



Saint Mary's Hospital
Maternity Unit

Caring for your new baby

Information For Patients



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Introduction

Caring for your baby can be daunting for new parents, but it is important to know that you are far from on your own. You will have planned visits from your community midwife beginning one day after discharge from hospital. This will involve a discussion regarding your individual needs and a plan of care for you and your baby.

Looking after yourself and taking the time to rest will make it easier to look after your baby.

This leaflet is designed to help you enjoy your new baby by providing a few basic tips and a list of things to look out for. However, if you have any concerns at any time, please feel free to speak to your midwife or health visitor.

Contact numbers:

Community Midwife: _____

Health Visitor: _____

Baby led feeding

Baby led feeding, or demand feeding, is feeding your baby when they are awake and hungry, rather than being lifted from sleep and routinely fed.

Your baby is born with the instinct to let you know when they are ready for a feed. If you offer them a feed at this time they will be much more likely to feed effectively than if you wait until they cry. Your midwife will help you recognise the cues to look for, such as moving their eyes rapidly, wriggling or waving, rooting, sucking fists or blanket, etc, or making murmuring noises.

To maximise your milk-producing potential, you need to make sure you put your baby to the breast every time they ask. You also need to make sure that they are well attached so that milk is effectively removed. This will help ensure that your body produces enough milk supply to meet your baby's demands.

If you have chosen to bottle feed your baby, your midwife will advise you how to safely clean/sterilise, make up and store the feeds. Your Paediatric Child Health Record (red book) also contains advice regarding breast and bottle feeding.

Skin-to-skin contact

As soon as possible after the birth, you will be encouraged to spend time holding your baby against your skin.

Skin-to-skin contact helps you feel close to your baby, and feel more confident with them. This will keep your baby close, warm and calm, and it will steady their breathing. It's also a great time to start your first breastfeed because your baby will be alert and keen to feed. If you need any help, your midwife will offer support with positioning and attachment.

Spending some time quietly holding your baby in skin-to-skin contact is good at any time – for dads as well as mums – and provides an opportunity to bond with your baby. It will help to

comfort you and your baby over the first few days and weeks as you get to know each other.

If you have had a caesarean birth, or have been separated from your baby for a while after the birth, you will both still benefit from skin-to-skin contact as soon as you are able.

Rooming in

Rooming in after birth is when your baby stays in your room with you. Rooming-in with your baby allows you to get acquainted with your baby and helps you to learn your baby's cues: how they respond when hungry, tired, or want to be held. This is particularly important at night and allows you to feed your baby as soon as they are ready without either of you being disturbed too much.

Research has shown that rooming in has many benefits including:

- Baby sleeps better and cries less. It is less stressful for the baby.
- Mother's milk comes in sooner.
- Baby feeds more often and gains weight better.
- Baby develops less jaundice.
- Women exclusively breastfeed longer and continue to breastfeed for a longer period.
- You can get to know your baby better.
- You become more confident and better prepared to take care of your baby.
- You can learn to recognise your baby's feeding cues.

Rooming in is encouraged whilst you are still in hospital and we would recommend that you continue to share your room with your baby when you go home, particularly at night, for at least six months.

Ways to wake a sleepy baby

If there are concerns that your baby may have slept too long, you can gently rouse your baby by providing tactile stimulation such as changing the nappy, massaging their hands and feet, gently rubbing their back or walking your fingers up and down their spine. Or you can place your baby in the skin-to-skin position.

Ways to settle a crying baby

All babies cry, and some cry a lot. Crying is your baby's way of telling you they need comfort and care. Sometimes it's easy to work out what they want, and sometimes it isn't. The most common reasons are:

- Hunger
- A dirty or wet nappy
- Tiredness
- Wanting a cuddle
- Wind
- Being too hot or too cold
- Boredom
- Overstimulation

There may be times of the day when your baby tends to cry a lot and can't be comforted. Early evening is the most common time for this to happen. This can be hard for you as it's often the time when you are most tired and least able to cope.

Try some of the following ways to comfort your baby. Some may be more effective than others:

- Check to see if their nappy needs changing.
- If you are breastfeeding, let your baby suckle at your breast.

- If you are bottle feeding, give your baby a dummy. Sterilise dummies as you would bottles. To avoid tooth decay, don't dip them in anything sweet. Some babies find their thumb instead.
- Later, some may use a bit of cloth as a comforter.
- Hold your baby or put them in a sling so that they're close to you. Move about gently, sway and dance, talk to them and sing.
- Rock your baby backwards and forwards in the pram, or go out for a walk or a drive. Lots of babies like to sleep in cars. Even if they wake up again when you stop, at least you'll have had a break.
- Find something for them to listen to or look at. This could be music on the radio, a CD, a rattle or a mobile above the cot.
- Try stroking your baby's back firmly and rhythmically, holding them against you or lying face downwards on your lap. You could also undress your baby and massage them with baby oil, gently and firmly. Talk soothingly as you do it and keep the room warm enough.
- Try a warm bath. This calms some babies instantly, but makes others cry even more.
- Sometimes, rocking and singing can keep your baby awake. You might find that lying them down after a feed will help.

Taking your baby out safely

As soon as you feel ready, it's fine to take your newborn baby for a short walk in their pushchair. Just be sure to dress them appropriately for the weather and don't keep them outside for too long.

Most parents tend to overdress their babies. Just give them one more layer than you need yourself to feel comfortable. If your baby gets too hot or too cold, they will probably tell you by getting fretful and starting to cry.

Don't forget to add or take layers off when needed. Your baby may need a snuggle suit or a blanket while out in the pram. But if you go into a warm room or shop, unwrap your baby for a while, just as you would take off your own coat.

