Caring for my baby

The healthcare team caring for your baby

Midwife

After having your baby, the main care provider throughout the early postnatal period is likely to be a midwife. Visits are arranged at home/postnatal clinics or in community hubs. Care is provided for at least 10 days up until 28 days after birth. The frequency of visits will depend upon your baby's needs.

Health visitor

Health visitors are midwives or nurses who will make appointments to see you at home or clinics, usually in a GP surgery. They monitor the growth and development of your baby and will ask about your wellbeing.

Child health clinics

These are usually based in your local health centre/GP surgery and are able to provide information on all aspects of health and baby care. Your health visitor will give you information about the location of the nearest clinic to you.

Child health record

Personal Child Health Record (also known as 'the Red Book') will be given to you shortly after birth. This record is used to document the growth and development of your baby and any immunisations the baby is given.

My contacts

Maternity unit:	:
Named midwife:	:
Community midwifery office:	:
Postnatal ward:	:
Health visitor:	:

What happens when the midwife comes to see my baby

The midwife is likely to perform a 'top to toe' check on your baby. She may ask some unusual and personal questions. In some cases a midwife may complete extra examinations depending on your baby's needs.

Sometimes babies require extra observations and you may need to stay in hospital for these. Your midwife may perform some extra monitoring which could include your baby's blood sugar levels, temperature and respiration rate. The team caring for you will advise how long these should continue.

Jaundice is a common condition in newborn babies; more than half of all babies become jaundiced in the first few days and in most cases this does not cause any harm. However, some babies may need a blood test to check 'bilirubin' levels if there is concern that the jaundice is worsening. If the bilirubin level is high, the treatment is phototherapy and the baby will have regular checks to ensure the levels are reducing. In a small number of cases, advanced care may be required, depending on the bilirubin levels.

Your midwife will weigh your baby at regular intervals and advise you about feeding accordingly. After your midwife has discharged you to the health visitor, they will continue to monitor your baby's growth.

Your baby should have at least two wet nappies in the first two days increasing to 6 per day by day 7. Sometimes urates (tiny orange crystals) appear in the nappy. These will disappear with regular feeding. Changing your baby's nappy frequently, usually before feeding, will ensure the baby is not in a wet or soiled nappy for too long to cause irritation. A baby's first stool is very sticky and green/black in colour, – this is called meconium. As the baby begins to feed, within a few days the stool becomes seedy and mustard in colour. Breastfed babies have softer yellow stools that do not usually smell, whilst formula fed babies have stools that are more formed, darker and smellier. All babies should pass at least 2 soft stools a day during the first 6 weeks.

In the early days and weeks your baby will have some involuntary reflexes. These include the 'rooting' reflex – if you stroke a baby's cheek they will turn their head and open their mouth; this helps them find the nipple/ teat. The midwife will assess the muscle tone of your baby and that they are able to move their arms and legs independently.

Your baby's eyes are observed to ensure they are not red, sticky or have any discharge. Special cleaning of the eyes is not required unless there is a problem. If there are signs of a possible infection your midwife may take a swab or refer you to go to the GP for treatment.

Soon after birth your midwife will check the baby's mouth for teeth, check that the palate is intact and that there are no signs of tongue tie (when the membrane under the baby's tongue appears to be tight, limiting its movement). The midwife will check the baby's mouth when she visits to check there are no signs of thrush and the baby has good oral hygiene.

After your baby is born the cord will be cut and clamped. The plastic clamp will stay on the stump until it dries up and falls off (usually 7-10 days) The cord does not usually need any special attention, just washing and drying carefully. You may notice a small bit of blood on the nappy as it starts to separate. Your midwife will check the area. If you are concerned that there is a bad smell, heavy bleeding or discharge contact your midwife.

Your baby's skin is sensitive in the early weeks. The midwife will check for any rashes or spots. Some babies are born with vernix which is a creamy substance that protects the baby's skin in the womb. In the first weeks, wash your baby with plain warm water; if soap is required use a mild non-perfumed soap.

