

# Going Home After Your Baby is Born



Information for mothers and their partners

This booklet explains the process for going home after your baby's birth. There is also advice on how to care for yourself and your baby, including tips on how to reclaim your health and breastfeeding.

<b>Going home from hospital</b>	<b>4</b>
<b>Community midwifery care</b>	<b>5</b>
What happens after I leave hospital?	5
<b>Taking care of yourself after birth</b>	<b>6</b>
Blood clots (DVTs)	6
Pain relief	6
Wound care	7
Diet	8
Alcohol	8
Rest and relaxation	8
How to start exercising	9
Tummy (abdominal) muscle exercises	10
Pelvic floor exercises	11
Sex and contraception	13
How soon can I have sex again?	13
When will my periods start?	14
Which type of contraception is suitable for me?	14
Can I still use emergency contraception?	14
Emotional wellbeing and mental health after birth	15
Sharing your birth experience	18
<b>New blood spot screening</b>	<b>18</b>
<b>Taking care of your baby</b>	<b>20</b>
Skin to skin	20
How to practise skin to skin?	20
Benefits for baby	21
Benefits for parents	21
Breastfeeding tips	21
Breastfeeding support	22
Feeding your baby formula milk	22
Reducing the risk of cot death	23



How to check if your baby is too hot or too cold	23
Safe sleeping	23
Your baby's skin and cord care	25
Bathing and changing your baby	26
Warning signs of illness in newborn babies	26
Jaundice	27
Eye problems	27
Rashes	28
Coughs and colds	29
Vomiting	30
Diarrhoea	30
Fever	30
<b>Other information</b>	<b>31</b>
Registering your baby's birth	31
What do I need to tell the registrar?	31
What will I get when I register the birth?	32
Where can I register the birth?	32
Useful organisations	32
MyChart	34
Sharing your information	34
Care provided by students	35
PALS	35



# Congratulations on the birth of your baby

We believe that having a baby is one of life's most treasured events. The care and support that you receive after your baby's birth is very important to us. Our aim is to provide a high-quality service, planned to meet your family's needs, including effective communication and continuity of care.

## Going home from hospital

### When is it ok for me to go home after the birth?

- If there are no concerns about you or your baby.
- If your baby has had their newborn check-up and has been offered a hearing check.

We understand that staying in the hospital longer than you expected can feel disappointing, frustrating and upsetting, especially when you are eager to go home and settle with your baby. Our priority is your and your baby's wellbeing, and sometimes a longer stay is needed to provide additional care and support.

### Why might I have to stay in hospital longer than expected after the birth?

#### You will need to stay longer if:

- you had any medical complications that involved care provided by a doctor
- you lost more blood at birth than normally expected
- you had an epidural and urinary catheter
- you had a forceps, ventouse or caesarean section birth
- either you or your baby need intravenous (IV) antibiotics
- your baby needs extra monitoring or observations
- you and your baby need extra support with feeding.



## What do I need to bring for leaving the hospital?

### For your baby:

- suitable clothing including a vest, a baby grow and a hat
- a blanket
- a new-born baby car seat.

### For you:

- suitable clothing depending on the weather and the time of day you are going home.

**We fully understand your need to return home and settle in with your new baby. We aim to discharge you and your baby as soon as you are ready. But there are sometimes unavoidable delays, so we would appreciate your patience.**

## Community midwifery care

### What happens after I leave hospital?

Community midwives will take over your care after you go home. This will usually be the same team as you saw during your pregnancy. A community midwife will visit you the day after you are discharged from the hospital. If you are discharged out of area, your local Trust's community team will contact you to arrange your postnatal care.

Please contact the hospital if you have any concerns about your health or that of your baby after you have gone home. Even if you are unsure, we encourage you to seek advice early rather than wait for the community midwife's visit.

If you have not had a visit from the community midwife by 4pm on the day after you are discharged from hospital, contact the Community Midwives' office (see back page for the phone number).



Your midwifery care will continue for 10 days after your baby is born. If there are concerns about breast feeding, your emotional and/or physical wellbeing, you will have midwifery care for up to 28 days to ensure you receive the support you need. Your Health Visitor and GP will continue to provide care and support after 28 days.

If you live outside of King's catchment area, we will arrange for a community midwife who works in your area to visit you at home. We will give you their contact details before you leave hospital. We will also let your health visitor and GP know that you have been discharged home.

## Taking care of yourself after birth

### Blood clots

During pregnancy and after birth you are at a greater risk of developing blood clots in your veins (venous thromboembolism/VT). It is important you can recognise and do something about the symptoms because early treatment will reduce your risk of more serious medical problems. If you have any concerns, please contact the maternity unit (see page 36 for contact details).

