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We're having a **BABY**

Outdated

A close-up photograph of a newborn baby sleeping peacefully. The baby's eyes are closed, and their face is relaxed. An adult's hands are visible, gently holding the baby's hands. The background is a soft, textured grey surface.

A guidebook for expecting and looking after a baby

This guidebook has been published since the beginning of the 1980s. Sirpa Taskinen, Psychologist at the then National Board of Social Welfare, had the main responsibility for the texts in the original guidebook. Over the years, the contents of this guidebook have been edited and supplemented several times. We would like to extend our warmest thanks to the experts and parents who have shared their knowledge with us and contributed to this new edition of the guidebook.

Editors:

Tuovi Hakulinen, THL

Marjaana Pelkonen, Ministry of Social Affairs and Health

Jarmo Salo, THL

Maria Kuronen, THL

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Graphic design and layout: Seija Puro

Cover image: Vastavalo.fi

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Dear Reader,

Babies are born into a variety of situations and different kinds of families. The baby may be a firstborn or one of many siblings. Some pregnancies are carefully planned, while others may come as quite a surprise.

This guidebook contains up-to-date information on pregnancy, birth and parenthood, taking care of your baby, services for families with children and social security. We hope that this information and practical advice will support your own thinking and make your daily life smoother.

You can get more personal guidance and support for good parenting from your local maternity clinic, child health clinic and the maternity hospital. Organisations dedicated to child and family support provide reliable information that you can find easily on the Internet. For tips on sources of information, see the end of this booklet.

Enjoy your reading!

The editors

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1

PREGNANCY

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FROM CONCEPTION TO BIRTH

Conception can occur during ovulation, which takes place approximately two weeks after the first day of menstruation. The ovum can be fertilised by male sperm for 24 hours. Fertilisation happens when the male sperm cell penetrates the female ovum. A sperm cell can survive in the woman's body for 2–4 days. The male sperm cell determines the sex of your baby.

The expected date of delivery

The due date, or expected date of delivery (EDD), is calculated from the first day of your last menstruation. A normal pregnancy lasts between 37 and 42 weeks. To calculate the expected date of delivery, add 40 weeks (= 9 months and 7 days) to the date when your period last began. Most babies are born during week 39 or 40. If your menstruation cycle is longer than 28 days, then conception will have taken place more than two weeks after the first day of your latest period. Most pregnant women have an ultrasound scan before week 20. The EDD is checked against the size of the baby. In later scans, the EDD will not be revised.

Placenta

The placenta begins to develop when the fertilised ovum is embedded in the lining of the uterus a few days after conception. A well-functioning placenta provides the basis for the healthy development of the foetus. The placenta acts as the lungs, liver, intestines, kidneys and source of nutrition for the foetus. Nutrients and oxygen travel from the mother's circulation through the placenta to the foetus via umbilical cord veins. The veins in the umbilical cord carry the baby's blood to be oxidised in the placenta and transfer the waste to the mother's circulation. The metabolism takes place through a thin membrane: the blood circulations of the mother and the baby, although very close to each other, remain separate. At the end of pregnancy, the placenta weighs about 500 to 800 grams, and is shaped like a flat disc.

Many substances harmful to the foetus, such as nicotine and alcohol, can pass through the placenta. (See pages 19–20.)

Uterus

The uterus of a woman who is not pregnant weighs 50 to 70 grams and is 7 to 9 cm long. At the end of pregnancy, it weighs nearly 1 kg and has a volume of about 5 litres. During pregnancy, the uterus grows with the baby. During the fourth month of pregnancy, the uterus rises from the pelvis, which results in visible changes in the mother's body. In week 16, the fundus of the uterus is halfway between the navel and the pu-

bic symphysis, by week 24 it is up to the navel, and by week 36 it is up to the diaphragm. Accelerated growth of the uterus may indicate a multiple pregnancy. The fundus of the uterus usually drops a couple of weeks before delivery and becomes round in shape. At the same time, the baby usually turns head down ready for delivery.

Movements

Women who are having their first baby usually feel its movements by week 20 or 21. Mothers who have had previous pregnancies can already feel the movements around week 18. At first, the movements may feel like “bubbling” or “fluttering”, before they develop into gentle kicks and bumps.

Contractions

The uterus prepares gradually for the delivery. During the final weeks, the uterus tightens in “practice contractions”. In the beginning, the contractions only last for a few seconds, but towards the end of pregnancy they can last for up to 30 seconds. Contractions prepare the cervix for delivery. During the final weeks of pregnancy, the cervix may dilate a little, more if the pregnancy is not the first. Experiencing painful contractions during the second trimester may be a sign of an infection, and you should contact your maternity clinic immediately.

Monitoring your pregnancy

For more detailed information on the different stages of pregnancy, see the pregnancy calendar on the next page spread of this booklet. It briefly describes the different stages of foetal development, the most important examinations carried out at the maternity clinic and other important matters, such as applying for the maternity grant. The calendar also specifies the most important safety factors related to the foetus and the mother, such as the use of medication or dietary supplements during pregnancy (see also Risk factors during pregnancy, p. 19). At www.folkhalsan.fi/raskauspaivakirja, you can find a new kind of pregnancy diary (in Finnish, Swedish and English) for monitoring yourself, your family and your baby even more closely, week by week. You can keep the diary fully private, share it with your loved ones or, if you so wish, discuss the thoughts provoked by it with the maternity clinic public health nurse.



PREGNANCY CALENDAR

WEEK	PREGNANCY TIMELINE	TO DO LIST
Con-ception	Takes place roughly two weeks from the start of your period.	See the guidelines for healthy food. Stop smoking and give up alcohol! If you need support, contact your maternity clinic.
Week 0–4	At two weeks, the embryo is the size of a pinhead.	Do not take any medications during pregnancy without first consulting a doctor or public health nurse or pharmacy. Check first that your medications can be safely used during pregnancy.
Week 5–8	The foetus is now 1.5 cm long and has the beginnings of arms and legs. The heart, nose, ears and eyelids, the nervous system, spine and umbilical cord start developing.	The baby is well if the mother is well: healthy food, sufficient rest and plenty of outdoor activities are good for both.
Week 9–12	When the foetus is 10 weeks old, it is approximately 3 cm long and weighs about 20 grams.	The baby's heartbeats can be heard. The foetus floats in amniotic fluid, protected by the foetal membrane and gets its food through the umbilical cord. The foetus now has an upper and lower jaw and the beginning of a tongue. Teeth are beginning to develop in the gums. The early pregnancy ultrasound scan is done between the weeks 10 and 14, and is usually an internal scan done through the vagina.
Week 13–16	When the foetus is 14 weeks old, it is approximately 9 cm long, and weighs about 100 grams. The uterus is now about the size of a fist. The head is big, almost half the length of the foetus, and the facial features start developing. The ears and genitals develop. The foetus practices swallowing and breathing. It kicks, wiggles its toes and thumbs, and turns its head, but the mother is not yet able to feel these tiny movements.	To qualify for the maternity benefit, the mother must have a medical examination either at the maternity clinic or by a doctor before the end of week 16.
Week 17–20	When the foetus is 18 weeks old, it is 25–27 cm long and weighs 250–300 grams. The foetus has its own circulatory system, and its heart beats twice as fast as that of an adult. A very fine down, known as lanugo, is now covering the baby's entire body. Most of this will disappear before birth. The baby has eyebrows. The placenta is almost as big as the foetus. It protects the foetus from some but not all harmful substances. If this is not her first pregnancy, the mother will now be able to feel the movements of the baby.	Talk to the public health nurse about antenatal classes. Most women have an external scan at some time during weeks 18–21. The external scan is done by rolling a transducer across your tummy.

WEEK	PREGNANCY TIMELINE	TO DO LIST
Week 21–24	When the foetus is 22 weeks old, it is approximately 30 cm long and weighs 400–600 grams. At this time even women who are having their first baby can feel the movements. The heartbeat is clearly audible. By week 24, the fundus of the uterus is up to the navel. Accelerated growth of the uterus may indicate a multiple pregnancy. The foetus practices sucking, and its thumb often finds its way into its mouth. The hair and nails are growing, and the protective membrane is starting to develop into skin. Most of the time the baby is asleep, but it can be awakened by noise or vibration. A pregnancy terminating before week 22 is called a spontaneous abortion, or miscarriage. If born during weeks 23 or 24, the baby may survive in intensive care, although it is very premature. Developmental risks are great, and the selection of a treatment regime must often be given due consideration.	In week 22, you can apply for maternity, paternity and parental allowance as well as for the maternity benefit (for more information visit www.kela.fi). Avoid excessive strain. Do not take the contractions lightly.
Week 25–28	When the foetus is 26 weeks old, it is approximately 35 cm long and weighs about a kilogram. The foetus moves a lot. It turns and kicks so hard that the movements are visible. The baby can open and close its eyes and has a firm grip. The fundus is up to the navel now. You may be experiencing your first contractions: your belly tightens for a few seconds and then relaxes. The foetus now looks like a real baby, but is a lot thinner. A baby born before 28 weeks is considered extremely premature. The lungs and other organs are not yet fully developed. With intensive care the baby often survives, and the prognosis is better due to improved treatment methods.	Be alert to the reactions of your body. Remember to get enough rest! Avoid any unnecessary strain, especially if you have contractions.
Week 29–32	When the foetus is 30 weeks old, it is approximately 40 cm long and weighs about 1.5 kilograms. Most children born during weeks 29–32 survive with intensive care, and their risk of handicap is small.	Avoid standing work, lifting heavy objects and other strenuous tasks.
Week 33–36	When the foetus is 34 weeks old, it is approximately 47 cm long and weighs about 2.7 kilograms. It gains weight rapidly. The baby has less room in the uterus and moves around less than before. At this stage, most babies turn head down ready for delivery. The baby's skin is covered with a creamy film called vernix. The uterus reaches its highest point and is up to your ribs. If there is risk of premature birth, the delivery will take place close to the neonatal intensive care unit. Babies born in week 35 seldom need intensive care. Babies born before week 37 are considered premature, and the mother and child may need to stay at the postnatal ward for an extended period of time.	Now is the perfect time to get everything ready for the baby. In many municipalities, you can visit the maternity hospital in advance.
Week 37–40	The uterus drops and the baby's head will become engaged into your pelvis. Contractions will become more frequent. The baby is kicking so hard that he or she can push away a book resting on your tummy. At birth, most babies are 49–52 cm long and weigh 3,000–4,000 grams. The average pregnancy lasts for 40 weeks, but deviating from the average by one week is very common.	Go to the hospital if your water breaks, you have contractions at regular intervals, you are experiencing pains, or if you are bleeding. (See "Birth".) When the baby is ten days over the expected date of delivery, the mother will go to the hospital for a post-term follow-up check.

PREGNANCY AND WELL-BEING

Healthy eating habits, exercise, sufficient sleep and relaxation improve the well-being of both the mother and the baby. Although pregnancy is a natural condition, it is nevertheless a strain on the mother. The entire body must adapt to the new situation. Metabolism is enhanced, breathing and circulation become more efficient, and the uterus grows. During pregnancy the placenta secretes enzymes and hormones which, together with the corpus luteum and pituitary gland, regulate these changes. Changes in the body also affect the mental state, or moods, of the pregnant woman. (See “Preparing for parenthood” on page 28.)

Pregnancy often makes the mother think about the effects of her own lifestyle, such as exercise and eating habits, on the baby. They influence the growth and development of the foetus but, first and foremost, the mother’s own coping. It will benefit the whole family to pay attention to a health-promoting lifestyle.

Energy requirements during pregnancy and breastfeeding

Every family has its own eating habits. This guidebook presents the most important elements in the nutrition of a pregnant and breastfeeding woman. For food recommendations for the whole

family, see the guidebook Eating together – food recommendations for families with children.

A healthy woman who has been eating a balanced diet does not need to change her diet during pregnancy. Eating a well-balanced and varied diet contributes to the healthy development of the baby as well as accelerates recovery from the birth and supports breastfeeding.

During the first three months of pregnancy (the first trimester), there is virtually no need for extra food. During the second and third trimesters the need for extra energy can be met with a slice of bread with a spread, a glass of milk, and one piece of fruit. Thus, there is no need to “eat for two”, but to eat a well-balanced and varied diet, and eat at regular intervals. During the breastfeeding period, the mother gets energy from the fat stored in her body during pregnancy, and the need for extra energy is the same as during pregnancy.

Regular meals are important for a pregnant and breastfeeding woman. Feeling tired or nauseous may indicate that the expectant mother should get more rest and eat more regularly. It is recommended that pregnant women eat several times a day: breakfast, lunch, dinner, and 2 to 4 snacks in between.

The diet of a pregnant and breastfeeding woman

Most mothers get all the nutrients they need from their food. However, it is recommended that all pregnant and breastfeeding women take supplemental vita-

min D and folic acid when planning for pregnancy and during early pregnancy. For some women, the maternity clinic can recommend iron and calcium supplements, in addition to healthy food. Multivitamin-mineral supplements are necessary only if the diet is not balanced. Supplements containing vitamin A must be avoided during pregnancy. We recommend that you discuss the use of any dietary supplements with the maternity clinic.

Vegetables, fruit, berries and wholemeal grains

Vegetables, fruit and berries are rich in important vitamins, minerals and fibre, but poor in energy. Vegetables, fruit and berries should be eaten in large quantities, preferably at every meal, and at least 5 or 6 portions a day (one portion is roughly the size of your fist). Colourful vegetables of the season are available both fresh and frozen, and you can use them both raw and cooked. Vegetables and berries add flavour to food and reduce its energy content. Beans, lentils and peas all contain a lot of vegetable protein. Seeds and nuts contain healthy fats. Nuts, almonds, berries, fruit and vegetables also make healthy snacks.

Wholemeal food, such as bread and porridge made of rolled barley, oats and rye, contains plenty of fibre, iron and B vitamins. We recommend that you eat grain products with every meal. Biscuits, Danish and other pastries contain hard fat, sugar and a lot of energy, so they should not be consumed every day.

Five steps to a healthier future

- 1. Eat five portions of fruit, berries and vegetables every day.**
- 2. Choose soft vegetable fats.**
- 3. Eat less food containing high amounts of sugar or salt.**
- 4. Drink water.**
- 5. Enjoy meals with your family.**

Fat, fish, meat and dairy products

In the use of fat, you should pay attention both to its quantity and quality. We recommend that you use soft vegetable fats and avoid animal fats and other hard fats (coconut and palm oil). Use low-fat (60–80%) spreads on bread and toast. For cooking, use low-fat spreads, vegetable oils and vegetable oil blends.

Fish contains healthy fats, and pregnant women are recommended to eat different types of fish (such as saithe, trout or rainbow trout, Arctic char, whitefish and vendace) 2 to 3 times a week. Avoid pike during pregnancy and while you are breastfeeding because it contains high levels of mercury. It is recommended that pregnant women should not eat fish from the Baltic Sea, such as salmon, trout and large Baltic herrings (size over 17 cm) more than once or twice a month. You should also avoid raw-cured or cold-smoked fish products, and dishes containing raw fish, such as sushi. You can eat these if properly heated, i.e. if treated to a temperature of at least 70° Celsius throughout. White meat and fish is recommended.

Choose products which are low in fat and salt. Avoid eating liver and liver products during pregnancy because they contain high levels of vitamin A. It is advisable not to eat more than 200 g of liver pâté or sausage per week and to eat a maximum of 100 g at a time. Only choose meat and meat products that are properly and thoroughly cooked.

Milk, cheese and other dairy products are important sources of protein, vitamin D, calcium, iodine and other nutrients. During pregnancy, it is beneficial to include 5–6 dl of liquid dairy products and 2–3 slices of low-fat cheese in your daily diet. Cheese is a good source of calcium and can replace milk, but its iodine content is low compared to liquid dairy products. Remember that many dairy products, such as flavoured yogurts and quarks, contain high amounts of sugar. Because of the risk of listeria, avoid blue cheese and cream cheese made from unpasteurised milk.

Liquids

The best drink to quench your thirst is water. For your meals, choose fat-free milk or buttermilk or water. During pregnancy and breastfeeding, drink moderate amounts of coffee (no more than 3 dl per day) due to its high caffeine content. For the same reason, energy and cola drinks are not recommended for pregnant women. A high intake of caffeine-containing products may cause heart palpitation and shaking for the mother. Caffeine passes through the placenta and breast milk into the baby and may have adverse ef-

fects on the pregnancy and the child's development.

Sugar and sweeteners

Reducing your sugar intake helps prevent excessive weight gain and helps protect against tooth decay. There is a lot of added sugar in products such as soft drinks and fruit drinks, and a lot of natural sugar in juices (100% fruit juices). You should drink these only occasionally, and drink no more than one glass of fruit juice a day. During pregnancy and breastfeeding, you can drink juices and other drinks that are sweetened with steviol glycoside, aspartame, acesulfame K, thaumatin and sucralose. For daily use, you should rather choose unsweetened products. Licorice should be eaten only in moderate amounts, as it contains high levels of glycyrrhizin, which may cause swelling and raise blood pressure. Eat any sweets only moderately.

Salt

Use as little salt as possible, because it causes swelling, burdens the kidneys and raises your blood pressure. Read package labels and choose the alternatives with less salt. Avoid salted snacks and other foods with high levels of salt, such as pickled cucumbers or salami-type sausage. Many spice mixes, spice sauces, seasoning cubes and other seasoning products contain high amounts of salt. Marinated chicken and meat products, cold cuts, sausages, cheese, bread and many snacks contain a lot of salt. Choose iodised salt, but use it only in moderation. Instead of or

in addition to salt, you can add more flavour to food by adding basic spices, herbs, root vegetables and fruit.

Vitamins and minerals

The pregnant woman needs a rich supply of vitamins and minerals since the developing baby takes all the nutrients it needs from the mother's body. The foetus rarely suffers from any deficiencies, but an unbalanced diet can affect the mother's well-being.

Vitamin D

The need for vitamin D increases during pregnancy and breastfeeding. The best sources of vitamin D include fortified dairy products, margarines and fish. Using dairy products and margarines fortified with vitamin D is safe and there is no danger of overdose. It is recommended that all pregnant and breastfeeding women take supplemental vitamin D (10 µg/400 IU per day) around the year, in addition to a balanced diet.

Folic acid

Folic acid or folate is a form of vitamin B. The need for folic acid increases during pregnancy, and it is an important nutrient for foetal development. Folate deficiency may be a contributing factor in neural tube defects (NTD) in developing embryos. The recommended daily intake of folate for pregnant and breastfeeding women is 0.5 mg (= 500 micrograms, µg). An average young Finnish woman only gets half of this from food. In order to improve their

folate intake, they should eat whole-meal products and plenty of uncooked vegetables, fruits and berries throughout the pregnancy.

It is recommended that all mothers take a folic acid supplement from the planning of the pregnancy until the end of pregnancy week 12 in order to avoid neural tube defects in the developing embryo. In addition to folate from food, an amount of 0.4 mg or 400 µg a day is recommended. In some situations, a larger amount is used, often in connection with certain medications or illnesses or if the family has a history of neural tube defects. For further information on folic acid and an individual blend of vitamins, consult your physician or maternity clinic.

Iron

The need for iron increases during pregnancy. Iron is needed for making red blood cells and oxygen transport and for the development and proper functioning of the placenta. The main sources of iron include meat, fish and wholemeal grains. The iron from meat and fish is easily absorbed. Foods rich in vitamin C enhance iron absorption from wholemeal grains and vegetables. Your iron intake may be insufficient even if you have a well-balanced diet. Usually, half of the needed iron is from food and the other half from the mother's iron reserves or from iron supplements. The maternity clinic will assess whether you need an iron supplement. Breastfeeding does not increase your need for iron.

Calcium

Calcium is necessary for the development of the baby's bones. Most women get enough calcium. You need to take calcium supplements if your diet includes only a few or no dairy products or calcium-enriched foods. In such a case, the daily dose of calcium is 500–1000 mg. Do not take iron and calcium supplements together since calcium inhibits iron from absorbing. Calcium is also needed during the breastfeeding period. If you needed a calcium supplement during pregnancy, continue taking 500–1000 mg of it a day when breastfeeding.

Iodine

An iodine supplement is necessary if you do not use liquid dairy products. You should plan this in cooperation with your maternity clinic.

Weight gain during pregnancy

The average total weight gain during pregnancy is 14 to 15 kg. Weight gain is caused by the growth of the uterus, foetus, placenta and breasts, and the increased amount of blood and amniotic fluid. However, during the first trimester it is common to lose some weight. Women gain different amounts of weight, and recommendations are based on the weight prior to pregnancy.

Weight gain should be monitored for several reasons: insufficient weight gain may be an indication that the foetus is developing too slowly. A steady excessive increase in weight is a strain on the expectant mother. A sudden increase

may be a sign of too much fluid collecting in the body (see also “Swelling” on page 18). Excessive weight gain during pregnancy may predispose the woman to gestational diabetes, which is a disorder of carbohydrate metabolism that can result in the excessive growth of the baby and low blood sugar levels at birth.

Putting on a lot of weight during pregnancy predisposes the woman to being overweight after delivery as well. Obesity is a risk factor for many chronic diseases, such as Type 2 diabetes. Healthy eating habits and sufficient exercise help in controlling weight, and a positive mood will support these efforts.

Dental care and fluoride

Pregnant and breastfeeding women should take extra care of their teeth. This is important for both the mother and the baby, as tooth development starts while the foetus is in the womb. For teeth, the most important mineral is fluorine. Fluorinated toothpaste strengthens the teeth when used daily. Health care centres arrange dental care for pregnant women.

Physical exercise

Get as much exercise and fresh air as possible during pregnancy. The mother's fitness contributes to the baby's health and development. Exercise is refreshing and makes you feel better and helps you in controlling your weight. It may also alleviate certain pregnancy-related symptoms, such as back prob-

lems, constipation, tiredness and feet swelling.

In a normal pregnancy, a healthy woman will be able to remain physically active throughout most of the pregnancy. You can also begin a new sport or exercise during pregnancy. Exercises suitable for pregnant women include walking, Nordic walking, skiing, swimming and gym workouts. Be sensitive to your body's reactions and modify your exercise accordingly. After mid-pregnancy, you should avoid sports involving jumping, stretching or other sudden movements or a risk of injuries.

