

After your
baby is born

Looking after yourself

Your uterus takes a few weeks to get back to normal. It happens faster when you breastfeed. You may feel some cramps as your uterus contracts down to its normal size. They can be more noticeable when the baby is sucking. Some women who have given birth find that the 'after pains' are more painful with the next birth. Don't expect to have a flat tummy for a while.

Bleeding from the vagina is normal for up to three to four weeks. This bleeding is called lochia (it's not your period). For the first 12 to 24 hours after birth, it can be heavier than a normal period. Eventually it will lessen to a brownish discharge. The bleeding may be heavier during a breastfeed. Use pads, not tampons.

Your vagina and perineum If you had a vaginal birth, sitting down can be uncomfortable, especially if you have stitches. Stitches that dissolve are used, so you don't need to have them removed. The midwives will check the area to make sure it's healing normally. Keep the area clean and dry by washing two or three times a day and after a bowel movement. Change your pads frequently. The best remedies for pain relief are lying down and resting to take pressure off the perineum. Use non-prescription painkillers such as paracetamol if you need them.

Your breasts All women produce breastmilk. Production usually starts around week 16 of pregnancy and some women find they leak a little milk in the last few weeks. For the first few days after birth, the breasts are soft because your baby only needs a very small amount of breastmilk. Once babies start to get hungry and feed more frequently, the breasts respond by producing more milk. Your breasts may feel fuller and heavier as your milk 'comes in'. Breastfeeding according to the baby's needs and letting one breast drip while feeding on the other side will help stop your breasts from becoming overfull. Paracetamol (taken according to the directions on the pack), cold compresses (on your chest) and cool showers will help relieve any swelling and tenderness.

If you have decided not to breastfeed, you will still feel some breast discomfort in the first few days after birth because your breasts will still produce milk. This will ease over a few days. You can get some relief by wearing a supportive, comfortable bra with breast pads, limiting the touching of your breast/nipples, using a cold compress and taking paracetamol (according to the directions on the pack).

Your caesarean section operation scar is usually a low horizontal cut on your tummy, below your bikini line. Dissolving stiches are generally used these days which means the stitches don't need to be removed. The scar can be sore and uncomfortable for a few weeks. You'll be given pain killers in the first few days to help ease the pain as you gently and slowly move around and care for your baby. The midwife or physiotherapist will show you exercises you can do without putting a strain on the scar. The midwives will help you care for your baby.

Having your baby stay with you in your hospital room will help you and your baby get to know each other!

Your feelings Even though you feel tired, you may be on a high for the first day or so after the birth. This is sometimes called the postnatal pinks – and they can soon be replaced by the blues. You may feel sensitive, weepy and irritable. Most women go through this for a few days after the birth or even up to two weeks. If these feelings last longer than this, talk to your midwife or doctor. For more information, see *The first few weeks of parenthood* on page 104 and *Your feelings in pregnancy and early parenthood: what all parents need to know* on page 136.

Things you may be wondering

Do I need immunising against rubella or pertussis (whooping cough)?

If the blood tests you had early in pregnancy showed you had little or no immunity to rubella, it's a good idea to be immunised before you leave hospital. This is a triple vaccine (MMR) which also immunises against measles and mumps. It's important not to get pregnant for a month after vaccination.

If you haven't been immunised against pertussis (whooping cough), you should have the pertussis vaccine before you leave hospital. Your partner, the baby's grandparents and any other regular visitors or carers should receive the pertussis vaccine before baby is born. Make sure your other children are immunised against pertussis.

You may wish to download the NSW Health 'Save the Date' phone app which will send you reminders for your baby's scheduled immunisations. You may also wish to visit the 'Save the Date to vaccinate' website at <http://www.immunisation.health.nsw.gov.au/> for a range of resources and information to help you make sure your baby is immunised on time.

When can I go home?

