

# After the birth of your baby

Information and advice for parents

## Maternity

Mums sticker

### Your appointments

After the birth of your baby, you will still have appointments with us. This is so we can discuss your postnatal care plan, check both you and your baby are doing well, and give you advice and support for any concerns you may have.

Date	Time	Place	Reason	With whom

### Your care

Congratulations on the birth of your baby. We hope you enjoyed your experience of having your baby with us. This leaflet aims to give you advice about what will happen and what you need to know after the birth of your baby.

We will fully involve you in planning your care after the birth of your baby and we can be flexible to meet your needs. We believe that good communication is key at this time and your care is individual to you.

### Going home

Car seats are not safe sleep spaces if they are used for long periods of time. Take your baby out of the car seat when you get home even if they are asleep.

## Visits from the midwife

- If you are not going to your home address you must tell the midwife before you leave as the community midwife will visit or call you at home the next day.
- When your baby is 5 days old the midwife/maternity support worker will visit again to take your baby's blood spot test.

## Newborn Blood Spot Screening: Day 5

Bloods taken for:

- Sickle Cell Disease
- Cystic Fibrosis
- Congenital Hypothyroidism
- Phenylketonuria (PKU)
- Medium-Chain Acyl-CoA dehydrogenase deficiency (MCADD)
- Maple Syrup Urine Disease (MSUD)
- Isovaleric Acidaemia (IVA)
- Glutaric Aciduria type 1 (GA1)
- Homocystinuria (HCU)
- Hereditary Tyrosinaemia T1 (HT1)

Baby DOB:

Newborn Blood spot due on Day 5:

Please contact your midwife if you have not received an appointment for day 5 or contact the Community midwifery office on 0121 507 3774

Any other queries about the day 5 blood spot test please contact the Newborn Screening team: 0121 507 5775/ 07814 229052/ 07967 891786

## Serious symptoms to report after birth for you

A table listing symptoms of something that might be serious. If you have any of these symptoms you should tell your GP straight away:

Symptoms	What it could be
Pain, swelling or redness in the calf muscle of one leg	deep vein thrombosis (DVT)
Pain in your chest, difficulty breathing	pulmonary embolism
Sudden or very heavy blood loss from your vagina, possibly feeling faint, rapid heart beat	postpartum haemorrhage
High temperature, sore and tender tummy	infection
Headache, changes in your vision, vomiting	pre-eclampsia

## Other symptoms for you

**Nipple pain:** Breastfeeding should not be painful. If you are experiencing nipple pain throughout the breastfeed or your nipples are becoming, sore get help from your midwife or the breastfeeding support contacts in this leaflet. With a deep latch breastfeeding should be comfortable.

**Breast tenderness:** Your breasts may feel tender especially around day three when your milk supply increases. It is okay to feeding your baby if your breasts feel full or uncomfortable even if they are not showing rooting cues. If you are not breastfeeding avoid stimulating your breasts and your milk supply will reduce.

**Mastitis** is a swollen area on your breast that may feel hot and painful to touch – the area may become red but this can be harder to see if you have black or brown skin. You may feel like you have the flu. It is okay to carry on breastfeeding but get help and support with feeding as mastitis often happens when there is a feeding problem. Contact your GP if your symptoms do not start to get better after 12 hours. Visit the NHS website for more information.

**Tiredness, backache and minor aches and pains - these are normal to experience following birth – if you are concerned please talk to your midwife when you see her.**

**Baby blues** – most new mums experience this and find that they can be quite tearful for two or three days. This is normal, you should get plenty of rest and make sure you are eating and drinking a healthy diet.

**Postnatal depression** – this affects 10-15 out of 100 new mums. If you find that you are suffering from anxiety, sleeping and eating difficulties, difficulty coping and loss of interest in yourself and baby please see your GP – the sooner you seek help the better.

## Potentially serious illness in a newborn baby

**Potentially Serious Symptoms:** If your baby has any of the following symptoms, you should seek medical help as soon as possible: Call your GP practice, NHS 111 or go to Urgent care (walk-in) centre or your nearest Accident & Emergency Department:

- Has an unusual cry e.g. a continuous, high pitched or weak cry.
- Looks pale or has blotchy, mottled or ashen skin.
- Is more sleepy or feels floppy when you pick him/her up.
- Vomits a large amount of feed regularly and/or the vomit is green in colour.
- Is not feeding regularly (at least 6-8 times per day after 24 hours of age) or you are concerned that he/she is not feeding as much as normal.
- Has fewer wet nappies than normal or passes blood in his/her poo.
- Feels hot to touch with a temperature of 38°C or more OR feels cold to touch with a temperature of 36°C or less.
- Has difficulty breathing, e.g. breathing rapidly, making noises while breathing or working hard to get their breath and is sucking their stomach in under their ribs.

