

# We're having a baby



NATIONAL INSTITUTE  
FOR HEALTH AND WELFARE

## A guidebook for expectant parents

We're having a baby  
29th edition

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Illustrations by Taru Castrén

Layout by Hanna Tennilä, Textop Oy

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# Dear Reader,

Babies are born into a variety of situations and different kinds of families. The baby may be a first-born or one of many siblings. Some babies have one parent, others have two. Some are born into traditional nuclear families, others into stepfamilies. Some pregnancies are carefully planned, while others may come as quite a surprise.

This booklet contains information on pregnancy, birth and parenting. It also gives advice on how to take care of your baby and where you can find help and support. In addition to this guide, your local prenatal and child health clinics are there on-hand to offer support and advice on good parenting. For further assistance, you can also contact your maternity hospital, as well as the many other organisations mentioned in this booklet that are dedicated to child and family support.

We hope that this booklet will be a useful guide in the preparations for a new addition to your family. ♦



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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. The sperm can survive in the woman's body for 2-4 days. The male sperm 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 32 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 in 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 placenta to the foetus via the umbilical cord. 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. A fully developed 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 page 17.)

## 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 pelvis and the navel, 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 last 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. Contrac-

tions 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 prenatal clinic immediately.

## Pregnancy and well-being

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 20.)

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.

During pregnancy, it is recommended not to take any medications or natural health products, not even cough drops, without first consulting a doctor or a nurse, because some drugs will be harmful to the baby. 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. Avoid x-rays. ♦

# Pregnancy Calendar

Weeks	Pregnancy timeline	To do list
conception	Takes place roughly two weeks from the start of your period.	<b>Stop smoking and give up alcohol!</b> If you need support, contact your prenatal clinic.
weeks 0-4	At two weeks, the embryo is the size of a pinhead.	<b>Do not take any medications during pregnancy without first consulting a doctor or nurse!</b> Check that your medications can be safely used during pregnancy.
weeks 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.	<b>The baby is well if the mother is well:</b> healthy food, sufficient rest and plenty of outdoor activities are good for both.
weeks 9-12	When the foetus is 10 weeks old, it is approximately 3 cm long and weighs 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.	<b>The early pregnancy ultrasound scan</b> is done between the weeks 10 and 14, and is usually an internal scan done through the vagina.
weeks 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.	<b>To qualify for the maternity benefit the mother must have a medical examination</b> either at the prenatal clinic or by a doctor before the end of week 16.
weeks 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	<b>Talk to the nurse about antenatal classes.</b>

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.

Most women have an external scan some time during weeks 18 - 21. The external scan is done by rolling a transducer across your tummy.

**weeks 21-24**

When the foetus is 22 weeks old, it is approximately 30 cm long and weighs 400 - 600 grams. At his time even women who are having their first baby can feel the movements. The heartbeat is clearly audible. By week 24, the fundus of 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** (See "Benefits for families with children".)

Avoid excessive strain.  
Do not take the contractions lightly.

**weeks 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 thin-

**Be alert to the reactions of your body. Remember to get enough rest!**

Avoid any unnecessary strain, especially if you have contractions.



Weeks	Pregnancy timeline	To do list
	ner. 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.	
<b>weeks 29-32</b>	When the foetus is 30 weeks old, it is approximately 40 cm long and weighs about 1.5 kg. Most children born during weeks 29 - 32 survive with intensive care, and their risk of handicap is small.	<b>Avoid standing work, lifting heavy objects and other strenuous tasks.</b>
<b>weeks 33-36</b>	When the foetus is 34 weeks old, it is approximately 47 cm long and weighs about 2.7 kg. 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.	<p><b>Now is the perfect time to get everything ready for the baby.</b></p> <p><b>In many municipalities, you can visit the maternity hospital in advance.</b></p>
<b>weeks 37-40</b>	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 3000 - 4000 grams. The average pregnancy lasts for 40 weeks, but deviating from the average by one week is very common.	<p><b>Go to the hospital if your water breaks, you have contractions at regular intervals, you are experiencing pains, or if you are bleeding.</b> (See "Birth".)</p> <p>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.</p>

# Signs of pregnancy

## Feeling tired

Some expectant 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 prenatal clinic's nurse or doctor. (See "Anaemia".)

## Body temperature

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

## Nausea and vomiting

Almost one in every two expectant mothers suffer from nausea or "morning sickness" during the first trimester (the first three months of pregnancy), especially in the morning when the stomach is empty. It may be accompanied by dizziness and fainting when getting up. Nausea may be triggered by certain smells or tastes, because the sense of taste and smell is 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 woollen scarf around your breasts. It might be wise to avoid swimming in cold water. Massage your nipples with a mois-

turising 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

Periods will stop during pregnancy because the lining of the womb that is discharged during menstruation is vital for 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. If the bleeding is heavy and similar to regular menstruation, it may be a sign of miscarriage and you should contact the nurse or doctor at the prenatal 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 the 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 cause the mother to have 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 prenatal clinic will be able to suggest safe medications to treat heartburn. It will discontinue as soon as the baby is born.

## Anaemia

Anaemia may be the 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 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 that are swollen and raised above the surface of the skin. The condition tends to 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, help to alleviate 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. 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 leg 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. As piles are aggravated by constipation, pay special attention to what you eat and make sure that you exercise sufficiently. Fibre-rich foods and sufficient liquid intake help prevent constipation. Wholemeal bread and porridge, vegetables, berries and fruit are all good sources of fibre. 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 have to take a lot of strain, which may result in back pain. Good posture and support by the abdominal muscles (hold your navel in as much as possible) 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 muscles is recommended. Ask the prenatal clinic for exercise instructions.

## Swelling

Some degree of swelling is normal unless it is accompanied with rising blood pressure and protein discharges in 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 prenatal 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) 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 tearing of the dermis. Massaging stretch marks with a moisturising lotion may help during the early stages of pregnancy. The red lines will usually fade after delivery. ♦

# Nutrition and pregnancy

Eating a well-balanced and varied diet keeps the expectant mother healthy, contributes to the healthy development of the baby, and prevents nutritional problems. It also accelerates recovery from the birth and supports breastfeeding. A healthy woman who has been eating a balanced and varied diet does not need to make any major dietary adjustments during pregnancy.

Some women will need iron, folic acid and calcium supplements to meet the added demand during pregnancy. Multivitamin-mineral supplements are necessary only if the diet is not balanced. It is recommended that all pregnant women take supplemental vitamin D. It is advisable to avoid supplements containing vitamin A.

## Energy requirements

During the first three months of pregnancy (the first trimester), there is virtually no need for extra food. During the second and third trimester the need for extra energy can be met with a slice of bread with a spread, a glass of milk, and an one piece of fruit. Often the physical activity of the pregnant women decreases towards the end of pregnancy, which further decreases the need for additional energy. Thus, there is no need to "eat for two", but to eat a well-balanced and varied diet, and eat at regular intervals.

It is very important to maintain regular meal times. 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.

## Weight gain

The average total weight gain during pregnancy is 12.5 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 "Swelling"). 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. (See "Weight control" on page 50.)

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.

### A well-balanced diet during pregnancy

Every family has its own eating habits. Pregnant women should, however, pay attention to their eating habits and be prepared to make some adjustments to improve the well-being of the developing baby and herself. It will benefit the whole family to pay attention to the type and amount of fats they eat and their sugar and salt intake.

**Milk, cheese and other dairy products** are important sources of protein, calcium and other nutrients. There is an increased need for these during pregnancy, and it is recommended that pregnant women eat dairy products even if they are not normally part of the usual eating habits. To ensure a sufficient supply of calcium, pregnant women should drink 4 glasses (8 dl) of milk or other liquid dairy products daily. Select the non-fat or low-fat alternatives.

**Bread and porridge**, especially those made from wholemeal, contain lots of minerals and vitamins. Wholemeal products are also rich in fibre, which helps digestion and prevents constipation.

**Vegetables, fruit and berries** are rich in vitamins, minerals and fibre. Because

they contain little energy, they are not fattening. Vegetables, fruit and berries should be eaten in large quantities, preferably at every meal, and at least 5 portions a day. Favour uncooked vegetables and include vegetables of different colours in your diet. Use vegetables and fruit to increase the variety of flavours in your diet and to cut the amount of calories. Beans, lentils, seeds, peas and nuts all contain a lot of protein. Remember to rinse salads and other vegetables carefully in order to avoid listeria.

**Meats and fish** are rich in protein, which is important for the healthy development of the baby. 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. The recommendation is to eat fish 2 to 3 times a week. Avoid pike during pregnancy and while you are breastfeeding because it contains high levels of mercury. Because of the risk of listeria, avoid vacuum-packed raw-cured and cold-smoked fish products as well as unripened cheeses, blue cheese and cream cheeses made from unpasteurised milk.

### Salt

Use as little salt as possible, because it causes swelling, burdens the kidneys and raises your blood pressure. Food cravings



during pregnancy may considerably increase the amount of salt intake, if the craving is for salted snacks or other foods with high levels of salt, such as salted gherkins, pickles or salami-type sausage. Most seasoned salts and stock cubes contain 50% salt. In addition to salt, soup mixtures and marinated poultry and meats also contain soy or sodium glutamate. For added flavour and to reduce your salt intake, include plenty of vegetables and fruit in your diet.

## Sugar

Reducing your sugar intake helps prevent excessive weight gain and helps protect against tooth decay. Soft drinks have high levels of sugar but contain none of the nutrients you need, which is why soft drinks are not part of a balanced diet. According to current recommendations, drinks with artificial sweeteners, such as aspartame, acesulfame, taumatine and sucralose, are not forbidden during pregnancy and breastfeeding. The only exceptions to this rule are cyclamate and saccharin, which are not recommended during pregnancy and breastfeeding. Liquorice should be eaten only in moderate amounts, as it contains high levels of glycyrrhizin, which may cause swelling and raise blood pressure.

## Fat

Use low-fat spreads on bread and toast. For cooking, use low-fat spreads, vegetable oils and vegetable oil blends.

## Liquids

Drink sufficient liquids during pregnancy and while breastfeeding. Fresh water and diluted juice are the best alternatives for quenching thirst. Current recommendations suggest that pregnant women should limit their coffee consumption to 3 cups a day. For many, coffee is a cause of heartburn.

## Vitamins and minerals

The developing baby takes all the nutrients it needs from the mother's body, and rarely suffers from any deficiencies. The pregnant woman needs a rich supply of vitamins and minerals for the safe development of the baby and for her own health.

The need for **vitamin D** increases during pregnancy. 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.

**Folic acid or folate** is a form of vitamin B. The need for folic acid increases







during pregnancy. Wholemeal and whole-grain products and uncooked vegetables, fruit and berries are rich in folic acid. Supplemental folic acid is not needed if the mother is eating a well-balanced and varied diet that includes wholemeal products and 5–6 portions of fruit and vegetables every day.

Folate deficiency may be a contributing factor in neural tube defects (NTD) in developing embryos. To ensure a sufficient supply of folic acid in early pregnancy, it is recommended to choose a multivitamin product containing 0.4 mg of folic acid. Women are recommended to begin taking a folic acid supplement at the time when they stop using birth control or, at the latest, at the start of the menstrual period after which they are hoping to become pregnant. The recommendation is to continue to take a folic acid supplement until week 12+0 of the pregnancy. More information on the recommendations on folic acid supplements is available in Finnish in the Ministry of Social Affairs and Health publication 'The Child, Family and Food' (Lapsi, perhe ja ruoka STM Julkaisuja 2004:11: pp.76-77; [http://www.stm.fi/c/document\\_library/get\\_file?folderId=28707&name=DLFE-3555.pdf&title=Lapsi\\_\\_perhe\\_ja\\_ruoka\\_fi.pdf](http://www.stm.fi/c/document_library/get_file?folderId=28707&name=DLFE-3555.pdf&title=Lapsi__perhe_ja_ruoka_fi.pdf)).

The need for **iron** multiplies during

pregnancy. Iron is needed for making red blood cells and oxygen transport and for the development and proper functioning of the placenta. These are also very important for the baby. 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. Sometimes even a well-balanced diet cannot supply a sufficient amount of iron during pregnancy. Usually, half of the needed iron is from food and the other half from the mother's iron reserves or from iron supplements. The need for iron supplements is individually assessed at the prenatal clinic.

**Calcium** is necessary for the development of the baby's bones. The calcium intake of most women is sufficient. If your diet does not include any dairy products, you need to take calcium supplements. If the need for calcium is satisfied by supplements only, the daily dose is 1000 mg. Calcium and iron supplements should be taken at different times.

### Dental care and fluoride

Pregnant 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. When necessary, the dentist might recommend fluoride tablets. Health care centres arrange dental care for pregnant women. ♦

## Risk factors

### 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 cat sleep in your bed.

For pregnant women, **listeria** is a dangerous bacteria found in food products. The best way to avoid listeriosis is by washing your hands thoroughly after handling meat, and storing raw meat away from cooked food. Follow the instructions when heating processed foods and frozen vegetables. Fresh vegetables should be carefully rinsed. 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.

**Note!** 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.

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 prenatal clinic and through the Internet ([www.stumppi.fi](http://www.stumppi.fi)). Nicotine replacement products other than the patch can be used, if necessary.

### 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.

**Note!** Pregnant and breastfeeding women should avoid alcohol completely to prevent its harmful effects.

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.

There are several sources of support and advice on giving up alcohol, such as the prenatal clinic, the A-Clinic Foundation ([www.a-klinikka.fi](http://www.a-klinikka.fi), tel. [09] 6220 290) and Alcoholics Anonymous ([www.suome-naa.fi](http://www.suome-naa.fi)).

## Illegal 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 particular risk during pregnancy. The newborn may suffer from withdrawal symptoms and later defects. If the expectant mother is a substance abuser (drugs or alcohol), she should seek help as soon as possible. The prenatal clinic will assist in finding appropriate support.

Huumeambulanssi ry ([www.huumeambulanssi.fi](http://www.huumeambulanssi.fi)) is an organisation providing support and advice on substance abuse and assists people in finding help. The helpline service at (09) 278 7727 is available from Monday to Thursday 5 pm to 12 am, and at weekends from Friday 6 pm to Sunday 12 am.

Irti Huumeista ry ([www.irtihuumeista.fi](http://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. The National Drug Service line (0203 22388) maintained by the organisation is available Mon-Fri from 9 am to 3 pm and 6 pm to 9 pm.

## Medication

Do not take any medications or natural health products during pregnancy without first consulting a doctor or nurse. 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 freephone helpline aimed at preventing foetal defects. The helpline also provides

information on infections, radiation and other external risk factors during pregnancy and breastfeeding.

## Travelling

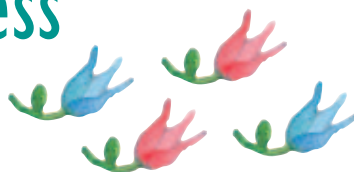
Wearing a seatbelt is compulsory, also in the back seat. Towards the end of pregnancy, wearing a seatbelt might feel uncomfortable, but it is essential for the safety of the mother and the baby in case of accident. If you will be travelling long distances by car, be prepared to stop every few hours for 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 strict rules regarding travelling and pregnancy. It is advisable to check with your airline restrictions they impose for long-haul flights. ♦

# Exercise and fitness

Get as much exercise and fresh air as possible during pregnancy. When the mother is in good physical condition, this will contribute to the healthy development of the baby. Usually, the mother will be able to remain physically active throughout most of the pregnancy.

During pregnancy your ligaments will loosen and your centre of gravity will move forward, which may cause backache. Be sensitive to your body's reactions and modify your exercise accordingly. It is advisable to avoid activities involving leaps, stretching and other sudden movements. It might be wise to avoid swimming in cold water, because of the risk of infections and contractions. Walking is an ideal daily activity during pregnancy. Light house-



**THE MOTHER'S FITNESS CONTRIBUTES TO THE  
BABY'S HEALTH AND DEVELOPMENT**

work is excellent exercise, but strenuous chores, such as washing rugs and moving furniture, increase contractions and increase the risk of miscarriage. Ask the prenatal clinic for exercise instructions. The training programmes of pregnant athletes should always be prepared in close co-operation with a doctor. ♦

# Preparing for parenthood

## Having a baby will affect family life

Having a baby is an enormous 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 dads, one way of preparing is to support the mum and focus on her experiences and feelings. The mothers are, in turn, encouraged to share their feelings and experiences with their partners and to encourage the dad-to-be to put his hand on her tummy to feel the movements of the baby.

First-time parents are often unaware of the complete change in life and routines that having a baby brings. The new baby will demand the parents' full attention. All thoughts, talk and actions will revolve around the baby. You will therefore need to prepare as much as possible for the baby during pregnancy. Make room for the baby in your home and buy or borrow all of the basic things that the baby will need, such as clothes and a cot or crib. Think about how you want to arrange day care. Preg-



nancy is also the time to prepare mentally for the coming life change. However, it is not possible to be prepared for everything – some things will always come as a surprise! Becoming a parent brings a long-term responsibility to care for your baby. Having worries or fears about the baby and how you are going to cope is perfectly normal. Yet, having a baby is one of the most natural and richly rewarding experiences life can bring. Having an open mind will help in solving many questions and problems during pregnancy and after the baby is born.

## Fears and concerns

During pregnancy 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 mum/dad? 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.

Even when the pregnancy has been planned, it is quite common that the parents have second thoughts at some point. 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

For many women, pregnancy is a wonderful and cherished time without any negative experiences or complications. The baby grows in the safety of the womb and the mother can continue with her normal activities. However, as a mother, you will need to review some of your choices and habits concerning food, drink, exercise and rest. 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 6).

## Mood swings

Hormonal changes can bring about severe mood swings in the mother, causing her to become exceptionally emotional, tearful or sensitive. The first pregnancy is especially testing. The pregnant mother needs to be assured and reassured that her partner still loves and supports her. The developing baby exhausts the mother’s energy resources, and she will need a lot of rest. However, pregnancy is a natural condition, not an illness. Sharing your thoughts and feelings with your partner and other close friends will help.

