National University Hospital

NUHS National University Health System

National University Centre for Women & Children

hello Mommy

A guide to your postnatal journey

Congratulations on the birth of your baby!

We hope to empower you with the knowledge and information to better care for yourself and your baby.

This booklet provides the following resources:

My baby's feeding log 3
- How can you tell if your baby is getting enough milk 4
- How often should you breastfeed 4

Feeding your baby 5
- Breastfeeding positions 5
- How to ensure a good supply of breast milk 6
- Common breastfeeding challenges 7
- Concerns about breastfeeding and your newborn 7
- Expression of breast milk 8
- "MaSSE" method of hand expression 9
- Handling expressed breast milk 10
- Cleaning and sterilising feeding accessories 11
- Formula feeding 12

Caring for your baby 13
- Bathing your baby 13
- How to swaddle your baby 14

Caring for yourself 15
- Caring for the caesarean wound 15
- Caring for the perineum 15
- Lochia 15
- Afterpains 15
- Rest & relax 16
- Pelvic floor exercises 16
- Diet 17
- Sexual activity 17
- Emotional wellbeing 17

Help and Support 18

Remember, we are here for you.
Here's wishing you a fulfilling motherhood journey!

Best wishes,
NUH Maternity Nurses

my baby's Feeding Log

Date	Time	Breastfeeding Duration (mins)	Formula supplement (mls)	Urine ✓	Bowel movement ✓

How can you tell if baby is getting enough milk

Baby's Age	1st Week						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Number of wet diapers per day	At least 1	At least 2 (May have pink urates (reddish-pink stains))	At least 3 (No more urates)	At least 4	At least 6 heavy wet diapers with pale yellow or clear urine		
Number of soiled diapers per day	1 - 2		At least 3		At least 3		
Texture of stool	Sticky		Soft		Large, soft and seedy		
Colour of stool	Dark (Meconium (first stool of a newborn))		Brown, green, yellow		Yellow		
Baby's Weight	Baby loses an average of 7% of their body weight in the first 3 days of life.			From day 4 onwards, baby gains 20 to 35g per day. Baby regains birth weight by day 10 to 14.			

Estimated milk intake in the first week of life

Baby's Age	1st Week						
	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
How often to breastfeed	**8 to 12 feeds a day based on baby's early feeding cues (e.g. mouth movements, hand-to-mouth activity, rooting, etc.)**						
Average milk intake per feed	**Few drops - 5ml**	**5 - 15ml**	**15 - 30ml**	**30 - 60ml**	**50 - 80ml**		

These are general guidelines. Always consult with a healthcare provider if you have concerns about your baby's feeding. Mother and baby should be comfortable during breastfeeding. Baby shows clear feeding cues, is active and settles after feeding.

Baby's stools

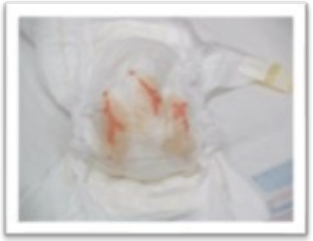
Meconium
Day 1 - 2

Transitional stools
Day 3 - 4

Seedy stools

Watery yellow
stools

Baby's urine



Urine with urates,
normal in the first
2 days of life

Clear urine
Heavy diapers

Feeding *your baby*

Breastfeeding positions

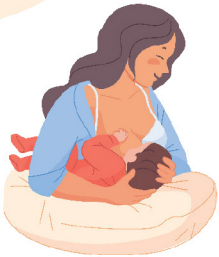
- Hold your baby close to your breast
- Hold your baby's head and body in a straight line
- Support your baby's neck, shoulder and back
- Guide your baby to latch on to your breast
- Once your baby has latched well, make yourself comfortable to avoid backache and tired arms
- Experiment to find the best breastfeeding position for you and your baby

