GOING HOME INFORMATION - POST BIRTH

Information for patients, relatives and carers

مستشفى دانة الإمارات
Danat Al Emarat Hospital
WOMEN & CHILDREN النساء والأطفال
Brought to you by M42

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Congratulations on the birth of your baby.

We are pleased that you and your baby are ready and it is now time to go home.

Before you leave your nurse/midwife will

- Perform a postnatal check on you and your baby
- Observe baby's feed and answer any questions you may have.
- Arrange any medication you may need to take with you.
- Arrange some important paperwork – maternal and baby's discharge summary and follow up appointments for you and baby.
- Talk you through this leaflet as it contains important information of what you can expect once at home.

Looking after yourself

Blood loss (lochia)

- Some bleeding after birth is normal - this is recorded in your discharge summary as quantified blood loss (QBL).
- Vaginal bleeding after birth is called lochia, a mix of blood and other products from inside the uterus. This might heavy at first, requiring several sanitary pad changes a day. However, after the first week the lochia should slow down and becomes pink/light brown in colour. This loss will normally disappear by four weeks post birth.

Any large clots, silky 'membranes', sudden heavy bleeding or an offensive smell may be a sign that something is wrong and you should seek our urgent care to be reassess.

After birth pains

- Period type pains after the birth of your baby are normal and are caused by the contraction of your uterus as it returns to its pre-pregnancy size and tone in the pelvis.
- It is normal for these pains to feel stronger when you breastfeed your baby due to the effect of hormones released during feeding, causing the uterus to contract.
- Any severe after pains can be treated with pain relief.

Breasts

- Around three days after birth, the colostrum changes and becomes mature milk – and this change may make your breasts feel heavy and tender.
- Engorgement can happen if your breasts have not been appropriately emptied. This can be relieved with frequent breastfeeding.
- If your breasts feel so full that your baby is unable to take the breast, hand expressing a little of your milk can help.
- You can contact the Lactation team for help and advice.

Your emotional wellbeing and mental health

Having a baby can be joyful, exciting and rewarding. However, it is also common for new mothers or fathers to experience anxiety, depression or emotional distress. As many as one in five women experience emotional difficulties during pregnancy and in the first year after their baby's birth. This can happen to anyone.

'Baby blues'

During the first week, most women experience a short-lived change in emotions commonly known as 'baby blues'. This is due to the sudden hormonal changes within the body, combined with changed sleep patterns and lifestyle adjustment. This is very common and should last a few days. Symptoms might include:

- Feeling emotional and irrational.
- Feeling physically exhausted and overwhelmed.
- Crying over seemingly small things or 'over nothing.
- Feeling irritable.
- Feeling sad or anxious.

It is important to seek support from your family, friends and health care professional and try to rest as much as possible.

Postnatal depression and anxiety

Some women would struggle with their emotional well-being and may develop postnatal depression or anxiety within the first year after childbirth. Struggling emotionally at this time can happen to anyone, you are not at fault. So you may experience on-going symptoms such as:

- Low mood, sadness and tearfulness.
- Anxiety, worry and tension.
- Feeling overly tired, tearful and irritable.
- Difficult or unexpected feelings towards your baby.
- Poor sleep even when your baby sleeps well.
- Feeling unable to cope or enjoy anything.
- Thoughts that you are not a good enough parent.
- Worrying thoughts about your baby.
- Feelings of hopelessness.
- Struggling to come to terms with a difficult birth.

If you have been experiencing any of the above symptoms for two weeks or more, you could have postnatal depression or anxiety. It is important to seek help as soon as possible. However, some might find it hard to ask for help due to feelings of:

- You may not know what is wrong.
- You may feel ashamed that you are not enjoying your baby or coping as you believe you should!

Asking for help doesn't mean you can't cope or are not able to care for your baby. It's the start of getting the right help and support to ensure you can be the best parent you can be. You are strongly advised to contact your physician or Danat al Emarat Hospital to book appointment to see the Mental Health Team.

Infections

- Infections following birth can sometimes happen and these might require treatment with antibiotics.
- Infections may occur in perineal stitches, caesarean section wounds, the uterus, breasts or in urine.

