing the milk, it is best to discuss this with a paediatrician first.



04 Bottle feeding, we help you get started

How do I know when my baby is hungry?

Your baby will start showing hunger signals when he is hungry. He will ball his fists, turn his head and lick his lips. He may also bring his hands to his mouth. If he is very hungry or if the hunger signals are noticed late, he will start crying.

How do I make a bottle?

Wash your hands with soap and water. It is important to use the right amount of powder. 1 scoop per 30ml of water. Use the measure that comes with the artificial formula. You can buy the first bottle formula (birth to 6 months) from the pharmacist. Use low mineral water, not sparkling.

- 1 scoop in 30 ml of water
- 2 scoops in 60ml of water
- 3 scoops in 90ml of water

Roll the bottle of milk between both hands to prevent clumps. You can warm the bottle in a bottle warmer or in the microwave. Shake the bottle and check the temperature of the milk on the inside of your wrist.



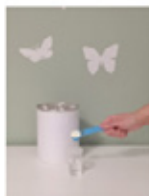
STAP 1

Handen wassen



STAP 2

Materiaal
verzamelen



STAP 3

1 afgestreken
schepje per 30 ml
water



STAP 4

Tussen de
handen rollen
om te mengen



STAP 5

Klaar!

How do you give a bottle?

Get cosy with your baby. Cuddle and talk to your baby a lot. Take your time. Make sure you sit comfortably with a pillow under your arm so you have good support during feeding.

Put your baby in a half-sitting position against your arm and put the head back. Pass the pacifier over its mouth to encourage it to bite and drink. Make sure the pacifier is full of milk so your baby doesn't take in too much air. The pacifier should be in the mouth up to the thickening so the baby can drink properly. If the pacifier is sucked flat, the cap may be too tight.

After giving the bottle, always give your baby a chance to burp. You do this by putting him upright against your shoulder for about 10 min.

How long does my baby drink?

A feed normally lasts 20 minutes. Give your baby another chance to burp by holding him upright and wait about 15 minutes before putting him down again. Sometimes a little milk comes along, this is normal.

How often does my baby drink?

On average, a baby drinks every 3-4 hours. If he does not wake up by himself, you may take him with you or change the nappy. If he wakes up earlier, he may also eat earlier. A baby gets about 7 feedings every 24 hours.

How do I know if my baby is happy?

Your baby is satisfied when he is calm after his bottle. He drinks between 6 and 8 times in 24 hours on average. It is important that he gains enough weight. When you are at home, your baby should have at least 6 pee nappies a day.

Out and about with bottle feeding

When you leave home, transport the water and powder separately.

Can I reheat formula?

A prepared bottle should only be prepared at feeding time and not several hours before. Once the milk has been at room temperature for an hour, you should pour it away. Cooled milk should not be reheated.

How much bottle feeding can I give?

Your baby drinks an average of 150ml per kg (body weight) ÷ by the number of bottles per 24 hours.

Example: $(150 \times 3,000 \text{ kg}) \div 7 = \pm 65\text{ml}$ per feed.

How do I ensure good hygiene?

Keep an opened bottle of water in the fridge for up to 24 hours max.

Afterwards, rinse the bottle well with soap and hot water and let it drain on a clean towel or in a bottle rack.

Sterilising is only necessary for premature babies or babies with reduced resistance. It is best to sterilise new bottles before first use.

The website www.kindengezin.be has even more information on bottle feeding.

05 The first days

Day 0

As soon as your baby is born, he is laid on your belly. To make the most of the skin-to-skin contact, your baby will stay there as long as possible. We like to let newborn babies cuddle skin-to-skin with mummy for two hours. The hour after your baby is born is also called 'the golden hour' or 'cuddling hour'. This hour is essential for the bonding between you and your baby.

Check-up

The first morning after your baby's birth, the paediatrician will do a thorough check-up of your baby. Using a series of tests, the paediatrician examines your baby in detail, both physically and neurologically. The paediatrician makes daily visits during your stay in our hospital.