### Signs and symptoms

- Pain, tenderness and swelling in your leg.
- Discolouration of your leg, such as redness, a pale blue or a reddish-purple colour.
- Chest pain.
- Breathlessness.
- A sudden cough that will not go away.
- An area on your leg that is hot to touch.

### Pain relief

You may need pain relief after giving birth to help keep you



comfortable. Needing pain relief and asking for support is very common so we encourage you to do so.

You can take ibuprofen tablets to ease the pain as well as paracetamol, if needed. Ibuprofen comes in two dose sizes: 200mg and 400mg. You can take 400mg every four to eight hours, up to a maximum of 1,200mg in 24 hours. You must take it with or after food to avoid an upset tummy.

**Do not take these medications if you are allergic to them and always read the instruction leaflet supplied.**

## Wound care

If you leave the hospital with a wound dressing your midwife will explain how to care for your dressing.

Please try to keep your wound as clean and dry as possible. Wash it every day using fresh running water and dry it well. Always wash your hands before and after touching your wound or changing your sanitary pads.

Change your sanitary pads regularly and do not use tampons for at least six weeks.

How long the wound takes to heal varies from person to person. It usually takes at least six – eight weeks, sometimes longer.

During this time your wound may be slightly red, itchy, a little uncomfortable and have patches of numbness.

If it looks inflamed, has an offensive smell, or has any oozing or pus, please contact your GP or your nearest Maternity Assessment Unit.



## Diet

Try to make eating well a priority. It will make you feel better, and healthy eating is important for the whole family.

Aim to eat at least five portions of fruit and vegetables a day. The first six weeks after your baby is born is not the time to begin a strict diet because your body needs nutrients to recover from the physical stresses of pregnancy, labour and birth.

It is important to eat and drink well when you are breastfeeding. It is also a good idea to have a drink by your side before settling down to breastfeed.

You should aim to drink at least six – eight glasses (1-2 litres) of fluid every day. Feeling thirsty or dark urine with a strong smell are signs that you are dehydrated and need to drink more.

## Alcohol

We advise you not to drink alcohol immediately after the birth of your baby. This is because:

- alcohol can pass from your breast milk to your baby. It can alter the taste of your breast milk, reduce how much you make, make it harder for your baby to digest and make them too sleepy to feed or prevent them from sleeping
- the smell of alcohol can confuse and upset your baby and make bottle feeding difficult
- if you share your bed with your baby and you have drunk any alcohol, it greatly increases the risk of sudden infant death syndrome (SIDS).

## Rest and relaxation

It is important that you take enough time to rest and recover after the birth of your baby. Relaxation techniques can help with this. Try



to take time to sleep while your baby sleeps.

Lying on your side with a pillow between your legs can be especially comfortable if you have had stitches in your tummy or perineal area, or you have piles.

If you have a perineal tear or an episiotomy you may find sitting directly on a seat uncomfortable. Try rolling a towel into the shape of a ring and placing it on the seat or bed.

## How to start exercising

Regular movement helps to ease ankle swelling and circulation problems. Try to avoid sitting, lying or standing in the same position for too long.

Your ligaments become more supple during pregnancy and this lasts for several weeks after birth, so try not to do too much lifting and twisting in these first few weeks.

Starting to do a few simple and safe exercises can help make you less likely to have postnatal depression. Choose an exercise that you enjoy and eases stress. Taking your baby out for a walk is a good way for you both to get some exercise and fresh air.

Good ways of getting fit again are low-impact activities such as swimming, walking, postnatal yoga and pilates.

It is usually a good idea to wait until after your six-week postnatal check before you start any high-impact exercise such as aerobics or running.

Recovering from childbirth is unique journey for everyone. It is important to understand that readiness to exercise varies, especially



after a complicated and traumatic birth experience. It is important to give your body time to heal.

## Tummy (abdominal) muscle exercise

### Purpose of the exercises

Your abdominal muscles act as a natural corset supporting your back and internal organs. Pregnancy stretches these muscles so there is enough room for your growing uterus. This can weaken them. Strengthening these muscles can help:

- regain muscle tone
- prevent or ease backache
- improve stability during daily activities.

### Step-by-step exercise

1. **Relax:** Let your tummy muscles sag naturally.
2. **Hand placement:** Place one or both hands on your lower tummy, just below the belly button.
3. **Breathe in:** Inhale through your nose.
4. **Draw in your tummy:** As you breathe out, gently draw your lower tummy in towards your lower back, away from your hands.
5. **Hold:** Maintain this gentle contraction for a few seconds.
6. **Relax:** Release the contraction and breathe normally.
7. **Repetition:** Start with 5–10 repetitions.
8. **Progression:** Gradually increase the hold time until you can maintain it for 10 seconds.
9. **Advanced:** Once comfortable, practise while standing.
10. **Daily Integration:** Use these deep tummy muscles before and during any activity that involves effort, such as lifting or changing your baby.



