

THE NATIONAL CHILDBIRTH TRUST

YOU AND YOUR  
NEW BABY



ANNA McGRAIL



THE NCT HANDBOOK YOU CAN TRUST

**Anna McGrail**  
**You and Your New Baby**  
Серия «The National Childbirth Trust»

**Аннотация**

A book which covers the first hours, weeks and months after birth, giving needed support. 'Parents share their experiences about what having a baby is really like – a real plus.' Penelope Leach So many books cover the months of pregnancy in great detail or child development after birth. Few, however, offer new parents real practical support in the days and weeks following the birth. Many new mothers are suffering from health problems related to a difficult birth and all need reassurance and useful practical advice. The book deals with: • creating a routine • how to get a good night's sleep and helping your baby sleep • nappy changing and other basics • sex after birth • nursing and first solids • play • bonding • postnatal depression • your needs as a couple In this book, new parents recount their experiences giving useful tips in excellent case studies. The text is designed with clear fact boxes and illustrations.

You and Your New Baby

Anna McGrail

A

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GUIDE

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ALL COMMENTS and personal accounts were given to us in confidence, so out of respect for our contributors' privacy we have changed all the names.

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For Benjamin and Christiane.

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THE NATIONAL CHILDBIRTH TRUST (NCT) offers information and support in pregnancy, childbirth and early parenthood. We aim to give every parent the chance to make informed choices. We try to make sure that our services, activities and membership are fully accessible to everyone. Donations to support our work are welcome.

Introduction

THE WORDS of the parents in this book have been drawn from the conversations and interviews I have had with parents over the past six years, eight months and twenty-five days. I can pinpoint this time so accurately as this was the date our son was born. No sooner had he arrived, than I was plunged from the relatively ordered world of singles and partners to the chaos of babies and families.

Being a parent is one of the most difficult and demanding jobs we will ever be asked to undertake. It is also one of the

most rewarding. But steering a path between the difficulties to reach the rewards is sometimes harder than we would ever have dreamed possible.

Becoming a family is something most of us undertake as a couple, relying on the strength and support our partner can give. For some, choice and circumstances mean that we take the step alone, or carry most of the responsibility alone.

Nevertheless, whether you are with a partner or a lone parent, the way our society is structured, and the way the world works, means that a great deal of the shock of babies is borne by the mother. Very often the proud father can return to work, accept the congratulations, and get on with business as usual. It is the new mother who needs to negotiate her way around this new world ... usually without a map.

That is how it felt to me. In fact, it felt worse. I felt like I was bobbing around on a sea without a lifeboat, and all reference points were gone. And that is why I have spent so much of the past six years, eight months and twenty-five days talking to other parents, finding out if it felt like this for them, too, finding out just what I was meant to do, and how I was meant to do it.

I live in Brighton, but not all the parents whose voices you will hear in this book do: in my role as an editor on the local NCT newsletter, and then for the NCT national journal *New Generation*, I have met and talked to new families from all over Britain. When I was asked to write this book, I contacted a lot more parents, many of whom have made written contributions

to this final manuscript. I have them all to thank. I have them all to thank twice over, because when you are a new family, time is at its most precious.

I'd also like to thank Sue Orchard and Heather Welford who gave their time and expertise and made valuable contributions to the final typescript.

The aim of this book is to let the voices of these mothers and fathers act like beacons for all those currently adrift on the sea of parenthood: whether you are bobbing happily along on the waves and wondering where to go next, or whether you are caught up in darker currents and confusions. Now my daughter is four and safely off to school this September, I feel I have negotiated another major milestone in the path of parenthood, but still, hearing other people tell of what it's like from their point of view continues to be one of the most valuable ways for me of defining where I want to go, even if it is just a matter of deciding – well, I don't want to do *that*.

For all those brave and generous enough to talk to me so openly and generously, thank you. Your names have been changed but you know who you are.

For all those still coming to terms with being a family, this book is for you.

Anna McGrail,  
September 1995.





## CHAPTER one *You and your newborn*

THE MOMENT of birth may be exactly that: a moment, a joyous, unforgettable moment, or an unpleasant experience we'd rather forget. Becoming a parent, however, can take a bit of getting used to. Even if your pregnancy was planned, the baby's room is decorated and the cupboards are well stocked, don't be surprised if life as a parent isn't what you thought it would be. There is a word for it: 'babys shock'.

### JOURNEY INTO THE UNKNOWN

The first twenty-four hours

WE CANNOT know what parenthood will be like until it happens. Yet many couples find that the first few months are much harder than they expected. After the elation and excitement of the birth, they are tired, stressed and bewildered. Although you are delighted that your baby is here, even those first twenty-four hours can be more difficult than you envisaged.

Katharine found both her baby and the hospital experience overwhelming: *'It was dreadful. Max wouldn't settle and I had a catheter in which was uncomfortable, and the room was hot and stifling and the corridor outside was noisy. I was awake most of the night and so shattered the next day I couldn't take in all the information that people kept popping in to tell me. The room was like Victoria Station. People were in and out and I didn't know who half of them were: midwives, paediatrician, someone bringing a bunch of flowers from my mum and then other people looking for*

*a vase to put them in ...?*

COUPLES OFTEN find that with the demands of a new baby it can take a while to calm down, and discover just what it is that you *do* feel. Lynn found the first few days of motherhood a real eye-opener: *'Looking back, I was very naive. I hadn't a clue what new babies were like: the only babies I'd had much to do with before were older, about nine or ten months old, so I was used to seeing them sitting up and playing, smiling...eating biscuits, for Heaven's sake. Just to have Adam so completely helpless, so dependent on me, was terrifying.'*

Olivia kept being surprised by her daughter: *'I don't think I had ever pictured her, physically. I don't think you do. You picture them more as toddlers and what they're going to look like when they're people. For instance, I did think that all babies looked the same and I was amazed in hospital how they didn't. For a start, mine was the most beautiful on the ward, of course! And Robert kept saying, "You know, even objectively, I'm sure she's the most beautiful. There's no doubt. And I'm not just saying this because I'm her father." And I couldn't convince him that everyone on the ward thought the same about their own baby. So that was nice, really, that she was so lovely'*

## CAESAREANS

PARENTS WHOSE baby was delivered by caesarean often find that they have particular problems adjusting to the fact of the baby's arrival. After all, at the last minute, the decisions were taken out of their hands.

Eileen had a long labour and eventually needed an emergency caesarean: *‘After what seemed like hours they finally wheeled me in to the operating theatre and the anaesthetist said, “You ‘ll feel a pressure round your neck now ...” and that’s the last thing I can remember before coming round. And when I did come round, neither the baby nor Mick was there, so I thought, “Oh, I haven’t had the baby yet, then,” so when Mick did walk in, I said, “What are you doing here?” Mick said they’d taken the baby up to the Unit as he wasn’t breathing properly, and I said he should be with the baby, so he went, and then the nurse came in when I was awake a bit more and said, “What are you going to call him then?” and I got terrified because I thought it meant that we were going to have to baptise the baby straight away because he was so ill with his breathing and going to die. So I wailed, “Oh, call him Michael after his father.” She looked at me very oddly because I think they just wanted to know what to write on his cot tag up in the Unit.’*



Sometimes a caesarean can lessen the feeling of continuity, as it did for Sushma: *'They brought him in about five o'clock for a feed. He was all washed then and wrapped in a white blanket, very clean, and so calm – big, dark eyes looking round. I felt like I was being introduced to a stranger, though, who had just*

*dropped in. I was very glad to meet him and all of that, but I didn't get the feeling that this was the little being I had laboured for so many hours to produce. I felt no connection between this baby in a blanket and the pregnancy I'd had. This baby was here, and I wasn't pregnant any more, but they didn't seem to coincide, somehow.'*

WHEN YOU'RE preparing for the birth, it may be a good idea to read up about caesareans. That way, if things do turn out not quite the way you planned during your labour, you will be better informed to make choices about the sort of caesarean birth you want.

