

Care of women and their babies in the immediate postnatal period



This booklet is about the care of women and their babies in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

This aims to help you understand the care that should be available in the NHS during the postnatal period. This booklet is focused on the care and information needs of healthy women and healthy babies.

During this period you may have some concerns about your health or that of your baby. It is important that you speak to a member of your healthcare team (such as your midwife, health visitor, GP or maternity support worker) if you have any concerns or questions. You and your family are encouraged to ask for help whenever you need it. At the end of this document there is a list of problems your or your baby may have, with advice on how to deal with them.

Care and communication

Your care should take into account your personal needs and preferences. You have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances.

This information and any discussions you have with your healthcare team, should include explanations about the care you receive. You can ask any questions you want and can always change your mind. Your own preference is important and your healthcare team should support your choice of care wherever possible.

All healthcare professionals should treat you and your baby with respect, dignity, kindness and understanding and explain your care simply and clearly.

A member of your healthcare team should be able to arrange for you to have an interpreter or an advocate (someone who supports you in asking for what you want) if that is what you need. Your interpreter or advocate will keep anything you tell them private.

NICE has recommended that all health services caring for women and their babies ensure they put into practice a programme that encourages breastfeeding.

First 24 hours after birth

Some women give birth in hospital while others give birth at home. If you give birth in hospital, you should expect to be with your baby all of the time (this is called rooming in). How long you stay in hospital should be discussed with your healthcare professional. After a normal uncomplicated birth it is likely that you will be home with your family within the first 24 hours.

Postnatal care

In the first 24 hours after giving birth, your healthcare professional should work with you to arrange your postnatal care. This will provide a record of the care you and your baby receive and will be filled in during every contact you have with a member of your healthcare team. The contact details of the healthcare professionals who may be involved in your care are included at the end of this document.

Your health

A small number of women may develop serious health conditions. You should be encouraged to contact a member of your healthcare team straight away or call for emergency help if you have any of the symptoms below. Common health concerns experienced by women who have recently given birth are shown later, with the recommended actions from your healthcare professional. If you are worried about any of these health issues speak to your healthcare professional, who should support and advise you.

You may feel tearful, anxious or sad (this is often called the baby blues). Your healthcare professional should discuss this with you. Baby blues are common and the symptoms often go away on their own. If you or your family notice changes in your mood or emotions that last longer than a couple of weeks, let your healthcare professional know.

Your baby's health and feeding

Most babies are born healthy and stay healthy in the postnatal period. A small number of babies have problems with their health. Babies who develop jaundice (a condition that causes yellowish colouring of the eyes and skin) in the first 24 hours should be checked straight away. Babies who

haven't passed the thick, greenish-brown meconium (the first stool of newborn babies) in the first 24 hours should also be checked straight away.

At every contact, you should be offered information to help you care for your baby's health and recognise potential concerns (see below). This information should help you to identify if your baby is unwell and when you need to contact your health professional. If you are worried about your baby's health or have any questions, you should be encouraged to talk to your healthcare professional or ring the advice line number (see back of this document).

If your baby is breastfeeding

Your healthcare professional should ask you about breastfeeding at every contact. You should be offered advice and support if you have any concerns (see below).

You should be encouraged to breastfeed your baby as often and for as long as he or she wants. This will help your body produce enough milk. Your baby will stop feeding when he or she is satisfied, this may be after feeding on both breasts or just one breast. You should not be advised to give your baby a top-up of formula milk if you are breastfeeding.

During the first week

If your baby is breastfeeding

Your healthcare professional should review your breastfeeding experience each time they talk to you. If you or your healthcare professional has any concerns – for example, that your baby is not getting enough milk, or you are experiencing pain – these should be discussed. If you think that your baby is not getting enough milk you may be advised to increase your milk supply by feeding more regularly or to use expressed breast milk in a cup (or bottle).

You should be encouraged to discuss any concerns you may have about breastfeeding with your healthcare professional or support worker (some common concerns are listed below). Your healthcare professional should work with you to help you breastfeed successfully.

Signs that your baby is getting enough milk

You can hear your baby swallowing, there's a rhythmic sucking and occasional pauses, the baby's hands and arms are relaxed, he or she has a moist mouth and there are regular wet nappies.

