

# First days for you and your baby

## Maternity Department



**Patient information leaflet**

**Becoming a parent is a thrilling and exciting adventure, but it can also be scary and overwhelming at the same time. This leaflet is designed to give you some basic information for your first days at home with your baby.**

## **What can I expect once I'm home?**

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**The first few weeks after delivery will be tiring and maybe uncomfortable.**

Try to rest as much as possible – remember to sleep when the baby is asleep – don't use this time to catch up on housework or jobs

The community midwife will visit you at home the day after you leave hospital. Additional home visits will normally be when the baby is 5 and 10 days old. However, you and your community midwife will make a plan for your care at home according to your needs. When the baby is about 10 days old and you are both in good health, your care will be transferred to the health visitor.

The role of the health visitor is to provide advice and support until your child is 5 years old. They hold clinics to enable the baby to be weighed, and provide information on immunisation, weaning and toilet training. Your health visitor will be able to support you and keep you informed as your baby enters each new phase of development. You will have been given a Child Health Record (red book) before you go home which will be used to record your child's growth and development.

If you are at all concerned whilst under the care of your midwife, please contact our postnatal ward (Shere Ward) on **01483 464134**, where there are midwives available 24 hours a day.

## First days at home for you

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### **Will I experience any after pains?**

After delivery your uterus needs to shrink back to its normal size. During this time you may feel pain as cramps and contractions. The pain is usually more noticeable with your second or subsequent child, and during or just after a breastfeed. The pains will last a few days and painkillers such as paracetamol and ibuprofen will help.

### **How long will the bleeding last?**

The bleeding you have after giving birth is called lochia. Initially the loss is very red and heavy but after a few days will become more pink and watery. It will then change to a brownish discharge over the 2nd and 3rd week. This can occasionally take up to 6 weeks to stop.

To cope with this blood loss you will need plenty of very absorbent sanitary towels. Tampons should never be used as they increase the risk of uterine infection. Choice of underwear is important, as you will need comfortable underwear that can support a large pad.

### **How heavy will the bleeding be?**

It can be common to pass blood clots in the first few days after delivery. Clots can range in size from smaller than a penny to the size of a fist. The larger ones can be rather a surprise! They are often described as looking like bits of liver. Clots can be due to the fact that when resting or sitting down the blood loss from the uterus collects in the vagina. When you next stand up or go to the toilet, the clot will then fall out. Once the clot has been passed the bleeding should settle again.

Occasionally clots can appear when you had thought that the lochia (blood loss) was settling. This can be due to the fact that you are beginning to be more active and busy. It may be a sign that you need to rest more during the day.

Clots may also be passed when there is a uterine infection or if a small piece of placenta or membranes is left in the uterus. Signs of this are continued or heavier fresh bleeding, passing clots, an offensive smell and abdominal pain. If this happens, or if you any concerns about your bleeding you should contact your GP/Midwife.

## How should I care for my stitches?

Your stitches will dissolve over the course of one to two weeks, so do not need to be removed. Very occasionally they can feel very tight and uncomfortable. If this is the case the community midwives may release your sutures to relieve the tight feeling.

To promote healing and to avoid infection it is advisable to:

- Wash your hands both before and after going to the toilet.
- Keep the area clean and dry by bathing/showering regularly.
- Change sanitary towels regularly.
- Perform regular pelvic floor exercises as soon as you can after birth. These exercises will increase blood flow to the area and help to speed up healing. "Postnatal Advice and Exercises Following Childbirth" which details all exercises recommended by the Physiotherapy Department will be given to you before you go home.
- Take regular painkillers. Paracetamol and/or ibuprofen should be sufficient.
- Some women find using essential oils and homeopathic remedies beneficial at this time.
- Avoid constipation. If you are worried about opening your bowels, you can hold a clean sanitary pad against your perineum to support your stitches.

## When can I resume sex?

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If you have had stitches, you may be sore and uncomfortable so wait until you feel comfortable. Hormonal changes may make your vagina drier than usual, so a lubricating jelly might help. Your GP will be able to advise you.

## **Do I need to use contraception?**

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You can become pregnant before your first period. While it may take time for your periods to come back if you are breastfeeding, breastfeeding is not a contraceptive. If you do not wish to become pregnant, do not have unprotected sex. Visit your GP or your family planning clinic to discuss the right method of contraception for you.

## **First days of your baby's life**

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During pregnancy, babies are protected from the outside world and supported by the stable environment of the womb. As a result, a baby's first few days are full of adaptations, as their bodies try to meet the demands of living outside their mother.

## **How will I know what changes are normal for my baby?**

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It is normal for babies to develop minor conditions associated with making these changes and the most common conditions are outlined in this leaflet. Although these are minor conditions, you should always get your midwife to check your findings.