### TWINS OR MORE

ONE IN EVERY 90 births in this country is of twins, triplets or more. If this is your situation, you may find many of the problems of adjusting to life as a family doubled (or tripled). In particular, the physical demands can be exhausting, as Dawn and her husband found out: *'Sometimes we do despair. The sheer volume of work – washing, drying, bottles, nappies – and the effort involved in lifting three of them into the bath, out of the bath, into the highchair, out of the highchair, into the cot, out of the cot ... And the noise! Just when you've got the last one off, the other two wake up and start shouting.'*

STATISTICS SHOW that unfortunately twins, triplets and other higher order births experience medical problems more frequently in the early months of life, and spend more time in special care.

Colin, whose twins did need special care, used to envy parents who only had one: *'I just seemed to lurch from worry to worry and they had so much more time. So it was useful to be reminded occasionally just how special the twins were. Although I envied parents who only had one, I would never have swapped the twins for just one, or had them one at a time.'*

**MOST OF US**, when we envisage ourselves with a child, envisage exactly that: a one-to-one relationship. Right from the start, therefore, if you've given birth to twins, you have to adjust the dream to the reality in a fairly major way.

Jess felt she was giving neither of her children the attention they deserved: *'Other parents might have time to show their babies a book, or take them for walks, but I hardly had time to smile at them. If one was being quiet, I'd rejoice, because it meant that I could change the other one's nappy in peace. Most of the time, though, in those first few months, I felt as if I was listening to a constant grizzle, because – except when it came to feeding – whatever I was giving one, it meant I wasn't giving it to the other.'*

**PARENTING IN** the way or to the standard you'd imagined may not be possible with twins or more, and individual attention may be at a premium, but twins have each other for companionship and, as they grow older, a guaranteed play partner, in ways that singletons can never know.



Widening the circle can be more difficult, however: the efforts involved in getting out and socialising are multiplied more than seems fair when you have more than one. With her triplets, Dawn found it especially complicated: *‘Sometimes it can seem like too much trouble to put on three pairs of shoes and three coats just so you can wheel them all to the corner shop. But I know from experience that if I don’t go, and if I allow Peter to bring things back from work with him at the end of the day, like milk or a loaf of bread, then I might have no reason to go out, and if I don’t have*

*a reason, I won't go, and if I don't go, I'll just stay in and get more and more miserable. So it's worth the effort.'*

HOWEVER, most parents of twins (or triplets) will confirm the old cliché: that even if the demands and problems are doubled (or tripled) so are the joys and delights.

## **NEWBORN NICETIES**

Some of the physical features of newborns that may cause surprise or anxiety include:

Birth marks (if it's going to be a mark that's permanent, someone should come to talk to you about it)

Heads that are moulded (from labour) so that they look squashed; the bones will return to normal within days

Spots (usually entirely harmless, however disappointing)

Hair (either too much or too little, depending on what the parents had thought the baby would have, but any amount is normal)

The sex organs – those on some little boys can appear out of proportion (he will grow into them), those on some little girls may be red and swollen as a reaction to the hormones in her mother's body. Swollen breasts and even occasionally small amounts of milk are caused by the mothers' hormones. Breast size will reduce and milk disappear over the first few days

A squint (which often disappears as the baby learns to focus her eyes).

## LOOKS

HOW MANY of us new parents were prepared for the black

umbilical stump? For the blotchy skin which newborns are prone to? For the way our newborn's hands and feet can turn blue after a long nap, a sign that the circulation is not yet efficient or mature? In fact, in many respects the picturebook baby you were expecting may bear no resemblance to the child you've actually got, as Lynn discovered: *'It was only when I changed Adam's nappy for the first time that I got a good look at the umbilical cord ... which was definitely something I hadn't been prepared for. There was this black thing, with a clip on it. What was I supposed to do? The nurse had said "Oh, sprinkle on some of this powder when you clean him", so I stood there with this talcum powder tin trying to guess if I should move the stump to one side, or lift it up, or just sprinkle all around it. I hadn't a clue. I was petrified of hurting him. I was convinced that whatever I did, it would be wrong: the clamp would come off, it would bleed, I'd knock it off and do him dreadful damage. Then Adam did a wee all over me and I stopped worrying about the cord and started worrying about that instead.'*

THERE ARE MANY kinds of marks on your baby's body that may worry you, although most need no worrying about whatsoever. There are two kinds of birthmarks: vascular, which are to do with the blood vessels, and pigmented, which are to do with skin colouration. Philippa's daughter, Sophie, was born with a birthmark: *'Sophie was born with a red mark on her forehead and at first we never gave it a second thought. The midwives said it was probably a pressure mark from the birth and we were quite*

*happy with that explanation – and relieved. At the six- week check, the doctor was more specific: “It’s a strawberry birthmark – my daughter had one. Don’t worry – it’ll go away on its own. “We were due to go back when Sophie was six months old, but we went back long before then as the mark began to get darker and to swell and we were worried it was some sort of tumour. We saw a skin specialist in London when she was three months old. She started on steroids and almost immediately the mark stopped growing. We were lucky, they think there won’t be a permanent mark, but those first months of her life were dreadful. There was all that uncertainty, all that fear for the future, and all that guilt. Even though this wasn’t a life-threatening condition, and it didn’t mean she had any permanent disability, that mark takes away the enjoyment and all the joy of her arrival even now. I look back at photographs of her when she was newly born and I think: “I should be thinking what a beautiful baby she was”, but I’m not. I’m thinking: “Look at that red mark. Little did we know.””*

## **BIRTHMARKS**

A brown mark – these are present in about ten per cent of babies: sometimes dark brown, sometimes a pale, milky coffee colour. Harmless. May not fade but no treatment necessary.

Mole – a very few babies are born with a mole; raised, flat, dark or light, of any shape. They are only a cause for concern if they suddenly get larger, itch or bleed. If this happens, see your GP.

Mongolian blue spot – a large, blue-grey or brown mark

which occurs reasonably frequently in dark-skinned babies, usually on their back or bottom. Harmless. Soon fades.

Port wine stain – a flat, purple-red birthmark caused by blood vessels under the skin; usually harmless but can be distressing for parents, and permanent without treatment. Nowadays, laser treatment can remove these birthmarks safely and effectively in four or five treatments, which can usually be started almost immediately.

Stork bites – small pink blotches, usually near the eyelid. Harmless. Will fade. No treatment required.

Strawberry birthmarks – raised, red marks. Usually occur on the face or neck. They eventually stop growing – although they may initially get larger before they shrink again – and usually fade completely during childhood. May need treatment if it is near your baby's eyes, or in an awkward place where it could cause her discomfort. In these cases, the mark can be removed with laser therapy.

