

## Maternity

# Care for babies after birth

When a baby is born, midwives help take care of the baby and the parents. They make sure everyone gets the care they need. They help you make good choices about your baby's care.

## Visits

Your midwife can visit you at home, call you on the telephone, or see you in the in postnatal clinics or community hubs.

The midwifery team will look after you for at least 10 days and up to 28 days after the birth. You and your midwife will decide where and when the visits will happen. Your midwife also works with other health professionals and can refer your baby to a specialist if needed.

## 24-hour support

You can get help at any time by calling the midwifery service on:  
024 7696 7315.

You can get feeding support Monday to Friday (excluding bank holidays),  
9am to 5pm on 07904984620.

## Postnatal assessment

At each visit, your midwife will check your baby's health and wellbeing. Your midwife will talk to you about what they find. If you have any worries about your baby, please speak to your healthcare team.

## Observations

In the first 12 to 36 hours after birth, staff might check you baby to see how they are doing. They might check your baby's breathing, temperature, oxygen levels, skin colour, blood sugar, and how your baby responds. They will explain why this is done.



## Patient Information

### **Temperature**

Your midwife will feel your baby's skin to check if they are warm enough. This helps them see if the room temperature is right and if your baby seems well. They can also advise you on what clothes and bedding to use.

The room temperature should be kept between 16 to 20°C. If you are worried about your baby's temperature, your midwife can check their temperature with a thermometer.

### **Weight**

Your midwife will weigh your baby regularly and talk to you about feeding and weight gain.

Your health visitor will tell you where your local child health clinic is. They will keep checking your baby's growth.

### **Muscle tone (activity and reflexes)**

Your midwife will check that your baby can move their arms and legs.

In the first weeks, babies have some movements they cannot control. These are called reflexes, and include:

#### **The root reflex**

When you touch your baby's cheek, they will turn their head and open their mouth. They look for (root) the breast so they can start feeding.

Babies can suck from birth, but in the first few days they learn how to suck and breathe at the same time.

#### **The startle reflex**

This happens when a baby is scared by a loud sound or a sudden movement. Sometimes a baby can even get scared from their own cry.

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

#### **Other movements**

Babies can grab things, like your finger, with their hands or feet. They will make stepping movements if they are held upright on a flat surface.

These responses, except sucking, will disappear after a few months. Then your baby will start to make more controlled movements.

## Patient Information

### **Jaundice (yellow colour)**

Jaundice is common in newborn babies. More than half of all babies get jaundice for a few days. Their skin or whites of their eyes can look yellow.

This is usually normal and does not cause harm. But it is important to check your baby for any yellow colouring during the first week. It normally starts on the face and forehead, then spreads to the body, arms and legs.

You can gently press your baby's skin now and then to see if it looks yellow underneath. Check the whites of your baby's eyes too. When your baby cries, look inside their mouth to see if the sides of the gums or roof of the mouth look yellow. Your midwife can show you how to check.

If you think your baby is jaundiced, contact your midwife for advice.

If your baby is jaundiced and very sleepy, has pale or chalky poo, or dark wee, they may need a blood test to check the jaundice level (bilirubin).

If the level is high, your baby may need phototherapy in hospital. This usually takes a few days, with regular blood tests. We will explain exactly what your baby needs.

### **Eyes**

Your baby's eyes will be checked for any stickiness, redness, or discharge.

You don't need to clean your baby's eyes unless there is an infection. This can happen for no apparent reason and often shows 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.

Newborn babies sometimes look cross-eyed because their eye muscles are still developing. This usually gets better as they grow.

Most baby's eyes look blue-grey or brown. A baby's permanent eye colour usually shows by 6 to 12 months.

### **Mouth**

After birth, the midwife will look inside 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 may affect how your baby feeds. If you are having feeding problems, ask the midwives for help.

If the palate hasn't formed correctly, it can also affect feeding.

## Patient Information

If a problem is found, a paediatrician will discuss treatment with you. Some babies are born with teeth. If this happens, we will explain what needs to be done.

### Thrush

At each baby check, the midwife will look for signs of thrush in your baby's mouth. Signs of thrush are redness, white spots, or white coating that does not go away between feeds.

You can help prevent thrush with good hygiene:

- Wash your hands before feeds and after changing nappies.
- Wash and sterilise feeding equipment if using.

If your baby gets thrush, tell your GP. They may give medicine to treat it.

### Cord

After your baby is born, the umbilical cord is clamped and cut. A plastic clamp will stay on the cord stump until it falls off, usually in 7 to 10 days. You don't need to do much, just wash and dry the area gently.

