

BEYOND THE BUMP: THE NEW MUM SURVIVAL GUIDE

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EDITOR'S LETTER

If only all babies came with specific instruction manuals. It would certainly make your life as a new parent easier.

However, the truth is, learning to care for a new baby often takes a little trial and error, and a good dose of love and patience. This is also the case even if you are a second or third-time parent as every baby is different.

As a first-time parent five years ago, I fumbled through the first few months and long, dreadful nights of breastfeeding, sore nipples, crying spells and countless diaper changes.

Well-intentioned but conflicting advice from older relatives only complicated matters. Just when I thought I couldn't survive another month, my baby grew up. Today, I look back at those challenging early days with fondness and pride.

We understand the challenges of caring for a newborn, hence we've put together this guidebook for new mums.

With the help and advice of Healthway Medical Group's experts, learn to decode your newborn's patterns, spot common conditions like diaper rash and baby acne, and separate the facts from common confinement myths.

For breastfeeding mums, there are also handy tips on successful breastfeeding and nutrition. We've also included a list of fun and stimulating activities you can do with your newborn.

Last but not least, we hope you enjoy your new role as mother. After all, a happy baby depends on a happy mummy!



Eveline Gan

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WHAT TO EXPECT IN THE FIRST MONTH

Decoding your newborn's sleeping, crying and feeding patterns

You've waited nine whole months, and now you get to cuddle your little bundle of joy in your arms.

Along with the warm fuzzy feelings of maternal love, you're also exhausted and possibly frustrated, no thanks to your new baby's erratic sleeping and feeding patterns. And what exactly do those bouts of inconsolable crying mean?

Here, paediatrician Dr Ratna Sridjaja from SBCC Baby & Child Clinic at Gleneagles Medical Centre, offers tips on how to survive the first month.

Your baby's sleep patterns (or lack thereof)

Newborns generally snooze for 16 to 17 hours a day. But if your baby is sleeping so much, why are you still so exhausted?

The problem lies with their erratic sleep patterns.

Up until they are about six months old, babies may only sleep for periods of 1 to 2 hours each time. As they get older, they sleep less but for longer stretches each time.

Tips you can use

- Keep your baby calm and quiet when you feed or change her diaper during the night. Try not to stimulate or wake her too much.
- Talk and play with your baby to help her stay awake longer during the day. This will help her sleep for longer stretches during the night.
- Put your baby to bed when she is drowsy but still awake. This

will help your baby learn to fall asleep on her own in her crib.

- Wait a few minutes before responding to your baby's fussing. See if she can fall asleep on her own. If she continues to cry, then check on her but don't turn on the light, play or pick her up.

Deciphering baby's cries

Since your baby can't talk, she relies on a variety of cries, shrieks and wails to communicate with you. Frustrated because you're not able to decode her crying patterns? Take heart. With experience, you'll soon be able to have a pretty good idea of what your baby is trying to tell you.

In the meantime, here's a rough guide to what your baby's cries mean.

Baby is hungry – this is usually marked by a short and low-pitched cry, which rises and falls.

Baby is angry/ in pain or in distress – An angry cry tends to be more turbulent while a cry of pain or distress generally comes on suddenly and loudly. Listen for a long, high-pitched shriek followed by a long pause, and then a flat wail.

What to do

For any new, inexperienced parent, a baby's shrieks can send panicky shivers down the spine. The best way to handle crying is to respond promptly to your infant whenever she cries during her first few months.

You cannot spoil a young baby by giving her attention. If you answer her calls for help, she'll probably cry less.

Try the following techniques to console your crying baby:

- Rock your baby either in a rocking chair or in your arms as you sway from side to side.
- Gently stroke her head or pat her back or chest.
- Swaddle (wrap your baby snugly)
- Sing or talk
- Play soft music
- Walk your baby in your arms, a stroller, or a carriage
- Go for a spin in the car (Be sure to properly secure your baby in a car safety seat.)
- Use rhythmic noise and vibration
- Burp your baby to relieve any trapped gas bubbles
- Give baby a warm bath. Most babies like this, but not all.

A hungry baby is an angry baby

As a general rule of thumb, most babies require about 1 to 2 ounces (30 to 60ml) per feeding in the first few days.