Tiny brown marks – usually round... stop panicking – it's a freckle.

**DURING THE** first 24 hours after the birth, a paediatrician will visit you to check over your baby. The paediatrician will check things like:

Your baby's hips – to make sure they are fitting nicely in their socket and have not been slightly dislocated by the birth

The fontanelles: your baby will have two main fontanelles – soft spots on her head where the skull bones haven't yet grown over and fused together.



**IT'S NORMAL** for the fontanelles to appear slightly indented, and you may notice a pulse beating through the skin. You may worry that they are very fragile, but they are covered by toughened membranes. If they do become very sunken or raised, this is a useful warning sign that your baby is unwell, possibly dehydrated and needs medical attention.

All babies, while in the womb, are covered with a fine fuzz of hair called lanugo. Sometimes there will still be a little of this

lanugo left when the baby is born – but it will soon rub off.

Some babies may be born with coarse hair, often across the shoulder blades or down the spine, which can alarm parents. Most of this will fall out – it just rubs off.

In fact, the hair your baby is born with on his head may well not last – if you look at new babies a couple of weeks old, you will notice that they have a little bald patch on the back of their heads where the hair has been rubbed away by the mattress. All the hair is gradually replaced, and the colour it will finally be cannot be judged from the colour he started out with – many babies change from fair to dark, and some vice-versa.

A blister on the baby's upper lip concerns some parents, but it is only a 'sucking blister', an indication of your baby's enthusiasm for feeding. The blister may disappear between feeds, it may not. Babies seem entirely oblivious to the blisters and they soon fade as feeding frequency decreases.

If there's anything that worries you, ask your midwife or health visitor. They will be visiting you regularly to check things like this. If your baby has a condition which needs further treatment, you will be given further information and often the names and contact numbers of support groups. If in doubt, ask.

## VITAMIN K

VITAMIN K has been much in the news the last few years as health authorities and trusts have been rethinking their policies on this issue.

A few years ago, almost every newborn baby in this country

was automatically given an injection of vitamin K just after birth with the aim of preventing haemorrhagic disease – a rare but dangerous condition in which the baby’s blood fails to clot in the event of any bleeding. Vitamin K prevents this disease developing and thus the injection programme gained widespread acceptance. No one knows why babies are born with low levels of vitamin K compared to adults, but it may be a safety measure in the womb when cells are dividing very quickly.

Then a study was published which showed a possible link between vitamin K injections and childhood cancer. Although the link was never proven, many health authorities decided to err on the side of caution and replace the routine injection with an oral dose of vitamin K, which was not linked with any problems.

You will find that your baby will be offered a preventive dose of vitamin K shortly after she is born. It is up to you and your partner to decide, well beforehand, whether and how you want her to have this. The disease it prevents is rare, but possibly fatal, and it isn’t possible to predict which babies will develop the disease. Babies who develop bleeding are usually found to have an underlying liver problem. If you want more information before making your decision, discuss it with your midwife.

### FIRST ATTEMPTS

THERE ARE many new skills to learn, but all new parents experience this daunting realisation: just how much they have to learn. Rose, like many new mothers, had to start from the beginning: “*Have you fed and changed him?*” the nurse said to

*me at six o'clock in the morning, when I'd only had him at ten the night before. And I thought, "What? Me? No." So I went and looked for the stuff I'd need and I didn't know where it was, and everyone had just left me. Then this other nurse came round and I was in tears. She said, "Are you alright, love?" I said, "No, I don't know what I'm doing!" So she showed me. She was really nice. She had two little boys of her own and showed me which bits to wipe and which bits to use where...you know, all that stuff they give you in hospital, all those gauze things...you don't know which end to use what on. The gauze was for wiping his bottom, apparently and I'd been trying to wash his face with it.'*



BEING IN hospital can make things very public, as Hilary found: *‘It was awful, that first time. I felt like I was on show, like everyone was watching me. I’m sure they weren’t, they were all too busy with their own nappies, but it was a very testing time. And I felt like Lucy was made out of china. I didn’t want to fasten the nappy too tight, so it fell off, and then I did it too loose and it leaked. Mind you, you get used to it very quickly.’*

Sometimes no knowledge can be a good thing, says Chloë: *‘Nobody ever came along and told us what we had to do or should be doing, because once he was born, they just left us on our own for the rest of the day and then we came home that same evening, so nobody was there to guide us. So that evening we thought we’d better change him and it was ... I found it very exciting. It was very frightening, too, that first time, because he had meconium and I was worried in case he was suffering, and I kept thinking, “Is this normal?” But the most important thing was the excitement. I felt very excited to have him home and very happy. I wanted it like that.’*

John reckons it’s often the simple tasks that worry you most, in the beginning: *‘There were obvious things I didn’t know. Like, I didn’t know what the cream was for. I didn’t realise it was a barrier cream. It’s obvious now but I didn’t realise then, so I put as little of it as possible on and he got very bad nappy rash. So I could have done with a bit more guidance in those early days.’*

## [YOUR BABY’S TEMPERAMENT](#)

ONE THING that will determine how tough or how easy you find the transition to parenthood is your baby's temperament. Some are easier than others. Some babies actually seem to like being babies, and thus help make their babyhood a more enjoyable experience for all concerned, too; other babies seem to actively dislike being a baby. There are sighs of relief all round when they sit up, or walk, or turn into a toddler, whichever great achievement they seem to have been pining for.

### Wakeful

IF YOU HAVE a baby who seems to need very little sleep – lucky you! You have an intelligent, smart child with great potential who will obviously do very well in life. At least that's what everyone will tell you. And, if it's any consolation, they're probably right. Some babies are born wanting more – more of everything: more colour, more shapes, more talk, more walks in the park, more discussions over whether he'd like his bath now or later, or after the news.



If the wakefulness just lasts during the day, it's going to mean hard work for you, but parents often find that this sort of baby, hungry for stimulation, is quite happy to be passed from friend to friend and all around the grandparents. Invite round old friends, distant relatives – anyone who'll dandle the baby on their knee while you get on with calm and relaxing tasks like cooking dinner for 35.

Never underestimate how exhausting a wakeful baby can be. No matter how much you love someone, and no matter how much you love being in their company, it is very wearing to be 100% responsible for all their entertainment, as well as their meals, hygiene and bodily functions.

This is where partners need to be very supportive of each other. Whoever comes home from a hard day at work needs to remember that the person who's spent all day with the baby is in far more need of a break. They should try not to show *too* much surprise if greeted at the door by a partner holding the baby at arm's length.

If your baby's wakefulness lasts late into the night as well – you have my sympathy. This is an exhausting phase. Everything you do will be coloured by your lack of sleep if you are dealing with sleepless nights. You will feel irritable, cross and desperate. But it is only a phase. For you *and* the baby. There are only two things which will cure your exhaustion:

Time – all children sleep through the night eventually

Sleep – can you have a nap when the baby does? Why not? Whatever needs doing, can't it be put off? Your rest and your health come first.

Sad

SOME BABIES spend a lot of time crying. There's no denying it. And there's no denying that for much of the time in those very early days, we won't be able to work out exactly why they are crying.