Signs/symptoms includes

- A high temperature (more than 37.5°C).
- Feeling unusually hot or cold/shivery.
- Feeling unusually lethargic and sleepy.
- Flu-like aches and pains in the body.

If your stitches or wound are infected you may notice pus, an offensive smell or an unusual amount of pain or tenderness in the area. You may also notice the skin is red and hot to touch.

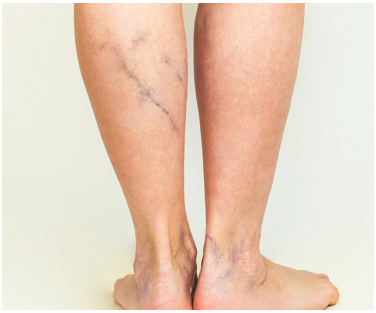
An infection in the uterus may cause symptoms of excessive vaginal bleeding, passing of clots and offensive smelling blood loss. You may also note severe pain and/or heat on touching the lower abdomen.

If breasts become infected (known as mastitis) they may appear red, swollen and be painful/hot to touch. You may notice a burning sensation during feeds.

Urinary infections: symptoms include the increased need to pass urine or pain on passing urine.

DO ATTEND THE URGENT CARE ADULT OR WOMEN'S OUTPATIENT FOR THE DOCTOR.

Deep Vein Thrombosis Prevention



After giving birth, women are at a slightly increased risk of developing blood clots in the veins in their legs. This risk is increased for roughly six weeks following birth. On rare occasions, these blood clots can become very large and travel in the body to the lungs. This is known as pulmonary embolism (PE)

Therefore, blood clot in the vein can be very serious, so please complete the recommended course of your anticoagulant injection The duration of medication depends directly on the level of your risk, with longer course of 6 weeks representing a higher risk of blood clots.

You should seek help immediately if you experience sudden unexplained shortness of breath, chest pain or tightness, coughing up blood, feel unwell, collapse or have painful swollen legs. This is important as the medication significantly reduces the risk, but it doesn't remove the risk completely.

Prevention:

- Keep mobile and rotate your ankles regularly.
- Wear compression stockings if advised you to do so.
- Consider taking short walks when you feel up to it.
- Stay well hydrated.
- Avoid sitting/lying down for prolonged periods i.e. in a car/on a train.

It is very important to complete the course of your anticoagulant injections – and to dispose of the needles safely.

Your nurse will teach you how to self-inject before you go home.

Managing High Blood Pressure After Birth

High blood pressure can sometimes continue after birth, particularly if you experienced it during pregnancy. It's important to monitor your blood pressure regularly and to be aware of any symptoms that may indicate a need for further care.

What to watch for:

- Severe or persistent headaches.
- Blurred vision or spots in front of your eyes.
- Swelling in your face, hands, or feet.
- Shortness of breath.
- Chest pain.

If you notice any of these symptoms, it's essential to seek urgent medical care as they could be signs of complications like postpartum preeclampsia. Continue taking any prescribed blood pressure medications as directed by your doctor.

Other Tips for Managing Blood Pressure:

- Rest as much as possible.
- Drink plenty of water to stay hydrated.
- Avoid high-sodium foods, as they may increase blood pressure.
- Gradually resume gentle physical activity, as advised by your healthcare provider.

Please attend your follow-up appointment as scheduled, where your blood pressure and recovery will be reassessed.

Perineal care

When your baby is born, their head stretches the opening of the vagina. The skin inside and surrounding the vagina will often stretch to allow your baby to be born, however during this process it is common for women to sustain a tear to the skin, inside the vagina or both – which may require stitches. The stitches used will always be dissolvable and should not need to be removed.

Ensure you keep the area clean and dry and change frequently the pads during the day.

Pelvic floor exercises

The pelvic floor muscles support your pelvic organs, stabilise the pelvic joints and are responsible for the control of bladder and bowel functions. These muscles are stretched during pregnancy and birth – which can sometimes lead to weakness or dysfunction during pregnancy and particularly after birth.

Strengthening these muscles will:

- Maintain or improve bladder and bowel control
- Reduce the risk of prolapse of the pelvic organs
- Help stabilize the joints of the pelvis and lower spine
- Increase sexual enjoyment for you and your partner.

