

THE FIRST DAYS WITH YOUR BABY

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The first few days with your baby can be a very emotional time for you and your partner. There is a lot to learn and do. There is the excitement of getting to know your baby, but you will also be tired and your body will be recovering from labour and the birth.

Keep your baby close to you as much as you can. Your partner should also spend time holding and being close to your baby. They may feel a little left out, especially if they have to leave you and the baby in hospital and return to an empty home. They may need support and encouragement to get involved.

The more you can both hold and cuddle your baby, the more confident you will all feel.

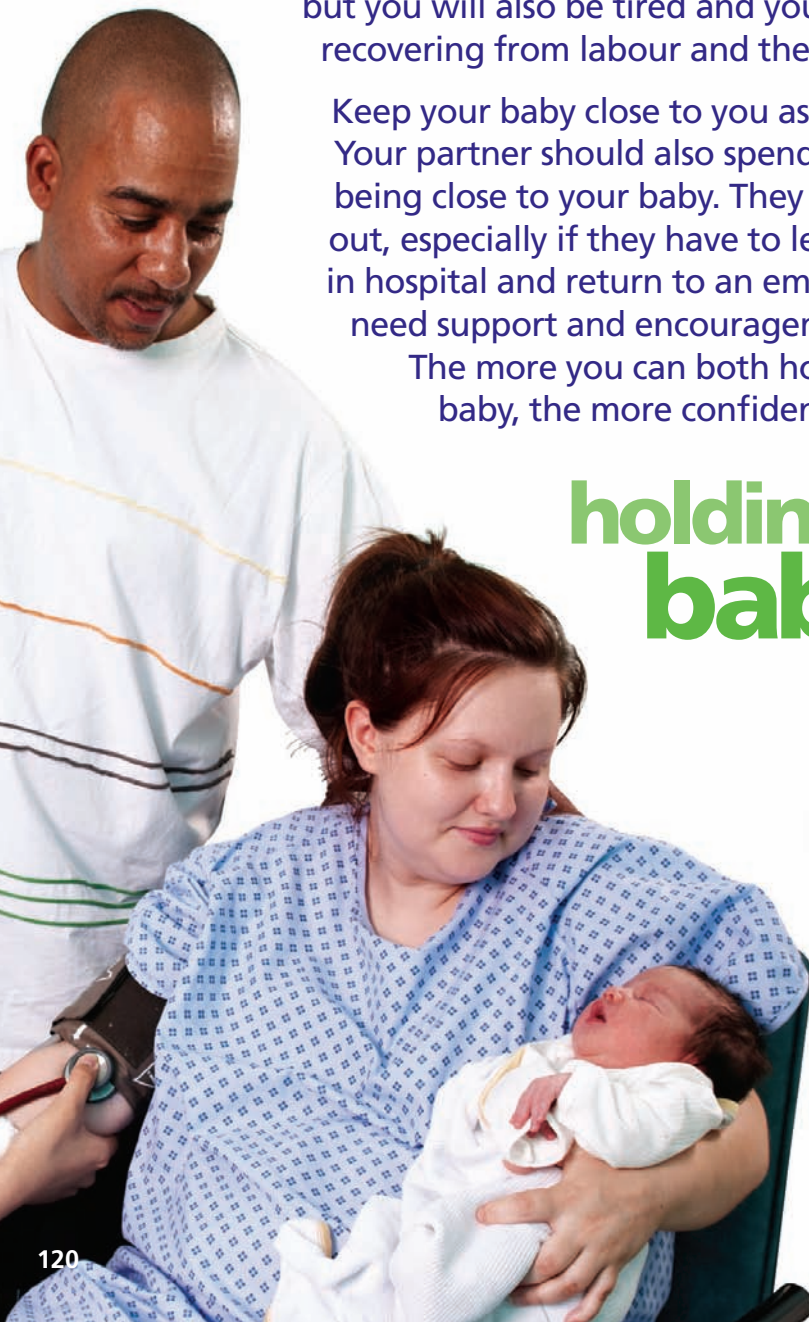


holding your baby close

HOW YOU FEEL

You may feel tired for the first few days, so make sure you get plenty of rest. Even just walking and moving about can seem like hard work.

