

After your baby's birth

Information booklet for mums & families



This information pack is designed for women who are going home from hospital, following the birth of their baby in Suffolk and North East Essex.

We recommend you read this booklet before you leave hospital.

This pack should be given to you by your midwives, along with any relevant information and contact numbers you may need.

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Going home from hospital

Your stay in hospital can be anything from four to six hours post birth, up until two to three days. Certain circumstances may require you to stay in hospital for longer, and this can be discussed with your team.

Newborn hearing screen

Your baby may have his/her first 'newborn hearing screen' prior to you going home.

This test identifies the very few babies (one to two) in every 1,000 with hearing loss in one or both ears. Having this test now provides early access to services to improve long term child development, should they be needed. If this test isn't done in hospital, you will be given an appointment to have it done within three weeks of birth.

Newborn check

All newborn babies are offered a 'top-to-toe' examination within 72 hours of birth. This includes screening tests to assess eyes, heart, hips



and in boys, testes. This is performed by a specially trained midwife or a neonatal doctor, ideally before you go home. This check is important as it screens for rare, but serious conditions.

For more information visit:

- **Screening tests for you and your baby leaflet:**

www.gov.uk/government/uploads/system/uploads/attachment_data/file/642009/Screening_tests_for_you_and_your_baby_booklet_040917.pdf

Your wellbeing and follow-up care

Your midwives will:

- perform several checks on you before you go home
- arrange any medication you may need to take with you
- check how well your baby is feeding and talk through the things you can expect once at home.

Once you and your baby are ready to go home, your midwives will arrange for a community midwife to visit/contact you within the next two days. They will also give you some important paperwork, including the Personal Child Health Record (or 'red book').

Your community midwife and health visitor

After you leave hospital, you will be seen at home and/or in postnatal clinics by a community midwife. This midwife will come from your closest maternity unit, which may not be the one in which you gave birth – therefore please confirm the contact details with your midwife in the hospital prior to being discharged home.

You can expect your community midwife to visit you within 48 hours of being discharged from the hospital. It is important that you contact the community midwifery team if you do not receive this visit as there are important checks that must be completed for you and your baby.

You will be provided with a phone number for your community midwifery team before you go home from the hospital. Please make sure you have this contact number before you leave.

Your community midwife will explain the pattern of visits that you can expect, and provide information on your local services. Your community midwife will normally refer you to a health visitor between 10-28 days following birth. You can expect to hear from your health visitor 10-14 days after birth in order to arrange your first appointment. Your health visitor will provide services until your child goes to school.

Your GP

You will need to register your newborn baby at your GP surgery as soon as you have a birth certificate. It is important to do this as early as possible so that you have access to care if and when you need it. In some circumstances (such as requiring urgent care) you can register the baby with the GP with your baby's NHS number.

You need to make an appointment to see your GP **six to eight weeks following birth**. This appointment is for you and your newborn baby, and is an opportunity to check how you are after birth. Your GP will also conduct some routine checks on your newborn.

If you were due to have a smear test just before or during your pregnancy, this needs to be scheduled for at least 12 weeks after birth.

Contacts

Your community midwife will provide you with the relevant contact numbers for your local services.

For any non-urgent concerns **about you** or **your baby** you should contact your community midwife, health visitor or GP.

Urgent and emergency contacts



- You can call **NHS 111** service if you need urgent medical advice or help. This service is available 24 hours a day, 365 days a year



- You can also call the **maternity triage/assessment unit** where you gave birth (up to 28 days after birth)



- Speak to your **GP**



- Attend your local **urgent care centre** or **accident & emergency department** (A&E)



For serious/life threatening concerns please call **999**

Looking after yourself

Blood loss (lochia)

Some bleeding after birth is normal – this is recorded in your notes as estimated blood loss (EBL). Vaginal bleeding after birth is referred to as lochia, which is a mix of blood and other products from inside the uterus. This can be quite heavy at first, requiring several sanitary pad changes a day. After the first week the lochia slows down and becomes pink/light brown in colour. This loss will normally disappear by four weeks post birth.

Any large clots, silky ‘membranes’, sudden heavy bleeding or an offensive smell may be a sign that something is wrong and should be discussed with your midwife or GP urgently.

After pains

Period type pains after the birth of your baby are normal and are caused by the contraction of your uterus as it returns to its pre-pregnancy size and tone. It is normal for these pains to feel stronger when you breastfeed your baby due to the effect of hormones released during a feed, causing the uterus to contract. Any severe after pains can be treated with paracetamol. Make sure you read the label, and speak to your local pharmacist if you are unsure about this medication.

