

After the birth of your baby

womensnewbornhealth.com.au

The first hours after the birth of your baby

The first hours after birth is when your baby is most awake and alert.

There are some routine things that will happen in the hours after the birth of your baby. They are aimed at making sure you and your baby are well.

Some babies may be transferred to the neonatal nursery for specialized care, but most babies are born in good health and will stay with you after their birth.

Skin-to-skin contact immediately after birth

Newborn babies don't have the ability to control their own temperature well, so it's very important that they be kept warm and dry.

After your birth, if you and your baby are well, he or she will be immediately placed skin-to-skin onto your chest or abdomen and covered with a warm towel or blanket.



Skin-to-skin contact with your baby will help to keep your baby

- Close
- Warm and calm
- Steady their breathing
- More likely to breastfeed

It's also a great time to start your first breastfeed because your baby will be alert and keen to feed. It's important that the baby is left in skin to skin contact, undisturbed, until after they have finished breastfeeding. Your midwife will offer any support you need. Once the baby is fed, your midwife can then weigh and measure the baby

If your baby is born by caesarean section, you will still be able to have skin-to-skin contact in the operating room and the recovery ward.

Some births involve complications that mean skin-to-skin may be delayed. Your midwife will ensure your baby is placed skin to skin with you as soon as possible.



Skin-to-skin contact is important at any time, helping to comfort you and your baby over the first few days and weeks as you get to know each other.

After the birth of your baby

womensnewbornhealth.com.au

Breastfeeding

Your baby should feed within the first hour after birth to get breastfeeding off to a good start.

At birth you have small amounts of a special milk called colostrum in your breasts. Colostrum will help protect your baby from infection. Your baby's tummy is very tiny, so they only need small amounts to fill up.



The first feed

Your baby's licking, nuzzling, or suckling at the breast stimulates your body's release of the hormone oxytocin. This hormone, known as the 'love hormone', plays a vital role in mother /baby bonding.

Oxytocin also stimulates contractions of your uterus, minimizing bleeding and helping your uterus return to its pre-pregnant size

The third stage - delivery of the placenta and membranes

Active management

Active management is recommended for all women, especially if:

- You bled more than a normal amount with your last birth (postpartum haemorrhage (PPH))
- You are having more than one baby
- You have a condition that makes it hard for your blood to clot
- You do not want to have blood products

You will be offered an injection of oxytocin as your baby is being born. This makes you have a strong contraction, helps with the birth of the placenta, and reduces your risk of heavy bleeding after the birth.

If your baby is well your midwife will delay cutting the cord until it has stopped pulsating. Your midwife will use two clamps on the cord and cut in-between them to separate the baby from the placenta. The midwife may offer for you, your partner or support person to cut the cord. The cord that is left on the baby will dry up, fall off and become the baby's bellybutton



Cutting the cord

After the birth of your baby

womensnewbornhealth.com.au

The midwife will use the cord attached to the placenta to gently pull it out, while at the same time applying some pressure to your tummy just above your pubic bone. This is referred to as '**active management**' of the third stage and takes between 5 to 30 minutes to happen.

Physiological third stage

During a 'physiological third stage' the placenta delivers naturally. It is better to be in an upright position so that gravity helps the placenta to come down into the vagina and you can then push it out. Injections and pulling on the cord are not used. The cord is only clamped and cut when the blood pulsing through the cord has stopped.

Skin-to-skin contact with baby and breastfeeding will help your uterus to contract and the placenta to deliver. This may take between 20 minutes to an hour.

A physiological third stage is not recommended when there have been complications during your pregnancy, labour, or birth.

Cutting your baby's cord

Cutting the cord is the same as inactive management. Your midwife will use two clamps on the cord and cut in-between them to separate the baby from the placenta. The midwife may offer for you, your partner or support person to cut the cord.

Cord blood

If you have a rhesus negative or O positive blood group your midwife or doctor will collect a tube of blood from the cord so they can check your baby's blood type.

Apgar Assessment

At one and five minutes after birth, an Apgar assessment will be done to evaluate your baby's

- Heart rate
- Breathing
- Muscle tone
- Reflex response
- Colour.

If your baby is doing well, you and your baby will not be separated.