You may be able to go home as early as four to six hours after birth. Almost all hospitals now offer mothers and their babies, who are well, the opportunity to go home shortly after birth. Planning to go home soon after the birth of your baby means that you get to share your new baby with friends and family in the comfort and privacy of your own home. Going home soon after the birth means your family life is less disrupted and you're back with your other children more quickly. A midwife will visit you at home to provide postnatal care for you and your baby including breastfeeding advice. Midwives may provide postnatal support until your baby is 14 days old.

A longer postnatal stay in hospital may be required if you had a forceps or vacuum birth, a caesarean section operation, or if you or your baby are unwell. On average, hospital stays range from 24-48 hours for women who have had a vaginal birth to three or four days for women who have had caesarean section operations. When you go home from hospital after a long stay, you might be

offered postnatal care and support at home from the midwives. The midwives can provide postnatal support until your baby is 14 days old; however, the availability of this service varies from hospital to hospital so check with your midwife or doctor.

After you return home you are also likely to be offered a visit by a child and family health nurse to provide 1-4 week baby checks as well as link you to other services. Please see page 92 for more information.

Routine checks for newborn babies

In the days following your baby's birth, he or she will be examined by a doctor or midwife specially trained to perform a check-up called the **newborn examination**. The doctor or midwife will take a head-to-toe look at your baby to check for any problems.

All parents in NSW are offered the opportunity to have their baby screened for a number of rare disorders. This test is called the **Newborn Screening**. You might also hear it called the "heel prick" test. The test involves taking a few drops of blood from your baby's heel. The drops are put onto special paper and sent to a lab for testing.

The conditions that the Newborn Screening tests for are not common but they are serious and it's best to know early if your baby has one of them. That way, treatment can start as soon as possible. The test looks for:

- **Congenital Hypothyroidism** which is caused by problems with the thyroid gland. Early treatment means children develop normally.
- **Phenylketonuria** means the baby can't properly use a substance in milk and food (called phenylalanine) which helps make protein in the body. If the problem isn't treated, phenylalanine builds up in the blood and causes brain damage. Treatment will help the baby develop normally.
- **Galactosaemia** is caused when a type of sugar (galactose) found in both breast and cow's milk builds up in the blood. Prompt treatment with special galactose-free milk will prevent serious illness. Without treatment, a baby may become very sick and die.

- **Cystic Fibrosis** makes the body produce thick mucus in the bowel and lungs. This can cause chest infections and diarrhoea and may stop the baby gaining weight. Improved treatment means people with cystic fibrosis now have a longer lifespan.

Early diagnosis and treatment are important for all these disorders. It's also possible to detect up to 40 other extremely rare disorders, using the same blood sample.

If the test results are normal – and most test results are – you won't get the results. About one baby in every hundred will need a second blood test if the first test did not give a clear result. You'll be contacted if a second test is needed. The second test almost always gives a normal result. Your doctor will be sent the result.

In a very small number of babies the blood test will be abnormal. The baby will need more tests and may need treatment too. Your doctor will let you know.

The third test that all babies in NSW are offered is a **hearing check**. One or two in every thousand babies needs help with a hearing problem. The NSW Statewide Infant Screening – Hearing (SWISH) Program aims to make sure these babies are identified. The hearing test is offered as soon as possible after birth. If the test can't be done in hospital for some reason, it can be done in hospital outpatients or at a local Community Health Centre soon after you leave hospital.

The hearing test takes about 10-20 minutes and is done when your baby is asleep or resting quietly. You can stay with your baby while the test is done. You'll get the results as soon as the test is finished. The results will be written in your baby's Personal Health Record or "Blue Book".

If the results show your baby needs to have the test done again, it doesn't necessarily mean your baby has hearing problems. There may be other reasons for this result (e.g. your baby may have been unsettled during the test, or there may have been fluid or a temporary blockage in the ear).

Will injections and blood tests hurt my baby?

Whenever your baby has to have a procedure such as injections or blood tests, there are simple ways you can comfort your baby and minimise their pain. You can breastfeed your baby during the procedure or offer them a clean finger to suck. You can also speak soothingly to your baby, massage or stroke them and give lots of eye contact. Sometimes, your baby might be offered a few drops of a sucrose (sugar) solution which distracts them from any discomfort.