Rose never discovered what upset her son as a baby: *'One of the most useful things anyone ever said to me, in Sainsbury's, when Thomas had grizzled for days non-stop was, "He's one of those that just doesn't like being a baby. He'll be different as a child." That really kept me going, because, as he grew, I began to see that it was true.'*

Cross

AFTER WAITING for so long to meet your baby, and being overjoyed at his arrival, it can come as something of a disappointment to find that your baby seems less than enthusiastic about the world. Some babies seem to find it very hard to come to terms with the stresses and strains of babyhood: hunger, tiredness, the need to meet strangers – think how cross all these things can make *you*, and you get some idea of how your baby might be feeling.



Louise's son would scream and scream for hours at a time: *'Nothing would calm him, nothing. No tears. Just this red face and so much anger.'*

CRYING IS at its worst in the first year of life, and at its very worst in the first three months. Unfortunately, this is just the time when you are most unsure of your skills as a new parent, and the crying can sound like an unfair judgement on your ability to care for your child.

Chloë comments: *'I used to think that I must be the world's worst mother. He was only three weeks old and already I'd somehow got it monumentally wrong. Other women from my antenatal group had babies who'd taken regular naps practically since birth and it seemed like it was just me. It made me feel lonelier than ever when we were awake in the dark.'*

IT DOES HELP if you don't compare your baby to other people's. How can there be any comparison between, say, a breastfed baby who weighed 6lb 7oz at birth, and a baby who is given a bottle every four hours and who weighed 12lb at birth? How can, in fact, there be any comparison between your own highly-gifted offspring and any other baby in the universe?

### CRYING CHECKLIST

If it makes you feel better, you can prepare a list of possible reasons for your baby's crying:

Hunger

Wet nappy

Temperature – too hot or too cold?

Wind.

And it will probably make you feel better if you have a list of things to do:

Feed the baby (and yourself if necessary)

Change the nappy

Add – or remove – a blanket

Walk up and down.

You'll find yourself pacing up and down anyway...

It is always worth trying a feed if your baby is very unhappy, especially if your baby is breastfed: breast milk is so perfectly absorbed into the body and so quickly digested that your baby may need to be fed quite often. This is also true if your baby is very tiny; his stomach capacity may mean that he had all he could hold at the last feed but he now needs a bit more. If you can, it's worth spending some time just cuddling your baby and letting him feed whenever he wants to so that you build up your milk supply. This can also double as a time for you to replenish your reserves of energy: crying is tiring and miserable for the baby, but to listen to it can be just as tiring and unhappy for the parents.

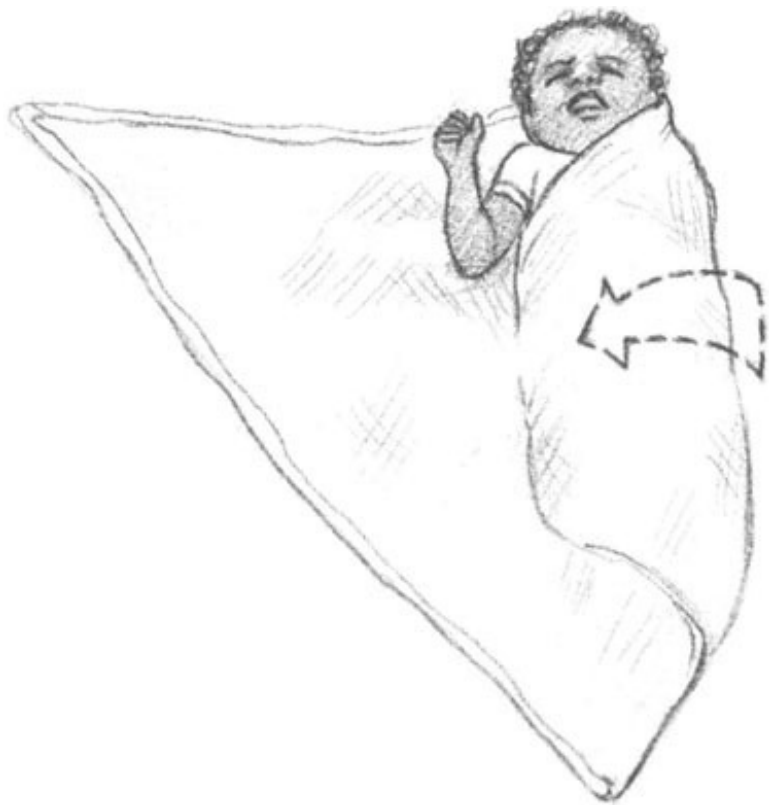
Clingy

FOR MANY babies who cry, the answer will simply be that he wants to be held, especially in these very early days. Some babies have a very strong, instinctive desire to be held and soothed. If you have one of these, then you have the sort of baby who's fine and happy while you are holding her, pacing the bedroom,

or patting her soothingly on her back, but who starts wailing the instant you put her back in her cot. A surprisingly large proportion of these babies, with practice, develop a magic ability to know when you are moving towards the cot and start wailing in protest before you get there. A few – and this is a theory largely maintained by fathers deranged from pacing the bedroom floor once too often – after a quiet period in which they've lulled you into a false sense of security, know when you are just *thinking* that perhaps you might just move towards the cot again and instantly start howling, before you've so much as actually lifted a hopeful foot in that direction.



Place your baby on a folded blanket.



Tuck one side under him...



The next side over him...



And neaten the end...

You can try:

Swaddling – see right and above, or ask your midwife or health visitor to show you how

Doing shifts: taking it in turns to hold her.

Emerging patterns

BY ABOUT three months of age, the causes of your baby's crying will have become much clearer: you will also have got to know her patterns and can predict or anticipate what she needs. Olivia found this made motherhood easier and more rewarding: *'I can usually tell what's the matter with her, yes. It surprised Robert the first couple of times I did it. I was having a bath and he was walking up and down with her because she was crying and all he could say was: "What is it?" I said, "Has she got a dirty nappy?" And of course he was most peeved to find out that she had. Now I can say, "She's hungry", or "She's bored". But the best one to learn to understand was, "She's tired". If Robert's with her and she makes that cry, I can say, "She's tired, she just wants to go to sleep. Stop playing with her, stop trying to keep her amused". It had often happened, I realised, that we'd been waving toys in her face and all she wanted to do was to go to sleep.'*

SWADDLING

Swaddling with a cotton sheet is a tried-and-tested method for calming and soothing newborns. Anyone who has watched a newborn can see the sense in it – those flailing arms and legs can't

be very conducive to sleep. It stands to reason that a baby who has been used to being warmly cushioned in the warm waters of the womb may find the sudden change to fresh air and unlimited space rather frightening. Swaddling can give a sense of security, and enables you to rock your newborn or hold him close to you gently and firmly – which babies like. The only word of warning concerns overheating, which can happen quite quickly to some babies if they are overwrapped. So swaddle your baby to sleep, but don't overload him with blankets as well.

### THE GROWTH OF LOVE

IF YOU'VE GOT a baby who's behaving in a way you find hard to cope with – whether because she sleeps all the time, is awake all the time, is cross or clingy, you may find it very hard to love your baby. And, if you feel that way, you probably feel guilty, too. Guilt is an unpleasant, gnawing feeling, so, if you feel guilty, you probably resent the baby for having made you feel that way. And you love her less.