The stump might bleed a bit as it separates. Your midwife will explain how to look after it. Usually, the main thing is to make sure the nappy does not rub against it.

If there is any heavy bleeding, discharge, redness or a bad smell around the cord stump, contact your midwife or GP for advice.

### Skin

A baby's skin is very sensitive in the early weeks. Your midwife will check for any spots, rashes or dry skin. Some babies, especially those born late, have dry skin in the first few days.

Your baby may still have some vernix in their skin folds, like under the arms. Vernix is a white, creamy layer that protects the baby's skin in the womb. It's not harmful to your baby and will disappear on its own, you don't need to remove it.

For the first month, it's best to wash your baby with plain water only. If you really need soap, use a mild, non-perfumed one. Do not use skin lotions and medicated wipes, or cleansers in your baby's bath water.

After washing, pat your baby's skin dry, especially in the skin folds. You can use a little baby oil. Ask your midwife for advice.

## Patient Information

### Urine and nappy rash

In the first 2 days, your baby should have at least 2 wet nappies a day. By 7 days old, they should have 6 or more wet nappies each day.

There might be tiny orange or pink crystals that look like brick dust in the nappy. These are called urates. They usually go away when baby is feeding well.

If urine or poo stays on the skin for too long, it can become red or sore. Change nappies often, usually before or after feeds, to help prevent this.

If the skin becomes sore, use warm water and cotton wool instead of wipes, and apply a barrier cream.

### Poo (stools)

Your baby's first poo is called meconium. It is sticky and greenish black.

After the baby starts feeding, the poo changes to a yellow mustard colour. Sometimes it looks like it has seeds in it. Breastfed babies have soft, yellow poo that does not smell. Formula-fed babies have more solid, darker, and smellier poo.

All babies should have at least 2 soft poos a day for the first 6 weeks. If you are worried, speak to your midwife, health visitor, or GP.

### Colic

All babies want to be close to their parents this helps them to feel safe and secure. A baby may have colic if they cry for more than 3 hours per day for more than 3 days per week. You may suspect colic if they can't be comforted, and pull their knees or arch their back, especially in an evening.

Tell your midwife if you think this is happening. They will check for other causes and give you advice based on how to help 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. The bones will close over it in about a year or more.

You might see it move when your baby breathes. It is safe to touch because there is a strong layer under the skin that protects it.

## Patient Information

### **Bumps and bruises**

Newborn babies can have some swelling (caput), bruises on their head, and they may have bloodshot eyes. This is from the squeezing and pushing of giving birth and it will go away on its own.

Some babies have a bump on one or both sides of the head, this is called a cephalhaematoma. This happens from friction during the birth. The bump can stay for weeks but it goes away without needing treatment.

### **Breasts and genitals**

Newborn baby boys or girls can have slightly swollen breasts, and sometimes a milk might come out.

Girls also sometimes bleed slightly or have a cloudy discharge from their vagina. This is hormones from the mother and is nothing to worry about.

Both baby boys' and girls' genitals can look swollen at first. They will look more normal in a few weeks.

### **Birthmarks and spots**

Your baby might have marks or spots on their head or face, that usually fade away.

**Stork marks:** Pink or red and shaped like a 'V', on the forehead, eyelids, or back of the neck. They fade slowly, within a few months.

**Strawberry marks:** Dark red, slightly raised, and can show a few days after birth. They might get bigger before shrinking, but they go away eventually.

### **Early development**

Newborn babies can use all their senses. From birth, they can look at your face when you're close, enjoy gentle touches and the sound of a soothing voice, react to bright light, and get startled by sudden, loud noises.

By 2 weeks, most babies start to recognise their parents.

By 4 to 6 weeks, they start to smile.

Talking, smiling, or singing to a baby helps them feel safe and loved.

### **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 hard for parents, and it's okay to ask for help. Family, friends, midwives, health visitors, or your GP can support you.

There is an organisation called CRY-SIS, which helps parents of babies that cry a lot. Visit the website at [www.cry-sis.org.uk](http://www.cry-sis.org.uk) or call the helpline number, 08451 228 669.

If your baby's cry sounds very different or you feel something isn't right, trust your instincts and talk to a doctor, midwife or health visitor.

### **Responsive feeding**

Babies show they are hungry by wriggling, sucking their fingers, or making mouthing movements. Feeding them before they cry makes things easier.

**Breast feeding:** You can feed your baby whenever they show feeding cues, seem sad or you want to cuddle or sit down and rest.