Breasts

The milk that your breasts first produce is called colostrum, and this will be present in the breast from mid-way through your pregnancy. The colostrum helps protect your baby from allergies and disease. Around three days after birth, the colostrum changes and becomes mature milk – and this change may make your breasts feel heavy and tender. Engorgement can happen if your breasts become over full of milk. This can be relieved with frequent breastfeeding. If your breasts feel so full that your baby is unable to take the breast, hand expressing a little of your milk can help. You can contact your midwife, health visitor or breastfeeding support worker if you are worried about your breasts being engorged. More information about breastfeeding can be found on **page 29** of this leaflet.

Your emotional wellbeing and mental health

Having a baby can be joyful, exciting and rewarding. However, it is also common for new mothers or fathers to experience anxiety, depression or emotional distress.

As many as one in five women experience emotional difficulties during pregnancy and in the first year after their baby's birth. This can happen to anyone.

'Baby blues'

During the first week, the majority of women experience a short lived change in emotions commonly known as 'baby blues'. This is due to the sudden hormonal changes within the body, combined with altered sleep patterns and lifestyle adjustment. This is very common and will only last a few days.

Symptoms include:

- feeling emotional and irrational
- crying over seemingly small things or 'over nothing'
- feeling irritable
- feeling sad or anxious
- feeling physically exhausted and overwhelmed.

It is important to seek support from your family, friends and midwife during this time and try to get as much rest as possible.

Postnatal depression and anxiety

Around one in seven parents will struggle with their emotional well-being and may develop postnatal depression or anxiety within the first year after childbirth. Struggling emotionally at this time can happen to anyone. It is not your fault.

You may experience on-going symptoms such as:

- low mood, sadness and tearfulness
- anxiety, worry and tension
- feeling overly tired, tearful and irritable
- difficult or unexpected feelings towards your baby
- poor sleep even when your baby sleeps well
- feeling unable to cope or enjoy anything
- thoughts that you are not a good enough parent
- worrying thoughts about your baby
- feelings of hopelessness
- struggling to come to terms with a difficult birth.

If you have been experiencing any of the above symptoms for two weeks or more, you could have postnatal depression or anxiety. It is important to seek help as soon as possible.

Getting help

It can be difficult to talk about how you are feeling and ask for help. Common reasons for this are:

- you may not know what is wrong
- you may feel ashamed that you are not enjoying your baby or coping as you believe you should
- you may worry that your baby will be taken away.

Asking for help doesn't mean you can't cope or are not able to care for your child. It's the start of getting the right help and support to ensure you can be the parent you want to be.



Try talking to someone you trust (friends or family) and contact your midwife, health visitor and/or GP to discuss how you are feeling. Your health care professionals are all trained to recognise postnatal depression and will be able to offer a range of support services to help you.

Talking therapies

Talking therapy services can provide support to those experiencing symptoms of anxiety or depression. Priority is given to pregnant women and new parents. You can either self-refer over the phone or online, or ask your midwife, health visitor or GP to do it for you. The service is free and aims to be flexible around your needs.

For more information visit:

- **Improving access to psychological therapies (IAPT)**
www.northeastiapt.nhs.uk
- **Suffolk wellbeing**
www.wellbeingnands.co.uk
- **Get me out the four walls**
www.getmeout.org.uk
- **Ipswich wellbeing**
www.ltt4suffolk.com

For more information on talking therapy services visit NHS Choices:

- <https://www.nhs.uk/service-search/find-a-psychological-therapies-service/>

Self-help tips for postnatal emotional wellbeing:

- try to sleep when the baby sleeps to minimise tiredness
- spend as much time as you like cuddling and holding your baby - this has a soothing and calming effect
- accept help with the baby from friends and family (it's OK to take a break!)
- improve diet by eating healthy foods and drinking plenty of water
- light exercise, or just being outside in fresh air can enhance your mood
- socialise (at local baby groups or children centres) to meet other parents.



Specialist perinatal mental health services:

Some women will experience more complex and severe mental illness during their pregnancy or after the birth. There is specialist support and help available and your health care professional will advise you if this is recommended for you.