If you have not exercised at all before your pregnancy, then start carefully. A suitable amount for a beginner is 15 minutes of exercise at a time, three times a week. The intensity of exercise is correct if you are slightly breathless but can still talk.

Gradually extend the duration of exercise to 30 minutes at a time and increase the number of sessions per week. The goal – the recommended minimum amount of exercise – is 150 minutes a week (30 min. x 5).

If you have any problems with your pregnancy, such as contractions requiring treatment (risk of premature birth) or vaginal bleeding, you should avoid exercise and intense physical activity.



SIGNS OF PREGNANCY

Pregnancy affects women in different ways: some suffer from several signs and symptoms while others experience very little discomfort. Some symptoms are common at the beginning, while others are typically experienced at later stages. Although the symptoms may cause serious discomfort to the mother, they seldom pose any threat to the baby.

Feeling tired

Some pregnant mothers are vital and energetic, while others feel very tired during the first and last months of pregnancy. If possible, rest during the working day. If you feel extremely tired for more than two weeks, discuss it with your maternity clinic's public health nurse or doctor. (See "Anaemia" on page 17.)

Body temperature

During the early stages of pregnancy, the body temperature may rise slightly. This is quite normal and does not need medical attention. If you have a fever during pregnancy, contact the maternity clinic or your doctor.

Nausea and vomiting

Half of all pregnant women suffer from nausea or vomiting during the first months of pregnancy, especially in the morning when the stomach is empty. It may be accompanied by dizziness and one's vision going black when getting up. Nausea may be triggered by certain smells or tastes, because these senses are heightened during pregnancy. The morning sickness and vomiting usually stop after the first three months. It might help to drink a glass of water or juice before getting out of bed and eat something small, such as a biscuit or slice of bread as soon as possible after getting up. Get out of bed slowly, taking your time. You may be overcome by nausea during the day as well, if your stomach becomes empty. This can be prevented by having snacks during the day. Violent vomiting is not a normal sign of pregnancy and should always be treated by a doctor.

Breasts

Your breasts will grow and they might feel tender and tight. Beginning from the second month, it is possible for your breasts to leak milk. At this stage your breasts will be very sensitive to cold and should be kept warm at all times. You should buy a supportive maternity bra by the middle of your pregnancy. During the winter, wear a warm woolen scarf around your breasts. It might be wise to avoid swimming in cold water. Massage your nipples with a moisturising lotion available from the chemist to prepare the skin for breastfeeding.

If your nipples are small or turned inwards, stretch them daily starting a few months before the expected date of delivery so that the baby will be able to get a good grip.

Vaginal discharge

The normal amount of vaginal discharge tends to increase during pregnancy. If the discharge smells bad or itches, consult your doctor as it may be a sign of an infection. When washing, use only water, as soap may irritate the mucous membrane.

Vaginal bleeding during early pregnancy

Slight vaginal bleeding is experienced by approximately 25% of women around the time of normal menstruation. The bleeding is explained by the fertilised ovum being embedded in the lining of the uterus. It is recommended that you avoid sexual intercourse if you have bleeding. If the bleeding continues, you should contact your maternity clinic within a few days.

Vaginal bleeding may be caused by several reasons. If the bleeding is heavier than your normal period and includes contraction-like pain, it may be a sign of miscarriage. In this case, it is advisable to consult a doctor but there is no need to do it at night or during the weekend. If vaginal bleeding during early pregnancy is accompanied by strong or one-sided abdominal pain, pain in the tip of your shoulder or fainting, these may be caused by an ectopic

pregnancy. In this case, consult a hospital outpatient clinic.

Urinating

In the early stages of pregnancy, and especially before the time of the normal menstruation period, you may experience a vague feeling of heaviness in the lower abdomen. This is caused by expanding veins and enhanced circulation. Toward the end of pregnancy, the need to urinate is more frequent as the uterus is pressing against the bladder. A swift kick from the baby may lead to the mother needing to urinate, or even an “accident”.

Sweating

Sweating increases during pregnancy as metabolic activity increases. Pay special attention to your personal hygiene.

Heartburn

Heartburn is a common ailment towards the end of pregnancy. It is caused by regurgitation of gastric acid. Heartburn is a painful burning feeling in your throat, chest or upper abdomen. It can be alleviated by avoiding spicy and fried foods, coffee and strong tea. The maternity clinic will be able to suggest safe medications to treat heartburn. The heartburn will discontinue as soon as the baby is born.

Anaemia

Anaemia may be a reason for feeling extremely tired. Other symptoms include paleness, palpitations, shortness of breath during exercise, and dizziness. Anaemia occurs when there is not enough haemoglobin in your blood. Haemoglobin levels often decrease during pregnancy because there is more blood in your circulation. In a sense, your blood is “diluted”. If necessary, your doctor or public health nurse will prescribe iron supplements. Vegetables and fruit rich in vitamin C as well as meat and fish enhance iron absorption.

Varicose veins

Varicose veins are enlarged veins on the surface of the leg. They may get worse during pregnancy when the expanding uterus puts pressure on the veins. Wearing specialised compression stockings, which you put on before getting out of bed, alleviates the problem. It also helps if you can put your feet up during the day and place a pillow under your feet at night. Avoid wearing high-heeled shoes or shoes that are too tight. Wear different shoes during the day to give your feet a rest.

Cramps

During pregnancy women tend to have leg cramps. Painful leg cramps often occur at night and affect your calf or thigh muscle. The best way to relieve a cramp is to stretch the cramping muscles: straighten your leg, take hold of your big toe and pull your foot up, or press it

against the bed. You can try to relax the cramp by massaging the muscle lightly. Use a cold pack (e.g. a bag of frozen vegetables) for first aid. Keep your feet warm during the night.

Constipation and piles

As the uterus grows, it presses against the rectum and thus increases the tendency to develop piles or enlarged blood vessels in the anus. As piles are aggravated by constipation, pay special attention to what you eat and make sure that you exercise sufficiently. To reduce constipation, eat plenty of fibre – wholemeal bread and porridge, fruit, berries and vegetables – and drink enough during the day. If necessary, add bran or wheat germ and dried fruit to your diet to encourage regular bowel movements. Exercise and other physical activities will also help.

Backache

As the tummy grows, the back muscles must take a lot of strain, which may result in back pain. Good posture and support by the abdominal muscles will alleviate the pain. Wearing a supportive maternity bra and comfortable shoes with flat heels will ease the backache. Find a mattress that supports your back without being too hard. Gentle massaging and rest will relax tense back muscles. Light exercise to strengthen the abdominal and back muscles is recommended. Ask the maternity clinic for exercise instructions.

Swelling

Some degree of swelling is normal unless it is accompanied with rising blood pressure and protein discharges in the urine. A sudden increase in weight (over 500 g per week in a woman of normal weight) or swelling accompanied by severe itching may be symptoms of a liver condition (hepatosis gravidarum). Contact the maternity clinic or your doctor.

Skin blemishes

The skin can get darker during pregnancy, especially the tips of the breasts and around the genitals. A brown line often appears stretching from the lower abdomen to the naval, and brown spots (chloasma) may appear on the face. These marks will fade after delivery.

Stretch marks

Pregnant women may develop stretch marks on their breasts, abdomen and thighs, caused by skin stretching and by tearing of the connective tissue under the skin. Massaging stretch marks as early as possible with a moisturising lotion may help. The red lines will usually fade after delivery.



RISK FACTORS DURING PREGNANCY

Infections

During pregnancy, it is especially important to avoid infections that could be harmful to the foetus. The risk of infection can be considerably reduced by carefully following the protective instructions. Toxoplasmosis is a parasitic infection that can be passed on from cats, guinea pigs and laboratory animals. To prevent infection, avoid contact with cat litter trays or soil that may have been fouled by cats or other animals. Do not let the house cat sleep in your bed.

Continue to follow normal food hygiene (www.ruokavirasto.fi/en/private-persons/information-on-food). For pregnant women, listeria is a dangerous bacterium found in food products. The best way to avoid listeriosis is by washing your hands thoroughly after handling meat. Due to the risk of cross-contamination, do not handle raw and cooked products with the same utensils. To eliminate the risk of listeria, heat food properly so that its internal temperature is over +70 °C throughout. Follow the instructions when heating processed foods and frozen vegetables. Fresh vegetables should be carefully rinsed to remove soil. Avoid vacuum-packed cold-smoked and raw-cured fish products, blue cheese, cream cheeses, and cheeses made from unpasteurised milk.

Sexually transmitted diseases and infections can be prevented by using a condom.

Smoking

Smoking is harmful for both the mother and the baby. Cigarette smoke often causes nausea in expectant mothers. The nicotine and carbon monoxide in the smoke are absorbed into the mother's blood and transfer via the placenta into the foetus. They also impair the normal functioning of the placenta. Nicotine levels are higher in the foetus than in the mother. Babies born to smokers have low birth weight and are restless and irritable more often than those born to non-smokers. Smoking during pregnancy may have harmful effects on the development of the brain and lungs, and also increases the risk of infection after birth.

Support for giving up smoking is available from the maternity clinic and through the Internet (in Finnish and Swedish: www.stumpi.fi, helpline 0800 148 484). Nicotine replacement products other than the patch can be used during pregnancy, if necessary.

For the sake of the child's health as well as for the sake of their own health, both parents should give up smoking at the early stages of pregnancy, if not before.

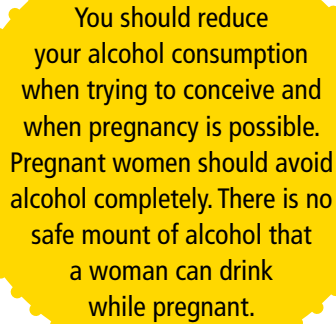
Alcohol

Alcohol causes foetal damage. When a pregnant woman drinks alcohol, so does her foetus, because alcohol passes through the placenta and travels via the umbilical cord into the foetus. The blood alcohol level can be higher in the foetus than in the mother.

Binge drinking (consuming large quantities of alcoholic beverages) is particularly dangerous for the foetus. The body parts and organs develop during the first trimester (the first three months of pregnancy), and a dangerous drinking pattern during the first trimester can result in foetal malformations, e.g. a congenital heart defect. Excessive alcohol use should be avoided whenever there is a possibility of pregnancy. Pregnant women should avoid alcohol completely.

Alcohol slows down foetal growth throughout the pregnancy and may result in low birth weight. The foetal central nervous system (CNS) is very vulnerable, and at worst the baby may suffer from mental retardation. Alcohol-related foetal defects may cause problems associated with attention span, learning, and linguistic development.

There is no safe amount of alcohol that a woman can drink while pregnant. Excessive alcohol consumption during pregnancy increases the risk of miscarriage. Other risks include malfunctions of the placenta, bleeding and the resulting infections, and the premature detachment of the placenta. Caesarean sections (C-sections) are more common among heavy drinkers.



You should reduce your alcohol consumption when trying to conceive and when pregnancy is possible. Pregnant women should avoid alcohol completely. There is no safe amount of alcohol that a woman can drink while pregnant.

Pregnancy is an excellent opportunity to change your drinking patterns and other aspects of your life in the best interests of your future child. There are several sources of support and advice on giving up alcohol, such as the maternity clinic or your local health centre or A-Clinic (Finnish website: www.a-klinikka.fi). At www.addictionlink.fi, you can find information on alcohol and other substances as well as peer support websites that promote life without intoxicants.

Drugs

All drugs pass through the placenta into the foetus. Drugs restrict the growth of the baby and may cause premature detachment of the placenta and premature birth. Drug abusers often neglect their own well-being, are in bad physical condition, and suffer from malnutrition and infections. All of these pose a particular risk for the pregnancy and the well-being of the unborn baby. Alcohol

and drug-abusing mothers often need help with tackling their problem. They should seek help as early as possible, for example, at the maternity clinic or directly from nationwide mother and child homes and open service units specialising in substance abuse treatment (www.ensijaturvakotienliitto.fi/en). Päihdeneuvontapuhelin, a helpline for substance abusers, their family members, and professionals, is available on a 24/7 basis (in Finnish) at 0800 900 45. A social and healthcare professional will answer your call.

Irti Huumeista (Free from Drugs) (www.irtihuumeista.fi) is a non-governmental organisation that provides information on drugs and drug addiction and their effects on the substance abuser and his or her family. The organisation provides advice, support and information by phone and email (check the website for contact details). Drug Helpline 010 80 4550 (in Finnish).

Medication and examinations

Do not take any medications or natural health products during pregnancy without first consulting a doctor or public health nurse. Follow the dosage instructions. When at the doctor's or dentist's, always remember to tell them that you are pregnant so that they can adjust the treatment accordingly.

Further information on the effects of drugs on the foetus is provided by the Teratology Information Service of the Hospital District of Helsinki and Uusimaa, available Mon–Fri 9 am–12 pm (tel. 09 471 76500). The Teratology

Information Service is a national free-phone helpline aimed at preventing foetal defects. The helpline also provides information on infections, radiation and other external risk factors during pregnancy and breastfeeding.

Travelling

Wearing a seatbelt is compulsory, also in the back seat. Towards the end of pregnancy, wearing a seatbelt might feel uncomfortable, but it is essential for the safety of the mother and the baby in case of accident. If you will be travelling long distances by car, be prepared to stop every few hours for a quick stroll to stretch the legs.

Motorcycling is not recommended for pregnant women. Travelling by planes that are not pressurised may cause the foetus to suffer from oxygen deficiency. Airlines have recommendations and restrictions regarding travelling and pregnancy. It is advisable to check with your airline regarding the restrictions they impose for long-haul flights.

Risks at work

The supervisors of expectant mothers are responsible for ensuring safe working conditions and methods. A pregnant woman is entitled to request a transfer to other jobs if the working environment poses risks, such as from chemical substances, radiation or infectious diseases. If this is not possible, the mother can apply for a special maternity allowance from the Social Insurance Institution (Kela) to begin mater-

nity leave at an earlier date (see “Social security for families with children” on page 93).

Pregnant women should not do jobs involving exposure to radiation (e.g. X-rays). They should also avoid physical strain, such as lifting or moving heavy objects. According to current knowledge, working by a computer monitor and using physical therapy equipment do not pose a radiation risk. If your job involves coming into contact with anaesthetic gases, lead, mercury, cytostatic agents, carbon monoxide or carcinogens (cancer-causing substances), consult your occupational health care representative to ensure the safety of your working environment.

Pregnant women should also consider the effect of parental leave on their individual careers, discuss their statutory rights and benefits with their supervisors and have a preliminary discussion about returning to work after parental leave (see “Social security for families with children” on page 93).

Infectious diseases

If a pregnant woman has never had the common pox diseases or been vaccinated against them, she might become infected when working with children. If you have never had chicken pox, you should be vaccinated against it before becoming pregnant. Avoid contact with people with an active virus. Pregnancy should be taken into account when di-

viding the daily tasks in, for example, infectious disease departments in hospitals.

If you work in the health care sector, you might become infected with hepatitis B or HIV via the blood or excretions of infected patients. In the cleaning business, syringes and needles in waste bags may present a risk. Usually, a biohazard does not exist unless the patient’s blood comes into contact with the worker’s circulation via a wound or a needle prick. Reduce the risk by wearing protective gloves, using disposable instruments and avoiding mouth pipetting in the laboratory. There is a risk of cytomegalovirus infection if you are working in an institution where you come into contact with infant excreta. Pregnant women should be removed from these environments. However, for most infections, it is sufficient to be aware of the risks and to protect yourself adequately (see also “Infections” on page 19).

Learn the policies and procedures in use at your workplace. Discuss risks and biohazards with your superior, occupational health care services, or occupational safety personnel.



MATERNITY CLINIC

Most babies born in Finland are healthy and the mothers do well. This is mainly due to the good health of women, the regular visits to the maternity clinic, where the health and well-being of the mother and baby are closely monitored, in addition to the high-quality childbirth care in the maternity unit.

The maternity clinic promotes a healthy lifestyle for the parents and supports the resources of the whole family. Parents get support in matters such as preparing for childbirth, growth into parenthood, baby care and family life, and preventing and solving possible problems in their relationship. All families need support at some point especially those expecting their first child.

Maternity care monitors possible problems during pregnancy, takes action to prevent them, and refers the mother for further examinations and treatment in hospital, where necessary. The maternity clinics and hospital maternity units also support the family if and when the mother has fears relating to childbirth, suffers from depression, or is having a multiple pregnancy. The maternity clinics and hospital maternity units monitor and take care of the pregnancy and childbirth in close cooperation.

A public health nurse and a doctor work at the maternity clinic. Antenatal care includes

- health examinations
- screening tests
- personal and group guidance and counselling
- home visits and antenatal classes.

During the course of a normal pregnancy, the expectant mother and her partner make at least 8 to 9 visits to the maternity clinic. These visits include a extensive health examination of the expecting family and two doctor's appointments. During each visit, the public health nurse evaluates whether the mother needs intensive antenatal care and support. If yes, she can visit the maternity clinic more frequently or get other individual support. After delivery, the mother will have at least two health examinations, one of which is a so-called postnatal medical examination. Ultrasound scan is normally performed at weeks 10 to 14.

There are also private maternity clinics. If the mother visits a private doctor during pregnancy, she can still participate in antenatal classes and visit the public health nurse at the municipal maternity clinic. Mothers who have undergone a medical examination through a doctor's appointment or have visited the maternity clinic before the end of the 16th week of pregnancy are entitled to a maternity grant (in cash or goods, see "Social security for families with children" on page 93).

First visit to a maternity clinic

The purpose of the first visit is to assess the pregnant woman's general health and any risk factors for pregnancy. A public health nurse interviews the future mother and performs a basic examination. The visit also includes personal discussions and advice on matters such as nutrition and exercise as well as the adverse effects of alcohol and other intoxicants during pregnancy. During the first visit, the public health nurse also provides information about screening the foetus for abnormalities (see Screening programmes on page 25) and about periodic health examinations. Both parents will be invited to a extensive health examination of an expecting family.

Examinations during the first visit:

- A blood sample is taken to determine your blood group, Rhesus factor and blood haemoglobin concentration. The sample will also be tested to rule out syphilis.
- A urine sample is tested for sugar levels, protein and bacteria.
- The expectant mother will be weighed, her height measured and her blood pressure checked.
- With the mother's permission, the blood sample can also be tested for HIV antibodies and hepatitis.

Extensive health examination of an expecting family

An extensive health examination of an expecting family is typically performed at weeks 13 to 18. Both parents will be invited since the purpose of the exami-

nation is to strengthen the resources of the whole family in the best interests of the baby. The examination will be performed by a public health nurse and a doctor. The topics of the visit include the health and mood of the parents, any illnesses, health-related behaviour, the interaction and relationship between the parents, the parents' expectations regarding childbirth and parenthood, and the family's support network and finances. These areas can be discussed based on the individual needs of each family. The parents are also informed of medical factors related to the progress of the pregnancy (including risks) and they also get advice on the self-monitoring of the pregnancy. Other topics of discussion include foetal abnormality screening and factors related to the mother's work from the viewpoint of pregnancy.

Other periodic check-ups

Check-ups at the maternity clinic are aimed at monitoring the physical and psychological well-being of the pregnant woman. Based on her individual needs, the discussions can cover matters related to pregnancy, childbirth and future parenthood, preparing for family life and a change in the use of time, as well as perceptions related to the baby, and baby care. It is important that the mother tells the public health nurse and doctor about any serious mood problems or intimate relationship problems, such as intimate partner violence.

The following are monitored at check-ups:

- weight, blood pressure and sugar levels in urine
- blood haemoglobin
- average weekly weight gain
- swelling, if any
- foetal heart rate
- foetal position and movement.

The mother-to-be is taught how to monitor foetal movement, especially during late pregnancy.

Intensive antenatal care

If needed, intensive antenatal care is provided to a pregnant woman and her family. Experts such as a family worker, social worker, psychologist or physio-therapist can be invited to the treatment team. The examining doctor or public health nurse can also refer the mother to the hospital maternity unit for further examinations. The number of additional visits to the maternity clinic and any follow-up at the hospital maternity unit will be agreed based on the mother's individual needs.

Special situations or problems requiring extra follow-up:

- multiple pregnancy
- pre-eclampsia and high blood pressure (gestational hypertension)
- gestational diabetes
- itching or yellow skin (gestational cholestasis)
- abnormal uterine growth
- abnormal foetal heart rate or movement
- risk of premature birth
- bleeding during late pregnancy
- passing the due date.

Pregnant woman's illnesses and other problems that may require extra follow-up:

- problems with earlier pregnancy
- family diseases and the possibility of a hereditary disease
- mother's chronic diseases, such as asthma, diabetes, epilepsy, thyroid gland dysfunction
- mother's disability
- infections, such as urinary tract infection, genital infection or systemic infection that may cause foetal damage
- mental health problems
- substance abuse problem in the family
- domestic violence.

Screening programmes for chromosomal and structural anomalies

The maternity clinic offers all pregnant women the opportunity for foetal anomaly screening. This includes ultrasound scans, and a maternal serum screening from a blood sample. Any screening tests and possible further examinations are voluntary. The pregnant woman can change her mind and discontinue her participation in screening tests at any time. The mother can be accompanied to each scan by the partner or some other support person.

The vast majority of babies develop normally. However, a small percentage of foetuses and newborns have a chromosomal or structural anomaly. The purpose of screening tests is to find any severe anomalies already during pregnancy in order to prepare for them as well as possible. Some of the anomalies

may cause the newborn to die, or require treatment immediately after birth. With certain anomalies, identifying them will benefit the child since their treatment can be started already during pregnancy. Awareness about a foetal anomaly gives the parents time to prepare for the birth or death of a severely ill child. It also gives them the opportunity to decide on the termination of pregnancy up until the beginning of week 24 (24 weeks + 0 days).

It is important that the parents-to-be discuss the risk of abnormal screening results already before participating in the screening tests. In the case of an abnormal result, they will have to consider whether or not they want to take any additional tests. After taking the screening tests, the parents may have to reflect on continuing the pregnancy and having a child with a disability or terminating the pregnancy.

Screening tests always involve uncertainties. A screening result that indicates an increased risk does not necessarily mean that the baby will be born with a disability or disease. Furthermore, not all conditions show up in screenings, and no test can guarantee that the child will be healthy.

Early pregnancy ultrasound scan

The early pregnancy ultrasound scan is performed at weeks 10–13, either externally or internally. The primary purpose of this scan is to confirm the weeks of gestation and to verify the number of foetuses. Structural abnormalities may be revealed by the scan.