## Physical changes

The female body goes through tremendous changes during pregnancy. Skin and other tissues are stretched to their limits. Breasts usually grow during pregnancy by at least one cup size, and the pelvis spreads. The body acquires a feminine softness and lustre – the characteristic “glow” of the expectant mother. The centre





of gravity changes as pregnancy progresses and this will affect balance. The changes are great, but they happen slowly as pregnancy progresses. Your general mood depends greatly on how well you will be able to accept these inevitable changes. The father can be a huge support during this time by complimenting the mother on her growing tummy and appearance and by enjoying together the changes that take place as the pregnancy advances.

### Pregnancy and the father

Pregnancy and having a baby are demanding for the father as well. He is expected to be supportive and understanding. During the very early pregnancy, in particular, it can sometimes be difficult to understand why the mother is becoming so and emo-

tional. If the dad-to-be is aware of the hormonal changes and other pregnancy-related changes, it will be easier to understand the pregnant mother. Attending an ultrasound scan is just as important for the father 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. Some men may feel the need to savour their 'freedom' for as long as possible. It is recommended that the dads-to-be share their feelings 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. Fathers 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 and actively seek to make friends with people in the same situation, e.g. with the parents in your antenatal class. Maternity and parental leave provide a chance to make new friends. Find peer support in parenting clubs, parent nights and family cafeterias organised

by the municipalities, church and the Mannerheim League for Child Welfare (MLL). You can meet other parents with young children in parks, playgrounds and open day care centres.

Mothers, particularly single mothers, need special attention and support during pregnancy. In addition to friends and relatives, the prenatal clinic's 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-

### MOTHERS NEED SPECIAL ATTENTION AND SUPPORT DURING PREGNANCY.

page 90). Single parents will find peer support from the association for single parents (visit "Yksin- ja yhteishuoltajien liitto" at [www.yyl.fi](http://www.yyl.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](http://www.ensijaturvakotienliitto.fi). For contact details type "doula" in the search field. ♦

## Relationship with your partner

### Cherish the love you have

Having a good, loving relationship with your partner is one of the most important and rewarding things in life.

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.

### Housework

Couples without children generally split housework evenly without argument, but in families with young children housework is a major source of disagreement. Housework is the responsibility of each and every family member; it should not be considered as "helping mum". If not before, during pregnancy all family members should participate in housework – not just the parents but the older children as well.

Dad'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 week after birth, the baby needs round-the-clock attention.



If all housework is left to the mother, she will become over-exhausted.

### 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 actually intended to offend, 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").



**IF HOUSEWORK IS LEFT ONLY TO THE MOTHER,  
SHE WILL BECOME OVER-EXHAUSTED**

- 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. However, you might find that the little secret you are carrying makes sex during



early pregnancy thrilling in a new way.

For many expectant mothers, the second trimester is a sexually fulfilling time. The increased blood flow to the vagina causes a feeling of fullness and heightened sensitivity. During this time, it is not uncommon for women to masturbate more than ever before. For many women, this is a peak erotic time in their life.

Many men enjoy their sexually more active partner. However, the new situation is likely to be confusing for the man as well. 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. During this time when your shared life is taking on new forms,, maintain intimacy and affection by saying and doing things you know will give pleasure to your partner.

After the child is born, there will be a period when your sex life will have to be on hold. The parents can decide the length of that period, but it is recommended to put off sex for a couple of weeks, until the vaginal discharge ends. However, there is no need to refrain from showing affection! Hugs, caresses, kisses and nice words are especially important when your means of expressing your sexuality are limited and

you are feeling unusually emotional. Having a satisfactory sex life in your relationship is a shared responsibility – it takes two to tango!

## 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, turn to your neighbours or friends for help, or call the police, social services or a mother and child shelter. Sometimes the first priority is to remove yourself from the abusive partner into a safe environment.

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. For the Police, dial 10022. Girls and women who have experienced violence or the threat of violence can receive help from the National Women's Line in Finland ([www.naistenlinja.com](http://www.naistenlinja.com)) by calling the national telephone helpline (tel. 0800 02400). Help for men in finding an alternative to intimate partner violence is provided by the "Lyömätön Linja" organisation. If you need help, call tel. (09) 612 66 212, or email [lyomatton.linja@miessakit.fi](mailto:lyomatton.linja@miessakit.fi). ♦

# Antenatal care in the prenatal clinics

Antenatal care is provided by prenatal clinics to maintain the good health of the expectant mother and the unborn child, to promote a healthy lifestyle for the whole family and to help the family prepare for the new baby. The aims of antenatal care include promoting the well-being and good health of the prospective parents, supporting the parents in their growth towards parenthood and family life, and providing tools for preventing and solving possible problems in their relationship. In particular, support is needed in families expecting their first baby. The prenatal clinics are organised around the whole family, not just the mother. Dads receive support in their personal growth towards becoming fathers and advice on a healthy lifestyle and how to best support the mother. Additional support and advice is also provided by on-line clinics.

Antenatal care monitors possible problems during pregnancy, takes action to prevent them and refers the mother for further examinations and treatment in hospital, if necessary. The prenatal clinics and hospital maternity units also support the family if and when the mother has fears relating to childbirth, suffers from de-



pression, or is having a multiple pregnancy. Care during pregnancy and childbirth is realised in close collaboration between the prenatal clinics and the hospital maternity unit.

A nurse or midwife and a doctor work at the prenatal clinic. Antenatal care includes physical examinations, screening tests, personal guidance and antenatal classes. Your nurse or midwife may also visit you at home. During the course of a normal pregnancy, the expectant mother makes 12 to 15 visits to the prenatal clinic. Of these, 2 to 3 are doctor's appointments. Most health care centres offer ultrasound scans at 12 to 16 weeks. The services of a psychologist, a nutritional therapist, a physiotherapist and a social worker are also available for families.

## First visit

The mother's overall health and possible risk factors are assessed at the prenatal clinic through examinations and a personal interview. A blood sample is taken at the first appointment 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. Visits to the prenatal clinic always include personal discussions and advice.

Your doctor will perform an internal examination at the first appointment to determine the position of the womb and check that the size of the uterus corresponds to the pregnancy weeks.

## Follow-up visits

Follow-up appointments at the prenatal clinic are at early pregnancy every four weeks, every two weeks from week 28, and once a week from week 35.

During each visit, the mother is weighed, her blood pressure is taken and her urine is tested for sugar. Blood haemoglobin is determined at least three times during pregnancy. The average weekly weight gain is determined to ensure the pregnancy is progressing normally. Swelling is monitored, if present. Foetal heart-beat will be monitored at each visit and the baby's position will be determined by external examination. If the need arises, the examining doctor or nurse will refer the mother to the hospital maternity unit for further

testing. Topics concerning pregnancy, childbirth and parenting are discussed with both the mother and father during the follow-up visits.

It is recommended that the expectant mother pays attention to the baby's movements, especially in late pregnancy. If you are worried about the well-being of you or your baby, share your concerns with your nurse or doctor. You can discuss, in complete confidence, issues concerning pregnancy, including depression, family problems and fears with the doctors and nurses at the prenatal clinic. If necessary, further support is available through social workers, psychologists and specialists.

## Intensive antenatal care

Some expectant mothers receive intensive antenatal care in, for example, the following situations:

- ◆ when the mother suffers from prolonged or chronic diseases,
- ◆ multiple pregnancy,
- ◆ mother having first baby at a very young or relatively old age,
- ◆ raised blood pressure and protein found in urine (signs of pre-eclampsia, a condition requiring doctor's attention),
- ◆ itching or yellow skin (signs of hepatitis gravidarum),
- ◆ certain inflammatory diseases at the beginning of pregnancy,
- ◆ birth canal infections.

The majority of babies born in Finland are healthy. This is mostly due to the good health of Finnish women and the regular visits to the prenatal clinic and maternity unit where the health and well-being of the mother and baby are closely monitored.

## Screening programmes for chromosomal and structural anomalies

In compliance with a national screening programme, all Finnish municipalities are now (as of 2010) required to offer their residents screenings to determine foetal chromosome abnormalities and severe structural abnormalities (the Government Decree on Screenings (1339/2006) and amendments to it, <http://finohta.stakes.fi/FI/sikioseulonnat/index.htm>). Additional tests offered include ultrasound scans and tests on maternal serum, as well as tests on the amniotic fluid and the placenta, all of which are voluntary. The pregnant woman decides whether or not she wants to undertake the screening tests and any additional tests. She also decides which screening programme she wishes to take part in.

Screening tests are performed to detect any increased risk of disease or disability or other health problems, so that the birth and aftercare of the newborn can be planned well in advance. The vast majority of babies develop normally without severe injury or disease.

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. Although an increased risk of foetal ab-

normality is only found in a small percentage of pregnancies, it is important that the parents-to-be discuss the risk of such a result and how they will feel about any further tests, and about continuing the pregnancy and having a child with a disability, or about terminating the pregnancy.

The early pregnancy ultrasound scan is performed at weeks 10+0–13+6, 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.

The risk of chromosome abnormalities can be assessed by performing an early pregnancy combined screening. The blood test needed for early pregnancy serum screening is taken at weeks 9+0–11+6, and the NT scan (nuchal translucency scan) of the foetus is carried out at the same time as the early pregnancy general ultrasound scan, in week 11+0–13+6 of the pregnancy. If the first prenatal clinic appointment is after week 11+6, a blood test may be offered as an alternative, for use in the second trimester serum screening in week 15+0–16+6. 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. The results from screening tests for chromosomal abnormalities and data on factors such as the duration of the pregnancy and the mother's age are added up in a special calculation programme to yield a risk factor, which indicates the probability for chromosomal abnormality in the foetus. The probability that the foetus has a specific abnormality is given as a ratio, for example 1:100, 1:250, 1:1000 etc. If the probability of chromo-

somal abnormality is greater than the risk limits set, the pregnant woman is offered further tests where the foetal chromosomes can be tested through placental tests or amniocentesis. Examinations are voluntary and carry a slight risk of causing a miscarriage (at most 1 out of every 100 pregnancies).

Many municipalities offer amniocentesis or placental tests to women over 40 without the preliminary screenings, as the risk of chromosomal abnormalities increases with age.

The second ultrasound scan is a more detailed scan called a fetal structural survey, the baby's major organs and skeleton are checked for severe structural abnormalities in week 18+0–21+6, or alternatively after week 24+0. 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. The mother may be accompanied to each scan by the father or some another support person. 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 parents on the screening tests are available at <http://finohta.stakes.fi/FI/sikioseulonnat/index.htm>.

## Antenatal classes

Every prenatal clinic organises antenatal classes to prepare the prospective parents for labour, childbirth and parenthood. It is recommended that you attend your first antenatal class during weeks 20 to 30.

Usually there are 4 to 5 meetings, some of them preferably after the baby is born. The antenatal classes are usually held by a nurse or some other health care professional, and the topics covered 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.

## Prenatal clinics and dads

Dads are welcome to attend each appointment as well as the antenatal classes. Dads bring the male perspective into the pregnancy discussion. The child will become attached to both the mother and the father, so it is only natural that parenting is shared. A child needs the support and assurance of both mum and dad for his/her development. Shared parenting responsibility gives dad a chance to realise himself in new ways, while mum can have some private time on her own. When both parents participate in caring for the children, the relationship tends to be happier. However, as much as the dad might wish to be a caring and actively participating father, it is not always easy; changing your lifestyle and starting to live on the baby's terms may be difficult.

Prenatal clinics help mums and dads form a positive yet realistic picture of life with a new baby. The clinics strive to promote the mother's and father's commit-

ment to caring for the baby. Prenatal clinics also accommodate the men's views and needs as parents. Dads are advised on how they can best support their partners during labour and how they can participate in caring for the baby.

Many prenatal clinics organise meetings for just the dads where they can share their experiences with other men in the same situation. When the nurse comes to meet you at home, schedule it so that the father will be present as well. ♦

# Pregnancy at work and at home

## The Older siblings and jealousy

If the baby is not the first child in the family, it is a good idea to start preparing the other children for the new baby in advance. The age of the child dictates when to tell about the baby: immediately when the pregnancy has been confirmed, or later when the pregnancy clearly begins to show in the mother's body, for example. Regardless of the moment, pregnancy will last for a long time from the child's perspective. However, the child should first hear about the pregnancy from his/her own parents, not from other people.

For a first born, having a new baby in the family is a huge experience and can cause envy and jealousy. These feelings will pass sooner if the older sibling is invited to participate in caring for the baby. If the child's cot or other items are to be handed down to the baby, this should be done well in advance before the baby moves in. When the child asks you a question, try to give a simple and straightforward answer. If the first child is very young, you can say, for example, that "Daddy gave mummy a baby seed and now there is a little baby growing in mummy's tummy. When the baby is ready, he or she will come out through a special opening (different from the ones for pee-pee and poo-poo) and the baby will be

our baby, and mummy and daddy will love you and the baby just as much."

## Older children

For children over 10 years, the idea of a new baby may be very difficult to accept. They might have thought that "my mum and dad don't have sex". The older children might also be uneasy about their status and fear losing their parents to the baby. In such a situation, some children freeze completely while others begin to exhibit problem behaviour. Talk with your children about their feelings, expectations and fears. Sometimes, talking with a friend of the family or a health care professional or social worker can help both the child and the parents.

## Sort your priorities

The new baby drains energy from the whole family during pregnancy and especially in the first weeks after birth. Think in advance what is important and what can wait until later. The well-being of the mother is a prerequisite for the well-being and healthy development of the baby. Work, cleaning, guests and travel can wait – the baby cannot. When the parents get enough rest, they will be able to better

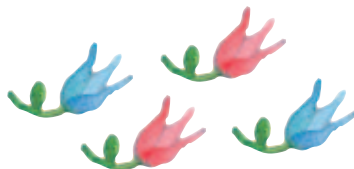
enjoy and care for the baby. It is recommended that you begin your maternity leave at least a month before the expected date of delivery. Remember, giving birth demands more energy than running a marathon!

## Risks at work

The superiors of expectant mothers are responsible for ensuring safe working conditions and methods. A pregnant woman is entitled to request being transferred to other jobs if the working environment poses risks such as chemical substances, radiation or infectious diseases. If this is not possible, the mother can apply for special maternity allowance from the Social Insurance Institution (KELA) to begin maternity leave at an earlier date.

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 carefully investigate any social risks relating to parental leaves, discuss the statutory rights and benefits with their superiors and have a preliminary discussion about returning to work from maternity leave (see "Benefits for families with children" on page 99).



## Infectious diseases and vaccinations

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 dividing 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. ♦

# What does a baby need?

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 package

The Finnish maternity package delivered free of charge to expecting mothers is the only one of its kind in the world. The maternity package is a complete baby gear “starter pack”. The pack includes useful, high-quality clothes and other necessary items. Pregnant women must apply for the maternity package from the Social Insurance Institution (KELA). The application can be sent together with the application for maternity allowance. Another alternative is to fill in an online application at [www.kela.fi/asiointi](http://www.kela.fi/asiointi). You can log yourself in with Finnish banks’ net bank user IDs,



but please note that the service is only available in Finnish and Swedish. You can claim your maternity package from KELA or retrieve it from the post office a few months before the estimated date of delivery (see “Maternity grant” on page 99).

The contents of the maternity package and the fabrics for clothes and bed linen change from time to time, but there are no major changes.

The clothes come in different sizes (60 to 70 cm). A newborn is about 50 cm. If the

## The package contains:

(For photos of the contents, please visit [www.kela.fi](http://www.kela.fi)).

◆ **Baby wear:** wrap-tops, body suits, trousers, jumpsuits, top and trousers set, baby hats, socks, mittens, overalls, warm booties, padded mittens, pramsuit

◆ **Linens, towels, nappies:** terry nappies, cloth nappy set, bath towel, sheet, blanket cover, blanket, sleeping bag (turns into a padded blanket)

◆ **Baby care:** mattress, mattress protector, hairbrush, disposable nappies, toothbrush, nail clippers, bath water thermometer, basic lotion, bib, book, toy

◆ **Other:** sanitary pads, condoms, bra pads, lubricant lotion, and pamphlets on: relationships, breastfeeding, nutrition, cloth nappies, and safety while travelling



suit sleeves or legs are too long, shorten them temporarily by sowing folds on the outside or tying a knot at the end of very long legs. You can also shorten pant legs by using socks or booties.

## Somewhere to sleep

The maternity package comes in a box that is designed to double as a baby basket when it is lined with fabric (e.g. a sheet). Use of a dark red fabric provides a soothing colour that reminds the baby of the womb. 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.

## Acquiring and storing 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. It is not necessary to buy all items new; charity and second-hand shops sell baby wear and gear at reduced prices, and you can also look for baby gear for sale in local newspapers, market notice boards as well as from online auctions and second-hand shops. It is also relatively simple to make bed linen yourself, or friends, relatives and neighbours may be willing to lend you some items. There are also national organisations that lend baby gear, such as the Mannerheim League for Child Welfare (MLL) and Folkhälsan. Recycling is beneficial, since most clothes and items can be

used by several babies.

Remember that the baby does not need massive amounts of toys, equipment and clothing. As a rule of thumb, have three pieces of everyday clothing, such as jumpsuits and body suits: "one for wearing, one for the wash, and one for drying". As for other clothes, such as hats and overclothes, three is often too many. However, if washing clothes is not easily accomplished, it is wise to have several pieces of clothing, since babies tend to use at least one outfit per day. 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 73 to 80 cm and weighs 10 to 12 kg.

The essential bigger purchases for the baby include a 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 or cannot be pushed all the way to the front door. When buying prams, pay attention to safety, durability and size (will it fit into the lift?). Most modern additional features, such as air conditioning, have little effect on the well-being of the baby. If it is possible to sleep the baby on a balcony, you can get a used pram in good condition at a very reasonable price to keep on the balcony.

A couple of shelves or drawers is enough space for storing the baby's clothes. It is possible to change nappies 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 57). A baby carrier, sling and baby sitter allow you to keep your hands free. Baby carriers and slings are ergonomically designed for the comfort of both the mother and the baby. ♦

# Preparing for birth

## Antenatal classes

Preparing for birth is one of the topics covered in antenatal classes, with the aim of providing both the mother and the father with information and guidance on birth and delivery so that when the time comes they will be able to make informed decisions. Being prepared both physically and mentally will help the mother stay in control of the situation during delivery. It is important that the mother feels in control, and that the baby's birth is as positive an experience as possible.

