

## General information

**Prematurity (less than 37 weeks of pregnancy).** If your baby was born early, there is an increased risk of conditions such as prolonged jaundice, infection, a low blood sugar and Vitamin K deficiency bleeding. It all depends on how early your baby has been born and if admission to neonatal intensive care is required you will be advised according to your individual circumstances.

**Prolonged jaundice.** This is when jaundice is still present after 2 weeks. 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. See page 4 for more information.

**Infection.** Some babies are at increased risk of developing infections in the eyes, umbilicus, urinary tract or on the skin, particularly if the mother has: an existing infection such as Group B haemolytic streptococcus, rupture of membranes (waters breaking) for more than 24 hours or had a temperature in labour greater than 37° C. Symptoms of infections are what your midwife is looking for during the baby assessments, and can appear as sticky eyes, redness around the umbilicus and septic spots, which may or may not be accompanied by your baby being generally unwell. If you have concerns regarding any of these factors contact your midwife.

**Low blood sugar.** A low blood sugar (hypoglycaemia) in a normally grown term baby is unusual. However, screening for hypoglycaemia may be indicated if he or she was born prematurely, is very small or very large, had a difficult delivery or you have diabetes.

**Vitamin K deficiency bleeding.** We all need vitamin K to make our blood clot properly, so that we won't bleed too easily. Some babies have too little vitamin K. Although this condition is very rare, it can cause bleeding, which can become dangerous. This is called 'haemorrhagic disease of the newborn' or vitamin K deficiency bleeding (VKDB). To reduce the risk, your baby will be offered vitamin K. It is recommended that the vitamin K is given by injection.

## Information about Health Professionals Those who will take care of your baby in the postnatal period

**Midwife:** Your midwifery team are usually the main care providers throughout the early postnatal period. They will ensure that your care is tailored to meet your individual needs and will work in partnership with you and your family to ensure you can make informed decisions about your baby's care. Visits are arranged at home or at clinics in the local community. Care is provided by the midwifery team for a minimum of 10 days or up to 28 days following the birth. The frequency and location of visits will be decided between you and your midwife. 24 hour support is available from the midwifery service and you will be given all the information to access that support if required. Please refer to the telephone numbers on either page 1 of this booklet or page 1 of Postnatal Notes for Mother. Your midwife also works in partnership with other health professionals and can refer your baby to the appropriate specialist.

**Supervisor of Midwives** are experienced practising midwives who have had additional training to support, guide and supervise midwives. Every midwife has a named supervisor of midwives. As well as supporting midwives they also can support and advise you. If you have any concerns about your maternity care experience you can discuss this with a supervisor of midwives, if you feel unable to discuss it with your midwife. They can be contacted 24 hours a day by telephoning your local maternity unit- see page 1 of this booklet. For more information about supervisors of midwives; see the 'Support for Parents' leaflet or ask your midwife.

**Health visitor:** Health visitors work within the NHS. All are qualified nurses who have done additional training in family and child health, health promotion and public health development work, and work as part of a team alongside your GP and other community nurses such as practice nurses, school nurses, as well as midwives. Your health visitor will visit you at home after you have had your baby, and subsequent contacts can then take place either at home, the local health centre / surgery or in the local community. They work largely with families and young children and all have special expertise in the everyday challenges of parenthood.

**Family doctor / General Practitioner (GP):** Family doctors are responsible for general medical care and 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 in partnership with the midwife and health visitor. The immunisation programme which begins at 6 to 8 weeks, also usually takes place at the surgery and your health visitor can give you more information about this.

**Specialists:** Some babies with medical problems from birth may need to be followed up by a neonatologist or paediatrician. If a problem arises with your baby in the postnatal period, the following are also available to help you: audiology for hearing; physiotherapy and orthopaedics for hips; and ultrasound scanning for kidney problems.

**Child health clinics:** Child health clinics are usually based in your local health centre or GP surgery. They are run on a weekly basis by your health visitor and 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, ideally within 3 days of the birth and is the main record of your child's health, growth and development and needs to be kept in a safe place. This ensures that you have a copy of your child's progress for your own information and for health professionals when and where you may need it. It also records your child's height and weight, immunisations, childhood illnesses and accidents.