Combined first-trimester screening test

If the pregnant woman decides she wants to undertake the screening tests to determine foetal chromosome abnormalities, a blood sample will be taken at weeks 9–11 for serum screening and the NT scan (nuchal translucency scan) of the foetus is carried out at the same time as the early pregnancy general ultrasound scan, at week 11–13 of the pregnancy. Together, these two constitute a so-called combined first-trimester screening test.

The risk factor, which indicates the probability for chromosomal abnormality in the foetus, is obtained by combining the results from the screening tests (serum markers and the thickness of nuchal translucency) with factors such as maternal age and the duration of pregnancy.

If the risk factor exceeds the risk threshold, the pregnant woman is offered the opportunity to have further examinations. Any further examinations are voluntary, and the maternity clinic will provide advice on these.

If the first maternity clinic appointment is after week 11, a blood test in week 15–16 may be offered as an alternative screening method. However, the second-trimester serum screening is not as reliable in the assessment of the risk of chromosomal abnormalities as the early pregnancy combined screening.

Second ultrasound scan

The second ultrasound scan is a more detailed scan called a foetal structural survey, in which the baby's major organs and skeleton are checked for severe structural abnormalities in week 18–21, or alternatively in week 24–28. At this time, the number of foetuses and their status is also checked, and the duration of pregnancy, the amount of amniotic fluid, and the position and condition of the placenta are verified. Pregnancy can be terminated up until the end of week 24 (24+0) by permission of the National Supervisory Authority for Welfare and Health (Valvira) if the foetus has been reliably tested to have a severe disease or structural anomaly.

Guides for expectant parents on foetal abnormality screening tests are available at

<http://urn.fi/URN:NBN:fi-fe201205085260>
and

<http://urn.fi/URN:NBN:fi-fe201205085039>.

Antenatal classes

The topics covered in antenatal classes include what happens during labour and how to prepare for it, breastfeeding, and caring for the newborn. Antenatal classes provide a chance to learn how to care for the baby, to discuss changes in daily routines when there is a new baby in the house, to talk about parenthood and relationships with other prospective parents, and to learn about the services and benefits available for families with children. Antenatal classes often include a visit to the hospital maternity unit.

The antenatal classes usually start at 20–30 weeks of pregnancy and are held by a public health nurse or some other health and social care professional. Usually there are 4 to 5 meetings, some of them preferably after the baby is born.

Maternity clinics and dads

Dads are welcome to attend each appointment as well as the antenatal classes. The child will become attached to both the mother and the father and needs the love and care of both parents. When parenting is shared, the child gets support and assurance from both mum and dad for his/her development. Being a father is very important for the man himself. When both parents participate in the care and upbringing of the children, the relationship tends to be happier. Maternity clinics help both parents form a positive yet realistic picture of life with a new baby. The clinics strive to promote the mother's and father's commitment to caring for the baby. Many maternity clinics organise meetings for just the dads where they can share their experiences with other men in the same situation. Dads are advised on how they can best support their partners during labour and how they can participate in caring for the baby. When the public health nurse comes to meet you at home, schedule it so that both parents will be present. If the pregnant woman's partner is a woman, or if the baby is born to a family with more than two parents, the maternity clinic will equally support them.

Overdue pregnancy

If your pregnancy exceeds the estimated delivery date by more than 10 days, based on the measurements taken from an early pregnancy ultrasound scan, it is considered overdue. You or your public health nurse should make an appointment at the hospital maternity unit, where a doctor will examine the mother and the baby and, based on the well-being of them both, decide on how to proceed.

Overdue pregnancies are closely monitored to detect any signs of possible risks as early as possible. The most common complication in overdue pregnancies is placental insufficiency, other problems include foetal oxygen deficiency, a decreasing amount of amniotic fluid, and changes in the foetal heart rate. The pregnant mother is recommended to pay attention to the baby's movements, following the instructions given by the hospital or maternity clinic.

PREPARING FOR PARENTHOOD

Having a baby will affect family life

Having a baby is a change for all members of the family. Pregnancy is the time to prepare: hormonal and physical changes help the mother adjust to the coming change. For the father or partner, the future baby becomes more real as the pregnancy progresses and they will be able to feel the baby's movements. The mothers are, in turn, encouraged to share their feelings and experiences with their partners. Discuss the future baby and parenthood already

during pregnancy. How does it feel to become a father and a mother? What do you expect from your daily life with a child?

Pregnancy is also the time to prepare mentally for the coming life change. Yet, having a baby is one of the most natural and richly rewarding experiences life can bring. However, it is not possible to be prepared for everything – some things will always come as a surprise! Having an open mind will help in solving many questions and problems during pregnancy and after the baby is born.

Fears and concerns

Becoming a parent brings a long-term responsibility towards your baby. The parents may be worried about many different things: Will the child be healthy? How will I know how to take care of a baby? What to do when the baby cries? Will I make a good parent? Will I love my child? How will we manage financially? A single parent might also worry about being “shorthanded” and how she will manage alone with the baby. You may be overwhelmed by the thought of being responsible for the life of another human being and wish you could just cancel the whole thing. These feelings are very common and they will pass in time. Find someone who you can share your fears and concerns with. Remember that there is no need to feel guilty about such thoughts and feelings; processing your thoughts and feelings is all part of becoming a parent.

Becoming a mother

The first pregnancy is especially testing. You will start seeing things from a new perspective now that you are also responsible for the well-being and healthy development of your unborn baby (see “Pregnancy and well-being” on page 10).

Hormonal changes can bring about severe mood swings in the mother, causing her to become exceptionally emotional, tearful or sensitive. The pregnant mother needs to be assured and reassured that her partner still loves and supports her. Sharing your thoughts and feelings with your partner

and other close friends will help.

The developing baby exhausts the mother’s energy resources, and she will need a lot of rest. The female body goes through tremendous changes during pregnancy. Skin and other tissues are stretched to their limits. Breasts grow and the pelvis spreads. The centre of gravity changes as pregnancy progresses and this will affect balance. The changes are significant, but they happen slowly. However, pregnancy is a natural condition, not an illness. Your general mood depends greatly on how well you will be able to accept these inevitable changes. The partner can be a huge support during this time by complimenting the mother on her growing tummy and appearance.

Pregnancy and the partner

Pregnancy and having a baby are demanding for the other parent as well. He is expected to be supportive and understanding. During very early pregnancy, in particular, it can sometimes be difficult to understand why the mother is becoming so tired and emotional. If the partner is aware of the hormonal changes during pregnancy, it will be easier to understand the pregnant mother. Attending an ultrasound scan is just as important for the partner as it is for the mother: they will both see their baby for the first time.

The father may also have questions and doubts about the life ahead of him. Men often wonder if they will be good fathers and a good example to their children, and how the family will cope

financially in the new situation. The responsibility may feel overwhelming. It is recommended that the dads-to-be share their feelings not only with their partner but also with other prospective fathers or experienced dads.

Support networks

For the mother, late pregnancy, childbirth and maternity leave constitute a time when socialising with colleagues and friends decreases. Nursing and caring for the baby at home may make the mother feel isolated, especially if there are no other mothers with babies in the neighbourhood or among her friends. The father/other parent on long-term parental leave may also encounter similar feelings of isolation. Since there is less contact with other adults than before, great expectations fall on the partner to listen and provide companionship.

Start building your social network already during pregnancy. Parental leaves provide a chance to make new friends. You can meet people in the same stage of life in the maternity clinic's antenatal class, in parental clubs and family cafeterias organised by municipalities, parishes and numerous associations, such as the Mannerheim League for Child Welfare (MLL) and the Martha Organisation, as well as in residents' parks and clubs and open day care centres.

Mothers, particularly single mothers, need special attention and support during pregnancy. In addition to friends and relatives, the maternity clinic's public health nurse, a social worker, and health care centre psychologist are available to provide support. You can also contact helplines, the child guidance and family counselling centre, or the church's family guidance centres (see "Services for families with children" on page 87). Single parents will find peer support from the association for single parents (visit "Yhden vanhemman perheiden liitto" at www.yvpl.fi). If you are pregnant without a partner, you can invite a doula (a trained support person) to attend the birth. For more information, please visit the Federation of Mother and Child Homes and Shelters' site at www.ensijaturvakotienliitto.fi/en. For contact details type "doula" in the search field.

You can also keep contact with your friends and peers through social media. However, no virtual contacts can replace a face-to-face presence and interaction. These are important not only for the wellbeing of parents but also to the development of the child. It is important that you reflect already during pregnancy on the use of social media and how the stay-at-home parent will be able to maintain contact with adults.



RELATIONSHIP WITH YOUR PARTNER

Cherish the love you have

Such a relationship does not just happen on its own, though. Firstly, to be able to love another, you need to accept and love yourself. Secondly, a good relationship must be nurtured: be caring and attentive, show affection, listen and interact. At best, pregnancy can be a shared experience that strengthens your relationship and enhances the feminine and masculine traits of both parents. On the other hand, unpleasantness, insults and unfair behaviour during pregnancy will be forever remembered unless they are talked through and forgiven.

Sharing your feelings

In a good relationship, you can openly share everything that is on your mind: joys, sorrows, concerns, fears, hopes and dreams. Sharing your feelings and thoughts is not always easy and requires practice.

The following advice might be helpful:

- 1) Listen to what your partner is saying. What is he/she feeling? What is his/her intention? Try not to take immediate offence. Was what he/she said with the intention of offending, or was it just worded a bit clumsily?
- 2) The individual is the best judge of his/her own feelings. If your partner says he/she is afraid or troubled,

don't tell him/her that there is nothing to be afraid of. Rather, ask what it is specifically he/she is afraid of. Allow your partner to have the feelings he/she is experiencing and say, for example, "You must have felt terrible when you were being got at by your boss" etc.

- 3) Tell your partner how you feel. If you are angry, say "Having to clean up after you makes me angry", for example. Try not to blame your partner, and avoid the word "always" in phrases such as "You are always so careless". If you want something, state it clearly. For example, "Could you vacuum the house?" (instead of "You never do anything").
- 4) Respect each other. Never say things that you know are the most hurtful to your partner, even when angry.
- 5) Digging up past faults is easy to do, but is poisonous to your relationship. Learn to forgive and forget.

Pregnancy and sexuality

Pregnancy may change the way you feel about sex in one way or another. Nausea, fatigue and breast tenderness during early pregnancy may cause your desires to decline. For others, early pregnancy is very thrilling in terms of sex life.

For many expectant mothers, the second trimester is a sexually fulfilling time. For many women, this is a peak erotic time in their life. Some partners enjoy their sexually more active spouse, while others may find it confusing. He might worry about harming the unborn

child and avoid situations that will lead to sex. A normal pregnancy does not prevent the couple from having sex. During late pregnancy, many women feel awkward and sexually unattractive, while others enjoy sex right up to birth. Remember that sexual intercourse is just one aspect of sexuality. Maintain intimacy and affection by saying and doing things you know will give pleasure to your partner. This can enrich your sex life and give it new forms.

Housework

Couples without children generally split housework evenly without argument, but in families with young children housework is a major source of disagreement. Having a baby increases the amount of housework. If not before, during pregnancy all family members should participate in housework – not just the parents but the older children as well.

The partner's share of housework increases during pregnancy, especially if the mother is suffering with contractions. During late pregnancy, the mother should avoid physical strain, such as lifting heavy objects. During the first weeks after birth, the baby needs round-the-clock attention.

Abuse is unacceptable

It is good to be an understanding partner, but there are limits as to what should be tolerated. Physical and mental abuse are crimes against another person and should not be tolerated. Heavy blows to the area of the abdomen may damage the womb and the foetus. At worst, this may cause the pregnancy to terminate.

If you are being abused, call the Emergency Response Centre as soon as possible. The emergency phone number is 112. The Emergency Response Centre staff will tell you what you need to do and will alert the necessary authorities. Sometimes the first priority is to remove yourself from the abusive partner into a safe environment. In such a case, you can go to a mother and child shelter. Contact details for the shelters are available at www.thl.fi/fi/palvelut-ja-asiointi/valtiososiaalija-terveydenhuollon-erityispalvelut/turvakotipalvelut (in Finnish) or at the Online Family shelter at www.turvakoti.net/en_onlineshelter/. (For a more detailed description, see Mother and child homes on page 92).



WHAT DOES A BABY NEED?

Maternity package

Apply for a maternity package from Kela when the pregnancy has lasted at least 154 days. Adoptive parents are also entitled to the maternity package. The pack includes useful, high-quality clothes and other necessary items. Further information on the contents of the package and on applying for it is available on Kela's website (www.kela.fi/web/en/maternity-grant) or from the local Kela offices.

Somewhere to sleep

The maternity package comes in a box that is designed to double as a baby basket. At first, the baby can also sleep in a crib, carrycot, basket or other baby bed. A cot with bars will be necessary by the time the baby starts turning and moving around and the previous sleeping arrangement is no longer safe. When the child is 1.5 to 2 years old, he/she will be able to climb out of the cot. At this time, the child can start sleeping in a children's bed.

Baby gear

In addition to the maternity package, it is advisable to acquire additional clothes and linens, if possible, since babies tend to use up clothes quickly. You

The Finnish
maternity package
is world famous!

can also easily acquire baby wear and gear second hand. Recycling is sensible, since baby wear and gear hardly wear out at all. Some associations, such as the Mannerheim League for Child Welfare (MLL) and Folkhälsan, lend baby gear. Remember that the baby does not need massive amounts of toys, equipment and clothing. You will need a few pieces of everyday clothing, such as body suits and jumpsuits, and one set of outdoor wear for each weather type. The first year is a time of rapid growth, and your child will quickly grow into and out of clothes. A 1-year-old child is already 73 to 80 cm and weighs 10 to 12 kg.

The essential bigger purchases for the baby include a bath tub, a pram and a car safety seat, if the family travels by car. Use the carrycot that fits inside the pram to transport the baby if the pram does not fit inside the house. When buying prams, pay attention to safety, durability and size (will it fit into the lift or the car?). You can acquire a separate (second-hand) pram for the baby to sleep in on the balcony. It is possible

to change nappies on the bed or whilst holding the baby in your lap, but in many cases a proper changing mat or changing top can be very useful (see “A place for changing” on page 53). A baby carrier, sling and baby sitter allow you

to keep your hands free. Baby carriers should be ergonomically designed for the comfort of both the mother and the baby.



Outdated

2

THE BIRTH
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PREPARING FOR BIRTH

The oncoming birth occupies the minds of expectant parents, particularly if this is your first child. It is difficult to imagine what giving birth feels like and how you can go through it. During pregnancy, it is a good idea to acquire information on childbirth and to reflect on your own ways to relieve labour pain.

The birth is discussed during visits to the maternity clinic and in antenatal classes. Do not hesitate to ask the maternity clinic nurse any questions that you may have regarding childbirth.

Some maternity hospitals arrange advance visits for expectant parents. Furthermore, maternity hospital websites provide information on childbirth, local treatment practices, the various pain-relief alternatives available and the stay in the postnatal ward after delivery.

Antenatal classes form part of family training. The topics covered include the normal stages of labour, the various pain relief alternatives, the role of the father or other support person during the birth and what happens after the birth. The purpose of this is to strengthen the skills and resources of the mother and her partner for childbirth.

How to plan in advance

Although it is impossible to fully anticipate the birth process beforehand, it is a good idea to reflect on how you would like the birth to proceed. What is important for you during childbirth? What helps you to relax? Discuss your wishes with your spouse or birth companion. You can also write down your wishes if you are worried about not being able to communicate them to the attending midwife after the onset of labour.

The attending midwife will take the family's wishes into account during the birth process. Any pain relief alternatives and non-urgent procedures will be decided in cooperation with the mother. There are various kinds of assistive items in the delivery room to help the mother to relax. Normally, the mother can move freely during the birth process and, for example, take a shower.

However, childbirth does not always go as planned. Sometimes, quick decisions must be made without being able to discuss them in advance. In such a case, the attending midwife and sometimes also the obstetrician will meet the mother after delivery and explain the decisions and procedures taken, if needed.

Father's role

It is the role of the father (or birth companion) to support, encourage and rally the mother during labour. The presence of a close companion is a comfort to the mother and helps her keep her spirits

up. Giving birth usually takes several hours, and support and encouragement is much needed. Some very concrete supportive measures include, for example, massaging the mother's aching back, fetching something to drink, wiping away sweat and helping the mother to relax.

When the father has witnessed the birth of his own child, the relationship between the father and the child forms immediately when the baby is lying on its mother's chest, seeking contact with its parents. A strong bond is created when the baby first opens its eyes and makes eye contact with the faces close by. Some fathers find they feel a stronger sense of closeness – as if the baby was more their “own” – when they have been present during the birth. Fathers who have seen their baby being born describe it as one of the finest moments of their lives.

However, some fathers are unable or unwilling to attend the birth. In such a case, the mother can ask her mother, sister or a close friend to accompany her during labour and childbirth. You can also invite a doula (a trained birth companion) from the Federation of Mother and Child Homes and Shelters or from Folkhälsan to attend the birth (Further information www.ensijaturva.kotienliitto.fi/en or www.folkhalsan.fi/en/). If the arriving baby will have a two-mother family or several parents, they are all welcome to attend the birth. Whatever the decision, it should be made as early as possible.

What to take to hospital?

Pack your hospital bag with the items that you will need well in advance. You can pack your own clothes and slippers to wear at the hospital.

Include:

- your current and any previous maternity cards
- toiletries and other personal items, such as a toothbrush and toothpaste, deodorant, body lotion, hairbrush, shampoo, etc.
- any regular medication
- nursing bras.

It is advisable to leave any valuables at home, since there is not necessarily any locked storage facilities in patient rooms. The father can bring any gear and items you need for the journey home on the day that you leave the hospital.

The baby will need:

- undergarments (e.g. a body suit),
- a shirt and pants or a jumpsuit,
- a hat and a sleeping bag and, if the weather is cold, the baby will also need a cardigan and a pram suit or padded overalls,
- a car safety seat or a carrycot.

Further, the mother needs clean clothes for leaving the hospital. Before the baby is born, make sure you have small nappies for the newborn and sanitary pads for yourself, for heavy bleeding after the birth, as well as bra pads kept in readiness at home.

Onset of labour

Labour usually begins at 38 to 42 weeks, with contractions or with your water breaking. Sometimes, irregular contractions may be the first sign of the onset of labour. Some mothers may experience occasional irregular contractions for several days before the actual onset of labour. These contractions prepare the cervix for birth. If the contractions remain occasional and are of short duration and not too painful, the mother can continue her normal life: eat, do housework, go for a walk, or rest.

Labour is considered to have begun when contractions are less than 10 minutes apart, last 45–60 seconds and are clearly painful. When contractions become painful, you should be alert to the reactions of your body and try different positions to find the ones that are most comfortable. Warmth helps you relax and alleviates contraction pain during early labour. Try holding a warm grain bag or similar against your lower back or on your lower abdomen. You can also take a warm shower.

Many women have mucus discharge in connection with contractions and the onset of labour. This discharge may contain some blood that originates

Go to the hospital immediately if you have vaginal bleeding or experience severe pain.

from the cervix. The discharge is harmless unless accompanied by increased bleeding or severe continuous pain. Labour can also begin with your water (amniotic fluid) breaking either suddenly or in a gradual trickle. Amniotic fluid does not discharge fully from the uterus but continues leaking throughout the labour process. Contractions typically begin within a few hours of your waters breaking. If you suspect that your water has broken, contact your hospital maternity unit for further instructions.

If needed, labour can be induced using medication or by artificial rupture of amniotic membranes. Induction of labour requires a medical reason, such as overdue pregnancy or problems with pregnancy.

If the amniotic fluid is green, contact the hospital as soon as possible.

When to go to the hospital

Below are a few general guidelines on when to go to the maternity hospital. If you have received specific instructions from your maternity clinic or maternity hospital, please follow them.

If you have had previous pregnancies, you can estimate, based on your experience, when to leave for hospital.

If your previous delivery was quick, you should go to hospital as soon as your contractions have become regular and painful.

It is advisable to call the maternity hospital before you leave. This enables the midwife to evaluate the situation over the phone and give you instructions.

Normally, you should go to the hospital when

- you have had contractions for at least two hours
- contractions are less than five minutes apart
- contractions last at least 45 seconds at a time
- contractions are so strong that you no longer feel comfortable staying at home.

Remember to take account of the travel time when deciding when to leave for the hospital.

Admission process

When you arrive at the hospital, a midwife will welcome you. She will assess the stage of labour and ask you questions such as when the contractions began, how long apart they are, and how long they last. You can begin to take notes about these already before leaving for the hospital. The midwife performs an external examination to determine the position and size of the baby. The baby's well-being is checked by listening to its heart rate. An internal examination is performed to determine the extent to which the cervix has dilated.

The mother and the midwife discuss the mother's wishes regarding childbirth and together plan how to proceed.



THE STAGES OF LABOUR

There are three stages of labour: the first stage is the dilation of the cervix, the second is the delivery of the baby, and the third is the delivery of the placenta. During the first stage of labour, the cervix dilates and the baby lowers down in the pelvis. During the second stage of labour, the mother pushes the baby out. During

the third stage, the mother delivers the placenta and membranes. For first-time mothers, labour often takes between 6 and 20 hours. For women who have already given birth, labour may only take 3 to 12 hours. However, every labour is individual and the given times are only indicative.

The first stage of labour: the dilation of the cervix

Labour is considered to have begun when contractions are less than 10 minutes apart, last 45–60 seconds and are clearly painful. The dilation stage ends when the mother begins active pushing. For a first-time mother, the cervix only begins to dilate after the cervical canal has gradually effaced, which may take several hours.

With mothers who have had previous pregnancies, the cervix begins dilating even before the cervical canal has fully effaced. The cervix may be a few centimetres dilated before labour has even begun. The speed of dilation varies from person to person. Normally, the cervix initially dilates more slowly but begins to dilate more rapidly as the labour progresses. In the first childbirth, cervical dilation is typically slower than in subsequent childbirths.

During the first stage of labour, the mother can assist the uterus by moving around and by staying relaxed. You should be alert to the reactions of your body and try different positions. You can use different kinds of aides, such as a gymnastic ball or a bean bag. Swaying your hips removes some of the pressure against your lower back and helps to control the pain caused by contractions. You can use music, singing, warmth and water as relaxation aides. You can shower your back and abdomen with warm water or relax in a delivery pool or deep bath.