## **Baby facts**

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### **The head**

It may not look round in shape due to the pressure exerted on it during birth. After a ventouse delivery, the head may look elongated as the suction pump was attached to the baby's head to ease it out of the vagina. Following a forceps delivery, there may be red marks on the sides of the head where the forceps were placed. There may also be bruising on the head. The shape of the head should get back to normal in a couple of weeks.

There will be a diamond-shaped patch on the top of your baby's head. This is called the fontanelle, it is the area where the skull bones have not fused yet. It takes about 18 months for the skull bones to fuse. The fontanelle is lined by a tough membrane and is not damaged by everyday handling. Don't be afraid to touch it.

## The eyes

Straight after birth, your baby can see you if you hold him/her about 20cm (8 in) away from your face. Their true eye colour may not develop until your baby is six months old.

The eyes may appear bloodshot due to the squeezing and pushing during birth. This will soon disappear. Eyelids may be puffy from the pressure of the birth. Sometimes, puffy eyelids or sticky eyes can be the result of an infection. In this case you will be shown how to clean the baby's eyes using cotton wool and sterile water. A swab may be taken and prescription eye drops may be needed.

## The skin

Vernix is the greasy substance protecting the skin in the womb, it is white and looks a little like lard. Vernix is usually absorbed into the baby's skin before birth, however occasionally the baby may still have some vernix present at birth, especially in the skin creases. This should be left to reabsorb into the baby's skin and help to protect it. The baby's skin might peel, especially from their hands and feet. This is more common in overdue babies. Dry skin can be moisturised using a pure oil such as extra virgin olive oil, or a simple, water based pH neutral baby moisturiser.

**Milia (milk spots):** these are tiny white spots on the face. They are harmless and will fade after a few weeks.

**Stork bites:** V-shaped pink or red marks. They may appear on the forehead, upper eyelids and the nape of the neck. They will all disappear in the coming few months.

**Strawberry marks:** Dark red and raised marks. They may actually become bigger a few days after birth but eventually disappear by about six months. Sometimes treatment may be required if these marks carry on until the teens.

**Sucking blisters:** These develop on the baby's lips from sucking. They require no treatment. Do not be tempted to pull off the skin, but allow them to heal naturally.

**Spots and rashes:** These can be common but tend to be harmless in a baby that is otherwise well. There are 3 types, which are often seen.

- **Erythema toxicarum** – a fleeting red rash which fades quickly.
- **Erythema toxicarum miliaria** – a rash of small red bumps, sometimes clear blisters.
- **Urticaria neonatorum** – this usually occurs within the first week of life, and is a spotty rash containing pus. A swab is sometimes taken to exclude infection and the rash normally subsides in 3-4 days.

You should see your GP as soon as possible if your baby has a rash and they are unwell, e.g. lethargic, high temperature or not feeding well.

If you have any concerns about your baby you should contact your GP/midwife or health visitor.

## **Hormonal changes**

As a result of changing hormone levels, your baby, whether boy or girl, may have;

- Swollen breasts. The swelling will go down in a couple of days. The breasts may even ooze a little milk. Never try to squeeze the milk out.
- A small amount of blood in the nappy.
- A rust coloured stain may also be present with a wet nappy.

## **Hands and feet**

Your baby's hands and feet may appear slightly blue. This is normal and caused by the newborn circulation and not because they are cold. This will reduce as the baby gets older.

Long fingernails are common, however they are soft and tend to break off on their own. If you tear them off you could risk tearing down the side of the nail, which can cause infection. Cutting is tricky if the nails do not extend above the finger, always use scissors designed for newborn babies. A clean gentle emery board may remove sharp edges, or mittens over the hands also prevent scratches.

Legs may appear bowed due to the curled-up position in the womb.

## **Umbilical cord**

The cord takes about 7 to 10 days to dry and drop off. Leave the cord alone unless it becomes soiled, in which case, it should be cleaned. Keep the cord clean and dry while the cord is still there. Let your health visitor or midwife know if there is any bleeding from the cord or if the skin surrounding the cord appears red.

## **Genitals**

The genitals of both male and female newborn babies look swollen and large in proportion to their body. This is normal and the swelling goes down in a few weeks when the genitals start looking in proportion with their bodies. Vaginal discharge, which can be blood stained, is common.

## **What are the right colour changes for my baby's stools?**

Your baby will pass meconium for the first few days of life. When you change a dirty nappy the contents of the nappy will be a greenish black colour.

If your baby is feeding well, the colour of their poo will change over the next day or so. After the initial dark green meconium the poo will change to become a dark greenish yellow. The final stage is a loose yellow stool, which can look like it has seeds in it (similar to mustard) for a breast fed baby. Bottle fed babies have a more formed stool which tends to be yellowish brown.