In order to be able to function as effectively as possible during labour and delivery, both parents must be familiar with the three stages of labour, the standard labour and delivery procedures involved, and the recommended breathing and relaxation techniques and pain control options. Labour, as the name implies, is hard work and requires a great deal of mental and physical energy. Being able to relax between and during contractions conserves the mother's strength. Preparing for birth in advance usually eases the delivery process.

It is not always possible for the father to attend the birth and, when this is possible, it is ultimately the father's own choice. Alternatively, the mother can also have some other person as a companion, a close friend, a relative or a doula (a person trained in labour support), for example. Whatever the decision, it should be made as early as possible.



## How to plan in advance

In recent years, the emphasis has been placed on the fact that birth is a natural event. Hospital maternity unit staff aim to create a calm and comfortable atmosphere for the family, and provide the mother with sufficient space to focus on the delivery. In many units, a member of staff will hold a discussion with the parents beforehand on their thoughts and wishes related to the oncoming birth. This discussion is then continued during labour when considering the available options and procedures that might assist in the delivery. Being prepared is important, but it should be borne in mind that giving birth is always a unique experience and that the parents

will be facing issues that cannot be considered in advance, but must be decided upon as the situation arises.

Maternity units are equipped with different kinds of birth stools and rocking chairs, birth pools and deep baths. The mother can decide which of the available options she is willing to use, while the care personnel will assist and give advice on suitable alternatives. The mother is free to move around during labour and has the right to decide on the position most suitable for delivery. Alternative forms of pain relief are also discussed with the mother.

### Father's role

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

Furthermore, this shared experience often strengthens the relationship.

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.

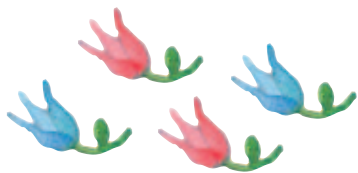
### Anticipating the delivery method

Most babies (85%) are vaginally delivered in a head down position. Presentation is assessed prior to birth, but cannot be absolutely determined as the situation can may change quickly. It may become necessary to induce labour, or there might be complications requiring specific procedures

#### THE PRESENCE OF A CLOSE COMPANION IS A COMFORT TO THE MOTHER

during labour. Intervention is required in approximately 15% of births. Intervention methods include Caesarean section (C-section), vacuum extraction, forceps and assisted breech birth.

In approximately 3 percent of deliveries, the baby is in the breech position (the baby is head up instead of head down). A breech position (or any other abnormal presentation) is usually detected at the prenatal clinic. You may be referred to the hospital, where a doctor will try to turn the baby from the breech position to a head-down position. This procedure is also called external cephalic version. However, if this is not successful and the baby remains in the breech position, the final decision on the delivery method is made after a thorough check at the hospital maternity unit, where the baby's size and mother's pelvic dimensions are carefully measured. A baby in the breech position is often born by caesarean section (C-section), especially when it is the mother's first delivery, the mother has had previous caesarean sections or when the baby is premature.



## An elective caesarean section

In Finland, approximately every sixth child is born by caesarean section and of those approximately 50% 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 is scheduled for a time when the baby is most likely to be best prepared for life outside the womb, i.e. when the lungs have matured and other risks remain as small as possible. However, a child born by elective caesarean section is at a higher risk of being slow to adapt and to develop wet lung syndrome, because the complicated mechanisms that mature the lungs and are naturally activated during vaginal delivery do not have enough time to function adequately during a caesarean. In addition, both the mother and the baby need more time to recover.

In the case of an elective caesarean, the hospital maternity unit staff provide advice well in advance. Fathers are welcome to participate in elective caesarean sections. (For more information on Caesarean sections, see page 40.)

## Policlinic delivery

The inpatient period following delivery has become shorter, and so-called "polyclinic

deliveries" have become possible, although they are still quite rare. In a polyclinic delivery, the family can take the baby home 6 hours after birth, provided that there have been no complications. As in all deliveries, the mother and baby are the centre of attention and their well-being takes precedence over everything else.

## Giving birth before reaching the hospital

Sometimes the baby is born so fast that the mother cannot make it in time to the hospital. Each year, some 50 women deliver their baby on the way to the hospital and another 50 have an unplanned home birth. 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 other 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 bathed and then placed on the mother's chest. Remember to ensure that the baby is kept 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 of 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.

## 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 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 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 expectant mother is recommended to pay attention

to the baby's movements, following the instructions given by the hospital or prenatal clinic.

## What to take to hospital

Pack your hospital bag with items you will need well in advance. You can pack your own dressing gown and nightgown to wear at the hospital.

### Include:

- ◆ your current and any previous maternity cards
- ◆ pre-filled personal data form (received from the prenatal clinic)
- ◆ your Social Security Card (Kelakortti)
- ◆ toiletries and other personal items, such as a toothbrush and toothpaste, deodorant, body lotion, hairbrush (shampoo and soap are usually available at the unit)
- ◆ nursing bras.

Unless the hospital accepts payment in arrears, you are expected to pay for your stay upon leaving the hospital. Other than that, you will not need large need a large amount of cash. It is also advisable to leave any valuables, such as expensive watches and jewellery, at home.

The father can bring any gear and items you need for the journey home on the day before 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, if the family travels by car.



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, kept in readiness at home. ♦

# Onset of labour

## Onset of labour

Labour usually begins at 38 to 42 weeks, with contractions or with your water breaking. However, it is not yet fully understood what triggers the onset of labour. Loss of the pink mucus, "the plug", that keeps the cervix closed, is a sign that labour is approaching. Labour usually begins with irregular contractions which gradually become stronger and more frequent. Labour can also begin with your water breaking either suddenly or in a gradual trickle. It can also be induced using medication.

## When to go to the hospital

**Women who are having their first baby** should go to the hospital when

- ♦ contractions come regularly every 5 to 10 minutes,
- ♦ contractions last at least 45 seconds at a time,
- ♦ you have had contractions for two hours.

**Mothers who have had previous pregnancies** should leave earlier, when

- ♦ contractions are regular, and
- ♦ last at least 30 seconds.

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

If your waters have broken or your baby is in the breech position, it is advisable to travel lying down.

As the estimated delivery date approaches, the father or other birthing companion should never be more than a phone call away. If the maternity unit is far away or the journey is otherwise demanding, remember to plan accordingly.

If your water starts to leak during the night and the amniotic fluid is colourless and you are not having contractions, you can wait until morning to go to the hospital. If the amniotic fluid is green, it means that the baby has emptied his or her bowels and you should go to the hospital without delay. Although your waters have broken, you do not need an ambulance to go to hospital. If an elective caesarean section has been scheduled for you and your water breaks or you are having regular contractions, go to the hospital in order to reassess the urgency of the operation.

## Admission process

When you arrive at the hospital, a midwife will welcome you and request your maternity card. Any patient data on the mother will be retrieved from the hospital records. The mother's blood pressure is taken and her urine tested for protein and sugar. The midwife will then perform an external and internal examination. The external examination is performed to determine the status, position, size and presentation of the baby. The internal examination is performed to determine the stage of labour, the extent to which the cervix has dilated and the placement of the presenting part (usually the baby's head). ♦

# 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. 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. For some women, labour may last much longer, while for others it will be over much sooner.

Midwives are skilled professionals and you can talk with your midwife about your views, hopes, wishes and feelings during labour. She is there to support, encourage and give advice to both the mother and her companion. Together with the mother, the midwife will try to find comfortable positions and suitable forms of pain relief, and will place all of her skill at the disposal of the mother during the course of the labour.

## The first stage of labour: the dilation of the cervix

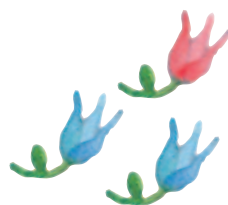
The uterus is a very strong organ and its muscular activity will push the baby through the birth canal and into the world. During the first stage of labour the cervix dilates to 10 cm. For a first-time mother, the cervix only begins to dilate after the cervical canal has gradually effaced (thinned out) due to contractions. This might take 8 to 9 hours. Once the cervical canal has effaced, the cervix dilates about 1 to 2 cm per hour. If the contractions are not sufficiently effective, they can be stimulated with a hormone drip (oxytocin).

With mothers who have had previous pregnancies, the cervix begins dilating even before the cervical canal has fully effaced. Labour often starts to progress faster when the cervix is 4 to 5 cm dilated.

At the beginning of the first stage, contractions are experienced approximately every five minutes, lasting for 30 seconds at a time, but as the labour progresses, contractions become more frequent and last longer.

During the first stage, the midwife will check the cervix's status, the baby's position in the birth canal and the mother's blood pressure every one or two hours. Technical devices are usually applied to monitor the well-being of the baby (CTG, cardiotocography) and to listen to the baby's heartbeat through the mother's abdomen. An electrode may be attached to the baby's head which records the trend in the mother's contractions and the foetal heartbeat. The colour, odour and amount of amniotic fluid are also monitored. If necessary, the baby may be further monitored via ultrasound scans, taking blood samples or using a STAN device which records the baby's ECG in addition to its heartbeat.

During this stage, the mother can assist the uterus by staying relaxed. Moving around and staying in an upright position will further accelerate the dilation. The mother should remember to empty her bladder sufficiently often so that a full bladder does not hinder the delivery.



Many mothers find that the presence of the baby's father or other companion is especially important during this stage, as he will be there to encourage and support the mother, offer something to drink, massage her aching back and create a general sense of security. In many cases, this will ease the pain as well.

### 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 a very strong urge to push downwards. Some mothers may feel the urge to push at an earlier stage, but the midwives will advise her to refrain from pushing too early to prevent prolonged delivery due to a swollen cervix. Many women find this the most painful and unpleasant stage of delivery, but it is usually over fairly quickly. The atmosphere in the delivery room is kept peaceful and calm, avoiding unnecessary fuss and bright lights.

When a contraction comes, the mother will have a strong urge to push. She will have time to push 3 to 5 times during one contraction, taking a quick breath in between each push. When to push depends on the mother, but when the baby's head starts to press against the perineum and stretches it, pushing may be guided by the midwife, who can see what's happening. The midwife monitors the stretching of the perineum and the pressure caused by the baby's head and assesses the need for an episiotomy to prevent the perineum from tearing. An episiotomy - an operation in which the perineum is cut to widen the opening - is performed in only one in three deliveries.

At some point, the midwife asks the mother to stop pushing altogether for a few moments so that she can help the baby's head emerge from the birth canal. Next, the baby's shoulders will emerge one at a time and the mother will be encouraged to push again, until the baby is fully born. For a first-time mother, the second stage takes 20 to 30 minutes, for others only about 10 minutes.

### The third stage of labour: delivery of the placenta

As soon as the baby is born, the mother is given an oxytocin injection that stimulates the uterus to contract. The contractions cause the placenta to be expelled from the uterus, usually within about 5 to 10 minutes. The midwife helps the placenta to be delivered by pressing the uterus lightly with one hand and pulling lightly on the umbilical cord. The foetal membranes will also come out at this time. The placenta and membranes are then examined, weighed and measured. If the placenta does not come out by itself, the midwife will assist the delivery further by pressing the uterus and tugging the umbilical cord. Sometimes the placenta needs to be removed manually. This is done under a general anaesthetic, or very effective local anaesthetic.

The episiotomy cut and any tears are stitched under local anaesthetic. Before being transferred to the postnatal ward, the mother and baby will remain under surveillance at the delivery room for approximately two hours.

### C-section

Approximately every sixth baby is born by caesarean section (C-section). 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. If a caesarean section has been scheduled in advance, it is called an elective caesarean (see "Anticipating the delivery method" on page 35).

A caesarean section is performed under general anaesthesia or using an epidural or spinal anaesthetic. Usually the method safest for the mother and baby is selected, but in an emergency the fastest method is applied. 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 removed in the same way. The whole operation takes 30 to 45 minutes. If the mother is conscious, she will be able to experience the birth of her baby.

Recovery after a caesarean section takes somewhat longer than after a vaginal birth, because having a C-section is a serious surgical operation compared to vaginal delivery. The mother will usually be able to get up within one day of the caesarean, and is allowed to 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.

**MIDWIVES ARE SKILLED PROFESSIONALS  
WHO ARE THERE TO SUPPORT YOU.**

### Vacuum extraction and forceps delivery

Vacuum extraction is performed using a ventouse which is often the best way to accelerate delivery when the baby is showing signs of distress or when contractions slow down during the second stage of labour. The doctor fixes a silicone or metal cup over the baby's head which remains in place through suction.

In this way, the doctor has a firm grip on the baby. By pulling the ventouse as the mother pushes, the doctor can help the mother deliver the baby. 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.

Forceps used to be a commonly used aid in deliveries, but today they are seldom used. Forceps are used in similar situations to vacuum extraction, but especially in cases where, towards the end of the delivery, the baby's heartbeat suddenly slows down and there is a sudden danger of oxygen deficiency. In such circumstances forceps provide a faster method than vacuum extraction. ♦

# Labour pains and pain relief

## Labour pains

Labour is a massive strain on the mother and baby, both physically and mentally. When discussing pain relief with the parents, the doctor and midwife consider the benefits and disadvantages to the mother as well as the baby.

At the beginning, pain occurs as a sign of the onset of labour. It is caused by the muscles and tissue stretching as the baby's head descends in the birth canal. During the second stage of labour, the urge to push usually surpasses the pain caused by contractions. During the third stage of labour, when the placenta is delivered, the pain has usually subsided.

Women experience labour pains differently. It will depend on her pain threshold and overall tiredness, but also on fear and uncertainty. Fear of the unknown and not knowing what's happening or what to expect is common for all of us, and when we are frightened our sense of pain is heightened.

## Natural pain relief

Knowledge is the basis of all pain relief. Being familiar with the stages of labour also assists the mother in coping with labour pains. The correct breathing and being able to relax during each stage of labour are helpful to the mother and optimal for the baby, as these forms of pain relief have no adverse effects on the baby.

Rhythmic breathing decreases muscular strain, conserves the mother's energy and helps the mother stay focused. Music

and singing, pillows, a bean bag, a rocking chair or gymnastic ball can be used as relaxation aides. Many mothers find relief in warm water or a warm wrap that relaxes the muscles. During the first stage of labour the mother can shower her back and abdomen or relax in a delivery pool or deep bath. The mother is not allowed to go into the water if her water has broken over 24 hours beforehand or if labour is not progressing as expected.

Aqua acupuncture is a form of natural pain relief where water blisters are injected under the skin to enhance the mother's endorphin secretion. Endorphins are the body's own painkiller and their effect lasts from 1 to 2 hours.

During labour it is recommended that you move around and try different positions to find the ones that are most comfortable. Swaying your hips removes some of the pressure against your lower back and helps to control the pain caused by contractions.

The father or other companion may further help by massaging the painful areas during contractions.

## Drugs injected into muscle tissue or administered intravenously

Labour pains have a purpose: they keep the mother informed of the labour process. However, one in five mothers experiences such pain that she will need some form of effective pain relief. Each

mother is entitled to receive effective drugs for pain relief, but drugs will also quickly access the baby's circulation through the placenta. If the baby is born 2 to 3 hours after the last dosage, the pain killer may paralyse the breathing of the newborn. Hence, these drugs are generally not administered during the later stages of labour.

## Nitrous oxide

A mixture of oxygen and nitrous oxide can be safely administered throughout the first stage of labour because it is quickly expelled from the circulation. The mixture is inhaled through a mask in periods timed with the contractions. It takes effect slowly and must therefore be inhaled before the contraction begins.

## Anaesthesia

**An epidural** is the safest and most effective form of nerve block anaesthesia. It eliminates the first stage labour pains almost completely, if not completely. The anaesthetic drug is injected into the epidural space to the side of the spinal cord and a catheter is left in place so that additional medication can be given throughout the delivery. An epidural may only be given by an anaesthesiologist, and is therefore not available in every hospital.

**Spinal anaesthesia** is a very effective form of pain relief and commonly used in quickly progressing, fierce deliveries to induce adequate pain relief with just one dose. Spinal anaesthesia may also be given only by an anaesthesiologist.

Your doctor may introduce **a local cervical anaesthetic** during an internal examination. Its effect will last for about an hour.

It is very rare for anaesthetics to cause complications. As a side effect of the injection, the mother may experience back pain around the injection area, and sometimes have a severe headache. The pain is believed to be caused by spinal fluid leaking from the needle hole in the dura mater. First aid for headaches involves drinking large amounts of fluids, taking painkillers and resting in a darkened room. If the headache persists, an anaesthesiologist may need to assess the situation.

### RHYTHMIC BREATHING HELPS RELAXATION AND CONSERVES ENERGY

If necessary, a special procedure called a "blood patch", an injection of the patient's own blood into the epidural space where it forms a "patch" over the hole, can be performed to relieve the headache.

Anaesthetics travel through the placenta and may slow the baby's heart rate. Anaesthetics can also temporarily affect blood circulation in the womb and placenta, leaving the baby at risk of oxygen deficiency. Because of these risks, the doctor needs to check from the baby's ECG that he or she is in excellent condition prior to the administration of any anaesthetic agents. Furthermore, the mother and baby must be closely monitored while the anaesthetic is effective.

## Hypnosis

In Finland, hypnosis and the power of suggestion are rarely used for pain relief. However, both methods are safe for the baby. Hypnosis is best achieved if the hypnotherapist is present at the birth. If you wish to use hypnosis, arrange this with the hospital in advance. ♦

# The newborn

Birth is a miraculous event touching the hearts of everyone present. Months of expectation climax in pushing the baby out and into the world. Love is in the air, but there is also a mixture of relief, exhaustion, anxiety and joy.

Immediately after birth the baby is lifted onto the mother's chest to provide skin-to-skin-contact. The baby is then dried and the umbilical cord is cut and tied. The mother and baby are allowed to rest under a warm blanket. After a little while, curiosity surpasses fatigue and the parents start caressing the baby, peeking under the blanket to wonder at the tiny fingers and toes. This is the beginning of parent-child interaction.

After a moment of rest the baby will open its eyes and seek eye contact with the people close by. Slowly the little fists relax, the mouth opens and a tiny tongue peeks out. The baby is now ready to start feeding.

