

Maternity

After birth (Postnatal) care for babies

Your midwifery team are usually the main care providers throughout the period when you first give birth. They will ensure that your care is personalised to meet your individual needs and will work in partnership with you and your family to make sure you can make informed decisions about your baby's care. Visits are arranged at home, over the telephone, in postnatal clinics or in community hubs.

Care is provided by the midwifery team for at least 10 days and up to 28 days following the birth. Where and when these visits happen will be decided between you and your midwife. 24-hour support is available from the midwifery service on 02476967315. Your midwife also works in partnership with other health professionals and can refer your baby to an appropriate specialist if needed.

At each postnatal assessment, your midwife will check your baby's health and well-being. The following topics help to build up a complete picture of your baby and your midwife will discuss the findings with you. Please discuss any concerns you may have about your baby with your healthcare team.

Observations - Depending on your baby's needs, we might observe your baby during the first 12-24 hours after birth. This may include observing your baby's breathing rate, temperature, oxygen levels, colour, blood glucose levels and how your baby responds. Staff caring for you will explain the reason why this is being done.

Temperature - Your midwife will check how warm your baby feels to the touch; it is a good indication of how appropriate the temperature is around your baby, and if they are well. Your midwife can advise on which clothing and bedding to use, whether in the house, car or pram. The recommended



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room temperature should be 16-20°C. If you are worried about your baby's temperature your midwife will assess using a thermometer.

Weight - Your midwife will weigh your baby regularly and advise you about feeding according to your baby's weight gain. Your health visitor will give you information about where the local child health clinic is based and where your baby will be weighed. They will continue assessing your baby's growth.

Tone (muscle tone - activity and reflexes) - Your midwife will check to see that your baby can move both arms and legs. In the early days and weeks your baby will have some movements they cannot control which are called reflexes. These include:

- The root reflex which begins when your baby's cheek is stroked or touched. Your baby will turn his/her head and open his/ her mouth to follow and "root" in the direction of the stroking. This helps your baby find the breast or bottle and begin feeding. Babies are able to suck when they are born and during the first few days they learn to coordinate their sucking and their breathing.
- The startle reflex occurs when a baby is scared or startled by a loud sound or movement. Your baby will throw back their head, extends out their arms and legs, cry, then pull their arms and legs back in. A baby's own cry can startle him/her and begin this reflex.
- Babies can also hold onto (grasp) things like your finger with either hands or feet and they will make stepping movements if they are held upright on a flat surface. All these responses, except sucking, will be lost within a few months and your baby will begin to make controlled movements instead.

Jaundice (yellow colour) - Jaundice is a common condition in newborn babies, more than half of all babies become slightly jaundiced for a few days. Babies develop a yellow colour to their skin and whites of the eyes (sclera); it is a normal process and does no harm in most cases. However, it is important to check your baby for any yellow colouring particularly during the first week of life. It will normally appear around the face and forehead first then spread to the body, arms and legs. From time to time gently press your baby's skin to see if you can see a yellow tinge developing. Check the whites of the eyes and when your baby cries have a look inside their mouth and see if the sides of the gums or roof of the mouth look yellow. Ask your midwife to show you how to check if you are

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not sure. If you think your baby is jaundiced contact your midwife for advice. If your baby is jaundiced, very sleepy with pale or chalky poo or dark urine, a blood test can be taken to check the level of jaundice (bilirubin). If the level is high, treatment is recommended by using phototherapy. This is done in the hospital environment, under close supervision. Treatment may last for several days, with regular blood tests being carried out to check the level of bilirubin. You will be advised according to your individual circumstances.

Eyes - Your baby's eyes are observed for any signs of stickiness, redness or discharge. Special cleaning of your baby's eyes is not required unless your baby develops an infection. This can occur for no apparent reason and appears as a yellow discharge in one or both eyes. If this happens, your midwife may take a swab or arrange for your doctor to prescribe treatment. Your midwife will also show you how to clean the eyes properly. When your baby is new-born they may look cross-eyed at times because they have poor control of their eyes. This will usually go away as the eye muscles get stronger. The eyes usually look blue-grey or brown. In general, your baby's permanent eye colour will be apparent within six to twelve months.