## Registering the birth

The baby's birth must be registered within 6 weeks from the date of birth. Your midwife will give you all the details you need to do this. If you are married, you or the father can register the birth. If you are not married you must go yourself, and if you would like the father's name to appear on the birth certificate he 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, which is usually allocated at birth.

### Local registration information

Leaflet given

STAMP



## Screening

### What is the physical examination of the newborn?

Your midwife will complete an initial examination of your baby immediately after the birth. The first detailed examination however, will take place within 72 hours by a specially trained midwife, nurse or doctor. The examination includes eyes, heart and lung sounds, nervous system, abdomen and hips. Your participation in this process is welcome and any concerns you have can be identified and discussed.

The second detailed examination will be done by your GP or health visitor when your baby is 6 to 8 weeks old. If any problems are identified during either of these examinations or at any time in between, your baby will be referred to the appropriate specialist baby doctor, such as a paediatrician or neonatologist.

The checking of your baby's well-being is a continual process however, and each time your baby is seen by your midwife a detailed review of growth and development is undertaken as well as a physical assessment. Consequently the progress of your baby is documented, which enables early identification of any problems so that appropriate management and referral can be arranged. All findings will be discussed with you in detail.

### Newborn hearing screen

A small number of babies (1-2 in every 1000) are born with hearing loss. A quick screening test can be done, usually before you leave the hospital, to identify those babies with hearing loss, so that support and information can be given to you at an early stage. In some areas, the newborn hearing screen may be done at home or at a local surgery or health clinic in the first few weeks of life. Your midwife will be able to tell you where and when the test is likely to happen and will give you a leaflet with more information.

### Blood spot test

All babies are offered a simple blood test to find the very few who may be affected by the disorders phenylketonuria, congenital hypothyroidism, cystic fibrosis, MCADD (Medium Chain acyl-coA Dehydrogenase Deficiency), sickle cell disorders or beta thalassaemia major. Babies with these disorders can then be given early treatment to prevent serious problems. These disorders would not otherwise be seen in the newborn baby, even after careful examination by a doctor. These conditions are covered in more detail in the leaflet you will be given. Your midwife will take a small sample of blood from your baby's heel onto a card usually between the 5th and 8th postnatal day (ideally on day 5). This is then sent to a laboratory for testing.

The heel prick will only cause a moment of discomfort which your baby will soon forget. Repeat tests are sometimes necessary for various reasons: there may not have been enough blood taken at the first test; the specimen may have been damaged or contaminated; a problem may have occurred with laboratory testing and no result obtained; or there may be a 'borderline' or unclear result. If your baby was born before 36 weeks or received a blood transfusion a repeat test will be arranged. There are several reasons for an unclear result and the repeat test is often completely normal. If the repeat test is still unclear, arrangements will be made for your baby to see a paediatrician.

#### Obtaining the results

The results are usually ready within one working week and your midwife or health visitor will record them on your child's record. If you have been tested during your pregnancy, please let your midwife know so that your results can then be matched up with your baby's results.

#### A positive result

The vast majority of results are negative. However, if your baby has one of these disorders, arrangements will be made for you to see a specialist team experienced in managing these disorders. Your GP will also be contacted.

### Early immunisations

**BCG (Bacillus Calmette-Guerin).** This is a vaccine offered to babies who may be at risk from contact with TB (tuberculosis). Those at higher than average risk are travellers and the homeless, but also people who have arrived in the UK from Asia, Africa, South and Central America and Eastern Europe. TB is a potentially serious infection, which usually affects the lungs, but can also affect other parts of the body. Treatment is with special antibiotics and the BCG vaccination is usually given to the baby early in the postnatal period. Ideally it should be given before the age of two months.

**Hepatitis B.** Some people carry the hepatitis B virus in their blood without actually having the disease itself. If a pregnant mother has hepatitis B, or catches it during pregnancy, she can pass it on to her baby. The baby may not be ill but has a high chance of becoming a carrier and developing liver disease in later life. Babies born to infected mothers should receive a course of vaccine. The first dose is given within 24 hours of birth, and two more doses are given at one and two months with a booster dose at twelve months old.



Feel free to ask your midwife or doctor – or look on the web: [www.preg.info](http://www.preg.info)