Pelvic floor exercises should be started as soon as your catheter (if you have had one) is removed and you have passed urine. The exercises can help reduce swelling and pain as well as treat/prevent incontinence. They should be completed at least three times a day. It can take up to three months for the muscles to regain their strength.

How to do your pelvic floor exercises:

Lie or sit down comfortably and begin by imagining you are trying to stop yourself from passing wind/urine by squeezing the muscles around the back passage and vagina. Do not do this whilst on the toilet, and don't hold your urine as this can lead to problems with bladder function.

You should work this muscle in two ways:

1. Hold the squeeze for a few seconds and then relax. Repeat this up to 10 times, gradually holding the squeeze for longer (up to 10 seconds).
2. Squeeze and release straight away. Repeat these 10 times.

If you require additional support and assistance navigating through exercise you can reach out to our women's health physiotherapists and urogynecologist to devise a tailor-made plan for you.

Bladder care

Once baby is born, it is important to try and pass urine within four to six hours to avoid urinary infections or the bladder becoming over-full. Good hydration following birth and whilst breastfeeding is important, and it is recommended that women drink at least two to three litres of water/fluids a day.

After birth, some women find that their bladder function is not as efficient and can experience:

- Urinary retention (when the urge to pass urine is absent or isn't as strong – this leads to the bladder over-filling. This overstretching can cause long term damage to the bladder).
- Stress urinary incontinence (when urine leaks on sneezing, coughing or exercising).
- Urgency urinary incontinence (when you suddenly need to pass urine with no prior sensation to do so – leading to leaking of urine).

Pelvic floor exercises can help improve bladder function, however if you are worried about your urinary control or any symptoms of bladder dysfunction, seek health care professional advice – urogynaecology/physiotherapist department.

Returning to exercise

Exercise is an important aspect of a healthy lifestyle and generally the time you can resume exercise is a matter of personal choice.

If you've had a caesarean it is important to wait at least eight weeks. Most women choose to wait until after their six-week postnatal check with their Physician before resuming exercise.

When you start exercising it is important to remember to:

- Stop if it hurts.
- Stop when you are tired.
- Never exercise when you are feeling unwell.

Try to avoid high impact exercise (jogging and jumping) for at least three months after birth. High impact exercise can put unnecessary strain on muscles, joints and the pelvic floor.

Find out if there are any local postnatal exercise, yoga or Pilates classes near you. This can help with motivation and provide a social outlet.

Remember that each woman's recovery after birth is different, and avoid comparing yourself to others or setting unrealistic goals. Trying to incorporate gentle exercise into your daily activities is a great start, and it's important to have plenty of rest as well.

Caesarean Section after Care

Following a caesarean, you may feel sore and swollen for a few days. To help with pain, regular pain relief is recommended in combination with early and gentle movement.

Your scar will take up to six weeks to heal, and to assist with healing you should:

- Look out for any signs of infection such as severe pain, parting of the wound, redness, oozing of pus and bleeding
- Shower daily and clean your incision site gently with warm water and pat dry
- Keep the scar dry and exposed to the air when possible
- Wear loose, comfortable clothing and cotton underwear
- Avoid lifting anything heavier than your baby.

Gentle activity such as a daily walk is recommended to prevent the formation of blood clots. See above advice on exercise.

Resuming intimate relations and contraception

After you have had your baby, it is important to wait until you and your partner feel happy, ready and comfortable before resuming sexual intercourse – the timing of this is individual to each couple. You may require a lubricant initially, particularly if breastfeeding. It is also important to consider the use of contraception if you want to avoid an unplanned pregnancy. It is possible to become pregnant again three weeks after birth, even if you haven't had a period yet and are breastfeeding.

Caring for your baby

Jaundice

Newborn jaundice is a common condition which presents as a yellow colouring of the skin in the face, the upper body and often the whites of the eyes. It is caused by a substance known as bilirubin, which builds up in your baby's blood as a product of the fast breakdown of red blood cells. After a baby is born it can take a little bit of time for their liver to mature enough to efficiently breakdown bilirubin, thus causing newborn jaundice.

Newborn jaundice is common and will normally resolve spontaneously within 10-14 days. A small number of babies will develop jaundice that is significant and requires treatment in hospital. Jaundice can make babies sleepy and reluctant to feed, leading to dehydration which can make the jaundice worse. It is important to offer regular feeds, at least every three hours, if you think your baby has jaundice.