First bottle

It is important to take the necessary time for a feeding moment. Make it cosy, talk to your baby and make sure you are comfortable. To help you relax, place a cushion under your arm so that you have enough support

during feeding. Put your baby in a half-sitting position against your arm and put the head back.

Make sure the pacifier is full of milk so your baby doesn't take in too much air. The first bottle contains 30 ml of milk, but it is perfectly normal if your baby does not (yet) drink the bottle completely.

Slimes

In the first 48 hours, your baby may suffer from mucus. This mucus, brought from the womb, may cause your baby to have a reduced appetite or sometimes vomit. If this is the case it is important to put the cot in high position.

First bowel movement

A baby's first bowel movement is also called **meconium**, which is black and sticky. The colour of the stool changes during its stay. Your baby's temperature fluctuates between 36.5°C and 37.5°C. This is measured 3 times a day. Your baby may have cold hands and feet on the first day. That is why it is important to provide a hat and a blanket.

Patient safety

We try to ensure good patient safety at the hospital. It is therefore important that both you and your baby wear the identification bracelet throughout your stay in our hospital.

Day 1

Caring for your baby

Today the midwife will give the first bath. The first time the baby is washed with soap, afterwards it is best to use baby bath oil. Newborn babies should be bathed **before** the feeding.

Weight of your baby

It is normal for newborns to lose weight in the first few days after birth. After an average of seven days, the birth weight is regained. The midwives also monitor this. Try to keep the care and feeding time as close together as possible. Ask for bottles about every 3 hours during the day so that there is regularity in the feeding schedule. Increase the content of a bottle by 10cc daily (depending on your baby). Don't hesitate to ask for help. Remember that your baby may still suffer from mucus. Your baby's stool will still be black today. Your baby should have bowel movements at least once a day.

Skin hunger

Babies have a strong desire for physical contact. They need cuddles and your smell. Skin contact gives comfort and a protective feeling.



Day 2

Caring for your baby

Today you can give the bath yourself. If you had a caesarean section or if you gave birth late the day before, the midwife will show you today how to give your baby a bath for the first time. To prevent your baby from vomiting, it is best to give the bath before the feeding.

Weight of your baby

Is your baby still hungry after the feeding time? Report this to the midwife.

Babies often have hiccups, especially after eating.

Weight loss between 7% to maximum 10% of birth weight in the first week of life is normal. You can expect a weight gain of 115 - 225 g per week, until the birth weight is doubled.

Care mum

A routine blood test will be performed today to detect possible anaemia.

Day 3

Baby blues

It is completely normal to tear up a bit more than usual in the period after giving birth. The '**baby blues**' are caused by the change in hormones, fatigue and the big adjustment in your life that a baby brings. This is temporary, so just let it wash over you. Try to get as much rest as possible and allow help.

Baby sees yellow after birth

Why does my baby see yellow?

Your baby may turn yellow because his liver is not yet mature enough to break down all the waste products in the body. Jaundice in babies can be resolved by treating the baby with phototherapy. The baby is then placed on a mattress that emits blue light.

Red blood cells are constantly being broken down and renewed in the body. One of these breakdown products is a yellow pigment called bilirubin.

Before birth

In the womb, the baby has more red blood cells than later in life. They are responsible for specific oxygenation since the baby can not yet breathe on its own. The breakdown occurs via the placenta and the mother's organism.

After birth

At birth, a natural process begins, the breakdown of red blood cells in the baby's liver.

Your baby may turn yellow because his liver is not yet mature enough to break down these extra waste products in the body. This leaves too many waste products in the blood. 'Yellow' babies also tend to be lazier and drowsier.

Diagnosis

If the midwife suspects your baby has jaundice, she will do an initial check with a skin probe and possibly a blood sample.

Treatment

A decision is made in consultation with the paediatrician as to whether your baby needs light therapy (phototherapy).

