Patient Information

University Hospitals Coventry and Warwickshire NHS Trust

Maternity

Care for babies after birth

Your midwifery team are usually the main care providers for your baby when you first give birth. They will ensure your care meets your individual needs. They will work with you and your family to make sure you can make informed decisions about your baby's care.

Visits

Visits are arranged at home, over the telephone, in postnatal clinics or in community hubs.

The midwifery team provides care for at least 10 days and up to 28 days after the birth. You and your midwife will decide where and when these visits happen.

Your midwife also works in partnership with other health professionals. They can refer your baby to a specialist if needed.

24-hour support

24-hour support is available from the midwifery service on 024 7696 7315.

Postnatal assessment

Your midwife will check your baby's health and wellbeing at each postnatal assessment. The following topics help to build up a complete picture of your baby. Your midwife will discuss the findings with you.

Please discuss any concerns about your baby with your healthcare team.

Observations

We might observe your baby in the first 12-36 hours after birth. This may include observing your baby's breathing rate, temperature, oxygen levels, colour, blood glucose levels and how your baby responds. The staff caring for you will explain why this is done.

Temperature

Your midwife will check how warm your baby feels to the touch. This is a good indicator of how the temperature is around your baby and if they are well. Your midwife can advise on what clothing and bedding to use.

The recommended room temperature is 16-20ºC. If you are worried about your baby's temperature, your midwife will assess this using a thermometer.

Weight

Your midwife will weigh your baby regularly. They will 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 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 their arms and legs.

In the early days and weeks, your baby will have some movements they cannot control. These are called reflexes, and include:

The root reflex

This begins when your baby's cheek is stroked or touched.

Your baby will turn their head and open their mouth to follow and "root" in the direction of the stroking. This helps your baby find the breast or bottle and begin feeding.

Babies can suck when they are born. During the first few days, they learn to coordinate their sucking and their breathing.

The startle reflex

This occurs when a baby is scared or startled by a loud sound or movement. A baby's own cry can startle him/her and begin this reflex.

Your baby will throw back their head, extends out their arms and legs, cry, and then pull their arms and legs back in.

Other movements

Babies can also hold onto (grasp) things like your finger with either hands or feet. They will make stepping movements if they are held upright on a flat surface.

These responses, except sucking, will be lost within a few months. 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).

Jaundice is a normal process and does no harm in most cases. But it is important to check your baby for any yellow colouring, particularly during the first week of life. It will usually 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 your baby's eyes. 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 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 hospital under close supervision. Treatment may last for several days, with regular blood tests done 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 needed unless your baby develops an infection. This can happen for no apparent reason and appears as a yellow discharge in one or both eyes.

If your baby develops an eye infection, 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 newborn, they may look cross-eyed at times. This is because they have poor control of their eyes. It 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 6 to 12 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. This can sometimes affect the way your baby feeds.

If you are having issues with feeding, please let the midwives looking after you know. They will complete a feeding assessment.

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, we will make a referral to a paediatrician to discuss treatment.

Occasionally babies can be born with teeth. If your baby was born with teeth, treatment will be discussed with you.

Thrush

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 them before use.

If your baby develops thrush, let your GP know. They may prescribe some medicine.

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's very common for the stump to bleed a bit as it separates. Your midwife will advise you on how to care for this. Usually, all you need to do is 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, 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, they 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's not harmful to your baby and it will disappear over the next few days. You do not 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 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 2 days. This should increase to six or more per day by 7 days.

Urates are tiny orange or pink crystals that look like brick dust. They may appear in the nappy. But with regular feeding, urates 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 becomes sore, it’s better to use warm water and cotton wool rather than wipes or lotions. Also, 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. The stools sometimes look like they have seeds in them.

Breastfed babies will have soft, yellow stools that do not smell. 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 6 weeks, 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 their knees or arches their 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. There is a tough layer of membrane under the skin protecting it.

Bumps and bruises

It's quite common for a newborn baby to have some swelling (caput), bruises on their head, and they may 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. The bump can last for weeks but will go away naturally. Usually no treatment is needed.

Breasts and genitals

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 their genitals 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.

Stork marks

The most common are little pink or red marks some people call 'stork marks'. These 'v'-shaped marks on the forehead, upper eyelids and back of your baby's neck fade gradually. It may be some months before they disappear.

Strawberry marks

Strawberry marks are also very common. They are dark red and slightly raised, appearing a few days after the birth, and sometimes get bigger. These too will disappear eventually.

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, react to bright light, and be startled by sudden, loud noises.

By 2 weeks of age, babies begin to recognise their parents. By 4 to 6 weeks, they 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 that can put you in touch with other parents who have been in the same situation. You can get more information from www.cry-sis.org.uk. Or helpline number 08451 228 669.

