

PRINTER: Cut sheet on dotted line exactly (at 75)

Baby checks (continued)



Skin. Your baby's skin is very sensitive in the early weeks. It will be observed for any signs of spots, dryness or rashes. For nappy rash, see below.

Urine and nappy rash. Your baby should have wet nappies every day. Occasionally a red stain is found on the nappy due to urates colouring the urine. This is quite normal and should resolve with normal feeding. Babies need their nappies changing fairly often, otherwise they become sore. Unless your baby is sleeping peacefully always change a wet or dirty nappy and change your baby before or after each feed, whichever you prefer.

Bowels (stools, constipation, diarrhoea). The baby's first bowel movements are comprised of a sticky, greenish-black material called meconium, which is present for about two days following birth. It is the waste that has collected in the bowels during the time spent in the womb. Later, it is normal for babies to have yellow or slightly brown-yellow stools. The number of stools per day and their consistency varies from baby to baby, and with the method of feeding. A breastfed baby will generally have loose, yellow, seedy stools and a bottle-fed baby will have stools which have a more pasty appearance. Your baby is not constipated if the stools are soft, even if the bowels have not been opened for a few days. It is normal for your baby to have one to ten stools per day. However, diarrhoea is when your baby has more frequent and/or looser stools than usual. If you have 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 due to friction during the birth, which can persist for weeks but will resolve naturally and no treatment is usually required.

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. All 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 are all ways of making a real difference in helping your baby feel loved and secure.



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Assessment of baby well-being To be completed by health professional

Date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time	<input type="text"/>	Labels checked	<input type="text"/>	Where seen	<input type="text"/>	Feeding method	<input type="text"/>		
Are there any concerns about the following:		No	Yes	Comments		Day	<input type="text"/>	Key to risk reviewed (page 2) <input type="checkbox"/>			
A. Feeding		<input type="checkbox"/>	<input type="checkbox"/>								
B. Weight Gain, static, loss		<input type="text"/>	g							<input type="checkbox"/>	<input type="checkbox"/>
C. Activity, tone Movement, reflexes		<input type="checkbox"/>	<input type="checkbox"/>								
D. Colour Pale		<input type="checkbox"/>	<input type="checkbox"/>								
E. Eyes Stickiness, redness, discharge		<input type="checkbox"/>	<input type="checkbox"/>								
F. Mouth Thrush		<input type="checkbox"/>	<input type="checkbox"/>								
G. Cord Bleeding, redness, swelling, irritation, odour, on/off		<input type="checkbox"/>	<input type="checkbox"/>								
H. Skin Spots, rashes, dryness, nappy area		<input type="checkbox"/>	<input type="checkbox"/>								
I. Jaundice Fading, resolved, referral		<input type="checkbox"/>	<input type="checkbox"/>								
J. Urinary output Urates, nappy rash		<input type="checkbox"/>	<input type="checkbox"/>								
K. Stools Meconium, green, mucous, constipation, diarrhoea		<input type="checkbox"/>	<input type="checkbox"/>								
L. Sleeping Position, bed sharing, smoking		<input type="checkbox"/>	<input type="checkbox"/>								
Management plan (page 3)										Reviewed	<input type="checkbox"/>

Additional support (eg Sure Start, social services, child protection, community physiotherapist, infant feeding coordinator)

Signature*

* Signatures must be listed on page 24 for identification

Name
Unit No