

# Preparation for Birth Information

## Antenatal Classes - Session 3 “Life with your newborn”

This booklet is to help prepare for the birth of your new baby.

Please read this information alongside The NHS Pregnancy and Baby Guide, which can be found [here](#).

There is also a lot of extra information available via the GWH maternity unit website – click [here](#) to follow the link.



## **Before you go home...**

Most new mums who give birth in the hospital will stay for anything between a few hours after birth and one night, however if you or your baby need a longer stay then a reminder of the visiting times for the maternity unit might be useful.

If you stay you will be given a bed on the ward, usually in a 4 bed bay, however some single rooms are sometimes available on request for a fee of £250 per stay. Availability is not guaranteed and you will not receive any extra benefit other than a private bathroom. Payment must be made before you leave the ward – you will not be able to receive an invoice for payment at a later date.

**NO Visiting to Delivery Suite or the Birth Centre Hazel Ward  
(where you might stay overnight after the birth)**

**Open visiting: 2.00 – 8.00 pm**

**No children (i.e. under 16 years of age) to visit, except your own.**

**Partners 9am-9pm**

Partners will be allowed to stay for the first night only

There's more information about our antenatal and postnatal ward, Hazel Ward, [here](#).

## **What to expect when you leave**

(...because babies don't come with a manual!)

Telephone contact with a midwife is available 24/7:  
01793 604020 – ask the operator for bleep 1583 or 1465

### **Home visits**

You will receive postnatal care from the community team either in your home or at a postnatal clinic, depending on your preferences and the day of the week.

Home visits can occur on any day of the year (regardless of public holidays), will take place between 9am-5pm and are planned as follows:

- The day after you come home from the hospital
  - By a midwife
  - Physical checks of both you and the baby/babies
  - Assistance with feeding, as required
  - Discuss birth events, if you wish, and answer any questions you may have
  
- Day 3-5
  - By a midwife or a maternity support worker
  - Physical checks of both you and the baby/babies
  - Reweigh of your baby/babies

Please note: a bit of weight loss in the first few days is normal, as your baby adapts to being “on the outside”, learning the sensation of hunger, how to communicate their needs to you and how to feed effectively. We will calculate the weight loss as a percentage of their birth weight and advise accordingly.

- Assistance with feeding, as required
  - Answer any questions you may have
- 
- Day 5-7
    - By a midwife and/or a maternity support worker
    - Physical checks of both you and the baby/babies (including removal of dressing, if you have had a caesarean)
    - [Hearing screening](#) and [newborn bloodspot screening](#) for your baby/babies

To see a video about the hearing screening test, click [here](#).

- Answer any questions you may have

- Day 10-14
  - By a midwife
  - Physical checks of both you and your baby/babies
  - Reweigh of your baby/babies

We would expect their weight to have gained by now, although it may not be quite back up to birth weight just yet.

- Answer any questions you may have
- Discharge you both/all to the care of the Health Visitor and GP.

**Please note: we cannot give a definite time for home visits.**

You should always know when the next visit is planned or if you have been discharged, as this will be discussed and arranged with you before the healthcare professional leaves your home.

If extra visits are needed, these will be arranged with you on a 1-2-1 basis accordingly.

## **Health visitors**

Health visitors are nurses or midwives who have undertaken extra training and gained extra qualifications to look after the health and development of your baby until they start school. They are the person to turn to for help and advice regarding immunisations, weaning, potty training and the general developmental wellbeing of your baby.

The health visitor will contact you via telephone when your baby is around 2 weeks of age, to arrange a day and time that suits you both for them to visit you at home.

For more information on what a health visitor does, click [here](#).

Click [here](#) to watch a video about the health visitor's role.

## How will you feed your baby?

*You do not need to decide until your baby is in your arms.*

Midwives and health visitors will support you whichever method you choose. Have a look at [this short video](#) about meeting your baby for the first time.

If you want to breastfeed there is lots of help and support available. The back of your orange notes has details of support groups and websites. Volunteer support is available in Swindon via "[Breastmates](#)" and in Wiltshire by "[Mum 2 Mum](#)". These are groups run by women who have breastfed their own babies and then undergone training in how to support others.

You are welcome to attend whilst you are still pregnant as well as after your baby has been born, and you do not have to be experiencing problems in order to attend – everyone is welcome!

GWH is accredited with "Baby Friendly" status – a Unicef initiative that helps us to support you in your choice of how to feed your baby. Click [here](#) for access to their website – there are many short videos to watch designed to help you on your route to parenthood.

The GWH maternity unit website also has lots of information and advice about feeding your baby, whether you choose to [bottle feed](#) or [breastfeed](#).

If you are expecting more than 1 baby, see the [TAMBA website](#) for lots of advice, including [tandem breastfeeding](#) and general [parenting](#) tips.

Whichever method you choose, we advise that you feed your baby responsively. This means letting your baby lead the way in how often they feed and how much they have.