Thereafter, formula-fed newborn will take about 2 to 3 ounces (60

to 90 ml) of formula per feed, and will feed approximately every three to four hours during the first few weeks. If you are breastfeeding, your baby may take smaller, more frequent feedings than formula-fed infants.

By the end of your baby's first month, she'll need at least 4 ounces (120 ml) of milk per feeding. By then, she will have a fairly predictable schedule of feedings about every four hours.

Every baby's feeding needs are unique, whether they are breastfed or bottle-fed. So there isn't really a one-size-fits-all feeding schedule to stick to.

In general, most babies have unpredictable feeding schedules in the first month. During this time, it is best to feed your newborn on demand, or whenever she cries because she's hungry. Watch for cues such as crying, putting fingers in the mouth, or sucking noises.

As time passes, your baby will develop a fairly regular feeding timetable of her own. As you become familiar with her signals and needs, you'll be able to schedule feedings around her routine.

Is your baby getting enough?

Newborns do not require additional water because breast milk and/or formula provide all the fluids they need. Your baby is getting enough to eat if he or she:

- seems satisfied and content after eating
- produces about four to six wet diapers a day
- has regular bowel movements
- sleeps well

- is alert when awake
- is gaining weight

“In general, most babies are satisfied with 3 to 4 ounces (90 to 120 ml) per feed during the first month. Increase that amount by 1 ounce (30 ml) per month, until your baby reaches a maximum of about 7 to 8 ounces (210–240 ml) per feed.” – *Dr Ratna Sridjaja*

Cracking the pee and poop code

For many new mums, inspecting the shade and consistency of Babies' stools and urine can turn into a full-time obsession. Yellow, green or black? Soft and pasty, or whitish and seed-looking?

Read on to find out if what's in your baby's diaper is normal or not.

A healthy newborn's urine is pale yellow in colour. She may also wet her diaper four to six times a day. The darker the colour of the urine, the more concentrated it is – this means your baby is not drinking enough milk.

In the first day or so, your newborn will pass black, tarry-looking stools called meconium. This is perfectly normal so do not be alarmed. If she is feeding well, you'll notice that the stool goes from black to dark green to yellow in colour over the next few days.

Breastfed babies and formula-fed babies pass different looking stools. Babies on breast milk usually pass stools that look like Dijon mustard and are watery with

little whitish seedy-looking bits.

Formula-fed babies also have slightly more solid stools that are pasty in consistency, and yellow or tan in colour. Don't panic if the stools are green – this is normal.

Many babies move their bowels soon after a feeding. This is especially common in breastfed babies due to the gastro-colic reflex, which causes the digestive system to become active whenever the stomach is filled with food.

By three to six weeks of age, it is considered normal for your breastfed baby to have only one bowel movement a week. This is because breast milk leaves very little solid waste to be eliminated from the child's digestive system.

When you should be concerned

Get your baby to the doctor's clinic when you notice that:

- The stools are white in colour. Clay-coloured stools can be a

sign of serious liver disease

- The stools are red in colour. While blood in a baby's stool may simply have been swallowed at delivery or may result from mom's nipples bleeding, it's always wise to have it checked by a doctor.
- Your formula-fed baby is having fewer than one bowel movement a day and appears to be straining herself because of hard stools. This may mean she is constipated.

About the doctor

Dr Ratna Sridjaja is a paediatrician practicing at SBCC Baby & Child Clinic (Gleneagles). She completed her paediatrics specialty training at Thomas Jefferson University Hospital in 1999. Since 1999, Dr Ratna has worked in private practice in New Jersey, Delaware and Pennsylvania. Prior to coming to Singapore in 2008, she worked in the Emergency Department at Dupont Hospital for Children. Dr Ratna is American Board Certified in Paediatrics and a Fellow of American Academy of Paediatrics.

COMMON NEWBORN CONDITIONS

Find out what are some of the most common newborn conditions and how to deal with them



Learn how to deal with common infant ailments without going into a panic

You've just brought your new baby home from the hospital. For now, scaly flaking scalp, acne and constipation are probably the last things on your mind. After all, aren't healthy babies supposed to have flawless skin and vigorous bowel movements?