Mouth - Soon after birth, the midwife will have a look into your baby's mouth to check the top of their mouth (palate) and look for any teeth. There is a piece of skin under your baby's tongue called the frenulum and in a small number of cases this can be tight and can affect the way your baby feeds. If you are having issues with feeding please let the midwives looking after you know who will complete feeding assessment. It can be treated; your midwife will give advice about treatment. The palate is the soft tissue and bony part of the roof of your baby's mouth. If it hasn't formed correctly it can also affect feeding. If a problem is found, a referral to a paediatrician will be made to discuss treatment. Occasionally babies can be born with teeth. If your baby has been born with teeth, treatment will be discussed with you. At each baby check, the midwife will check your baby's mouth for thrush. Signs of thrush are redness, white spots or white coating that does not disappear between feeds. Thrush can be avoided by good hygiene. Always wash your hands before preparing bottles and after changing your baby's nappy. Wash bottles and teats thoroughly and sterilise before use. If your baby develops thrush, let your GP know and they may prescribe some medicine. (See page 16 for further information about cleaning and sterilising bottles).

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Cord - After your baby is born the umbilical cord will be clamped and cut. The plastic clamp will stay on the stump of the cord until it drops off, (this usually takes 7-10 days). It usually does not require any special attention, other than careful washing and drying. It is very common for the stump to bleed slightly as it separates, and your midwife will advise you how to care for this. Usually all that is needed is to make sure the nappy does not rub on the area. If there is any heavy bleeding, discharge, redness or a bad smell around the cord stump you should contact your midwife or GP for advice.

Skin - Your baby's skin is very sensitive in the early weeks. Your midwife will check your baby's skin for any spots, rashes or dryness. After your baby is born, he/she may have small amounts of vernix left in the skin folds, such as under the arms. This is the white creamy substance that protects the baby's skin inside your womb. It is not harmful to your baby and will disappear over the next few days, there is no need to try and remove it. Some babies have dry skin in the first few days after birth; this is common if your baby was born after their due date. It's best to bath your baby with plain water only for at least the first month. If you need to, you can also use some mild, non-perfumed soap. Avoid skin lotions, medicated wipes, or adding cleansers to your baby's bath water. After washing, pat your baby's skin dry, pay special attention to skin creases. You may wish to rub some oil onto your baby's skin, ask your midwife for more information.

Urine and nappy rash - Your baby should have at least two wet nappies per day in the first two days, increasing to six or more per day by seven days. Urates are tiny orange or pink crystals that look like brick dust that may appear in the nappy, but with regular feeding will disappear. If your baby's skin is in contact with urine or poo for a long time, it can become red or sore. Nappies should be changed frequently, either before or after feeds to prevent this. If the skin does become sore, it is better to use warm water and cotton wool rather than wipes or lotions and apply a barrier cream.

Poo (stools) - The first poo (stools) are sticky, greenish-black and are called meconium. As the baby takes milk feeds, the stools become a mustard colour and sometimes looks like it has seeds in it. Breastfed babies will have soft, yellow stools that do not smell, while a formula fed baby will have stools that are more formed, darker and smellier. All babies should pass at least two soft stools per day for the first six weeks

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regardless of feeding method. If you have any concerns, ask your midwife/health visitor or GP for advice.

Colic - A baby who cries excessively and inconsolably and either draws up his or her knees, or arches his or her back, especially in an evening, may have colic. You should tell your midwife so that an assessment can be made to rule out other causes. Your midwife will give you advice based on what's best for you and your baby.

The fontanelle - On the top of your baby's head near the front is a diamond shaped patch where the skull bones have not yet fused together. This is called the fontanelle. It will probably be a year or more before the bones close over it. You may notice it moving as your baby breathes. Don't worry about touching it as there is a tough layer of membrane under the skin.

Bumps and bruises - It is quite common for a newborn baby to have some swelling (caput) and bruises on their head, and perhaps to have bloodshot eyes. This is the result of the squeezing and pushing that is part of being born and will soon disappear. A cephalhaematoma is a bump, on one or both sides of the head. This is due to friction during the birth, which can last for weeks but will go away naturally and usually no treatment is needed.

Breasts and genitals - Quite often a newborn baby's breasts are a little swollen and may ooze some milk, whether the baby is a boy or a girl. Girls also sometimes bleed slightly or have a cloudy discharge from their vagina. This is a result of hormones passing from the mother to the baby before birth and is no cause for concern. The genitals of male and female newborn babies often appear rather swollen but will look in proportion with their bodies in a few weeks.