He or she will nudge towards the breasts and start feeding within 30 minutes to one hour after birth. The baby will observe the world around him or her with bright eyes, stimulating the parents' nursing instincts. At this point, the midwife will monitor the well-being of the baby with as little disturbance as possible. The baby is kept warm, bathed, dried, weighed and measured. The father will be given the opportunity to be the first to care for his baby.

Each birth has a different story. Some births need to be assisted using vacuum extraction, while others may have ended in an emergency caesarean. Some babies



need reviving, others' noses and mouths will have been suctioned (if the amniotic fluid was green) before being lifted onto the mother's chest.

Soon after the birth, before the umbilical cord is cut, a name tag is placed around the baby's wrist, or a necklace with an ID plate is put on the baby bearing the mother's name and social security ID. This procedure ensures that there can be no mix-ups. The newborn receives a vitamin K shot in the leg in order to prevent bleeding. After birth the baby's health is assessed using the so-called APGAR score. A numerical value (max. 10) is awarded for skin colour, heart rate, breathing, reflex irritability and muscle tone. The APGAR scores are a tool used by health care professionals to assess the well-being of the newborn and to forward this information to others. APGAR scores cannot be compared between babies.

Provided that everything is alright, the mother and baby are transferred to the postnatal ward two hours after birth. Following a caesarean section, the father is the first to witness his baby's first minutes.

Sometimes the baby's breathing may have a wheezing quality or become overly

frequent, which will require closer surveillance and be assessed by a paediatrician. Infections passed on from the mother during birth, gestational diabetes, pre-eclampsia and other diseases or medication all have an impact on how the newborn is monitored after birth. The breathing and general well-being of premature (born before week 37) and low-weight (under 2,500 g) babies are monitored particularly closely. The more preterm the baby is, the more likely it is to be transferred to the paediatric ward.

## Premature birth

When a preterm birth between 24 and 34 weeks is expected, corticosteroids are given to the mother to speed up the foetus's lung development. Preterm deliveries (baby born before 35 weeks) are located near the neonatal intensive care unit (NICU). Today, very premature and low weight babies can survive with the help of intensive care.

The more premature the baby is, the longer he or she will need intensive care and incubator treatment. With each week, the risks associated with premature birth decrease and the need for supplemental oxygen decreases. A premature baby usually spends the first days or weeks of its life in an incubator, where the temperature and humidity is controlled and the baby can be better monitored. If the baby is unable to feed, it is fed through a feeding tube. Premature babies born after 35 weeks usually survive in the postnatal ward, although feeding may take longer to accomplish than with full-term babies.

The parents are welcome to stay with their premature baby in hospital as much as possible. Parents may hold the baby as soon as its vital signs have developed and

its condition is stabilised. The units encourage "kangaroo care" where the baby is placed on the mother's or father's bare chest, under the shirt. This helps the premature baby adapt to life outside the womb. Skin-to-skin contact is soothing to the baby and will help the baby maintain its body temperature.

## Postnatal ward

The staff at the postnatal care monitor the well-being of the newborn baby and ensure that the mother recuperates well from the delivery. They also guide the parents on how to take care of their baby. The objective is to give as positive an experience as possible of the birth and of breastfeeding and caring for the baby.

Successful breastfeeding is important to the well-being of both the mother and the baby. Breastfeeding provides sufficient nutrition for the baby and also gives the mother a sense of security in her ability to feed her baby.

In the postnatal ward, the mother stays in the same room as the baby. Milk production begins in the delivery room where the baby's suckling stimulates the release of hormones (oxytocin). This close interaction between mother and child continues in the postnatal ward. The mother cares for her baby as much as her strength allows and following the sleeping and feeding pattern of the child. Other family members are welcome to visit the mother and her newborn..

The first breast milk is called colostrum. It is a rich milk providing all the required nutrition for full-term babies. Milk production is enhanced by frequent feedings. Pre-

mature, low-weight babies and high birth weight babies (over 4,500 g) need large amounts of milk from the beginning, and supplemental milk is often required to maintain the baby's blood glucose at the normal level. Glucose levels are also moni-

IN THE POSTNATAL WARD, THE MOTHER STAYS IN THE SAME ROOM AS THE BABY.

tored when the baby is at a higher risk due to the mother's diabetes or gestational diabetes, for example, since low glucose levels will have a negative effect on the baby's central nervous system. Supplemental milk is not a dairy product and is used only temporarily. Donated breast milk is given first to premature or low birth weight babies.

Some babies have a strong sucking reflex immediately after birth. However, it is not uncommon for the mother and baby to need some help in learning the correct feeding technique. It is very important that the mother and baby practice the correct breastfeeding technique while still at the hospital. Mothers are entitled to receive all the support and guidance they need for successful breastfeeding. Once breastfeeding is established, the mother and baby can be discharged. Milk production will continue to increase during the following weeks. At this stage, the main consideration is to ensure that the baby receives adequate nutrition. The key to successful, long-term breastfeeding lies in keeping the baby alert while feeding.

Breastfeeding soon after birth will cause the uterus to contract. This decreases bleeding and aids recuperation from pregnancy and birth. Some medications (e.g. drugs for

hypertension and psychopharmaceuticals) can prevent breastfeeding, and in such a case the proper treatment of the mother takes priority. Sometimes, the baby has an injury or defect (e.g. cleft palate) that makes sucking difficult. The nurses will assist the parents in bottle-feeding expressed breast milk or formula milk to the baby.

Many hospitals have **family suites** designed to accommodate both parents. Family suites enable both parents to share the first days with the new baby, practice baby care under the guidance of professional midwives, and become familiar with how their baby communicates. When the family goes home, both parents know the baby well, which will facilitate settling in. There are several ways in which the father can contribute to successful breastfeeding. By remaining calm and having complete faith in milk production, by caressing and pampering the mother and the baby, and by changing nappies and offering a helping hand the father can help the mother relax and not lose faith in breastfeeding. Staying in a family suite is never compulsory and does not necessarily meet the needs of all families. Issues to be considered when making arrangements for baby care include a possible operation or illness affecting the mother, or the mother feeling very faint or weak, or if the baby needs to be monitored. Whatever the situation, the parent-child relationship is encouraged early on.

On the third day of birth, the baby will be examined by a **paediatrician**. At this time it will be apparent how well the baby has adapted to living outside the womb, how breastfeeding is going, whether the mother's milk production is sufficient, and how well the parents can interpret the signals the baby gives them. Already, at the

age of three days, it is evident whether the baby can maintain a normal body temperature, normal breathing and normal heart rate, express hunger, suck, urinate and defecate normally. Also, by this time stuffiness of the nose, swelling around the eyes and burping amniotic fluid will have clearly diminished. The baby will burp less milk and gain weight following the dip after birth. The paediatrician will have examined the baby earlier, if any problems were detected. Both parents usually attend the paediatrician's examination.

This examination usually includes assessing the baby's skin colour, muscle tone, reflex irritability and sucking reflex. The doctor will listen for sounds made by the heart and lungs, press the baby's abdomen and feel the baby's pulse. The baby's hips, skull (fontanel), clavicles, eye fundus, palate, testicles (if the baby is a boy) and external genital organs (if it's a girl) are examined. If the doctor needs a blood sample from the baby, a mixture rich in sugar will be given to the baby for pain relief.

Based on information provided by the nurse, the doctor will consider the baby's milk consumption, weight and skin colour (yellow tint). Some of these symptoms are merely signs of slow adaptation and will pass in the course of the first week. However, they may necessitate keeping the baby in hospital under surveillance for a few days longer than originally planned. A jaundiced baby's skin will appear yellow and can be assessed by a simple fingertip test or by taking a blood sample to measure the bilirubin level. Treatment includes phototherapy with blue light and feeding the baby well.

## Leaving hospital

When the family leaves the hospital they

will be provided with an information pack on feeding and baby care. Some hospitals may provide the parents with eye drops, a saline solution for the stuffy nose and solution for cleaning the navel. Parents also receive information on possible follow-up appointments and the postnatal ward's contact information if the mother or baby encounter problems during the first weeks.

When leaving the hospital, the parents should feel secure and content and have confidence in their ability to take care of the baby.

It should be remembered that families and their life situations vary greatly. Some parents are experienced in caring for babies, while for others this may be their first contact with a baby. If the baby is injured or suffers from a disease, it is important that both parents discuss the issue with the doctor. This discussion can also be scheduled to take place after the examination. The staff of the neonatal ward often includes a **social worker** who will provide support and guidance if the family needs special attention (single parent families, a very young mother, the family has considerable financial or other problems etc.). The social worker will investigate the social benefits and support available to the family and become involved in child welfare situations when the family has problems involving drug abuse, violence or mental health, for example. In such situations the intervention of a social worker may be regarded by the family as a threat. However, the main objective of the social worker is to support the family in establishing safe routines that guarantee good care of the child. ♦

# Recovering from delivery

## Puerperium - the first weeks after birth

The period of time 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. This usually takes 6 to 12 weeks. The uterus will return to its normal size and may contract during feeding, particularly if the baby is not your first. Lochia is the bloody discharge after birth. It is more abundant than your usual period and turns pale after two weeks. If the discharge smells bad, continues to be bloody and doesn't seem to diminish, you may have an infection.

Getting up soon after the delivery will improve the circulation and promote bowel movements and bladder activity. Sitting down may be painful, if you have had an episiotomy. Showering the area with warm water will help the stitches dissolve and the cut to heal. Wash and dry your intimate areas with special care. Take showers but avoid bathing. You can also begin sauna bathing as soon as you feel well enough.

## Postnatal medical examination

Mothers remain clients of the prenatal clinic until the postnatal medical examination. During this examination, the doctor checks that there are no ulcers in the cervix and no signs of infection, since problems tend to be minor and almost without symptoms at the beginning. A postnatal medical examination is performed 5 to 12 weeks after delivery in the prenatal clinic.

You will receive a certificate to this effect to be included in your parental allowance application.

## Sex life and showing affection

Once the baby is born, the parents will find that they have little time to spend alone with each other, especially if there are other children in the family. There will be a period when their sex life will have to be put on hold. The length of this period is for the parents to decide. The mother may have scars which make sexual intercourse painful, and witnessing the birth of his baby might have affected the father's libido.

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. There is, however, no reason why you should not have sex if you both want to. After birth the woman may suffer from vaginal dryness for a long period. Dryness will make the vagina irritable and tender, especially when using a condom. Using the lubricant lotion delivered in the maternity package or some other lubricant (cooking oil, body lotion without a fragrance or Vaseline) may prove helpful. Lubricants are also sold at the chemists and department stores.

It is recommended that you defer sex



until the vaginal discharge ends and both parents feel ready for it. 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!

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

## 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 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 supplementary food, contraception is necessary to avoid becoming pregnant.

Condoms, intrauterine devices (IUDs), pills and other types of hormonal contraceptive containing only progesterone and

sterilisation are safe while breastfeeding, because 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.

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. You can continue breastfeeding after taking the emergency contraceptive. Emergency contraceptives contain progesterone which has no known effect on the baby. However, if you want to be on the safe side, express milk from your breasts and throw it away for 1 to 2 days before breastfeeding again. 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 pills and provides optimum contraception when left in place.

## Bodily Changes

Pregnancy and birth will inevitably change the shape of the mother's body. After birth the skin around the abdomen is stretched and the breasts are bursting with milk. As milk production dwindles your breasts will lose some of their previous pertness.

Stretch marks may be visible on the abdomen, thighs and breasts.

Women often tend to be overly critical of the changes in their appearance and may view themselves as falling short of the current popular notions of beauty. However, changes resulting from pregnancy and birth are visible signs of being a mother and should be carried with pride. When you are a mother, you have the right to look as if you have given birth.

Some women are able to return to their pre-pregnancy shape quickly, and not all women carry the signs of pregnancy and delivery. But most importantly, be easy on your body shape. The well-being of the mother and child is far more important than your physical appearance. On the other hand, spending a little time pampering and caring for yourself will be a welcome change and help you cope with your baby with renewed energy.

## Weight control

About 50% of women gain excessive weight during pregnancy. This excessive weight gain is not easily lost after the birth, and demands persistence and hard work. Dieting during pregnancy, immediately after birth or while breastfeeding is not recommended. Instead, it is advisable for everyone to maintain a healthy diet and exercise regularly. These are also the cornerstones of lasting weight control. Results are seen only gradually, but are the more rewarding for it. In addition, breastfeeding promotes weight control. Finding time, strength and motivation are a challenge to mothers of young children, and many need support either from a professional or a peer group. If you are having weight problems, identify the options available in your community.

## Getting back into shape

It is best to rest and relax on the day after delivery, but you can start getting back into shape on the next day. Some health care centres and maternity units organise post-natal exercise for groups, but you can also exercise daily at home. Ask for exercise instructions from the hospital or from your prenatal clinic. Exercise will make your muscles firm, improve your posture and lift your spirits. It also eases back and shoulder pains and improves continence.

If you have had a caesarean section, be sure to begin exercising slowly, paying close attention to your body. Fitness training and long walks are examples of activities not recommended prior to the postnatal examination.

You will find a balanced exercise regime in this leaflet. Start by doing each exercise once or twice a day (following vagi-

nal delivery). Remember to breathe evenly and pause between exercises, if you feel like doing so.

**Abdomen:** Contract your abdominal muscles and press the small of your back against the floor. Hold this position for a while, and relax.

**Buttocks and sides:** Lay on your side. Lift your topmost leg up, heel first. Keep your body straight.

**Abdomen and thighs:** Press the small of your back against a wall and contract your abdominal muscles. Bend your knees and stay in this position for a while. Straighten your knees and relax.

**Pelvic floor muscles:** Press your ankles, knees, thighs and buttocks firmly together. Hold this position for a while, and relax.



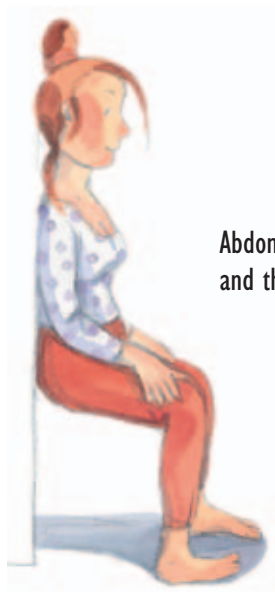
Abdominal  
muscles

Buttocks  
and sides



## Pelvic floor muscles

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 give in, causing incontinence.



Abdomen  
and thighs



Pelvic floor muscles

You can begin exercising your pelvic floor muscles on the day following the birth.

First perform a **finger test**: wash your hands and rub your index and middle fingers with a non-irritating lubricant (e.g. cooking oil). Press your fingers together and gently push them 3 to 5 cm into your vagina. Relax for a moment, and then squeeze your fingers with your vagina. Relax. Remove and wash your fingers. If you felt an upward and inward contraction, your pelvic floor muscles are strong. Nevertheless, exercising your muscles every now and then is worthwhile because strong muscles are always an advantage.

If you did not feel a squeeze, suffer from incontinence (you have difficulties controlling your bladder) or if your sensations seem weak during sexual intercourse, make an appointment to see your gynaecologist.

If you are having difficulties identifying the correct muscles, tighten and relax your tummy, thigh and buttock muscles a few times and then try again. It will help if you insert a couple of fingers into your vagina while you are trying to identify the correct muscles. Try different positions; sitting, lying on your side, tummy and back, and squatting. After you have found the muscles and can do the exercise without using your fingers, you can perform these exercises without anyone noticing.

**Identification exercises:** Clench your anus, while gently squeezing your muscles and counting to five. Then slowly relax the muscles, while counting to ten. Repeat three times. Clench your anus and at the same time clench your vagina and hold your urine while counting to five (the contraction will proceed like a wave from back to middle to front) and relax while counting to ten (front-middle-back). Repeat three times.

**Speed exercises:** You need quick pelvic muscle reflexes when you cough or sneeze and to hold your urine. Exercise your reflexes by making brisk contractions in a series. Start by doing this ten times. Gradually increase the number of repetitions.

**Strength exercises:** Imagine a white ball at the entrance to the vagina. Haul the imaginary ball **as fast and as far as possible** inside the vagina and hold it there while counting to five. Slowly release the ball. Relax, counting to ten. Repeat three times. Gradually increase the number of repetitions.

## Endurance exercises

Imagine a white ball at the entrance to the vagina. Pull the ball as slowly and as far as possible inside the vagina. Contract your muscles and hold the ball inside. Hold your urine and clench your anus while counting to five. Slowly release the ball and relax, counting to ten. Repeat three times. Gradually increase the number of repetitions.

Perform these exercises five times a day as part of your daily routine, on your way to work, during coffee breaks, while cleaning or queuing in a shop. Remember to take

SPENDING A LITTLE TIME CARING FOR YOURSELF IS IMPORTANT.

one day of rest each week. Perform one type of exercise at a time, otherwise you will tire. If you feel you are not making progress, consult an expert. Many health care centres and private medical centres have equipment and medical staff trained to diagnose and treat dysfunctions of the pelvic muscles. You can also buy exercise kits with instructions. ♦

# First month

The most important person to the baby is the person caring for him. Without that person, the baby cannot survive. The baby makes eye contact with its carer, simultaneously pleading and demanding care and attention. This gives the carer a sense of self-esteem and confidence, yet the responsibility may at the same time feel overwhelming, even frightening.

## 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 enters the parents' life, changing 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 you will become attached to your child. Love develops gradually while caring for your baby.

Parents vary in the way they take to new things. Experiencing extreme emotional fluctuations is quite normal. Suddenly amidst love, affection and joy, you may be stuck by exhaustion, concern, disap-



pointment 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

In our culture, both the mother and the father are responsible for taking care of their children. Looking after the newborn is a rich, fulfilling experience for both parents. The baby may evoke powerful emotions that can take the parents by surprise. Being indispensable to another human being makes the parent view his or her life from a new perspective and often inspires him or her to see the world differently. This provides a new source of energy for coping with daily demands.

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. This will also be beneficial to the future father-child relationship.

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. Another tip is to swap roles so that the parent usually in control plays the part of assistant. Caring for the baby together strengthens the relationship between the parents as they share the love and joy the baby brings.

## 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 clinic's 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 care 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" on page 96).