## Safety tips

- **Do not hold your breath.** Your breathing should remain smooth and steady.
- Watch for signs of doing too much:
  - heavier or darker postnatal bleeding (lochia)
  - feeling extremely tired.
- **Listen to your body** and pace yourself. Rest and drinking plenty of fluid are essential.
- **No need for perfection.** It is important to remember that exercise does not need to be done perfectly to be beneficial. The goal is progress, not perfection .

## Pelvic floor exercises

Your pelvic floor muscles are at the bottom of your pelvis and help to support your bladder, bowel and uterus. They are affected both by your pregnancy and the delivery, regardless of how your baby was born. It is important to exercise them so they continue to support these organs in later life.

### Strengthening your pelvic floor muscles with specific exercises will:

- help to ease swelling and soreness
- maintain/improve your bladder and bowel control
- prevent prolapse of your pelvic organs
- stabilise the joints of your pelvis and lower back
- make sex more enjoyable for you and your partner.

Pelvic floor exercises are quick and simple; you can do them anywhere as long as you are comfortable. They will help to reduce leaking of urine when you cough, sneeze, laugh or run, and enable you to control your bowel movements and wind.



It is important not to hold your breath while doing them; you should be able to talk while squeezing your pelvic floor.

### **Exercise one**

- Imagine you are trying to stop a bowel movement and a trickle of urine at the same time.
- Squeeze the muscles around your back passage as if trying to stop wind escaping and then continue that squeeze into your vagina as if you are trying to stop passing urine
- Start gently. To begin with you may only be able to feel the squeeze around your back passage, so just do these squeezes little and often throughout the day. As your muscles get stronger you can start to continue the squeeze into your vagina as if trying to stop passing urine.
- Build up to be able to hold that squeeze for a few seconds and repeat it, making sure that you relax fully between holds.
- Gradually increase how long you hold each squeeze. Aim to eventually hold for up to 10 seconds and repeat this 10 times.

### **Exercise two**

- Follow the long holds with 10 quick squeezes – squeezing the muscles around your back passage and then continuing that squeeze into your vagina, then relaxing the muscles fully
- At first aim to do 10 and then do more over time.

Try to repeat these two exercises two to three times.

Have a look at this online video which outlines how to do your pelvic floor exercises: <https://www.youtube.com/watch?v=kME0N1YToDk&t=6s>



### **When doing the exercises, do not:**

- hold your breath



- stop a stream of urine because this can lead to urine infections
- tighten your tummy muscles too much
- tighten your buttocks
- squeeze your legs together.

After birth, changes to how well your bladder and bowel work are common and it is important to do something about this. You may feel embarrassed about discussing bladder or bowel symptoms, but these problems are common and nothing to be ashamed of.

If you have urinary or bowel incontinence, symptoms of pelvic organ prolapse or reduce bladder sensation, please let your midwife know or get in contact with King's Perinatal Pelvic Health Service by emailing: [kch-tr.pelvichealthmaternity@nhs.net](mailto:kch-tr.pelvichealthmaternity@nhs.net)

Alternatively, see your GP who can refer you to the appropriate healthcare professional.

## **Sex and contraception**

Contraception may be the last thing on your mind when you have just had a baby, but it is something you need to think about if you want to delay or avoid another pregnancy soon after this one. It is possible to get pregnant before your first period after having your baby, so it is good to be prepared and have contraception available if you need it.

### **How soon can I have sex again?**

You can have sex as soon you and your partner are ready to. But having a baby can cause many physical and emotional changes for both of you, and it may take some time to feel ready to have sex again.

It is common to feel nervous, but there is usually no reason why you



should not enjoy sex just as much as before. It can help for you and your partner to talk about any worries you have.

## **When will my periods start?**

If you are bottle feeding, or combining bottle and breastfeeding, your first period could start as early as five – six weeks after the birth. If you are breastfeeding only, your periods may not start again until you stop.

We advise you not to use breast feeding as a contraceptive because it is not 100% effective – you can be fertile before your first period.

## **Which type of contraception is suitable for me?**

You can use male condoms as soon as you want. Ask your local Family Planning Clinic (FPC) or your GP for advice about other types of contraceptive. You can discuss contraception with your midwife before discharge from hospital. You can also ask for advice from your GP or a Sexual Health Clinic about other types of contraceptives.

You will be offered three main types:

1. hormonal methods such as oral contraceptive pill, patches, implants and injections
2. barrier methods, such as the diaphragm and condoms
3. intrauterine contraceptive devices (IUCDs).