Birthmarks and spots –You may notice marks or spots on your baby's head or face. These will usually fade away. Most common are the little pink or red marks some people call 'stork marks'. These 'v' shaped marks on the forehead, upper eyelids and back of baby's neck gradually fade, though it may be some months before they disappear. Strawberry marks are also very common. They are dark red and slightly raised, appearing a few days after the birth, sometimes getting bigger. These too will disappear eventually.

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Early development - Newborn babies can use all their senses. From birth your baby will focus on and follow your face when you are close in front of them. They will enjoy gentle touch and the sound of a soothing voice and will react to bright light and be startled by sudden, loud noises. By two weeks of age babies begin to recognise their parents and by 4 to 6 weeks start to smile. Interacting with your baby through talking to, smiling and singing to them, are all ways of helping your baby feel loved and secure.

Excessive crying - All babies cry but some babies cry a lot. Crying is your baby's way of telling you they need comfort and care. This can be very stressful and there may be times when you feel unable to cope. This happens to lots of parents and is nothing to be ashamed of. Ask your family and friends to help and discuss this with your midwife, health visitor or GP. There is an organisation called CRY-SIS who can put you in touch with other parents who have been in the same situation. You can get further information via www.cry-sis.org.uk or helpline number 08451 228 669. If your baby is crying and the cry doesn't sound like their normal cry and they can't be comforted it could be a sign that they are ill. If you think there is something wrong, always follow your instinct and contact your GP, midwife or health visitor.

Responsive feeding - Your baby will let you know when they are hungry by becoming restless, sucking his or her fingers or making mouthing movements. Offering a breast or bottle feed before he/she begins to get upset and cry will make feeding easier. If you are breastfeeding you can offer your baby your breast when you want a cuddle, or fit in a quick feed when you want to sit down and rest. If you choose to bottle feed, your baby will enjoy being held close and being fed by you and your partner rather than by lots of different people. Please read UHCW "Breastfeeding a parent's guide" and "Formula feeding your baby" for more detailed information surrounding feeding. There are also information leaflets surrounding tongue tie and feeding, hand expression and safe storage of breast milk.

Skin to skin contact - Holding your baby naked against your bare chest straight after birth is very important because it helps calm your baby, keeps him or her warm, steadies your baby's breathing and gives you time to bond. It also helps get breastfeeding off to a good start. A blanket over both of you will help keep your baby warm. If you have a caesarean section or are separated from the baby after the birth, you can still both

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benefit from skin to skin as soon as possible. If you choose to bottle feed your baby, you can still give your baby's first feed whilst in skin contact. Skin contact at any time will help calm and settle your baby. It can also encourage your baby to feed and help you and your partner to feel close to your baby.

Keeping baby close to you - Newborn babies have a strong need to be close to their parents as this will help them to feel secure and loved. When babies feel secure, they release a hormone called oxytocin which helps their brain to grow and develop. In hospital, if you and your baby are well, your baby will stay in a cot next to your bed at all times so that you can get to know each other and you can respond to his/her needs for feeding and comfort. When you go home, your baby will benefit from being close by you during the day and at night.

Reducing risk of Sudden Infant Death Syndrome - Sudden Infant Death Syndrome (SIDS) sometimes known as cot death, is the sudden, unexpected and unexplained death of an apparently healthy baby. Whilst it is rare, it can still happen and there are steps you can take to help reduce the risk for your baby:

- Place your baby to sleep in a clear, safe sleep space e.g. separate cot or Moses basket in the same room with you for the first 6 months, day and night.
- Use a firm, flat mattress with no raised cushioned areas, no pillows, quilts or duvets, or bumpers.
- Don't use any pods, nests or sleep positioners.
- Always place your baby on their back for every sleep.
- Don't cover your baby's head or face while sleeping and place him or her in the "feet to foot" position.
- Keep your baby in a smoke free area at all times, day and night.
- Don't let your baby get too hot or too cold. The ideal room temperature should be between 16 and 20°C.
- Do not share a bed with your baby if you or your partner smoke, drink alcohol/take drugs or are very tired. It is advised not to share a bed with your baby if they were born prematurely (before 37 weeks) or has a low birth weight under 2.5kgs.

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- Never sleep with your baby on a sofa or armchair.
- Breastfeeding your baby reduces the risk.
- Ensuring your baby receives their course of vaccinations in their first year of life reduces the risk.
- If you think your baby is showing any signs of being unwell, always seek urgent medical advice.