Video on breastfeeding and hand expression of breast milk

Cradle

Cross-Cradle

Side-lying

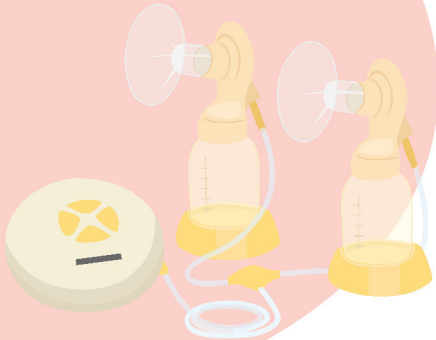


Football

How to ensure a good supply of breast milk

Frequent feeding and effective milk removal is important to ensure a good supply of breast milk. To promote a good supply of breast milk:

- Check that your baby latches on correctly
- 'Room-in' with your baby to enable frequent feeding
- Feed your baby on demand. Newborns usually feed about 8 to 12 times per day
- Express your breast milk if your baby is not feeding well



Video on attaching your baby at the breast (by Global Health Media)

How to know if your baby is latching well

You should observe:

- **C.A.L.M.***

C	**Chin and cheek** are close to breast
A	**Areola** is covered as much as possible
L	Upper and lower **lips** are flanged out
M	**Mouth** is wide open

- Your baby suckles rhythmically with deep swallowing.
- There are no clicking or smacking sounds.
- You do not feel any nipple pain.

*Doris Fok, 2005

Common breastfeeding challenges

- **Sore nipples**
  - Check that your baby latches on correctly
  - Initiate breastfeeding on the unaffected breast
  - Apply a few drops of breast milk on the nipples after feeding

- **Engorgement**
  - Express some breast milk before nursing if your baby has trouble latching on
  - Massage your breast gently while feeding
  - Express breast milk after nursing if your breast still feels hard or swollen
  - Apply cold packs to breasts after nursing or expression

- **Blocked ducts**
  - Nurse on the affected breast first
  - Nurse frequently to keep the affected breast as empty as possible
  - Change nursing positions to help empty your breast and express breast milk if necessary

Concerns about breastfeeding and your newborn

Please call the Breastfeeding Helpline at **97220376** between 8am and 5pm if you observe any of the following, especially in your baby's first week of life.

- Your baby has not passed urine or stools in the last 12 hours
- Persistent pinkish urine
- Persistent dark, sticky stools beyond day 4 to 5 of life
- Your baby has difficulty latching on to your breasts
- Your baby appears unsettled even after feeds
- Persistent sore nipples
- Unresolved breast engorgement
- Unresolved blocked ducts

You will be given over-the-phone advice, and you can also arrange to meet a Lactation Consultant at our clinic which operates from Monday to Friday.

You may also bring your baby to the NUH Children's Emergency if you have serious and urgent concerns about your baby.

Expression of breast milk

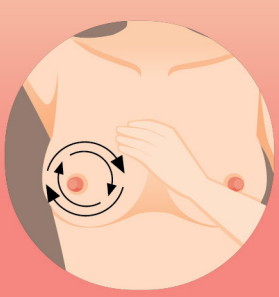
- **Benefits of hand expression**
  - To soften the areola before latching
  - To express colostrum in the first few days to feed baby (if baby is not feeding effectively at the breast)
  - To stimulate milk production
  - To relieve breast engorgement
  - An alternative method to express breast milk if a breast pump is not available

- **How to hand express**

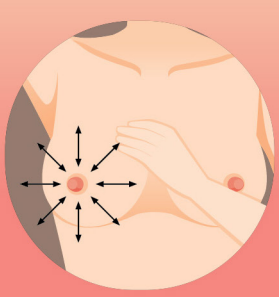
1. Wash your hands thoroughly
2. Ensure equipment is cleansed and sterilised
3. Express breast milk every three hours in the day and at least once at night (if you are not feeding baby at your breasts)
4. Collect expressed breast milk in a sterilised container or breast milk storage bags
5. Label breast milk with the date and time of expression
6. Refrigerate breast milk **immediately** after expression