The NHS website has a guide to contraception at <https://www.contraceptionchoices.org>



## **Can I still use emergency contraception?**

Yes. If you have unprotected sex you can use emergency contraception. It will not affect your baby or your breast milk. Please ask your GP, pharmacist or Sexual Health Clinic for advice.



## Emotional wellbeing and mental health after birth

Having a baby can be a joyful, exciting and rewarding experience, but it can also be challenging. Many new parents including partners and non-birthing parents may experience a range of emotions, from happiness and excitement to anxiety, sadness or feeling overwhelmed. These feelings are very common and can affect anyone, regardless of their background or experience.

### Common emotional changes:

#### The baby blues

Many new mothers have the baby blues during the first week after birth.

You may feel:

- tearful, emotional or irritable
- anxious or sad
- very tired or overwhelmed.

These feelings are caused by hormonal changes and usually pass within a few days. Try to rest, accept help, and talk about how you feel.

#### Postnatal depression or anxiety

Around **1 in 10 parents** experience ongoing low mood or anxiety after birth.

You may notice:

- persistent sadness or tearfulness
- anxiety, panic attacks, or constant worry
- poor sleep, even when your baby is resting
- feeling numb, hopeless or unable to cope
- difficulty bonding with your baby

If you feel this way, please ask for help. You are not alone and it is not your fault.



## When to get urgent help

In rare cases, some new mothers develop postpartum psychosis, a serious but treatable condition.

Symptoms may include confusion, hallucinations or unusual beliefs. If this happens, seek help immediately. Contact your GP, midwife or go to your nearest Emergency Department (A&E).

You can find more information at:

<https://www.nhs.uk/mental-health/conditions/postpartum-psychosis>



## Getting support

- Talk to your **midwife, health visitor or GP**.
- Refer yourself to **NHS Talking Therapies** for free counselling. Priority is given to new parents.
- Call your local crisis line if you need urgent support. For South London (Lambeth, Southwark, Croydon, Lewisham) the number is **0800 7312864**

Your GP or midwife can also refer you to **Specialist Perinatal Mental Health Services** for tailored support up to one year after birth.

If you live in Bromley Bexley or Greenwich, you can contact Oxleas urgent advice line (24/7) on **0800 330 8590**

## Self-care and emotional wellbeing tips

- Sleep when your baby sleeps.
- Accept help with daily tasks.
- Eat well and drink plenty of water.
- Get fresh air and gentle exercise.
- Take time for yourself — even a bath or walk helps.
- Meet other parents — you are not alone.



## Remember

You are not alone, and support is available. Many new parents feel anxious, low, or overwhelmed. These feelings do not define you or your ability to be a loving, capable parent. Reaching out for help is a sign of strength and the first step towards recovery.

## Useful contacts

### **PANDAS Foundation**

Support for postnatal depression and anxiety:

[www.pandasfoundation.org.uk](http://www.pandasfoundation.org.uk)



### **Mind**

Perinatal mental health resources:

<https://www.mind.org.uk>



### **Action on Postpartum Psychosis (APP)**

[www.app-network.org](http://www.app-network.org)



### **Birth Trauma Association (BTA)**

[www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)



### **Home-Start**

Support for families:

[www.home-start.org.uk](http://www.home-start.org.uk)



### **Dads Matter UK**

Support for fathers:

<https://dadsmatter.org.uk/co-parenting>



## Sharing your birth experience: support after birth

Would you like to talk to someone about your experience of giving birth?

It is common to have questions after birth, because you may want to understand why certain decisions were made and how your experience may affect future pregnancies.

You can speak to a midwife on the postnatal ward, or a doctor or a community midwife soon after you have gone home. They should be able to answer your questions and help you understand what happened.

You may not feel emotionally ready to talk about your experience in the days or weeks after birth. Everyone processes experiences differently. Engaging in birth reflection is entirely your choice and it is your choice whether to delay, decline or chose not to take part. Support will still be available if you decide to access it at a later

time. You can refer yourself to a birth reflection session by visiting our website and sending us an email with your details. Please leave your name and contact details, plus a summary of your concerns about your birth experience that you would like to discuss.

Email: [kch-tr.listeningclinic@nhs.net](mailto:kch-tr.listeningclinic@nhs.net)

## Newborn blood spot screening

In the first week after birth, you will be offered a blood spot screening test for your baby.

### **Why should I have my baby screened?**

Blood spot screening finds out if your baby has any of a number of rare but serious health conditions. Early treatment can improve your



baby's health. It can prevent severe disability or even death.

If you, the baby's father or a family member already have one of these conditions, please tell your healthcare professional straight away. This test has no risks.

Most babies screened will not have any of the conditions, but for the small numbers that do, the benefits of screening are enormous. Early screening is best because treatment can be started as soon as possible if needed.