Many mothers find that the presence of the baby's father or birth companion is especially important in the first

stage, as he will be there to encourage and support the mother, offer something to drink and massage her aching back. However, mothers are different: many women do not like to be touched or massaged during contractions. Even if the birthing companion cannot do anything concrete for the mother, often the mere presence of a close and reliable person is important.

The midwife guides the mother in the use of different positions and relaxation methods and aides. The midwife also guides the father or other support person. The use of any pain relief medication is decided in cooperation with the mother. During the dilation stage, the midwife monitors the progress of labour by observing the mother and by making both external and internal examinations. The baby's well-being is monitored by regularly listening to its heartbeat.

Pain relief medication

Various types of medication are available to relieve labour pain, such as drugs injected into muscle tissue, nitrous oxide and anaesthesia. Pain relief medication does not take the pain away completely but can clearly relieve it. The mother needs the sensations of her body to be able to push the baby out.

Drugs injected into muscle tissue are typically used in the first stage of labour if contractions are already painful but not yet strong enough to dilate the cervix. This will help the mother to relax or even fall asleep. However, it is important to monitor the baby's heartbeat

after administering the drug since it will also reach the baby. The drug will exit the baby at the same rate as it exits the mother. However, if the baby is born soon after the medicine was administered, it may have difficulties with sucking and breathing.

A mixture of oxygen and nitrous oxide can be safely administered throughout the first stage of labour. The mixture is inhaled through a mask in periods timed with the contractions. Nitrous oxide kills pain quickly and also wears off quickly from the body. Therefore, it has no permanent effects on the mother or the baby. The use of nitrous oxide may require some practice so that you will reach optimum pain relief at the peak of each contraction. Usually, finding the right rhythm is easy.

Anaesthetic drugs are the most effective pain reliefs during the labour process. Epidural and spinal anaesthesia are injected to the side of the spinal cord and may only be given by an anaesthesiologist. These often take the pain away from the entire pelvic area. However, you will sense a feeling of weight during contractions. The effect of anaesthetics lasts for one to three hours. Epidural and spinal anaesthesia are normally given with the mother lying down on her side, and she must remain lying down for at least half an hour afterwards. After this, the mother can get up if she so wishes.

An obstetrician may also administer a paracervical block through the vagina around the cervix. Its effect lasts for one to two hours. A pudendal block can be injected into the vaginal wall during

the second stage of labour to alleviate the pain associated with pushing. All anaesthetics require the use of intravenous hydration, as well as continuous monitoring of the baby's heart rate.

The second stage of labour: delivery of the baby

The second stage begins when the cervix is fully dilated and the baby's head is turned to the correct position. The mother will feel the need to push. Normally, this develops gradually, eventually turning into an urge to push: the mother feels compelled to push during contractions. For a first-time mother, the second stage takes around half an hour, for others only about 10 minutes.

An upright position facilitates and speeds up the birth. Women can give birth in a number of positions, including standing, kneeling, squatting or on all fours, and use various types of birthing aides to support their position, such as a bean bag or a stool. The midwife helps the mother to find a suitable birthing position. In particular, first-time mothers often have time to try different positions.

Vacuum extraction

If the second stage of labour (pushing stage) is prolonged and uterine contractions are weak or the baby's heart rate slows down, this stage can be accelerated by using a vacuum suction cup. The doctor attaches the cup to the baby's head by suction and pulls as the mother pushes during a contraction. When vac-

uum extraction is used, the mother is in a semi-sitting position in the birthing bed.

Vacuum extraction is used in about 5% to 7% of all deliveries. Vacuum extraction causes swelling of the baby's head, which disappears within a week, but can be painful during the first few days. Pain medication can be given to the baby.

The third stage of labour: delivery of the placenta

After the baby is born, the contractions continue but are weaker than during the second stage. They cause the placenta to be expelled from the uterus, usually within half an hour. The foetal membranes will also come out at this time. The placenta and membranes are then examined, weighed and measured. Sometimes the placenta needs to be removed manually. This is done under a general anaesthetic. After the delivery of the placenta and membranes, the midwife will stitch any tears and the possible episiotomy cut under local anaesthetic.

Getting to know your baby

Once the baby is born, he or she is dried and then placed on the mother's chest. This enables the parents to start getting to know their child right after birth. Birth is a miraculous event touching the hearts of everyone present. After months of waiting, the parents meet their child for the first time.

After a moment of rest the baby will open its eyes. It opens and closes its fists and puts its fist into its mouth. Within 30 minutes, the newborn begins to nudge towards the breast. When next to the breast, the baby continues its hand and mouth movements and pushes its tongue out, preparing to attach to the breast. Every now and then, the baby stops and looks around, seeking human faces. Normally, a newborn is ready to breastfeed within an hour of birth.

Soon after the birth, a name tag is placed around the baby's wrist bearing the mother's name and personal identity code. This procedure ensures that there can be no mix-ups. Right after birth (at the age of 1, 5 and 10 minutes), the baby's health is assessed using the so-called APGAR score. This indicates how well the baby adapts to life outside the womb. The baby's body does not immediately produce vitamin K, which prevents bleeding. This is why the baby receives a vitamin K injection right after birth.

After the first breastfeeding, the baby's height, weight and head circumference are measured. The baby is also bathed if needed. The father is welcome to participate in these baby care moments. Provided that everything is alright, the mother and baby are transferred to the postnatal ward two hours after birth.

The midwife will monitor the baby's well-being after birth. Some newborns may have breathing difficulties during the first hours. If needed, a paediatrician examines the baby.

Sometimes, the condition of the mother or baby prevents a peaceful

bonding moment in skin-to-skin contact immediately after birth. In such a case, the first meeting will be arranged as soon as possible. The baby's intuitive breast-seeking behaviour will prevail for several weeks. Also, the father can hold the baby in skin-to-skin contact if the mother cannot do so.

C-section

Approximately every sixth baby is born by caesarean section (C-section), and of those just over a third are elective caesarean sections. Typical reasons for a caesarean include breech presentation, abnormal placental position, the large size of the baby, a decelerated growth rate and previous caesareans. Sometimes the mother experiences such fear of giving birth that vaginal delivery is not possible.

A caesarean section may be needed if, during labour, the baby's well-being is believed to be deteriorating or if the delivery stops progressing as it should. A swift deterioration in the baby's condition requires an emergency caesarean to ensure that the baby is delivered as fast as possible.

A caesarean section is usually performed using an epidural or spinal anaesthetic. If this is not possible or if an emergency caesarean is needed, a general anaesthesia may have to be used. Usually, the father is welcome to participate in an elective caesarean section. He will be seated next to the mother where he cannot see the surgical area.

The surgeon makes an incision in the mother's abdominal wall and cuts through the uterus. The baby is then helped out. The placenta and the membranes are also removed. The baby is shown to the parents, after which the midwife and sometimes a paediatrician will examine the baby. In some hospitals, the mother may hold the baby in skin-to-skin contact while the surgical incision is stitched up.

Recovery after a caesarean section takes somewhat longer than after a vaginal birth, because having a C-section is a major surgical operation. The mother will usually be able to get up within one day of the caesarean, and can go home with the baby when she is feeling well enough. The stitches are removed after one week.

During the weeks following the C-section, the mother will need extra help around the house as she is not allowed to lift anything heavier than the baby. To ensure proper healing of the incision, exercise and heavier chores must be entered into with care. The mother may find many movements painful or difficult. However, staying up and mobile will enhance recovery.

Having a caesarean section does not prevent the mother from having a vaginal birth in the future. However, it is recommended that there is an interval of at least one full year before the next pregnancy, in order to ensure the uterus has sufficient time to heal properly. If the mother has had two caesarean sections, vaginal birth is most likely no longer an option.

Polyclinic delivery

The inpatient period following delivery has become shorter, and so-called “polyclinic deliveries” have become possible. In a polyclinic delivery, the family can take the baby home six hours after birth, provided that there have been no complications and the baby is doing well. A paediatrician will examine the baby and a midwife will examine the mother before they leave the hospital. Normally, the family will have to return to the maternity hospital for another paediatric examination when the baby is at least two days old.

Giving birth before reaching the hospital

Sometimes the baby is born so fast that the mother cannot make it in time to the hospital. In these cases, the first stage of labour proceeds quickly to the second stage and the mother feels the need to push suddenly, while still at home or on her way to the hospital. Hence, the father or birth companion has to play the midwife’s role. The first priority is to stay calm. If possible, the father

should contact the hospital to receive advice over the phone. Once the baby is born, he or she is dried and then placed on the mother’s bare chest. The mother and child are covered to keep the newborn warm. It is advisable to prepare for such a delivery, especially when the hospital is far away or when previous births have been quick.

Home birth

Home birth is very rare in Finland, although it is also an option. Each year, about 10 mothers decide to give birth at home. Home births require considerable pro-activeness and initiative from the mother. She will need to book a midwife and acquire the necessary equipment. Mothers choosing home birth are also responsible for all the related expenses and any unexpected consequences. If you are interested in home birth, be sure to investigate the option thoroughly before making your final decision.



POSTNATAL WARD

In the postnatal ward, the mother and baby can stay together all the time. This is the best way for the mother to learn to know her baby and to learn baby care. It also helps the start of breastfeeding, since the mother is able to quickly respond to the baby's needs. The father and normally also the siblings are welcome to the postnatal ward. Some hospitals have family suites where the father can also stay and participate in baby care around the clock from the very beginning.

The postnatal ward staff guide the parents in breastfeeding and taking care of the baby. Particularly with first-time parents, this may include matters such as practicing bathing the baby and cleaning its navel. The staff will also provide information on recuperating from the delivery.

The whole labour process and the delivery method have a major impact on the mother's well-being. The mother may need pain relief for post-delivery contractions and perineal pain. If the mother has had a Caesarean section, she will need strong pain relief. However, this medication does not harm the baby, and the mother can breastfeed normally.

The mother will experience heavy vaginal discharge for the first few days after delivery. To avoid uterine infection, it is important to take care of your personal hygiene. Wash your intimate areas

after every visit to the toilet and change to a clean sanitary pad. A midwife will monitor the decrease in size of your uterus during your stay at the hospital.

Learning to breastfeed requires a lot of attention during the first few days. At the postnatal ward, the staff guides the mother in beginning to breastfeed. In the case of in-hospital outpatient childbirth, the public health nurse will support the mother during a home visit. For more information on breastfeeding, see page 58.

A paediatrician will examine the baby before you leave the hospital. The doctor will assess the baby's general well-being and listen to its heartbeat and lungs. The doctor will also check the newborn's reflexes and that the hips are in the correct position.

Some newborns' skin will appear yellow at the age of 2–4 days. Known as neonatal jaundice, this is caused by the accumulation of bilirubin, a normal breakdown product of haemoglobin in red blood cells. If needed, the baby's bilirubin level is checked with a jaundice meter and by taking blood samples. Jaundice usually cures itself,

Contact the child health clinic when you are leaving the maternity hospital or on the following day. Your nurse will visit you at home within approximately a week of your call.

but some newborns need phototherapy with blue light.

Before leaving the hospital, the parents will receive verbal and written instructions and information on baby care and the recovery of the mother.

Transfer of the baby to a neonatal ward

Some newborns require treatment at the neonatal ward. Typical reasons for this include premature birth, infections or breathing difficulties. Full-term babies recover quickly from any initial difficulties, and treatment at the neonatal ward may last only a few hours or days. Very premature babies may have to spend several weeks in hospital.

Even if newborns need intensive care at the beginning of their life, they also need the presence and care provided by their parents. Many neonatal wards have developed family-centred care, enabling the parents to stay at the ward with their baby and take care of its basic needs, such as feeding and nappy changing.

Often the parents can give the baby “kangaroo care” where the baby, wearing only a nappy, is placed on the mother or father’s bare chest, under the shirt. Kangaroo care supports in particular the well-being of premature babies and the start of breastfeeding and enables parents to provide closeness to their baby.



RECOVERING FROM THE DELIVERY

Puerperium – the first weeks after birth

The period after delivery, during which your body recovers from the changes caused by pregnancy and childbirth and returns to its normal pre-pregnancy condition, is called the puerperium. During this period, you should take it easy and focus on getting to know your baby. Getting help and attention from your loved ones will speed up your recovery.

Lochia is the bloody discharge after birth. It is initially more abundant than your usual period but decreases in a few days and turns pale in about two weeks. The discharge may become more bloody if the mother is physically more active, for example, goes out for a walk for the first time after delivery. However, this will pass in a few hours. Lochia discharge typically continues for 4 to 6 weeks.

If the discharge continues to be heavy and bloody for a long time or increases considerably, contact your local health centre or the hospital maternity unit. If the discharge turns foul-smelling, the uterus feels sore and the mother has a fever, this may indicate a uterus infection. If the symptoms are minor and the mother has only a small fever, you can contact the local health centre. If the mother’s symptoms are severe and she

has high fever, you must immediately contact the maternity hospital's emergency clinic.

Postnatal medical examination

Mothers remain clients of the maternity clinic until the postnatal medical examination. This examination is performed 5 to 12 weeks after delivery. During the examination, a public health nurse and possibly a doctor checks how the mother has recovered from pregnancy and childbirth and discusses with her the changes brought on by the arrival of a baby. The examination includes a gynaecological examination for the identification of any damage caused by delivery. Furthermore, contraception is discussed. You must undergo this medical examination before you can apply for parental allowance.

Sexuality, sex and showing affection after childbirth

The arrival of a baby will significantly change your family life. In addition to joy and happiness, this also means more work and less sleep than before. Parents typically have less opportunities to spend time together. If the baby already has siblings, you will have even less time for the two of you. This often means that you put your sex life on hold and have sex less frequently or not at all. The situation will return to normal gradually – within a year or so.

Childbirth may have caused vaginal tears to the mother, and the scars make sexual intercourse painful. Due to hor-

monal reasons, a breastfeeding woman has a thin and fragile vaginal mucosa, which affects sex life. When milk begins to form and the mother begins to breastfeed, her breasts may feel sore and touching them may feel painful. Witnessing the birth of his baby might have affected the father's libido. You should remember that intimacy goes beyond sexual intercourse. After childbirth, sex may mean physical closeness and caressing yourself and your partner.

The hormonal surge following delivery may cause a decline in the mother's libido, but not in her need for love and affection. How soon you can expect to return to your usual sex life will depend on you and your partner, and it is recommended that you both share your thoughts with each other.

It is recommended that you defer sex until the vaginal discharge ends and both parents feel ready for it. To treat vaginal dryness, a lubricant lotion or some other lubricant (cooking oil, body lotion without a fragrance or Vaseline) may prove helpful. Lubricants are also sold at chemists, department stores, or sex stores. At the postnatal medical examination, you can ask the doctor for a prescription for a vaginal cream.

However, there is no need to refrain from showing affection! Both parents need love and attention, caresses and cuddling, now maybe more than ever, as there is an extra person sharing the "cuddling resources". Having a satisfactory sex life in your relationship is a shared responsibility – it takes two to tango!

Remember to use contraception when you start having sex unless you want to become pregnant. Even if you are breastfeeding it doesn't mean you can't immediately become pregnant again.

In a single-parent family, it is important that the parent gets support, attention and affection from his or her friends and loved ones.

Contraception

Think about contraception before having sex for the first time after delivery, as ovulation is possible before your first period. Breastfeeding will normally postpone your periods, but is not in itself a reliable contraceptive. Breastfeeding will protect you against conception if less than six months have passed since the birth, your periods have not started, and your baby feeds at least eight times a day at regular intervals (the gap between feedings should never exceed four hours) and does not receive supplementary nutrition. The contraceptive effect of breastfeeding diminishes rapidly if you feed your baby less than seven times a day. If you do not want to become pregnant, remember to use contraception whenever you have sex. By the time the baby starts having supplemental food, contraception is

necessary to avoid becoming pregnant.

Condoms, intrauterine devices (IUDs), pills and other types of hormonal contraceptive containing only progesterone, as well as sterilisation are safe while breastfeeding, since they have no effect on milk production or the baby. If you opt for sterilisation, bear in mind that this is an irreversible operation.

If you are not breastfeeding, you may ovulate as soon as 30 days after delivery. In this case, you can start using contraceptive pills three weeks after the delivery or when you have your first period. It is not advisable to start using contraceptive pills any earlier due to the elevated risk of thrombosis.

The condom is a highly suitable method of contraception after birth, protecting the uterus from infection. Using a lubricant during the first few months may help if the vagina is tender and irritable. Polyurethane condoms are sold at chemists for people allergic to natural rubber.

The copper IUD is an intrauterine device that can be placed in the uterus immediately after birth (10 to 30 minutes after the placenta is expelled). It is, however, recommended that the copper IUD be placed during the postnatal medical examination to ensure it stays in place properly. It can also be placed at a later stage, even if your periods have not yet started due to breastfeeding. In that case a pregnancy test will be performed before fitting the IUD. A copper IUD can be used for five years, but you can have it removed earlier if you wish.

Hormonal contraceptives containing only progesterone include mini-pills, hormone implants placed under your skin, hormone IUDs and progesterone injections. The advantage of a hormonal IUD is that its hormonal effect is local and only a small amount of hormone is released. Conventional combined oral contraceptive pills (COCP) are a combination of oestrogen and progesterone, which decreases milk production.

Chemical contraceptives, such as foams, gels and sticks, may irritate the mucous membranes. If you have been using a pessary, you may need to refit it and use it in combination with contraceptive gel.

Emergency contraception is also called post-coital contraception or the morning-after pill. It stops you from becoming pregnant if contraception failed or was not used. You can buy the pills from the chemist without a prescription. The pills are taken as a single dose, preferably within 12 hours, but no later than 72 hours, from having unprotected sex. When taken within the recommended time frame, this method is 98 percent effective. If possible, take an eight-hour break from breastfeeding after taking an emergency contraceptive pill. During this time, you can express milk from your breasts if needed and throw it away. After this break, the medicine level in your breast milk will be very low. As the name “emergency contraceptive” implies, these pills are intended for occasional use, not as a regular form of contraception.

A copper IUD can also be used as post-coital contraception if it is fitted

within five days of unprotected sex. A copper IUD is more effective than the pills and provides optimum contraception when left in place.

Physical exercise

After delivery, you can continue your normal exercise when you are feeling well enough. If you have had a caesarean section, be sure to begin exercising slowly, paying close attention to your body. Regular exercise is refreshing and helps in coping with your daily life and in controlling your weight. If you are breastfeeding, physical exercise has no effect on the quality or quantity of your breast milk.

Your pelvic floor muscles will be severely strained if you have given birth to several children, your babies have been large, you have had a multiple pregnancy, or your second stage of labour was lengthy. Being overweight and smoking additionally burden the pelvic floor muscles. If you suffer from varicose veins or piles, your muscles may be predisposed to slackening. As a result, when doing sports or exercise involving jumping, your slackened pelvic floor muscles may release, causing incontinence.

You can begin exercising your pelvic floor muscles on the day following the birth. Additional information is available on the websites of most maternity hospitals.

As pregnancy progresses, the enlarging uterus and the increasing pressure in the abdominal cavity mechanically stretch straight and other abdominal

muscles, causing the midline abdominal connection – the linea alba (white line) – to stretch and expand. The muscular separation can be small or large, up to over 10 centimetres. This is a natural phenomenon that affects nearly all women during pregnancy.

When exercising your muscles, it is important to proceed in the right order. Begin the exercises from the transverse abdominal muscle. After this muscle has strengthened, proceed to exercise

your abdominal oblique muscles and, finally, your straight abdominal muscles.

Further information (In Finnish):

Jenni Tuokko & Mari Camut (2015). Liikkuva äiti – liikuntaa raskauden ja vatsalihasten erkaantumisen ehdoilla.

www.trainingcorner.fi/RaskausliikuntaOpas.pdf



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BABY CARE

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FIRST MONTH



The most important person to the baby is the person caring for him. Without that person, the baby cannot survive. The intimate and positive relationship between a baby and the person caring for it is unique.

The baby seeks to interact

From the moment of birth, the baby seeks to interact with those around him. It is important to the baby that an adult can identify, share and name the feelings of joy, fear, anxiety and hurt the baby is experiencing. Eye contact, physical contact and speech are all important to the baby. When this interaction functions well, the parent will be able to enjoy his or her relationship with the child and the child will feel secure in the knowledge that the parent understands and accepts its feelings and needs.

A baby never accuses its carer, never criticises and never makes comparisons. A baby needs looking after and will always accept and become attached to the person caring for it. From the very first week, the baby will want to be where the family is. Do not leave the baby in its cot. Holding, caressing and cuddling the baby will help it grow accustomed to its own body and learn to control it. Some clinics will teach you how to give a gentle baby massage.

Start talking to your baby during the pregnancy. Although it will not be able to understand your words for some months, it will understand your tone of voice. A soft, calm voice creates a sense of security and hearing people talk will help the baby learn how to speak. The way you handle your baby is extremely important. Smile at your baby and talk to it while changing nappies, bathing and feeding, and it will feel wanted and safe. This will provide a sound basis for future development.

Motherly and fatherly love

For most parents, their baby is the most wonderful thing in the world. However, it is not always a case of love at first sight. Giving birth to a baby is exhausting and looking after the baby takes all of your spare energy. Since the mother is absorbed in breastfeeding, the father may feel rejected and left out. Having a baby may also be totally different to what the parents had anticipated. A little individual changes everything, making its demands known with loud authority. This noisy little person may be a source of confusion and even irritation, one's feelings towards the demanding little bundle may not always be entirely warm.

Becoming acquainted with your new family member may be a slow process, but eventually, as you care for your baby, you will become attached to it. Your love with your child develops gradually and at different paces with different people. Experiencing extreme emotional fluctuations is quite normal.

Suddenly amidst love, affection and joy, you may be stuck by exhaustion, concern, disappointment and jealousy. Learn to accept all of the feelings you and your partner may experience. Give yourself time to adjust. You have an entire lifetime to love your child.

Both parents participate

Caring for a child is the responsibility of both parents. Looking after the newborn is a rich, fulfilling experience for both parents. Apart from breastfeeding, there is nothing the father cannot learn to do just as well as the mother. At first, parents take care of the baby together. Later on, it is important that they take turns. This will give one parent the opportunity to relax while the other is having some private time with the baby. The baby will get used to both parents; their methods may be different but equally correct – there is no need for the mother to act as an interpreter between the baby and the father.