Your midwife or doctor will be able to do these simple assessments (as well as other tasks) while your baby is resting with you skin-to-skin.

Identification (ID) bands

Minutes after the birth, and certainly before taking your baby out of the room for any reason, your midwife will put an ID band on your baby's wrist and on their ankle. This will show the baby is yours.

You and your baby's ID bands have matching information and must remain in place through-out your hospital stay.

Assessment of your baby

Following skin-to-skin time with your baby, and after your baby has completed the first breastfeed (at least an hour), your midwife will assess your baby from head to toe.

The midwife will:

- Measure and record your baby's temperature, heart and breathing rate
- Measure oxygen saturations
- Weigh your baby
- Measure your baby's head circumference and length.

After the birth of your baby

womensnewbornhealth.com.au

Your midwife will put a nappy on your baby and dress him/her in either a hospital baby gown, or you may prefer to use baby clothes and wraps that you have brought with you.



Weighing the baby

Baby's first bath

Babies are not usually bathed within the first 24 hours after birth. As mentioned earlier, your baby can't yet control their own temperature very well and bathing him or her soon after birth may not help. Also bathing baby early removes the scent of the amniotic fluid from baby's hands and other body parts. This scent helps your baby with finding your breast and latching to feed.

Vernix

The white waxy coating (vernix caseosa) on newborns' skin, is a natural moisturizer and cleanser, and protects against infection

A baby's first bath can certainly wait, and your midwife will offer you and you partner the opportunity to participate in baby's first bath when you are both ready and able.



Vernix on a newborn baby

Mother-baby bonding time is very important, and your midwife would not want to interfere with skin-to-skin time or baby's first breastfeeds.

Vitamin K and Hepatitis B injections

Your midwife will offer an injection of Vitamin K and an injection of Hepatitis B vaccination for your baby. Your midwife or doctor will have discussed the injections with you during your pregnancy.

Assessment of your vagina and perineum after a vaginal birth

Your midwife or doctor will inspect your vagina and perineum following the birth. Small tears and grazes are often left without stitches and will usually heal better this way.

If you have a large tear or have had an episiotomy (cut), you will need stitches. You will be given local anaesthetic and your midwife will assist positioning you for the repair procedure.

After the repair you will be given some pain relief and a cooling pad to make your perineum more comfortable and help any swelling to go down.

If you do need stitches or other treatments, you will still be able to continue cuddling and getting to know your baby.

After the birth of your baby

womensnewbornhealth.com.au

Your Care

During these first hours your midwife will regularly assess the amount of your vaginal blood loss and check that your uterus stays well contracted.

Your blood pressure, pulse rate and temperature will also be checked.

Many women feel very hungry once the baby is born. Your midwife will give you some refreshments to restore your energy following all your amazing, hard work.

When you are feeling ready, your midwife and your partner or support person will help you to the toilet, it is important to pass urine after the birth as this helps your uterus to stay well contracted and prevent heavy bleeding.

You may then like to shower and dress in comfy clothes.

Going Home

You may be planning to go home after the birth of your baby. The hospital recommends that you and your baby remain in the Birth Unit for a minimum of 4 hours before going home.

Your baby needs a complete physical examination before going home. A midwife may be able to complete this examination, however some baby's need to be checked by a paediatric medical officer (baby doctor). If your baby needs to be checked by the baby doctor, you may have to wait until one becomes available. Baby doctors prioritise the care of babies needing medical attention

Your midwife will arrange regular home visits by the Midwifery @ Home service midwife and for your baby to have a hearing test before you leave. If your baby is born during the night an appointment will be made for you to return for the hearing test.

If you are not planning to go home from the Birth Unit, then you and your baby will be transferred to the Maternity Ward.

Your length of stay in the hospital will depend on both you and your baby's well-being. Generally, following a normal birth a mother and baby remain in hospital for 1 or 2 nights. If you required a caesarean section, or your pregnancy or birth was complicated, your stay in hospital may be 3 nights or more depending on the health and well-being of you and your baby

Please ensure you have an approved child safety seat fitted in your car before taking your baby home.

Congratulations!

We welcome further feedback on this brochure as a way on continually improving our service.

Send your feedback to:

wslhd-wmdwnhwebsite@health.nsw.gov.au