If you do not want your baby to be screened, and you later change your mind, they can still have the test. They can be screened at up to 12 months for all the conditions except cystic fibrosis, which can only be tested up to eight weeks of age.

### **What are newborn babies screened for?**

All babies are offered screening for:

- congenital hypothyroidism
  - cystic fibrosis
  - sickle cell disease
  - phenylketonuria
  - medium chain acyl-CoA dehydrogenase deficiency (MCADD)
  - maple syrup urine disease (MSUD)
  - isovaleric acidaemia (IVA)
  - glutaric aciduria type 1 (GA1)
- 
- homocystinuria (pyridoxine unresponsive) (HCU)
  - severe combined immunodeficiency disease SCID. The SCID test is an ongoing evaluation screening test from the UK National Screening Committee and only offered in two-thirds of the UK.



If a baby is thought to have one of the conditions, they will need more tests to confirm this.

For more information, go to:



<https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby/blood-spot>



<https://www.gov.uk/government/collections/newborn-screening-information-leaflets>

## Taking care of your baby

### **Skin to skin contact**

This means holding your baby naked against your skin, usually under your top or a blanket. Skin-to-skin contact is important for babies and parents to develop a close relationship and to help start breast feeding.

### **How to practise skin-to-skin contact**

- **Immediately after birth:** Once your baby is born and gently dried, place them directly onto your bare chest. Cover both of you with a warm blanket for comfort.
- **In the hospital:** Midwives and healthcare staff can support you with positioning and skin-to-skin contact, even after a caesarean birth if your baby is well.
- **At home:** Continue skin-to-skin contact whenever your baby needs comfort, calming or extra bonding time.



- **For premature or special care babies:** In neonatal units, skin-to-skin contact is often called kangaroo care and is especially beneficial for these babies' growth and development .

## Benefits for your baby

- Calms and relaxes both you and your baby.
- Regulates your baby's temperature, heart rate and breathing, helping them to better adapt to life outside the womb.
- Stimulates your baby's digestion and supports brain development.
- Enables the colonisation of your baby's skin with your friendly bacteria while providing protection against infection.
- Stimulates the release oxytocin hormones to support breast feeding and the emotional connection with you and your baby.



For more information, go to:

<https://www.unicef.org.uk > baby-friendly>

## Benefits for parents

- Promotes the release of oxytocin by fostering a deep emotional connection and a sense of well-being for both you and your baby.
- Lowers cortisol levels in both your baby and you, helping to reduce stress and anxiety.
- Encourages milk production and improves your chances of successful breastfeeding.

## Breastfeeding tips

- When you are breastfeeding, make sure you sit in a chair with good support and have your feet flat and resting on the floor.
- Sit back and relax your shoulders as you feed.
- Once you have a sustainable latch, place a pillow on your lap to help to lift your baby to the level of your breast, for a more comfortable and well-supported feeding position.



- You can also lie on your side to breastfeed, using pillows for comfort.

Bonding can look different for different families. It may happen quickly or develop gradually over time. There is no single right way to bond with your baby as this can be influenced by different things including your birth experience, your physical and emotional wellbeing, as well as your culture and background.

## Breastfeeding support

### Association of Breastfeeding Mothers

Helpline: **0300 330 5453**

[www.abm.me.uk](http://www.abm.me.uk)

### The Breastfeeding Network

National breastfeeding helpline: **0300 100 0212**

[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

### Le Leche League

Helpline: **0345 120 2918**

[www.laleche.org.uk](http://www.laleche.org.uk)

### National Childbirth Trust (NCT)

Support line: **0300 330 0700**

[www.nct.org.uk](http://www.nct.org.uk)

### Specialist Team for Infant Feeding

Princess Royal University Hospital hotline: **07866 927594**

## Feeding your baby formula milk

If you have decided to feed your baby formula milk and would like more information, go to:

[www.firststepsnutrition.org](http://www.firststepsnutrition.org)



We will give you a leaflet about formula feeding when you are discharged. Please make sure that the midwives and Infant Feeding Team discuss this with you before you leave the hospital. The leaflet has essential information about how to sterilise feeding bottles and prepare and store powdered milk.

For more information, read UNICEF's guide to bottle feeding. [www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life\\_guide\\_to\\_bottle\\_feeding.pdf](http://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life_guide_to_bottle_feeding.pdf)



## Reducing the risk of cot death

It is important to make sure that your baby is a comfortable temperature – not too hot or too cold. The chance of sudden infant death syndrome (SIDS) – also known as cot death – is higher in babies who get too hot.

A room temperature of between 16°C and 20°C – with light bedding or a lightweight, well-fitting baby sleep bag – is comfortable and safe for sleeping babies.

## How to check if your baby is too hot or too cold

Every baby is different and our advice on room temperature is intended as a guide. So while it's important to be informed about overheating, you need to check your baby regularly to see if they are too hot.

