

Newborn Wellbeing

Introduction

At East Sussex Hospitals NHS Trust we want to ensure when you go home with your baby, you have the information needed to care for your baby confidently and safely.

We hope to provide you with enough information to enable you to do the following:

- Identify signs and symptoms of common health problems in your baby.
- Assess your baby's general condition.
- Contact a healthcare professional or emergency service if required.
- Where to get advice on reducing the risk of Sudden Infant Death Syndrome (SIDS).

This leaflet contains information about all of the above, and gives you a selection of ailments that you may need advice on in the future.

Reducing the risk of Sudden Infant Death Syndrome (SIDS)

For further information visit the website of the Foundation for the Study of Infant Deaths (FSID) www.fsid.org.uk or telephone: 0808 8026868 10-6pm.

Your East Sussex Baby guide will give you detailed information on prevention guidance, ask you midwife if you have not received this.

The key points to prevention are:

Feet to foot

Place your baby with their feet to the foot of the cot, to prevent wriggling down under the covers.

Stop smoking

Evidence from the Foundation for the Study of Infant Deaths (FSID) suggests that about a third of cot deaths could be avoided if parents did not smoke around their children. It is important to create a smoke-free environment for your baby by doing the following see additional support numbers at the end of the leaflet

Preferably stop smoking altogether. If this is not possible, always go outside to smoke.

- Do not let anyone else smoke in the same room as your baby, including family friends and other visitors.
- Never share a bed with your baby if you and / or your partner smoke (even if you don't smoke in bed).

Back to sleep

Place your baby on their back to sleep. Side sleeping is not as safe as sleeping on the back, and healthy babies who sleep on their backs are at no greater risk of choking.

It is important that babies do not become too hot (or cold) when sleeping: The ideal temperature in a baby's room is 18°C.

- Use sheets and lightweight blankets.

- Do not use duvets, quilts, baby nests, wedges, bedding rolls (or pillows) for babies under 12 months.

Co-sleeping

It is best to keep your baby's cot in your room for the first six months. While it is lovely to have your baby with you for a cuddle or a feed, always put your baby back in their cot before you go to sleep. This is because there is a link between sharing a bed, sofa or armchair for sleeping and cot death. **NEVER** fall asleep on the sofa with your baby, if you are tired put them back into a cot or pram.

It is particularly dangerous for your baby to sleep in your bed if you and / or your partner:

- Are smokers (no matter where or when you smoke).
- Have recently drunk any alcohol.
- Have taken medication or drugs that make you sleep more heavily.
- Are very tired.

or if your baby:

- Was born prematurely (before 37 weeks).
- Was low birth weight (less than 2.5kg).
- Is less than three months old.

Baby (sleep) monitors do not prevent cot death but some parents find them reassuring. Remember cot death is rare so don't let worrying stop you enjoying your baby's first few months. If your baby has become accustomed to using a pacifier (dummy) while sleeping, it should not be stopped suddenly during the first 26 weeks.

Physical Health and Well-being

Ankyloglossia (Tongue tie)

This is where the skin attaching the tongue to the bottom of the mouth extends too far forward (sometimes even to the tip of the tongue), this prevents the tongue moving freely as it is literally tied down. This condition is hereditary and mainly affects boys. Breastfed babies with tongue-tie may have problems attaching to the breast.

If breastfeeding concerns persist after a review of positioning and attachment by a skilled healthcare professional or peer counsellor, your baby may need to be checked for the presence of a tongue tie.

Birthmarks and spots

Once you begin to look closely at your baby, you'll probably find a variety of little marks and spots, mainly on the head and face. Most of them will go away eventually. Ask the doctor who examines your baby if they will disappear completely. Most common are the little pink or red marks some people call stork bites.

Marks on the forehead and upper eyelids and the nape of the neck gradually fade, though it may be some months before they disappear.

Strawberry marks (strawberry naevi / infantile haemangioma) are a benign overgrowth of blood vessels in the skin and are quite common. They are dark red and slightly raised swellings. which appear a few days after birth, usually within the first month and can be found anywhere on the skin. They may get bigger quite quickly and most reach their final size in 3-9 months. They then start to shrink quite slowly, and in most cases they eventually disappear.

Spots and rashes are very common in newborn babies and may come and go but if you also notice a change in your baby's behaviour, for example, if your baby is not feeding properly or is very sleepy or very irritable (see Fever and Meningitis section in your East Sussex baby guide), you should tell your GP or Midwife immediately.

Breasts and Genitals

Quite often a newborn baby's breasts are a little swollen and ooze some milk, whether the baby is a boy or a girl. The genitals of male and female newborn babies often appear rather swollen but will become in proportion with their bodies in a few weeks. Baby girls also sometimes bleed a bit or have a white, cloudy discharge from the vagina. These effects are the result of the female hormone oestrogen, passing from the mother to the baby before birth and are of no cause for concern.

Bumps and bruises

It is common for a newborn baby to have some swelling (caput) and bruises on the head, and perhaps to have bloodshot eyes. This is just the result of the squeezing and pushing during birth and will soon disappear. If you are worried and need reassurance, you can always ask your Midwife to check your baby.

Colic

A baby, who is crying excessively and inconsolably, most often during the evening, either drawing its knees up to its abdomen or arching its back, should be assessed for an underlying cause, including infant colic. Contact your Midwife, GP or Health Visitor

Healthcare Professionals will reassure parents of babies with colic that your baby is not rejecting you and that colic is usually a phase that will pass. You may be advised that holding the baby through the crying episode, and getting help from a partner or friends may be helpful.