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

## Being a single parent

Divorce, the death of a partner or being left alone in some other way can make parenting a heavy burden. If you are the sole parent, do not make unreasonable demands on yourself - don't expect to make up for two parents. Accept help from your family, relatives and friends, and take advantage of family workers and the professionals at the child health clinic.

Sometimes a baby is born into a single parent family. In single parent families, 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 on. Being a single parent is not uncommon and there are peer groups which can offer invaluable support (see "Support Networks" on page 78 and "Organisations" on page 94).

## 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 illness, do not let them near the baby. If you feel too tired to entertain, you can ask the visitors to come at a later date or agree on a very short visit. You can also tell your visitors that you will not be offering tea or coffee. If the visitors want to have a little something, they can bring it themselves.

## If there is a problem

Having a disabled or ill baby 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 mo-

ments 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, prenatal 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 "Services for chronically ill or disabled children" on page 92.)

## Early interaction

No other human relationship is quite as intimate and positive as the relationship between a baby and the person caring for it. From the moment of birth, the baby seeks to interact with those around him.





The parents nourish, nurture and protect the baby. They comfort the baby with soft touches, gentle smiles and soft voices. And the baby responds with eye contact, facial expressions and movements.

Early interaction refers to reciprocal and synchronic interaction between the parent and the child. Early interaction contributes to the baby's sense of security, happiness and capabilities, supporting the baby's development in several ways. It is important to the baby that an adult is able to 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 not spoil it. Touching 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.

## A place for changing

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, because 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. You can place the changing mat on a regular table or on a changing top. The changing gear can also be in the bathroom, where you can place the changing top on top of the washing machine or over the bath tub. Attach pads on the underside of the top to prevent it from sliding. The bathroom is an optimal place, since water is close to hand and getting wet is not a problem.

However, the most important thing is to have all the changing gear within reach, because you cannot leave the baby unattended while fetching something from another room. The changing area does not need to be heated, normal room temperature is sufficient (20 - 22°C).

## Crying and comforting

Crying is the way babies express themselves. By crying, the baby may communicate hunger, a wish to see familiar faces, a wet diaper or some other discomfort. Parents will gradually learn to interpret the movements and sounds the baby makes. Healthy babies cry during the initial

months. 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.

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 growing and developing normally. Colic crying is mostly discontent whining and there are pauses. Constant crying or screaming starts suddenly without any apparent reason. Despite the long crying periods, colicky babies do get enough sleep. Breastfed babies are as likely to become colicky as babies receiving formula milk. 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.

Crying usually signals hunger or discomfort, but sometimes there may be reason to investigate the matter further. **Hunger** is a common reason for crying. Visit the child health clinic to weigh your baby and compare your baby's growth with the clinic's reference charts together with the nurse. If your baby seems to be growing slowly, try giving supplemental milk and see how it affects your baby. The amount of breast milk intake can be estimated at the child health clinic via test weighing (weighing the baby before and after feeding). 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.

### BABIES CRY EVEN WHEN THEY ARE BEING WELL CARED FOR.

Help your baby to burp 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 you do not find stools in your baby's nappies every other day and it 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.

**A rash** may be the reason for crying, especially in allergic families. Child health clinics provide skin care information. Milk allergy is a rare condition that causes skin rash. 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, even when other members of the family also have a fever.

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, making hushing sounds, 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 her 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, 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, such as the Family Federation's Family Network (see "Contact details" on page 96). If your baby has been shaken,

# Breastfeeding

take it to the doctor immediately! ♦

Breast milk provides the optimal nutrition for your baby. Except for vitamin D, breast milk supplies all the nutrients a healthy baby with a normal birth weight needs during the first six months. Exclusive breastfeeding means that the infant needs no supplemental nutrition (except for supplemental vitamin D) and ensures that nutrients are absorbed as well as possible and the baby is protected against diseases. This feeding method has a positive long-term impact on the baby's health.

Nearly all mothers can produce breast milk. In the beginning, the milk supply is small but usually sufficient for the baby. In most cases, the size or shape of your breasts has no impact on milk production. Successful breastfeeding requires some learning and practising the correct technique. Information and guidance provided in problem situations will help the mother to get started. If you are unable to breastfeed for whatever reason, it is advisable to start giving your baby formula milk and secure the baby's nourishment in this way, rather than fretting and worrying over breastfeeding.

## Breast milk production

The breast prepares for breastfeeding during pregnancy. Milk production is initiated by delivery and maintained by frequent breastfeeding. A hormone called prolactin causes milk production in the breast, and the baby's suckling stimulates the release of such hormones, so that the more



often you feed your baby the more milk is produced. Oxytocin is a hormone that causes the milk to trickle down the milk ducts. This is called the let-down or milk ejection reflex. Let-down often occurs when you think about your baby, are watching your baby or hear your baby cry. Exclusive breastfeeding and letting your baby set the pace of feeding will ensure that the quantity of produced milk increases during the first couple of days after birth to meet your baby's needs. Once milk production has started, it will not stop suddenly.

## Technique

Breastfeeding can be done in several positions. Try different positions to find the ones most comfortable for you and your

baby. Being relaxed will contribute to the milk flow. Supporting your head and shoulders with pillows during breastfeeding might help.

Start each feed with a different breast first. You can press your breast to have a few drops of milk ready. Offer your nipple to the baby so that it goes far back, touching the roof of its mouth. Do not force the baby against your breast by pushing it from the cheeks or head. If your baby seems hungry after feeding on the first breast, offer the second. However, before changing breasts make sure the first one is fully discharged and that the baby has received the nutritious hind-milk. At the beginning, the baby will easily fall asleep while feeding. You can carefully try to awaken him or her in order to finish the feed.

Milk may often seep from your breasts, even when you are not breastfeeding, especially during the first weeks. Seepage may also occur from the other breast while the baby is feeding. Use breast pads in your bras to absorb milk which has seeped out. If you want to collect seeping milk, place a milk collector inside your bra over the nipple. Milk collected during the day may be refrigerated in a separate dish and combined into a plastic bag to be frozen. Breast milk can be stored in the freezer for several months.

## Take good care of your breasts

When your baby has finished, squeeze a drop of milk over your nipple and leave it to dry. This will protect your nipple better than any lotion. Keeping your breasts clean is important. However, it is not necessary to wash them before and after every feed. Excessive washing will erode the

skin's own protective agents.

Expressing (i.e. milking your breasts) is not usually necessary but sometimes it helps to empty your breast if it is too tender for feeding or is still packed tight after your baby has finished. You should never throw breast milk away. If you produce more milk than your baby needs, you can express and freeze your breast milk for later use or donate it to your hospital's milk bank. Your clinic's nurse may know of someone in need of breast milk. Make sure that the breast milk you donate is clean.

Sore or cracked nipples make breastfeeding very painful. Using nipple shields may ease the pain. Nipple shields are sold at chemists and department stores. If your breasts become red and tender and you have a fever, you may have a breast infection. Despite the infection, you can continue breastfeeding. Contact your child health clinic or hospital maternity unit and follow their treatment instructions.

## Take care of your liquid intake

While breastfeeding you need to drink more than you are perhaps used to. Water, diluted juice and drinks with artificial sweeteners (aspartame and acesulfame) are suitable alternatives during breastfeeding. Drinks sweetened with sugar are bad for your teeth, especially if consumed several times during a day. Such drinks are an unnecessary calorie supply and tend to raise your blood sugar levels.

### **Do not smoke while you are breastfeeding!**

Both parents should give up smoking while pregnant and breastfeeding, if not for good.

Nicotine reduces the secretion of hormones (prolactin) needed to produce milk, which may lead to a decrease in your 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.

For more information on breastfeeding, breast milk and weaning, see the maternity package's breastfeeding leaflet. For further help and support in breastfeeding, contact the national Breastfeeding Support Line (tel. 041-528 5582) or search the Internet (visit [www.imetys.fi](http://www.imetys.fi)).

## Formula milk

If you stop breastfeeding before your baby is one year old, start using commercially prepared infant formulas. There are powdered and ready-to-use liquid formulas; follow the instructions on the package carefully.

For the safety of the child, formula milk should never be warmed and stored in a thermos flask or prepared in advance for night-time feeds. Warm the formula to body temperature (approximately 37°C). Taste the formula milk before giving it to the baby. Discard any left-over formula.

**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.

**Powdered formulas** are not sterile. Therefore, it is important that you follow these instructions:

- ◆ Run cold tap water into a clean pot and let it boil. (After you have started giving your baby supplemental foods, there is no need to boil the water if your tap water quality is good.)
- ◆ Let the water cool.
- ◆ Add powder and mix with water. Carefully follow the instructions on the package.
- ◆ Always prepare the quantity needed for one feeding; never prepare large quantities of formula milk in advance.

## Water

Run your tap on COLD for a while before taking water for the baby's food or to give as a drink. 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.

## Burping and regurgitating

When the baby has finished feeding, lift

him up against your shoulder to bring up any wind. Burping may be facilitated by softly patting the baby's bottom, and is performed equally well by both parents. Burping will radically decrease tummy trouble. If the baby has gobbled his food down and swallowed a lot of air, it may bring up some of the milk. If your baby has a tendency to regurgitate, try burping it in the middle of feeding to expel the air from its tummy. Once it is started on solid foods, this will happen less frequently.

### Soothers, dummies, pacifiers

Babies explore the world through their mouths by sucking on everything they can reach. The mouth is the baby's most sensitive body part. Fingers will slip easily into the mouth. When the sucking instinct is strong, it is better for the baby to suck on a pacifier than on a finger, because the skin on the fingers may become chapped due to energetic sucking and breaking the habit is easier with dummies. Not all babies will ever need or want a dummy.

It may be wise to wait until you feel breastfeeding is well established and your baby has adopted a good technique before trying a dummy. Rather than automatically offering the dummy, wait for your baby to be fussy or discontented and in need of soothing. Once the baby has fallen asleep, take the dummy gently away. If

your baby is sucking hard even after feeding and your nipples are getting sore, carefully remove the nipple and replace it with a dummy. Remove the dummy after the baby falls asleep. In some special cases,

**NOT ALL BABIES WILL NEED  
OR WANT A DUMMY.**

such as preterm babies and babies with a cleft palate or lip, dummies are used to encourage sucking and to learn the correct feeding technique.

Foreign micro-organisms easily cause diarrhoea so remember to keep dummies as clean as bottles and bottle-feeding teats. 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. Sterilise bottles, teats and dummies in boiling water until your baby is six months old. Afterwards, washing with warm water is sufficient. Make sure the hole of the bottle-teat is not too large or your baby is liable to suck excess air which in turn will cause tummy trouble. The hole size is correct when the milk flows out in drops. ♦





# Hygiene

## Baby urine and stool

Babies have an active metabolism and may wet their nappies a dozen times a day. The frequency of bowel movements varies individually. Some babies have bowel movements several times a day while others only a few times per week. For the first couple of days after the birth, your baby will pass a sticky, greeny-black substance called meconium. After a short while the stools will turn brownish or yellow.

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.

There is a large variety of nappies to choose from. Inside reusable nappies there is usually a layer of surface-dry cloth

and an absorbing insert. There are one-piece nappies, pocket models and nappies where each layer is separate. The cotton squares in the maternity package are suitable for a newborn. Change the cloth insert frequently, otherwise your baby might feel uncomfortably wet. To make the nappies leak proof, you need to fasten them properly. Fibre cloth inserts transfer moisture into the absorbing portion of the nappy and stools wash off these more easily than from cloth. The outer part of the nappy does not need frequent washing, only the absorbent inserts must be washed after each use. Woollen nappies are particularly warm and breathable. When opting to use reusable nappies, you will need at least 20 inserts and a couple of nappies per size.

For more information, please refer to the nappy guide in the maternity package or the Internet ([www.kestovaippayhdistys.fi](http://www.kestovaippayhdistys.fi)).





## 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 (soap is seldom needed). Carefully dry your baby's bottom. Apply a barrier cream after washing. Use a basic lotion. Do not rub it in forcefully, but pat it gently onto your baby's skin.

Washing is not required during each nappy change. Change nappies as soon as you can to protect your baby's skin from the irritating effect of urine and stool. If your baby has very sensitive skin, change nappies frequently and apply barrier cream upon each change. Should your baby's bottom become red or sore when you have been using reusable nappies, try using disposable nappies for a while. Also, be sure to rinse the reusable nappies very carefully.

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. If your baby's skin has spots or the skin is broken, sprinkle baby powder or potato flour over the area. For further instructions, contact your child health clinic.

## Bathing

Your baby will need a bath tub that is not used for any other purpose. This will help to prevent skin complaints, for example. Bath water should be at body temperature (37°C). Check the temperature using a thermometer.

Bathing is recommended every 2 to 5 days. More frequent bathing will dry the baby's skin. Soap is not necessary since it will only remove the baby's natural oils and cause the skin to dry. 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, a quick wash will be sufficient.

If the baby's nappy was dirty, wash its bottom before bathing. Wash the newborn's face separately with a cotton pad and lukewarm water. Wash the eyes from the outer side towards the inner corner and clean the baby's ears (from the outside). Do not dig into the ear canal or nostrils as they are very sensitive and are usually cleaned naturally.

At first the bathing time will be very short, but after a couple of weeks 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. Avoid sudden movements which will alarm the baby. Take care the baby does not swallow any bath water. There may be times when your baby will refuse to bathe. Do not force bathing. You can take a break and wash the baby using other methods.

Make sure your hands are warm. Take off your watch, rings and bracelets to avoid scratching your baby. Place the baby's clothes somewhere warm, on a radiator, for example. Warm the bath towel either on a radiator or by tying it around your



own waist. Lift the baby out of the tub and wrap it inside the warm towel.

**Holding your baby:** Hold the baby with its back on your arm. Support the baby's head and neck with your arm and grasp its arm, placing your hand just under the armpit and hooking your thumb over its shoulder. This will give you a firm hold of the baby.

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, as they tend to gather lint.

At first, many mothers and fathers are nervous about bathing their baby and especially about turning the baby onto its tummy. However, until the baby's muscles develop and it can lift its head, there is no

need to turn it over for washing. Later, you can proceed as follows:

Wash the tummy side first. Then turn the baby onto its tummy by taking hold of the baby's upper arm with your free hand and turning it gently over. Keep your ba-

#### **BATHE YOUR BABY USING CALM, CONFIDENT MOVEMENTS.**

by's arm in a firm grip but do not use excessive force. Wash your baby's back side from head to toes. If you didn't use soap, separate rinsing is not necessary.

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 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 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 (fontanelles) 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.

Trim your baby's nails after about one week. A good time to check if your baby's nails need trimming is after a bath. To keep it from wriggling, keep a firm hold of your

child's hand as you trim its nails. If your baby is restless or fussy, wait for a better moment.

## 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 carton to ensure clean clothes without traces of detergent. Using extra-gentle detergent will leave the clothes extra soft. Nappies in particular must be washed and thoroughly rinsed to remove all detergent. For more information on washing clothes, please refer to the maternity package leaflet. ♦

# Sleep

During the first weeks, most babies sleep through most of the time they are not feeding. The safest position for a newborn is on its back. At first, your baby will wake up 2 to 3 times a night for feeding. 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.

## Settling to sleep

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 can't force sleep, but you can entice it. A dummy, a blanket or a musical toy may prove comforting.

## 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).

## 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 parent 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 the most 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 atten-





tion will prevent the baby from sleeping and it will become overtired. In addition to care and attention, babies also need peace and quiet according to their individual needs.

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 be prove to be difficult to sleep if the television is blaring. Falling asleep in a very light room may be difficult for older children in particular.

### Night-time nappy changes

If your baby needs changing during the night, be as quick as possible and then return it to bed. Keep the lights dim and speak softly, but do not engage in play that will stimulate the baby. Otherwise, nightly entertainment will become a habit.

### 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. Draping a mesh net over the pram will protect your baby from insects and other animals.

In the winter, wait until your baby is about two weeks old before starting to sleep it outdoors. Do not sleep your baby outdoors if the temperature is under  $-10^{\circ}\text{C}$ . 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 sleeping a preterm baby outdoors with your child health clinic's nurse. ♦

# Growth and development

## Children develop in their own time

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 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. 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. If the baby is overweight, stabilising its weight curve may promote its motoric development. Making comparisons between different children is seldom fruitful. 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, the so-called corrected age is applied when assessing the development of preterm babies.

## Children are born unique

Each baby has his own, unique features and habits which are 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 prone 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.

### 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.

### Allowing for the baby's needs

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.

### 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.

### 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 in 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 (10 to 12 kg) and are about 1.5 times as tall (73 to 80 cm).

However, there is great variation in this. A newborn can weigh anything between 400 and 6,000 grams and future growth and development expectations depend on the birth weight. Growth charts are an important tool when monitoring your baby's growth and its relation to the size of the parents.

### 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 people talking. Therefore, it is vitally important that you talk to your baby. 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 will be able to chatter by itself for long stretches at a time. Children nor-

Age	Sociability and speech	Movements	Hand movements	Eye sight and hearing
<b>0-1 months</b>	random, involuntary smiles, direct eye contact	moves arms and legs simultaneously	hands mostly clenched in a fist	cannot see clearly, starts at loud noise and bright light
<b>2-3 months</b>	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
<b>4-6 months</b>	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
<b>7-8 months</b>	distinguishes between familiar and unfamiliar people, knows 2 to 3 simple words, repeats sound s 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
<b>9-10 months</b>	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
<b>11-12 months</b>	can say 2 to 3 words, interested in other children	stands with support, first steps	throws objects about, claps hands	turns towards a whisper, recognises objects from images



mally utter their first word when they are 10 to 13 months old.

Speech is central to the child's development. 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. In many instances, a child who can talk and has a large vocabulary will perform better than other children.

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 be considering having your child grow up bilingual. Children are usually able to learn two languages, provided that their parents are willing to invest some time in teaching the child and know how to go about it in the right way. For the child's linguistic development, it is vital that it learns to distinguish between the two languages. 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. This may be a real trial for the parent concerned. 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](http://www.folktinget.fi))

## Sight

A newborn does not see very clearly. What it sees best are the eyes of a person close by. Babies enjoy looking at things. Hang colourful objects (such as pieces of cloth) or a mobile about 50 cm above the crib. The baby enjoys seeing them move, but remember to remove them when it is time to go to sleep. The baby will first learn to recognise human faces. A 3 to 4-month-old enjoys looking at a very simple, smiley face. Most 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, but if it is not interested, stop and try again a few weeks later. Children only learn through curiosity; forcing things on your child usually only serves to slow down this process.