For a lot of mothers, the excitement and the pleasure of the new baby far outweigh any problems. But you can begin to feel low or rather depressed, especially if you are very tired or feel you cannot look after your baby in the way you would like.



Giving birth is an emotional and tiring experience and your hormones change dramatically in the first few days. Some women get the 'baby blues' and feel rather weepy around three to five days after giving birth (see page 136). This can be worse if your labour was difficult, you are very tired or you have other worries. Some women worry because they don't love their baby immediately. It is not always love at first sight. You may just need to give yourself time – you can still care for your baby and provide all the warmth and security they need.

POSTNATAL CARE

If you have your baby in hospital, you may be able to return home with your baby straight from the labour ward or you may be moved to a transfer lounge or a postnatal ward where you will be with other mothers and babies.

You should discuss your postnatal care with your midwife during pregnancy so you know what to expect.

You are likely to need quite a lot of help and advice with your first baby. Whether you are in hospital or at home, the midwives are there to guide and support you as well as to check that you are recovering from the birth. Don't hesitate to ask for help if you need it. A midwife will be available in your community to help you look after yourself and your baby.



STITCHES

If you have had stitches, bathe the area often in clean warm water to help it to heal. Have a bath or shower with plain warm water. Afterwards, dry yourself carefully. In the first few days, remember to sit down gently and lie on your side rather than on your back. Pelvic floor exercises can also help you to heal (see page 35).

If the stitches are sore and uncomfortable, tell your midwife as they may be able to recommend treatment. Painkillers will also help. If you are breastfeeding, check with your midwife, GP or pharmacist before you buy over the counter products like ibuprofen or paracetamol.

Usually stitches just dissolve by the time the cut or tear has healed, but sometimes they have to be taken out.

Going to the toilet

The thought of passing urine can be a bit frightening at first if you are sore or cannot feel what you are doing. Drinking lots of water dilutes your urine, but if it is difficult to pass urine, tell your midwife.

You probably will not need to open your bowels for a few days after the birth, but it's important not to let yourself become constipated. Eat fresh fruit, vegetables, salad and wholemeal bread, and drink plenty of water. Whatever it may feel like, it's very unlikely that you will break the stitches or open up the cut or tear again.

BLEEDING

After the birth you will bleed from your vagina. This will be quite heavy at first, which is why you will need super-absorbent sanitary towels. Do not use tampons until after your postnatal check, as they can cause infections. While breastfeeding you may notice that the discharge is redder or heavier.

You may also feel cramps like period pain, known as 'after pains'. These are both because feeding causes the uterus to contract.

Gradually, the discharge will become a brownish colour and may continue for some weeks, getting less and less until it stops. If you find you are losing blood in large clots, you should save your sanitary towels to show the midwife as you may need some treatment.

SEX AND CONTRACEPTION

Soon after your baby is born, a midwife or doctor will talk to you about contraception. If this doesn't happen, ask. You can become pregnant straight away, even if you are breastfeeding or have not had a period.

Make sure you are using a reliable form of contraception before you and your partner have sex again, unless you want to get pregnant (see page 135 for your different contraceptive options). If you are breastfeeding, you may not have another period until you stop feeding, or even for some weeks or months after that. If you are not breastfeeding, your first period might start as early as a month after the birth, or it might be much later.



recovery and **healing**

YOUR BODY

Your body will have gone through some major changes over the past few days.

Your breasts

Many women experience changes in the size of their breasts during pregnancy and breastfeeding. See Chapter 9 for more information about this.

If you don't intend to breastfeed from the start, you need not do anything. But on the third or fourth day, your breasts may be tender as the milk is still being produced. Wearing a firm, supportive bra may help. Your breasts will reduce in size in a week or so.

Speak to your midwife if you are very uncomfortable.

