

Ongoing care after you have your baby

Introduction

The following information describes ongoing care for you and your baby following the early days after the birth.

It is important that you and your family have realistic expectations of the experience of pregnancy, childbirth and the early parenting period, and arrange support throughout. Plan for what you may need for yourself, your baby and other household members around the time of the birth of your baby and in the days and weeks that follow. Think about the people you might ask for help, including your partner, family members and friends. It may be necessary for you to access advice, written information and support from various community services and organisations.¹ This will be important to discuss with your midwife at your discharge planning visit.

If you have chosen to have your baby in hospital, you should be provided with written information during pregnancy, or just after your baby's birth, about:

- expected length of stay in hospital
- hospital discharge procedures
- caring for yourself after having a baby
- caring for your baby after discharge.

Your doctor/midwife will provide you with an opportunity to discuss the information provided to you.

If you plan to have your baby at home, you are advised to think about, and to discuss the following, with your midwife:

- people who can provide support for you and your family during labour, birth and in the days after the birth
- ongoing care by your midwife/doctor
- key telephone numbers
- caring for yourself after having a baby
- caring for your baby.

Postnatal domiciliary care

If you have your baby in a Victorian public hospital, you will be offered at least one home visit by a midwife from the hospital in which the baby was born. This is called domiciliary care. This care occurs soon after hospital discharge and aims to assist with the transition from hospital to home. Sometimes more than one visit is required, especially if you go home early.

Victorian Child Health Record (or "Blue Book")

The Child Health Record is provided to you at the place of your baby's birth. It is an important record for parents to use and keep for your child, and includes:

- child health information for parents and health professionals to guide discussion about your child's progress
- a record detailing your child's health, growth, development and immunisations from birth to nearly six years of age.²

It is important to take the Child Health Record with you when you take your child to the:

- maternal and child health nurse
- local doctor
- hospital
- dentist
- community health centre
- immunisation sessions.

Maternal and child health nurse

In Victoria, maternal and child health services are available to all families with children under six years of age. If this is your first baby, your maternal and child health nurse will provide you with an opportunity to meet other parents in the local area. The service aims to provide parents with support, information and advice for issues around:

- parenting
- health, behaviour and development of your child
- sleep and settling techniques

- your health and well-being
- child safety
- immunisation
- infant feeding and nutrition
- family planning.³

Your local municipality will be notified of the birth of your baby by either the hospital or, in the case of a homebirth, your midwife. The maternal and child health nurse will then contact you and arrange the first appointment.³ If you have any concerns at any time, contact your local maternal and child health nurse or the 24-hour telephone service (Tel: 13 22 29).

Six-week postnatal check for mother and baby

When your baby is six weeks old, it is important that you see your doctor/midwife or family planning clinic for both you and your baby to have a check up. This is to ensure your ongoing needs are being addressed. The maternal and child health nurse and doctor/midwife will check:

- the physical health of you and your baby
- the development of baby
- infant feeding
- your emotional wellbeing
- your relationship and social wellbeing.⁴

Contraception

After you have had a baby, there are a number of options available for contraception. These include:

- Mini Pill for breastfeeding mothers - this method is 96-99 per cent effective when taken carefully, has little or no effect on breast milk and does not harm the baby⁵
- Combined Pill for non-breastfeeding mothers - this method is 98-99 per cent effective when taken according to instructions.⁶ Evidence suggests that combined oestrogen/progestogen contraceptives are unsuitable for breastfeeding mothers
- Condoms - this method is 95-97 per cent effective at preventing pregnancy when used correctly every time⁷

- Diaphragm - this method is between 85-94 per cent effective⁸
- Intrauterine device - this method is currently 99 per cent effective⁹
- Sterilisation - this operation is very effective, with a failure rate of 0.2 per cent¹⁰
- Natural family planning¹¹
- Implanon (hormone implant) - discuss with your doctor or family planning clinic.¹²

Sex after pregnancy

Resumption of sexual activity after having your baby is a decision for individuals to make. Once your bleeding has stopped and you feel comfortable, it is the couple's decision on when to resume having sex.