The baby demands round-the-clock attention which can leave both parents exhausted. When either of the parents is at the end of his or her tether, the other should take over. Going outside for a walk, taking a long shower or reading the paper while enjoying a cup of coffee can work miracles. When both parents are present, it often helps if you take turns and communicate it clearly. The other parent is available but can relax for a while. Caring for the baby together strengthens the relationship between the parents as they share the love and joy the baby brings.

A place for changing

Babies enjoy physical closeness, to which they got accustomed during pregnancy. Hold your baby a lot and in different positions. Every once in a while, you can carry your baby in a sling or carrier. Remember to support the baby's head and neck, since a baby's head is large and heavy compared to the rest of its body and its neck muscles are not fully developed. Handle the baby with slow, calm movements. Never toss a baby around, not even during play.

It is possible to change nappies whilst holding your baby in your lap, but in many cases a proper changing mat or changing top is very convenient. Make sure the changing top has edges that prevent the baby from falling. Ideally, the top should be placed at a height where there is no need to bend, since the mother's back in particular will be sensitive to strain during the first weeks after delivery.

Arrange the changing corner close to the baby's cot or near the bathing area. It is important to have all the changing gear within reach, because you cannot leave the baby unattended on the changing top or the bed. The changing area does not need to be heated, normal room temperature is fine (20–22°C).

Crying and comforting

Crying is the way that babies express that they are uncomfortable. By crying, the baby may communicate hunger, a wet diaper or a stomach ache. Parents will gradually learn to interpret the movements and sounds the baby

makes. Healthy babies cry during the initial months. However, the amount of crying can vary a lot between one infant and the other, depending on factors such as the child's temperament. Babies start to cry more frequently at the age of two weeks, peaking at around 1.5 months and gradually decreasing after that. This period is called the colic period. It is sometimes called the three-month colic as it is usually over by the time your baby is 4 months old. Further information on colic is available from a guidebook published by Väestöliitto, the Family Federation of Finland (in Finnish and Swedish).

Colic crying

When a baby cries long and hard for several hours a day, each day of the week, the baby is said to be "colicky". Despite the long and hard crying, colicky babies are usually healthy babies who are growing and developing normally. Colic crying is mostly discontented complaining and there are pauses. Constant crying or screaming starts suddenly without any apparent reason. Despite the crying, colicky babies get enough sleep. Both breast-fed and formula-fed babies can have colic. Although colic and adding supplemental vitamin D to the baby's nutrition may coincide, giving your baby vitamin D supplement is not the cause of the colic.

A baby cries because of hunger, discomfort or stomach pain

Crying usually signals hunger or discomfort, but sometimes there may be reason to investigate the matter further.

It is helpful to respond to a baby's early signs of hunger (opening its mouth, putting hands in mouth, sucking fingers) rather than waiting for the late sign of hunger, which is crying. Waiting until the baby cries can make breastfeeding more difficult. If you are concerned that the baby is crying because it is not getting enough breast milk, contact your child health clinic for breastfeeding counselling and support. You can increase the amount of breast milk by responding to the baby's early signs of hunger, breastfeeding frequently and, if needed, expressing breast milk between feedings.

If the weight gain is excessive in relation to the baby's height, the reason for crying may be too much feeding. Too much feeding causes tummy ache and reflux (milk flows back into the tube that connects the mouth to the stomach). If colicky crying has been interpreted as hunger, this has caused a cycle of over-feeding. Try prolonging the time between feeds using a dummy, taking the baby outside in the pram or carrying it in a baby carrier.

If a breastfeeding mother produces a lot of milk and the baby feeds frequently, it is possible that the baby gets a lot of low-fat milk. This can cause stomach ache to the baby. Other symptoms include excessive urination, greenish stools and rapid weight gain. In such a case, the mother should feed the baby 2 to 3 times from the same breast to decrease milk production.

Remember to burp the baby properly after feeding. Some babies swallow a lot of air while feeding, resulting in

wind and regurgitation. The frequency of bowel movements varies individually. However, if the baby does not have bowel movements at least every other day, its stools are hard and the baby is crying a lot, contact your child health clinic nurse. Increased regurgitation requires medical attention, especially if your baby is not gaining weight properly. It may be a case of reflux, where milk flows back into the tube that connects the mouth to the stomach (also called GER, Gastro Esophageal Reflux) or pyloric stenosis. Lactobacillus supplements have been proven to prevent babies' stomach pain.

Other reasons why babies cry

A rash may be the reason for crying. Child health clinics provide skin care information. Skin rash may be caused by milk allergy. If milk allergy is suspected, treat the rash and feed your baby special formula milk according to your doctor's instructions. When the rash is better, the allergy can be confirmed with a challenge test. Babies allergic to dairy products may have either skin or bowel reactions.

Consult your doctor if your baby has sudden or exceptional crying fits accompanied by a fever, cough or respiratory symptoms. If your baby is running a temperature, you do not need to wait for a doctor's appointment to give the baby suitable medication that brings the temperature down. Take your baby to the doctor if she is under 2 months old and has a fever or if you feel that the child is clearly ill. Even if other members of the family have a fever-causing

disease that could explain the baby's fever, the baby's fever may be caused by some other reason or lead to a more severe condition.

Night-time crying is usually the hardest to bear and often makes the parents feel helpless and worried. Babies cry even when they are being well cared for. Parents of colicky babies should not accuse themselves of being bad or inexperienced parents. Sometimes, the crying may seem never-ending and nothing seems to comfort the baby. Nevertheless, stay close to the baby while it is not well. It is important to identify solutions that will help everyone cope during this trying period. Once the colic period is over, things will calm down and taking care of the baby will become even more enjoyable.

Comforting a crying baby

- Carrying your baby close, or in a cling or a baby carrier making hushing sounds, gently rocking the baby, giving a gentle massage and soft purring sounds are comforting. Taking your baby into a quieter room and swaddling her in a blanket may also be soothing.
- Try to stay calm while your baby is crying. If you find you can't stand the crying any more, let your partner or some other trusted adult look after the baby for a while. Go out for a walk, for example, and then give your partner a chance to rest.
- Caring for a crying baby is very trying. Take turns and ask friends and relatives for help.
- Don't get upset with your baby. If you feel you're going to lose your temper with your baby, take time out elsewhere in the

house. When the moment has passed, talk to your baby to let him know that it was only temporary and that now you are back to being your familiar self. Don't feel angry with yourself; everybody loses their temper at some point. Instead, concentrate on how to cope in the future and how to secure enough sleep for yourself. Discuss this with your child health clinic's nurse.

Never shake your baby!

Never shake or manhandle your baby, no matter how upset or tired you may be. Shaking the baby is life threatening, because a baby's head is large and heavy compared to the rest of its body and its neck muscles are not fully developed. When a baby is vigorously shaken, the head moves rapidly back and forth with great force. This sudden motion can cause bleeding inside the brain and behind the eyes. Immediately after being shaken, the baby may be sleepy, have trouble feeding and difficulty in breathing, have convulsions or lose consciousness. The long-term consequences of shaking a baby, such as total or partial blindness, learning difficulties and epileptic seizures, can be severe and permanent.

Never let the situation reach the point where you feel desperate. It is not a weakness to admit that you are exhausted and need help; seeking help is the mature, responsible thing to do. If you feel at the end of your tether, contact your child health clinic's nurse or the family workers in your municipality for help. Other sources of help include organisations and helplines (see "Contact

details" on page 98). If your baby has been shaken, take it to the doctor immediately!

Visitors

Friends and relatives will be eager to visit and meet the new baby. However, if your visitors are suffering from a cold or other infectious disease, do not let them near the baby. If the parents are tired and do not want visitors, they have the right to say it and ask the visitors to come some other time. They can also agree on a brief visit with no food or drink being offered, or ask the guests to bring food with them. If needed, visitors can help in other housework, too.

Maternal depression

Postnatal hormonal activity may cause emotional instability and mood swings. The mother may feel depressed and weepy, although everything seems to be going well. This is quite natural. Four out of five mothers suffer from "baby blues", a mild case of postnatal depression which starts 3 to 5 days after birth and lasts for a few weeks. Symptoms include being tearful and irritable, mood swings, and sometimes also loss of appetite and sleeping problems. This condition does not require medical treatment. Support and compassion from family and friends is enough. Talking about the situation with your partner or a trusted friend usually helps, and the baby blues pass as the mother's general condition improves due to sufficient sleep and healthy nutrition.

Approximately one in 5 women suffer from postnatal depression (PND). The symptoms can last for several months. If the depression is not severe, the symptoms may go unnoticed or the mother may be ashamed and try to hide them. However, you should seize the opportunity to talk about your feelings with the child health clinic's public health nurse or your doctor. If untreated, postnatal depression can develop into long-term severe depression. In addition to caring for the mother, treatment is also vitally important to securing the well-being of the baby.

Some health centres organise meetings where mothers receive peer support and encouragement from mothers in the same situation (See also ÄIMÄ – the Association for Mothers Suffering from Depression, website in Finnish, Swedish and English: www.aima.fi).

When the mother is depressed, the partner's role becomes even more important. On the other hand, partners may also have problems after the birth. Maternity and child health clinics offer support for both parents.

Alone

Being the sole parent unintentionally can be very hard. If you are left alone after a divorce, the death of your partner or for some other reason, do not make unreasonable demands on yourself. Seek help and support from your family and friends, from the child health clinic or from family workers.

If you are a single parent by choice, it is advisable that a close friend, or the

baby's grandmother or godparent, be invited as a "trusted adult" who will learn to know the child from infancy. A good relationship between the baby and the trusted adult will lower the threshold for getting help, if the need arises later. There are peer groups which can offer invaluable support ("Support networks" on page 80 and "Organisations" on page 98).

If there is a problem

Having a baby who is ill or has a disability is an unexpected, painful reality parents can never be fully prepared for. Nevertheless, even if different, the baby is your own and in these situations, parents often discover strength they never believed they possessed.

Feelings of bitterness, anger, disappointment and guilt are quite common and sometimes your anger may be directed at your partner or the hospital. Good days are not enjoyed for fear of disappointment. Parents may struggle against becoming attached to the child in the hope that should the baby not survive the loss would somehow be easier to bear. Allow yourself to love your sick baby just as you would a healthy one. Savour the moments of joy – it will not be the cause of any disappointment tomorrow. A sick baby needs the love and attention of the entire family even more than a healthy baby would. Becoming attached to your baby will not cause you to lose it; and trying hard not to become attached will not save you from consequent pain.

The hospital staff, maternity and child health clinics, social workers and organisations for the disabled and their parents offer information and support in coping with this kind of situation. Many hospitals will also know the contact details of support families

who have been in the same situation and will be able to comfort and encourage the parents. (See also “Services for chronically ill or disabled children” on page 91.)



BABY'S NUTRITION

Breastfeeding

A breastfeeding mother provides her child with nutrition as well as physical closeness. In addition to nutrients vital for the baby, breast milk contains antibodies, enzymes and growth factors that support the baby's growth and development and improve nutrient absorption. In Finland, breastfeeding is recommended at least until the child is one year old. Exclusive breastfeeding is recommended until the age of six months, complemented with a vitamin D supplement. After this, breastfeeding is continued alongside complementary feeding.

Contrary to common perception, breastfeeding does not happen automatically. On the contrary, it requires knowledge, learning and practicing to succeed. Most mothers experience

times when breastfeeding fails. However, most breastfeeding problems can be solved, so do seek help. Do not hesitate to contact your child health clinic or maternity hospital at any time for breastfeeding counselling and guidance. After the initial learning stage, many mothers find breastfeeding easy and convenient.

The father, friends and relatives play a key role in encouraging the mother in breastfeeding. The more they know about breastfeeding and they support the mother, the more likely it is that it will succeed. In addition to positive feedback, the mother needs practical help, particularly in the early stages of breastfeeding. This includes household chores such as grocery shopping and cooking.

Breast milk production

The breast prepares for breastfeeding during pregnancy. The number of lactating cells increases and the mother experiences hormonal changes. Breasts produce milk, which may leak already during pregnancy.

Immediately after birth, milk production is usually low, only a few drops at a time. This first day's milk or colostrum is very nutritious and contains high levels of antibodies that protect the baby against environmental pathogens. Thanks to the nutrition reserve accrued by the baby during pregnancy, the small amount of breast milk is usually sufficient for a healthy, full-term baby during the first days after birth. Milk production begins to increase in approximately 3 to 4 days after birth. It is quite normal that the baby loses some weight during the first days and begins to gain weight as milk production gradually increases.

You should breastfeed your baby every time it shows feeding cues. These include opening its mouth, smacking, sticking its tongue out and sucking on its hands and fingers. On its first day of life, a newborn typically sleeps a lot – particularly if the birth took a long time – and may feed only a few times during the day. If the baby sleeps long and does not seem to wake up, it is advisable to put it into skin-to-skin contact under the mother's shirt. This usually entices the baby to take the breast.

Towards its second day of life, the baby perks up and wants to feed frequently and for a long time. The mother should try to find a comfortable posi-

tion in which she can rest while breastfeeding. Often, the baby wants to spend almost the whole second day feeding with only small naps in between. This ensures sufficient milk intake and the rapid increase of milk production. Usually, the amount of milk clearly begins to increase on the third day and the baby begins to develop a feeding pattern.

Some newborns, such as preterm or small-for-age babies or babies of diabetic mothers, may need complementary milk before the mother's milk production begins to increase. These babies' blood sugar levels are monitored during the first days. Skin-to-skin contact and frequent breastfeeding support healthy blood sugar levels. Even if the baby is given complimentary milk, you should continue breastfeeding it. Relatively small amounts of complimentary milk, in addition to breastfeeding, are usually sufficient for the baby's nutrition. When the mother's milk begins to come in, complimentary milk can normally be discontinued.

If the mother and baby need to be separated after birth or the baby is otherwise unable to breastfeed, you can pump your breasts to initiate milk production. You should begin pumping within six hours from birth, preferably while still in the delivery room. At first, many mothers can only express a few drops. Even if this wasn't enough to meet the child's need for nutrition, fresh breast milk contains high levels of antibodies that are good for the baby. The best way to collect the small amount of breast milk expressed during

the first day is through manual pumping. As the amount of milk begins to increase, you can start using a breast pump. If the child is completely unable to feed, you should pump 6 to 12 times a day. The maternity hospital staff will guide you in pumping.

Frequency of breastfeeding

Exclusively breastfed babies typically feed 8 to 12 times a day, but this is subject to great individual variation. Some babies feed much more frequently while others feed less frequently but for a longer time. Frequent feeding will guarantee sufficient milk supply for the baby.

Start each feed with a different breast first. If your baby seems hungry after feeding on the first breast, offer the second. Particularly during the first days, it is advisable to change the breast if the baby has fed on the first one for around half an hour and wants to continue feeding. If the baby still appears hungry after the second breast, you can switch back to the first breast, since its milk ducts have already produced new milk while your baby was feeding on the other breast.

After breast milk has begun to come in properly, a large portion of babies get enough milk from one breast during each feed. Occasionally, the baby may feed more frequently than usual and appear more hungry than usual. This normally stabilises after a few days of more frequent feeding. Some babies become unsettled in the evening and want to feed a lot. You may have to feed it several times in a row, even if it was happy

with one breast during one feed in other times of the day.

If after your milk has come in properly your baby continues to feed for a long time (over an hour) during each feed, consult your child health clinic nurse. This may be because the baby is not properly attached to the breast or is feeding inefficiently. The duration of each feeding can be shortened and milk intake increased by improving the efficiency of breastfeeding.

Breastfeeding positions

A good breastfeeding position enables the mother to maintain a relaxed neck and shoulder area. You can use pillows to find a good position.

In the so-called biological breastfeeding position, the mother is in a semi-reclined position (with pillows behind her back and under her arms) and the baby is placed on her chest. The position is correct when the mother feels relaxed and does not need to stretch her neck to see her baby. The infant must remain on the breast without the need for you to hold it in your arms. This position strengthens the newborn's natural reflexes to seek out the breast and nurse. The mother's both hands are free and she can help the baby to attach on the breast if needed.

In the traditional sitting up position, the mother must sit with her back straight. It is recommended to support this position by placing pillows behind her back and under her arms. The mother takes the baby in her arms so that it is fully facing her, body to body. The baby

is correctly positioned when its mouth is slightly below the nipple.

It usually takes some time for a newborn to open its mouth wide and attach on the breast. Before this, the baby prepares itself and the breast for feeding by “pecking”, licking and rubbing the breast. The baby can also suck its fist. When the baby opens its mouth wide, the mother can pull the baby towards her breast. In this way, the breast goes sufficiently deep in the baby’s mouth and the baby is able to suck efficiently.

In the reclined breastfeeding position, the mother lies on her side and places the baby next to her. You can support the baby by placing a pillow or blanket behind its back to prevent it from rolling on its back during feeding. However, do not put anything behind its head so that it can freely move its head. The baby’s position is correct when its mouth is slightly below the nipple.

Baby’s latch on the breast

The baby sucks efficiently and its milk intake is sufficient when it has a sufficiently wide latch on the breast. This also ensures that breastfeeding does not hurt the mother and prevents her nipples from chafing.

A good breastfeeding position is important to achieve an efficient latch on the breast. The baby must be sufficiently close to the mother (usually body to body) and at the right height, i.e. its mouth slightly below the nipple when feeding begins. This ensures that the nipple goes deep in the baby’s opened mouth.

The latch is sufficiently wide when

- the baby opens its mouth wide when attaching on the breast
- the baby’s chin touches the breast
- the baby’s cheeks remain rounded during the feed (they do not move inwards)
- the baby takes rhythmic sucks and you can see its upper jaw and ear move
- breastfeeding does not hurt
- the mother’s nipple is round after the feed.

Is the amount of milk sufficient?

Most mothers are concerned about the sufficiency of their milk at some point of breastfeeding. Normally, the amount of milk is sufficient if you feed the baby frequently and it is able to suck efficiently. Once your milk production has begun, it does not suddenly end if you continue breastfeeding.

However, milk production can decline due to factors such as major stress or the mother’s hormonal changes. This does not harm a healthy baby in any way. It responds to the declining amount of milk by wanting to feed more frequently. This brings the amount of milk to its previous level within a day or two.

The primary method of monitoring sufficient milk intake is to weigh the baby on a regular basis. The baby will lose weight in the first days after birth but will begin to gain weight at the age of 4 or 5 days. Babies normally regain their birth weight within approximately 10 days. During the first months, the baby’s weight gain may be as much as one kilo per month but will begin to slow down at the age of four months.

At home, you can ensure sufficient milk intake by observing the baby's urine and stools. After your milk has come in, from the fourth day onward, the baby should urinate at least 4 to 6 times a day. The amount of urine should be such that the nappy is clearly wet when you change it. On the first days, the baby's stool reflects its milk intake: the newborn's green-black meconium turns yellowish at the age of four days.

If you are concerned about your baby's milk intake, contact your child health clinic so that the baby can be weighed and you can receive guidance for breastfeeding.

Sore and chafed nipples

In the early stages of breastfeeding, nipples usually get sore and your breast hurts when the baby begins feeding. However, breastfeeding should not hurt throughout the feed but the pain should lessen after about 10 seconds. If the pain continues, the baby's latch may be too shallow. In such a case, gently detach the baby from the breast and latch it on again. Varying your breastfeeding positions may also relieve the pain.

After feeding, express a few drops of milk to protect your nipples. You can also treat your nipples with a special cream. Choose a cream that does not need to be removed before the next feed, since repeated washing makes your breast skin drier. Remember to wash your hands before touching your nipples – particularly if they are ulcerated!

Ulcerated nipples are typically caused by a poor breastfeeding posi-

tion or a shallow latch on the breast. If needed, consult your child clinic nurse for guidance on a good position. When the baby learns to take a deep latch on the breast, the ulcers will heal without the need to discontinue breastfeeding. If needed, the mother can use ibuprofen to relieve the pain. Follow the dosage instructions provided with the medicine. If breastfeeding hurts so that you can no longer bear the pain, you can try pumping the milk for a few feeds instead of breastfeeding.

Breast engorgement, blocked milk ducts and breast inflammation

As the amount of milk increases in the days after birth, your breasts will get swollen. You can relieve this by breastfeeding frequently. You can also wrap a cooling gel pouch inside a towel and place it on your chest. If the baby has difficulties in attaching to the swollen breast, you can soften it by manually pumping some milk before the feed. However, do not pump your breasts regularly since this may cause excessive milk production. The symptoms related to the milk coming in normally decrease in a couple of days.

At some point, your breasts can become engorged with milk. This may be caused by longer breastfeeding intervals or the fact that something (such as your bra or the strap of your bag) is pressing the breast, preventing it from emptying. The symptoms of breast engorgement include the breast becoming red, warm and painful. Other breast problems in-

clude a milk duct blockage. The mother may run a fever that can be reduced by taking ibuprofen. The mother should also rest and drink a lot of fluids. The best cure is frequent breastfeeding.

If the symptoms do not decrease within 1 to 2 days or they are severe (high fever and weakening of the general condition), the mother should seek medical assistance. These symptoms may be caused by a breast inflammation, which must be treated with antibiotics. Despite such medication, the mother should continue frequent breastfeeding. After a milk duct blockage or a breast inflammation, the breast may be sore for several days.

Help with breastfeeding

The mother may face challenges with breastfeeding, particularly in its early stages: finding a good breastfeeding position may be difficult, the baby may have difficulties in achieving a deep latch on the breast and breastfeeding can hurt. Even if these challenges were not substantial, they may cause uncertainty, and knowing what is normal may be difficult. You can seek help with breastfeeding problems from your child health clinic or from your peers, i.e. other mothers who are or have been breastfeeding. Maternity hospitals and child health clinics provide breastfeeding support, in which a nurse specialising in breastfeeding provides guidance and counselling.

Peer support is provided by the Breastfeeding Support Association in Finland (Imetyksen tuki ry) through its breastfeeding support groups, helpline

(tel. 041 528 5582) and online forum. For further information and the service hours of the helpline (in Finnish), visit www.imetys.fi/in-english/.

Do not smoke or use alcohol while breastfeeding!