Feeding baby responsively helps their brain to grow.

Please ask for UHCW's "Breastfeeding a parent's guide" and "Responsive bottle feeding your baby" for more information on feeding, tongue tie, hand expression, and storing breast milk safely.

### **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 their breathing, and helps you bond. It also helps with breastfeeding. A blanket over both of you will help keep your baby warm.

If you had a caesarean section or are separated from the baby after the birth, you can still do skin-to-skin later.

If you choose to bottle feed your baby, it is important to give your baby's first feed during skin to skin.

Skin to skin at any time helps babies feel calm and helps you and your partner feel close to your baby.

### **Keeping baby close to you**

Newborn babies need to stay close to their parents to feel safe and loved.

When babies feel safe, their brains release a hormone called oxytocin, which helps their brain grow.

In hospital, healthy babies sleep in a cot next to your bed.

At home, babies also benefit from staying close during the day and at night.

### **Reducing the risk of sudden infant death syndrome**

Sudden infant death syndrome (SIDS), sometimes called cot death, is when a healthy baby dies suddenly and no one knows why. It is rare, but there are things parents can do to help keep their baby safe:

- Put the baby to sleep, flat, and in their own cot or Moses basket in the same room as an adult for the first 6 months, day and night.
- Use a firm, flat mattress with no pillows, quilts, duvets, or bumpers.
- Do not use any pods, nests or sleep positioners.
- Always place the baby on their back to sleep.
- Don't cover your baby's head or face while sleeping. Put them with their feet at the bottom of the cot.
- Keep the baby in a smoke-free place.
- Don't let them get too hot or too cold. The room temperature should be about 16 to 20°C.
- Never share a bed with your baby if you or your partner smokes, drinks alcohol, takes drugs, or is very tired. For more information see [Caring for your baby at night and when sleeping](#)
- 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 lowers the risk of SIDS.
- Keeping the baby up to date with vaccines also helps keep them safe.

If your baby seems unwell, get help straight away.

### **Ways to wake a sleepy baby**

If your baby has slept a long time and you're worried, you can gently wake them by:

- Picking them up and talking to them
- Changing their nappy
- Rubbing their hands and feet
- Taking off some of their clothes
- Holding them skin-to-skin

### **Soothing and settling a crying baby**

All babies cry because that's how they tell you what they need. Most babies calm down when they are picked up and cuddled.

Here are things that can help settle a crying baby:

- Hold your baby skin-to-skin
- Offer a feed
- Gently rock or sway while holding baby
- Talk or sing softly
- Play calming music
- Try using a baby sling or carrier
- Take baby out for a walk

### **Taking your baby out safely**

Your baby can go out as soon as you feel well enough. Walking is good for both of you. If you use a buggy, make sure your baby can lie flat on their back. A parent-facing buggy is best so the baby can see you and feel safe.

#### **In a car**

It's illegal to hold a baby in a moving car. Babies must travel in a properly secured, backwards-facing car seat in the back of the car. It is best if another adult sits in the back with them.

If your car has front airbags, never put a baby in the front seat because the airbag could hurt them. There is risk of suffocation if the bag inflates.

Take breaks on long journeys to take the baby out of the seat.

If your baby slumps forward, stop the car safely and reposition them.

## Patient Information

### **In cold weather**

Babies get cold easily, wrap them up when outside. Take off extra layers when indoors or in the car, even if they're asleep, to stop overheating.

### **In hot weather**

Babies have thin skin and can burn easily. Getting too much sun as a baby, increases the risk of skin cancer later. Keep babies under 6 months completely out of the sun.

### **Safety in the home**

Children aged 0 to 4 are most likely to have accidents at home. Midwives and health visitors can talk to you about safe sleeping and keeping the home safe, like with smoke detectors.

Safety information, like choking, suffocation, burns, poisons, and emergency first aid is available at [www.rospa.com](http://www.rospa.com).

Never leave your baby alone with any pets. Your pet can become annoyed by baby noises like crying.

### **Health visitor**

Health visitors are midwives or nurses with extra training in family and child health. They work with your GP, community nurses and midwives.

Your midwife cares for you for around 2 weeks after the birth. Then if you and your baby are well, the health visitor takes over.

Your health visitor will see you at home, at a GP surgery, or a children's centre. They will check how you and your baby are doing and answer any questions you might have.

### **Family doctor/GP**

You need to register your baby with a GP soon after the birth.

The doctor checks your baby's growth and development and works with the midwife and health visitor.