- Your baby will be placed on a bili mattress.
- This mattress emits blue light.
- The blue light causes the bilirubin to be converted into an excretable form.

During phototherapy

- Your baby will stay in your room with you.
- You can continue to feed the baby yourself during phototherapy.
- The therapy is interrupted only during washing and feeding.

Duration of phototherapy

The morning after therapy, the bilirubin level is checked again. If this has dropped sufficiently, your baby will no longer need phototherapy.

Points of interest

With 'yellow' babies, there are some areas of concern:

- Regular monitoring of the body temperature.
- Sufficient hydration.
- To promote bilirubin excretion, you may have to give extra feedings. Because your baby is so drowsy, you will have to stimulate him well in this process. The midwife will help you with this.

Going home

If you feel well, you may go home earlier. Discuss this with the midwife in good time.

Day 4

Heel prick or Guthrie test

This is a monitoring test in which a few drops of blood are taken from newborn babies. This blood sample is used to detect rare metabolic diseases. You will receive proof of this.

You will only hear about the result if an abnormality is found and a check-up is needed. If you hear nothing about it within two weeks of the blood draw, it means the result is good.

If you went home earlier, it is very important to have this test done in time by your independent midwife or GP. Ask the midwife to explain this.

Day 5

Going home

The midwife will give you a few more tips so that you are all ready to go home. If you have any questions, don't hesitate to ask.

The gynaecologist will also visit you and discuss the various contraceptive methods with you. After 6 weeks, it is best to go for a check-up with your gynaecologist. He or she will give you an appointment before you go home.

Any questions or problems?

Do not hesitate to contact us. You can still contact our midwives. For more specific questions, you can also contact the paediatrician (by appointment).

The Child and Family nurse will also visit you at home in the first or second week. Further follow-up moments are then also recorded.

06 Tips for home

You can almost go home. The birth of your baby will undoubtedly give your life a new direction. We hope you got many tips from us during your stay so that you can fully enjoy your new family at home. Here are some more tips to help you get started at home.

After your stay with us in the maternity ward, you can count on additional care. You can call on the services of an independent midwife who will follow up and accompany you at home. It is best to contact her during your maternity stay. There are nine home visits possible and these are reimbursed by the health insurance company. Afterwards, reimbursement can only be obtained with a prescription.

When your baby is 1 month old, we would like to see your baby back for a check-up with the paediatrician. If your baby is less than 72 hours old and you went home earlier, the paediatrician would like to see you again on day 7 for an additional check-up. In case of problems, you can of course consult the paediatrics department earlier.

07 Tips for the mother

After the birth of your baby, your body needs to recover. Your body has to recover from the pregnancy, which takes about **6 weeks**. Your body goes through the following changes:

Uterus

The uterus is getting smaller and smaller. Blood loss may continue for another **6 weeks or so** but will gradually diminish. The first monthly periods after childbirth can be quite profuse.

Cut or tear

A cut or tear needs time to heal. You may find a white thread in your sanitary napkin after a few days. This is from a suture. So don't worry about this.

We recommend taking a shower instead of a bath. Also avoid using highly scented bath products.

You can have sexual relations again whenever you feel ready.

The pelvic floor muscles

You may also experience leakage of urine, especially on exertion. Pelvic floor exercises strengthen your muscles. Postnatal exercises ensure a faster return of your normal figure and firmness.

Hormones

After giving birth, your hormonal balance changes. As a result, you may have unexplained crying spells or feel dejected. It is important to talk about these feelings. If you struggle with these feelings for a longer period of time, do not hesitate to seek professional help.

These hormonal changes can also bring physical discomfort. For instance, hair loss is not exceptional for several weeks after childbirth.

But what if your pregnancy/birth is not such a pink cloud after all? During pregnancy and/or childbirth, various symptoms may occur such as anxiety, gloomy feelings... It is possible to talk to a psychologist about this.