Both parents should give up smoking while pregnant and breastfeeding, if not for good. Nicotine decreases milk supply. Nicotine levels in breast milk are three-fold compared to blood nicotine levels. Furthermore, the presence of nicotine in breast milk causes restlessness and metabolic problems, disrupts the baby's sleeping patterns and makes the baby cry. If you are unable to quit smoking completely, avoid smoking 2 to 3 hours before and during a feed. The same safety period of 2 to 3 hours also applies if you are using nicotine gum or other nicotine replacements. Never expose your baby to cigarette smoke. Babies exposed to cigarette smoke can develop recurring respiratory problems and coughing, and have a much higher risk of developing asthma.

Breastfeeding women should avoid alcohol since alcohol levels in breast milk are similar to the blood alcohol level. If the mother has consumed alcohol, she should avoid breastfeeding as long as she has alcohol in her blood. When breastfeeding, the baby gets approximately 5 per cent of the mother's alcohol portion. The time it takes for alcohol to leave the mother's system depends on her weight. Although the baby's exposure to alcohol remains low in one-off or temporary consumption,

frequent and excessive use of alcohol by a breastfeeding mother may expose the baby to harmful amounts of alcohol.

Formula milk

Breastfeeding is not always possible or it ends before the child is 12 months old. Furthermore, not all mothers want to breastfeed. In such a case, feed the child with infant formula until the age of 6 months and after that with a follow-on formula until the age of 12 months. Always follow the instructions on the package. To determine the right amount of formula for your child, consult your child health clinic.

Feeding is a moment of care and physical and emotional closeness for all babies. For this reason, always hold your baby in your arms when bottle-feeding. Let the baby set the pace of feeding, in other words, offer formula whenever the baby shows signs of hunger (opens its mouth, puts its hand into mouth, sucks its fingers). Do not force the baby to finish the bottle – stop feeding when you see signs that the baby is full, even if there is still some formula left in the bottle.

Good hygiene is very important when formula feeding. All feeding equipment must be kept clean. After use, rinse the bottle and teat with cold water, then wash them with warm water and dishwashing liquid. Finally, sterilise them in boiling water for 5 minutes. No sterilisation is needed after the baby starts solid food.

Read the instructions for preparation and use on the formula package. Always follow the preparation instructions carefully. If you use formula powder,

prepare a fresh feed each time you need one.

Ready-to-use liquid formula can be stored in its original unopened and intact package at room temperature until the expiry date. An opened package can be stored in the fridge (+2°C to 5°C); its contents must be used within 24 hours.

Warm formula by standing the bottle (or cup) in a bowl of warm water, running the bottle (or cup) under warm tap water or carefully in a microwave oven. To distribute the heat evenly, stir the formula milk after warming it. Test a drop of heated formula on your wrist to make sure the milk is not too hot. Because milk easily goes bad and manufacturing defects may occur, always taste the formula milk before giving it to the baby. Discard any left-over formula.

Further information on bottle-feeding is available (in Finnish) from a guidebook (Pullonpyörittäjän opas) published by Väestöliitto, the Family Federation of Finland, and is available online.

Burping and regurgitating

If the baby tends to have stomach problems after feeding, burp it by holding it upright against your shoulder. Burping may be facilitated by softly patting the baby's bottom.

If the baby has gobbled his food down and swallowed a lot of air, it may bring up some of the milk. If a bottle-fed baby is troubled by gas, you can try using a teat with a smaller hole in it. If your baby has a tendency to regurgitate, try burping it in the middle of feeding to expel the air from its tummy. Once he

or she has started on solid foods, this will happen less frequently.

Water

You don't have to give water to a fully breastfed baby, even in hot weather. Breast milk is the only hydration the baby needs. Formula also provides sufficient hydration for the baby.

Always run your tap on cold for a while before taking water for the baby's food or to give as a drink. Always use boiled water until the baby starts solid food. Always use cold tap water; warm or hot tap water may contain microorganisms and other contaminants. There is no need to give your baby juice or water sweetened with sugar; such drinks will only harm the budding teeth and accustom the baby to sweets.

Soothers, dummies, pacifiers

It may be wise to wait until you feel breastfeeding is well established and your baby is gaining weight. Rather than automatically offering the dummy, wait for your baby to be fussy or discontented and in need of soothing. Continuous dummy use reduces breastfeeding, which may lead to insufficient weight gain. A baby sucks the breast with a different technique than its sucks a dummy. Not all babies will ever need or want a dummy.

In special situations, such as when the baby is on the neonatal ward, a dummy may be useful since it soothes the baby when it is separated from its parents. Dummy use also promotes digestion.

Foreign micro-organisms easily cause diarrhoea so remember to keep dummies clean. Clean the baby's dummy by boiling it in hot water for 5 minutes. Never suck a dummy clean in your own mouth. Otherwise, the micro-organisms in your mouth will be passed on to your baby. For the same reason, take care that other children do not share your baby's dummy.

Starting solid foods

Breast milk normally provides sufficient nutrition for a healthy full-term child until the age of six months. However, you should continue partial breastfeeding or formula feeding until the child is one year old. You can continue breastfeeding even longer if you and your child wish to do so.

All children need solid food from the age of 6 months onwards. For children who do not get breast milk at all, solid food is started at 4–6 months of age. Premature or low-weight babies may need complementary feeding earlier. Even if you are exclusively breastfeeding your baby, you can start the introduction of foods at the end of a breastfeeding session by offering the child tasting portions from the age of 4 months onwards. Continue breastfeeding on your baby's demand even if you start giving tasting portions. Tasting portions expose the baby to new foods, which supports the maturing of the intestines and the development of tolerance to new foods. Waiting until six months before introducing solid foods may increase susceptibility to allergies.

An infant is ready to start tasting solid foods when

- the baby is able to control its head movements
- the baby is able to grab food and put it into its mouth
- the baby is able to swallow solid food and does not push it out with its tongue.

Your child health clinic provides information and individual guidance on starting solid foods.

Learning new tastes

From the age of 6 months onwards, you can offer solid food to your child at several meals of the day. The child learns by imitating the other family members and enjoys joint meal times with them from an early age. For this reason, when the baby is learning to eat, you should bring it to the table to join in at family meal times.

You can start introducing solid foods to your baby by offering it so-called finger foods. Give the baby soft foods that it can grasp with its fingers. Pieces about the size of your own finger work well. Suitable foods include diced banana, diced avocado, cooked parsley, cooked carrot and fresh or frozen Finnish berries. Do not give hard or small and slippery foods, such as nuts, whole grapes or whole cherry tomatoes.

You can also offer spoon foods, such as pureed vegetables, berries or fruit, and porridge. Even if an adult feeds the baby, it should be allowed to simultaneously taste foods with its own hand and own spoon. Development and practic-

ing of fine motor skills of the hands and mouth play an important role in learning to eat.

If your child starts solid foods at the age of four months, it is not yet able to feed itself. You can start introducing solid foods by offering small tasting portions of smooth pureed potato, vegetables, fruit or berries. At first, the baby usually pushes the purée out of its mouth with its tongue. It is important that you do not force the child to eat but observe when the child indicates that he or she is full.

Getting used to solid foods takes time, so be patient. If your baby refuses a new food, try it again a few days later. Do not rush things – your child is slowly learning to eat and getting used to new tastes and textures.

An expanding world of taste

You can offer your baby the same foods as the rest of the family. When you are cooking, set aside a small portion for your baby before adding salt and spices, and purée it if necessary. Do not add any salt to your baby's food during the first year. Avoid foods with a high salt content such as sausages, cold cuts, marinated meat/poultry, ready-prepared foods and cheese as they also contain high levels of additives and preservatives.

After the baby has eaten a few types of fruit and vegetables, you can add some minced or pureed meat, fish or egg. A suitable first portion is approximately one teaspoon. Serve fish 2 to 3 times a week because of the healthy fat it con-

tains. For under one-year-olds, 1 to 1.5 tablespoons of meat or fish per meal is sufficient. Liver is not recommended for under one-year-olds because of its high vitamin A content.

Cooked vegetables can gradually be supplemented with finely grated raw vegetables and purées. In this way, your baby will get used to a wide variety of vegetables. Suitable vegetables include carrots, cauliflower, sweet corn, sweet potato, cucumber and tomatoes.

Do not offer babies under 12 months any vegetables rich in nitrates,

including:

- spinach
- beetroot
- various lettuces (including rocket)
- fresh herbs
- napa cabbage, kale, kohlrabi
- pumpkin (all types)
- radish, celery, fennel
- sprouts
- root vegetable juices.

All fruits and berries are suitable. Serve them puréed, grated or as a compote. Favour domestic berries. Wash and peel imported fruit before use. All imported berries must be boiled before use. You can add a moderate amount of sugar to sweeten sharp or sour fruit and berries. However, take care that your baby does not get used to very sweet food. Do not give honey to a child younger than 12 months of age because any bacterial spores contained in honey may begin to grow in the baby's immature intestinal tract. This hazard does not affect older children.

Ideally, offer your baby full grain cereals cooked in water without salt. Add puréed fruit or berries for taste. Whole-grain pasta and rice are also suitable for children. Porridge is the most recommended grain food for a small infant. The infant does not need gruel at any point, particularly when he or she is under five months old. The infant gets the nutrients of milk from breast milk or, if not being breastfed, from formula.

Towards the end of your baby's first year, you can start giving him/her dairy products. Suitable products include cultured dairy products such as low-fat curdled milk, natural yoghurt and buttermilk. During meals, a one-year old child can drink skimmed milk.

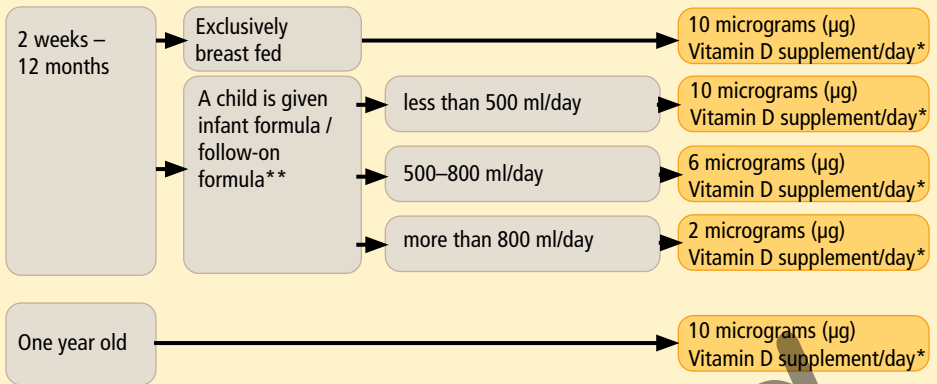
Rapid growth demands a lot of energy. Breast milk and formulas are rich in fat. When the child starts eating the same food as the rest of the family, choose soft vegetable fats, oil and/or low-fat (60–80%) vegetable-oil spreads.

Further information on food recommendations for infants is available in "Eating together – food recommendations for families with children", available online at <http://urn.fi/URN:ISBN:978-952-343-264-2>.

Vitamin D

All children need a vitamin D supplement from the age of two weeks year-round.

HOW TO DOSE THE VITAMIN D SUPPLEMENT?



*Vitamin D supplement throughout the year

**Baby cereals (gruels) and porridges with added vitamin D are included in the quantity of infant formula/follow-on formula.

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Teething

The first teeth (milk teeth) appear when the baby is about six months old. Children will usually have all their 20 milk teeth by the time they are three years old. With proper care, your child's teeth can be kept healthy and totally free of decay. Keep harmful bacteria in check by controlling your child's sugar intake. Start to brush your baby's teeth as soon as they appear. You will receive advice on the need for fluoride from the child health clinic.





Baby urine and stool

For the first couple of days after the birth, your baby will pass a sticky, greeny-black substance called meconium. On approximately the fourth day when the amount of breast milk begins to increase, the stools will turn mustard yellow. Babies younger than four weeks normally have bowel movements on a daily basis. Later, some babies develop longer intervals and only have bowel movements once a week while others do it during or after every feed.

Before breast milk comes in, a newborn passes very small amounts of urine. When the amount of milk begins to increase 3–4 days after birth, so will the amount of urine. After this, a sufficient amount of urine indicates that the baby is getting enough milk. It should urinate four to six times a day, the urine should be pale in colour and the nappy should be clearly wet when you change it.

Normal stools smell sour but not unpleasant. Often the stools of breastfed babies are greenish and runny. This is not a symptom of diarrhoea. If your baby has diarrhoea, the stools will have a terrible smell and be completely absorbed into the nappy, leaving a green stain.

Nappies

Disposable nappies are very convenient to use, but expensive over the two or three years that your child is in them. Slow to decompose, disposable nappies burden the environment. The advantages of disposable nappies include very good absorbance, leaving the baby's skin dry and thus preventing the risk of nappy rash. If your baby has sensitive skin or severe nappy rash, disposable nappies will facilitate skin care. Many parents choose to use both reusable and disposable nappies on their baby, for example, reusable nappies at home and disposable nappies when on the move. There is a large variety of nappies to choose from. Further information is available on baby care websites.

Nappy changing

Change your baby's nappy about as often as you feed him – newborn babies wet their nappies frequently. Rinse your baby's bottom with warm water. If only urine is passed then washing is not required. Carefully dry your baby's bottom. Apply a thin layer of barrier cream after washing, if needed. Use a basic lotion. Do not rub it in forcefully, but pat it gently onto your baby's skin.

Change nappies as soon as you can to protect your baby's skin from the irritat-

ing effect of urine and stool. If your baby has very sensitive skin, change nappies frequently. When using reusable nappies on your baby, make sure that the detergent you use does not irritate the baby's skin.

Let the baby be without a nappy every now and then as constant dampness only irritates the skin more. Let him or her have a good kick without a nappy in a warm place.

Baby cleaning and bathing

In addition to the nappy area, clean the baby's face and skin folds on a daily basis. Use a small cleaning cloth or equivalent to clean the baby's face, armpits and behind the ears. Also clean the baby's hands every day.

Bathing is recommended every 2 to 5 days. Daily bathing may dry the baby's skin too much. Do not use soap because it depletes the skin's natural oil protection. If your baby has very dry skin, add a drop of oil to the bath water. Do not use bathing salts. Never bathe a sick child.

Your baby needs a bath tub that is not used for any other purpose. Bath water should be at body temperature (37°C). You can check the temperature with a bath thermometer. At first the bathing time will be very short, but after a couple of week babies usually start to enjoy bathing and are happy to take longer baths. Often babies find bathing very soothing. Bathe your baby using calm, confident movements.

Bathe your baby from the head downwards. With your free hand, gently wash your baby's head taking care not

to splash water into its eyes. Wash its neck, armpits and folds in the skin with special care.

When you've finished, take your baby out and pat him or her dry with a towel. Use your baby's own towel. Pay special attention to the elbows, knees, armpits and other creases. If your baby's skin is smooth and does not seem dry, there is no need for body lotion. If the skin is dry or red and chapped, apply a thin layer of fragrance free baby barrier cream.

Hair, scalp and nails

Wash your baby's hair during the bath. Many babies develop cradle cap, an oily, yellowish crust on the newborn's scalp. To remove the crust, apply basic lotion or baby oil to the scalp before bath and let it soak for a few minutes. After washing the baby, scrape the crust gently off using a baby brush or comb. Brush the baby's hair daily. The soft spots on the baby's head where the skull has not yet fused (fontanels) do not need special attention.

The nails of a newborn are often too long. However, due to the risk of cuticle infection it is not recommended to trim your baby's nails during the first week. If you worry about scratching, use cotton mittens on its hands. After the first week, trim the baby's nails when needed. This is easiest to do when the baby is sleeping.

Sauna

Do not take a baby under six months old into the sauna. Under six months old, babies cannot control their body temperature by sweating. If your baby enjoys a sauna when it is older (6 to 12 months), you can sit with it on the lower bench if water is not thrown on the stove. Splash lukewarm water over the baby's head.

Laundering your baby's clothes

The best detergent for washing baby clothes is fragrance-free or only mildly scented. Wash new baby clothes before they are worn for the first time. When measuring the detergent, follow the instructions on the detergent packaging to ensure clean clothes without traces of detergent.



There is individual variation in the need for sleep and sleeping rhythm – even among newborns. During the first weeks, most babies sleep a lot and only wake up to feed every one to four hours. At two weeks, babies usually start staying awake to socialise for longer time periods. A three-month-old is awake for 6 to 8 hours a day. Try to teach the baby a sleeping pattern that matches the sleep-wake routines of the other members of the family. The best place for the baby to sleep is in its own bed in its parents' room.

Settling to sleep

Most newborns go to sleep after feeding. When you're trying to settle your baby to sleep (or back to sleep after a night feed) be careful not to excite it. Loud voices, bright lights and playing with the baby by trying to make it laugh will wake a baby that was already half asleep.

Rocking the baby in your arms and humming quietly will help your baby fall asleep. It is not necessary to hold your baby until it is fast asleep. Instead, you can put it to bed when it's sleepy and relaxed, but still awake.

Prams are the modern alternative to cradles and swaying the pram or moving it back and forth will help your baby fall asleep. Watch your baby for signs that it is tired. Putting your baby to bed while it is wide awake and sociable will not make it sleep. You cannot force sleep.

Sleeping position

According to current research, placing your baby on its back until he/she is able to turn over independently reduces the risk of cot death, or SIDS (sudden infant death syndrome). If the baby's head is always in the same position when sleeping, its skull may become asymmetrical. You can vary the head position by alternating which side you turn its head to when putting it to bed. Place interesting objects that the baby likes to look at to different sides on different nights, or change the place of the bed in the room. There is no need to change the baby's position when it's sleeping. To avoid deviations in head shape, do not sleep the baby in a car safety seat except when travelling.

Cot toy

At a few months old, many babies like to have a soft toy or blanket to cuddle when they go to bed. Sleep is a form of parting and may sometimes be difficult to endure for the baby. A soft toy or blanket will help soothe your baby to sleep. Remember the cot toy when your baby is staying overnight somewhere else or when someone other than a par-

ent puts it to bed. During changes such as weaning, the cot toy provides comfort and security, substituting to some extent for the carer's presence.

Sleeping problems

Tummy troubles and wind are common reasons for sleeping problems. Sleeping problems may also be caused by letting the baby stay for long periods of time in bed while awake. On the one hand, not receiving sufficient attention during the day may lead the baby to demand its share at night. On the other, excessive stimulation and too much attention will prevent the baby from sleeping and it will become overtired.

A child's sleep is often disturbed when it learns to crawl and walk. Excited by new experiences and skills, the baby is slow to relax and calm down. Changing from crib to cot may also cause sleeping problems. If the baby is used to sleeping in a crib, try draping the sides of the cot to pacify it. Babies do not usually require absolute silence in order to be able to sleep, but it will prove to be difficult to sleep if the television is loud. Falling asleep in a very light room may be difficult for older children in particular.

Night-time nappy changes

Changing the baby's nappy during the night is not necessary – at least not with every feed. If needed, change the nappy quietly before feeding. Keep the lights dim, minimise talking and do not engage in play that will stimulate the baby.

Sleeping outdoors

Many babies sleep best outdoors where the fresh air enhances deep, sound sleep. Summer babies can be put outdoors to sleep during the first week. Place the pram in a cool, shady place and make sure it cannot tip over or start rolling downhill. Drape a mesh net over the pram to protect your baby from insects and other animals.

In the winter, wait until your baby is about two weeks old before he/she starts to sleep outdoors. Do not let your baby sleep outdoors if the temperature is under -10°C . In cold weather, be careful not to apply cream or lotion containing water to your baby's cheeks as it will freeze and damage the skin. Tuck the

baby tight inside its sleeping bag and check that its cheeks stay warm. The baby can sleep outdoors a little longer every day until it eventually takes all day-time naps outdoors.

In rainy and windy weather, put the hood up and pull a rain cover over the pram. Place the pram in a sheltered place. Strong wind will make temperatures below freezing even more chilly. During the spring and summer months, take care not to place the pram in direct sunlight in order to protect the baby from heat suffocation.

Discuss a preterm baby's outdoor sleeping with your child health clinic's nurse.

GROWTH AND DEVELOPMENT



The baby enjoys company

Your baby will closely observe its environment from birth. There are many things it will only be able to learn from others and your company is therefore very important. To secure your baby's healthy development, you only need to do what comes very naturally to most parents: talk to the child, hold it, rock it in your arms, move its arms and legs, sing, hum, show it the things in your home, introduce it to other people etc.

There is no need to "train" your baby or invent abundant stimuli.

A newborn needs to interact with other people in order to develop into a balanced human being. When you interact with the baby and respond to its communications, the baby learns to observe its environment, structure its sensations, perceive its feelings and express itself. Gradually, the baby gets to know itself and how its actions affect others. The parents should reflect on their own

behaviour and, for example, their use of media, so that they will also have time and resources for genuine interaction with the baby.

Babies are strangers to themselves

During the initial months, the baby's concept of itself is very vague. It cannot distinguish itself from its environment, and thinks it is part of its mother and the surrounding environment. The baby is not fully aware that its hands and legs are part of it, but that its mother's breast and its own blanket are not. In order to discover its boundaries, it will need your help. When you are holding your baby, for example, it will feel his own weight against yours. Such experiences will gradually make it aware that it is an entity separate from its environment.

Children are born unique

Each baby has his own, unique features and habits which are relatively permanent. These personal traits are called temperament. Temperament includes characteristics such as patterns (sleeping pattern), patience, calmness, activity, restlessness and the ability to adapt and concentrate. Different moods such as being irritable or proneness to negative feelings, curiosity, courage and being shy or reserved in new situations are also components of temperament. From the parents' viewpoint, the child may have a sweet or difficult temperament depending on how easy or demanding the baby is.

Children develop in their own time

To secure your child's development, allow for its needs and show that you accept and love it just the way it is. Feed your baby when it is hungry and let your baby sleep when it is tired. If your baby shows interest in some object, encourage him or her to examine it. Since your baby will mainly examine the object with its mouth, make sure that the things you give it are safe.

Children develop in their own time according to their genetic and environmental influences. The following table depicting child development provides a rough guide as to the order and age in which children will reach a certain stage or learn a particular new skill. However, there is great variation between different children. The same child may be fast to develop in one area and slower than average in another. Sometimes several new skills may be learned in a single week, and these same skills are then practiced over the following weeks.