You can make your own picture books by cutting simple pictures out of magazines, gluing them onto cardboard and covering the pages with adhesive plastic film. Your baby will also be delighted with its own little photo album with pictures of mum and dad, its sisters and brothers, grandparents and other familiar people. Babies are especially interested in portraits.

## Hearing

Newborn babies have very good hearing. Most babies can recognise their mother's and father's voice before the age of two weeks. By 2 to 3 months, the baby will start turning its head towards a sound, but will not be able to hear whispers until towards the end of the first year. 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. And your baby won't mind even if your singing or playing is somewhat off pitch. 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.

## Sense of smell

Newborns have a keen sense of smell. Babies smell breast milk which helps in finding the nipple and starting to feed. When the baby is fussy at night and feeds at frequent intervals, it might sleep better when its father is holding it and the smell of milk doesn't activate the feeding instinct.

## 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.).

When a little older, 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.

## Toys

You can make baby toys yourself. Under two-year-olds 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 become loose,
- ◆ toxic paint,
- ◆ strings or bands, or
- ◆ anything that will break or crack.

## Movements

Your baby will start lifting its head during the first months. 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 carrier, 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.

Babies enjoy being held, bounced and lifted, and like swinging and having their hands and legs moved. However, babies do not enjoy sudden movements, loud noises and rough handling. For more information on how to encourage your baby's motoric development, contact your child health clinic. Many gymnastics associations organise parent and baby fitness classes. Baby swimming is also a fun form of family time. The ideal time to start is when your baby is 3 to 5 months.

## Take notes and pictures

It is interesting for both the parents and child that its development has been documented in notes and pictures and by saving early drawings and toys, for example. Parents caring for their first baby often imagine they will remember until their dying days what their child did and what it looked like at every age. Yet the details are in fact soon forgotten. Therefore, it is a good idea to write down some of the milestones, such as when your baby had its first tooth, how it chattered, what made it laugh, which books and toys it liked, what its first words were etc. If you take pictures, remember to mark them with a date and the child's name. When there are more children in the family, it is not always easy to remember later who was in the picture and when it was taken, or which of the children used a funny word. ◆

# Daily routines

## New challenges

Being a new parent is a wonderful, happy experience, but it also means facing new challenges. Your daily routines need to be rearranged, requiring cooperation from all members of the family. 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 comprises repetitive routines which enhance the baby's sense of security, but which are very binding for the parents. Feeding, burping, changing, washing and sleeping the baby 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, 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 to rest and enjoy a hobby or sport, for example. 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. Most things can be postponed, but caring for your baby cannot. Of course, it is not always possible to anticipate overlapping changes such as moving to a new home or sickness in the family. However, the fewer major distractions there are, the easier it will be to arrange your time and daily routines.

All in all, you will need to pay more attention to how you are spending your time. Your friends and relatives can be of great help when you need the occasional helping hand, but most arrangements must be negotiated within your own family. You will need to agree on "my time", "your time" and "our time".

Be patient. Taking care of a baby involves routines and changes. On the one hand, it is the parent's job to create a sense of stability and security for the baby. Yet on the other, parents need to adapt to the constant changes as their baby grows. Both parents must be flexible and adapt quickly to the big and small changes in daily routines. It is important that neither of the parents expects the other - nor himself or herself! - to carry on with the same responsibilities as before the baby's birth.

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 just because they seem so much bigger than the baby. 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 were dead", you can reply by saying, for example, "I know you're angry with the baby and 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 at being a baby for a while, although this may feel like a nuisance. Make an effort 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 which 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 over their grandchildren than they did 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.

### Short-term child care

Friends and relatives can offer invaluable help when the parents have something they both need to attend. 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 Västöliitto (the Family Federation of Finland) offer short-term child care for a fee (see "Organisations" on page 94). ♦

Accidents often take place in the home.

# Safety

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. 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 in-

to the pram. ◆

### Safety in the car

- ◆ The safest place for a child aged 1 to 3 years old is a rear-facing baby 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 could be fatal.





# Starting supplementary food

Exclusive breastfeeding is recommended for the first six months, if possible. At six months you can start introducing solids into your baby's diet, but it is recommended that you continue breastfeeding until your baby is 1 year old or beyond, if you both enjoy it. However, a one-year-old will receive all the necessary nutrients from other foods and his or her digestive system will be ready for other nutrition in addition to breast milk or formula. Once your baby has reached its first birthday, you can begin to give it skimmed milk and milk-based foods.

The correct time to start introducing solid foods into your baby's diet depends on its growth and overall development, and breastfeeding. However, you should not wait long after your baby has turned six months to supplement breastfeeding with other food. Delaying solids may cause eating problems and slow its growth.

If your breast milk is scanty, you can start introducing solids at the age of four months. To ensure breastfeeding, it is recommended that you give puréed food instead of bottle-feeding formula or baby cereal. If you are not breastfeeding, begin supplementing formula with solid foods at the age of 4 to 6 months.

## Introducing new foods into your baby's diet

Try adding 1 to 2 new foods every week. Start by offering your baby small quantities at first and then gradually increase the portion. It is wise to introduce foods one at



a time as this can help identify food allergies or intolerances. At the age of six months, offer your baby puréed food at several meals.

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.

Start by offering puréed potatoes, vegetables, fruit or berries. You can make a large amount of purée at once and freeze suitable portions, for example in an ice cube tray.

Meat, fish, poultry, eggs and baby cereals should not be introduced until your baby is five months old. When you start introducing solids at the age of six months,

move from one food group to the next after trying 1 or 2 different foodstuffs: after starting with two different vegetables, move on to meats or cereals. In this way you can ensure a varied selection of foods that meets your baby's growing needs. When you return to fruit and vegetables, try something new!

When you are cooking, set aside a small portion for your baby before adding spices (salt), and purée it if necessary. When your baby begins teething, mash the food more coarsely to promote chewing. Towards the end of its first year, your baby can start eating the same food as the rest of the family.

### Vegetables and potato

Mild in flavour, mashed potato is a good food to begin with. Introduce other vegetables into your baby's diet gradually. Serve vegetables boiled and puréed. Wash the potato/vegetable well and cook it in water. Do not add salt. Purée or mash the potato/vegetable using a fork. Add boiled water or breast milk.

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, courgette, sweet corn, sweet potato, cucumber and tomatoes. Do not

### Age and food

0-4 months	over 4 months	over 6 months	over 8 months	over 10 months
	<p>Depending on the baby, new foods puréed:</p> <ul style="list-style-type: none"> <li>- potatoes</li> <li>- vegetables</li> <li>- berries</li> <li>- fruit</li> </ul> <p>over 5 months: meat or baby cereal</p>	<p>Solid foods for everyone, puréed:</p> <ul style="list-style-type: none"> <li>- potatoes</li> <li>- vegetables</li> <li>- berries</li> <li>- fruit</li> <li>- meat or fish</li> <li>- baby cereal</li> </ul>	<p>Coarse mash and new foods:</p> <ul style="list-style-type: none"> <li>- potatoes, vegetables and meat/fish</li> <li>- baby cereal</li> <li>- berries and fruit</li> <li>- fine grated raw vegetables</li> </ul>	<p>Same as rest of the family or coarse mash:</p> <ul style="list-style-type: none"> <li>- baby cereal, bread</li> <li>- potatoes</li> <li>- vegetables</li> <li>- raw vegetables grated</li> <li>- berries and fruit</li> <li>- meat and fish</li> <li>- dairy products and milk-based foods</li> </ul>

Vitamin D supplement in all age groups, according to instructions.

offer babies under 12 months Chinese cabbage, swede, turnip, beetroot or spinach because they are rich in nitrates.

## Fruit and berries

All fruits and berries are suitable. Serve them puréed, grated or as a compote. Favour domestic berries. Wash and peel imported fruit carefully before use. You can add a moderate amount of sugar or fructose to sweeten sharp or sour fruit and berries. However, take care that your baby does not get used to very sweet food. Honey should not be given to children under one year of age.

## Meat, fish, poultry and eggs

From five months at the earliest, add a small amount of finely chopped meat, chicken or egg (one teaspoon) to the potato or vegetable purée. Serve fish only 2 to 3 times a week because of the oily fat it contains. 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.

## Baby cereal and porridge

Ideally, offer your baby full grain cereals cooked in water without salt. Add puréed fruit or berries for taste. In addition to homemade porridge, you can give your baby commercial baby cereals. Breastfeed or bottle-feed your baby after a porridge meal.

From six months, part of the formula can be replaced with commercial baby cereal. Commercial baby cereals are not recommended for children under five months in order to maintain breastfeeding.

## Dairy products

Towards the end of your baby's first year, you can start giving him/her dairy products. Start with cultured dairy products such as low-fat or non-fat curdled milk, natural yoghurt or buttermilk. During meals, your child can drink skimmed milk.

**GETTING USED TO SOLID FOODS  
TAKES TIME, SO BE PATIENT.**

## Fats

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. As the proportion of solid foods in the child's diet increases and they start drinking skimmed milk, their fat intake decreases. Add a small amount of cooking oil or soft vegetable fats (2 teaspoons per day) to your child's porridge, for example.

## Salt

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.

## Vitamin D

Children need supplemental vitamin D from two weeks until three years of age. In Finland, supplemental vitamin D is also



recommended for children over 3 years old during the dark months (October through March). Enquire about the dosage instructions from your prenatal clinic or chemist.

### 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 prenatal clinic. ♦

## 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. In maternity clinics, saline drops and sometimes a small pump to remove mucus are used to relieve stuffiness of the nose. Saline drops may help feeding at home – after a good sneeze your baby's nose will be clear.

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, contact your doctor as 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 fa-

## VACCINATIONS PROTECT THE CHILD FROM INFECTIOUS DISEASES.

mily 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 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. Cough drops will help the baby sleep, but will not cure the symptom.

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. A cough following a common cold may last for weeks. A prolonged cough

without fever may be a sign of an ear infection or feverless pneumonia.

## Fever

On average, under three-year-olds have 5 to 6 common colds or respiratory infections per year. Give your child antipyretics (drugs that reduce a fever) if he or she is running a fever and his or her food and drink intake is inadequate, or the child is restless, irritable or in pain, or if the temperature rise is significant ( $38.5^{\circ}\text{C}$  to  $39^{\circ}\text{C}$ ). Paracetamol in the form of a syrup or suppositories is available from the chemist without prescription. The usual dose of paracetamol is 10 to 15mg per kg of body weight every 6 to 8 hours (100 to 150 mg if the baby weighs over 10 kg). If a baby under two months old is running a fever, see your doctor even if the temperature drops with medication. Contact your



doctor if the temperature persists even after giving your baby the correct dosage of antipyretic and he/she refuses to drink, or if their temperature is high for several days without a cough or cold. Hospitals and health care centres provide advice over the phone, especially during epidemics. If your baby has feverish convulsions, seek advice from your clinic's nurse or doctor.

## Diarrhoea

Baby stools tend to be rather runny and this should not be viewed as a symptom of diarrhoea. During respiratory infections, baby stools are often even less solid than normal. If your baby has diarrhoea, their stool will have a terrible 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, such as water, juice or 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.

## 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. Ear infections may occur as a secondary illness.

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

#### is under 2 months and

- ◆ has a fever,
- ◆ is not feeding properly,
- ◆ is sleepy or lethargic,
- ◆ cries or is sensitive to being touched,
- ◆ has trouble breathing or shortness of breath, or
- ◆ its urine starts smelling odd.

You can also phone the maternity unit for advice.

#### runs a fever over 38.5°C and

- ◆ is irritable and easily startled,
- ◆ is sleepy and vacant,
- ◆ has trouble breathing or shortness of breath,
- ◆ cries and cannot be soothed,
- ◆ refuses drinks,
- ◆ its skin seems bruised,
- ◆ has a severe primary disease.

### Contact your doctor when your baby is running a fever (over 38.5°C) if:

- ◆ your baby is 2 to 5 months old,
- ◆ its temperature is very high (over 41°C),
- ◆ the baby cries when urinating, the urine smells very bad,
- ◆ a fever has lasted for over 24 hours without any apparent reason,
- ◆ the baby has had fever convulsions previously, or
- ◆ it has a fever for three days and then begins running a temperature again.

Reduce the fever by giving your child antipyretics (paracetamol) and using damp wraps before seeing the doctor.

## Childhood vaccination programme

Vaccine		Age
<b>DTaP-IPV-Hib I</b>	(diphtheria, tetanus, pertussis, polio, incl. some respiratory and ear infections)	3 months
<b>DTaP-IPV-Hib II</b>		5 months
<b>DTaP-IPV-Hib III</b>		12 months
<b>MMR I</b>	(measles, mumps, rubella)	14-18 months
<b>DTaP-IPV</b>	(diphtheria, tetanus, pertussis, polio)	4 years
<b>MMR II</b>	(measles, mumps, rubella)	6 years

## 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 infection 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. In-

stead, they have rare but severe secondary diseases which cause disability, infertility and death. 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 health nurse in the child health clinic. In addition to vaccinations, protect your child from diseases by avoiding contact with ill people. Alongside the vaccination programme, your child may be vaccinated against chicken pox, 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 Public Health Institute at [www.ktl.fi](http://www.ktl.fi). ♦

# Organising childcare

Parents need to make decisions on childcare arrangements during the first year. Many families decide to care for the baby at home for as long as possible. Sometimes, the mother may have agreed with her employer on a date upon which she will return to work. In some families, the father stays at home to care for the children while the mother returns to work. Childcare arrangements are important to the parents and the child. Each family needs to find the solution that best suits their needs; no single alternative is optimal for everyone.

## Considering day care

When considering day care, parents should take their child's developmental stage into account. Once the child has reached its first birthday, many skills start to develop fast. It will learn to walk, talk (some words at least), eat and drink. Some children will even begin dressing themselves. Being in day care is very different for a one-year-old than for a baby which still needs continuous care and assistance. At the age of one, children usually become more interested in other children. Although one-year-olds tend to play by themselves and rarely engage in joint activity, they do notice and enjoy the presence of other children.

When maternal and parental leave ends, the child is about nine months old. This is a particularly challenging time to begin day-care as at this age children are very selective in their affection. A child's

sense of security is based on the presence of the primary carer (usually mother or father). When separated from him or her, the child becomes distressed. For children, separation causes stress and prolonged stress may impede healthy development. A stressed child is tearful, clings to its parents and has difficulties adapting to day care or accepting the new carer. The risk of such problems diminishes drastically over just a couple of months.

The child's cognitive development and other skills speak highly in favour of waiting until the child is at least one year old before entering day care. However, this is not always possible. In some families, placing the child in day care very early is the best solution. In addition to family finances, parental exhaustion is a very sound reason for placing the child in day care.

## Finding the right alternative

Choosing the proper day-care solution for your child should be a carefully thought out and researched process. Ask for information on day care options available in your neighbourhood from your child health clinic, municipal officers responsible for day care in the area, private day care organisations and directly from day care centres and other day care providers. Consider in advance the things that are important to you, your family and the child, i.e. group size, the ages of the other children in care, the carers' education and attitude, backup resources when the carer



is ill, location, environment etc. Finding well-functioning, reliable day care is essential for the well-being of all family members.

But even when the parents have done their best to find an optimal solution, something unexpected may come along

**EACH FAMILY NEEDS THE SOLUTION  
THAT IS BEST FOR THEM.**

causing a change of plan. The family needs to move, for example, or your family day care provider retires, is taken ill or moves away, there are personnel changes in the day care centre, or your child for one reason or another does not seem to adjust to day care. In such cases you will need to reassess the situation.

### Adjusting to the new situation

There is great variation in how children react to day care, the new carers, and changes in general, which makes preparing for possible problems in advance difficult. Do not expect your child to adjust immediately; it is likely that problems will occur but they usually pass with time. Most children go through periods when they are reluctant to go to day care. However, if the problem persists find out why your child is distressed and what it is that frightens or perturbs it. On the other hand, young children are masters at adjusting and will find the positive sides

despite problems in the beginning. For day care to succeed, parents need to update their information every day. Talk with the day care personnel to find out how your baby's day went and what he or she has been up to.

In addition to preparing the child for day care, parents need to prepare themselves as well.

Work on your "separation anxiety" and observe your reactions and emotions when someone else is caring for your baby while you are away. Placing your child in childcare outside the home will create mixed feelings, and the new situation may be distressing for the parents as well. Discuss your feelings with the day care personnel. ♦



# Prenatal and child health clinics

## Prenatal and child health clinics

Prenatal and child health clinics operate in connection with health care centres. They offer regional health and social services which are voluntary and free of charge. Clinics are usually located around the city or municipality. Finnish prenatal and child health clinics comprise a reliable system; nearly all expectant parents and families with children use their services. 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.

**Child health clinics** promote the health and well-being of children and their families with the objective of reducing the health differences between families. 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 the early detection of possible problems and arranging the appropriate help for families with children.

The point of contact is your clinic's nurse, who is a professional in promoting health and family care. Clinic nurses are familiar with the people and families living in the area. According to the national strategy and based on the individual needs of families, clinic nurses meet with families at least

16 times before school-age. Families with under one-year-olds visit the clinic at least 10 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).

Child health clinic nurses 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 clinic nurse is an invaluable source of information regarding the child's developmental stage, and topics covered during visits usually include nutrition and adherence to a healthy diet, exercise and activities etc. Speech development is monitored during every visit. Breastfeeding advice and guidance is provided as long as required. The clinic's nurse will also vaccinate your child according to the current Finnish vaccination programme and perform any screening tests required.

Clinic nurses offer their professional expertise to parents, co-operating with the families in full confidentiality. Together with the family, clinic nurses assess the family's need for further examinations or support.

In addition to clinic nurses, child health clinic doctors are the only professionals that meet every family and their children within their operating area. Clinic doctors participate in monitoring the child's health and development. Their responsibilities in-



clude screening for diseases and abnormal development, and interpreting developmental disturbances, which are usually usually first detected by the clinic nurse.