Issues that may affect your decision to resume sexual intercourse include having had an episiotomy or tear, breastfeeding and problems with your pelvic floor. You are advised to discuss any problems that continue after six weeks following the birth with your doctor/midwife. Contact your doctor/midwife, maternal and child health nurse and/or family planning clinic for more information.

Birth registration

In accordance with the Births, Death and Marriages Registration Act, 1996, you are required to register the birth of your baby within 60 days of the birth. Soon after the birth, the hospital or midwife at your birth will provide you with the 'Birth Registration Statement'.

Once registered, a birth certificate will be issued. This is an important document that should be stored in a safe place. The birth certificate is necessary as proof of age, place of birth and parental details. A birth certificate may be required for school enrolment, passport, bank accounts, drivers licence, employment and government benefits. For more information, contact the [Victorian Registry of Births, Deaths and Marriages](#), GPO Box 4332 Melbourne 3001 or Ground Floor, 595 Collins Street Melbourne 3000.

Infant car restraints

It is essential your baby is restrained correctly when travelling in a car, even for short distances.

[Vic Roads](#) recommends you select and install your infant car restraint before the birth of your baby. Some municipalities provide a hire scheme for infant car restraints. Check with your local council.

It is essential the infant restraint is fitted and used following the manufacturers instructions exactly. For additional advice contact a Restraint Fitting Station.

For information about selecting, hiring and using an infant restraint; and where to find infant Restraint Fitting Stations, see

[VicRoads: Child restraints](#).

Crying baby - how to manage

All babies cry. Crying is a baby's way of communicating. There are many reasons for your baby to cry, such as hunger, needing a change of nappy, sickness, pain, feeling tired or lonely, hot, cold or windy. Sometimes it is not clear why a baby is crying.

It is recommended that you respond in a consistent manner to your crying baby. For example, start by checking your baby is comfortable, not hungry or thirsty then help them settle. Settling may take longer than you expect and can be stressful for you.¹³

There are a number of strategies you can attempt when your baby has been fed, changed and cuddled but continues to cry. Here are some ideas. You may try:

- burping your baby, or tummy massage
- relaxing your baby by bathing your baby, gently massaging your baby, cuddling your baby, walking and cuddling your baby closely, use a sling or a pouch
- taking your baby for a walk in fresh air
- singing and/or talking to your baby
- settling in a quiet and dark room
- giving your baby to another person to hold and settle

- lying down with your baby on your chest/snuggling¹³
- feeding again.

If crying persists, calm yourself and talk with a friend or your partner. If you are worried, see your maternal and child health nurse, doctor or contact the Maternal and Child Health Nurse 24-hour help line on 13 22 29.

If you are feeling tired and frustrated with your crying baby, it is better to make sure your baby is safe and walk away rather than shake your baby. Calm yourself and talk with a friend or your partner. Never shake your baby as your baby's brain is easily bruised and damaged. Shaking a baby can cause delayed physical and mental development and even death.¹³

For parenting programs and resources available to support parents, see [The Victorian Parenting Research Centre](#).

Sleep baby sleep

Difficulties in your baby settling and sleeping are common. However, it is only considered a problem when the sleep pattern causes disruption to the family and you feel that it is a problem. Some families do not consider a disrupted sleep pattern as a problem.¹³

[Tweddle Child and Family Health Service](#), a statewide Early Parenting Centre, advise you to consider the following strategies when managing settling and sleep difficulties:

- learn about your child's stage of development. This will help you understand and have reasonable expectations of your baby
- recognise any patterns in your baby's sleep behaviour
- avoid your baby becoming over tired
- spend time with your baby, winding down before settling
- check your baby has a clean, dry nappy, is fed, and is not too cold or too hot
- try to settle your baby into his/her cot while awake
- when your baby wakes up after only a short time, try to extend the sleep by resettling

- look after yourself and sleep when you can. It is important for parents to support each other.¹⁴

If you are concerned, it is important for you to get advice and/or help early. Sleep deprivation can cause stress and conflict for exhausted parents and their families. Through the use of settling strategies you may be able to alter your baby's sleep pattern. Remember professional help is also available.