"MaSSE" method of hand expression

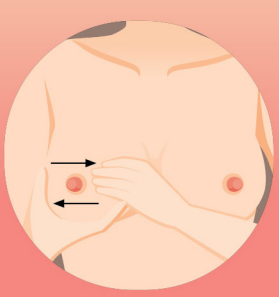
Breast Massage



STEP 1
Massage breast in circular motion

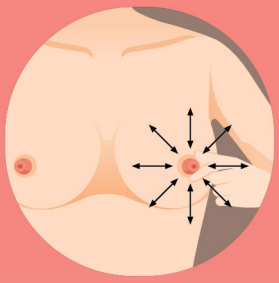


STEP 2
Stroke breast towards nipple



STEP 3
Shake the breasts

Hand Expression



STEP 1
Roll nipples and areola

STEP 2
Place thumb and index finger on opposite sides at the edge of areola

STEP 3
Extract by pressing against chest wall and squeezing

Refer to Page 5 for video on hand expression of breast milk.

Graphics by Noelle Tan I (C) Doris Fok, 2019

Handling expressed breast milk

Guidelines For Storing Freshly Expressed Breast Milk For Healthy Full-Term Infants		
Location	**Temperature**	**Duration**
Room temperature	19°C - 26°C	4 hours
Insulated cooler bag with ice packs	4°C - 15°C	24 hours
Refrigerator	< 4°C	72 hours
Freezer compartment of a bar fridge	-15°C	2 weeks
Freezer	-18°C	3 - 6 months
Deep freezer	-20°C	6 months - 1 year

Guidelines For Storing Thawed Breast Milk		
Location	**Temperature**	**Duration**
Refrigerator	< 4°C	24 hours
Room temperature	15°C - 29°C	1 - 2 hours
Warmed up	40°C	1 - 2 hours

1. To thaw breast milk
   - Keep in the refrigerator overnight, or
   - Place under running tap water
2. Warm only the amount required for one feed at a time
3. Discard any unconsumed milk 1 to 2 hours after warming

NOTE: Never thaw milk in a microwave oven or by boiling

Cleaning and sterilising feeding accessories

Cleaning

- Wash feeding accessories with soap and water
- Scrub the insides of the accessories with a brush to remove traces of milk
- Rinse thoroughly

Sterilising

Sterilise the accessories after cleaning. You may use any of the following methods:

- **Boiling**
  1. Place accessories in a large pot filled with water and ensure there is no air trapped in the bottles or teats
  2. Cover the pot with a lid and bring to boil. Boil for at least 10 minutes
  3. Make sure that the pot does not boil dry

- **Sterilising tablets/liquid**
  1. Prepare the solution (tablets or liquid) following the manufacturer's instructions
  2. Immerse accessories in the solution and ensure there is no air trapped in the bottles or teats
  3. Leave accessories in the solution for at least 30 minutes
  4. Prepare a fresh solution every 24 hours

- **Steam or UV steriliser**
  1. Place the accessories into the steriliser (face-down for steam steriliser, face-up for UV steriliser)
  2. Follow the manufacturer's instructions to operate the steriliser
  3. Wait for steriliser to finish sterilising before removing accessories

Formula feeding

If your healthcare provider advises that formula supplementation is required, follow these preparation steps:

1. Wash your hands thoroughly
2. Prepare feeds on a clean surface
3. Pour the exact amount of boiled warm water (> 70°C) into a sterilised milk bottle
4. Based on the powder-water ratio provided on the formula tin, measure the amount of milk powder required using the spoon provided in the tin. Level off the milk powder on the spoon
5. Add milk powder into the milk bottle
6. Cap the bottle tightly and swirl the bottle until the powder is fully dissolved
7. Test the temperature of the milk by placing a few drops on your inner forearm before feeding your baby

Video on formula preparation (by Hong Kong Family Health Services)

Important note

- Use the spoon provided in the formula tin to measure milk powder
- Keep to the powder-water ratio as indicated on the formula tin
- Do not give your baby soy or goat milk formulas without medical advice
- Discard any unconsumed milk 1 hour after preparation

Methods to provide supplementary feed

The use of bottles for feeding may cause nipple confusion while baby is learning to breastfeed. You may use these alternative methods instead. Approach a nurse or doctor for advice if you wish to bottle feed your baby.

Caring for your baby

Bathing your baby

It is recommended to bathe baby once a day. Bathe baby 1 to 2 hours after a feed to prevent regurgitation due to excessive movements during bath time. When bathing baby, the room temperature should be between 25°C and 30°C.