For more information visit:

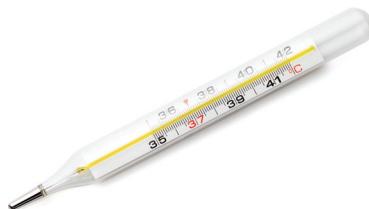
- **PANDAS:** www.pandasfoundation.org.uk
- **Association of Postnatal Illness (APNI):** <https://apni.org>
- **National Childbirth Trust (NCT):**
www.nct.org.uk/parenting/emotions-and-mental-health
- **Birth Trauma Association (BTA):**
www.birthtraumaassociation.org.uk
- **Royal College of Psychiatry (RCPsych):**
www.rcpsych.ac.uk/healthadvice/problemsanddisorders.aspx
- **Best beginnings:** www.bestbeginnings.org.uk/out-of-the-blue
- **Institute of Health Visiting:** <https://ihv.org.uk/families/top-tips>

Infections

Infections following birth are rare; however some women may contract infections which require treatment with antibiotics. Infections may occur in perineal stitches, caesarean section wounds, the uterus, breasts or in urine.

Signs/symptoms:

- a high temperature (more than 37.5°C)
- feeling unusually hot or cold/shivery
- feeling unusually lethargic and sleepy
- flu-like aches and pains in the body.



If your **stitches** or **wound** are infected you may notice pus, an offensive smell or an unusual amount of pain or tenderness in the area. You may also notice the skin is red and hot to touch.

An infection in the **uterus** may cause symptoms of excessive vaginal bleeding, passing of clots and offensive smelling blood loss. You may also note severe pain and/or heat on touching the lower abdomen.

If **breasts** become infected (known as mastitis) they may appear red, swollen and be painful/hot to touch. You may notice a burning sensation during feeds.

Urinary infections: symptoms include the increased need to pass urine or pain on passing urine.

If you are worried please speak to your midwife or GP urgently, or attend your local maternity triage/assessment unit.

Deep vein thrombosis and its prevention

After giving birth, women are at a slightly increased risk of developing blood clots in the veins in their legs. This risk is increased for roughly six weeks following birth.

On rare occasions, these blood clots can become very large and travel in the body to the lungs. This is known as pulmonary embolism (PE) and can be very serious.

Signs/symptoms:

- pain/tenderness in the leg behind the knee or in the calf
- feeling of heat in the affected area or a red discolouration of the skin
- swelling of the affected area
- PE may cause shortness of breath and chest pain, which worsens with deep breaths, coughing or chest movement.

If you have any of these symptoms you should speak to a health professional immediately, or attend your local A&E department.



Treatment:

These conditions are serious and will require urgent treatment in hospital with medications that prevent the clot from getting bigger and breaking off and travelling to another part of the body.

Prevention:

- Keep mobile and rotate your ankles regularly
- wear compression stockings if your midwife or doctor have advised you to do so
- consider taking short walks when you feel up to it
- stay well hydrated
- avoid sitting/lying down for prolonged periods i.e. in a car/on a train.

Some women will be prescribed injections to self-administer at home to reduce the risk of blood clots if they are considered to be at a higher risk of developing them. This may include women who have had a caesarean, or have any family or medical history that makes the risk higher.

If you have been prescribed injections:

It is very important to complete the course – and to dispose of the needles safely. Your midwife will explain this to you before you go home.

For more information visit:

- **NHS Choices:**
www.nhs.uk/conditions/deep-vein-thrombosis-dvt
- **NHS Choices:**
www.nhs.uk/conditions/pregnancy-and-baby/pages/dvt-blood-clot-pregnant.aspx

Perineal care

When your baby is born, his or her head stretches the opening of the vagina. The skin inside and surrounding the vagina will often stretch well to allow your baby to be born, however during this process it is common for women to sustain a tear to the skin, inside the vagina or both – which may require stitches. The stitches used will always be dissolvable and should not need to be removed.

- **first degree** tears affect the skin of the perineum/vagina. Some of these tears require stitches and some may heal well without stitches. Your midwife will advise you on this after birth
- **second degree** tears affect the skin and muscle of the perineum/vagina. Most of these tears require stitches to assist with healing
- **third and fourth degree** tears affect the skin and muscle of the perineum/vagina, as well as some of the structures associated with the anal sphincter. These tears require an operation in theatre to repair them
- **labial** tears occur to the labia minora, and will often require sutures to aid healing. Your midwife will advise you on this after birth
- **episiotomies** are sustained during the birth, when your doctor or midwife makes a cut to facilitate the birth of your baby. These are similar to second degree tears and will require stitches.