Breast feeding

Breast milk provides everything your baby needs to grow and develop. Your milk is perfect and unique to your baby's needs.

Babies who are not breastfed have an increased chance of diarrhoea, vomiting, asthma, eczema and chest and ear infections.

Benefits for mum include reducing the risk of breast cancer and developing stronger bones in later life. It is cost effective and likely to lead to faster weight loss after giving birth.

When breastfeeding, a mother transfers her immunity into the milk she gives to her baby, thereby protecting the baby on a continuous basis.

Getting off to a good start: - positions and tips

- Hold your baby skin to skin as soon as possible after birth
- Put baby to the breast soon after birth
- Expressing some milk to sit around the nipple may encourage the baby
- Position your baby's nose to your nipple, encourage the baby too open his/her mouth by stroking their cheek
- Allow room for the baby to tilt back its head and latch to the breast. His/her bottom lip should make contact about 2cm below the nipple
- Ask your midwife to go through different positions with you and consider joining a breast feeding group if one is close by
- Avoid using dummies or teats as this can confuse the baby when they are learning to breastfeed
- If there is pain when you are feeding, it is likely that the baby is not attached correctly. You may want to try to reposition the baby.
- Do not restrict the baby's head movement this is likely to upset the baby.

Formula feeding

First stage milk is suitable for the first 12 months of your baby's life. If you are considering changing the baby's milk please speak with your midwife or health visitor who can advise you.

Tins and packets of milk are not sterile (even when sealed) and can contain harmful bacteria. It is important to ensure that you prepare the milk in the safest way possible.

Sterilising bottles

- Wash your hands and work surfaces
- Clean all the feeding equipment with hot soapy water before rinsing with clean water
- For cold water sterilisers ensure the sterilising solution is changed every 2 hours and the equipment is fully immersed – it will take at least 30 mins
- For steam sterilisers ensure you follow the manufacturers guidance

All equipment needs to be cleaned and sterilised after each use

Making up a feed

- Never store milk in the fridge for later
- Use fresh tap water to fill the kettle and after it has boiled let it cool for no more than 30 mins
- Fill the bottle with the required amount of water first
- Add the levelled scoops to the water
- Shake the bottle to ensure the milk has dissolved, and check the temperature is appropriate before feeding

*****Never add sugar or cereals to the bottle as this may make the baby ill or choke*****

Newborn blood spot test

It is important you read the information provided to you before the test is performed.

Your baby will be offered the newborn blood spot screening. This is also known as the heel prick test, and is performed ideally when they are 5 days old. It is usually performed by a midwife who will prick their heel and collect 4 drops of blood on a special card that is sent off for testing.

The blood spot test screens for the following rare but serious conditions-

- Sickle cell disease
- Cystic fibrosis
- Congenital hypothyroidism
- Inherited metabolic diseases
- Severe combined immunodeficiency (SCID)

Your baby is likely to cry a little when the test is being performed. You can soothe your baby by cuddling and feeding them, and making sure they are warm and comfortable. The test doesn't carry any known risks for your baby and they will not remember the test being performed.

The blood spot test is not compulsory, but it's recommended because it could save your baby's life. If you don't want your baby to be screened for any of these conditions, discuss it with your midwife.

Sudden Infant Death Syndrome (SIDS)

This is sometimes also known as cot death. It is sudden, unexpected and usually unexplained. Whilst it is rare it can still happen and there are steps to take to help reduce the risk for your baby

- Place the baby to sleep in a safe , clear space (in the same room with you for the first 6 months)
- Use a firm flat mattress with no raised cushions and no pillows quilts/ duvets or bumpers
- Do not use any pods/ nest or sleep positioners
- Always place your baby on their back to sleep with their feet at the bottom of the moses basket or cot
- Do not cover the baby's head or face or allow pets around the baby's sleeping area
- Keep the room smoke free at all times
- Do not let the baby get too hot or cold. 16 – 20 degrees Celsius is comfortable
- Do not share a bed with your baby if you or your partner smoke, drink alcohol or take drugs, or are very tired
- If your baby was born before 37 weeks or with a birthweight below 2.5kg it is advised that you do not share a bed at all
- Ensure your baby is up to date with vaccinations. If your baby shows any signs of being unwell seek medical advise urgently

For more information visit www.lullabytrust.org.uk

Vaccinations for your baby: birth - 6 months

Vaccinations to protect your baby will be offered to you. It is important that you read the information and understand why your baby is being offered them. Vaccines should be given on time for the best protection, but if your baby misses a vaccine, contact your GP as soon as possible.