## **How can I help maintain my baby's temperature?**

It can take some time for babies to become good at controlling their temperature. It is important to ensure that your baby is not too hot or too cold, until they are approximately 2-3 months of age and are more able to regulate their own temperature. The normal temperature for a baby is 36.5°C – 37.5°C.

In the first 24 hours of life babies often get cold, so it is important to keep them wrapped up. However it is not necessary to keep your baby heavily clothed, covered or in a very warm room. Swaddling may make your baby too warm so if you decide to swaddle your baby, don't cover



their head and only use thin materials. A room thermometer can help you see how hot your home is.

Up to 4 weeks your baby's room should be 18-20°C or 65-70°F. Over 4 weeks reduce your baby's room temperature to 16-19°C or 60-65°F.

If your baby has a temperature fewer layers of clothing will be needed. Keep your baby's head uncovered when indoors and in a warm environment. During winter months, outer clothing and blankets should be removed once indoors.

As a rough guide, your baby will need one extra layer of clothing than you are comfortable with yourself. If unsure, feel the back of the neck, or baby's chest, which should feel warm but not hot and sticky. The baby's hands, face and feet will always feel cool to the touch, so are not a good indicator of how warm your baby really is.

## What is Jaundice?

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Jaundice is one of the most common conditions needing medical attention in newborn babies. Jaundice refers to yellow colouration of the skin and the sclerae and is caused by a raised level of bilirubin in the circulation, a condition known as hyperbilirubinaemia. Bilirubin is a yellow substance that the body creates when it replaces old red blood cells. The liver helps break down the substance so it can be removed from the body in the stool. High levels of bilirubin make your baby's skin and whites of the eyes look yellow.

Approximately 60% of term and 80% of preterm babies develop jaundice in the first week of life, and about 10% of breastfed babies are still jaundiced at 1 month of age. In most babies early jaundice is harmless. However, a few babies will develop very high levels of bilirubin, which can be harmful if not treated

You can help your baby to break down excess bilirubin by placing the baby in natural light, but not in direct sunlight and encouraging your baby to feed as often as possible.

If your baby appears jaundiced in the first 24 hours of life or if your baby appears jaundiced and does not wake for feeds, contact your community midwife straightaway.

## How can I reducing the risk of cot death?

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The key steps parents can take to reduce the risk of cot death including the advice to:

- Place your baby on their back to sleep, in a cot in the room with you.
- Don't smoke during pregnancy or let anyone smoke in the same room as your baby.
- Don't share a bed with your baby if you or your partner smoke or take drugs, or if you have been drinking alcohol.
- Never sleep with your baby on a sofa or armchair.
- Don't let your baby get too hot or too cold.
- Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.
- Place your baby in the "feet to foot" position (with their feet touching the end of the cot or pram).
- If possible, breastfeed your baby.

## How can I recognise if my baby is unwell?

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If your baby has any of the following symptoms, take them to your GP:

- has a high pitched or weak cry
- is less responsive
- is much less active or more floppy than usual
- looks very pale all over
- grunts with each breath, seems to be working hard to breathe when you look at their chest and tummy
- takes less than a third of usual fluids
- passes much less urine than usual
- vomits green fluid

- passes blood in their stools
- has a high fever or is sweating a lot.

If you are at all worried about your baby's condition, please discuss it immediately with a midwife whilst you are in hospital, or contact your community midwife, GP or Health Visitor for advice once you are at home. If it is an emergency please take your baby to the nearest A&E department.

## Reference sources

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- National Institute for Health and Care Excellence Clinical Guideline 98 Neonatal Jaundice.
- National Institute for Health and Care Excellence Clinical Guideline 37 Postnatal Care: Routine Postnatal Care of Women and their Babies.

## Further information

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- **The Foundation for the Study of Infant Deaths**  
[www.fsid.org.uk](http://www.fsid.org.uk)
- **NHS Choices**  
[www.nhs.uk/Conditions/Sudden-infant-death-syndrome/Pages/Introduction.aspx](http://www.nhs.uk/Conditions/Sudden-infant-death-syndrome/Pages/Introduction.aspx)

## Contact details

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If you need further information please contact:

**Lynne Argile**

Maternity Department

**Telephone:** 01483 571122 **ext** 4708

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## PALS and Advocacy contact details

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Contact details of independent advocacy services can be provided by our Patient Advice and Liaison Service (PALS) who are located on the right hand side as you enter the main reception area. PALS are also your first point of contact for health related issues, questions or concerns surrounding RSCH patient services.

**Telephone:** 01483 402757

**Email:** rsc-tr.pals@nhs.net

**Opening hours:** 9.00am–3.00pm, Monday to Friday

If you would like information documents in large print, on tape or in another language or form please contact PALS.

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