Perineal after-care

- always **wash your hands** before caring for your stitches, particularly if anyone in your household has a cough or cold
- **shower or bath daily** if possible for the first two weeks. Prolonged bathing can cause the stitches to dissolve too quickly. Rinse with warm water and avoid soaps and perfumed products. Dry with a clean towel and avoid rubbing the area



- **do not apply** any creams, salts, oils or lotions to the stitches
- **sanitary towels should be changed frequently**, and leaving the stitches exposed to the air can assist with healing
- when passing urine, some mild stinging can be expected in the first few days. Avoid dehydration which can worsen this sensation.
Rinsing with plain water during or after urination may reduce this discomfort
- when opening your bowels the stitches won't come apart. **Avoid constipation** or excessive straining and ensure **good personal hygiene** is maintained to reduce the risk of infection
- **mild/moderate discomfort is to be expected** in the first few days after birth and can be relieved with common **pain relief medications** such as paracetamol and/or ibuprofen. Please speak to your midwife regarding the recommended dose and other methods to relieve discomfort of your stitches
- using ice can reduce inflammation and pain. You can use ice wrapped in a clean towel or use a sanitary pad that has been placed in the freezer for a couple of hours. Place over the tender part of your perineum for 10 minutes. Repeat the process three to four times for the first few days.

If your stitches are gaping, oozing, severely painful, offensive in smell or unusually hot, please contact your GP, midwife or local maternity triage/assessment unit

For more information visit:

- **NHS Choices:**
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/episiotomy.aspx
- **NHS Choices:**
www.nhs.uk/conditions/pregnancy-and-baby/pages/you-after-birth.aspx

Pelvic floor exercises

The pelvic floor muscles support your pelvic organs, stabilise the pelvic joints and are responsible for the control of bladder and bowel functions. These muscles are stretched during pregnancy and birth – which can sometimes lead to weakness or dysfunction during pregnancy and particularly after birth.

Strengthening these muscles will:

- maintain or improve bladder and bowel control
- reduce the risk of prolapse of the pelvic organs
- help to stabilise the joints of the pelvis and lower spine
- increase sexual enjoyment for you and your partner.

Exercises should be started as soon as your catheter (if you have had one) is removed and you have passed urine. The exercises can help reduce swelling and pain as well as treat/prevent incontinence. They should be completed at least three times a day. **It can take up to three months for the muscles to regain their strength.**

How to do your pelvic floor exercises:

Lay or sit down comfortably and begin by imagining you are trying to stop yourself from passing wind/urine by squeezing the muscles around the back passage and vagina. Don't do this whilst on the toilet, and don't hold your urine as this can lead to problems with bladder function.

You should work this muscle in two ways:

1. Hold the squeeze for a few seconds and then relax. Repeat this up to 10 times, gradually holding the squeeze for longer (up to 10 seconds).
2. Squeeze and release straight away. Repeat this 10 times.

For more information visit:

- **NHS Choices:** www.nhs.uk/Conditions/pregnancy-and-baby/Pages/your-body-after-childbirth.aspx
- **You can download an APP to help with these exercises:**
NHS Choices: www.squeezyapp.co.uk

Resuming sex and contraception

After you have had a baby it is important to wait until you and your partner feel happy, ready and comfortable before resuming sexual intercourse – the timing of this is individual to each couple. You may require a lubricant initially, particularly if breastfeeding.

It is also important to consider the use of contraception to avoid an unplanned pregnancy. **It is possible to become pregnant again three weeks after birth**, even if you haven't had a period yet and are breastfeeding.

There are many options available – and these choices can be discussed with your GP or sexual health nurse in order to ensure you are prescribed the safest and most effective method based on your individual circumstances. Condoms are a safe and effective method of contraception and do not interfere with breastfeeding, they can be used as soon as you are ready to resume sexual intercourse.

For more information visit:

- **The sexual health charity FPA:**
www.fpa.org.uk/sites/default/files/contraception-after-having-baby-yourguide.pdf



Caesarean after care

Following a caesarean you may feel sore and swollen for a few days. To help with pain, **regular pain relief** is recommended in combination with **early and gentle movement**.



Your scar will take up to six weeks to heal, and to assist with healing you should:

- look out for any signs of infection such as severe pain, parting of the wound, redness, oozing of pus and bleeding
- bath or shower daily and clean your incision site gently with warm water and pat dry
- keep the scar dry and exposed to the air when possible
- wear loose, comfortable clothing and cotton underwear
- avoid lifting anything heavier than your baby.

Gentle activity such as a daily walk is recommended to prevent the formation of blood clots. Advice on resuming exercise can be found on **page 22** of this leaflet.

For more information visit:

- **NHS Choices:**
www.nhs.uk/Conditions/Caesarean-section/Pages/Recovery.aspx

Bladder care

After birth, it is important to try and pass urine **within four to six hours** to avoid urinary infections or the bladder becoming over-full. Good hydration following birth and whilst breastfeeding is important, and it is recommended that women drink at least two to three litres of water/ fluids a day.