Feel your baby's chest or the back of their neck (your baby's hands and feet will usually be cooler, which is normal). If your baby's skin is hot or sweaty, remove one or more layers of bedclothes or bedding.

## Safe sleeping

Babies need a lot of sleep during the first few months of their lives, so it is important that they sleep as safely as possible.



Here we explain how you can greatly reduce the risk of SIDS, whether your baby is sleeping during the day or night. It can give you peace of mind when putting your baby down to sleep.

### **Things to do**

- ✓ Always place your baby on their back to sleep.
- ✓ Place them in their cot or crib so their feet are at the bottom.
- ✓ Ideally breastfeed your baby.
- ✓ Place your baby to sleep in a separate cot or crib in the same room as you for the first six months.
- ✓ Use a new, firm, flat, waterproof mattress.
- ✓ Use a baby sleep bag or blankets that are firmly tucked in and do not bring them up above your baby's shoulders.

### **Things to avoid**

- ✗ Do not smoke during pregnancy and after birth.
- ✗ Never sleep on a sofa or in an armchair with your baby.
- ✗ Do not sleep in the same bed as your baby if you smoke, drink, take drugs or are extremely tired, or if your baby was born prematurely or had a low birth weight.
- ✗ Avoid letting your baby get too hot. The room temperature needs to be between 16°C and 20°C. Always check your baby's body, never their hands or feet.
- ✗ Do not cover your baby's face or head while they are sleeping.
- ✗ Avoid using soft or bulky bedding
- ✗ Do not use cot bumpers or place teddies or toys in with your baby.
- ✗ Do not put hats on your baby when they are indoors.
- ✗ Do not use pods, nests or sleep positioners.

### **A note of reassurance**

It is important to understand that every family's circumstances are different, so please speak to your midwife, health visitor or other healthcare team about your situation.



The Lullaby Trust has more information on safe sleeping: [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)



## Your baby's skin and cord care

When caring for your baby, always wash your hands before and after. Your baby was born with very delicate skin and it is important to maintain its natural protective barrier. To do this you should use **plain water** only for your baby's skincare for at least the first month.

Babies are less able to cope with modern detergents, so use non-biological laundry detergent – powder, liquid or gel – and make sure you rinse their clothes well. One way of making sure clothes are rinsed well is not to overload your washing machine.

If you use a fabric conditioner, try to use one that does not have any colour and perfume.

We recommend you change your baby's nappy as regularly as necessary to keep their skin clean and dry. Clean and dry their nappy area at each change. Using things like nappy cream can make the nappy less able to soak up fluid and keep your baby's skin dry. Your midwife/GP will advise when you need to use a cream.

It can take up to a month after birth for your baby's cord to fall off. The cord has no nerves so this should not cause your baby any pain. It is best to leave the cord alone to dry out as this will improve healing.

Try to keep your baby's nappy below the cord because this will help the cord to dry out. If you need to clean the area around the cord, use plain water only and dry it well. If you think the cord area might be infected, take your baby to see your GP.



## Bathing and changing your baby

Make sure the surface on which you are changing your baby is waist height. This means you will not have to bend or strain your back. Try kneeling down to bathe your baby. Or your partner can pass your baby to you while you are in the bath.

Ensure that the water is warm but not hot, and that the room is warm. Check the water temperature with your wrist or elbow and ensure that it is well mixed. Before you bathe your baby, make sure you have towels and clothes nearby because babies get cold very quickly when wet.

## Warning signs of illness in newborn babies

Newborn babies have underdeveloped immune systems so they can quickly become seriously ill.

Please contact the hospital if your baby has any of the following symptoms:

- their skin looks yellow and jaundiced
- they are lethargic or irritable
- they are not feeding regularly
- they have a high temperature (fever)
- they have a rash
- they have sores on their skin, eyes and inside their mouth.

### **Call 999 immediately if your baby:**

- is listless and lacks energy
- is becoming floppy and unresponsive
- is difficult to wake up from sleep
- has breathing difficulties or starts grunting
- breathes rapidly
- has a blue tongue and skin (cyanosis)
- has projectile, heavily blood-stained, green or yellow vomit.



A baby can become unwell very quickly, so you need to act fast.

## Jaundice

Jaundice is common in newborn babies and causes their skin to have a yellow tinge. It happens because your baby is adapting to normal changes after birth. Generally, low-level jaundice is not a problem, but your midwife will monitor it closely to ensure it does not get worse.

Your baby will be offered a screening test to check the level of jaundice and may need light treatment (phototherapy) if it is high. You can help your baby by making sure they feed regularly. If they seem sleepy and not interested in feeding, contact the emergency numbers for advice (see page 36 contact numbers). Jaundice should start fading by the time your baby is two weeks old.