If your baby is crying and it doesn't sound like their normal cry and they can't be comforted, it could be a sign they are ill.

If you think there is something wrong, always follow your instinct. Contact your GP, midwife or health visitor.

Responsive feeding

Your baby will let you know when they are hungry by becoming restless, sucking their fingers or making mouthing movements. Offering a breast or bottle feed before they begin 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's "Breastfeeding a parent's guide" and "Responsive bottle feeding your baby" for more information about feeding. There are also information leaflets surrounding tongue tie and feeding, hand expression and safe breast milk storage.

Skin-to-skin contact

Holding your baby naked against your bare chest straight after birth is very important. It helps calm your baby, keeps them 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 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. This helps them feel secure and loved.

When babies feel secure, they release a hormone called oxytocin. Oxytocin helps your baby's brain to grow and develop.

In hospital, if you and your baby are well, your baby will always stay in a cot next to your bed. When you go home, your baby will benefit from being close to you during the day and at night.

Reducing the 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. There are steps you can take to help reduce the risk for your baby:

- Place your baby to sleep in a clear, flat sleep space, such as a 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.
- Do not use any pods, nests or sleep positioners.
- Place your baby on their back for every sleep.
- Don’t cover your baby’s head or face while sleeping. Place your baby in the “feet to foot” position.
- Keep your baby in a smoke-free area at all times.
- Don’t let your baby get too hot or too cold. The ideal room temperature is between 16 and 20ºC.
- Do not share a bed with your baby if you or your partner smoke, drink alcohol/take drugs, or are very tired. Do not share a bed with your baby if they were born prematurely (before 37 weeks) or had a low birth weight (under 2.5kg).
- Never sleep with your baby on a sofa or armchair.
- Breastfeeding your baby reduces the risk of SIDS.
- Ensuring your baby receives their vaccinations in their first year of life reduces the risk.

If 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 your baby up and talking to them
- changing your baby's nappy
- rubbing your baby's hands and feet
- undressing your baby
- holding your baby in skin-to-skin contact

Soothing and settling a crying baby

All babies cry at some time. It's the baby's way of communicating with you. They will generally settle when they are picked up and cuddled.

Here are some things you can try that may help settle your baby:

- 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 or 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's 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, backwards-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 airbags 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 take regular breaks to take your 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. Babies get cold very easily.

Take the extra clothing off when you get into a warm place, including the car, even if he or she is asleep. This is so your baby does not overheat.

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 (melanin) to protect them from sunburn.

The amount of sun your child is exposed to may increase their 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 like 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 at www.rospa.com.

Your midwife and health visitor will talk to you about safe sleeping. They 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 more information, visit www.rspca.org.uk/safeandhappy.

Health visitor

These are qualified midwives/nurses who have done extra training in family and child health, health promotion, and public health development. They work as part of a team alongside your GP, community nurses and midwives.

Your midwife will discharge you from their care around 2 weeks after 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. More contacts can then happen, either at home, at the 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 about your health or your baby's health.

Family doctor/GP

Family doctors are responsible for general medical care. 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. They work together 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. They can 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. If you are married, you or the father can register the birth.

If you are not married, you must go yourself. If you want 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, usually allocated at birth. For more 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 happen 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.

Your GP or health visitor will do a second detailed examination 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 wellbeing is a continual process. A detailed growth and development review is carried out by your midwife each time they see your baby. 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

1-2 in every 1000 babies are born with permanent hearing loss. A quick screening test can be done 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 blood sample 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. 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).

Please let your midwife know if you have been tested during your pregnancy. Your results can then be matched up with your baby's results.

Early immunisations

BCG (Bacillus Calmette-Guerin)

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

It's 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 3 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. They should receive a full course of vaccines 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's 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're 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
- Feeling cold

Call 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

Useful contact numbers

The following numbers and links will connect you to local breastfeeding support nationally or in the Coventry and Warwickshire areas.

La Leche League 0845 1202918

National Childbirth Trust 0300 330 0771

Breastfeeding Network 0300 100 0210

Association of Breastfeeding Mothers 08444 122 949

National Breastfeeding Helpline 0300 100 0212

Local support contacts

UHCW Infant Feeding Team

https://linktr.ee/uhcwinfantfeeding

Coventry Infant Feeding Support Team

https://linktr.ee/coventryift

Infant Feeding Team Nuneaton, Bedworth, North Warwickshire and Rugby

https://linktr.ee/nhswarwickshirebreastfeeding

Apps

Baby Buddy App (available on Apple and Android devices)

Anya App (available on Apple and Android devices)

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 7315 and we will do our best to meet your needs.

The Trust operates a smoke-free policy.

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We would like you to tell us what you think about our services. This helps us make further improvements and recognise members of staff who provide a good service.

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