After birth, some women find that their bladder function is not as efficient and can experience:

- **urinary retention** (when the urge to pass urine is absent or isn't as strong – this leads to the bladder over-filling. This overstretching can cause long term damage to the bladder).
- **stress urinary incontinence** (when urine leaks on sneezing or coughing or exercising).
- **urgency urinary incontinence** (when you suddenly need to pass urine with no prior sensation to do so – leading to leaking of urine).

Pelvic floor exercises can help improve bladder function (**see page 18**), however if you are worried about your urinary control, or any symptoms of bladder dysfunction persist it's important to speak to your midwife, health visitor or GP.

For more information visit:

- **The National Childbirth Trust:**
www.nct.org.uk/parenting/incontinence-pregnancy-and-after-childbirth



Returning to exercise

Exercise is an important aspect of a healthy lifestyle and generally the time you can resume exercise is a matter of personal choice. **If you've had a caesarean it is important to wait at least eight weeks.** Most women choose to wait until after their six week postnatal check with the GP before resuming exercise. When you start exercising it is important to remember to:

- stop if it hurts
- stop when you are tired
- never exercise when you are feeling unwell

Try to avoid high impact exercise (jogging and jumping) for at least three months after birth. High impact exercise can put unnecessary strain on muscles, joints and the pelvic floor.

Find out if there are any local postnatal exercise, yoga or pilates classes near you. This can help with motivation and provide a social outlet.

Remember that each woman's recovery after birth is different, and avoid comparing yourself to others or setting unrealistic goals. Trying to incorporate gentle exercise into your daily activities is a great start, and it's important to have plenty of rest as well.

For more information visit:

- **The sexual health charity FPA:**
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/keeping-fit-andhealthy.aspx





Birth registration

Following the arrival of your baby, the birth needs to be registered **within six weeks/42 days** at your local registry office. It is through this process that you will obtain a birth certificate. The registration should be done in the borough you gave birth in. You may register the birth in a different area if this is more convenient, however your details will need to be sent to the borough in which you gave birth in order for them to generate a valid birth certificate.

The service is normally provided by appointment only, but this may vary from one area to the next. Please take the Personal Child Health Record (red book) and your baby's NHS number with you, as the registrant may ask to see it.

Suffolk - www.suffolk.gov.uk/registrars

Ipswich

Suffolk Register Office	09.00 - 16.00 weekdays
St Peters House	0345 607 2050
16 Grimwade street	
Ipswich IP4 1LP	ipswich.registrars@suffolk.gov.uk

Bury St Edmunds

Bury St Edmunds Register Office	09.00 - 16.00 weekdays
7 Angel Hill	0345 607 2060
Bury St Edmunds	
IP33 1UZ	bury.registrars@suffolk.gov.uk

Felixstowe

Felixstowe Outstation:	Tuesdays and Fridays by
The Town Hall	appointment through the
Undercliff Road West	Ipswich office.
Felixstowe IP11 1AG	

Stowmarket

Stowmarket Register Office	09.30 - 16.00 Mon, Tue, Thu, Fri
Milton House,	0345 607 2050
5 Milton Road South,	(calls taken by the Ipswich office)
Stowmarket IP14 1EZ	stowmarket.registrars@suffolk.gov.uk

Woodbridge

Woodbridge Register Office
26a Quayside
Woodbridge
IP12 1BH

09.30-16.00 Tue, Wed, Thu, Fri
0345 607 2090
woodbridge.registrars@suffolk.gov.uk

Saxmundham

Saxmundham Outstation
County Offices
Street Farm road
Saxmundham IP17 1AL

Wednesdays by appointment
through the Woodbridge office.

Sudbury

Sudbury Register Office
The Town Hall
Old Market Place
Sudbury CO10 1TL

09.30 - 16.00 Mon, Tue, Wed, Fri
0345 607 2080
sudbury.registrars@suffolk.gov.uk

Vaccinations

BCG vaccination

This is a vaccination that will be offered to you if you live in an area with high rates of tuberculosis (TB), or your family originates from a country with high rates of TB. The vaccination may be offered to you in the hospital after the birth, or arrangements will be made for you to have your baby vaccinated elsewhere. Your health visitor can provide up-to-date information regarding this.

For more information visit:

- **GOV.UK:**
www.gov.uk/government/uploads/system/uploads/attachment_data/file/469555/PHE_8584_TB_BCG_8_page_DL_leaflet_2015_09_web.pdf

Other vaccinations

When your baby is eight weeks old he/she will be offered an immunisation programme. This information will be given to you directly from your health visitor and/or GP.