### RELATING TO YOUR BABY

If you're finding it hard to relate to your baby:

Give it time ... some relationships are slower than others, that's all

Remember that you cannot 'spoil' a new baby. If it's fear of indulging her that's holding you back, give in. Allow yourself to cuddle and kiss her as much as you want

Share your worries with your partner, a friend or a relative. Talk it through as much as you can

The birth of your baby may have stirred up unpleasant

memories or worries about your own childhood. If this is the case, it is worth telling your GP that you'd like to talk to someone about this

Trust your own instincts – if you feel there's something wrong with your baby or you, keep asking for professional help until you get it.

Such vicious emotional cycles are sometimes easy to get into in the first few weeks of a baby's life and hard to break out of again. The best thing to do if you're beginning to feel like this is to tell someone about it: your midwife, your GP, your health visitor, a friend, your mum ... Getting your feelings out into the open is often the first positive step we can take in admitting how we feel and then dealing with it, as Ingrid discovered for herself: *'I could have gone on pretending everything was alright. After all, the house was immaculate, Rosie was obviously well cared for, and I had this smile plastered on my face every time the doorbell rang and someone came visiting. I think I was worried that no one would believe me if I said I felt there was something wrong. But in the end all I had to do was mention to my GP that I wasn't feeling right and he said, "Oh, we'll send one of the community nurses round to have a chat with you." And she was round the next day. And said she'd come back in a couple of days. Just knowing that someone was going to come, who was interested in me, interested in how I was feeling, and wasn't just going to ask questions about the baby all the time, made all the difference. I knew I'd get time to talk about me, and that's what I needed.'*

IT CAN TAKE time for love to grow between you and your baby, just as it takes time for love to grow between any two people. Once you realise that this is not unusual, you may be half-way to feeling better.

### WHEN THINGS AREN'T AS YOU EXPECTED

#### Special care

IF YOUR BABY arrives early, or is poorly just after the delivery, you may find that much of the responsibility for day-to-day care is taken out of your hands, especially if she needs to be looked after in the Special Care Baby Unit (SCBU).

If your baby is in an incubator, it can be a very scary experience. Kay found it hard to relate to her premature baby at first: *'I gave birth under anaesthetic on the Monday afternoon at 2.34pm when he was at 32 weeks' gestation, and he was taken straight off to the SCBU. A few hours later, when I was coming round, the nurses gave me a Polaroid of him. I thought, "Oh, well, they're looking after him there much better than I ever could here." And I wanted to go back to sleep. My throat was very sore – they say that sometimes happens after a general anaesthetic – and all I could think about was having drinks of cool water to try to stop it burning. The rest of the time, I was very fuzzy. By Tuesday lunchtime, the catheter had been removed and, with the aid of the wonderful suppositories that they used for pain relief, I was able to shuffle down, very slow and careful, to see him. He looked very odd, all old and just-born at the same time, very cross and very wrinkled and slightly bluey-pink. After three days, they put some*

*clothes on him. At one-week-old he moved into a cot with a lid. Then they started talking about when I could take him home and I started to panic. I still didn't feel like he was my baby, and we still didn't have a name for him.'*

Susanne wasn't sure throughout her pregnancy how well her baby would be: *'Perhaps because there had been bleeding in the pregnancy, I had kept my emotional distance from this baby. I wasn't going to believe the trouble was over till it was over. Even when she was born, I still found it hard to let myself get close to her. She was being looked after by so many different people and they all seemed to know much better than I did how she was doing from day to day.'*

Your baby may need to go into special care if she is:

Premature – usually if she has arrived before 34 weeks

Small – weighing under 41b

Having breathing difficulties or has other medical problems.

IT MAY BE impossible at first for medical staff to answer questions on quite what is the matter with your baby if he's been whisked off to the SCBU. All they may be able to say is that he's not breathing well, or had the umbilical cord around his neck, but they'll let you know – trust them. Whether your baby is admitted to the SCBU for treatment or simply for observation, you will be kept informed of progress and developments every step of the way.

It can be very comforting, if your baby is taken to the SCBU

immediately after delivery, for your birth partner to go up to the Unit to see your baby settled and report back to you in detail. You will be able to visit as soon as your own physical care has been sorted out.

### Kangaroo care for premature babies

THE REASON THAT premature babies are looked after in incubators is that early babies are often unable to maintain a steady body temperature. An incubator provides an environment where the temperature can be kept stable easily. Now, a new method of caring, called kangaroo care, is being tried out by some neonatal units.

Babies are placed in skin-to-skin contact with their mother, against their mother's chest, and covered with a blanket. The baby is thus close to her parent, and the mother, it has been found, is so in tune with her infant that her own skin temperature rises and falls to keep the baby's stable. Another advantage of this form of care is that breastfeeding is easier and it encourages more women to breastfeed successfully. So, if your baby needs special care, perhaps it is worth asking the staff if anyone with an interest in kangaroo care would be willing to let you have a go. While it isn't something that everyone will want to try, as some mothers feel much happier if their infant remains in the care of technology, for some mothers – and indeed fathers – it will be a golden opportunity to get closer to their baby sooner than they could otherwise have hoped for.

### Special babies

SOMETIMES, either immediately at the birth, or in the first few days after the birth, some parents are faced with the devastating news that their child isn't the 100% healthy being they had hoped for. There may be an illness, a disability or a learning disorder, something that won't just disappear in a few days.

Bridget's daughter, Lois, had a cleft lip and palate: *'It sounds awful, but I didn't even know what this was. I'd never seen it before. John hadn't, either, so we thought it was something dreadful, and that she'd never be normal.'*

PART OF THE insidious nature of many genetically transmitted diseases, like cystic fibrosis (CF), is that one or both parents can be a carrier of the disease and not know it. It can pass undetected from generation to generation, and only when two carriers of the defective gene have a child does the disease come to light. Vicky's son, Anthony, was diagnosed at birth: *'I was lucky in a way because Anthony was born with a bowel blockage, which is one of the indications of CF, so he was diagnosed early. We knew what we were dealing with right from the start.'*

FOR OTHER parents, the illness or the diagnosis are more uncertain.

The doctors didn't diagnose Mary's daughter Katie at first: *'They went out and told Michael, who was waiting in the corridor, that we had a little girl and everything was fine, so of course, he couldn't wait, didn't even wait for me to come out of theatre, he went off and called his mum and my mum, and other people who*

*had been waiting to hear the news, and it was only the next day that they came back to us and said things weren't so good after all. Well, we'd already suspected – nothing definite, but there was something ... And then when they came back and said she had Down's, well, we had her by then, and we loved her, so the worst thing was Michael having to go and phone everyone back again and tell them that things weren't quite so wonderful after all. But we knew her then, so it was different.'*



Stephen's reaction seems dramatic, but is quite typical: 'I

*didn't want to touch her, I didn't want to pick her up. All I could think of was that there was something wrong with her heart, and I felt like she was made of glass. She wasn't mine. That's all I could think. She wasn't the baby I expected to have.'*

IF YOUR BABY has been born with a disability, then you may well feel confused and resentful. More: you may feel angry, bitter, cheated. You may not even know *how* you feel except that you don't feel right.

During this sad time, there is no right or wrong way to feel. Allow yourself time to come to terms with your feelings, and don't think that this will happen overnight.