- **Items required**
  - A bathtub of warm water (~37°C)
  - Liquid baby soap
  - Cotton balls and cotton buds
  - A cup of cooled boiled water to moisten the cotton balls
  - Large bath towel
  - Flannel cloth
  - Diapers and wet wipes
  - Fresh clean clothes & swaddle

Videos on:
- How to bathe your baby
- How to change your baby's diaper
- Tips on caring for your baby

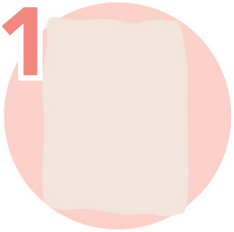
Clean your baby's genitalia using moistened cotton balls. Use each cotton ball only once.

- **For baby girls:**
  - Spread the labia and clean between the folds
  - Clean from front to back, to prevent contamination of the urethra (urinary opening) from the anus

- **For baby boys:**
  - Clean tip of the penis in a circular motion from the centre outwards
  - Clean shaft of the penis from tip to the base in a downward motion
  - Wash scrotum including the underlying skin folds
  - Do not retract the foreskin of the penis

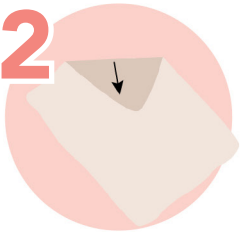
How to swaddle your baby

1



Use a rectangular piece of swaddling cloth, blanket or towel.

2



Fold the swaddling cloth into a triangular shape at one end, leaving the swaddling cloth longer on the other end.

3

Place your baby on the swaddling cloth, with only the baby's head above the folded edge.

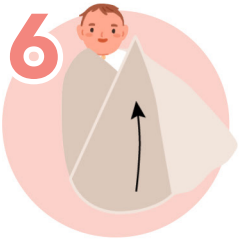
4

Create a collar using the shorter side of the folded swaddling cloth.

5

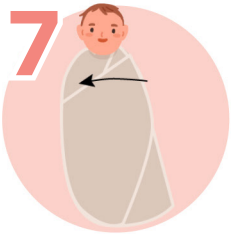
Next, fold the cloth horizontally to keep the collar in place.

6



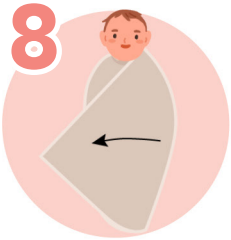
Once the shorter side is done, fold the cloth from the bottom to the shoulder of the baby. This way, the baby's legs will be within the swaddle.

7



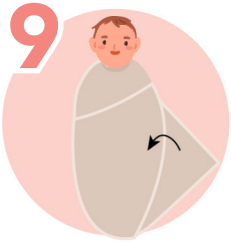
Repeat the folding of the collar on the other side.

8



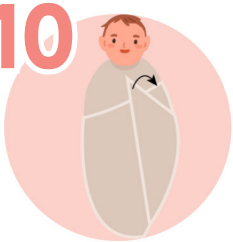
Similarly, fold the cloth horizontally. This time you will have a long end of the cloth left. Try to smoothen out the long end of the cloth.

9



Turn the cloth towards the back of the baby and go one full round around the lower half of the baby's body.

10



Secure the end of the cloth by stuffing it into the folded part of the swaddle collar.

Caring for Yourself

Caring for the caesarean wound

Always keep the dressing on your operation site dry. You are advised not to carry or lift heavy objects for about two months to allow your wound to heal adequately. Go to the nearest clinic if the wound is red or if there is foul-smelling discharge.

Caring for the perineum

An episiotomy is the cut made at the perineal region during childbirth. It would be stitched after delivery and the stitches may cause some pain and tenderness. Natural tears will also be stitched. The stitches take about two weeks to heal and dissolve. The area should be kept clean by washing with water and kept dry. There is no need for an antiseptic wash. Change sanitary towels regularly. Please consult your doctor if there is swelling and persistent pain.