Signs that you're okay during breastfeeding

You don't have breast or nipple pain, you feel your breast getting softer during the feed, your nipple isn't misshapen or flattened at the end of the feed and you feel relaxed and sleepy.

Potentially serious health conditions in women

| Symptoms to watch out for | What this could mean | What should happen |
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| Sudden or very heavy blood loss and signs of shock, including faintness, dizziness, palpitations or tachycardia (when you become aware of your heart beating very fast) | Haemorrhage | You should get emergency medical attention |
| If there are no signs of haemorrhage but your abdomen feels sore and tender, you could be checked for other possible causes | Haemorrhage or infection | You should get emergency medical attention |
| Fever (high temperature), shivering, abdominal pain or unpleasant vaginal discharge. Your temperature should be taken and if above 38°C, take again in 4-6 hours. If still high, or there are other signs of infection, you should be checked further | Infection | You should get emergency medical attention |

| Symptoms to watch out for | What this could mean | What should happen |
|--|-----------------------------------|--|
| Difficulty breathing, feeling short of breath or having chest pains | Blood clot (pulmonary embolism) | You should get emergency medical attention |
| Pain, swelling or redness in the calf muscle of one of your legs | Blood clot (deep vein thrombosis) | You should get emergency medical attention |
| <p>Headache and one or more of the following in the first 72 hours after giving birth:</p> <ul style="list-style-type: none"> • Changes in your vision • Nausea or vomiting <p>You should have your blood pressure measured and if it is higher than expected and you have other signs of pre-eclampsia or eclampsia, you should get emergency medical attention. If your blood pressure is higher than expected but there are no other obvious signs, it should be measured again within 4 hours. If your blood pressure is still high, you should have further tests</p> | Pre-eclampsia or Eclampsia | You should get emergency medical attention |

Common health concerns for women who have recently given birth

| Symptoms to watch out for | What this could mean | What should happen |
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| Not being able to pass urine within 6 hours of giving birth | Urine retention | Advise you to take a warm bath or shower. Recommend use of a catheter if this doesn't work |
| Painful, stinging, unpleasant smelling, uncomfortable vagina and/or surrounding area (perineum) | Infection | Offer to check your perineum for signs of infection and problems with healing. Advise use of crushed ice or cold gel pads and Paracetamol. If your perineum doesn't get better you may be offered medication to help reduced inflammation |
| Difficulty or inability to pass stools | Faecal incontinence | Advise you on your diet and fluid intake. You may be offered a gentle laxative if changes in diet don't help |
| Leaking urine when you don't mean to | Urinary incontinence | Advise you on how to strengthen your pelvic floor muscles with exercises. Refer you for more treatment if these don't help |

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| Low mood, anxiety, restlessness, tearfulness, fatigue | Baby blues, postnatal depression | Encourage you to take gentle exercise, take time to rest, get help with caring for your baby and talk to someone and ensure you have access to social support networks. If you have experienced symptoms of the baby blues which have not improved after 10-14 days you should be assessed to see if you have postnatal depression |
| Rectal pain or bleeding | Haemorrhoids | Advise you to increase the amount of fluid and fibre in your diet to help avoid constipation. Offer to check your rectal area and offer treatments or further evaluation if needed |
| Passing stools when you don't mean to | Faecal incontinence | Assess how severe the problem is and ask how long it has been happening for. Refer you for further checks if this doesn't get better |
| Persistent tiredness | Anaemia (not enough iron in your blood) | Ask you about your general well-being and offer you advice on diet and exercise. Check for any physical, psychological or social causes. You may be offered iron supplements |
| Backache | Musculoskeletal problem | Check your back for the potential cause and treat according to local guidance |