Medication

In case of pain, feel free to take a painkiller (e.g. Dafalgan 1gr, max. 4x/day). In case of prolonged pain, it is best to contact your gynaecologist.

Rest

Avoid too much fuss during the first weeks. Also try sleeping during the day when the baby is sleeping, this compensates for the waking hours at night. The role of the partner is very important now. If you let your partner help take care of your baby, it will increase involvement and bonding within your new family.

08 Tips for your baby

The navel care

Continue disinfecting the umbilical cord stump at home with Hibitane 0.5% in alcoholic solution twice a day. After the stump has fallen off, you may disinfect it for several more days. Keep doing this as long as the navel is wet.

The tub

Your baby does not need a daily bath. **2-3** times a week is enough. In case of dry skin or eczema, it is best to consult a paediatrician. He or she will help you with appropriate bath products and moisturisers.



Extra attention for the intimate zone

- **Girl:** clean with a cloth and lukewarm water if there is stool between the folds.
- **Boy:** the foreskin may be moved (towards the abdomen) but never force it.

Vitamins

At the maternity ward, a daily administration of **vitamin D** will be started. Two days after the birth, your baby should receive **6 drops of** vitamin D **daily** and this until 6 years of age.

General tips

- **Never** leave your baby **alone in the car**. If you are going on a long car journey or if it is hot, it is best to let him/her drink a bottle in between. From 6 months you can give water as an extra.
- Maintain good **regularity**; don't disturb your child's rest.
- If your baby still sees yellow, put him/her in front of the window at home from time to time. Daylight speeds up the process of reducing the yellowing.
- When going for a walk, keep the weather in mind and adjust your baby's clothes if necessary.
- Do not use too many wet wipes. They quickly irritate your baby's skin. To clean their bottom, it is best to use toilet milk and tissues. Moist wipes can be handy to take on trips, though.
- Get the right formula in time from the pharmacist or online.
- Never shake your baby! When you shake a baby, its head moves back and forth very quickly and with great force. The fine veins in the brain can then rupture and cause bleeding. This can lead to fits, deafness, blindness, brain damage and death.

Consult a doctor immediately

- If your baby is less than 6 months old and his temperature is higher than 38°C or lower than 36°C and this for no apparent reason.
- If your baby has diarrhoea. When the bowel movement consists only of water, i.e. when there are no solid particles in it. If your baby has difficulty making bowel movements, you can give a tummy massage to promote bowel movements.
- If your baby vomits or won't eat anything.
- If your baby has breathlessness.
- When your baby moans.
- If your baby looks unusually pale, sweats unusually much, breathes noisily or snores without being sick.
- If your baby's behaviour changes: unusually calm or excited.

Cot death and preventive measures

Cot death is the sudden and unexpected death of a child without physical abnormalities that was apparently healthy. The best sleeping position for your baby is supine and never in prone or side position. Be sure to apply the following measures:

- Always put your baby to sleep **on their back**, without a pillow.
- Provide a **smoke-free environment**. This is more likely to cause colds, bronchitis, ear infections and asthma. Never let your child sleep in a place where people are/were smoking.
- Stick around and **watch, listen and feel** regularly.
- Choose a **safe cot and bedding material**.
- Make sure your child **does not get too hot**.
- Ensure **peace and regularity**.
- Provide a room temperature between 18 and 20 degrees for a baby. 18 degrees from eight weeks on.
- Ventilate the room regularly.
- Never leave your baby alone with pets.
- Do not give cough syrup or other medication without a doctor's advice.
- Do not use a duvet. A sleeping bag adapted to the baby's size is recommended.

If you want your child close to you, the best option is to slide the cot against the big bed or opt for a co-sleeper or side-bed. This is a safe way to sleep together with your child.



Sleeping together with your baby in bed (bed-sharing) is not recommended. The soft mattress, duvet, pillow and adult body and the lack of bars increase the risks.