For more information, go to:



<https://www.nhs.uk/conditions/jaundice-newborn/symptoms>



<https://www.nhs.uk/conditions/jaundice-newborn>

## Eye problems

Your baby might have sticky eyes from time to time. Clean their eyes using a clean cotton wool ball dipped in breast milk or cooled boiled water. Wipe from the inside corner of their eye, sweep across to the outside corner and then throw away the cotton wool ball. Use a clean ball for each eye to avoid spreading possible infection. If the problem does not go away, or if their eyes look red and sore, see



your GP as it may need treatment.

## Rashes

**It is common for newborn babies to have various spots and rashes after birth.**

**Milia**, also known as milk spots, are small cream-coloured spots, usually on their nose. These are normal and do not need treatment.

**Erythema toxicum** is a blotchy red rash with pinhead-sized solid bumps (papules), particularly on your baby's body and limbs. It often appears within the first week after birth and disappears within a day or two. No treatment is needed.

**Heat rash** shows as reddened areas which usually disappear quickly when your baby cools down.

**Nappy rash** is where skin on your baby's buttocks is reddened, and sometimes raw, moist and shiny. It can happen when their skin is in contact with a nappy soaked in wee or poo for a long time. It can be very uncomfortable for them. You can avoid it by changing their nappy often and cleaning their skin between changes. Ask a healthcare professional for more advice on how to treat nappy rash.

**Meningitis rash** shows as red or purple spots which do not fade when you press a clear glass firmly against their skin. This can be serious and your baby needs urgent treatment. If you suspect a meningitis rash and your baby has a fever or is unwell, or if you are concerned, call 999 or take your baby to your nearest Emergency Department (A&E).

**Thrush** (*candida albicans*) shows as white, creamy-coloured raised spots on the surface of your baby's tongue and mouth. Sometimes it



can look like the remains of milk after a feed. Thrush can cause your baby some discomfort while they are feeding. They need anti-fungal medicine to treat it. Ask your GP for advice.

**Neonatal herpes** is a herpes infection in a young baby. It can be very serious for them because their immune system will not have fully developed to fight off the virus. It is caused by the herpes simplex virus, which is easily spread and causes cold sores and genital ulcers in adults. Babies are most at risk of getting a herpes infection in the first four weeks after birth.

The virus can be passed to your baby:

- through a cold sore if a person with a cold kisses them
- if you have a blister caused by herpes on your breast and you feed your baby with that breast or milk expressed from it.

Neonatal herpes is rare in the UK and can be prevented by following some simple advice.

- Do not kiss your baby if you have a cold sore. Cold sores and other blisters caused by the herpes virus are at their most contagious when they burst. They remain infectious until they are fully healed.
- Do not feed your baby if you have a blister caused by herpes on your breast and do not feed them with milk expressed from it.

## Coughs and colds

Most babies will catch a cold at some point in their first year. Sneezing in the first few days after birth is usually normal and not caused by

a cold. If your baby does catch a cold virus, they will have a blocked nose, mucous and coughing. Your doctor may prescribe saline (salt water) nose drops, but they will not usually give them antibiotics



because these do not work on viruses. Comfort your baby lots and keep them warm, without making them overheat.

Your GP can advise you on how to use paracetamol and other medicines to help ease your baby's cold. Colds usually get better in a few days but consult your GP if you are concerned.

## Vomiting

Before birth your baby may swallow fluid, blood, mucous or other material. It is normal for your baby to have watery or mucous vomits for the first 24 hours after birth, and these may even be streaked with some blood. They may also vomit small amounts of milk back up after feeding, which can be normal.

But if your baby has started vomiting large amounts after several feeds in a row they need to be checked. If your baby is vomiting a lot, or you are concerned, ask your midwife, GP or health visitor for advice. If you have serious concerns, call 999, or take your baby to your nearest Emergency Department (A&E).

## Diarrhoea

It is normal for your newborn baby's poo to change colour and texture over the first week of life. At first it will be green-black and sticky and is called meconium. It will gradually change to a soft yellow colour. If your baby's poo later becomes green and watery and smells different for more than 24 hours, consult your GP. See your GP sooner if your baby is not feeding well. If you are concerned, call 999, or take your baby to your nearest Emergency Department (A&E).

## Fever

Fever in young babies aged from birth to three months is usually caused by overheating, infection or dehydration. Do not overwrap



them, especially when they are in a warm room or a car. In particular, ensure they are not overwrapped when they are in bed. Give your baby regular breast feeds or formula.