Immunisation program

In Australia, a free immunisation program is offered to all children to protect against harmful infections before they come in contact with them in the community. Your Victorian Child Health Record describes the schedule for immunisation.

Using the body's natural immune response, immunisation builds resistance to specific infections. Routine childhood immunisation protects against the following diseases:

- Measles, mumps, rubella, tetanus, poliomyelitis (polio) and Haemophilus influenza b (Hib) - vaccines protect more than 95 per cent of children who have completed the course
- Whooping cough - vaccine protects about 85 per cent of children who have had three doses of vaccine, and the severity of the disease is reduced in the other 15 per cent of (immunised) children
- Hepatitis B - vaccine protects over 95 per cent of children who have had three doses of vaccine, and
- Diphtheria¹⁵

You are advised to take advantage of the free immunisation program and have your baby immunised according to the recommended immunisation schedule.

Sudden Infant Death Syndrome (SIDS)

Sudden Infant Death Syndrome (SIDS) is often referred to as cot death. SIDS refers to the sudden, unexpected death of a child aged 20 weeks gestation to 6 years of age, regardless of the cause of death.

The Royal Australian College of Physicians advises that you can reduce the risk of SIDS if your baby:

- is breastfed
- sleeps at the bottom of the cot
- sleeps on the back
- is not too hot or too cold
- bedclothes are tucked in securely
- does not have doonas, bumpers or pillows in the cot
- lives in a smoke free environment.¹⁶

Finally, evidence shows that immunisation is not associated with SIDS. In fact, if anything, babies who are immunised have reduced risk of SIDS.¹⁶

References

- ¹ Three Centres Consensus Guidelines on Antenatal Care Project, Mercy Hospital for Women, Southern Health and Women's & Children's Health. (2001) Discharge planning.
- ² Department of Human Services, Victoria. Publications, Public Health Topics, Family and Community Health Topics, Children's Health: Child Health Record.
- ³ Department of Human Services, Victoria. Maternal and Child Health Fact Sheet http://www.education.vic.gov.au/ocecd/docs/maternal_child_health_sheet.pdf
- ⁴ Guidelines for Shared Maternity Care Affiliates, Mercy Hospital for Women, The Royal Women's Hospital and Sunshine Hospital. (2002)
- ⁵ Family Planning Victoria, Information pamphlet: The Minipill. http://www.fpv.org.au/1_15_15.html
- ⁶ Family Planning Victoria, Information pamphlet: The Combined Pill. http://www.fpv.org.au/1_15_15.html.
- ⁷ Family Planning Victoria, Information pamphlet: Condoms. http://www.fpv.org.au/1_15_15.html
- ⁸ Family Planning Victoria, Information pamphlet: The Diaphragm. http://www.fpv.org.au/1_15_15.html
- ⁹ Family Planning Victoria, Information pamphlet: The Intra-uterine device. http://www.fpv.org.au/1_15_15.html
- ¹⁰ Family Planning Victoria, Information pamphlet: Sterilisation. http://www.fpv.org.au/1_15_15.html
- ¹¹ Family Planning Victoria, Information pamphlet: Natural Family Planning. http://www.fpv.org.au/1_15_15.html

¹² Family Planning Victoria, Information pamphlet: Implanon. http://www.fpv.org.au/1_15_15.html

¹³ Children, Youth and Child Health Service (South Australia) Parenting and Child Health website <http://www.cyh.com/HealthTopics/HealthTopicSearchResults.aspx?p=126&search=settling+your+baby&weekly=False>

¹⁴ Cummings R, Houghton K, Williams L. Sleep Right Sleep Tight: A practical proven guide to solving your baby/child's sleep problem. Publisher: Random House.

¹⁵ Victorian Government Health Information: Immunisation (home) (<http://www.health.vic.gov.au/immunisation>)

¹⁶ Australian Government: Health Insite – Sudden Infant Death Syndrome ([http://www.healthinsite.gov.au/topics/Sudden_Infant_Death_Syndrome__\(SIDS_.\)](http://www.healthinsite.gov.au/topics/Sudden_Infant_Death_Syndrome__(SIDS_.)))