**Potentially Life Threatening Symptoms You should call 999 for an emergency ambulance if your baby:**

- Stops breathing or goes blue.
- Will not wake up.

- Has glazed eyes and is not able to focus on anything.
- Has a fit – even if they recover.
- Has a purple rash that does not fade with pressure (glass test).
- You think someone may have injured your baby.

## **Sudden Infant Death Syndrome (SIDS) and safe sleep**

Sudden infant death syndrome (SIDS) – sometimes known as “cot death” – is the sudden, unexpected, and unexplained death of an apparently healthy baby.

Most deaths happen during the first 6 months of a baby’s life.

Babies born prematurely or a low birthweight are more at risk.

Although the cause of SIDS is not fully understood, there are several things you can do to reduce the risk.

## **What can I do to help prevent SIDS?**

### **Do:**

- Always place your baby on their back to sleep.
- Place your baby in the “feet to foot” position – with their feet touching the end of the cot, Moses’s basket, or pram.
- Keep your baby’s head uncovered – No hats in doors their blanket should be tucked in no higher than their shoulders.
- Let your baby sleep in the same room as you for the first 6 months.
- Make sure there are no pillows or duvets near your baby if you share a bed with them.
- Keep other children and pets out of the bed if you share a bed with your baby.
- Use a mattress that’s firm, flat, waterproof and in good condition.
- Breastfeed your baby if you can.
- Make sure you use a sling or baby-carrier safely –  
**[www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings](http://www.lullabytrust.org.uk/safer-sleep-advice/swaddling-slings)** The Lullaby Trust has more information.

### **Do not:**

- Do not share a bed with your baby if you or your partner smoke or take recreational drugs, has drunk alcohol or have taken medicine that causes drowsiness.
- Do not share a bed with your baby if they weighed under 2.5kg when they were born.
- Do not smoke during pregnancy or let anyone smoke in the same room as your baby – both before and after birth.
- Do not sleep on a sofa or armchair with your baby.
- Do not let your baby get too hot or too cold – a room temperature of 16C to 20C, with light bedding or a lightweight baby sleeping bag, will provide a comfortable sleeping environment for your baby.
- Car seats should only be used for transport and not as an alternative for cots or high chairs. It’s OK for your baby to fall asleep in a car seat when travelling, but they should be taken out as soon as you get home or to your destination, and placed onto a firm, flat surface to sleep.

## Sex and contraception

It's possible to become pregnant again very soon after the birth of a baby, even if you're breastfeeding and even if your periods have not returned.

### Contraception choices immediately after birth

At any time after the birth of your baby, as long as you have no medical risks, you can use:

- A contraceptive implant (more than 99% effective).
- A contraceptive injection (more than 99% effective).
- The progestogen-only pill (99% effective if taken correctly).
- Male condoms (98% effective if used correctly).
- Female condoms (95% effective if used correctly).

Or, you can choose to have an IUD (intrauterine device) (more than 99% effective), or an IUS (intrauterine system) (more than 99% effective) inserted within 48 hours of the birth.

If an IUD or IUS is not inserted within 48 hours, you'll usually be advised to wait until 4 weeks after the birth.

### 3 weeks after birth

If you're not breastfeeding and your healthcare professional has checked you have no medical risk factors for a blood clot in a vein, you can start to use the:

- Combined pill (more than 99% effective if taken correctly).
- Vaginal ring (more than 99% effective if used correctly).
- Contraceptive patch (more than 99% effective if used correctly).

But if you're breastfeeding, have certain health conditions, or a risk of blood clots, you'll usually be advised to delay using the combined pill, ring or patch until at least 6 weeks after the birth.

### 4 weeks after birth

If you did not have an IUD or IUS inserted within 48 hours of the birth, you can have one inserted later. But you'll usually be advised to wait at least 4 weeks after the birth.

### 6 weeks after birth

If you're breastfeeding or you've developed certain medical conditions during pregnancy or delivery, you'll need to wait until at least 6 weeks before you can use the:

- Combined pill.
- Vaginal ring.
- Contraceptive patch.

You can usually start using a diaphragm or cap (92% to 96% effective if used correctly) around 6 weeks after giving birth.

If you used a diaphragm or cap before becoming pregnant, see a GP or a doctor or nurse at a contraception clinic after the birth, to make sure it still fits correctly.

This is because childbirth and other factors, such as gaining or losing weight, can mean you need a different size.

You'll also be asked about contraception at your postnatal check, which happens 6 to 8 weeks after the birth. But you can discuss it at any time including while you're still pregnant with a health care professional.

## **Registering the birth of your baby**

By law, you must register the birth of your baby by 6 weeks.

### **Babies born in Birmingham**

If your baby was born at the Delivery Suite or Serenity Suite at City Hospital, or you had a home birth in Birmingham, you can register your baby at Birmingham Register Office. For more information please contact the register office.