Other professionals working at the child health clinic 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, child welfare, day care and pre-schools, child guidance and family counselling centres, school health care and specialised health care.

The clinic nurse makes at least one house call when the baby is born (house calls 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 from hospital earlier, many issues that used to be solved in the postnatal ward are now the responsibility of child health clinics. Supporting breastfeeding and ensuring adequate milk production, monitoring skin colour (yellow tint) and possible infection or cardiac symptoms, and addressing tearfulness caused by hormonal changes, are among these new responsibilities.

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 services centre

Families with children needing financial support or home-help services (household chores, child care or help with upbringing) should contact the social services or family support centre without delay for long-term help or for support over a shorter period of time. Services include house calls and trained support persons for the family or child. Discuss problems related to finances, housing or other family issues with a social worker in order to identify viable solutions.

Family workers are municipal social welfare professionals who may be available for support when the person normally responsible for the family's finances has fallen ill, or is injured or suffers from exhaustion. Support is provided on the grounds of a social risk, such as birth, lack of rest or some other difficult episode in life. Home-help services and child care are subject to fees, based on the family's financial standing. These services are free of charge for poor and low-income families.

Family work by home-help services aims to address family problems at an early stage and also to offer preventive support services.

## Municipal day care

Municipal day care supports and complements child rearing at home and is available for all families with children. Day care applications are submitted to the social services centre responsible for organising the municipal day care services. Charges for day care are based on the family's income, family size and daily day care hours. The highest fee is €33 per month. The family may be exempt from payment on certain grounds.

All children under the age of three are entitled to municipal day care. Day care is organised in various forms including day-care centres, family day care, group family day care, supervised playgrounds and other open early childhood education. Day-care includes full and part-time care for children aged 0 to 6 years as well as supervised afternoons for school-aged children. Late night and overnight childcare services and special needs care are also available under day care.

## Services for chronically ill or disabled children

Municipalities are obliged by law to arrange services for intellectually disabled children whose development has been disturbed due to a congenital illness, defect or injury, or one which has been detected during childhood. Support services are arranged for children with hearing, sight or motoric disability, as laid down in the Act on Services and Assistance for the Disabled Children with a disability or injury receive ser-

vices via the social services and health sector. If the services provided are not adequate, they may be complemented with special services. For more information on services and benefits available for families with disabled children, 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. For detailed information, please contact the Central Union for Child Welfare (Lastensuojelun keskusliitto), tel. 09 - 329 6011 or visit [www.lskl.fi](http://www.lskl.fi), or contact YTRY, the union's umbrella organisation for disabled and chronically ill children's parents' associations, or FAIDD (the Finnish Association on Intellectual and Developmental Disabilities), tel. 09 - 348 090 or visit at [www.kehitysvammaliitto.fi](http://www.kehitysvammaliitto.fi).

## Child guidance and family counselling centres

Child guidance and family counselling centres promote the favourable development of children and families. Children, teens and their families receive support and advice on issues relating to child rearing, development and relationships between family members. Reasons for contacting a child guidance and family counselling centre include conflicts between family members, children's fears, inability to adjust, shyness and problems at school. The sooner such problems are addressed, the easier it is to find a satisfactory solu-

## ALL CHILDREN UNDER THE AGE OF THREE ARE ENTITLED TO MUNICIPAL DAY CARE.

tion. When there is a problem, the whole family should visit the child guidance and family counselling centre, since the problems of one family member tend to have an impact on the whole family.

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. Services provided at child guidance and family counselling centres are confidential and free of charge. For more information, please contact the Finnish Association for Child and Family Guidance, tel. 09 - 272 7470, or visit [www.suomenkasper.fi](http://www.suomenkasper.fi).

### Mother and child homes

Mother and child homes provide support in parenting and life management. Mothers are welcome during pregnancy or when the baby is born. If necessary, fathers may sometimes be accommodated as well. In mother and child homes, parents can practice baby care and daily routines in a supervised environment. A care plan is drafted in co-operation with municipal child welfare according to the family's needs.

Mother and child homes also provide round-the-clock advice on child care issues, such as breastfeeding and caring for a crying baby. Some mother and child homes specialise in problems related to substance abuse. Their operational area includes all of Finland. For more information, please contact the Federation of

Mother and Child Homes and Shelters (Ensi- ja turvakotien liitto), tel. 09 - 4542 440, or visit [www.ensijaturvakotienliitto.fi](http://www.ensijaturvakotienliitto.fi).

### Mother and child shelters

Mother and child shelters help adults and children who have experienced domestic violence or the threat of violence. Mother and child shelters accept single adults and parents with children, and are open around the clock. A phone call in advance is recommended, but not necessary. The shelters and their helplines are available 24/7. You can stay at the shelter from a few days to two months. During this time, parents are supported by authorities across several sectors in identifying solutions to their problems. "Out-patient" support is also provided, and receiving support does not thereby necessitate staying at the shelter. 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. For online mother and child shelters, please visit [www.turvakoti.net](http://www.turvakoti.net).

### 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 and operational methods include individual discussion therapy as well as couples and family therapy. Help is free of charge and offered to members and non-members of the Church. Personnel are obliged to keep their clients' details confidential.

For contact details, please visit [www.evl.fi/kkh/to/kpk/pankyhte.htm](http://www.evl.fi/kkh/to/kpk/pankyhte.htm). ♦

# Organisations

## Federation of Mother and Child Homes and Shelters

The Federation of Mother and Child Homes and Shelters (Ensi- ja turvakotien liitto) is a national child welfare organisation aiming to secure a child's right to favourable living conditions and safe development, support parenting and families, and prevent domestic violence. The Federation provides assistance to parents in various problem situations. Further activities include "out-patient" support and development projects such as baby blues and the baby sleep solution. For more information, please visit [www.ensijaturvakotienliitto.fi](http://www.ensijaturvakotienliitto.fi) or call tel. 09 - 4542 440.

Also visit Miesten kriisikeskus (Men in Crisis) at [www.miestenkriisikeskus.net](http://www.miestenkriisikeskus.net), or call tel. 09 - 6129 370.

## Folkhälsan

Folkhälsan is an organisation in the social welfare and health care sector that carries out scientific research and provides social welfare and health care services as well as information and counselling in order to promote health and quality of life. Folkhälsan provides child welfare and child day-care services, mainly in the Swedish speaking regions of Finland, and organises baby swimming in several locations. For more information, please contact Folkhälsans Förbund, tel. 09 - 315 000.

## The Breastfeeding Support Association in Finland

The Breastfeeding Support Association in Finland (Imetyksen tuki) promotes, sup-

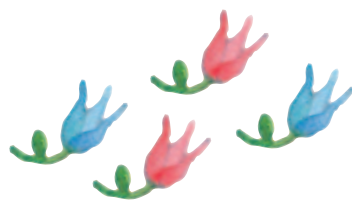
ports and protects breastfeeding and positive attitudes towards breastfeeding. The association organises breastfeeding courses for support mums and those responsible for local support groups, distributes up-to-date information on breastfeeding and breast milk, assists mothers in organising local peer support groups, and publishes a newsletter on breastfeeding issues. For support and more information on breastfeeding, visit [www.imetys.fi](http://www.imetys.fi), or call the national Breastfeeding Support Line, tel. 041 - 5285 582. Support groups where mothers assist each other are organised nationwide (for details, please visit [www.imetystukilista.net](http://www.imetystukilista.net)).

## Association for Families with Children

The special-interest group of families with children (Lapsiperheiden etujärjestö) aims to act as a direct channel in influencing decision-makers. The special-interest group can be joined via an online mailing list at [www.lapsiperheet.net](http://www.lapsiperheet.net). In some locations, members have formed action groups organising outings and special events for families with children, and made proposals to develop local services and benefits.

## The Mannerheim League for Child Welfare

The Mannerheim League for Child Welfare (Mannerheimin Lastensuojeluliitto, MLL) is a non-governmental organisation and membership is open to everyone. It promotes the wellbeing of children and of



families with children, increases respect for childhood and seeks to make this issue more prominent, and ensures that children's views are taken into account in public decision-making. Visit MLL's Web pages at [www.mll.fi](http://www.mll.fi) for information on the growth and development of children and parenting. There you will also find a guide to prenatal and child health clinics intended for immigrants.

MLL has 566 local associations throughout the country providing short-term child care services when, for example, the child is ill or the parents need a break to devote time to hobbies or spend some time together.

The parent helpline Vanhempainpuhelin (tel. 0600 - 12277) and interactive online help Vanhempainnetti ([www.mll.fi](http://www.mll.fi)) provide guidance and support for parents. Another parent who has volunteered and is trained for the task will answer the phone or reply to your mail. Contacts are confidential and anonymous. The parent helpline is available on Mondays at 5 pm to 8 pm, on Tuesdays and Thursdays at 10 am to 1 pm and 5 pm to 8 pm.

## Men's Association

The Miessakit Association provides peer support for men in crisis and problem situations. Visit their Web pages at [www.miessakit.fi](http://www.miessakit.fi), or call tel. 09 - 6126 620. The activities of the Miessakit Association include providing help for men in finding an alternative to intimate partner violence

("Lyömätön Linja"). If you need help, call 09 - 6126 6212 or email [lyomaton.linja@miessakit.fi](mailto:lyomaton.linja@miessakit.fi).

## Multicultural Women's Association

Monika-Naiset liitto ry is a multicultural women's association promoting equality, human rights, multiculturalism and the empowerment of women. Its objectives include promoting the status of immigrant women in Finland, offering and developing services for immigrant women and children who have experienced intimate partner violence, preventing social exclusion among immigrant women and promoting the integration of immigrant women into Finnish society.

Services, legal advice and sheltered accommodation are available in several languages. For clients, these services are free of charge. Contact Monika-Naiset liitto by phone, tel. 09 - 6943 485, email [info@monikanaiset.fi](mailto:info@monikanaiset.fi), or visit [www.monikanaiset.fi](http://www.monikanaiset.fi).

## National Women's Line in Finland

The National Women's Line in Finland (Naisten Linja) ([www.naistenlinja.com](http://www.naistenlinja.com)) is a national freephone helpline (tel. 0800 02400) providing information and advice for girls and women affected by violence or the threat of violence. Groups intended for women and girls meet in the facilities of the National Council of Women, in Helsinki (address Mannerheimintie 40 A 17).

## Save the Children Finland

Save the Children Finland ([www.pela.fi](http://www.pela.fi)) is a non-profit, non-governmental Finnish organisation which fights for children's rights and aims to improve children's lives. Activities include volunteer work; children's holiday housing, support families, foster care and group homes in several locations, domestic and international adoptions, sponsor activities, children emergency help, and local and regional development projects.

## The Family Federation of Finland

(Väestöliitto) is an organisation in the social welfare and health care sector providing versatile services for families. Visit the Väestöliitto at [www.vaestoliitto.fi](http://www.vaestoliitto.fi).

### Central Office

is located in Helsinki, tel. 09 - 228 050

### Väestöliiton Kotisisar Oy

– short-term child care, tel. 020-799 5656

### Family Network

– services for families with young children, tel. 040-180 1500,  
email [perheverkko@vaestoliitto.fi](mailto:perheverkko@vaestoliitto.fi)

### Couple Relationship Centre

– relationship support and advice,  
tel. 0800-183 183

### Family Clinic

– counselling and therapy services, appointments tel. 09-2280 5267

### Murkun kanssa

– support for parents of teenagers,  
[murkunkanssa@vaestoliitto.fi](mailto:murkunkanssa@vaestoliitto.fi)

### Kotipuu

– support for multicultural families, tel. 09 - 2280 525, email [kotipuu@vaestoliitto.fi](mailto:kotipuu@vaestoliitto.fi)

### Men's Support

– support service for men,  
email [miehenaika@vaestoliitto.fi](mailto:miehenaika@vaestoliitto.fi)

## Sexual Health Clinic

appointments tel. 09 - 2280 5267,  
helpline tel. 09 - 644 066

## Medical Genetics Clinic

tel. 09 - 6162 2246,  
email [med.genet@vaestoliitto.fi](mailto:med.genet@vaestoliitto.fi)

## The Single Parents' Association

The single parents' association Yksin- ja yhteishuoltajien liitto provides information and useful tips for pregnant single mums and parents facing a divorce, via the association's Web pages at [www.yyl.fi](http://www.yyl.fi). Advice and support is also available by phone. Southern Finland tel. 09 - 8777 884, Eastern Finland tel. 017 - 2622 644, Northern Finland tel. 08 - 334 912.

The Single Parents' Association aims to improve the quality of life of single parent families. The association comprises about 50 local associations, clubs and meeting places. Member families organise free-form activities for single parents, meeting parents, biological parents, widows and widowers.

Member associations organise divorce seminars for adults and children, meeting places for single parents, field trips, theatre visits, supported holidays, training, shared mother's/father's days, Christmas parties etc. One in every two associations organises peer support, meetings for the divorced, child care networks and supervised kid's corners.

## ÄIMÄ - Association for Mothers Suffering from Depression

The ÄIMÄ Association offers support to mothers suffering from postnatal depression and to their friends and family. ÄIMÄ is a member organisation of the Federation of Mother and Child Homes and Shelters



and is based on volunteer work. Mothers who have suffered and recovered from postnatal depression form a peer group supporting mothers with PND and their friends and family. ÄIMÄ offers an additional service that complements professional aid.

For more information on postnatal depression, please visit the association's website at [www.aima.fi](http://www.aima.fi). In addition to peer support, the association organises meetings and training sessions and publishes its own magazine. Helpline 040-7467 424, email [toimisto@aima.fi](mailto:toimisto@aima.fi).

## 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 the Save the Children organisation (for more information, please visit [www.pela.fi](http://www.pela.fi)) or your local Social Welfare office. If necessary, the baby will be placed in a children's home or a private child care home. It is possible to transfer the baby directly from the hospital, which will give the mother time to consider her decision.

If the mother decides to give her baby up for adoption, formal consent to adoption cannot take place until at least eight weeks after the baby is born. 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. Counselling is provided free of charge to the parents.

### 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 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. After a miscarriage, a D&C (dilatation and curettage) or evacuation is carried out to reduce the chance of infection and to ensure that you do not continue bleeding. If you experience heavy bleeding or if your temperature rises after having a miscarriage, contact the hospital as soon as possible.

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 (visit [www.enkelisivut.net](http://www.enkelisivut.net)). Ask your nurse if there is a mis-

carriage support group in your neighbourhood. Väestöliitto, the Family Federation of Finland, has a support group within its fertility clinic in Helsinki for couples who have lost one or more babies to miscarriage (for more information, please visit [www.vaestoliitto.fi](http://www.vaestoliitto.fi)).

## The death of a child

The death of a child must be 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 syn-

drome (SIDS). KÄPY ry, the Association for SIDS and child death families in Finland, was established to support families who have lost their child. Visit KÄPY ry. at [www.kapy.fi](http://www.kapy.fi). The association's helpline (0800-95959) is available on Mondays and Thursdays from 8:30 am to 11:30 am.

KÄPY ry. publishes material intended for families who have lost a child and for the people supporting those families. 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. ♦

# Social protection for families with children

(Dated 1 January 2012)

Up-to-date information on benefits for families with children is provided by the local offices of the Social Insurance Institution of Finland (KELA) and the municipal social services department. The information presented herein was correct on 1 January 2012.

For further information, please see *Families with children* at **www.kela.fi**. For details on parental leave and parental allowance periods and employment, please visit **www.mol.fi** and **www.tyosuojelu.fi**, respectively.

Information on family benefits can also be found online at [www.kela.fi/asiointi](http://www.kela.fi/asiointi). You can log in using net bank user IDs provided by Finnish banks, but please note that the service is only available in Finnish and Swedish. The online service also provides the chance to monitor the application's progress and the related fees.

## Maternity grant in goods or cash

The maternity grant is intended to be used for the baby. You can choose between a cash benefit (EUR 140) and a maternity package

## BENEFITS APPLIED FOR THROUGH KELA

### To do list during pregnancy:

Pregnancy diagnosed	→	Make an appointment with your doctor or the prenatal clinic before the end of the fourth month of pregnancy.
Is your work dangerous?	→	Grounds for special maternity allowance?
Pregnancy has lasted 154 days	→	Pregnancy certificate for maternity allowance, maternity grant and family allowance
Notify your employer	→	2 months in advance (if the intended leave is no more than 12 days, 1 month in advance is sufficient)
At least 2 months before the estimated date of delivery	→	Apply for maternity allowance, maternity grant and family allowance from KELA
50 to 31 weekdays before the estimated date of delivery	→	Early maternity allowance period
30 weekdays before the estimated date of delivery	→	Maternity allowance period

containing clothes and child care items. Mothers who have undergone a medical examination through a doctor's appointment or have visited the antenatal clinic before the end of the fourth month of pregnancy are entitled to a maternity grant.

In cases of multiple birth (twins, triplets, quadruplets...), the number of maternity grants increases. This increase also applies to families which adopt several children at the same time. You can choose to receive cash, packages or a combination of both.

Adoptive parents are also entitled to a maternity grant. Furthermore, parents adopting a child from abroad can claim an adoption grant (adoptiotuki) from KELA. This adoption grant is a tax-free, one-time payment. Its amount depends on the

child's country of origin (Estonia EUR 1,900; China and Columbia EUR 4,500; other countries EUR 3,000). In international adoptions, the permission of the Council on International Adoption (lapseksiotamisasioiden lautakunta) is required.

### Family allowance

Family allowance (lapsilisä) is sometimes also called "Child allowance" or "Child Benefit". It is paid for children under 17 years of age who are living in Finland. Family allowance is paid once a month into the bank account of the child's legal guardian. Payments begin in the month following birth and continue until the end of the month in which the child reaches the age of 17. Family allowance is untaxed and the amount per child increases with each child:

Child	First	Second	Third	Fourth	5 +
EUR/month	104.19	115.13	146.91	168.27	198.63
Single parents receive (from 1.1.2012) an increase of EUR 48.55 for each child. Applications for family allowance and raised family allowance should be submitted to the Social Insurance Institution's (KELA) local office.					

### Maternity allowance

Expectant mothers are entitled to maternity allowance (äitiysraha) when the pregnancy has lasted 154 days and providing that the mother has been resident either in Finland or in another member state of the European Economic Area (EEA) or the European Union (EU) for 180 days preceding the estimated date of delivery

(EDD), and is entitled to receive Finnish benefits.