Lochia

Lochia is the 'bloody' discharge, which begins right after delivery. During the first few days, the bleeding can be quite heavy but it will gradually decrease. The colour of the lochia usually changes from bright red to pink or brown, and may become yellow before disappearing completely three to four weeks later. Please consult your doctor should the lochia flow suddenly become heavy after decreasing.

Afterpains

"Afterpains" or postpartum cramps are feelings of mild ache felt in the lower abdomen in the first few days following delivery. It is caused by contractions of your uterus as it returns to its pre-pregnancy size. If you are breastfeeding, you may feel the contractions when your baby is suckling. You may wish to take the painkillers as prescribed by your doctors to relieve the pain.

Rest & relax

It is important for you to relax and rest during the confinement period. You should rest your back as much as possible to recuperate from the delivery. Try to catch some sleep when your baby is sleeping.

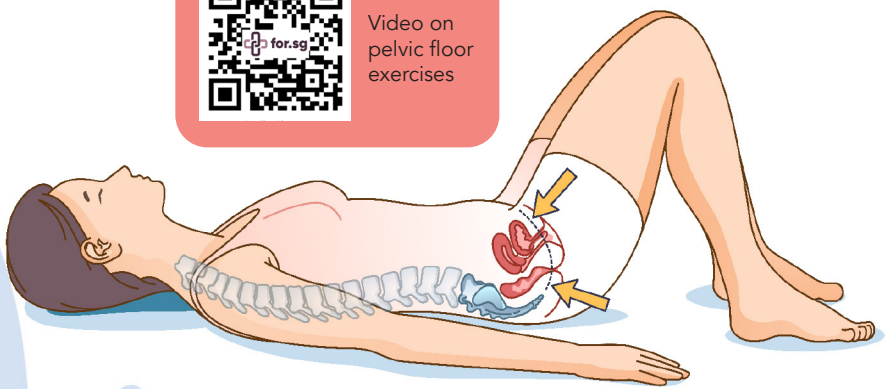
Pelvic floor exercises

The pelvic floor muscles form a hammock between the pubic bone and the tailbone. These muscles can be weakened by the effect of childbearing and delivery. Commence pelvic floor exercises when the urethral catheter is removed.

To exercise the pelvic floor muscles, imagine you want to stop urinating. Tighten your muscles around the front and back passages, and pull up inside. Contract as hard as you can, then gently release slowly. Don't hold your breath, or tighten your buttocks and/or thighs. These exercises can be done lying down, sitting or standing.

for.sg

Video on pelvic floor exercises



Diet

Eat a variety of foods, especially green leafy vegetables and fruits to maintain a healthy diet. If you are breastfeeding, ensure adequate fluid intake and avoid alcoholic drinks.

Sexual activity

You may resume sexual activity as soon as you and your husband feel comfortable. If you are tired or feel sensitive at the perineum, you may wish to explore other methods of intimacy.

Emotional wellbeing

The period after baby's birth is expected to be challenging, especially for the mother. It is perfectly natural to feel overwhelmed and find it difficult to cope. We have resources to help mothers who find themselves in this position. We encourage you to reach out to us early so that we can support you.

Women's Emotional Health Service (WEHS): **6772 2037**

Video on mental wellness for mothers

Help and Support

Our nurses will call you over the phone after your discharge to check on you and your baby's well-being.

You may also reach out via the following contact points if you require support.

Breastfeeding support

- ✓ NUH Breastfeeding Helpline (8am – 5pm): **9722 0376**
- ✓ Breastfeeding Mother's Support Group (BMSG): **6339 3558**

Lactation support services

- ✓ NUH Breastfeeding Helpline (8am - 5pm): **9722 0376**
- ✓ National University Polyclinics (NUP): Make an appointment for 'Lactation Support Service' via the NUHS App

Follow-up checks for your baby

- ✓ Khoo Teck Puat – National University Children's Medical Institute (KTP-NUCMI): **ktpnucmi_appt@nuhs.edu.sg**
- ✓ After discharge, your baby may receive follow-up care at either NUH or the polyclinics.

NUH: Your baby will have his first appointment to see the paediatrician 1 to 3 days after discharge. Our nurses will either inform you of the appointment, or you may check and make changes to your baby's appointments via the NUHS App.