Newborn Screening

After the dried blood has been tested, it will be stored in the laboratory for 18 years and then destroyed. You can read more about why the tests are stored for so long at <http://www.chw.edu.au/prof/services/newborn/tests030194.pdf>



Baby car seat/capsule

If you are intending to take your baby home by car, you are required by law to have a baby seat or capsule fitted in the car. You can rent, buy or borrow a baby seat.

You can find information about baby capsules and child restraints on the RTA website. Visit <http://roadsafety.transport.nsw.gov.au/staying-safe/children/childcar-seats/>

Your baby's Personal Health Record (the Blue Book)

In the first few days after birth, your baby will be given a Blue Book. This Blue Book is for parents, doctors, child and family health nurses and other health workers to record details of your child's health from birth to the teenage years and beyond. It's a great way to keep important health information all in one place.

Take the Blue Book each time you take your child to the doctor, Early Childhood Health Service or hospital. The Blue Book also has reminders about important health checks and immunisation for your child, useful telephone numbers and a page for you to write down important phone numbers.



If your baby is unwell, or you are worried about a health problem, take your baby to your GP or the nearest hospital Emergency Department as quickly as possible. The condition of a new baby can change very rapidly.

Newborn babies: common features and problems

Skin

- **Telangiectatic nevi** (stork bites) are pale pink or red spots found around the eyelids, nose or neck. You can see them more clearly when the baby cries. They don't cause any problems and will fade over time.
- **'Mongolian spots'** are bluish-black pigmentations found around the buttocks. They are common in babies with dark skin. They don't cause any problems and will fade by the first or second birthday.
- **Nevus flammeus** (port wine stains) are sharply defined red-to-purple areas that usually appear on the face. They do not grow but they also do not fade with time.
- **Nevus vasculosus** (strawberry marks) are clearly defined, raised, dark red area that most often appear on the head. They initially increase in size and then will gradually shrink over time.
- **Milia** Raised, white spots that a baby may have over their nose and sometimes face. These are exposed sebaceous glands and are considered normal and will fade over time.
- **Erythema toxicum** (newborn rash) is a rash of small white or yellow pimples that may appear suddenly, usually over a baby's chest, tummy and nappy area within the first week of life. The cause is unknown and no treatment is necessary. They will disappear but may take some time.
- **Jaundice** affects many newborns. The baby's skin appears slightly yellow in the first few days of life. It isn't usually serious but in some cases a test may be required to measure the level of a substance called bilirubin in the baby's blood. If the bilirubin is considered higher than normal then the baby will be encouraged to drink more, and may be placed under special lights or on a BiliBed for a period of time until the jaundice has subsided. If you'd like to know more about jaundice, speak with your midwife or doctor.

Eyes

Some newborn babies have sticky eyes in the early days and weeks after the birth. It's not serious and will usually just go away. You can use cool boiled water to clean your baby's eyes. If it persists talk to your doctor or midwife.

Genitals

Sometimes, newborn girls may have a small amount of vaginal discharge – a thick, white mucus which may sometimes be tinged with blood. This is called pseudomenstruation and happens because your baby is no longer getting your hormones through the placenta. It's perfectly normal. A white cheese-like substance called smegma is often found under the labia. Again, it's normal.

There's no need to retract your baby boy's uncircumcised foreskin: it will roll back by itself when he is about 3-4 years of age. There are a lot of different opinions about the risks and potential benefits of circumcision. The Royal Australasian College of Physicians (RACP) recommends that there is no medical reason to routinely circumcise baby boys. More information is available at www.racp.edu.au click on 'policy and advocacy', then 'Division, Faculty and Chapter Policy & Advocacy' and then 'Paediatrics & Child Health'.

