



# Getting started at home

## Information for parents

Neonatology

**KSA**  
Kinderspital  
Aarau

## Dear parents

It'll soon be time for your child to be discharged from neonatology. After some intense days and weeks, you can take your child home.

This brochure is designed to provide you with helpful information. Please read it in peace before leaving and do not hesitate to ask if anything is unclear.

We hope you get off to a good start at home, and wish you good-health and joy with your child.

Aarau Neonatology Team



# Feeding

## Breastfeeding pattern

Breast milk is optimal in its composition. Your child will still have an irregular **breastfeeding and feeding pattern** initially. Give your child a feed when they are hungry.

A healthy full-term infant initially feeds every 2-4 hours. The number of feeds will reduce over the first few weeks.

Each feed can take between 10 to 45 minutes. The time will depend on your child's feeding speed and wakefulness. If you only have a small amount of milk, it must be supplemented with formula milk.

During **growth spurts**, your child will show more hunger and will want to feed more often. If you are breastfeeding, the amount of breast milk will adjust to the extra need in a few days and your child will return to their old feeding pattern. If you cannot breastfeed your child because they are sick, cannot yet feed or is too tired, you should pump breast milk at regular intervals to stimulate or maintain your milk production.

If you have any questions, difficulty breastfeeding, or breastfeeding problems such as breast pain, too much or too little milk, the breastfeeding advice service or a midwife can help you: **Telephone 062 838 50 58, stillberatung@ksa.ch**. The request should be made in German.

If your child has reached their birth weight again (at the latest after 7-10 days), their **daily feed intake** in the first four months of life is about 1/6 of their current body weight. If they are fully breastfed, they can feed as much as they like.

Your child needs the calories from breast milk or formula milk for optimal growth. Giving your child water or tea is only needed when weaning begins.

During the first six months of life, their **weight gain** should be 100 to 200 g/week. Until the first consultation with the paediatrician, your child's weight should be checked at least once a week by your midwife or by the advisory service for mothers and fathers.

If your child needs a more regular weight check, the doctor will inform you about this before you leave.

## **Storing breast milk**

Breast milk can be stored in a refrigerator (not in the refrigerator door) for 3 days and frozen in a freezer at a minimum of  $-18^{\circ}\text{C}$  for up to 6 months. For slow, gentle thawing, it is best to place your breast milk in the refrigerator. Once thawed, breast milk can be stored for 24 hours in the lower part of the refrigerator.

## **Formula milk**

If you have too little breast milk, cannot or do not want to breastfeed, then feed your child with formula milk. If possible, give the same product as long as your child tolerates it well. When preparing the formula milk, follow the package instructions and ensure proper hygiene. The feed amount can be prepared and stored in the refrigerator for 24 hours. Supplemented feeds (formula milk and pumped breast milk) can be warmed in a container containing warm water. So as not to destroy important, heat-sensitive ingredients, milk must never be warmed up in boiling water or a microwave. Always check the milk's temperature on the inside of your wrist before giving it to your child. Warmed milk should be offered to your child for a maximum of two hours, after which it must be disposed of. For hygiene reasons, warmed breast milk that has not been drunk should be disposed of after an hour.

## **Hygiene**

After use, first rinse the bottle and teat in cold water (so that the protein does not coagulate), then clean with hot water and, if necessary, with detergent (so that the grease dissolves), then rinse with fresh water. Place the bottle and the teat upside down on a clean cloth to dry.

For the first four months, boil the bottles, teats and dummies in a pan for 5-10 minutes once a day. Some lemon juice or vinegar may be added to remove limescale residues. Alternatively, these items can also be cleaned in a dishwasher at  $60^{\circ}\text{C}$  (not the eco programme).

# Excretion

A happy, active child who has wet nappies 3-5 times a day and is constantly gaining weight is being fed enough.

Fully breastfed children can pass stools several times a day, but can also go for several days without a bowel movement.

Children fed with formula milk should have regular bowel movements as they are more likely to have constipation. Abdominal massages, pelvic circles and warm wraps can have a positive effect on passing stools. In the health booklet, you will find a stool colour chart. If you notice that the colour of your baby's stool is not normal, contact your paediatrician.



# Body care

## Nail care

Oil their fingernails and toenails regularly. This allows them to remain soft and break off on their own. They should only be cut for the first time from the fourth week so that the nail bed is not injured. If possible, use nail scissors specially intended for this purpose.

## Nasal care

To clean your child's nose, roll a cotton ball moistened with saline or water and insert it into their nasal passage while rotating. This allows any secretions to be removed.

If your child's nose is blocked, you can put saline solution (NaCl 0.9%) drop by drop into each nostril. This can be repeated several times a day.