For more information visit:

- **NHS Choices:**

www.nhs.uk/conditions/vaccinations/childhood-vaccines-timeline

Screening tests

When your baby is between five to eight days old, your community midwife will offer the **‘newborn blood spot’ test**. The test involves collecting four small samples of blood from your baby’s foot on a card. The test screens for nine rare but serious conditions, such as sickle cell disease, cystic fibrosis and congenital hypothyroidism.

For those babies identified with any of the conditions screened for, we know that early treatment can improve their health and prevent further serious or life threatening complications. If your baby was born early (before 37 weeks gestation) the test may be done in hospital by the neonatal team. More information can be found in the ‘Screening tests for you and your baby’ booklet.

For more information visit:

- **Screening tests for you and your baby leaflet:**

www.gov.uk/government/uploads/system/uploads/attachment_data/file/642009/Screening_tests_for_you_and_your_baby_booklet_040917.pdf



Jaundice

Newborn jaundice is a common condition which presents at two to three days after birth, and can be noticed as a yellow colouring of the skin in the face, the upper body and often the whites of the eyes. It is caused by a substance known as bilirubin, which builds up in your baby's blood as a product of the fast breakdown of red blood cells. After a baby is born it can take a little bit of time for their liver to mature enough to efficiently breakdown bilirubin, thus causing newborn jaundice.

Newborn jaundice is common and will normally resolve spontaneously within 10-14 days.

A small number of babies will develop jaundice that is significant and requires treatment in hospital. Jaundice can make babies sleepy and reluctant to feed, leading to dehydration which can make the jaundice worse. It is important to offer regular feeds, at least every three hours, if you think your baby has jaundice.

If you are worried about your baby's jaundice, or if you notice that your baby's stools are pale/white speak with your community midwife or call NHS 111 for advice.

For more information visit:

- **NHS Choices:**
www.nhs.uk/conditions/Jaundice-newborn/Pages/Introduction.aspx



Signs and symptoms of an unwell baby

Common conditions in newborns (such as thrush on the tongue, cradle cap, reflux, colic, constipation, nappy rash, dry skin and nasal congestion) are generally nothing to worry about – and can be reviewed by your GP as necessary.

Abnormal symptoms can be:

- your baby is pale, floppy or unresponsive
- your baby is grunting and /or breathing fast and the breathing appears laboured
- your baby's jaundice appears to be worsening in combination with any of the following: severe lethargy, reluctance to feed, minimal wet/dry nappies or pale/white stools (**see page 35**)
- your baby is not feeding as well as before
- your baby has a continued high pitched or weak cry which cannot be settled with normal measures such as feeding, cuddles, nappy change etc.
- your baby has a high temperature (above 37.5°C) or an unusually low temperature
- your baby has a rash or blisters on the skin.



- If you are concerned about your baby's health at any time please contact the **NHS 111 service** for advice, call **999** or take your newborn to your local **A&E** or **urgent care centre** as soon as possible.

Breastfeeding

We support breastfeeding as the healthiest way to feed your baby. It provides nutrition, protects against infection and helps growth, development and bonding. **Breastfeeding is about closeness and comfort as well as nutrition.**

When to feed your baby

We recommend 'responsive' feeding - which means feeding your baby as soon as he/she shows early cues that they are hungry, such as:

- wriggling
- rapid eye movements
- hand to mouth movements
- sucking their fingers, fist or blankets
- rooting (turning head to the side and opening mouth)
- slight murmuring noises.

You can also breastfeed when your breasts feel full, or when you want a rest or cuddle with your baby.

Babies do not always feed at regular intervals and may 'cluster feed' with short gaps in between feeds, followed by periods of longer sleep. Cluster feeding is normal, especially when your milk starts to 'come in' - meaning your supply changes from the first colostrum to mature milk.

How often should my baby feed? Aim for...

In your baby's first hours	Number of feeds they should have
12 hours	at least 2 in total
24 hours	at least 3-4 in total
Day 2	at least 6-8 in 24 hours
Day 3 onwards	at least 8 in 24 hours



Signs of good feeding	Signs that you may need support
Regular wet and dirty nappies (see page 35)	Minimal/no wet and dirty nappies for prolonged periods of time
Day 3-5 less than 8-10% weight loss	Day 3-5 increased weight loss of more than 8%
At least 8 feeds in 24 hours (from day 3 onwards)	Less than 8 feeds in 24 hours (from day 3 onwards)
Good skin colour, alert and good tone	born jaundice in combination with reluctance to feed and unusual sleepiness (see page 27)
Feeding for at least 5-30 minutes, with audible frequent swallows from 3-4 days of age	Feeding consistently for less than 5 minutes or more than 40 minutes
Baby calm and relaxed during and after feed, content after most feeds	Baby comes on and off during feeds, or does not latch on at all, becoming unsettled
Breasts feel comfortable following feeding	Nipples sore or damaged, engorgement or mastitis

If you need to take any medications, be sure to check that they are safe to take whilst you are breastfeeding. You can check this at your local pharmacy or with your GP.