Yet, even hale and hearty babies may experience certain common conditions. Read on to learn how to deal with 8 common newborn conditions from the experts, Dr Nancy Tan from SBCC Baby & Child Clinic (Gleneagles Medical Centre) and Dr Ellen Tay from Thomson Paediatric Centre (Novena Medical Centre).

1. Jaundice

Up to half of all newborns experience jaundice on the third

to fourth day after birth. According to Dr Nancy Tan, the skin of a jaundiced baby may appear yellow. The whites of the eyes may also appear yellowish.

What to do

If your baby is mildly jaundiced, ensure that she is feeding well as good hydration will help to eliminate jaundice. You may also wish to place your baby, dressed only in diapers, under the mid-morning sun for about 10 to 15mins. Jaundice usually resolves on its own within a week. However, seek medical attention immediately if your baby is passing pale yellow or white stools with tea-coloured urine or has a fever.

2. Colic

According to Dr Ellen Tay, colic refers to a state of excessive crying in babies. It typically occurs when Baby is 3 to 4 weeks old, peaks at around 6 to 8 weeks and usually improves at around 4 months. For any sleep-deprived parent, a baby's non-stop crying can take a toll on the nerves. Yet, until now, it is a poorly understood condition.

Interestingly Dr Tan says that a colicky baby tends to have anxious or depressed parents. There are other postulations like how the stress hormone can pass from a frazzled mum into her breast milk, as well as lactose intolerance in certain babies.

What to do

First, make sure that your baby's needs are fully met. Is she crying because of hunger, excessive heat or cold, soiled diapers, diaper rash, excessive stimulation or fatigue? You could also learn simple soothing techniques like swaddling, massaging, carrying or gently rocking your baby, putting your baby on her tummy and patting her back. You could also try infant colic drops, lactase drops or probiotics.

3. Spitting up

Spitting up, or reflux, is common among babies after a feed. Most babies go through a reflux phase and depending on its severity, you may need to seek medical attention. Some babies have a smaller stomach capacity and may require smaller, more frequent feeds. If your baby spits up but remains happy, grows well and is not in pain, you may wish to watch and wait for her to outgrow it by 6 months. However, if your baby is not feeding or growing well, a trip to the doctor's clinic is necessary.

What to do

Do not over-feed your baby. Refrain from letting your baby lie down on her back immediately after a feed. Instead, keep your baby elevated at a 30 to 45 degrees angle for about 30 mins.



4. Baby acne and milia

Babies get acne too. These small raised papules filled with pus usually appear from the third to tenth day. While most of them appear on the face, baby acne can also be found on other parts of the body, says Dr Tay. Tiny white cysts, caused by clogged oil glands on the surface of the skin, can also form on your baby's skin.

What to do

Resist the temptation to pick at your baby's acne. Both skin conditions are harmless, and no treatment is needed as they usually go away on their own.

5. Cradle cap

Red, scaly and flaking skin on the scalp is known as cradle cap. It can also occur at the eyebrows and eyelids.

What to do

Use a cradle cap shampoo to wash your baby's head. Using a soft brush to brush the scalp area and applying some olive oil to the scalp can also help to get rid of the scales. Watch for signs of infection and bleeding. When that happens, bring your baby

to the doctor for further evaluation as antibiotic cream may be needed.

6. Diaper rash

Red, inflamed rashes can occur anytime in diaper-wearing babies, especially if baby's tender skin is left in contact with wet diapers for too long. Diaper rash typically worsens during bouts of diarrhoea.

What to do

Use a simple barrier cream containing zinc oxide on your baby's buttocks routinely after bath, once to twice a day, advises Dr Tay. Ensure that your baby has regular "naked time" to air her bottom for brief periods of time during the day. During diarrhoea episodes, change your baby's diaper more frequently. Wash the buttocks with soap and water with each diaper change. If your baby's diaper area is infected, she may require medicated cream like antibiotic ointment.

7. Diarrhoea

Babies who are lactose intolerant may have frequent, explosive stools due to an immature gut that does not digest lactose in milk well, notes Dr Tan. Other causes of watery, frequent stools include infections and milk allergy. Breastfed babies also tend to have watery stools but this is a normal response to breast milk and not a cause for concern.