Polyclinics: You may walk-in to the polyclinics for your baby's first jaundice check 1 to 3 days after discharge. After which, you may check and make changes to your baby's appointments via the NUHS App.

General enquiries

- ✓ Email: **contactus@nuhs.edu.sg**

If you have serious and urgent concerns about your health or your baby's health, please go to the NUH Emergency Department or NUH Children's Emergency immediately.

About the National University Centre for Women and Children

National University Centre for Women and Children (NUWoC) is a national university specialist centre that aims to empower women, children and their families to lead healthier lives. We provide comprehensive medical and surgical services ranging from pre-conception to child and maternal health.

NUWoC comprises the Department of Obstetrics & Gynaecology (O&G) and Khoo Teck Puat – National University Children's Medical Institute (KTP-NUCMI) of National University Hospital. It focuses on the right-siting of appropriate services in the community and builds complementary services in National University Health System's (NUHS) centres of excellence – Ng Teng Fong General Hospital and Alexandra Hospital.

Through a generous gift from the Estate of Khoo Teck Puat, KTP-NUCMI established an integrated outpatient facility with medical, diagnostic and rehabilitation services for children. We are also the only public specialist centre in Singapore that offers paediatric kidney and liver transplant programmes.

For more information about us, visit www.nuh.com.sg/NUWoC

Emergency (24-hr)

Location	NUH Main Building, Zone F, Level 1
Contact	+65 6772 5000

Women's Clinic – Emerald/Ruby

Location	NUH Kent Ridge Wing, Zone D, Level 3, D03-06
Operating Hours	8.30am – 6pm (Mon to Thu), 8.30am – 5.30pm (Fri), 8.30am – 12.30pm (Sat)
Email	appointment@nuhs.edu.sg

Women's Clinic - Sapphire

Location	NUH Kent Ridge Wing, Zone D, Level 3, D03-03
Operating Hours	8.30am – 6pm (Mon to Thu), 8.30am – 5.30pm (Fri), 8.30am – 12.30pm (Sat)
Email	appointment@nuhs.edu.sg

Women's Clinic – Jade [Former Clinic G]

Location	NUH Kent Ridge Wing, Zone C, Level 3, C03-02
Operating Hours	8.30am – 6pm (Mon to Thu), 8.30am – 5.30pm (Fri)
Email	appointment@nuhs.edu.sg

Fetal Care Centre

Location	NUH Kent Ridge Wing, Zone D, Level 3, D03-04
Operating Hours	8am – 5.30pm (Mon to Thu), 8am – 5pm (Fri)
Email	appointment@nuhs.edu.sg

Clinic for Human Reproduction

Location	NUH Kent Ridge Wing, Zone D, Level 4, D04-02
Operating Hours	8am – 5pm (Mon to Fri), 8.30am – 12.30pm (Sat)

Women's Clinic @ JMC

Location	Jurong Medical Centre, Level 2
Operating Hours	8.50am – 11.30pm (Tue & Thu), 2pm – 5pm (Mon & Fri)

Jurong Clinic for Women

Location	130 Jurong Gateway, #01-231
Operating Hours	9am – 12pm, 2pm – 5pm (Mon to Sat), 6pm – 9pm (Mon to Thu)
General Enquiry	+65 6665 4277
Appointment Line	+65 6908 2222
Email	appointment@nuhs.edu.sg

GS @ NTFGH

Location	Ng Teng Fong General Hospital, Tower A – Specialist Outpatient Clinics, Level 7
Operating Hours	8.30am – 5.30pm (Mon to Fri), 8.30am – 12.30pm (Sat)
Appointment Line	+65 6908 2222
Email	appointment@nuhs.edu.sg

National University Hospital
5 Lower Kent Ridge Road, Singapore 119074
OneNUHS Hotline: (65) 6908 2222
OneNUHS General Enquiries: contactus@nuhs.edu.sg
OneNUHS Appointments: appointment@nuhs.edu.sg
www.nuh.com.sg

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Scan QR code for more information on NUWoC facilities.

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Download the NUHS App now!

Scan to download

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