You will be supported in the hospital and at home by midwives and maternity support workers in your **choice of feeding** whether you are breast or bottle feeding.

Your midwife will teach you how to hand express your milk before you go home. If you are thinking about **expressing your milk**, you can ask your midwife or health visitor for advice. See **page 32** for more information.

For further information on hand expressing, visit:

- **Unicef:**
www.unicef.org.uk/babyfriendly/baby-friendly-resources/video/hand-expression/

If you have any concerns regarding feeding please contact your community midwife, breastfeeding support worker or health visitor.

For more information visit:

- **Unicef:**
www.unicef.org.uk/babyfriendly/baby-friendly-resources/support-for-parents/
- **NHS Choices:**
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/breastfeeding-first-days.aspx
- **The National Childbirth Trust:** www.nct.org.uk
- **La Leche:** www.laleche.org.uk
- **Association of Breast Feeding Mothers:** www.abm.me.uk
- **Breast Feeding Network:** www.breastfeedingnetwork.org.uk
- **or call:**
The National Breastfeeding helpline: 0300 100 0212 (9.30am-9.30pm)
- **or call:**
The NCT Breastfeeding line: 0300 330 0771 (8am-12 midnight)

Bottle feeding

Whether you have chosen to feed your baby expressed breast milk or formula milk via a bottle, these tips will help you keep your baby safe whilst building a close and loving relationship between you.

Preparation

Bottles and teats need to be thoroughly cleaned and sterilised in order to kill any harmful bacteria. Follow the instructions on your chosen steriliser regarding this. Formula milk should be made up in line with the packet instructions, always read the label carefully.

Key facts about expressed breast milk:

- You can store expressed breast milk in a sterilised container in the fridge for up to five days, or in a freezer for up to six months
- frozen milk is best defrosted slowly in the fridge. Expressed breast milk can be given straight from the fridge or warmed up by placing the bottle in a jug of warm water
- once defrosted, use within 12 hours and do not re-freeze. Dispose of any unused milk following a feed.



Key facts about formula feeding:

- Always use a 'first' infant formula in the first year of your baby's life
- make up feeds one at a time as your baby needs them
- never warm up formula in the microwave
- the water needs to be above 70°C in order to kill any bacteria in the milk powder, as it is not sterile
- always put the water in the bottle first, then add the powder
- only use the scoop enclosed in the packaging, as they can differ in size between brands
- throw away any unused formula when your baby has finished feeding.

How to bottle feed your baby

- Hold your baby close in a semi-upright position, in skin to skin contact if possible and maintain eye contact
- rub the teat gently over the upper lip, this will encourage them to open their mouth and draw in the teat
- hold the bottle horizontally with a slight upright tilt to prevent both air entering the teat and the milk flowing too fast
- towards the end of the feed remove the teat and wind your baby
- if your baby shows continued feeding cues, offer the remaining milk
- don't try and force your baby to take more than they want
- limit the number of people who feed your baby to yourself and one or two others – this helps with building a relationship and bonding with your baby
- never leave your baby alone with a bottle.

For more information visit:

- **NHS Choices:**
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/expressing-storing-breast-milk.aspx
- www.nhs.uk/Conditions/pregnancy-and-baby/pages/bottle-feeding-advice.aspx
- **Unicef:** www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/simple-formula-guide-for-parents

Caring for your newborn

Vitamin K

Soon after birth, your midwife will offer to give your baby vitamin K. This is to prevent a rare but serious blood disorder, and can be given by injection or oral drops. If you opt for oral drops your baby will need to receive further doses. Speak to your midwife if you're not sure if your baby will need this.

Vitamin D supplementation is recommended for all breast fed babies from birth. You can ask your midwife or health visitor about how to get these vitamins and what the correct dosage is.

For more information visit:

- www.nhs.uk/conditions/pregnancy-and-baby/pages/vitamins-for-children.aspx

The umbilical cord

After your baby is born, their umbilical cord will be secured with a plastic clip. The cord will then take between three to ten days to dry out and drop off. It is normal for the cord to be slightly sticky and smelly as it dries out. The area can be cleaned with plain water if necessary.