#### **For Births within Birmingham City Council Area**

Birmingham Register Office

Holliday Wharf

Holliday Street

Birmingham B1 1TJ

Call 0121 675 1000

OR book online at [www.birmingham.gov.uk/registeroffice](http://www.birmingham.gov.uk/registeroffice)

#### **For Births within Sandwell Council Area**

Sandwell Register Office

High Street

West Bromwich B70 8RJ

Call 0121 368 1188

OR book online at [www.sandwell.gov.uk](http://www.sandwell.gov.uk)

The registration of your baby is free of charge, however a fee is payable for any birth certificates that you require.

## **6 - 8 week Post Natal Check**

At 6 - 8 weeks, you will need to make an appointment with your GP for a full check over for you and your baby.

They should discuss how you are feeling in yourself.

## **Questions to ask my midwife**

Use this space to write down any questions you want to ask your midwife:

## Useful contacts

For more help and information contact the following:

### National contacts

**ARC** Antenatal Results and Choices charitable organisation.

Tel: 0207 713 7486 [www.arc-uk.org](http://www.arc-uk.org)

**Contact** For families with children with disabilities.

Tel: 0808 808 3555 [www.contact.org.uk](http://www.contact.org.uk)

**Drinkline** Tel: 0300 123 1110

### Feeding information and support on feeding your baby:

Breastfeeding/Mixed feeding:

- National Breastfeeding Helpline.  
Tel: 0300 100 0212 7 days a week 9.30am to 9.30pm
- La Leche League Breastfeeding Tel: 0345 120 2918
- National Childbirth Trust Breastfeeding. Tel: 0300 330 0700

Formula feeding:

- First Steps Nutrition information for parents and carers on Infant milks and making up feeds [www.firststepsnutrition.org/parents-carers](http://www.firststepsnutrition.org/parents-carers)

**FRANK** Drugs helpline Tel: 0300 123 6600

**NHS A to Z of health:** [www.nhs.net](http://www.nhs.net)

**NHS Urgent helpline** Tel: 111

**NHS Smokefree** National Helpline for help to stop smoking.

Tel: 0300 123 1044

### Local contacts

#### Feeding information and support on feeding your baby:

- Infant Feeding team at City Hospital: Telephone support and weekly clinic appointments available. Tel: 0781 606 1633
- Sandwell Breastfeeding Network BFN: 07505 775 357
- Birmingham Forward Steps: Call your local children's centre to arrange support.  
[www.bhamforwardsteps.co.uk](http://www.bhamforwardsteps.co.uk)

**Acacia** - supporting with pre and postnatal depression in Birmingham and parts of Sandwell.

Tel: 0121 301 5990 [www.acacia.org.uk](http://www.acacia.org.uk)

**Birmingham Women's Aid** Tel: 0808 800 0028

**Black Country Women's Aid** Tel: 0121 552 0090

**Birmingham Settlement** Tel: 0121 250 0777 For people suffering financial difficulty, isolation or social exclusion. [www.birminghamsettlement.org.uk](http://www.birminghamsettlement.org.uk)

#### Citizens Advice Bureau:

Birmingham: 0344 477 1010      Sandwell: 0300 330 9017

**Swanswell** - Assistance for people with alcohol and drug problems with housing and social related issues. Tel: 0121 633 1750

## Sources of information for this leaflet

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## Postnatal conversation

Date:

Completed by:

Time:

### All mothers are offered support to:

Tick

Appreciate the importance closeness and responsiveness for mother and baby wellbeing

Hold their baby for feeding

Understand responsive feeding /feeding cues

### Breast feeding mothers are offered support to:

Hand express

Value exclusive breastfeeding

Understand how to know their baby is getting enough milk

Access help with feeding when at home

### Local feeding support:

Infant feeding team 07816061633

Sandwell Breastfeeding Network 07505775357

Birmingham Forward Steps: contact your local children's centre

### Mothers who formula feed are offered support to:

Sterilise equipment and make up feeds

Feed their baby first milks

Limit the number of people who feed their baby (1-2)

Understanding the danger of prop feeding

### Responsive bottle feeding

Feeding cues

Hold baby close and have eye contact/never prop feed position of teat during feed

Breaks during feeds

Cues for finishing feeds/avoid over feeding

## Useful QR codes

### Breastfeeding

How to hand express



How to breastfeed comfortably:



Is your baby getting enough milk?:



### Bottle feeding

Responsive bottle feeding:



Making up feeds



**STORK; Supportive Training, Offering Reassurance and Knowledge to parents, carers and families.**



## Add further information

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

(Websites accessed 1 July 2024)

## Newborn screening feedback



If you would like to suggest any amendments or improvements to this leaflet please contact SWB Library Services on ext 3587 or email [swbh.library@nhs.net](mailto:swbh.library@nhs.net).



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