What to do

If your baby is having a bout of diarrhoea, the key thing you should be worried



about is dehydration. As long as your baby remains well-hydrated, the diarrhoea will normally settle itself. Watch for signs like vomiting, abdominal distension, poor feeding as well as mucus and blood in the stools. Seek help if your baby is not drinking, has a high fever and severe tummy pain.

8. Constipation

Different babies react differently to different formula brands. Occasionally, a formula-fed baby may suffer from constipation as the gut cannot adapt to the fat blend in the formula, says Dr Tan. However, it is rare for babies to suffer from constipation. Note that breastfed babies may move their bowels only once every few days, and this is not considered constipation.

What to do

Increasing the total fluid intake can relieve your baby's constipation. If it is severe, see a doctor who may prescribe a mild laxative for your baby. However, if your baby is constantly having difficulties in passing stools, check with your doctor to ensure that there are no other underlying medical conditions.

About the doctors

Dr Nancy Tan is a paediatrician practicing at SBCC Baby & Child Clinic (Gleneagles). Trained in paediatric gastroenterology, hepatology and nutrition, Dr Tan received her subspecialty training at King's College Hospital in London.

Dr Ellen Tay is a paediatrician practicing at Thomson Paediatric Centre. Prior to joining Thomson Paediatric Centre, she was a specialist-in-charge of the General Ambulatory Clinic and Obesity clinic at KK Women's and Children's Hospital. Her special interest includes sleep behavioural disorder in children.

BREASTFEEDING BASICS

What every new mum needs to know for successful breastfeeding



While it is hard work, you can be sure that the numerous benefits of breastfeeding will be well worth your effort.

You've probably seen countless posters of happy mums nursing their hungry newborns. Unfortunately, reality isn't always picture-perfect.

For first-time mums, learning to breastfeed can be a daunting experience. In real life, successful breastfeeding requires patience and practice.

Here, Obstetrician and Gynaecologist Dr Claudine Tan from SBCC Women's Clinic at Ang Mo Kio explains why breast milk is the best food for your baby. She also offers practical tips on how you can

navigate the challenges of nursing your newborn baby.

Breast is best

While it is hard work, you can be sure that the numerous benefits of breastfeeding will be well worth your effort.

For one, your breast milk is a great immune system booster for your little one.

According to Dr Tan, each mother's milk has its own unique composition of hormones, fatty acids, anti-viral, anti-bacterial properties, prebiotics and probiotics which you can't get from other milk.

By feeding your baby breast milk,

you are protecting him from chronic diseases and decreasing his risk of conditions like Sudden Infant Death Syndrome and autoimmune diseases. Breastfeeding also has other health benefits. It helps new mums to lose the excess postnatal bulges. Studies have shown that breastfeeding reduces a woman's risk of developing ovarian and breast cancer.

In addition, it is also a great way to bond with your newborn.

Start off on the right foot

If you intend to breastfeed, start as soon as possible after delivery. The initial milk you produce, called colostrum, helps give your newborn's immunity a boost.

Need some help?

Here's a list of Breastfeeding support groups and online resources:

- The Association for Breastfeeding Advocacy (Singapore)
<http://www.abas.org.sg>
- Breastfeeding Mothers' Support Group (Singapore)
<http://www.breastfeeding.org.sg>
- Joyful Parenting and Breastfeeding (by the Family Life Society)
<http://www.familylife.sg/counselling-care/joyful-parenting/>
- Baby Center Singapore's list of lactation consultants & nursing support
<http://www.babycenter.com.sg/baby/breastfeeding/directory/>
- Breastfeeding Inc
<http://www.breastfeedinginc.ca/>
- Breastfeed.com
<http://www.breastfeeding.com/>

Is my baby getting enough?

How can that tiny amount of colostrum satiate my newborn?

Before you abandon your breastfeeding plans for a more substantial bottle of formula, consider this.

In the first few days, an average newborn's tummy can only hold teaspoonfuls of milk. The amount of colostrum you have is usually sufficient for your baby.

During this time, your baby may only wet a few diapers. But as your baby grows, she should begin to have at least 5 to 6 wet diapers and 2 to 5 bowel movements each day.