For more information, go to:

<https://icon.mjbritton.co.uk/advice-for/parents>



## Other information

### Registering your baby's birth

- When your baby is born, you must register their birth with the local registrar in the area where the birth took place within six weeks (42 days). If you gave birth at **King's College Hospital, Denmark Hill**, you must book an appointment by calling Lambeth Register Office, tel **020 7926 9420**.
- If you gave birth at **Princess Royal University Hospital**, you must book an appointment by calling Bromley Register Office, tel **0300 3038667** or via email at [registrars@bromley.gov.uk](mailto:registrars@bromley.gov.uk)

### What do I need to tell the registrar?

To register the birth, you need to tell them:

- your baby's date of birth
- where they were born
- their full name
- the mother's full name and maiden name, if married or in a civil partnership
- the mother's job, address, date and place of birth.

### If you want the father's details to be included, they need to know:

- the father's full name, date and place of birth, job and address
- if the parents are married, the date of the marriage or civil partnership.



If the parents are not married or in a civil partnership and both wish to be on the birth registration, then both will need to attend this appointment.

## What will I get when I register the birth?

Once you have registered the birth, you will be able to buy copies of the birth certificate. The registrar will give you a form so you can register your baby with your GP.

## Where can I register the birth?

If your baby was born in hospital, you should register their birth at the local register office. If you cannot go there, you can go to another register office. This will send your details to the original register office,

which will send you the birth certificate and other documents by post. To find your nearest register office, go to [www.gov.uk/register-offices](http://www.gov.uk/register-offices)

## Useful organisations



### The Lullaby Trust

Information and advice: **0808 802 6869**

[www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)



### Smoke free

[www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)



### Association for Postnatal Illness

Helpline: **020 7386 0868**

<https://apni.org/contact>





### **Twins Trust**

<https://twinstrust.org/information/parenting>



### **Real Nappies for London**

[www.realnappiesforlondon.org.uk](http://www.realnappiesforlondon.org.uk)



### **Cry-sis**

Helpline: **08451 228 669**

[www.cry-sis.org.uk](http://www.cry-sis.org.uk)



### **National Childbirth Trust (NCT)**

Support line: **0300 330 0700**

[www.nct.org.uk](http://www.nct.org.uk)



### **Medela breast pump hire**

[www.medela-rental.co.uk](http://www.medela-rental.co.uk)



### **Ardo Medical Ltd**

Tel: **01823 336 362**

[www.info@ardomedical.co.uk](mailto:www.info@ardomedical.co.uk)

If you would like to hire a breast pump, please ask the Infant Feeding Team for a discount code.



### **Bladder & Bowel Foundation**

Helpline **0845 345 0165**

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)



## King's Maternity and Neonatal Voices Partnership (MNVP)

MNVP meets every two months – either at one of the hospitals or in a local children's centre – to discuss and improve maternity services at King's College Hospital NHS Foundation Trust sites. It brings together parents, doctors and other health professionals to work together to improve patient care. Sharing your experience can help to make our service safer, more supportive and centred around the needs of birthing people, newborn babies and families.

If you would like to get involved in the MNVP, please ask your midwife for more information, or read the King's Maternity Voices leaflet on your BadgerNet app or the Maternity service page on the relevant website:

- King's College Hospital, Denmark Hill: [www.kch.nhs.uk](http://www.kch.nhs.uk)
- Princess Royal University site: [www.pruh.kch.nhs.uk](http://www.pruh.kch.nhs.uk)

## MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care.

To sign up or for help, call us on **020 3299 4618** or email **kings.mychart@nhs.net**. Visit [www.kch.nhs.uk/mychart](http://www.kch.nhs.uk/mychart) to find out more.

## Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit [www.kch.nhs.uk](http://www.kch.nhs.uk).



## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## PALS

The Patient Advice and Liaison Service (PALS) offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.

Tel: **020 3299 4618**

Email: **[kings.pals@nhs.net](mailto:kings.pals@nhs.net)**



## Useful phone numbers

### King's College Hospital, Denmark Hill

- Maternal Assessment Unit (MAU), 8.30am – 6pm, Monday to Friday, tel: **020 3299 8197**
- Nightingale Birth Centre (labour ward), tel: **020 3299 3222**
- William Gilliatt Ward (antenatal and postnatal), tel: **020 3299 3402**
- Community Midwives Centre, 9am – 5pm, tel: **020 3299 3548**

### Princess Royal University Hospital

- Maternity Assessment Unit (MAU), 24 hours a day, seven days a week, tel: **01689 863572**
- Delivery Suite (labour ward), tel: **01689 864839**
- Oasis Birth Centre, tel: **01689 864750**
- Maternity ward (antenatal and postnatal), tel: **01689 864918/9**
- Community Midwives, Orpington base, 9am – 5pm, tel: **01689 864818**
- Community Midwives, Queen Mary's base, 9am – 5pm, tel: **020 39107290**
- Specialist Team for Infant Feeding hotline tel: **07866 927594**