If you decide to take your baby into bed with you, consider the following safety recommendations:

- **Don't** leave your baby **alone** in the adult bed.
- **Don't** put your baby **between 2 people**.
- Put your baby's **head at the head end** of the adult bed.
- Lay your baby in **the supine position** on a firm mattress.
- **Do not** use **a pillow**, banana pillow or nesting bag to lay your baby on.
- **Remove cushions** near your baby.
- **Use a sleeping bag** for your baby or replace the duvet with a thin blanket and make sure the bedding cannot cover your baby's face.
- Make sure your baby has **enough space** and cannot get pinched between the mattress and the wall, a bedside table or a bed rail.

In certain situations, sleeping together is extra dangerous for a baby:

- If one of the parents is a **smoker** or if the mother smoked during pregnancy.
- If one of the parents uses **alcohol, drugs or certain medicines** that cause drowsiness.
- When sleeping together on a **sofa** or **waterbed**.
- When sleeping together with **several people/children**.
- If one of the parents is **obese**.
- During the first three months if the baby was born **preterm or dysmature**.

'The problem is not sleeping together, but the conditions in which the baby sleeps. All major international studies show that there is an increased risk of cot death when babies sleep in the parents' bed.'

Professor Naulaers neonatologist UZ Leuven and expert in cot death.

HOE LEG IK MIJN BABY veilig te slapen?



Leg de baby steeds in **rugligging** zonder hoofdkussen

Je baby slaapt steeds in zijn **eigen bedje**, liefst vlakbij mama

Leg **geen speelgoed** ter hoogte van het hoofdje

Gebruik geen donsdeken, maar een aangepaste **slaapzak**

Verlucht de kamer dagelijks. **Rook niet** in de leef- en slaapomgeving van je baby

Verwam baby's kamertje niet hoger dan **18° tot 20° C**

Geef **geen hoestsiroop** zonder advies van de kinderarts

Leg de baby met zijn voetjes tegen het **voeteinde**

Vaccinations

Important advice from our paediatricians at Sint-Trudo Hospital and Child and Family.

At birth, a baby already has some protection against infectious diseases. After all, it already received antibodies during pregnancy. This protection diminishes and that is why a baby is vaccinated at 8 weeks. Vaccinating means administering a weakened germ, usually by injection, sometimes by mouth. The body then starts producing antibodies against the germ. When you later come into contact with this germ, the antibodies will ensure that you do not get sick (or get less sick).



The High Health Council recommends administration of the following vaccines to all children:



Most of these vaccines are free of charge. You can choose to have your child vaccinated at Kind en Gezin, the GP or paediatrician. With a gestational age of less than 37 weeks or a birth weight of less than 2.5 kg, an extra dose against pneumococcus is administered at 12 weeks and vaccines are brought forward from 15 months to 13 months. Only the poliovirus vaccine is legally required in Belgium but it is strongly recommended to have all these vaccines administered.

The polio certificate

- Keep the certificate until the child is fully vaccinated against polio.
- After the last dose (at 15 months), have the certificate completed by the attending physician.
- Deliver this certificate to the **Population Department** of the municipality where you live **before the baby turns 18 months**. This is because vaccination against polio (infantile paralysis) is compulsory in Belgium.

- Those who have lost the polio form can obtain a **new copy** at the consultation office.
- For more information on vaccination, please visit the Child and Family website (www.kindengezin.be/gezondheid-en-vaccineren/vaccinaties).

Additional vaccinations

In addition to these standard vaccinations, there are a number of additional vaccinations available. These vaccines are prescribed and must be purchased by the parents.

Note: vaccines must always be kept cool (in the fridge). There is a (small) refund from the health insurance funds.