Other signs to show that your baby is getting enough milk:

- Baby nurses 8 to 12 times a day
- Duration of each feed takes 10 to 20 mins per breast or longer
- Baby's swallowing sounds can be heard
- Baby gains weight
- Baby is alert and active, and appears healthy with firm skin. She is also growing in length and head circumference.

Don't dismiss this tiny bit of creamy, yellowish "liquid gold". Every drop of colostrum is packed with nutrients such as carbohydrates, protein, antibodies and immune factors which are important to your little one.

If you are not able to nurse your baby right away after delivery, start expressing breast milk to stimulate milk production. Mature milk will come in 3 to 5 days later.

Remember that breastfeeding takes a lot of patience and practice for both you and your baby. Get help from nurses and lactation consultants when the going gets tough.

Is Baby latching on correctly?

A good latch-on is important to prevent sore nipples and to ensure that your baby gets enough milk out of your breast. Without a good latch-on, your baby may not get enough milk and can also end up sucking in a lot of air.

Dr Tan offers some tips to get started: Before starting to breastfeed, make yourself comfortable with a good back and arm support. There are many

positions to hold your baby so you need to find one that you are comfortable with.

Hold your baby close to you with his whole body facing you so he does not have to turn his head to latch on.

Trigger your baby's natural sucking reflex by touching his lips with your breast lightly. When baby opens his mouth wide, bring your baby towards your breast chin first.

Aim your nipple towards the roof of your baby's mouth. Your baby's mouth should cover as much of the areola (the darker part surrounding the nipple) as possible, not just the nipple.

If your baby is latched on properly, you should not feel any pain. Look for a rhythmic suck-and-swallow pattern.

Allow your baby to empty one breast completely before nursing from the other breast.

Feed on demand

Should you schedule feeding times or nurse on demand?

Breastfed babies should be nursed whenever they show early signs of

hunger, according to the American Academy of Paediatrics. This may mean nursing your baby 8 to 12 times a day.

Instead of watching the clock, learn to spot early signs of hunger in your baby by watching for increased alertness, mouthing or rooting around your nipple.

The key word here is "early". Crying is considered a late sign.

While it may be exhausting for new mums to nurse 8 to 12 times a day in the first few weeks, letting your baby set the feeding pace is crucial in building up a good milk supply. The more you breastfeed your baby, the more milk your body makes.

Hold the bottle

As tempted as you are to pop a pacifier or bottle into your baby's mouth to stop his crying, don't!

Latch-on and suckling problems may happen because of the difference in the shapes of pacifiers, bottle teats and your nipple.

While some babies have no problems switching between the two, others may become confused.

Using a pacifier as a substitute for nursing may also cause your milk supply to dip. This is because your milk supply depends on how much your baby nurses.

Take care of yourself

Now that you are the main food source for your baby, your diet and lifestyle choices can have an effect on the quality of your breast milk.

While you are breastfeeding, you should maintain a healthy, well-balanced diet and keep yourself well-hydrated. While you may be eager to shed the excess postnatal weight, dieting too soon after birth can adversely affect your milk supply.

If you are a smoker, stub out. Smoking can lower your milk supply and even cause your baby

to have nausea, vomiting, colic and diarrhoea. Toxins from cigarette smoke can also affect Baby's ability to absorb certain vitamins and minerals.

Many medications are safe to use during breastfeeding. But, if you are unsure, always seek your doctor's advice before consuming any medications.



Practical tips from mums

“ During the first two months, I was having a difficult time breastfeeding because the baby wasn't latching on correctly. It reached a point whereby my nipples would bleed because of the poor latch-on. It was horrible. Luckily, I sought help from a lactation consultant who taught me the correct method to nurse my baby. Within three days, I was breastfeeding like a pro! ”

– Jeannette Tan, 33.
She breastfed her daughter for three years.

“ I breastfed my first baby for 13 months, but supplemented with formula milk. For my second child, I was more experienced and determined. I latched him on more frequently in the early days to build up a good supply of breast milk. It was a success and I breastfed my son exclusively for 15 months. I find that drinking lots of water, warm beverages, eating healthily and extra supplements like goat's milk and fenugreek helps boost milk supply too. ”

– Sheiam Ching Ling, 33.
She breastfed her first child for 13 months and her second child for 15 months.