One of the main things you need, if you are struggling to come to terms with the child you have rather than the child you thought you were going to have, is information. The **Directory** at the end of this book gives details of many organisations who are there to offer you advice and support, and will help you through any difficulties, often by putting you in touch with other parents who have been through similar experiences. Other parents are often all too willing to help; they know what it is like. They know, better than anyone else, what you are going through. Make the most of them. But take it slowly ...

Mary and Vicky express their inability to see beyond their own grief and shock: *'Yes, we needed a lot of information, but there was also so much going on, every day, that we couldn't take all the information in.'*

*'I wasn't coping on any level – physically, spiritually,*

*emotionally. And I couldn't read a Factsheet, the words didn't make sense.'*

**Remember:** Everyone needs to take the time they need. You know your needs. Take your time.

Learning to adjust to the reality of your baby's condition also takes time, as Stephen and Bridget discovered: *'Sometimes I felt really protective towards her, other times, if someone had come in and asked me if I wanted her taken away, I'd have said yes. And I'd have never looked back. But they didn't come in. And then she was mine.'*

## BABIES WITH DISABILITIES

There are some specific stages that most parents whose baby is born with a disability will go through:

### Shock:

Nothing can prepare you for this news; expect simply to feel numb: If someone asks, you may find yourself saying, 'I don't know how I feel.'

### Denial:

There are not many parents who won't ask the doctor: 'How can you be sure?'

### Grief:

Many parents whose baby is born with a disability or a developmental problem find that they go through a time of sorrow and grief – just as if they were grieving for someone. And they are. Parents need time to mourn the loss of the perfect baby they dreamed of before they can whole-heartedly welcome the

child they have.

Anger:

This is another natural reaction. The anger can be directed at anyone, including your partner and your friends, especially if your friend's own child is healthy. You may find yourself saying, 'Why us?'

Guilt:

Many parents feel guilty, even if they are told categorically it could not have been their fault. You may find yourself thinking back over the events in your pregnancy and saying, 'What did we do wrong?'

SHARING

When it comes to sharing what has happened, **remember:**

Most people will know very little about what has happened to your child. Be willing to explain as much as they need

Choose a time for talking when you can talk privately and without hurry

Have a positive attitude: it will help everyone be positive  
It may help to have a checklist to cover important points.

*'What was awful was never knowing what was best. Other people knew best all the time. They had experience of this, and we hadn't. We didn't know anything. All the time we were having to say: "Is this how you do it? Is this what you do?" I expected just to get on with it, and I couldn't.'*

ONE PARTICULAR hurdle that parents whose child is born

with a disability must face is telling others. How and when you tell people is your decision to make. Most parents, though, find that telling others as soon as possible is more helpful than not, and it is the best way to prevent misunderstandings.

### Bereavement

IF YOUR BABY dies either just before birth (a stillbirth) or just after being born (a neonatal death) you will feel more anguish and pain than you ever thought was possible.

Some of you who are reading this book before your baby arrives will turn past these pages, not wanting to read them. 'It doesn't bear thinking about.' That would have been my reaction, too. But for some parents, they have to think about it, the hardest thing of all: a death in a place where there is no place for it, in a room where we give birth.

It is beyond the scope of this book to support families through the loss of their baby. Only talking and specialised support can do that, and for this reason we include the names and addresses of specific organisations that can help in the **Directory**.

What we can also do here is to let parents think in advance of how they might cope with the loss of their baby, and to let you know some positive ways in which you can help each other through such a difficult and distressing time.

George speaks for many other grieving fathers: *'People somehow expected me to be affected less than Anita. I was the one making the funeral arrangements, going to see the Registrar, all of that. It was as if I just had to get all that done and then I could*

*go back to work and forget about it.'*

Anita expresses her own anguish: *'I was going to be a mother... and then I wasn't... and then I realised I was a mother, and always would be, even if I didn't have my baby with me any more.'*

THERE ARE MANY local support groups run by and for parents who suffer a bereavement. They will allow you and your partner the opportunity to talk about how you both feel, express your feelings and grief and to share ways of coping.

## REASONS

If you and your partner suffer a bereavement:

Find out as much information as you want and need as to the causes. This will help you to understand and to come to terms with what has happened

Do talk about the baby to each other. One of the saddest things about losing a baby near the time of birth is that no one else has had the chance to get to know this new little person. You know her better than anyone and can share your knowledge with each other

Give yourself plenty of time to grieve. Do not expect to pick up the threads of life again as if nothing had happened

Give your baby a name. This will help you to talk about her and see her as a person in her own right

Ask for a photograph of your baby. This will help you to remember her

Don't blame each other – you are both angry: you have a right to be angry, but you need to find other ways of expressing that anger

Support each other – remember that your partner has

also lost a child.

## TRANSITION

IF YOUR BABY has been born in a hospital, you may find that leaving what feels like absolute safety, where there are experts and paediatricians on call 24 hours a day, and returning home, is a daunting experience. Parents whose baby has been born at home often feel something similar when the last of the midwives finally leaves and they are on their own – at last, with their new arrival. Although there is a physical journey involved in the transition from hospital to home, for all parents there is an emotional journey to be made. When you left, there were two of you, now there are three.

The reality may not hit you until you are actually back at home, as it did Kay: *‘I was in hospital for a week and all that time I kept thinking at the back of my mind that they’d never really let me leave with this baby because he wasn’t really mine. Of course, I’m saying all this, I knew he was mine, I knew it rationally, but deep down ... I just kept having this niggling doubt that I’d have to hand him back before I got in the lift to go home. It was a bit of a shock that I didn’t!’*

Darren thought going home would be a time of rest and peaceful ‘daddyhood’: *‘Even before we left the hospital, on our way down in the lift, the nurse who was carrying the baby down for us was saying to Maureen, “Oh, it’s lucky you’ve got your husband at home for a few days, that’ll be a help,” and I was thinking, “What can I possibly do to help?” I had no idea of the*

*work involved. I imagined that Maureen would breastfeed, the baby would sleep a lot, smile at me from time to time ... and I would help, I'd change the odd nappy or two. But that was all. I had no idea.'*

HOME MAY be the place you most want to be in the first few days, but even so, it can take some getting used to.

Naomi had been in hospital for quite a long time: *'Although there are compensations, like you get your medicines brought round, and the meals just appear, there are still so many constraints; like, if your baby's crying when the meal arrives, your dinner just goes cold – no one's going to pop it in the oven for you because there isn't an oven.'*

Rowena's husband began to long for some privacy, even at home: *'People were in and out all those first few days and it seemed like we'd never get any peace and quiet. People kept saying things like, "Oh it's so lucky you've got Peter here to help for a bit", and I was getting cross because all I was doing to help was making them tea.'*

David found himself impressed by Tina's growing knowledge and let himself be guided by her: *'We'd been living with Tina's parents and had only moved into our own flat three or four weeks before and there were still things in boxes that we hadn't got round to unpacking. We'd borrowed a cot from Tina's sister and put it up in the bedroom, next to our bed, and Tina put the baby in there when we got back from the hospital because the baby was asleep, and he looked so small and lost in there I wanted to take him*

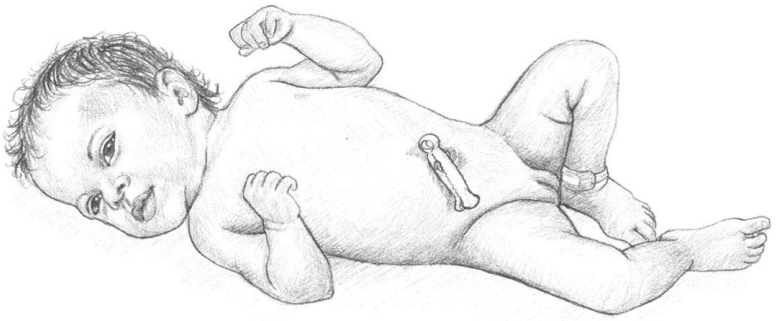
*straight out again. But Tina had put him in, so I didn't. She already seemed to know what was best because she'd been with him all the time in the hospital and I hadn't.'*

First days

YOU MAY BE new to the job and feel that you're dependent on 'experts' but no one knows your baby as well as you already do. It is surprising how quickly we learn to read our baby's signals, even when we may have had little to do with babies before. It is astonishing how much our instincts are right, and perhaps in itself this may give us confidence.