The schedule of injections are below.

8 weeks old

- A single injection known as the 6 in 1 vaccine which protects against 6 serious childhood conditions: diphtheria, hepatitis B, Haemophilus influenzae (type B), polio, tetanus, and whooping cough.
- Oral drops are given straight into the baby's mouth; this is for rotavirus which is a highly infectious stomach bug.
- Finally MenB vaccine is an injection given into your baby's thigh to protect against meningococcal group B bacteria

12 weeks old

- 6 in 1 vaccine (2nd dose)
- Rotavirus (2nd dose) and Pneumococcal vaccine this protects against serious and sometimes fatal pneumococcal infections.

16 weeks old

- 6 in 1 vaccine (3rd dose) and MenB (2nd dose)

General Information

Your baby will let you know they are hungry by 'rooting' – sucking their fingers or moving around. Feeding your baby before he/she gets upset is easier, and babies enjoy being close to you when they are being fed.

In cold weather make sure your baby is wrapped up warm because babies chill very easily. Take the extra clothing off when you get to a warm place to ensure the baby does not over heat even when asleep.

Babies and children are particularly vulnerable to the effects of the sun. Their skin is thinner and may not be able to produce enough pigment to protect them from sunburn. Keep babies under 6 months out of the sun altogether and ensure younger children always wear a hat and are not exposed for too long.

It is illegal for anyone to hold a baby whilst sitting in a moving car. It is recommended that your baby travels in a securely fitted rear facing car seat.

Holding your baby naked against your bare chest is very important. It helps to calm your baby, steadies their breathing and keeps them warm. It also helps to initiate breast feeding, and is useful even if you are formula feeding.

If you feel worried about how long your baby has slept, you can gently wake your baby by picking them up, talking to them, changing their nappy, rubbing their feet and undressing them.

Websites for further reading

Helping your baby to sleep: www.nhs.uk/conditions/baby/caring-for-a-newborn/helping-your-baby-to-sleep/

How to change your baby's nappy: www.nhs.uk/conditions/baby/caring-for-a-newborn/how-to-change-your-babys-nappy/

Nappy rash: www.nhs.uk/conditions/baby/caring-for-a-newborn/nappy-rash/

Reducing the risks of SIDs: www.nhs.uk/conditions/baby/caring-for-a-newborn/reduce-the-risk-of-sudden-infant-death-syndrome/

Soothing a crying baby: www.nhs.uk/conditions/baby/caring-for-a-newborn/soothing-a-crying-baby/

Washing and bathing your baby: www.nhs.uk/conditions/baby/caring-for-a-newborn/washing-and-bathing-your-baby/

What you will need for your baby: www.nhs.uk/conditions/baby/caring-for-a-newborn/what-you-will-need-for-your-baby/

Baby illnesses can become serious very quickly. You know your baby best, do not wait to make contact for help. If you are concerned by any of the symptoms below contact a health professional.

- High pitched cry
- Much less responsive or difficult to wake
- Pale all over the body
- Grunts with each breath or breathing faster than normal
- Not interested in feeding / lethargic
- Passes much less urine and is dehydrated
- High temperature / sweating
- Has blood in its stool
- Feels cold to touch

If your baby has any of the following seek urgent medical advice

- Is unresponsive and has no awareness of what is going on
- Stops breathing or goes blue
- Has glazed over eyes and does not focus
- Cannot be woken
- Has a fit or convulsion
- Vomits green fluid
- Has a rash that does not fade when you press on it

Web: www.perinatal.org.uk E-mail: notes@perinatal.org.uk Tel: 0121 607 0101