About the doctor

Dr Claudine Tan is a specialist in Obstetrics and Gynaecology (O&G) practicing at SBCC Women's Clinic (Ang Mo Kio). Trained in gynaecological surgery, such as abdominal, laparoscopic (key-hole), urogynaecological and pelvic floor repair, Dr Tan has experience in clinical and surgical obstetrics, including antenatal ultrasound, natural childbirth and assisted delivery (caesarean, vacuum and forceps). Apart from regular participation at international O&G conferences, Dr Tan has also written several publications in recognised medical journals.

THE BREASTFEEDING DIET

Junk the junk food. What you eat can affect your breast milk, says Obstetrician and Gynaecologist Dr Claudine Tan from SBCC Women's Clinic at Ang Mo Kio.



Getting back into shape should not be your top priority at the moment

Congratulations! After all those months of eating well during your pregnancy, you've finally delivered your little one. But don't pop the champagne to celebrate just yet.

If you are breastfeeding, what you drink or eat will now affect your baby. While you probably do not need to make major changes to your diet, there are some things to keep in mind.

Nix the postnatal diet – for now

You might be tempted to shed the excess pregnancy kilos, but this isn't the time to go on a strict weight loss diet.

Your body has been through a lot during labour and delivery. Now you will need the strength and endurance of a marathoner to care for a newborn.

Watching what you eat is important but getting back into shape should not be your priority while you are breastfeeding. Dieting too soon after birth can delay your body's ability to recover and affect your milk supply, says Dr Tan.

Even though you can still breastfeed your baby if your nutrition is not up to par, it will affect the quality of the breast milk. Your body will draw what it needs from your reserves to produce the best breast milk for your baby.

When you consistently don't get enough nutrients, these reserves will eventually run out. How much stores you have in your body will also determine how much of it will be produced in your breast milk.

Counting calories

So exactly how many extra calories should a nursing mum consume? Making breast milk is hard work on your body. The number of extra calories nursing mums need varies with

each individual as every woman has a different weight, activity level, metabolic rate and breastfeeding pattern. In general, a breastfeeding mum will need an extra 400 to 500 calories each day in addition to her regular calorie intake, advises Dr Tan.

Even so, that's no excuse for bingeing on junk food.

A balanced, wholesome diet, comprising a mix of complex carbohydrates, protein, good fat and fibre from all food groups, is the key to producing a good supply of high quality breast milk.

How you can "spend" your additional 400 calories.

Don't waste your calories on unhealthy cravings. Instead, opt for nutrient-dense foods in between meals to keep your energy levels up. This may be in the form of a small egg and cheese wholemeal sandwich (approximately 350 calories) and an apple (approximate 50 calories).

Drink up

While breastfeeding, it is important to ensure that you are well hydrated. You will need about 8 to 12 glasses of water a day to help you produce enough milk for your baby. Dehydration can cause a dip in milk supply.

You can also get fluids from the food you consume such as fruits and soups. In the meantime, go easy on your coffee and teas as caffeine can get into your breast milk and into your baby's system.



Eat your fish

As part of your regular protein intake, be sure to include fish in your diet. Besides protein and vitamin D, fish is a major source of omega-3 oils.

These good fats, which your baby gets from your breast milk, are important for brain and eye development. Research has found that mums whose diets are low in omega-3 rich foods have a higher risk of developing depression. Other sources of good fat include canola oil, olive oil, avocados, nuts and seeds.

What about herbs?

According to Dr Tan, not all herbs are harmful during breastfeeding. For instance, fenugreek, which is sometimes used as a culinary herb, may be able to help increase your milk supply.

However, always be discerning with what you consume as it can have an effect on your baby. Certain herbs can be unsafe for consumption during lactation. Always consult your doctor before consuming any herbs.