Noticing and being happy about how your child grows and develops and offering support and encouragement in learning new skills is very important to the healthy development of your child. When your baby has just learned how to roll over, play with it on the floor instead of sitting it in the baby bouncer. Allowing the baby to grasp objects that interest it is a kind of dialogue with the baby. Girls and boys should be allowed to play the same games.

You can try to allure a baby who is slow to warm up to new things, but too much ambition and parental desire to

speed up the baby's natural course of development may be harmful. Comparing your child to others is unnecessary. It is more important that the baby is developing and that things are not completely forgotten once learned.

Problems at birth or later infections may slow your baby's development. For this reason, a so-called corrected age is applied when assessing the development of preterm babies.

Height and weight

At birth, babies usually weigh 3,000 to 4,000 grams and are 49 to 52 cm tall. During the first few days their weight drops by 6 to 8%, but is regained within a couple of weeks. Afterwards, the weight should increase by 150 to 200 grams per week. By the age of one year, most children weigh roughly three times their birth weight and are about 1.5 times as tall.

However, there is great variation in this. A newborn can weigh anything from 400 to 6,000 grams, and future growth and development expectations depend on matters such as the birth weight in relation to the weeks of pregnancy. For a child health clinic, growth charts are an important tool when monitoring your baby's growth and its relation to the size of the parents. During the baby's first year of life, the most important growth indicator is the baby's weight. Height is clearly less important since at infancy a child's height growth is still inconsistent. If you wish, you can make your child's growth chart at www.kasvuseula.fi.

Your baby's senses

A newborn does not see very clearly. What it sees best is the face of a person close by. Babies enjoy looking at things and seeing them move. Hang colourful objects (such as pieces of cloth) or a mobile about 50 cm above the crib.

Many babies squint during the first months. However, their sight develops fast and the child enjoys observing its environment.

Babies usually find pictures of familiar everyday items very interesting. You can start "reading" picture books with a 2-month-old. You can also make your baby its own little photo album with pictures of mum and dad, its sisters and brothers, grandparents and other familiar people.

Newborn babies have rather good hearing. Many newborns recognise their parents' voice right from their birth and calm down when they hear a soothing voice or singing. Babies are easily startled by loud noises.

Babies usually enjoy music and are an appreciative audience for any musical performances by other family members. Do not hesitate to make up your own songs, however silly this might feel. By the time they are a few months old, babies are aware of rhythm and dance and jiggle in time to music. However, do not leave a radio or television on all the time. Constant noise is stupefying and makes music less enjoyable.

Newborns have a keen sense of smell. Babies smell breast milk, and this familiar smell calms the baby.

Movements

Your baby will start holding its head up during the first months. Before that, support the baby's head whenever holding it. It will learn how to turn onto its tummy at the age of 3 to 5 months and sit up at the age of 6 to 8 months. After 6 months, your baby will start crawling on its tummy. Some babies may start by crawling backwards. A short while after this, your baby will learn to crawl on all fours and will be very quick at moving around. At 7 to 9 months, your baby will pull itself up to stand using support, and succeed without support after a few months of practice. About one in every two babies takes its first steps before its first birthday.

You can sit your baby in a baby bouncer for short periods at a time as long as its position is relaxed and its head is supported. A car safety seat is not a baby bouncer and should only be used in the car. Be sure not to let your baby be in a baby swing or walker for extended periods at a time. Being in the same – possibly incorrect – position for a long time is a strain on your baby's back and hips. If you wish to promote your baby's development, allow it to be on a blanket that is spread out on the floor as much as possible or carry it in an ergonomically designed baby carrier. If the baby always sleeps with its head in the same position, for example, if you sleep it in a car safety seat, this can adversely affect its head formation (see "Sleep" on page 71).

Babies enjoy being held, bounced and lifted, and like swinging and having their hands and legs moved. How-






ever, babies do not like rough handling, rough play, sudden movements or sudden noises. For instructions on how to exercise at home with your baby, contact your child health clinic. Mother and baby exercise and yoga classes are available in many municipalities. Baby swimming is also a fun form of family time. The ideal time to start is when your baby is 3 to 5 months.

Touch and grasping

The mouth is the baby's most sensitive body part. Babies explore the world through their mouths by sucking on everything they can reach. A newborn holds its hands clenched in a fist. Later, its hands will relax and the fingers splay out. At the age of 2 to 3 months, babies start grasping objects with both hands, putting them into their mouths. Make sure that the things your baby can reach are not toxic or dirty, and that they are big enough not to suffocate it (avoid string, rubber bands, buttons etc.).

Around the age of six months, the baby will grasp an object with one hand and move it from one hand to the other. A further developmental stage is for the baby to pick up objects between its thumb and forefinger. This is called the pincer grasp. Play with different textures, letting your baby touch smooth, hairy, soft and hard surfaces, feel wood and stones etc. In this way, your baby will learn what the world feels like.

Baby's development during the first year (deviations are common)

Age	Sociability and speech	Physical development	Hand movements	Eye sight and hearing
0–1 months 	random, involuntary smiles, direct eye contact	moves arms and legs simultaneously	hands mostly clenched in a fist	cannot see clearly, startles at loud noise and bright light
2–3 months 	first real smile, makes baby sounds (ah, goo), is sociable	holds head up, kicks with both legs simultaneously	catches hold of things using both hands, studies own hands	turns head towards sound, follows moving object with eyes
4–6 months 	laughs out loud, recognises the person caring for him, first attempts at play	pushes arms up straight, turns, sits supported	picks things up with one hand, palm grip	recognises a picture of a face, studies colourful images
7–8 months 	distinguishes between familiar and unfamiliar people, knows 2 to 3 simple words, repeats sounds such as dadada etc.	sits without support, rolls over, crawls (sometimes backwards)	moves toy from one hand to the other, pats table with hands	no longer squints, seeks hidden objects
9–10 months 	is shy of strangers, first words	crawls on all fours, pulls up to stand and walks with support	picks up objects between thumb and forefinger	looks at images, notices objects sized 1 to 2 cm
11–12 months 	can say 2 to 3 words, interested in other children	stands without support, first steps	throws objects about, claps hands	turns towards a whisper, recognises objects from images

Learning to talk

One of the most important things a child learns from others is how to speak. Before learning to talk, it will need to hear a lot of talking from people around it. Therefore, it is vitally

important that people taking care of the baby talk a lot to it. At first, your baby will respond with baby sounds. At six months, your child may know a few words even though it cannot speak yet itself. It may, for example, know how to

point to its own mouth if asked to do so, provided the parts of its body have frequently been pointed out to it. At 7 to 8 months, your baby will start to repeat syllables and babble. Children normally utter their first word when they are 10 to 13 months old.

Being able to express itself in words and understanding speech help it gain a better understanding of the world. A child who understands what is said to it is easier to guide and will learn things more quickly. Just talking to the baby is, however, not sufficient for teaching it to speak; you need to have a conversation adapted to the situation and feelings at hand. In practice, this might be interpreting the baby's feelings aloud, putting questions to the baby and explaining things. Use rich, versatile and correct language when talking to a baby. Besides baby talk, your child needs to hear ordinary speech in order to learn to pronounce words correctly.

Bilingual families

If you and your partner do not share the same mother tongue, you may want your child grow up bilingual. Both parents must consistently speak only their own mother tongue with the child. In their discussions with each other and other people the parents may use the language they are accustomed to.

Usually, one of the languages develops more quickly than the other. By the time your child is a toddler, its linguistic skills may have developed in many ways. By singing, playing, looking at picture books and reading fairy tales –

just to mention a few. There may come a time when the bilingual child refuses to use one of the languages. Nevertheless, continue speaking your own language even if your child does not answer in it.

Learning two languages takes more time and effort. Be patient and give the child time. Also, show that you are interested in both languages. For more information on bilingualism, contact your child health clinic. For more information on the Swedish language, contact Swedish language day care centres and the Swedish Assembly of Finland (Svenska Finlands Folkting, www.folktinget.fi)

Toys

Infants under one year old like to play with rattles, soft toys and balls. Many of your household items are suitable as toys, such as plastic containers and their covers, empty plastic bottles, scoops, cotton reels and so on.

Make sure they do not have:

- ⊗ sharp edges,
- ⊗ little pieces that can come loose,
- ⊗ toxic paint,
- ⊗ strings or bands, or
- ⊗ anything that will break or crack.





DAILY ROUTINES

New challenges

Being a new parent is a wonderful, happy experience, but it also means facing new challenges. The baby cannot be left alone anywhere and its needs must be attended to. You can take your baby along to most places, as long as you are able to accommodate its sleeping and feeding patterns. When you have a baby, you need to accept certain limitations. Leaving the house will generally take much longer than before. You need to plan and then pack the baby gear accordingly, and just as you're ready to step out your baby may need a feed or nappy change.

Caring for your baby involves repetitive routines that enhance the baby's sense of security, but which are very binding for the parents. Feeding, changing, washing and putting the baby down to sleep often interrupt other activities. This can sometimes be very frustrating. Although rewarding, caring for your baby can also be exhausting, especially if your baby wakes up many times per night, leaving you with insufficient sleep, if your baby cries a lot or has a demanding temperament.

During the baby's first year, it is very important that both parents have some time to themselves. However, do not fool yourself into thinking that you can participate in activities and go out with friends as actively as before. Also try to

balance work and family life so that after the working day you still have time and energy to enjoy your family.

Avoiding major changes and "projects" during the early months with a new baby will make family life much less demanding. The fewer matters you need to attend to, the easier it will be to arrange your time and daily routines with the baby. All in all, you will need to pay more attention to how you are spending your time. You will need to agree on "my time", "your time" and "our time".

If you begin to feel that your daily tasks and chores are becoming a burden, try to divide them into tasks that can be left for later and tasks that must absolutely be done now. In addition to caring for the baby, you need to save your energy for caring for yourself and your relationship with your partner. Do not make unreasonable demands on yourself or on your partner; perfection is not a requirement for good parenting. Remember that your life need not be a sequence of exhausting routines. Little surprises and shared moments with your partner will break up the routine nicely.

Brothers and sisters

When the baby arrives, your older children may suddenly seem very competent. Do not expect them to suddenly be more mature; they do not grow bigger overnight. A new baby in the family is a change for the older children as well, not just for the parents. For some, the most trying time is when the baby is born, while for others the difficulties

begin when the baby starts moving around. The child may be very enthusiastic and eager to participate in caring for the new baby, while also being jealous. Children's feelings of jealousy have been compared to a situation where your partner would bring home a new husband or wife.

Due to such jealousy, older children may be very angry at the baby, whereas others may start pretending to be babies themselves. Such reactions include wanting to sit on your lap when you start feeding the baby. An older child may start wetting its pants again and demand to be treated like a baby. The child may become tearful, demand a dummy, want to sleep beside the parents or be very quarrelsome.

An older child may try to hurt the baby by hitting or pinching it. Naturally, brothers and sisters cannot be allowed to torment the baby and you must put an end to such behaviour very determinedly. The child may also express hopes of the baby dying or being given away. This may sound terrible to the parents, but it helps the child to let off steam. This stage passes more quickly if the parents understand the older child's pain and find the time to listen. When your child says, "I wish the baby was dead", you can reply by saying, for example, "I know you're angry with the baby and that you wish it had never arrived. Do you feel like I'm not spending enough time with you? I love you just as much, but I do need to take care of the baby as well".

Older children may be cross just because the parents no longer spend so much time with them – which is true.

This passes more quickly if they are allowed to pretend to be a baby for a while, although this may feel like a nuisance. Try to spend time with the new big sister or big brother. Set aside a time of the day to be with him or her while the baby is sleeping or with the other parent. Also, allow the child to participate in taking care of the baby. He or she can sort out the baby's things or hold the baby while sitting on the floor, a chair or on the sofa. Give the older child a baby doll that it can nurture while mum or dad is looking after the baby.

Refer to the baby as "our baby" to emphasise that the baby is a family member. Remember to frequently tell your children that you love them and that they are very important to you. Praise the older children for the things they can already do and which the baby is only just learning.

Support networks

In addition to your relationship as a couple, the new baby has an impact on other people as well. A new baby creates grandparents, aunts, uncles, cousins and godparents. Parenthood is an experience that binds different generations but also poses new challenges. Society as well as beliefs and views on child rearing and baby care have changed over the years, which may create conflicts between the new parents and the older generation. Despite the number of differences there are also many opinions that are shared.

When you become a parent, you begin to view your own parents from a new

perspective. At best, the relationship is one of mutual respect. Becoming a parent often stirs up feelings and memories from your own childhood. Talk about them with someone and, if they are very distressing, seek professional help.

In many families, grandparents are naturally an important part of the family and are glad to participate in caring for the baby. Often, caring for their grandchild brings back memories from the time their own children were small. It is often easier for grandparents to dote on their grandchildren than they did on their own children. If doting turns into spoiling, it may cause friction between the parents and grandparents. Tactful grandparents will understand that the young parents need to make their own decisions, and will not interfere unless invited to do so. In conflict situations, each parent should carefully broach the subject with his or her own parents. It is good to remind the grandparents that, in your family, both parents have equal responsibility in child caring and rearing and that you respect gender equality.

Short-term child care

Friends and relatives can offer invaluable help when the parents have something they both need to attend to. However, not all families have close relatives living nearby and even if they do, they may be very much engaged in their work and social life. In such cases, the availability of other forms of support is particularly important. Families with young children can agree to babysit each other's

children. In many locations, organisations such as MLL (the Mannerheim League for Child Welfare) and Västölitto (the Family Federation of Finland) offer short-term child care for a fee.

On the move with the baby

Don't be afraid of going out with the baby. You can put the baby into the pram or carry it in a sling or a baby carrier while you walk. You can safely transport the baby on a bike by using a bike trailer or a cargo bike. When you go out to run errands or meet friends, make it a habit to go by foot or by bike, at least for some of your journeys. Daily exercise will help you recover from childbirth and get some fresh air. Gradually familiarise the baby with different modes of travel and transport. Remember to dress for the weather and use the appropriate safety gear.

Public transport is convenient for longer journeys. Read the instructions of your local public transport system regarding the transport of prams and pushchairs. In many major cities, children under 7 years of age and an adult with a baby in a pram or pushchair can use public transport free of charge. In local buses, a parent with a pram or pushchair normally gets on and off the bus through the middle door. The baby travels safely in its own pram. Put the pram brakes on, stay close to the pram and make sure that it does not slide or fall over. In long-distance buses, prams are normally put into the cargo space.



SAFETY



Accidents often take place in the home. For safety in the home, read the following precautions.

Never leave a child unattended

- on a changing top or a bed without sides.
- in a bath. Always make sure the water is not too hot and that hot water does not drip from a leaking tap onto your baby's head.
- in a room where a window or balcony door is open. Place guards on the windows.
- in the kitchen when something is cooking on the stove or in the oven. Always turn pot and pan handles inwards. Buy a cooker guard to cover the stove's burner knobs.

If your baby is sitting on your lap at the table, ensure that he or she cannot pull hot drinks or hot food onto him or herself and be scalded.

Always place the following out of reach of children

- plastic foil and plastic bags (risk of suffocation).
- sharp or fragile objects. Place knives and other tools out of the reach of child. Use locks or guards on cabinets and drawers. If this is not possible, tie the cabinet doors and drawers with string or remove all handles.
- cigarettes, alcohol, medication, cleaning agents, paint, detergents, insect repellent

and other toxic materials.

- nails and other thin objects the child might stick into electric outlets. Use plugs in unused outlets or install safety sockets.
- toys with small, loose parts and button cell batteries which can block the child's airways.

Check that your baby gear, such as the changing top and pram, are safe and in good condition. Be aware of any heavy objects the child could pull on top of it from the table or shelves. Make sure the child cannot overturn the bookcase.

Keep a keen eye on your child when you are visiting somewhere. If your hosts do not have young children, they will most likely not be prepared for little explorers eager to touch and taste everything.

Never leave a child who can move around alone in the pram. It could climb out and fall. Make sure no animals get into the pram

Safety in the car

- The safest place for a child under three years old is a rear-facing baby or child seat. Just hitting the brakes can be enough for your child to be injured.
- Fasten baby and child seats according to their instructions. Children must travel with the appropriate restraints and sitting in their own seats (travelling by car sitting on an adult's lap is forbidden). Never use

rear-facing baby seats in a seat fitted with an active front airbag. An inflating airbag can be life-threatening to a baby.

- Never leave your child unattended in the car. On a very warm day in particular, this can be fatal.

Further information on injury prevention is available on the website of the National Institute for Health and Welfare at <https://www.thl.fi/en/web/injury-prevention>



WHEN THE BABY IS ILL

Common colds and stuffiness of the nose

Newborn babies breathe through their nose. If the nose is stuffy, feeding becomes problematic as it is difficult to suckle and breathe at the same time. You can treat a stuffy nose with saline drops. If needed, a small nasal aspirator is used to remove mucus and snot from the baby's nose.

Stuffiness will pass with time, but some children tend to get milk up their nose while feeding. Accompanying stuffiness, yellow mucus can build up in the corner of the eye and the eyelids may stick together, as blocked tear ducts prevent normal flow. If stuffiness continues and the baby is uncomfortable, contact your doctor, since prolonged stuffiness may cause ear infections, even in babies.

Some babies sound wheezy, particularly after feeding, until they are about

one year old. This is due to their soft windpipe cartilage. A baby may experience its first viral infection early on if family members are suffering from colds or the baby is born during an epidemic. Saline drops, nose drops, an elevated position and frequent feedings will make the baby feel better. See your doctor if your baby is very small or is your firstborn, or if the symptoms persist. Smoking should be avoided in families with children, as cigarette smoke irritates the nose, throat and respiratory tract.

Cough

Colds are frequently accompanied by a cough. When something irritates the throat, the baby will try to remove it by coughing. A cough following a common cold may last for weeks. A prolonged cough without fever may be a sign of

an ear infection. Contact your doctor if your baby has a barking cough accompanied by shortness of breath and a high fever, as you may need respiratory medication.

Fever

On average, under three-year-olds have 5 to 6 common colds or respiratory infections per year. A fever does not need to be treated, but you can give the child pain medication if his or her food and drink intake is inadequate, or the child is restless, irritable or in pain. Paracetamol and ibuprofen in the form of a syrup or suppositories is available from the chemist without prescription. Basically, they are equally effective but paracetamol suppositories are not an ideal alternative for pain relief since they are absorbed more slowly. Always follow the dosage instructions provided with the medicine. The chemist's personnel will give you instructions if needed.

Always see your doctor if a baby under two months old is running a fever or is otherwise clearly ill. Even if the temperature drops with medication, the baby may have a severe bacterial infection. Contact your doctor if the baby refuses to drink or its temperature is high for several days without a cough or cold, if the baby is sleepy or in pain, or has breathing difficulties, or if you are worried about the baby's condition. Hospitals and health care centres can provide advice over the phone, especially during epidemics. If your baby tends to have feverish convulsions, seek advice from your clinic's nurse or

doctor. Children under six months of age never have feverish convulsions, so the cause for these must be diagnosed without delay, particularly with young infants.

Diarrhoea

Baby stools tend to be rather runny and this should not be viewed as a symptom of diarrhoea. Baby stools can be less solid than normal during respiratory infections. If your baby has diarrhoea, their stool will have a horrible smell and be completely absorbed into the nappy. Diarrhoea is more serious the younger the child is and the major concern in such cases is dehydration. When the child has diarrhoea, it will lose a lot of fluids that will need to be replaced by giving extra drinks: breastfeed or offer formula more frequently. You can also give the baby a special preparation obtainable from the chemist. Contact your doctor or health nurse without delay if your baby is still very young or if diarrhoea is accompanied by prolonged vomiting, if you are unsure whether your baby is sufficiently hydrated, the baby is sleepy or if you are worried about the baby's condition.

Exanthema subitum

Exanthema subitum is also known as roseola, baby measles and the three-day fever. It is a very common infectious disease in children aged six months to 2 years. It is a viral disease characterised by an abrupt high fever lasting three days. As the fever subsides, small spots

appear on the baby's skin. The rash disappears in roughly 1.5 days. Sometimes the baby has only one symptom, either fever or spots.

Contact your doctor or health nurse without delay if your baby:

- is not feeding properly
- is sleepy or lethargic
- cries or is sensitive to being touched,
- has trouble breathing or shortness of breath, or
- is irritable and easily startled
- is sleepy and vacant
- cries and cannot be soothed
- refuses drinks
- its skin seems bruised
- has a severe primary disease,
- is under 2 months and has a fever (rectal temperature over 38°C)
- if you are worried about the baby's condition.

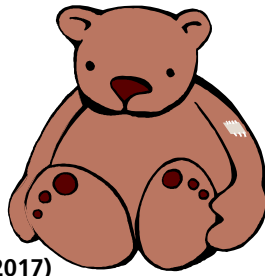
Why are vaccinations necessary?

Vaccinations protect the child from infectious diseases. Vaccines are given to protect the child against several dangerous diseases such as diphtheria, pertussis (also called whooping cough), tetanus and polio. Improved hygiene and nutrition have had a considerable effect in preventing infectious diseases, but vaccination has completely eliminated these diseases from Finland. Although these diseases are a thing of the past in Finland, some cases have been reported in Sweden, the Baltic countries and Russia. Further abroad, the risk of infec-

tion is even higher. If the proportion of vaccinated children decreases, the risk of infection will also rise in Finland.

Vaccinations are voluntary. Some parents wonder whether vaccinations are necessary and may be suspicious about the components they contain. Pox diseases do not contribute to the child's health. Instead, they have rare but severe secondary diseases which cause disability, infertility and death. The body's response to a vaccination is very similar to catching the disease, only safer, without symptoms or with minor symptoms. Vaccines contain extremely small amounts of additives, such as mercury and aluminium, compared to the amounts received in food, for example. The benefits of immunisation far outweigh the very small risk of side-effects.

Vaccines are administered by the public health nurse in the child health clinic. In addition to vaccinations, protect your child from diseases by avoiding close contact with ill people. Alongside the vaccination programme, your child may be vaccinated against hepatitis A or B and tick-borne encephalitis, if considered necessary. For more information on vaccines, contact your child health clinic's nurse or the National Institute for Health and Welfare (website: <https://thl.fi/en/web/vaccination>).