Normal stools

Your baby's first bowel movements are called "meconium." This is a thick and sticky residue that is greenish-black in colour. You'll never see it again once it passes.

Many breastfed babies pass a mustardy "seedy" yellow stool with each feeding, at least for a short while.

Bottle-fed babies tend to have darker and less frequent stools. Most importantly, every baby is different, and there is a very wide range of what are normal motions. You will become familiar to which motions are normal for your baby.

Diarrhoea (Watery Bowel Movements)

A baby who is experiencing increased frequency and/or looser stools than usual should be seen by your Midwife, GP or Health Visitor.

Constipation

If your baby has not passed meconium (the first dark stools) within 24 hours, your baby should be assessed to determine the cause, which may be related to feeding patterns. If a baby is constipated and is formula fed the following should be looked at.

- feed preparation technique
- quantity of fluid taken
- frequency of feeding
- composition of feed. (If the feed is too thick or thin)

By contacting your Midwife, GP or Health Visitor for any advice they will be able to talk to you and try to discover why this is happening to your baby.

Fever

The temperature of a baby does not need to be taken unless there are specific risk factors, for example: the mother having a high temperature during labour.

A temperature of 38°C or more is too high for your baby and the cause of this should be assessed immediately. A full assessment, including physical examination, should be undertaken. Contact your GP or NHS direct straight away.

Jaundice

'Physiological' jaundice occurs in approximately 60% of term and 80% of pre-term babies and is caused by immature liver function which isn't working fast enough to cope with the by-products of breaking down red blood cells. Jaundice typically presents at two to three days old, begins to disappear by the end of the first week and has normally completely disappeared by the tenth day.

How to identify Jaundice

Apart from the yellowing of the skin and eyes, most babies are otherwise unaffected by mild/moderate physiological jaundice. If you are breastfeeding your baby and he/she has signs of jaundice, encourage your baby to breastfeed frequently, and at least three hourly (from the end of one feed to the beginning of the next). Your baby should not be routinely supplemented with formula, water or dextrose water while breastfeeding.

If a baby is significantly jaundiced in the first 24 hours, appears unwell or your baby becomes poor at sucking / feeding, is sleepy, and / or has dark urine or pale stools, develops jaundice after seven days or jaundice remains after 14 days, it is important that you seek advice from your midwife, health visitor or GP straight away so your baby can be assessed and the causes investigated

Meningitis

Please see your East Sussex Baby Guide for further information about meningitis

If you are ever concerned about the health of your baby do not hesitate to seek advice or help. National helpline numbers are also available at the end of the leaflet.

Nappy Rash

If your baby seems to be suffering with nappy rash, the following possible causes should be considered:

- Hygiene and skin care.
- Sensitivity to detergents, fabric softeners or other chemical products that have contact with the skin.
- Presence of infection.

If painful nappy rash persists, it is usually caused by thrush, and treatment with antifungal medication should be considered. If after a course of treatment the rash does not disappear, contact your Health Visitor.

The navel (Belly Button)

Shortly after birth the midwife will clamp the umbilical cord close to your baby's bellybutton with a plastic clip. She will then cut the cord, leaving a small bit of the cord with the clamp attached. The cord will take about a week to dry out and drop off. Keep the baby's navel clean with cooled boiled water (no powder or any other products are required) and dry until this happens. The midwives and maternity care assistants will advise you on how to clean the cord. If you notice any bleeding or discharge from the navel, tell your Midwife, Health Visitor or GP.

Skin Care

We recommend not adding cleansing agents to your baby's bath water such as baby bath/bubble bath, nor should lotions or medicated wipes be used. The only cleansing agent suggested, if required, is a mild non-perfumed soap.

Thrush

Oral thrush is a fungal infection in the mouth. It's most common in babies around four weeks' old. If your baby has oral thrush and you're breastfeeding, it's possible for your baby to pass a thrush infection to you. The infection can affect your nipples or breasts. If your baby has thrush and you are breastfeeding, the Midwife will give you information and guidance about how to manage this.

It should be treated with an appropriate antifungal medication if the symptoms are causing you or your baby pain or if your baby is having trouble feeding.

Sources of information

Crying Baby - Guide to Coping. You can contact the Cry-sis line on 08451 228 669, 7 days a week, 9.00am – 10.00pm. Website: www.cry-sis.org.uk

Meningitis Research Foundation - Freephone 24 hour helpline 080 8800 3344, or via their website, www.meningitis.org

Important information

This patient information is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please contact the Patient Experience Team – Tel: (01323) 417400 Ext: 5860 or by email at: esh-tr.patientexperience@nhs.net

Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats

If you require any of the Trust leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department.

Tel: (01424) 755255 Ext: 2620

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference

The following clinicians have been consulted and agreed this patient information:
Gayle Clarke, Specialist Midwife Practice Development with reference to: National Institute for Clinical Excellence (NICE) - Postnatal guideline (2007) - website: **www.nice.org.uk**

The Clinical Specialty/Unit that have agreed this patient information leaflet:
Maternity Guideline Implementation Group, Women's Focus Group.

Next review date: January 2020
Responsible clinician/author: Gayle Clarke, Specialist Midwife Practice development
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