“ Some experts believe that babies do like a variety of “flavours” in their breast milk but some mothers feel that certain foods make their baby more irritable. If you consistently notice that your baby becomes irritable after you consume certain types of food, then by all means avoid it. ”

– Dr Claudine Tan

About the doctor

Dr Claudine Tan is a specialist in Obstetrics and Gynaecology (O&G) practicing at SBCC Women's Clinic (Ang Mo Kio). Trained in gynaecological surgery, such as abdominal, laparoscopic (key-hole), urogynaecological and pelvic floor repair, Dr Tan has experience in clinical and surgical obstetrics, including antenatal ultrasound, natural childbirth and assisted delivery (caesarean, vacuum and forceps). Apart from regular participation at international O&G conferences, Dr Tan has also written several publications in recognised medical journals.

STIMULATING YOUR NEWBORN

Activities to entertain and stimulate your baby's development.



Think your newborn does nothing much but feed, cry and nap at this moment? Well, think again.

Even at this young age, your new baby is already trying to make sense of her new environment and surroundings. The right stimulation can help with her development. Paediatrician Dr Eugene Han of SBCC Baby and Child Clinic offers some fun ideas on activities you can do with your baby – in between naps, of course!

Peek-a-boo

This simple game can be very entertaining for babies. Vary your facial expressions at the same time, as making funny faces can

easily capture a baby's attention. However, do keep in mind that newborns cannot see beyond 20 to 30 cm, so they can only appreciate faces that are held close to them. A baby's visual clarity and depth perception only fully develops at 8 months.

Playthings

We're not talking about complicated toys. Simple, visually stimulating toys and pictures with high contrast (think black and white) will fascinate young babies. A baby mirror at the side of the cot can also help your baby to amuse herself with her own movements and facial expressions.

Talk, read or sing a lullaby

Even while in the womb, babies are aware of voices. During the first few months of life, they use their hearing to observe the world around them. A loved one's voice can be very soothing to a newborn. Plus, all these activities lay the foundation for your baby's language development.

Provide audio stimulation

Toys that provide audio stimuli like rattles or music boxes are useful in stimulating hearing in babies. As babies transit from life in the womb, which is very noisy, to the more silent world outside, "white noise" from household machines like radios, vacuum cleaners and washers may be a calming influence to your baby.

Groom a social butterfly

Even though your newborn can't talk now, allow her to join in family activities and take in the sights, sounds and scents. Don't be embarrassed to "chat" with your baby, even though it may be a one-sided conversation at this point in time. Babies love to be talked to.

Give lots of hugs and cuddles

After delivery, babies like to be held close so that they can hear the reassuring sounds of heartbeats. Physical interaction, in the form of hugs and cuddles, is important for your baby's emotional wellbeing. Familiar scents and skin textures reassures your baby and helps

with her sensory experience, which is important for mental development. Holding a baby close also builds trust and fosters good relationships with parents and family.

A gentle massage

Give your baby a gentle massage with your hands to express your love and care. Not only is it relaxing and helps your baby sleep better, it also strengthens parent-baby attachment. This is especially so in post-natal depression as it soothes a

new mum's frazzled nerves. The best time for a baby massage session is between feeds, while your baby is awake and settled. After a bath and before-bedtime feeds are also good opportunities for a baby massage.

Schedule tummy-time

Tummy time helps your baby with her motor development by strengthening her neck and leg muscles, preparing them for crawling and rolling over. Place your baby on her tummy for a few minutes each time, for about



30 mins a day. However, do make sure that this is done under the supervision of a caregiver. The safest position for babies to sleep in is on their backs, as it reduces the risk of Sudden Infant Death Syndrome.

About the doctor

Dr Eugene Han is a paediatrician practicing at SBCC Baby & Child Clinic. He was formerly a paediatrician at the National University Hospital and a clinical tutor at the Yong Loo Lin School of Medicine, National University of Singapore. Currently an executive member of the Singapore Paediatric Society, Dr Han's clinical interests include asthma, allergy and chronic cough. He has published articles in international medical journals, presented in international conferences and was involved in writing guidelines for asthma and pneumonia.

CONFINEMENT MYTHS AND FACTS

Could Grandma actually be right about those bizzare-sounding confinement practices?

Read on to find out.



No sex, bathing and washing of hair during confinement. Carrying heavy things will cause your womb to drop! As well-meaning relatives inundate you with all sort of confinement advice, how do you separate the truth from the myths?

Get your facts right with some help from Dr Ben Choey, a specialist in Obstetrics and Gynaecology at SBCC Women's Clinic.