Ways to wake a sleepy baby - If you feel worried about how long your baby has slept you can gently wake your baby by picking him/her up and talking to him/her, changing his/her nappy, rubbing his/her hands and feet, undressing him/her and holding him/her in skin to skin contact.

Soothing and settling a crying baby - All babies cry at some time. It is the baby's way of communicating with you and they will generally settle when they are picked up and cuddled. Here are some things you can try that may help:

- Hold your baby in skin contact
- Offer a feed
- Gently rock or sway whilst holding baby
- Speak or sing in a quiet soothing manner
- Play calming music
- Try using a baby sling/carrier
- Take baby out for a walk

Taking your baby out safely - Your baby is ready to go out as soon as you feel fit enough to go out yourself. Walking is good for both of you. If you use a buggy, make sure your baby can lie flat on his/her back. A parent-facing buggy is best so that your baby can see you and feel secure.

In a car - It is illegal for anyone to hold a baby while sitting in the front or back seat of a car. The recommended way for your baby to travel in a car is in a properly secured, backward-facing, baby seat in the back of the car. Ideally a second adult should travel in the back of the car with the baby. If you have a car with air bags fitted in the front, your baby should not travel in the front seat (even facing backwards) because of the danger of suffocation if the bag inflates. Avoid travelling for long periods of time and

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take regular breaks to give you a chance to take the baby out of their car seat. If your baby changes position and slumps forward, stop the car as soon as safe to do so and take the baby out of the car seat.

In cold weather - Make sure your baby is wrapped up warm in cold weather because babies chill very easily. Take the extra clothing off when you get into a warm place, including the car, so that your baby does not overheat, even if he or she is asleep.

In hot weather - Babies and children are particularly vulnerable to the effects of the sun, as their skin is thinner, and they may not be able to produce enough pigment called melanin to protect them from sunburn. The amount of sun your child is exposed to may increase his or her risk of skin cancer in later life. Keep babies under six months old out of the sun altogether.

Safety in the home - Children most at risk of a home accident are in the 0-4 age group. Speak to your midwife/health visitor for information on practical issues e.g. fitting smoke detectors and how to keep your baby safe generally. More information on preventing accidents relating to: choking, suffocation, burns and scalds, poisons and emergency first aid is available via www.rosa.com. Your midwife and health visitor will talk to you about safe sleeping and will make sure that where your baby sleeps is a safe environment. . Never leave your baby alone with any dogs/pets. Your dog or pet can become annoyed by noises your baby makes such as crying. For further information visit www.rspca.org.uk/safeandhappy

Health visitor - These are qualified midwives/nurses who have done additional training in family and child health, health promotion and public health development work. They work as part of a team alongside your GP and other community nurses as well as midwives. Your midwife will discharge you from their care around 2 weeks following the birth, as long as you and your baby are well. Care is then handed over to the health visitor. Your health visitor will visit you at home after you have had your baby, and further contacts can then take place either at home, local health centre/GP surgery or at a local children's centre. They will ask how you are feeling and how your family is adjusting to your new baby. They will also ask if you have any questions or concerns you may have about your health or your baby's health.

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Family doctor/General Practitioner (GP) - Family doctors are responsible for general medical care and you will need to register your baby as soon as possible after the birth. Your doctor will follow your baby's development closely through regular assessments in partnership with the midwife and health visitor.

Specialists - Some babies with medical problems from birth may need to be followed up by a neonatologist/paediatrician. This will depend on what problem has been identified.

Child health clinics - Child health clinics are usually based in your local health centre/GP surgery/community hub and provide information and advice on all aspects of health and baby care. Your health visitor will give you all the information about where and when these clinics are held.

Child health records - The Personal Child Health Record (PCHR) or 'Red Book' will be given to you, usually at birth. This is the main record of your child's health, growth and development and needs to be kept in a safe place.

Registering the birth - The baby's birth must be legally registered within 42 days from the date of birth. Your midwife will give you details on what you need to do this. If you are married, you or the father can register the birth. If you are not married you must go yourself, and if you would like your partner's name to appear on the birth certificate, they must go with you. You cannot claim benefits or register your baby with a doctor until you have a birth certificate and a National Health Service number, which is usually allocated at birth. For further information visit www.gov.uk.