Common health concerns in newborn babies

| Concerns | What should happen |
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| Jaundice (yellowish colouring of the eyes and skin) or pale stools | Contact your healthcare professional |
| Jaundice in the first 24 hours of birth | You should get emergency medical attention for your baby |
| Jaundice in babies aged 24 hours or older | Your baby's wellbeing and health should be monitored |
| Jaundice in babies aged 7-14 days | Your baby should be assessed by your healthcare professional |
| Jaundice in breastfeeding babies | You should be advised to feed your baby often and wake your baby to feed if necessary. You should not be advised to top up with formula milk, water or dextrose (sugar water) |
| Nappy rash | Your healthcare professional will advise on how to reduce nappy rash (e.g. avoid bubble baths, medicated wipes and harsh detergents. Use mild detergents and fabric softeners) |
| Persistent nappy rash that is painful | You may be offered antifungal cream or gel to treat your baby |
| Thrush (a common fungal infection) in the mouth or on the bottom | You should be advised about relevant hygiene practices. If thrush is causing feeding problems or you or your baby are in pain, you should be given antifungal cream or gel |
| If a newborn baby hasn't passed meconium (the first stool of newborn babies) within 24 hours of being born | You should get emergency medical attention for your baby |
| Constipation in bottle-fed babies | Your healthcare profession should check the preparation quantity, frequency and composition of feeds |
| Diarrhoea | Your healthcare professional should check your baby and give advice |
| Excessive and inconsolable crying | Your healthcare professional should check for causes of crying, including colic |

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| Colic | Your healthcare professional should reassure you. Holding your baby through the crying episode or speaking to other people in the same situation may help |
| Colic in the bottle-fed baby | You may be offered a special type of formula milk but you need to use this with the supervision of your healthcare professional |

Common breastfeeding concerns

| Concerns | What should your healthcare professional do? |
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| Cracked or painful nipples | Assess attachment and positioning of you and your baby. If the pain continues, it may be because of thrush and your healthcare professional may offer you antifungal creams |
| Full, painful, tender breasts | Advise frequent unlimited breastfeeding, breast massage, hand expression and Paracetamol. You should be advised to wear a well fitting bra |
| Mastitis (flu like symptoms: red, tender and painful breasts) | Offer help with attachment and positioning and advise continued breastfeeding and/or hand expression, gentle breast massage, Paracetamol and to drink more fluids. You should be advised to contact your healthcare professional again if the symptoms last more than a few hours. You may be offered antibiotics |
| Inverted nipples (this does not mean you cannot breastfeed your baby, but you may need more help and support to get you started) | Provide reassurance and extra breastfeeding support |
| Difficulty feeding your baby after help with attachment and positioning | Provide extra help with attachment and positioning, but if feeding doesn't improve, your baby should be checked for a tongue tie |

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| Feeling you don't have enough breast milk to feed your baby | Provide reassurance, help with attachment and positioning and check your baby's health |
| Sleepy baby | Advise skin-to-skin contact or massaging of the baby's feet to wake the baby for feeding. Your baby should be checked if he or she continues to be sleepy |

Breastfeeding and Drop-In Groups – provide local breastfeeding support and guidance.

See current information provided in your brown discharge envelope for days, times and locations.

More information about postnatal care

For information regarding the visits you should expect from the midwife once you go home, please see 'Postnatal Visits' leaflets included in your brown discharge envelope.

The organisations below can provide more information and support for women and their babies. Please note that NICE and BSUH are not responsible for the quality or accuracy of any information or advice provided by these organisations.

National Childbirth Trust

0870 770 3236 www.nct.org.uk

La Leche League

Breastfeeding Helpline 0845 120 2918 www.laleche.org.uk

NHS Direct online

(www.nhsdirect.nhs.uk) may also be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further information and support.

The information in this document is taken from the guidelines produced by the National Institute of Clinical Excellence (NICE) Clinical Guidelines CG37: Postnatal Care: Routine postnatal care for women and their babies. Jul 2006 (expected review date Jul 2009)

To view full document online visit: <http://guidance.nice.org.uk/CG37>

To see a full list of NICE guidelines visit: <http://www.nice.org.uk/>

If you do not understand this leaflet, we can arrange for an interpreter.

إذا كنت لا تستطيع فهم محتويات هذه النشرة فيإمكاننا عمل الترتيبات لتوفير مترجم
شفوي لك.

এই প্রচারপুস্তিকাটি যদি আপনি বুঝতে না পারেন, তবে আপনার জন্য আমরা একজন
অনুবাদকের ব্যবস্থা করে দিতে পারি

如你不明白本單張的內容，我們可安排口譯員服務。

如你不明白本传单的内容，我们可安排口译员服务。

اگر مندرجات این جزو را نمی‌فهمید، ما می‌توانیم
متجم در اختیاراتان بگذاریم.

Jeśli masz trudności w zrozumieniu tej ulotki, możemy
zorganizować tłumacza.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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