Car travel

It is illegal in the UK for anyone to hold a baby whilst travelling in a car. The only safe way for your baby to travel in a car is in a properly secured, backward-facing baby seat or in a carry cot (not a Moses basket) with the cover on and secured with special straps. If you have a car with air bags in the front your baby should not travel in the front seat (even facing backwards) because of the danger of suffocation if the bag inflates.

Bathing

During the early weeks you do not need to bath your baby every day. You can keep your baby clean by using a bowl of warm water and separate pieces of cotton wool to wipe your baby's face and nappy area – called topping and tailing. Bath time can be a special time for playing with your baby and at some point will form part of your baby's bedtime routine, but for now, it's important not to do too much for your benefit and your baby's.

Common health concerns in newborn babies

Some physical conditions are especially common during the first couple of weeks after birth. If you notice any of the following in your baby, contact your community midwife or health visitor.

1. Jaundice (yellowish colouring of the eyes and skin) or pale stools

Contact your midwife or health visitor as soon as you notice jaundice. Depending on the age of your baby and the depth of the jaundice, they will decide on what action, if any, is required.

2. Nappy rash

If your baby has a mild nappy rash, they will not normally need any medication or specialist treatment. Instead, there are steps you can take to safely treat the rash at home:

- **Leave your baby's nappy off as long as possible**

Not putting a nappy on your baby will help them to stay dry and avoid contact with faeces or urine. It is usually most convenient to leave your baby's nappy off when they are asleep. You can lay them on an absorbent towel or somewhere where you can easily manage any soiling or wetting.

- **Avoid using soaps when cleaning your baby's skin**

Only use water to clean your baby's nappy area in between changes. Use a soft material, such as cotton wool or a soft towel, when drying. Dab the affected area carefully and avoid rubbing their skin vigorously.

Avoid bathing your baby more than twice a day. Experts think this may dry out their skin and cause a more severe nappy rash.

- **Apply a barrier cream every time you change their nappy**

Using a barrier cream or ointment after each nappy change will reduce the contact that your baby's skin has with urine and faeces. Zinc cream, zinc oxide ointment and petroleum jelly are all suitable barrier creams. Ask your pharmacist for advice about which cream is most suitable for your baby.

- **Change your baby's nappy frequently**

To lower the risk of your baby getting nappy rash, change your baby's nappy as soon as they wet or soil it. If your baby has nappy rash, make sure you change their nappy more frequently than you normally would.

- **Consider changing the type of nappy you are using**
If you are using disposable nappies, use one that is highly absorbent. However, these are often more expensive than other nappies. If you cannot use high-absorbency nappies, make sure you change the nappy frequently; ideally, as soon as your baby wets or soils it.

If your baby has severe nappy rash, this may require medical treatment and you will be advised to visit your GP for guidance and treatment. Your GP will first check that you have been carrying out the skin care routines advised for a mild nappy rash (see above).

Once your GP is satisfied that the correct skin care routines are being followed, they usually prescribe some topical medicines to treat the rash. 'Topical' means that the medicine is applied directly to the affected area (in this case, the nappy area).

3. Thrush (a common fungal infection) in the mouth or on the bottom

Mild thrush infections in babies often clear up after a few days without treatment. However, if you are concerned, visit your GP or ask your health visitor for advice. You may be given antifungal cream or gel to use.

4. Constipation in a bottle-fed baby

Speak to your midwife or health visitor who will check the preparation quantity, frequency and composition of feeds.

5. Diarrhoea

Speak to your midwife or health visitor who should check your baby and give advice.

6. Excessive and inconsolable crying

Speak to your midwife or health visitor who should check your baby for possible causes of the crying, including colic (see below).

7. Colic

Colic is the medical term for excessive, frequent crying in a baby who appears to be otherwise healthy and well fed. It is a poorly understood yet common condition, and affects around one in five babies.

If your baby has colic, they may appear to be in distress. However, the condition is not harmful, and your baby will continue to feed and gain weight normally. There is no evidence that colic has any long-term effects on a baby's health.

Speak to your midwife or health visitor. It may help to hold your baby through the crying episode and sometimes speaking to other people in the same situation may help.

If your baby is bottle-fed you may be offered a special type of formula milk, but this should only be used with the supervision of your healthcare professional.

Signs and symptoms of an unwell baby

Symptom	Action required
<p>If your baby:</p> <ul style="list-style-type: none"> • Stops breathing or goes 'blue'. • Becomes unresponsive or floppy. • Cannot be woken. • Starts fitting. 	<p>Dial 999 for urgent medical attention</p>
<p>If your baby hasn't passed meconium (the first stool of the newborn) within 24 hours of being born:</p>	<p>Contact your Community Midwife to review your baby</p>
<p>If your baby:</p> <ul style="list-style-type: none"> • Emits a high pitched or weak cry. • Grunts with each breath. • Has lost their appetite. • Keeps vomiting persistently or has a green vomit. • Has a high fever • Has reduced urine output 	<p>Contact your Community Midwife, Healthcare Visitor or GP for a medical review.</p>

Supervisors of Midwives

All Midwives are supported by a Supervisor of Midwives whose aim is to ensure the safety and wellbeing of you and your baby. If you have any issues regarding your pregnancy or maternity care you can contact a Supervisor of Midwives at any time, day or night on:

Tel: (0161) 276 1234 (Ask for bleep number 6060)

Further information

NHS Choices www.nhs.uk

Suggestions, Concerns and Complaints

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
- Log onto the NHS Choices website www.nhs.uk – click on 'Comments'.

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: (0161) 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

Please use this space to write down any questions or concerns you may have.

No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Central Manchester site.

For advice and support on how to give up smoking, go to <http://www.nhs.uk/smokefree>.

Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.

تتص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصدقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان ، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کرسکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

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我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。



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