Philippa's baby's umbilical cord hadn't quite healed properly: *'So the midwife didn't discharge us at ten days like she was supposed to and I was really disappointed by that. I wanted to move on, and I felt this was holding us back in some way. I wanted the reassurance that everything would be alright, but I also wanted to take on the responsibilities myself.'*

With that responsibility, though, however much it is wanted and welcomed, can come uncertainty, as Sally clearly knows: *'My brain has gone. It sometimes feels like a big empty space in my head where I used to do thinking. I don't even look at newspapers any more because they don't make sense. Or if I do pick up a newspaper, I always seem to find things in there that upset me, and more and more things upset me now. I end up crying over news stories. It feels much safer, in a way, just having me and Kevin in our little world.'*



### Umbilical clip.

THIS INSTINCT to nurture and protect, almost to make a 'nest', is very strong in many parents in the first weeks of their baby's life. For some people, this 'nesting' instinct began to manifest itself in late pregnancy with an urge to repaint the spare bedroom. If, during late pregnancy, your nesting instinct prompted you to do something slightly more practical, like freeze a month's worth of nutritious dinners, then you will be more thankful now than you could ever have believed. This is because, when your baby arrives, something odd seems to happen to time.

For Gillian the change was dramatic: *'Life is so slow now, that's the thing I can't get used to. It takes all day to do anything. It's ten in the morning and I'm still in my dressing-gown and the baby's having her third feed of the day and I'm wondering if I'm ever going to be able to get dressed and get to the shops. And yet, because there's never a moment to do anything or finish anything, it's all packed in so tight and the time rushes by. What happens to*

*it? This is the thing they don't tell you.'*

The rhythm of life is very different in these early days. Some parents adjust to it almost at once; others find the change of gear much more difficult to accept. Rose felt nothing could prepare her for how she would feel: *'I found the first few weeks very difficult. Life was so different to how I imagined it was going to be, and so different to everything I'd ever experienced before, that I felt like I'd been thrown in the deep end and was going to drown, while all the time I smiled and everyone thought I was paddling along happily. I loved him, I loved him but I wasn't enjoying him.'*

As Yvonne points out, your daily pattern does change but sometimes it can seem slow to do so: *'At about three months I thought I'd start giving Andrée some carrots mashed up or something, potato, things like that, and I gave her tiny amounts on the end of a teaspoon and she would spit some out and enjoy others, and I liked that, watching her decide. But more than anything I liked having something different to do. It felt like every day was going to be the same. Baths, feeds, nappy changes, showing her books ... apart from the baby clinic, where they had a mother-and-baby club afterwards, there was nothing to make one day different from another. I might do a trip to the shops one day, a walk to the woods another. But that was it. I needed to feel that we were going to move on, that Andrée wasn't always going to be totally dependent on me in this way, and I think those first teaspoonfuls of carrot were one way of reminding myself of that.'*



For some parents, the surprise is how much they take to parenthood, as Rachel happily remembers: *'The one thing that I wasn't prepared for is how lovely it would be. And I didn't realise how happy I would be. People just don't tell you that. When you're*

*a mother, you don't find yourself saying to other mothers, "Isn't this wonderful?" You find yourself saying, "Are Pampers or Boots nappies better?" So I didn't know how absolutely wonderful it would be. There is a negative side, because I also didn't realise how much my life ... well, how unselfish you have to become. You always have to put the baby before yourself. You stop doing things you enjoy doing because the baby comes first. But I enjoy feeling that she depends upon me. It makes me feel very special.'*

Amanda likes parenthood too: *'People always seem glad to see you when you've got a baby. When you're out shopping, people come over and talk to you and can be really friendly. I enjoy the days, just me and the baby.'*

OTHER PARENTS will be surprised at how unhappy they suddenly feel, often for reasons they cannot quite articulate.

Beverley had a difficult delivery, forceps, 23-hour labour, pethidine: *'It was really awful, and that did make a difference to how I felt afterwards, without a doubt. At least for the first, I should think the first four weeks, although I wouldn't have been considered clinically depressed, I was suffering from some sort of depression, shock, whatever. I just couldn't relate to Josh at all. People would say, "Oh, isn't he lovely? Doesn't he look great!" And I'd think, "Well, no." It wasn't until he was about four weeks old that I wanted to spend any time cuddling him, and then I did start to feel better. Also, because it was a traumatic birth, he was quite a whingey baby, and I didn't really like him. I kept wanting to put him down. I think my husband got very depressed around*

*that time as well. He used to say, "I don't feel the way I thought I'd feel about Josh." And I'd say, "Neither do I." It was quite weird, and really horrible.'*

DIFFERENT PEOPLE will tell you different stories about parenthood, but only you can know how you really feel: *'People kept saying to me when she was tiny, "Oh, make the most of it, this is the best time." And I thought it was the most dreadful time of my life. I thought, "If this is the best time, how am I going to cope when things get worse?" Then I met someone else who felt the same way, and her baby was slightly older, and she said to me: "This isn't the lovely time, this is the horrible time. Things do get better." And that was such a relief. Not everyone thinks it's good, that very early bit, though you get so wrapped up in it.'*

### Baby blues

BABY BLUES do seem fairly universal. That is to say, they have been suffered by women in all cultures and all times when their baby is very tiny – usually around three or four days after delivery, when hormone levels drop and milk production kicks in. They are often linked with a sense of physical and emotional anticlimax after the birth. Nurses will often dismiss your tears with the label 'three-day blues', which is of no help when you can't stop crying.

This is something Helen tried to explain: *'The day Jo and I came out of hospital was very exciting. I was so glad to be home, and so pleased to sleep in my own bed again. But the next morning my breasts were enormous and solid, Jo was fretful, and*

*everything just seemed to fall apart. I started crying and crying and didn't really know why. I felt odd but I didn't feel sad. The tears just came out of nowhere.'*

THE FACT that these blues are so common, and always happen at around the same time, leads many experts to think that one of their causes is hormonal, though this explanation may not be much comfort.