Umbilical cord care

At first, your baby's umbilical cord is white, thick and jelly-like. Within one or two hours of birth, it will begin to dry and it will fall off within 7 to 10 days. The umbilical cord stump may release a little discharge and this often occurs on the day it falls off, or just after. You can clean the area with cotton buds moistened in cool, boiled water and dry it with another cotton bud. Talk to your midwife or doctor if bleeding continues, or if it becomes red, weeping or swollen.

Things to do...paperwork!

Maternity Payment and Family Tax Benefit

After your baby's born, you'll be given forms from the Australian Government's Family Assistance Office that you can use to claim financial entitlements for you and your new baby. There are currently four main types of payment:

1. Paid Parental Leave scheme for working

parents: The Paid Parental Leave scheme is a new entitlement for working parents of children born or adopted from 1 January 2011. Eligible working parents can receive 18 weeks of government-funded Parental Leave Pay at the rate of the National Minimum Wage.

2. Baby Bonus:

The Baby Bonus is an income-tested payment for a child born or adopted to eligible families. It helps with the cost of a new baby or child and is paid in 13 fortnightly installments. It's paid for each child in a multiple birth. You can't receive both Paid Parental Leave and the Baby Bonus so, if you meet the eligibility requirements for both payments, take a little time to figure out which will suit you and your family best.

3. Maternity Immunisation Allowance:

This payment encourages parents to immunise their children. It's generally paid in two separate amounts for children who have been fully immunised with the first payment between 18 and 24 months and the second payment between 4 and 5 years of age.

4. Family Tax Benefit:

This is a payment to help families with the cost of raising children. It is worked out on your family's total annual income, and the ages and number of dependent children in your family.

For more information, visit www.humanservices.gov.au and click on 'Families', call the family assistance line on 136 150 or visit your local Family Assistance Office. Phone 131 202 for assistance and information in languages other than English for Centrelink payments and services. For information in languages other than English visit www.humanservices.gov.au and click on 'Information in other languages'.

Early Childhood Health Services (may also be referred to as the Child and Family Health Centre or Baby Health Centre) provide free services for families with children under five years of age, including important health checks for your baby. The hospital will send your contact details through to the child and family health nurse in your area, who'll contact you to arrange a visit soon after you go home with your new baby.

Early Childhood Health Services can provide support and advice on anything that concerns you such as:

- feeding your baby
- crying and settling your baby
- safe sleeping strategies to prevent SIDS
- parenting skills
- playing with your baby
- the immunisation schedule
- your wellbeing
- your baby's or preschooler's health and development
- other services in your area.

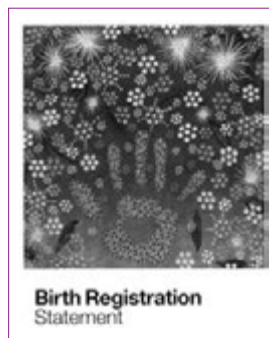
Your hospital or midwife can put you in touch with your local Early Childhood Health Service.

Registering your baby

The hospital or midwife will give you a **Birth Registration Statement** form in an information pack when you have your baby. Please complete the form and send to the NSW Registry of Births Deaths & Marriages by following the instructions on the form.

- Birth registration is compulsory and free
- The hospital or midwife does not register the birth of your child
- You must register your child's birth **within 60 days**
- You must register your child to get their birth certificate (fees apply).

A birth certificate provides legal evidence of your child's age, place of birth and parent's details and



is required for some government benefits, enrolment in school and sport, opening a bank account and to apply for a passport.

Late birth registrations (after 60 days of the birth of your child) are accepted by the Registry.

If you require help with any part of the birth registration process, please call the Registry on 13 77 88. Further information including Registry office locations, can be obtained from the Registry's website www.bdm.nsw.gov.au

Medicare and the Australian Childhood Immunisation Register

It's important to register your baby with Medicare as soon as possible after birth. Registering your child with Medicare automatically registers your baby on the Australian Childhood Immunisation Register. You'll receive reminder notices when immunisations are due or overdue. Once registered, you will also be able to access up to date statements of your child's immunisation status online.

To enrol your child in Medicare, create a Medicare online account through the myGov website at www.my.gov.au