

Fact Sheet

After the birth of your baby.

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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 a number of routine things that will happen in the hours after the birth of your baby. They are generally aimed at making sure you and your baby are well and that everything is as it should be.

Some babies may be transferred to the neonatal nursery for specialized care, 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.

If you've had a vaginal delivery and you and your baby are both in good condition, 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, and
- steady their breathing.

It's also a great time to start your first breastfeed because your baby will be alert and keen to feed. Your midwife will offer any support you need.

Skin-to-skin contact after a caesarean

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

Some births involve complications that mean skin-to-skin may be delayed. Your midwife will help you have skin-to-skin contact with your baby as soon as it's possible.



Skin-to-skin contact is good at any time. It will help to comfort you and your baby over the first few days and weeks as you get to know each other.



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Breastfeeding

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

At the beginning, your breasts will produce small amounts of a special milk called colostrum that will help protect your baby from infection. Your baby's tummy is very tiny, so they only need these small amounts to fill up.



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 the mother to baby bonding process.

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

Delivery of the placenta and membranes (the third stage)

Active management

You will be offered an injection of oxytocin (©**Syntocinon**) as your baby is being born. This stimulates contractions and helps to push the placenta out reducing your risk of bleeding heavily after the birth.

This, along with clamping and cutting the cord and gentle cord traction by the midwife, is referred to as '**active management**' of the third stage. This can take from 5 minutes to 30 minutes.

Physiological

You may have planned a 'physiological third stage' where you prefer to allow the placenta to deliver naturally, assisted by gravity only. This involves upright positioning of mother, not clamping or cutting the cord until pulsations cease and no injections or cord traction.

Skin-to-skin contact with baby and breastfeeding will help your uterus to contract and the placenta to deliver. This may take from 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

Your midwife or doctor will clamp the umbilical cord in two places and then cut between the two clamps. Your partner or support person can cut the cord if they want.

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

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Apgar Assessment

At one and five minutes after birth, an Apgar assessment will be done to evaluate:

- baby's heart rate
- baby's breathing
- baby's muscle tone
- baby's reflex response
- baby's colour.

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

Your midwife or doctor should 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 wrist and one on your baby's wrist and one on him/her's ankle.

Your ID bands have matching information and must remain in place through-out your hospital stay

Examinations and Assessments of your baby

Following skin-to-skin time with your baby (at least an hour) your midwife or paediatrician will examine your baby from top to toe.

This will include:

- measuring and recording your baby's temperature
- weight of your baby
- head circumference and length.

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 your own baby clothes and wraps that you provide.



Baby's first bath

Babies are not usually bathed within the first hours or even days 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.

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

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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.

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

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 should have discussed the injections with you during your pregnancy.

Assessment of your vagina and perineum

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 offered local anaesthetic and your midwife will assist positioning you for the repair procedure.

If you do need stitches or other treatments, you should be able to continue cuddling your baby.

Your Care

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

Your blood pressure, pulse rate and temperature will be assessed to check that they are all within normal range.

Your midwife will ensure refreshments are provided for you following all your amazing work.

When you are feeling ready, your midwife and your partner or support person will help you to the toilet where you will be encouraged to pass urine.

A full bladder after childbirth can interfere with your uterus' ability to stay firmly contracted, increasing your risk of bleeding heavily. 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 midwife will arrange regular home visits by a midwife before you leave.

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 C-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!



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