Administration only possible with GP or paediatrician (not with Child and Family)

- **Bexsero:** vaccine against meningococcal type B. This bacterium can cause meningitis. Type B is the most frequently occurring meningococcal variant in Belgium. The disease is very rare but life-threatening and is most common in infants. The vaccine can be administered from the age of 2 months. 3 administrations are required (2 administrations if started after the age of 2 years).
Price: ± 86 euros/unit
- **Havrix/ Vaqta:** vaccine against Hepatitis A. This is an infectious inflammation of the liver (jaundice). The disease is almost non-existent in Belgium, but is prevalent in Asia, Africa and South America. It is strongly recommended for people travelling with their children. The vaccine can be administered from the age of 1 year. 2 administrations are required.
Price: ± 30 euros/unit

- **Varilrix/ Provarivax:** vaccine against chicken pox. This is a frequent childhood disease with skin rash (vesicles) and fever. Most children get this childhood disease before the age of 6. Usually, the course of the disease is harmless but complications such as pneumonia are possible. The vesicles can leave small scars. Vaccination is possible from the age of 1 year. 2 administrations are required.
Price: ± 50 euros/piece

Administration possible at Child and Family

- **Rotarix/ Rotateq:** vaccine against Rota stomach flu. Vaccination is highly recommended. The vaccine does not give 100% protection but has led to a spectacular reduction in the incidence of Rota gastroenteritis. First administration at 8 weeks of age. 2 or 3 administrations are needed (depending on the brand).
Price: ±12 euros/piece
- **Nimenrix:** vaccine against meningococcal serotypes A, C, W and Y. These bacteria can cause meningitis. In 2018, there was an increase in meningococcal infections in Belgium (as in neighbouring European countries) due to serotypes W and Y. For this reason, the High Health Council recommends vaccinating against meningococcal type A, C, W and Y instead of only meningococcal type C. However, this vaccine is not free, while the vaccine against only meningococcal type C, is free. Only 1 administration is needed, at 15 months.
Price: ± 52 euros

09 Birth registration

If your child is born in Sint-Truiden, as a parent you are obliged to report the birth of your child to the civil servant of births, marriages and deaths in Sint-Truiden within **15 calendar days** .

What to bring to the civil registry office?

- Proof of identity of parents (mother, father/co-mother or both).
- Marriage booklet (if you are married).
- Certificate of prenatal recognition if you recognised your child before birth (if you are not married).
- Your details and mobile phone number.

Contact details:

City Office

Kazernestraat 13

3800 Sint-Truiden

tel: 011 70 14 14

e-mail: info.burgerzaken@sint-truiden.be

The rules of thumb for infant feeding drafted by WHO and UNICEF

- The hospital has an infant policy on paper that standardly is made known to all relevant staff.
- All staff involved in mother-child care learn the skills necessary to implement this infant policy.
- All pregnant women are educated about the benefits and practice of breastfeeding.
- After birth, mother and child have at least one hour of undisturbed skin contact.
- If necessary, help is offered in this regard so that the mother recognises her baby's signals of wanting to suckle.
- Correct techniques of individual preparation and administration of infant formula are communicated to each mother even when mother and child are separated.
- Mother and child stay together day and night (rooming-in).
- Upon discharge from the hospital, each mother is informed of the existing support groups.

**Be sure to also take a look at our webpage.
Scan the QR code below:**



Notes

A series of 20 horizontal dotted lines for writing notes.

Questions?

In the first instance, contact your GP. If the GP refers you or cannot be reached, you can contact:

maternity ward (department H1)
tel: 011 69 98 41

gynaecology secretariat
tel: 011 69 94 85

paediatrics (department D2)
tel: 011 69 97 90

paediatrics secretariat
tel.: 011 69 96 30

- Mon to Thu: 09.00 -12.30 and 14.00 to 17.30
- Friday: 09.00 - 12.30 and 14.00 - 16.00

Child and Family Line
tel: 078 15 01 00

www.sint-trudo.be/en/departments/maternity

www.sint-trudo.be/en/departments/childrens-department-paediatrics



Diestersteenweg 100 • 3800 Sint-Truiden
www.sint-trudo.be

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