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The first days with your baby



Having a new baby is a very exciting time for the whole family, but 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 even if it is not your first baby. Getting to know your baby is the priority, but you will also be tired and your body will be recovering from labour and the birth.

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, as 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 96).

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 feel love for their baby immediately. You may just need to give yourself some time to adapt to motherhood.

If you feel you are not bonding with your baby, talk to your partner or a family member. Discuss your feelings with your midwife, health visitor or GP – help is available.

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, although this may change depending on your labour and birth. 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 45).

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 take any 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 or notice an offensive odour, you should save your sanitary towels to show the midwife as you may need some treatment.

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 which will help to protect your next baby from anaemia. This should be given within 72 hours of delivery (see page 61).

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 159 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.

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 10 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 abdominal muscles will probably be quite loose 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, 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 45) will help with this. If the problem persists after three months, see your doctor, who may refer you to a physiotherapist.

Your bowels

Haemorrhoids, commonly known as piles (see page 80) 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 (bowel movement). Try not to push or strain as this will make the piles worse. Let the midwife or GP know if you feel very uncomfortable. They will be able to give you an ointment to soothe the piles.

Your baby's health

When your baby is born, they will have a head to toe 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

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. Use warm water to clean the navel and dry carefully until this happens. If you notice any bleeding, smell or discharge from the navel, tell your midwife, health visitor or doctor at once.

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, you will be offered one 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 oral doses will be necessary.

Newborn hearing screening programme

A small number of babies are born with hearing loss which may affect the development of the child's language and social

skills. You will be offered a simple test to check your baby's hearing. Finding out about hearing loss early means that babies and parents can get the support they need. See pha.site/newborn-screening

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), MCADD, an inherited problem with the metabolism and sickle cell disease (SCD – inherited conditions affecting red blood cells). A number of other inherited metabolic conditions may also be identified, for example homocystinuria.

More information

For more information on blood spot screening visit pha.site/newborn-screening
For more information on sickle cell screening visit pha.site/sickle-cell

Medium-chain acyl-coA dehydrogenase deficiency (MCADD)

If a family member has MCADD

tell your midwife and doctor as soon as possible. They will make a record on your notes and refer you to the genetics clinic for further advice.

Tuberculosis (TB)

TB is a serious infectious disease that can lead to TB meningitis (swelling of the lining of the brain) in babies.

In young people and adults it usually affects the lungs, but it can also affect the glands, brain or bones. Prevention is by the BCG vaccine which helps your baby develop protection (immunity) against the disease.

You will be asked the following questions during pregnancy and again after birth:

- Are you, your family or your baby's father or his family from a country with high rates of TB?
- Are you likely to be living for more than a month, or travelling frequently, in a country with high rates of TB?
- Does anyone in your house, or anyone else who is likely to have long term contact with your baby, have TB, or have had it in the past, or come from one of these countries?

If you answer 'yes' to any of these questions then you will be offered the BCG vaccine for your baby.



Your baby's appearance

Your baby's appearance will change in the first few days after birth and as you get to know 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 see 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 gently or washing the area. There is a tough layer of membrane under the skin but be careful not to bump this area accidentally.

Marks and birthmarks

Some newborn babies are born with a swelling and bruises on the head, and perhaps bloodshot eyes. This is just the result of the squeezing and pushing that is part of being born and will soon disappear.

Once you begin to look closely at your baby, you may find some marks and spots, mainly on their head and face. Most of them will go away eventually. Ask the doctor or midwife who examines your baby if they should disappear completely.

Some babies have little pink or red marks commonly known

as 'stork marks'. 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.

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

Spots and rashes are quite common in newborn babies and may come and go. However, you should tell your doctor or midwife immediately if you also notice a persistent rash and a change in your baby's behaviour, for example if your baby is not feeding properly, 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 is the white sticky substance that covers your baby's skin in the uterus. It 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 appear 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 little 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 may appear rather swollen, this will settle fairly quickly.

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. If you are concerned about your baby's jaundice in the first 10 days contact your community midwife. More severe jaundice may need treatment (see page 177). If jaundice develops in the first 24 hours expert medical advice is required.

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 the first dose before you leave hospital and the second from your GP. If it is not offered, speak to your doctor or midwife. You should ensure you do not get pregnant again for one month after the injection. For more information about rubella, visit pha.site/rubella

If you have previously had two doses of MMR then you will not require further vaccination.

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 within 24 hours of birth, at one month and 12 months of age as well as having hepatitis B in the routine vaccinations at two, three and four months of age. Your baby should be tested at 12 months to check that immunisation has worked. For more information about hepatitis B immunisation, refer to page 49.

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.

Personal child health record (PCHR)

You will be given a PCHR for the baby (also known as the red book) 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.