

Early days after you have your baby

Introduction

The following information describes the care for you and your baby immediately following the birth and during the early days afterward.

Care of your baby at birth

In the first minutes following the birth your healthy baby will usually clear his/her own airways. The newborn baby should be dried with pre-warmed towels and held next to your skin and covered with a dry warm blanket.¹

Apgar score

Following the birth of your baby, the doctor/midwife will be regularly assessing your baby's overall condition, including your baby's breathing, heart rate and colour and activity (tone) and temperature. At one and five minutes, a score, known as the 'Apgar score', is assigned to your baby to quantify this assessment. The highest Apgar score is 10.

The Apgar score is simply an indication of how well your baby has made the transition from intrauterine life to extrauterine life. The Apgar score is not used to guide the need for resuscitation, the amount of resuscitation or when to start various resuscitation measures. For example, if your baby requires assistance to clear his/her airways, your doctor/midwife will not wait for the Apgar score to be calculated before helping your baby.²

Although some babies will receive a low Apgar score at one minute, this does not necessarily mean that the baby will have ongoing problems.

Early contact between mother and baby after birth has important benefits for maternal behaviour, bonding, breastfeeding outcomes (both soon after birth and breastfeeding two to three months later) and infant crying.¹ These benefits are not just for mothers planning to breastfeed. Because of this it is recommended that within 30 minutes of birth, mothers have skin contact with their babies for at least 30

minutes and are assisted by staff to initiate breastfeeding.

It is recommended that women not be separated from their baby after birth unless there is an unavoidable medical reason. If you intend to breastfeed, your baby should be left with you to breastfeed whenever he/she shows signs of readiness.

Newborn vitamin K

Vitamin K is essential to help the blood to clot. Babies and adults make their own Vitamin K from normal flora in the bowel, however babies may be deficient in vitamin K at birth. This deficiency of vitamin K can cause a rare condition called 'Vitamin K Deficiency Bleeding' (VKDB). Although rare, VKDB may cause bleeding during the first weeks after birth.³

It is recommended that one dose of vitamin K given by injection to your baby soon after birth is the most reliable way to prevent VKDB.

Alternatively, vitamin K can also be given in three doses by mouth over three weeks.³ In Australia, more than 95 per cent of newborn babies are given vitamin K by injection at birth. Of the remaining five per cent, most have three doses of vitamin K by mouth over three weeks.³

Hepatitis B immunisation for babies

Hepatitis B is a serious disease caused by a virus that affects the liver. Hepatitis B is spread through contact with infected blood and other body fluids such as saliva. If you have hepatitis B, your baby will be at very high risk of being infected at birth. In addition, your baby may be exposed to hepatitis B anytime after birth. To prevent this exposure resulting in infection, it is recommended your baby is immunised soon after birth and during infancy.⁴

Your doctor/midwife will discuss hepatitis B immunisation during your pregnancy or soon after the birth of your baby. If you choose to have your baby immunised, the first dose of

hepatitis B vaccine will be given to your baby before you leave hospital. To complete the immunisation, another three doses of the vaccine are given in the first year of life.

Immunisation infoline (Tel: 1800 671 811)

Newborn screening test

The newborn screening test is routinely performed on all babies born in Victoria. It is carried out on a blood sample taken from your baby's heel between 48 and 72 hours after birth. The blood is examined to detect a number of rare, but important inherited conditions including phenylketonuria, congenital hypothyroidism, cystic fibrosis and twenty other metabolic conditions. Less than 0.1 per cent of babies tested are diagnosed with one of these conditions as a result of newborn screening, and early detection enables early and appropriate treatment for those babies.⁵

The hospital where your baby is born or the midwife responsible for your care will make sure you are offered the newborn screening test for your baby either during hospital stay or at home. Your verbal consent will be obtained before performing the test. If you decline the test for your baby, you will be required to sign a written statement that you understand the potential risks.⁵

Although most test results are usually available within two to three days of the sample arriving at the laboratory, 'normal' results are not communicated to the parents. This is because 98 per cent of results are normal. Parents of the two per cent of babies who require further tests will be contacted, for example, when tests need to be repeated (because there is insufficient/contaminated test sample or when results are borderline) or the result is clearly indicative of a disorder.⁵ The card with the blood sample is securely stored at Genetic Health Services, Victoria, according to government regulations.

