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Baby checks

At each postnatal assessment your midwife will check your baby's well-being. The following observations help to build up a complete picture of your baby and your midwife will discuss the findings with you.

Temperature. Your midwife will check how warm your baby feels to the touch, it is a good indication of how appropriate the temperature is around your baby. Your midwife can advise on the amount of clothing and bedding to use, whether in the house, car or pram etc. (See page 12 for more details). If there are any concerns about your baby's temperature your midwife will take your baby's temperature using a thermometer.

Weight. Your midwife will weigh your baby at regular intervals and advise you about feeding according to your baby's weight gain. Your health visitor will give you information about local child health clinics. They will continue assessing your baby's growth as he/she gets older. Most babies double their birth weight by four to five months and treble their birth weight by one year.

Tone (muscle tone - activity and reflexes). Your midwife will check to see that your baby can move both arms and legs. In the early days and weeks your baby will have some involuntary movements which are called reflexes. These include: The root reflex which begins when the baby's cheek is stroked or touched. The baby will turn his/her head and open his/ her mouth to follow and "root" in the direction of the stroking. This helps the baby find the breast or bottle and begin feeding. Babies are born with the ability to suck and during the first few days they learn to coordinate their sucking and their breathing. The startle reflex occurs when a baby is startled by a loud sound or movement. The baby throws back it's head, extends out the arms and legs, cries, then pulls the arms and legs back in. A baby's own cry can startle him/her and begin this reflex. They can also grasp things like your finger with either hands or feet and they will make stepping movements if they are held upright on a flat surface. All these responses, except sucking, will be lost within a few months and your baby will begin to make controlled movements instead.

Jaundice (yellow colour). On about the third day after birth, some babies develop a yellow colour to their skin and whites of the eyes because of mild jaundice. It is a normal process and does no harm. The jaundice usually fades within 10 days or so, but it may last for up to two weeks. However, it is important to ensure that all is well if your baby is jaundiced and very sleepy with green or pale stools. In which case, a serum bilirubin blood test (SBR) may be recommended to detect the level of jaundice. If treatment is indicated this is done using phototherapy. The undressed baby is placed under a very bright light, usually with a soft mask over the eyes. This may continue for several days before the jaundice clears up. You will be advised according to your individual circumstances.

Eyes. Your baby's eyes are observed for any signs of stickiness, redness or discharge. Special cleaning of your baby's eyes is not required unless your baby develops an infection. This can occur for no apparent reason and appears as a yellow discharge in one or both eyes. If this happens, your midwife may take a swab or arrange for your doctor to prescribe treatment. Your midwife will also show you how to clean the eyes properly. It is common for a newborn to have poor control of its eyes and appear cross-eyed at times but this should decrease as the eye muscles strengthen. The eyes usually look blue-gray or brown. In general, your baby's permanent eye colour will be apparent within six to 12 months.

Mouth. Your baby's mouth is checked for redness, white spots or a white coating, which does not disappear between feeds. This may be a sign of thrush and can be avoided by good hygiene. Always wash your hands before preparing bottles and after changing your baby's nappy. If your baby is sucking on a bottle teat or dummy, wash these carefully and sterilise them before use. Never put the dummy into your own mouth then into your baby's mouth. If your baby does develop thrush it may be necessary to treat with medicine prescribed by your GP.

Cord. The stump of the cord will drop off between 7 -10 days following the birth. It usually does not require any special attention, other than normal careful washing and drying at bath time. It is very common for the stump to bleed slightly as it separates and your midwife will advise you how to care for this. Usually all that is required is to ensure the nappy does not rub on the area. If there is any heavy bleeding, discharge, redness, or bad smell around the cord stump you should contact your midwife or health visitor.



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Baby checks (continued)

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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 it may have small amounts of vernix left in the skin folds, such as under the arms. This is the white creamy substance that protects it's skin inside your womb. It is not harmful to your baby and will disappear over the next few days, there is no need to try and remove it. Some babies have dry skin in the first few days after birth; this is common if your baby was born after their due date. Avoid using baby bath liquid or soap when bathing your baby. After washing pat dry, make sure skin creases are dry. You may wish to rub some oil onto your baby's skin, ask your midwife for more information.

Urine and nappy rash. Your baby should have at least two wet nappies per day in the first two days, increasing to six or more per day by seven days. Urates are tiny orange/ pink crystals that look like brick dust that may appear in the nappy, but with regular feeding will disappear. The skin on a baby's bottom is sensitive and prolonged contact with urine or stools can cause burning or reddening of the skin. Nappies should be changed frequently, either before or after feeds to prevent this. If the skin does become sore it is better to use warm water and cotton wool rather than wipes or lotions.

Bowels (stools). The first stools are sticky, greenish-black and are called meconium. As the baby takes milk feeds, the stools become a mustard colour and sometimes have a seedy appearance. Breastfed babies will have soft, yellow stools that do not smell, while a bottle fed baby will have stools that are more formed, darker and smellier. All babies should pass at least two soft stools per day for the first six weeks regardless of feeding method. If you have any concerns ask your midwife or GP for advice.

Colic. A baby who cries excessively and inconsolably and either draws up his or her knees, or arches his or her back, especially in an evening, may have colic. You should tell your midwife so that an assessment can be made to rule out other causes. Your midwife will then advise you according to your individual circumstances.

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. You need not worry about touching it as there is a tough layer of membrane under the skin.

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

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

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

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

Excessive crying. Some babies cry alot and this can be very stressful. 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 health visitor or GP.