## Eye care

If your child's eyes are stuck with secretions, you can clean them with a gauze pad soaked in saline. Clean each eye with a fresh swab, moving from the outside towards the nose.

## Ear care

Do not use cotton buds to clean your child's ears. The ear cleans itself. As soon as dirt is visible, it can be removed with a cotton ball.

## Bottom

Clean your child's bottom with water each time their nappy is changed. Wet wipes should only be used on the go or in exceptional cases (to prevent allergies).

If the skin is reddened, it can be treated with sunflower oil.

If the reddening nevertheless increases, mallow tea can be used for cleaning. A cream containing zinc can then be applied to protect the skin.

## **Bathing**

It is enough if you bathe your child 1-2 times a week, without adding anything to the bath. The water should be 37°C (check with a bath thermometer).

Slowly immerse your child with their feet along the edge of the bathtub. The child should feel the edge of the bath with their feet, this gives them a boundary and therefore a feeling of safety and support.

If your child moves very restlessly and/or cries a lot, you can wrap them in a towel on the changing table and bathe them like that. After bathing, you can oil or massage your child with sunflower oil.

## **General skin care**

If your child has dry skin, this can be cared for with sunflower oil. If you want to apply new care products, do so gradually. This way, you will notice immediately if your child is allergic to them, and you will know what product it is. Make sure you keep using the same care range and do not change it if possible.

## **Body temperature**

Measuring your child's body temperature is not routinely necessary. Children often have cool hands and feet. The neck area should feel warm. If you believe that your child is not feeling well or is not behaving as usual, check their temperature rectally (in the anus).

The normal temperature is 36.5 to 37.5°C. If their temperature exceeds 38°C during the first 3 months of your child's life, contact your paediatrician.

# Safety

Never leave your child unattended on a changing table, sofa, or any other place where they could fall off. Secure them in a car seat adapted to your child's size every time you drive. To prevent sudden death, your child should sleep on their back. However, when awake and under supervision, it is important to offer them the opportunity to lie on their front and side. In this way, your child is optimally supported and stimulated and incorrect postures can be avoided.

**What to do if your child is sick.** Information and the exact course of action can be found on page 35 of the health booklet.

- 1) Room temperature 18-20°C
- 2) Smoke-free environment
- 3) Do not use positioning pillows
- 4) Own bed or co-sleeper bed in the parents' bedroom
- 5) Back sleeping position
- 6) Sleeping bag instead of a blanket

Information on the safe sleeping environment can be found in the health booklet under Check-Ups, Birth.



# Challenges in family life

There are no perfect parents. You will find your own supervision and parenting style. Every child is an individual and a new challenge. Crises are part of any normal development. Create oases of calm for your relationship and allow moments for yourself to recharge your energy. In the case of severe stress, an emergency plan can be helpful with the aim of using the stress relief options available.

**Crying**, weeping and whining are part of a newborn's pre-linguistic communication. Unstoppable crying places a strain on the parent-child relationship. A child who cries often can be very exhausting and drive you to despair. Never shake your child. Their neck muscles are still too underdeveloped to stabilise their head sufficiently. The risk of injury to the brain while shaking is high. The average duration of the crying increases to a peak in the 6th week of life and decreases again up to the 12th week of life. The child I wanted and the child I have are often not the same.

There is not a cure-all for problems settling and getting your child to sleep. Seek help, for example, from a paediatrician, midwife, advisory service for mothers and fathers, or parent-child care institutions, or seek relief through other caregivers.

Different methods, such as carrying your child around in a sling, getting fresh air, reducing stimuli or offering soothing music, can be a way to settle your child.

Newborns do not yet have a stable **day-night rhythm**. The rhythm can be supported by rituals such as not darkening the room during the day, not turning on the light at night if possible, putting on pyjamas, singing, bathing or massaging in the evening.

If you have any questions or health problems, contact your paediatrician, midwife, or your community's advisory service for mothers and fathers.

Useful links and numbers:



- [www.kkj-wiki.ch](http://www.kkj-wiki.ch)
- Advice line for parents of sick children, Aarau Cantonal Hospital  
**0900 000 480 (costs 3.23 francs/min.)**

The request should be made in German.

## Personal notes

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## Public transport

Aarau Cantonal Hospital is centrally located and is easily accessible from Aarau train station on foot in eight minutes or on bus route 6 (Kantonsspital stop).

## How to get here by car

By car, you arrive from the A1 via the exits Aarau Ost (coming from Zurich) and Aarau West (coming from Bern). In the city of Aarau, the route to the Aarau Cantonal Hospital is signposted as KSA. Parking is available in the multi-storey car park.

Please use public transport whenever possible.

There are limited paid parking spaces available in the hospital area.

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