Your abdomen

Your abdomen will probably be quite baggy after delivery. Despite having delivered your baby plus the placenta and a lot of fluid, you will still be quite a lot bigger than you were before pregnancy. This is partly because your muscles have stretched. If you eat a balanced diet and exercise, your shape should soon return to normal.

Breastfeeding helps because it makes the uterus contract. Sometimes, because this is happening, you may feel a quite painful twinge in your abdomen or period-type pain while you are breastfeeding.

Your bladder

It's quite common after having a baby to accidentally leak urine if you laugh, cough or move suddenly. Pelvic floor exercises (see page 35) will help with this. If the problem persists after three months, see your doctor, who may refer you to a physiotherapist.

Your bowels

Piles (see page 63) are very common after delivery but they usually disappear within a few days. Eat plenty of fresh fruit, vegetables, salad, brown bread and wholegrain cereals, and drink plenty of water. This should make it easier and less painful when you pass a stool. Try not to push or strain as this will make the piles worse. Let the midwife know if you feel very uncomfortable. They will be able to give you an ointment to soothe the piles.

Helpful tips

Postnatal exercises

Postnatal exercises (see page 133) will help to tone up the muscles of your pelvic floor and abdomen. They will also get you moving and feeling generally fitter. You may be able to attend a postnatal exercise class at your hospital. Ask your midwife or physiotherapist to help you organise this.

Personal child health record (PCHR)

You will be given a PCHR for your baby within a few days of their birth. This book records important information about your child. Take it with you whenever you see anyone about your child's health or development. This is **your** record, so do add information yourself. This could be a note of when your child does something for the first time or advice given to you by a healthcare professional.

Rhesus negative mothers

If your blood group is rhesus negative and your baby's father's is rhesus positive, blood samples will be taken after the delivery to see whether your baby is rhesus positive. You may need an injection to protect your next baby from anaemia. This should be given within 72 hours of delivery.





YOUR BABY'S HEALTH

When your baby is born, they will have a quick physical examination to check that there are no major problems that need urgent treatment. Within 72 hours of birth, another more detailed examination will be carried out.

Your baby will also have some other routine health checks and care.

Cord care (belly button)

Shortly after birth, the midwife will clamp the umbilical cord close to your baby's navel with a plastic clip. They then cut the cord, leaving a small bit of cord with the clamp attached. The cord will take about a week to dry out and drop off. Keep the navel clean and dry until this happens. If you notice any bleeding or discharge from the navel, tell your midwife, health visitor or doctor.

Vitamin K

We all need vitamin K to make our blood clot properly so that we will not bleed too easily. Some newborn babies have too little vitamin K.

Although this is rare, it can cause them to bleed dangerously into the

brain. To prevent this, your baby should be offered vitamin K. You will be offered an injection of vitamin K for your baby, as this is the most effective way of helping to prevent a rare bleeding disorder (haemorrhagic disease of the newborn). If you prefer that your baby doesn't have an injection, oral doses of vitamin K are available. Further doses will be necessary.

Newborn hearing screening programme

A small number of babies are born with hearing loss. Your baby will be given a quick and simple test to check their hearing. Finding out about hearing loss early means that babies and parents can get the support they need. This can help the development of the child's language and social skills. See www.hearing.screening.nhs.uk for further information.

Newborn blood spot screening (heel prick test)

When your baby is between five and eight days old, your midwife will ask to take a sample of blood from their heel. This is used to test for rare but potentially serious illnesses. All babies are tested for phenylketonuria (PKU – a metabolic disorder), cystic fibrosis, congenital hypothyroidism (CHT – low thyroid hormone) and MCADD, an inherited problem with the metabolism. Babies in Northern Ireland are also tested for tyrosinaemia and homocystinuria.

YOUR BABY'S APPEARANCE



You will probably spend the first few days looking at your baby. You will notice every detail – the colour and texture of their hair, the shape of their hands and feet, and the different expressions on their face. If you notice anything that worries you, however small, ask your midwife. Your baby will be examined by a midwife, paediatrician or neonatal nurse practitioner to make sure everything is all right.