Childhood vaccination programme (1.1.2017)

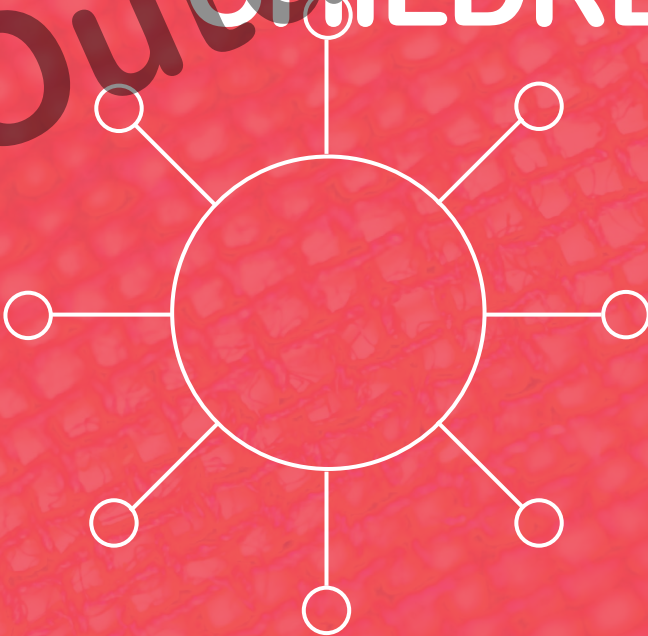
Age	Disease	Vaccine
2 months	Rotavirus diarrhoea	Rotavirus
3 months	Meningitis, pneumonia, sepsis and ear infection	Pneumococcus (PCV)
3 months	Rotavirus diarrhoea	Rotavirus
3 months	Diphtheria, tetanus, pertussis, polio and Hib diseases, such as meningitis, epiglottitis and sepsis	5-in-1 vaccine (DTaP-IPV-Hib)
5 months	Meningitis, pneumonia, sepsis and ear infection	Pneumococcus (PCV)
5 months	Rotavirus diarrhoea	Rotavirus
5 months	Diphtheria, tetanus, pertussis, polio and Hib diseases, such as meningitis, epiglottitis and sepsis	5-in-1 vaccine (DTaP-IPV-Hib)
12 months	Meningitis, pneumonia, sepsis and ear infection	Pneumococcus (PCV)
12 months	Diphtheria, tetanus, pertussis, polio and Hib diseases, such as meningitis, epiglottitis and sepsis	5-in-1 vaccine (DTaP-IPV-Hib)
12–18 months	Measles, mumps, rubella	MPR
18 months	Chicken pox	Chicken pox
6–35 months	Influenza (every year)	Influenza
4 years	Diphtheria, tetanus, pertussis, polio	DTaP-IPV
6 years	Measles, mumps, rubella	MPR
6 years	Chicken pox	Chicken pox



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SERVICES FOR FAMILIES WITH CHILDREN

Outdated



CHILD HEALTH CLINIC

Child health clinics monitor the physical, social and cognitive development of children under school age. The clinics also aim to support parents in implementing safe, child-centred upbringing strategies and caring for their children and their mutual relationship. Attention is increasingly paid to parental coping, the early detection of possible problems and arranging the appropriate help for families with children.

The point of contact is your clinic's public health nurse, who is a professional in promoting health and family care. Public health nurses offer their professional expertise to parents, co-operating with the families in full confidentiality. Together with the family, public health nurses assess the family's need for further examinations or support.

Clinic doctors participate in monitoring the child's health and development. Their responsibilities include screening for diseases and abnormal development, and interpreting developmental anomalies, which are usually first detected by the public health nurse.

Other professionals working at the health centre include family workers, psychologists, logopaedists, physiotherapists, nutritional experts and dental care professionals. In addition to

this wide array of professionals, child health clinics also work in close co-operation with other parties involved in family care such as municipal home-help services, day care and early childhood education, developmental and family counselling centres, child welfare, school health care and specialised health care.

Clinics' personnel are obliged to keep their clients' details confidential. According to the health care confidentiality code, no information can be forwarded to another health care unit or professional without the prior permission of the mother or father.

Periodic health examinations

Public health nurses are familiar with the people and families living in the area, as they meet with families at least 15 times before school-age. Families with under one-year-olds visit the clinic at least 9 times. After the child has turned one, the family is invited to visit the clinic when the child is aged 18 months and then once a year (usually around the child's birthday).

Public health nurses at child health clinic are responsible for monitoring the growth and healthy development of your child. During an appointment, the child's height, weight and head circumference are measured. Its hearing and sight are controlled and psycho-social development supported and observed. Furthermore, the public health nurse is an invaluable source of information regarding the child's developmental

stage, and topics covered during visits usually include nutrition, injury prevention, exercise, the family's lifestyle etc. Speech development is monitored during every visit. Breastfeeding advice and guidance is provided for as long as is required. The clinic's nurse will also vaccinate your child according to the current Finnish vaccination programme and perform any screening tests required.

The check-ups involve extensive health examinations (at the age of 4 months, 18 months and 4 years) to which both parents are invited. During these appointments, the whole family's health and wellbeing are assessed, in addition to those of the child. This is based on discussion with the parents and children (adjusted to their age) on parental coping, health status and health behaviour, as well as the family's life situation and living conditions. Topics covered during the extensive health examination of a four-month old include the baby's daily routine, development and interaction, as well as parental coping, moods and health behaviour. Topics covered during the extensive health examination of an

18-month old include the development of the child's own will, learning new things, parental wellbeing and health behaviour and child care arrangements. Topical themes in the extensive health examination of a four-year old include the parent-child interaction, the child's social skills, learning difficulties, strengths and parental health behaviour.

The public health nurse makes at least one home visit when the baby is born (home visits are also recommended prior to birth), but may visit at other times as well if this seems necessary or when the family so wishes. Since mothers and newborns are discharged early from hospital, the public health nurse makes home visits to support the mother in the early stages of breastfeeding and to monitor the health of the mother and baby. Groups for parents, mothers and fathers meet in most child health clinics. Some clinics organise joint meetings with more than one family, providing families with the opportunity to meet other parents in addition to seeing the nurse and doctor.



SOCIAL SERVICE

Home-help service, family work and other support

Families with children are entitled to the home-help service to secure the well-being of children despite factors such as illness, childbirth, disability or other reason affecting the parents' functional capacity, including fatigue or exceptional life or family situations (for example, twins). The purpose of the home-help service is to support parenthood and coping in everyday life. This includes concrete help in housework and counselling the family in child care and household chores. The home-help service is subject to a fee but the family's financial standing is taken into account.

Family work refers to the promotion of wellbeing in situations in which a client and his/her family or a person in charge of the client's care need support and counselling to strengthen their own resources and improve their mutual interaction. This help and support is provided on a short- or long-term basis. Family work is free of charge to the client family.

Families can contact social welfare services regarding various types of problems and situations in which they need support, such as finances and housing. The aim is to address family problems at an early stage.

Child guidance and family counselling centres

Child guidance and family counselling centres promote the favourable development of children and families and support the parents in the care and upbringing of their child. This includes guidance, counselling and other support in matters related to the growth and development of children, family life, personal relationships and social skills.

Typical reasons for contacting a child guidance and family counselling centre include conflicts between family members and concerns about the child's development, children's fears, difficulties in obeying rules and restrictions, shyness and social anxiety. You can also contact a child guidance and family counselling centre if you have problems with parenthood or the family's life situation.

Child guidance and family counselling is provided by a multi-professional team. The centre's psychologist, social worker and doctor will schedule meetings and appointments for examinations for the family together or for each family member individually. Working methods are agreed in cooperation with the customer. The services are confidential, customer-oriented and free of charge.

Further information (in Finnish and Swedish)

www.thl.fi/fi/web/lapset-nuoret-japerheet/peruspalvelut/sosiaalipalvelut/kasvatus_ja_perheneuvonta

Services for chronically ill children or children with disabilities

Municipalities are obliged by law to arrange the necessary services for chronically ill children or children with disabilities and their families. Based on the Social Welfare Act, these families are entitled to an assessment of their service needs. If needed, the municipality must appoint a personal adviser who helps the child and family to identify the necessary services. These services may be provided based on the Health Care Act, the Social Welfare Act, the Disability Services Act, the Act on Special Care for Mentally Handicapped Persons or other legislation. It is essential that the service entity secures the child's healthy development. If necessary, this may also include child welfare services.

For more information on services and benefits available to families, contact your municipal social workers or rehabilitation counsellors. For contact details, refer to the municipal guidebook of your place of residence, the phone book or the Internet.

In addition to municipal services, an array of organisations and parents' associations provide services for disabled

children and their families. Associations organise adaptation training and various forms of educational and recreational activities. Further information is available from a Finnish-language portal based on the service path model (www.palvelupolkumalli.fi), from YTRY, a cooperation committee for the parents and associations of and chronically ill children and children with disabilities, which is coordinated by Vamlas, a supporting foundation for youth and children with disabilities (www.vamlas.fi) and from FAIDD, the Finnish Association on Intellectual and Developmental Disabilities, tel. 09 348 090 (www.kehitysvammaliitto.fi).

Further information

Handbook on Disability Services (in Finnish and Swedish):

www.vammaispalvelujenkasikirja.fi
www.thl.fi/fi/web/vammaispalvelujenkasikirja/tutkimus-kehittaminen/vammaisalan-jarjestot

Handbook for Child Protection (in Finnish):

www.thl.fi/fi/web/lastensuojelukasikirja/tyoprosessi/erityiskysymykset/vammainen-lapsi-ja-lastensuojelu



OTHER SERVICES FOR FAMILIES

Mother and child homes and other community-based services for families with small children

Mother and child homes help families with small children who need extensive individual support. Mother and child homes strengthen the parent-baby relationship and support parents in their growth into parenthood. The whole family is welcome during the pregnancy or when the baby is born. A payment guarantee from the client's home municipality is required for a stay at a mother and child home.

Community-based services for families with small children are also available through mother and child homes. The family can ask for a doula (a trained support person) to support them during pregnancy and to attend the birth. They can also discuss the baby's sleeping problems with a Baby Blues counsellor, join a day-time support group or ask for home-based Alvari family work.

Some mother and child homes specialise in problems related to substance abuse and implement a care system developed by the Federation of Mother and Child Homes and Shelters. Their operational area includes all of Finland. A substance-abusing mother can go to a mother and child home or seek community-based services either alone or with

the father already during pregnancy or after the child has born.

Further information

www.ensijaturvakotienliitto.fi/en

Shelters for victims of domestic violence and other community-based services to prevent violence

Shelters for victims of domestic violence and other community-based services to prevent violence provide help and advice to all parties to domestic violence: children, women and men. Shelters provide short-term refuge if staying at home is impossible or is dangerous because of violence, threats or fear. In reducing and stopping domestic violence, the focus is on safeguarding the security of the victim of violence and the children. Shelters for victims of domestic violence accept single adults and parents with children even without a referral, and are open around the clock. The shelters and their helplines are available 24/7, and personnel specialising in anti-violence work is always available.

Shelters are maintained by municipalities and member organisations of the Federation of Mother and Child Homes and Shelters. For more information, please contact your municipal social service or family support centre. Contact details for the shelters are available at www.thl.fi/turvakotipalvelut or www.turvakoti.net/. Girls and women who have experienced violence or the

threat of violence can receive help from Nollalinja (<https://www.nollalinja.fi/in-english/>) by calling the nationwide free-of-charge helpline (tel. 080 005 005).

If you are concerned about your own violent behaviour, seek help without delay. Perpetrators of domestic violence can find help in finding an alternative to violence from the “Lyömätön Linja” organisation (Lyömätön Linja Espoo www.lyomatonlinja.fi/ or lyomaton.linja@miessakit.fi, tel. 09 612 66 212) or from the Federation of Mother and Child Homes and Shelters www.ensijaturvakotienliitto.fi/tyomuodot/vakivaltatyo/jussi-tyo2/

Family guidance centres of the Church of Finland

The church’s family guidance centres welcome everyone needing help in problems relating to family and relationships. The focus is on family relationships. You can make an appointment with a family counsellor either alone or with your spouse or family. Help is free of charge and offered to members and non-members of the Church. Personnel are obliged to keep their clients’ details confidential. You can find the contact details of the family guidance centres of the Church of Finland at <http://evl.fi/perheneuvonta>.

SOCIAL SECURITY FOR FAMILIES WITH CHILDREN

Parents are entitled to various types of benefits provided by Kela (the Social Insurance Institution of Finland) as well as to family leaves which are based on the Employment Contracts Act. Further information on family benefits is available on the Kela website at www.kela.fi/web/en/families.

Benefits provided by Kela include:

- maternity grant, either a maternity package or a cash benefit at EUR 140
- special maternity allowance and maternity allowance (until the child is 3 months)
- paternity allowance (about 9 weeks until the child is 2 years)
- parental allowance to either mother or father (when the child is aged 3–9 months)
- child benefit (until the child reaches the age of 17)

- child home care allowance for a child under 3 years old not attending municipal day care
- private day care allowance for a child under school age not attending municipal day care
- flexible care allowance for a child under 3 years
- partial care allowance for a child in the 1st or 2nd year of school
- child maintenance allowance for a child under 18 years
- various types of benefits if the child is ill
- adoption grant for international adoption
- conscript's allowance for persons performing armed or unarmed military service or alternative service and for their spouse and children. Those participating in reservist training and women in voluntary military service are also treated as conscripts.



Outdated

SPECIAL SITUATIONS



Giving your baby up for adoption

If you decide to give your baby up for adoption, you will receive counselling provided either by Save the Children Finland (for more information, please visit www.pela.fi) or your local social welfare office. If paternity has been confirmed or the baby is born to parents who are married to one another, the father is also entitled to counselling and needs to give his consent. The purpose of counselling is to help the mother or parents to make a carefully weighed de-

cision. Biological parents can express wishes concerning the adoptive family, and they will be offered the opportunity to keep in touch with the adoptive family after adoption. Counselling is provided free of charge to the parents.

The parent's formal consent to adoption cannot take place until the parent has had the opportunity to thoroughly consider the decision and no earlier than eight weeks after the baby is born. During this eight-week consideration period, the child can be placed in short-term family care.

Miscarriage

Miscarriage or spontaneous abortion is the spontaneous end of a pregnancy prior to 22 weeks. In addition to early stage miscarriages (when the mother doesn't even know she has been pregnant), every tenth pregnancy ends spontaneously in a miscarriage. Most miscarriages occur prior to 12 weeks.

Miscarriage usually begins with bleeding accompanied by pain in the lower abdomen and lower back. In most cases, the cause of the miscarriage cannot be determined. Sometimes the foetus never began developing (this is called empty sac), while in other instances the miscarriage may have been caused by a severe developmental disorder. The mother's high age, chronic diseases and structural weaknesses of the uterus increase the risk of miscarriage. Also, some external factors (e.g. strong medications, radiation, solvents) may increase the risk.

A miscarriage is confirmed by an ultrasound scan performed in a hospital. If the uterus has emptied itself or vaginal bleeding is not heavy, the so-called watchful waiting (no treatment) is applied. If the uterus does not empty itself even if the foetus is dead, the uterus can be emptied medically or through curettage. Curettage may also be necessary if vaginal bleeding is heavy.

Miscarriage is a devastating experience and stirs up an array of emotions ranging from sadness and guilt to anger and depression. Sometimes it may be

advisable to go over the experience with a trained professional or with someone else who has also had a miscarriage. Ask your nurse if there is a miscarriage support group in your neighbourhood. Peer support is also available at www.kapy.fi.

The death of a child

The death of a child is one of the most painful experiences in life. It can happen quite unexpectedly or you may have some time to prepare. The sudden and unexplained death of an apparently healthy infant is called sudden infant death syndrome (SIDS). This means that the cause of death cannot be determined despite thorough medical investigation.

Child Death Families KÄPY ry is an organisation that provides peer support for families whose child has died – regardless of the child's age and cause of death. The association's helpline at 045-325 9595 is available on Mondays and Thursdays from 8.30 am to 11.30 am, email: tuki@kapy.fi. Activities include providing trained peer support (individuals or families) for parents who have lost their child. The association also organises regional get-togethers and family weekends.



ACKNOWLEDGEMENT OF PATERNITY OR MATERNITY

The acknowledgement of paternity is regulated by the Paternity Act 11/2015, and the acknowledgement of maternity by the Maternity Act 253/2018. The mother of a child is the person who has given birth to the child (the birth mother). If a child is born during the marriage of the birth mother and her husband, that husband is the father of the child. The paternity of a child born outside marriage can be confirmed either by acknowledgement of paternity to the Digital and Population Data Services Agency or, where necessary, through seeking a court decision. Even a father cohabiting with the child's mother must acknowledge his paternity before it can be confirmed. The female spouse of the mother giving birth to a child (marriage, registered partnership or cohabitation) does not automatically become a parent of the child after the child is born. A child's second mother can be confirmed provided that the child was born as a result of assisted fertility treatments, that the second mother consented to the treatment in agreement with the birth mother, and that this took place after the Maternity Act entered into force (1.4.2019). The confirmation process is equivalent to that for paternity.

It is possible to acknowledge paternity/maternity already during pregnancy at the maternity clinic of the municipality where the family have received maternity

clinic services during the pregnancy. The statement of acknowledgement may also be made to the child supervisor of the mother's municipality of residence once the mother has presented her certificate of pregnancy. However, the statement of acknowledgement cannot be received by the public health nurse or midwife at the maternity clinic or the child supervisor in cases where 1) the mother opposes the acknowledgement; 2) the identity of the acknowledger or the expectant mother has not been ascertained in a reliable manner; 3) there is reason to suspect that the person acknowledging paternity is not the father of the child or the person acknowledging maternity cannot be confirmed as the child's mother; or 4) there is reason to suspect that, due to their mental state, linguistic difficulties or other reasons, the expectant mother or the acknowledger is not able to understand the significance of the acknowledgement. When parenthood has been acknowledged during pregnancy at the maternity clinic or the child supervisor's office, the child supervisor verifies the birth mother's marital status after the child is born and draws up a record of investigation of paternity/maternity, provided that the acknowledger does not revoke their acknowledgement by notifying the child supervisor within 30 days of the child's birth. Within the same timeframe, the child's birth mother or a person who considers themselves to be a parent of child instead of the acknowledger may notify the child supervisor that the acknowledger is not a parent of the child. Digital and Population Data Services Agency confirms the parenthood after the time period indicated above if there is no

reason to doubt that the acknowledger is the child's parent. If parenthood has not been acknowledged during pregnancy or the acknowledgement is revoked or contested, the child supervisor invites the birth mother after the birth to a discussion for the investigation of paternity/maternity. Where possible, the person who may be the child's other parent is also invited to the discussion. If the paternity/maternity is not acknowledged, it will be established through a court decision.

In the process of investigating paternity, there is sometimes a need for a

forensic genetic paternity test in order to establish the child's biological father (Act on Forensic Genetic Paternity Tests 378/2005). The child supervisor must order such a test to be carried out either at the request of the possible father or if the child supervisor considers the test to be necessary for other reasons.

Further information on the investigation of paternity and forensic genetic paternity tests can be found at thl.fi/isyys. Further information on the investigation of maternity can be found at thl.fi/aitiys.

CHILD'S CUSTODY, CHILD SUPPORT AND CHILD MAINTENANCE ALLOWANCE

A child has two guardians at birth if the child is born during the marriage of the birth mother and her husband. In other cases, the child's guardian is the birth mother. If paternity/maternity is acknowledged before the birth of the child, the acknowledger also becomes a guardian of the child once their parenthood has been confirmed (Act on Child Custody and Right of Access 361/1983, section 6a). If the parents do not live together, child maintenance and visiting rights can also be agreed on. These agreements can be made at the child supervisor's office only after the child is born. Children have a legal right to sufficient maintenance, which the parents are responsible for providing according to their means.

Parents remain responsible for the financial support of their children until their 18th birthday. If a parent does not provide for the child's maintenance, or if the child does not live permanently with the parent, a child support payable to the child is confirmed.

Child support is paid monthly in advance or as a lump-sum payment and is revised according to the cost of living index. If the liable parent cannot pay the child support agreed upon or neglects the payments, the child is entitled to child maintenance allowance. Child maintenance allowance is also provided for children whose father has not been established and when the amount of confirmed child support is smaller than the child maintenance allowance.

The full child maintenance allowance is EUR 167.01 per month per child in 2020. Assistance in settling these matters and making agreements is provided by the municipal child welfare officer. The Social Welfare Board affirms the

agreements made and ensures that they are not against the interests of the child. Where necessary, the child's custody, visiting rights and maintenance payments can also be determined through a court decision.



ORGANISATIONS SUPPORTING FAMILIES WITH CHILDREN



Federation of Mother and Child Homes and Shelters	www.ensijaturvakotienliitto.fi
Folkhälsan	www.folkhalsan.fi/en/
Breastfeeding Support Association in Finland	www.imetys.fi
Lapsiperheiden etujärjestö (a special-interest group of families with children)	www.lape.fi
Mannerheim League for Child Welfare (MLL)	www.mll.fi
Miessakit Association	www.miessakit.fi/en
Multicultural Women's Association	www.monikanaiset.fi/en/
National Women's Line in Finland	www.naistenlinja.fi/en/
Save the Children Finland	www.pelastakaalapset.fi/en/frontpage
Rainbow Families Association	www.sateenkaariperheet.fi
Väestöliitto (Family Federation of Finland)	www.vaestoliitto.fi/in_english/
Single Parents' Association	www.yvpl.fi
ÄIMÄ - Association for Mothers Suffering from Depression	www.aima.fi/in-english/








Each child is unique

During the first year, the child has transformed from a helpless infant to a little person learning to walk. This would not have been possible without interaction with other people.

Each child is unique. Children develop in their own time according to their genetic and environmental influences. Comparing your child to others is unnecessary. Being happy about your child and how he or she grows and develops is very important for your child.

Children also grow and change quickly after their first birthday. Every stage of development can be very rewarding for the parents and give them great joy.

Enjoy your child!





This guidebook is intended for all parents expecting a child. It contains up-to-date information on pregnancy, delivery and caring for your baby, as well as services for families with children. It also addresses parenthood, the relationship between the parents, the child's development and interaction with the child.

This guidebook provides information and practical tips for daily life and parenthood.

This revised edition is based on previous editions and has been produced through collaboration between experts and parents.



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National Institute for Health and Welfare
P.O. Box 30 (Mannerheimintie 166)
00271 Helsinki
Phone: 029 524 6000
www.thl.fi



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