### **Specialists**

Some babies have medical problems and need extra care from doctors like neonatologists or paediatricians.

### **Child health clinics**

Child health clinics are usually based in your local health centre, GP surgery, or community hub. They give advice on baby care and health. Your health visitor will tell you where and when they are.

### **Child health records**

You will get a Personal Child Health Record (PCHR) or 'Red Book' at birth. It is used to track your baby's growth, check-ups, and vaccinations. Please keep this in a safe place.

### **Registering the birth**

The baby's birth must be registered within 42 days. Your midwife will tell you how to do this.

If you are married, you or the father can register the birth.

If you are not married, the mother must go, and the father must also go if you want his name on the birth certificate.

You cannot claim benefits or register your baby with a doctor until you have a birth certificate and a National Health Service (NHS) number.

For more information, visit: [Registering a birth – Coventry City Council](#)

## **Screening**

### **Physical examination of the newborn**

Your midwife will check the baby right after birth.

A full check happens again within 72 hours, looking at your baby's eyes, heart, hips, and for boys, we check if their testes are in the right place. The results will be given to you straight away. This will be carried out by a member of staff who has received extra training. They might be a Midwife, an Advanced Neonatal Practitioner, or a Paediatrician.

Your GP or health visitor will do a second check when your baby is 6 to 8 weeks. If any problems are found, your baby will be referred to a specialist.

Your midwife will check your baby's growth and development each time they see your baby. Talk to your midwife if you have any questions or concerns.

## Patient Information

### **Newborn hearing screen**

1 to 2 in every 1000 babies are born with permanent hearing loss. A quick screening test is usually done before you leave the hospital but is sometimes done at home or at a clinic in the first few weeks.

If your baby has hearing loss, you will be given support and information.

If the test result isn't clear, you will get an appointment with a hearing specialist within 4 weeks.

You should check your child's hearing as they grow up. It tells you how to do this in your baby's red book (PHCR).

If you have any concerns, tell your health visitor or GP.

### **Newborn blood spot test**

Your midwife will take a small blood sample from the baby's heel on day 5. This is then sent to a laboratory for testing.

It checks for serious health conditions, like sickle cell disease, cystic fibrosis, congenital hypothyroidism, PKU, MCADD, MSUD, IVA, GA1, HCU. If found, early treatment could prevent serious problems.

This may be uncomfortable, and your baby may cry. You can help by making sure your baby is warm and comfortable.

If a second test is needed, it does not mean something is wrong.

### **Getting the results**

You should get results by the time your baby is 6 to 8 weeks old, and they will be recorded in your baby's red book (PHCR).

Tell your midwife if you were tested during pregnancy, and your results can be matched with your baby's results.

## **Early immunisations**

### **BCG (Bacillus Calmette-Guerin)**

This vaccine is offered to all babies at higher risk of tuberculosis (TB). Especially if their family comes from places where TB is more common, or they are planning to visit there, or someone close had had TB.

TB can be serious, and it can affect the lungs, and other parts of the body. It is treated with antibiotics. The BCG vaccination is usually given to the baby soon after birth.

## Patient Information

### **Hepatitis B**

Babies whose mothers have hepatitis B have a higher chance of getting this infection. They should have their vaccines in the first year.

The first vaccination (sometimes with extra immunoglobulin) should be had within 24 hours of birth and then at 4, 8, 12 and 16 weeks, with a final dose at 1 year of age. They will have a blood test to check their infection status. It's very important to complete the whole course.

### **Important signs to look out for**

Baby's can get very ill very quickly. You should get help if your baby has:

- A weak or high-pitched cry
- Is less responsive, floppy, or hard to wake
- Looks very pale
- Grunts with each breath
- Breathing faster than usual
- Not feeding
- Has fewer wet nappies
- Has a bulging fontanelle (the soft part at the top of a baby's head)
- Is dehydrated
- Has a change in skin colour
- High temperature or sweating
- Blood in their poo
- Feels cold

Call 999 if your baby:

- Is unresponsive
- Has glazed eyes and can't focus
- 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 for breastfeeding support

- 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)
- NHS Online Breastfeeding friend (Available on Facebook messenger)

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.

## Did we get it right?

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.

Have your say. Scan the QR code or visit:

[www.uhcw.nhs.uk/feedback](http://www.uhcw.nhs.uk/feedback)



### Document History

Department:	Maternity
Contact:	27315
Updated:	December 2025
Review:	December 2028
Version:	3
Reference:	HIC/LFT/2547/20