Apply for maternity allowance at least two months before the estimated date of delivery, from your local KELA office or employer's benefit fund (työpaikkakassa). Maternity allowance is paid for 105 weekdays. If the mother is employed, she is en-

titled to take leave from work for this period. Maternity leave can begin a maximum of 50 weekdays and no later than 30 weekdays before the estimated date of delivery.

## Special maternity allowance

If a pregnant woman needs to be absent from work, because her duties or working conditions present a danger to her own or to the baby's health and if suitable alternative work cannot be found nor the risk factors eliminated, she may be entitled to a special maternity allowance (erityisäitiysraha) paid until the maternity allowance period begins. The special maternity allowance can be backdated by up to 4 months. If the expectant mother is employed, she is entitled to take leave from work for the period during which she received a special maternity allowance.

**The first maternity allowance** instalment is paid for a 30-day period and subsequent instalments after each 25-day period. Employees are entitled to

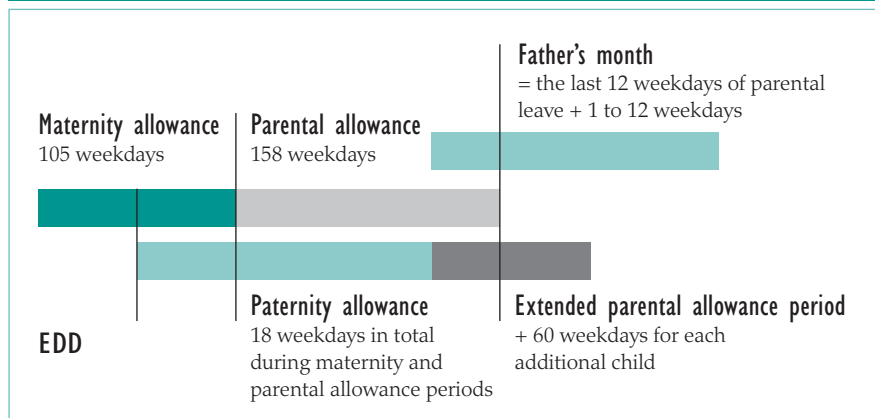


**maternity leave** (äitiysvapaa) during the period that they receive maternity allowance.

## Parental allowance

Parents are entitled to 158 weekdays of parental allowance (vanhempainraha) and parental leave (vanhempainvapaa) after the maternity allowance period and ma-

## Maternity, paternity and parental allowance payments



ternity leave have ended.

For the parents of twins, the parental allowance period is extended by 60 weekdays, and for the parents of triplets by 120 weekdays. It is possible for the father to take these extra days at the same time as the mother is on maternity or parental leave.

Adoptive parents receive parental allowance for at least 200 weekdays for an adopted child under 7 years of age when the adoptive parent leaves his or her work to take care of the child. Adoptive parents must apply for parental allowance within 2 months of receiving the child. Parents living in a registered partnership (rekisteröity parisuhde) must decide on how to divide the parental allowance period among themselves when a child is born or adopted after the partnership has been registered.

The parents must decide whether parental allowance is paid to the mother or father taking leave from work to care for the baby. If both parents take parental leave and apply for parental allowance, they both receive a raised allowance payment for up to 30 weekdays (60 weekdays in total).

Apply for parental allowance no later than 1 month before the date you wish

the allowance to begin. Extended paternal leave, called the ‘father’s month’ (isäkuukausi) is exceptional in that applications must be submitted 2 months before the desired start date. Employees must inform their employers about the planned leave of absence at least 2 months in advance.

Parental allowance is paid retrospectively for 25 weekdays at a time. Payments begin only after the mother has undergone a post-natal medical examination within 5 to 12 weeks after childbirth and has presented a certificate to this effect from a doctor or nurse.

### Partial parental allowance

Partial parental allowance (osittainen vanhempainraha) is half of the full allowance. The amount is calculated separately for each parent. Partial parental allowance is paid for a maximum of 158 weekdays for the birth of one child. It is possible for the parents to share responsibility for taking care of the baby by agreeing part-time working arrangements with their employers for the same period of time and taking turns in caring for the child. Work is considered part-time work when the total working hours and salary are reduced by 40% to 60%. The agreement on part-time work is made with the employer, for a

## Fathers month

Timing chosen by family				
Maternity allowance 105 days	Parental allowance $158-12=146$ days	Home care allowance	Parental allowance 12 days	Bonus 12 days
Mother	Mother or father	Mother or father	Father	

minimum period of two months.

## Benefits for fathers

Fathers participating in the care of the child are entitled to paternity allowance (isysyraha) and parental allowance (vanhempainraha). These allowances can be paid to the father if he is married to the child's mother and they are not separated. They can also be paid to a spouse cohabiting with the mother.

Adoptive parents can apply for parental and paternity allowances from the Social Insurance Institution KELA. Adoptive fathers have the same rights regarding paternity allowance and the father's month as other fathers.

Fathers are entitled to paternity allowance for a total of up to 18 weekdays in up to 4 segments during the maternity allowance or mother's parental allowance period. Fathers are entitled to paternity leave during the time they receive paternity allowance.

## Father's month

Paternity leave now provides more possibilities due to additional flexibility in the of extended paternal leave, i.e. the 'father's month', provided that either the father or mother cares for the baby at home during the intermittent period.

Fathers can use the last 12 or more days at the end of the parental allowance period instead of the mother, and combine them with an extension of 1 to 24 weekdays. This father's month must be taken within 180 days of the last day of the parental allowance period immediately following the maternity allowance period.

If the parents wish to combine the last

12 days of parental allowance with a subsequent father's month, they must notify KELA of this at least 2 months before the end of the parental allowance period.

Paternity allowance is paid retrospectively for one or more periods, as requested. The application period lasts for 2 months after the parental allowance period has ended. For a father's month that has been flexibly moved, paternity and parental allowances must be applied for 2 months in advance from your local KELA office or employer's benefit fund. Fathers must inform their employers about paternity leave at least 2 months in advance. If the period is no more than 12 days, employers must be informed 1 month in advance.

In 2010, the father's month was extended from 13 to 36 weekdays for families whose entitlement to parental allowance begins in 2010. Parental benefit is used here as a collective term covering special maternity allowance, maternity allowance, paternity allowance and parental allowance. For more information, please visit [www.kela.fi](http://www.kela.fi).

## Maternity, paternity and parental allowances are subject to tax

Maternity, paternity and parental allowances are subject to tax, which is usually withheld by KELA. As a rule, the amount of the allowance is calculated based on the earned income confirmed in the tax return. To calculate an estimate, please visit [www.kela.fi/laskennat](http://www.kela.fi/laskennat) where you can find online calculation tools. Please note that, so far, these tools are available only in Finnish. The minimum parental allowance is EUR 22.13 per weekday.

The amount of maternity allowance is

raised during the first 56 days (over 9 weeks). Normal maternity allowance is paid for the subsequent 49 days. However, the increase is only added to allowances based on confirmed income. The paternity allowance paid for the father's month can be raised if the father did not use up all of the 30 days during the parental allowance period.

The maternity, paternity and parental allowances are paid to the employer if the employee receives normal wages during his or her maternity/paternity and parental leave. Should the allowance be greater than his or her salary, the difference belongs to the employee.

If the mother is at work during her maternity or parental allowance period, her allowance is EUR 22.13 per day during working days. If the father is on paternity leave during his military or civilian service, his allowance is EUR 22.13 per weekday.

## An ill or disabled child

Should your child be ill, you can apply for compensation from KELA. Benefits to secure the family's income include special care allowance (erityishoitöraha) and child home care allowance (lapsen kotihoidontuki). For more information, please visit the "Sickness and disability" section at [www.kela.fi](http://www.kela.fi). Disabled children and children suffering from a severe illness may be entitled to rehabilitation. Detailed information has been published in Finnish in the brochure *Kuntoutukseen*.

**Special care allowance** (erityishoitöraha) can be paid to the parents of under 16-year-old children resident in Finland who, on account of participating in the treatment of the child, cannot carry out their regular work and are not paid during

the leave of absence. Special care allowance is paid for care given at home only in the case of a severe illness.

**Disability allowance** (vammaistuki) for persons under the age of 16 is paid to children aged 16 or under and living in Finland, whose disability or illness requires care, attention and rehabilitation causing the family stress and limitations exceeding the requirements of a normal child of the

## Care benefits for young children

### Child home care allowance

One family member must be a child under 3 years

Basic allowance	EUR/month
- for one child under 3 years	327.46
- for each subsequent child under 3 years old	98.04
under school age	63.60

### Supplement (income dependent)

- paid for one child only, max. 175.24

Parents are not required to care for the child themselves.

### Private day care allowance

One family member must be a child under school age

Basic allowance	EUR/month
- for each child under school age	166.71

### Supplement

- for each child under school age, max. 140.19

The benefit is paid to a private child care provider designated by the parents.



### Supplement criteria (euro/month)

Family members (number)	Income limit for full amount	Decrease percentage	Income exceeding the limit for child home care allowance supplement	Income exceeding the limit for private day care supplement
2	1 160 EUR/month	11,5	2 683.79 EUR/month	2 329,96 EUR/month
3	1 430 EUR/month	9,4	3 294.21 EUR/month	2 861,33 EUR/month
4 or more	1 700 EUR/month	7,9	3 918.17 EUR/month	3 403,11 EUR/month

If the family's income exceeds the limit entitling to a full supplement, the full amount of the supplement is reduced by the cited percentage calculated based on the part exceeding the limit. Only 2 parents and 2 children under school age are included in the calculations.

The private day care allowance and an earnings-related supplement are paid for each eligible child.

same age, for a period of over 6 months.

### Child care leave and reduced working hours

After the parental allowance period has ended, parents can take child care leave (hoitovapaa) with full employment security to look after a child under 3 years old. Both parents cannot be on full-time leave at the same time. The minimum length of child care leave is 1 month. Parents must inform their employers of the intended child care leave and its duration a minimum of 2 months before it begins. Employers are not required to compensate employees who are on child care leave. Credits for paid annual leave do not accrue during child care leave.

Parents are entitled to an unpaid reduction in working hours (also called part-time or partial child care leave (osittainen hoitovapaa) up to the end of the second

school year (third school year when the child is in the extended compulsory education system). The related arrangements are agreed between the parent and the employer. In practice, reduced working hours often translate into 6 hours per day or 30 hours per week.

Both parents can be on partial child care leave during the same calendar period, but they may not both provide child care at the same time. They may, for example, share the responsibility so that one parent looks after the child in the morning and the other in the afternoon. Parents may also agree on caring for the child on alternate days or weeks.

Request partial child care leave from your employer no later than 2 months before starting to work reduced hours. For more information on reduced working hours and partial child care leave, please contact your occupational health and safety inspector (työsuojelutarkastaja).

## Child home care allowance and private day care allowance

After the parental allowance period ends, parents can choose between municipal day care, **home care allowance** (lasten kotihoidon tuki) if the child is under 3 years old, and **private day care allowance** (yksityisen hoidon tuki) if day care for children under school age is provided by a private child care provider approved by the local authorities.

The adoptive parents of a child over 3 years old may receive child home care allowance until 2 years have passed from the date on which parental allowance was first paid. However, this right ends when the child begins school.

It is possible for a family to receive child home care allowance and private day care allowance at the same time, but for different children.

The child home care allowance consists of a **basic allowance** (hoitoraha) and a **supplement** (lisäosa) paid for one child only. Eligibility for the supplement and the amount paid depend on the family's income. In addition, the basic allowance or care supplement can be further supplemented by a separate additional allowance by decision of the municipality (municipal supplement).

As a rule, the allowance is not paid for children permanently or temporarily residing abroad. However, a child residing in a member state of the European Economic Area (EEA) or the European Union (EU) may be eligible for home care allowance. A family receiving maternity and parental allowances may receive home care or private day care allowance for its other children under school age. Child home care basic allowance is adjusted to the parental allowance.

Partial care allowance (osittainen hoit-

oraha, EUR 70 per month, taxable) is available for parents who are working reduced hours (max. 30 hours/week) to look after the child. When parents share the care of the child, they are both entitled to partial care allowance.

Applications for child home care allowance, private day care allowance and partial care allowance are submitted to the Social Insurance Institution's (KELA) office. These allowances can be backdated up to 6 months.

## Students

Full-time study is considered full-time employment. When the parent is a student, he or she can receive both the **study grant** (opintoraha) as specified in the Act on Student Financial Aid, and maternity and parental allowance of EUR 22,13 (from 1.3.2011) per weekday. If the parent decides not to draw his or her study grant, parental allowance can be calculated on the basis of earned income. Your local KELA office will assist in comparing available alternatives and determine how they will affect other income, such as the housing supplement (asumistuki).

If both parents are employed and they have agreed that the parental allowance is to be paid to the father, he will receive a parental allowance of EUR 22,13 (from 1.3.2011) per weekday.

In addition to income subject to tax and other forms of income benefits, maternity and parental allowances, together with the child home care allowance, are considered when awarding a study grant. Students have personal limits for annual income based on the number of months they have drawn a study grant or housing allowance. Any income exceeding the annual limit affects the amount of study grant and housing allowance. For more information on the annual

income limits, please read the KELA brochure on study grants or use the online calculation tool to determine your annual income limit at [www.kela.fi/opintotuki](http://www.kela.fi/opintotuki). Please note that these online tools are so far only available in Finnish.

### Student loan interest subsidies

KELA pays the full interest on student loans guaranteed by the State. Students are not obliged to repay the subsidies. Interest subsidies are available to all those who have a low income, provided that interest is not being capitalised for market-rated student loans or provided that the claimant has not received financial aid during the five months preceding the due month for interest-subsidised loans. For more information on eligibility criteria and application instructions, please visit KELA at [www.kela.fi](http://www.kela.fi) or read the related brochure.

### Other forms of benefits

Families whose income is insufficient to pay

the rent or other fees for an owner-occupied home can apply for **housing allowance** (asumistuki) from KELA. For more information, please visit KELA at [www.kela.fi](http://www.kela.fi) or read the brochure on housing benefits.

If either of the parents is performing military or civilian service, the family may apply for **conscript's allowance** (sotilasavustus) for housing and living costs from KELA. For more information, please visit [www.kela.fi](http://www.kela.fi).

A **parent receiving unemployment benefit** is entitled to a **child supplement** (lapsikorotus) from the date of birth onwards. To receive the supplement, the child's birth is indicated on unemployment notification form TT2, which needs to be delivered to the local KELA office or unemployment fund (työttömyyskassa).

A **retired parent** can receive a **child supplement** to his or her pension, beginning on the month following the baby's birth. A child supplement is applied for through your local KELA office.



# Municipal benefits

## Establishing paternity and custody

The paternity of a child born outside marriage can be established either by acknowledgement of paternity by the father or through a court decision. This applies also to cohabiting parents. The father is required to acknowledge paternity before it can be legally confirmed by the social security authorities (local register office, maistraatti). The acknowledgement of paternity is handled by the municipal child welfare officer, who is responsible for handling all matters related to acknowledging and establishing paternity. If the father does not acknowledge paternity, the mother can request a court order to establish the paternity. The child welfare officer will then conduct a determination of paternity and, based on this, a court decision will be made. If necessary, paternity testing through forensic genetics is applied using blood or buccal swab samples to establish or refute paternity. If the blood and DNA tests show the man to be the father, he is given the opportunity to acknowledge paternity before the matter is taken to court. The establishment of paternity cannot be legally enforced if the mother opposes it.

If the parents are married when the child is born, they have joint custody of the child. If the parents are not married, the mother is the legal guardian. However, the father may choose to become established as the child's guardian either jointly with the mother or alone. In such a case, paternity must be confirmed and the parents must sign a written agreement, or a court of law must decide on joint custody. If the parents do not live together, child maintenance and visiting rights must also be agreed on. 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.

## Child maintenance and support

Children have a legal right to sufficient maintenance, which the parents are responsible for providing according to their means. The parents' child maintenance responsibility continues until the child turns 18. If a parent does not provide for the child's maintenance, or if the child does not live permanently with the parent, a child maintenance allowance may be provided. The provision of maintenance allowance can be made by agreement or by a court decision. Maintenance allowance is paid monthly in advance or as an one-time payment and is revised according to the cost of living index.

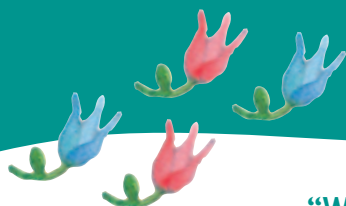
If the liable parent cannot pay the maintenance allowance agreed upon or neglects the payments, the child is entitled to **maintenance support** (elatustuki). Maintenance support is also provided for children whose father has not been established and when the amount of maintenance allowance is smaller than maintenance support. Maintenance support is EUR 147.96 per month per child. Responsibility for payment of maintenance support has been transferred from municipalities to KELA (since 1.4.2009).

## Income support

Families with insurmountable financial problems may apply for income support (toimeentulotuki). All income and assets available are considered when the need for support is assessed. Applications for income support are submitted to the social services department.

## Support for informal care

Support for informal care (omaishoidontuki) is intended for supporting the home care of chronically ill patients, disabled people and the elderly. The parents of a disabled or ill child can apply for informal care support from the local social services department. ♦



## “We’re having a baby”

is a guidebook for expectant parents.

This revised version is based on previous versions and edited by

Tuovi Hakulinen-Viitanen (Research Manager, THL)

Johanna Lammi-Taskula (Senior Researcher, THL)

Annukka Ritvanen (Senior Researcher, THL)

Sirpa Sarlio-Lähteenkorva (Ministerial Adviser, Ministry of Social Affairs and Health)

Marjaana Pelkonen (Senior Officer, Ministry of Social Affairs and Health)

Raija Rantamäki (Project Secretary, THL)

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Feedback? Please contact Tuovi Hakulinen-Viitanen or Raija Rantamäki at THL,  
P.O. Box 30, 27100 Helsinki or email [firstname.lastname@thl.fi](mailto:firstname.lastname@thl.fi).

[www.thl.fi/kasvunkumppanit](http://www.thl.fi/kasvunkumppanit)



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