If you are worried about your baby's jaundice, or if you notice that your baby's stools are pale/white, take your baby to urgent care - Paediatrics.

Signs and symptoms of an unwell baby
Common conditions in newborns (such as thrush on the tongue, cradle cap, reflux, colic, constipation, nappy rash, dry skin and nasal congestion) are generally minor symptoms that the paediatrician can advise on. However, your baby should be seen if

Abnormal symptoms such as below present:

- Your baby is pale, floppy or unresponsive
- Your baby is grunting and /or breathing fast and the breathing appears laboured
- Your baby's jaundice appears to be worsening in combination with any of the following: severe lethargy, reluctance to feed, minimal wet/dry nappies or pale/white stools.
- Your baby is not feeding as well as before
- Your baby has a continued high pitched or weak cry which cannot be settled with normal measures such as feeding, cuddles, nappy change etc.
- Your baby has a high temperature (above 37.5°C) or an unusually low temperature
- Your baby has a rash or blisters on their skin.

Breastfeeding

DAEH support breastfeeding as the healthiest way to feed your baby. It provides nutrition, protects against infection and helps growth, development and bonding. Breastfeeding is about closeness and comfort as well as nutrition.

When to feed your baby

We recommend 'responsive' feeding - which means feeding your baby as soon as he/she shows early cues that they are hungry, such as:

- Wriggling.
- Rapid eye movements.
- Hand to mouth movements.
- Sucking their fingers, fist or blankets.
- Rooting (turning head to the side and opening mouth).
- Slight murmuring noises.

You can also breastfeed when your breasts feel full, or when you want a rest or cuddle with your baby. Babies do not always feed at regular intervals and may 'cluster feed' with short gaps in between feeds, followed by periods of longer sleep. Cluster feeding is normal, especially when your milk starts to 'come in' - meaning your supply changes from the first colostrum to mature milk.

If you need to take any medications, be sure to check that they are safe to take whilst you are breastfeeding.

Key facts about expressed breast milk:

- You can store expressed breast milk in a sterilised container in the fridge for up to five days, or in a freezer for up to six months.
- Frozen milk is best defrosted slowly in the fridge. Expressed breast milk can be given straight from the fridge or warmed up by placing the bottle in a jug of warm water.
- Once defrosted, use within 12 hours and do not re-freeze.
- Dispose of any unused milk following a feed.

Bottle feeding

Whether you have chosen to feed your baby expressed breast milk or formula milk via a bottle, these tips will help you keep your baby safe whilst building a close and loving relationship between you.

Preparation

Bottles and teats need to be thoroughly cleaned and sterilised in order to kill any harmful bacteria. Follow the instructions on your chosen steriliser regarding this. Formula milk should be made up in line with the packet instructions, always read the label carefully.

How to bottle feed your baby

- Hold your baby close in a semi-upright position, in skin-to-skin contact if possible and maintain eye contact.
- Rub the teat gently over the upper lip, this will encourage them to open their mouth and draw in the teat.
- Hold the bottle horizontally with a slight upright tilt to prevent both air entering the teat and the milk flowing too fast.
- Towards the end of the feed remove the teat and wind your baby.
- If your baby shows continued feeding cues, offer the remaining milk.
- Don't try and force your baby to take more than they want.
- Limit the number of people who feed your baby to yourself and one or two others – this helps with building a relationship and bonding with your baby.
- Never leave your baby alone with a bottle.

If you have any concerns regarding feeding, please contact the lactation team.

Newborn Stools & Urine

DIAPER OUTPUT FOR BREASTFED BABIES	POOP	PEE
(1st 24 hours) DAY 1.	1 ●	1 ●
(24-48 hours) DAY 2.	2 ●●	2 ●●
(48-72 hours) DAY 3.	3 ●●●	3 ●●●
DAY 4.	3+ ●●●	4 ●●●●
DAY 5.	3+ ●●●	5 ●●●●●
DAY 6.	3+ ●●●	5+ ●●●●●
DAY 7.+	3+ ●●●	5+ ●●●●●
4-5 WEEKS.+	Varies...	5+ ●●●●●

- These changes suggest your baby is feeding well. however if you have any concerns about baby's feeding or the contents of his/her nappy, speak to the lactation team.
- Some babies will pass something called urates in their urine in the first couple of days after birth. This can be seen as an orange/red substance in the nappy and is of no cause for concern. Speak to your nurse if this still persists beyond the first couple of days.
- If you have had a baby girl, you may notice that she has a small 'pseudo period'. The withdrawal of your hormones that she received via the womb can cause a small amount of vaginal bleeding. This is perfectly normal.