Common concerns about babies

The first few days of nappies

Your baby's first bowel motions will be a thick, dark, sticky substance called 'meconium'. The colour and consistency changes over the first two or three days to become lighter green, then mustard in colour. It can be either paste or curds (cottage cheese) in consistency.

Your baby may pass urine at birth, or just once or twice in the first 24 hours following birth. As your baby's intake of fluid increases, the number of wet nappies each day will increase to six to eight wet nappies each day (once your milk has come in).

Jaundice

It is not uncommon in newborn babies to have 'jaundice' (yellowing of the skin) that appears on the second or third day. In the majority of cases, this is considered normal and will disappear over a few days. However in cases where the baby has jaundice which lasts longer or is more pronounced, your doctor/midwife will recommend a blood test be taken to measure the level of bilirubin (which causes the yellowing of the skin) and an appropriate treatment will be started.

The most common treatment for jaundice is phototherapy where your baby is placed in a warm isolette under blue lights. Treatment usually lasts one or two days. To maximise exposure to the lights, your baby will be undressed and wear eye protection only. To prevent dehydration and increase the bilirubin excretion, your baby will require regular feeding every three to four hours.⁶

Rashes

Newborn babies often have a rash appear in the first hours and days after birth. It is recommended your doctor/midwife assess whether this is normal or requires treatment.

Cord

After the birth, the baby's cord is clamped and cut once it stops pulsating. A few days after the birth, the small dried piece of cord will fall off –

this painless. It is recommended that to care for your baby's umbilical cord, you should simply keep it clean and dry and out of the nappy. Do not apply antiseptics or antibiotics to the cord unless prescribed by a doctor or midwife.⁷

Looking after yourself

After you have had your baby you will experience a number of physical and emotional changes. Some of these are normal and resolve on their own. Others may result in minor or more serious problems.

The following information is not exhaustive and provides a very brief overview of a few of the problems experienced in the early days after the birth of your baby.

Bleeding after the birth

You will experience some vaginal bleeding in the first few weeks after the birth of your baby. This is considered normal. However, contact your doctor/midwife if you:

- are concerned about the amount of bleeding
- pass any clots
- bleed for more than four weeks
- recommence bleeding.¹

Afterpains

For the first two to three days following the birth, you may experience contraction like pains, especially while breastfeeding your baby. These are considered normal, and can be relieved by non-prescription tablets. However if you are concerned about the amount of pain, contact your doctor/midwife.

Soreness and stitches

During the birth you may sustain a tear or require a cut to the perineum that necessitate stitches. It is important to keep the area clean and dry, changing sanitary pads frequently, washing hands before and after doing this.¹

Rectal suppositories have been shown to be effective in bringing relief of perineal pain for up to 24 hours after the birth. Other measures

including cold compresses to the perineum and paracetamol may also bring some relief.¹

If you have difficulty passing urine or these methods of pain relief are not effective please inform your doctor/midwife.¹

How will you feel after the birth

The achievement and fulfilment of giving birth will often make you feel quite elated during the first hours following the birth. At the same time you will be exhausted!

These feelings may be coupled with anxiety about your knowledge and understanding about caring for your new baby. Remember to ask for help and support from your partner, family, friends, midwife and the maternal child health nurse. Regular gentle exercise, rest times and getting some help with caring for your baby can also help you feel better.¹

Your physical and emotional changes following the birth of your baby can cause you to experience mood changes which should resolve by 10-14 days after the birth. If you are still feeling tearful, anxious or low mood, please advise your maternal child health nurse/doctor.¹

References

¹ National Institute for Health and Clinical Excellence (NICE) (2006) Clinical Guideline: Routine postnatal care of women and their babies (<http://www.nice.org.uk/CG037>)

² Australian Resuscitation Council 2006— guidelines, Neonatal resuscitation chapter 13.

³ National Health and Medical Research Council. (2000) Joint Statement and recommendations on Vitamin K administration to newborn infants to prevent vitamin K deficiency bleeding in infancy.

⁴ Department of Human Services, Victoria. Publications, Public Health Topics, Drugs and Poisons: Immunisation - Infant Hepatitis B.

⁵ Genetic Health Services Victoria, Information for GPs: Newborn screening.

⁶ Neonatal Emergency Transport Service (NETS) (2008) Neonatal Handbook

(http://www.rch.org.au/nets/handbook/index.cfm?doc_id=458#phototherapy)

⁷ Zupan J, Garner P, Omari A (2004) Topical umbilical cord care at birth (Cochrane Review). In: The Cochrane Library, 2008. Oxford: Update Software.