1. No sex during confinement period.

✓ True!

It is not advisable to resume intercourse soon after delivery as

women tend to feel very sore in the vagina. After all, wounds and tears take time to heal. It can also be extremely painful during penetration with a raw wound from episiotomy (a surgical cut in the muscular area between the vagina and the anus made before delivery) repair.

The vagina may also feel very dry after delivery, making intercourse very uncomfortable. Lochia flow (postpartum bleeding) also takes about 6 weeks to clear up. In general, patients are advised to resume sexual intercourse 4 to 6 weeks after delivery. By then, your wounds would have healed completely unless you have infections.

2. Bathing or washing of hair during confinement will cause you to get all sorts of health problems later in life.

✗ Myth!

Maintaining good hygiene reduces your chance of developing poor wound healing and infection, especially if you have had a caesarean section. Moisture in the vagina is a good medium for bacterial growth and increases your risk of wound breakdown (episiotomy repair) and urinary tract infection.

Hair washing will not cause future health problems. In fact, you may experience more hair loss if oil is allowed to accumulate on the scalp. Plus, your partner may also prefer a clean and fresh-looking companion.

3. Specially-prepared confinement meals are a must for any new mum to regain her strength.

✓ True!

Ample nutrition and rest is important, especially if you are breastfeeding. Good nutrition improves your immunity against infections. Confinement tonics like ginseng and dong qui are vital tonics which help the body heal.

For caesarean mothers, a clear liquid diet is advised to help to deal with any abdominal bloatedness the day after surgery. Avoid vegetables like broccoli, cabbages and onions which can produce excessive amounts of gas and worsen wound pain.

Wounds typically take 4 weeks to heal, and primary key nutrients which help with the healing process include vitamin E, C, zinc and protein. Vitamin C is found in a lot of fruits and vegetables. Zinc is found

in shellfish, and meat will provide you with a protein boost.

However, be cautious about using high doses of certain herbs. For instance, those that contain alkaloids can affect the nervous system while others may have a potent hormonal effect. Always check with your doctor before you consume any herbs.

4. Carrying heavy things after delivery can cause your womb to drop.

✓ True!

As bizarre as it sounds, carrying heavy loads increases your intra-abdominal pressure and this can increase your risk of vaginal prolapse. Pregnancy and childbirth put a strain on your supporting muscles and ligaments, and weakens them. For some women, this is temporary and may heal.

However, sometimes the muscles are permanently damaged. Over time, this can lead to vaginal prolapse.

5. Resting well is a must during confinement.

✓ True!

Your body may not be ready for strenuous activities immediately after birth. Lack of rest puts a new mum at risk of stress and fatigue, and this may directly affect one's mood and health. Women who are exhausted are more prone to developing postnatal blues.

6. No air-con, cold water or exposure to wind and drafts during confinement. You risk rheumatism and backaches later if you don't keep warm.

✗ Myth!

There is absolutely no evidence to suggest that exposure to cold leads to rheumatism in later life. However, if the patient has pre-existing arthritis, exposure to cold may cause muscle stiffening and worsen joint pains.

Caring for your C-section or episiotomy wounds.

“ C-section mummies may want to avoid showering for the first few days, unless your wound dressing is waterproof. Generally, there is no need to swab the wound with antiseptic lotions. Gentle rinsing during shower with clean warm water would be sufficient. Keep the wound dry and clean. To care for your episiotomy wound, change your sanitary pad every 4 to 6 hours to prevent bacterial accumulation. Use warm water or antiseptic lotion to cleanse the wound after you urinate or move your bowels. Dab dry to keep it clean thereafter. Do not rub the wound to prevent disruption of sutures. ”

– Dr Ben Choey

About the doctor

Dr Ben Choey is a specialist in Obstetrics and Gynaecology practicing at SBCC Women's Clinic (Clementi). He has more than 10 years of working experience in the field of Obstetrics and Gynecology. During his medical career in a public hospital, Dr Choey accrued extensive experience in gynecological surgeries, and clinical and operative obstetrics, including antenatal ultrasound, operative and natural childbirth. His good track records have won him the Best Medical Officer Award and Best Registrar Award between 2005 and 2009.

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