Screening

Physical examination of the newborn - Your midwife will complete an initial examination of your baby immediately after the birth. The first detailed examination will take place within 72 hours by a healthcare professional looking after you and your baby. The examination includes eyes, heart, hips and in baby boys checking if their testes are in the right place. The results will be given to you straight away. A second detailed examination will be done by your GP or health visitor when your baby is 6 to 8 weeks old. If any problems are found during either of these examinations or at any time in between, your baby will be referred to an appropriate specialist. The checking of your baby's health and well-being is

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a continual process. Each time your baby is seen by your midwife, a detailed review of growth and development is carried out. If any problems are found, a referral can be arranged. Please discuss any of the screening tests with your midwife if you have any questions or concerns.

Newborn hearing screen - A small number of babies (1-2 in every 1000) are born with permanent hearing loss. A quick screening test can be done, usually before you leave the hospital. If your baby has hearing loss, support and information will be given to you at an early stage. In some areas, the newborn hearing screen may be done at home or at a health clinic in the first few weeks of life. If the screening test results do not show a clear response from one or both of your baby's ears, an appointment will be made to see a hearing specialist within 4 weeks. It's very important that you attend the appointment in case your baby has a hearing loss. It's recommended to check your child's hearing as they grow up. Information on how to do this is listed in your baby's Personal Child Health Record (Red book). If you have any concerns tell your health visitor or GP.

Newborn blood spot test - All babies are offered a simple blood test to find out if they may be affected by the following serious health conditions: - sickle cell disease, cystic fibrosis, congenital hypothyroidism, PKU, MCADD, MSUD, IVA, GA1, HCU. Babies with these conditions can be given early treatment to prevent serious problems. These disorders would not be recognised in a newborn baby, even after careful examination by a doctor. Your midwife will take a small sample of blood from your baby's heel onto a card usually on the 5th postnatal day. This is then sent to a laboratory for testing. This may be uncomfortable and your baby may cry. You can help by making sure your baby is warm and comfortable. Sometimes it may be necessary to do a second blood spot test, but if this is done the reason will be discussed with you. This does not necessarily mean there is something wrong with your baby. Getting the results - you should receive the results by letter or from your healthcare professional by the time your baby is 6-8 weeks old. The results should be recorded in your baby's Personal Child Health Record (Red Book). If you have been tested during your pregnancy, please let your midwife know so that your results can then be matched up with your baby's results.

Early immunisations BCG (Bacillus Calmette-Guerin) - This is a vaccine offered to all babies who may be at higher than average risk from contact with tuberculosis (TB). These include babies whose families come from countries with a high incidence of TB such as Asia, Africa, South and Central America and Eastern Europe or babies born in a town

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or city where there is a high rate of TB. It is also offered to babies who have a relative or close contact with TB, have a family history of TB in the past 5 years or who plan to travel to a high risk country to stay for more than three months. TB is a potentially serious infection which usually affects the lungs but can also affect other parts of the body. Treatment is with antibiotics. The BCG vaccination is usually given to the baby early in the postnatal period.

Hepatitis B - Babies born to mothers who have hepatitis B are at a higher chance of getting this infection and should receive a full course of vaccine in the first year of life. The first vaccination (sometimes with extra immunoglobulin) will be offered and recommended within 24 hours of birth and then at 4, 8, 12 and 16 weeks with a final dose at 1 year of age with a blood test to check their infection status. It is very important for your baby to get these.

Important signs to look out for

Baby's illnesses can become serious very quickly. You know your baby best; do not wait too long if you are worried. Ask for help sooner rather than later.

The following symptom checklist can help you decide whether you need to seek medical attention for your baby by contacting your midwife or doctor:

- High pitched or weak cry
- Much less responsive or floppy, difficult to wake
- Pale all over
- Grunts with each breath
- Breathing faster than normal
- Not interested in feeding
- Passes much less urine
- Has a bulging fontanelle (the soft part at the top of a baby's head)
- Is dehydrated
- Change in skin colour
- High temperature or sweating
- Has blood in poo

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- Feeling cold

Urgent medical attention should be obtained by dialling 999 if your baby:

- Is unresponsive and shows no awareness of what is going on
- Has glazed eyes and does not focus on anything
- Cannot be woken
- Has a fit or convulsion
- Vomits green fluid
- Has a rash that does not fade when you press it
- Stops breathing or goes blue

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact us on 02476 967315 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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