*'I was sobbing and sobbing, though if someone had asked me why I'd have been hard pushed to tell them, and the nurse said, "Oh, a lot of you go through this – you'll feel better tomorrow, believe me," and that just made it worse. I thought, "How do you know?" I felt so unhappy, I couldn't see myself ever smiling again. It all just seemed so pointless.'*

Baby blues, whatever their cause, are usually all over by Day 10 at the latest. Few women find that this unusual sadness persists for longer. If it happens to you, it will help if not only you but your partner and perhaps other members of your family are prepared for the possibility. That way people will be able to reassure you that everything will be all right again, and with their reassurance and support, and patience, it soon will.

Helen has an extra remedy of her own, however: *'I was so sad, so sad and Kieron was flapping about not knowing what to do, so partly to get him away from me because I wanted to be able to cry in peace, I'd say, "Oh, I could just eat a Marks & Spencer prawn sandwich", and off he'd pop to Hammersmith to bring one back. And then he ran me a bath, and then he took Jo for a long*

*walk ... And none of it made the slightest difference at the time. It only lasted a couple of days, this weepiness, but it seemed eternal, and then it was gone, without me even noticing. But a long time afterwards I thought: what loving things to do. Everything Kieron could do, he did. And whenever I was feeling down with the baby, that thought would help.'*

### Puerperal psychosis

WITHOUT WANTING to alarm people, it didn't seem fair to write a book about becoming a family and not mention this acute illness. Puerperal psychosis is an illness completely different in kind to the usual 'baby blues'. It is different to ordinary depression, too. Puerperal psychosis is an illness that makes its sufferers feel totally alienated from reality, as Denise explains: *'I was overjoyed when my baby girl was born ... and the joy and excitement of those first few days did not wear off. Instead, I became more and more elated. For someone who is generally reserved, this was a change in personality. This powerful feeling of joy was one I had never felt before – nor have I since ever felt so happy. I literally could not stop talking – I felt that I had so much I wanted to say, so much to do, that I didn't feel the need for sleep. I lost all inhibitions and said whatever came into my head without pausing to think. My mind had gone into overdrive. I no longer had any control. I knew that something was wrong, and told the midwife who visited me at home that I was worried I was too "high" and might come crashing down. She just gave me a strange look. My GP thought it was good that I was enjoying motherhood*

*so much. And I was. Being a mother was the most wonderful thing that had ever happened to me. And then everything fell apart. I began having involuntary thoughts about harming my baby – not so much thoughts as real pictures of causing her harm. What bewildered me was that I adored her...so why was my mind repeatedly trying to bash her brains out?*

There is no mistaking puerperal psychosis – it is qualitatively different to other forms of ‘depression’ following childbirth. Its onset is rapid, there is no slow build up, and it seems to be a reaction to the sudden changes in hormone levels that occur after labour. It may help partners and supporting relatives to know that this is an illness completely outside the woman’s control. She cannot ‘snap herself out of it’ and she cannot ‘be reasonable’. She needs medical help.

Sadie saw visions and was more concerned to alert her friends and family to the meanings of these than to look after her baby: *‘I saw God and then Jesus, who was telling me I had done wrong. And I knew my child would be taken by the Devil if I didn’t protect her.’*

Most women with this illness will need to be hospitalised as they are unable to function effectively, and many take several months to recover as Denise continues: *‘I spent four weeks on an Acute Admissions ward, then four weeks in a Mother-and-Baby Unit in the psychiatric hospital. By the time I went for my postnatal check with my GP at eight weeks, I was starting to get back to normal. I felt very vulnerable, sitting there in the waiting*

*room. I watched another mother come in and very capably start to change her baby's nappy. The tears came suddenly and violently as it came home to me just how different I was to "normal" mums. I came home at ten weeks, but it took the best part of a year before I felt 'myself again and not just going through the motions.'*

But women who have puerperal psychosis *do* recover, although it may take a long time and the demands upon partners and family will be very great. Often relatives will need to care for the child and, depending on the medication and state of mind of the mother, breastfeeding may not always be possible.

Research continues into the causes and the reasons why some women get this rare and distressing illness, and the most effective treatments, but there are no definite answers yet. The work done by Dr Katarina Dalton on the use of progesterone injections as a means of prevention is gaining coverage and acceptance. Although its preventive role cannot help a first-time sufferer, it can be of great reassurance to those who have suffered that they do not need to go through this again.

### A 'ROUTINE'

CHANCES ARE, at least one health professional or relative will have advised you how desirable a routine is for your baby, although very young babies may not respond well to being 'put into' a routine. However, it can be helpful to establish an evening routine of supper, bath, story, bed (or similar). This sort of routine, if established early, can reduce bedtime problems in toddlerhood. Indeed, it gives most children a feeling of safety and

security if roughly the same things happen at roughly the same time every day. It helps to give a sense of pattern and reassurance. And it can help you, too, if you're finding the demands of parenthood overwhelming: a routine can bring everything down to more manageable proportions.

Beverley felt she needed to get her new life into some sort of order: *'I think my idea of a "routine" came from my mum. Also, it came from me in the first three months trying not to have a routine. I remember thinking, "I want Josh to be a really flexible baby. I'm going to take him out with me whenever I need to go, feed him whenever he's hungry, put him to sleep when he's tired, and he's just going to adapt and be really flexible and it'll be great."* And it was a nightmare. He ended up not having a sleep in the day, and then he wasn't sleeping well at night... it was just terrible. And I found that once I started doing things in this very strict routine – which I really resented, I didn't like having to do it at all – things got better. I thought, *"Right, ten o'clock, he'll have a morning nap. Three o'clock, he'll have an afternoon nap,"* and I put him in his cot and he just started having them. It made a difference because I could say to people, *"Oh, come round then because I know he'll be asleep",* or whatever. I know where I stand, now.'

YET, NO MATTER how desirable a 'routine' may be, one thing many parents resent is the lack of spontaneity in their lives. Whether you intended to carry on as before or not, you'll soon find you can't.

Deirdre's mental planning will sound familiar to you if you've

already had your baby: *'I'd think, right, she's due for a feed in the next hour or so, and afterwards she'll probably fill her nappy, so if I change her then, we could go out after that and she'll probably have a sleep in the pram, but that means I won't have had my lunch ... Okay, if I have my lunch now – it's about ten o'clock in the morning – that might do it. And if we spend longer there than I planned on, I'll be in trouble if I don't have what she needs, so I'll have to take wipes, nappy cream, dummy, bottle of water ... And then I have to organise all these and then she wakes up and I still haven't had my lunch and this is all just to go round and have a cup of tea with a friend. How women go out to work every morning when they have babies, I just don't know. This is what I can't stand, not just being able to pop out and have a cup of tea when I feel like it.'*

Olivia's comments ring true too: *'There's a picture in a book of a father typing and this baby sitting in a bouncy chair watching him. It's got this cheerful caption like "Let the baby join in family life!" I can just see Beatrice sitting in her chair watching while Robert studies engineering. I think images like that can build up a false picture. Especially if your baby's not conforming to that image.'*

WHEN YOUR BABY arrives, images are what you have to forget. In the mother-and-baby magazines, those are models you are looking at, with their shiny hair and their designer outfits in their polished kitchens. They aren't real mums. Real mums have mysterious stains on their jumpers and a permanently quizzical

expression, as if they've just forgotten which day of the week it is ... which is usually because they have. And real mums have real babies.

Coping with that reality, with all its stresses and strains as well as its joys and delights, is what becoming a family is all about.



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