Caring for your newborn

Vitamin D

Vitamin D supplementation is recommended especially for all breast-fed babies from birth. Your baby will receive a bottle on discharge and this will continue until your baby is a year old.

The umbilical cord

After your baby is born, their umbilical cord will be secured with a plastic clip. The cord will then take between three to ten days to dry out and drop off. It is normal for the cord to be slightly sticky and smelly as it dries out. The area can be cleaned with clean water if necessary.
If you notice any bleeding from the cord or redness on your baby's abdomen before discharge please let your nurse know.

Skin care and bathing

A newborn's skin is delicate and sensitive, and the use of any creams, lotions or cleansers should be avoided for at least the first month. Babies may have dry skin after birth, and this is nothing to worry about. When bathing, it is best to use plain water and only a very mild and non-perfumed soap if require.

Sudden Infant Death Syndrome (SIDS)/Cot Death -Safer sleep

Sudden infant death syndrome is the sudden and unexpected death of a baby where no cause is found. This is rare but it can still happen and there are some steps parents can take to reduce the risk of this occurring.

- Always place your baby on their back to sleep.
- Your baby should be placed with their feet to foot of the cot/Moses' basket to prevent them from sliding underneath covers.
- Do not use cot bumpers or quilts, only use sheets and lightweight aerated blankets.
- Keep your baby in a smoke free environment.
- Ensure room temperature is between 16-20°C, as overheating your baby can be dangerous.
- Use a firm, flat, waterproof mattress in good condition.
- The safest place for your baby to sleep is in a cot or Moses' basket in the same room as you, for the first six months.

Some parents may choose to co-sleep/bed-share with their baby. It is important for you to know how to do this safely –if you choose, however it is not advised as bed sharing is known to increase the risk of SIDS.

Never fall asleep with your baby on a sofa or armchair.

Bed sharing is particularly dangerous if:

- Either you or your partner smokes
- Either you or your partner has drunk alcohol or taken drugs
- You are extremely tired
- Your baby was born prematurely
- your baby was born at a low weight (2.5kg or 5½lbs or less)

Holding your baby safely

- Carry or hold your newborn to support your baby's head and neck at all times, make sure the neck is straight and head upright in order to breathe easily. Your baby will develop head control until about 4 months old, until then you have to ensure that his or her head doesn't flop from side to side or front to back.
- Ensure face always is visible to see if he/she is ok.
- Please put bedrails up so baby do not fall.

Feedback

Before you GO HOME, please talk to Nurse in Charge or Patient Experience Team if any concerns.

Resources

Caring for your baby's umbilical stump | BabyCentre https://www.babycentre.co.uk/a127/caring-for-your-babys-umbilical-stump#What%20Is%20An%20Umbilical%20Cord%20Stump?

The Lullaby Trust: www.lullabytrust.org.uk Baby Sleep Information Source (BASIS) www.basisonline.org.uk The UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative www.unicef.org.uk/babyfriendly

How to Hold a Newborn Baby – A Practical Guide | Pampers UK https://www.pampers.co.uk/newborn-baby/care/article/how-to-hold-a-baby

After your baby's birth
https://www.chelwest.nhs.uk/services/maternity/ccg-booklets/after-your-babys-birth-en.pdf

Your body after the birth - NHS (www.nhs.uk)

https://www.nhs.uk/pregnancy/labour-and-birth/after-the-birth/your-body/?ref=birthbabe.com

Unicef: www.unicef.org.uk/babyfriendly/baby-friendly-resources/support-forparents/

NHS Choices: www.nhs.uk/Conditions/pregnancy-and-baby/Pages/breastfeeding-firstdays.aspx

The National Childbirth Trust: www.nct.org.uk

www.nhs.uk/conditions/pregnancy-and-baby/pages/vitamins-for children.aspx

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