If you notice any bleeding from the cord or redness on your baby's abdomen, tell your midwife, health visitor or GP.

Skin care and bathing

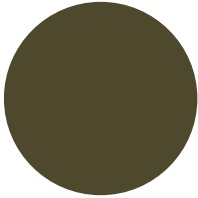
A newborn's skin is delicate and sensitive, and the use of any creams, lotions or cleansers should be avoided for at least the first month. Babies may have dry skin after birth, and this is nothing to worry about. When bathing, it is best to use plain water and only a very mild and non perfumed soap if required.

For more information visit:

- **NHS Choices:** www.nhs.uk/conditions/pregnancy-and-baby/pages/your-baby-after-birth.aspx

Newborn stools & urine

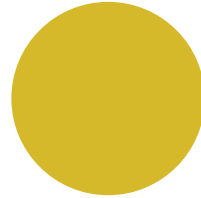
Day 1
Meconium



Day 2-3
Changing lighter green



Day 4-5
Yellow



Baby's age	Wet nappies	Dirty nappies
1-2 days	1-2 or more	1 or more dark green/black
3-4 days	3 or more becoming heavier	2 or more green/changing
5-6 days	5 or more and heavy	2 or more yellow, becoming looser
7-28 days	6 or more and heavy	2 or more yellow, watery, seedy appearance

These changes suggest your baby is feeding well, however it is important to speak to your midwife if you have concerns about your baby's feeding or the contents of his/her nappy.

Some babies will pass something called urates in their urine in the first couple of days after birth. This can be seen as an orange/red substance in the nappy and is of no cause for concern. Speak to your midwife if you see this beyond the first couple of days.

If you have had a baby girl, you may notice that she has a small 'pseudo period'. The withdrawal of your hormones that she received via the womb can cause a small amount of vaginal bleeding. This is perfectly normal.

Sudden Infant Death Syndrome (SIDS)

Sudden infant death syndrome is the sudden and unexpected death of a baby where no cause is found. This is rare but it can still happen and there are some steps parents can take to reduce the risk of this occurring.

- Always place your baby on his/her back to sleep
- your baby should be placed with their feet to foot of the cot/ Moses basket to prevent them from sliding underneath covers
- do not use cot bumpers or quilts, only use sheets and lightweight blankets
- keep your baby in a smoke free environment
- ensure room temperature is between 16-20°C, as overheating your baby can be dangerous
- use a firm, flat, waterproof mattress in good condition
- the safest place for your baby to sleep is in a cot or Moses basket in the same room as you, for the first six months.



Some parents may choose to co-sleep/bed-share with their baby. It is important for you to know how to do this safely – and when it is not advised as bed sharing is known to increase the risk of SIDS. Never fall asleep with your baby on a sofa or armchair.

Bed sharing is particularly dangerous if:

- either you or your partner smokes
- either you or your partner has drunk alcohol or taken drugs
- you are extremely tired
- your baby was born prematurely
- your baby was born at a low weight (2.5kg or 5½lbs or less)

You can also get further information from you midwife or health visitor if you have any questions or concerns.

For more information visit:

- **Infant Sleep Information Source:** www.isisonline.org.uk
- **Lullaby Trust:** www.lullabytrust.org.uk/safer-sleep-advice
- **NHS Choices:** www.nhs.uk/conditions/pregnancy-and-baby/pages/reducing-risk-cot-death.aspx
- **Unicef:** www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2011/11/Caring-for-your-baby-at-night-web.pdf

Maternity Voices

Ask your midwife or health visitor about your local Maternity Voice Partnership group. These groups consist of new mums, midwives, doctors and other allied health professionals who meet to discuss, learn and help share ideas for improved services across Suffolk and North East Essex.

Comments and complaints

Whilst you are in hospital, if you have a comment or complaint, please ask your midwife if you can speak to the ward manager or midwife in charge.

After you have gone home, if you want to speak to someone about your care, or to make a comment or complaint, please ask your midwife for your local PALS (Patient Advice and Liaison Service) contact details.

Handwriting practice lines consisting of 20 horizontal dotted lines.

Useful contact numbers

My community midwifery team will be visiting from:

(hospital name)

My community midwifery teams contact details are:

Daytime/Monday-Friday

Evenings/weekends

My maternity triage/assessment unit contact details:

Other useful contact details:

This booklet was developed by the NHS in North West London as part of the maternity early adopters project and customised by Suffolk and North East Essex CCG.

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