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. You may notice the fontanelle moving as your baby breathes. Don't worry about touching it or washing the area. There is a tough layer of membrane under the skin.

More information

For more information on blood spot screening: <http://newbornbloodspot.screening.nhs.uk> and www.dhsspsni.gov.uk/nbbscreening

For more information on sickle cell screening: www.sct.screening.nhs.uk

Bumps and bruises

It is quite common for a newborn baby to have some swelling and bruises on its head, and perhaps to have bloodshot eyes. This is just the result of the squeezing and pushing that is part of being born and will soon disappear.

Birthmarks and spots

Once you begin to look closely at your baby, you will probably find lots of little marks and spots, mainly on their head and face. Some babies have larger marks. Most of them will go away eventually. Ask the doctor who examines your baby if they will disappear completely.

Most common are the little pink or red marks some people call 'stork marks'. These V-shaped marks on the forehead and upper eyelids gradually fade, though it may be some months before they disappear altogether. Marks on the nape of the neck can stay for much longer, but they will be covered by hair.

Strawberry marks are also quite common. They are dark red and slightly raised. They sometimes appear a few days after birth and gradually get bigger. They may take a while to go away.

Spots and rashes are very common in newborn babies and may come and go. You should tell your doctor or midwife immediately if you also notice a change in your baby's behaviour, for example if your baby is not feeding properly or is very sleepy or very irritable.

Your baby's skin

At birth, the top layer of your baby's skin is very thin and easy to damage. Over the first month (longer in premature babies) your baby's skin matures and develops its own natural protective barrier.

Vernix (the white sticky substance that covers your baby's skin in the uterus) should always be left to absorb naturally. This is nature's own moisturiser and gives added protection against infection in the first few days.

Premature babies' skin is even more delicate. Staff in a specialised neonatal area will advise you on skin care.

If your baby is overdue, their skin may well be dry and cracked. This is to be expected, as the protective vernix has all been absorbed. Don't be tempted to use any creams or lotions as they may do more harm than good. The top layer of your baby's skin will peel off over the next few days, leaving perfect skin underneath. Wash your baby with plain water only for at least the first month.

Breasts and genitals

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

Jaundice

When they are about three days old, many babies develop mild jaundice. This will make their skin and the whites of their eyes look a bit yellow. This usually fades within 10 days or so. But more severe jaundice may need treatment (see page 149).



getting
to know
each other

Rubella

If you were not immune to rubella (German measles) when tested early in your pregnancy, you will usually be offered the MMR (measles, mumps and rubella) immunisation. You should get this before you leave hospital, or shortly afterwards from your GP. If it is not offered, speak to your doctor or midwife, as it's a good opportunity to get it done. You should not get pregnant again for one month after the injection. For more information about rubella, visit www.immunisation.nhs.uk

Tests for hepatitis B and C

All babies born to mothers who are infected with hepatitis B should receive a course of immunisation to prevent them getting hepatitis B. Your baby will be offered immunisation soon after birth and at one, two and 12 months old. Your baby should be tested at 12 months to check that immunisation has worked. For more information about hepatitis B immunisation, refer to page 37.

If you are infected with hepatitis C when your baby is born, there is a small risk that you could pass on the infection. Your baby will be tested at an appropriate time.



WHAT YOUR NEWBORN BABY CAN DO

There is one important skill that your baby will not have to learn. They are born knowing how to suck. During the first few days they learn to co-ordinate their sucking and their breathing.

Newborn babies also automatically turn towards a nipple or teat if it is brushed against their cheek, and they will open their mouths if their upper lip is stroked. They can also grasp things (like your finger) with either their hands or feet, and they will make stepping movements if they are held upright on a flat surface. Apart from sucking, these automatic responses will go, and your baby will begin to make controlled movements instead.

Newborn babies can use all of their senses. They will look at people and things, especially if they are near, and particularly at people's faces. They will enjoy gentle touch and the sound of a soothing voice, and they will react to bright light and noise. Very soon they will also know their mother's special smell.