Look out for signs that your baby is hungry, including...:

|   |                      |
|---|----------------------|
| Waking up                                       | Looking around       |
| "Rooting" (moving their head from side to side) |                      |
| Licking lips                                    | Sucking fingers      |
| Fists in the mouth                              | making little noises |

...it is so much easier to feed a baby that hasn't worked itself up to crying!



## Caring for your baby Nappies!

The number and nature of nappies your baby fills each day can give you a good idea of how feeding is going. If your baby is not filling many nappies, or they are not changing (as stated below), then that might be a sign that they need more milk.

Here is a basic guide of what to expect over the first week:

### Day 1-3 = "Meconium"

Like marmite!

Black, thick, sticky...

If you're intending to use reusable nappies, you will need to use disposables until this stage has passed as it is VERY difficult to wash out!

Plus 1-3 wet nappies each day, minimum.

### Day 2-4 = "Green"

Like pesto!

Green, a few bits in it, sludgy.

Plus 2-4 wet nappies each day, minimum.

### Day 5+ = "Yellow"

Like chicken korma!

Yellow, bitty, can be very loose if breastfeeding, bit more paste-like if formula fed.

Plus 5+ wet nappies each day, minimum.

Remember: it may be difficult to see if your baby has also passed urine if the nappy is very full – if you are unsure whether your baby is peeing then placing a dry ball or pad of cotton wool into a clean nappy will make it very easy to spot (it will be obviously wet).

Click [here](#) for more information, and tips on how to change your baby's nappy.



## Bathing

Have everything you are going to need to hand and bear in mind: your newborn(s) may not enjoy their first bath!

There is no need to use any products in the water and your baby's skin does not need to have any products applied afterwards (unless you have been specifically instructed to do so by a doctor or midwife).

Make sure the room is warm and draught-free and check the temperature of the water with your elbow (it should feel nice and warm – not hot and definitely not cold!) or preferably a floating thermometer (it should be about 36.6-36.8°C).

Use bath time as an opportunity to check your baby over front and back and in areas like under the arms, neck creases and behind the ears!

[Here](#) is more information and a video to watch as many times as you need to in order to feel confident in bathing your baby for the first time.

## Things to look out for

### Feeling very hot/cold to the touch:

Babies' hands and feet are generally cool to the touch, so the best way to check they are warm enough is to feel their chest or back and compare it with your own – if they feel hotter/colder than you, adjust their clothing accordingly and recheck them in half an hour. If they remain hotter/colder, or are becoming even more so, get them checked by a doctor.

### Sudden disinterest in feeding:

You will soon learn your own baby's pattern of feeding, allow them to follow their own natural hunger and thirst. However, if your baby is suddenly not wanting to feed for extended periods of time, seek further advice from your midwife/health visitor/GP.

### Bulging or sunken fontanelle:

The "fontanelle" is the soft part of your baby's head – there are two, one at the front and one towards the back. If the one in the front is particularly sunken in, this could be a sign of dehydration and therefore that your baby needs a feed. If it is particularly swollen or tense, they may be unwell. Either extreme would require your baby to be checked by a doctor.

### Being rigid or floppy:

Babies generally wriggle about a bit when being handled, as they compensate for their change in position (and sometimes express their dislike at being disturbed!). If your baby is persistently stiff or floppy they will need to be checked by a doctor.

### Very sleepy or very unsettled:

Babies sleep a lot – it's when they do their growing and develop their brain the most! – but if they show extremes of sleepiness or being very unsettled, seek advice from your midwife/health visitor/GP.

Please remember: **if you are worried about your baby, seek advice:**  
**Dial 111 – see the GP – go to an Urgent Care Centre – dial 999 in an emergency**

If you feel it would help, then consider doing a [Baby First Aid](#) course.



## “Cot Death”

[Here](#) is the link to the Lullaby Trust website, which is where you will get all the information you need to help prevent sudden infant death syndrome, also known as “cot death”.

Please read the information and watch the [video](#) to be sure you are familiar with all these important recommendations about how to help keep your baby safe.

Here are some reminders:

**Safer sleep for babies**  
Things You Can Do:

- Always place your baby on their back to sleep
- Keep your baby smoke free during pregnancy and after birth
- Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months
- Breastfeed your baby, if you can
- Use a firm, flat, waterproof mattress in good condition

**Things To Avoid:**

- Never sleep on a sofa or in an armchair with your baby
- Don't sleep in the same bed as your baby if you smoke, drink or take drugs or if your baby was born prematurely or was of low birth weight
- Avoid letting your baby get too hot
- Don't cover your baby's face or head while sleeping or use loose bedding

You should follow the advice for all naps, not just for night time sleep

Sudden Infant Death Syndrome (SIDS) is the sudden and unexpected death of a baby for no obvious reason and although we don't yet know how to completely prevent SIDS, it is possible to significantly lower the chances of it happening by following the advice.

You can also talk to your midwife or health visitor if you have any questions or concerns, or get in touch with us  
 Email: [info@lullabytrust.org.uk](mailto:info@lullabytrust.org.uk)  
 Telephone: 0808 802 6869  
 Website: [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

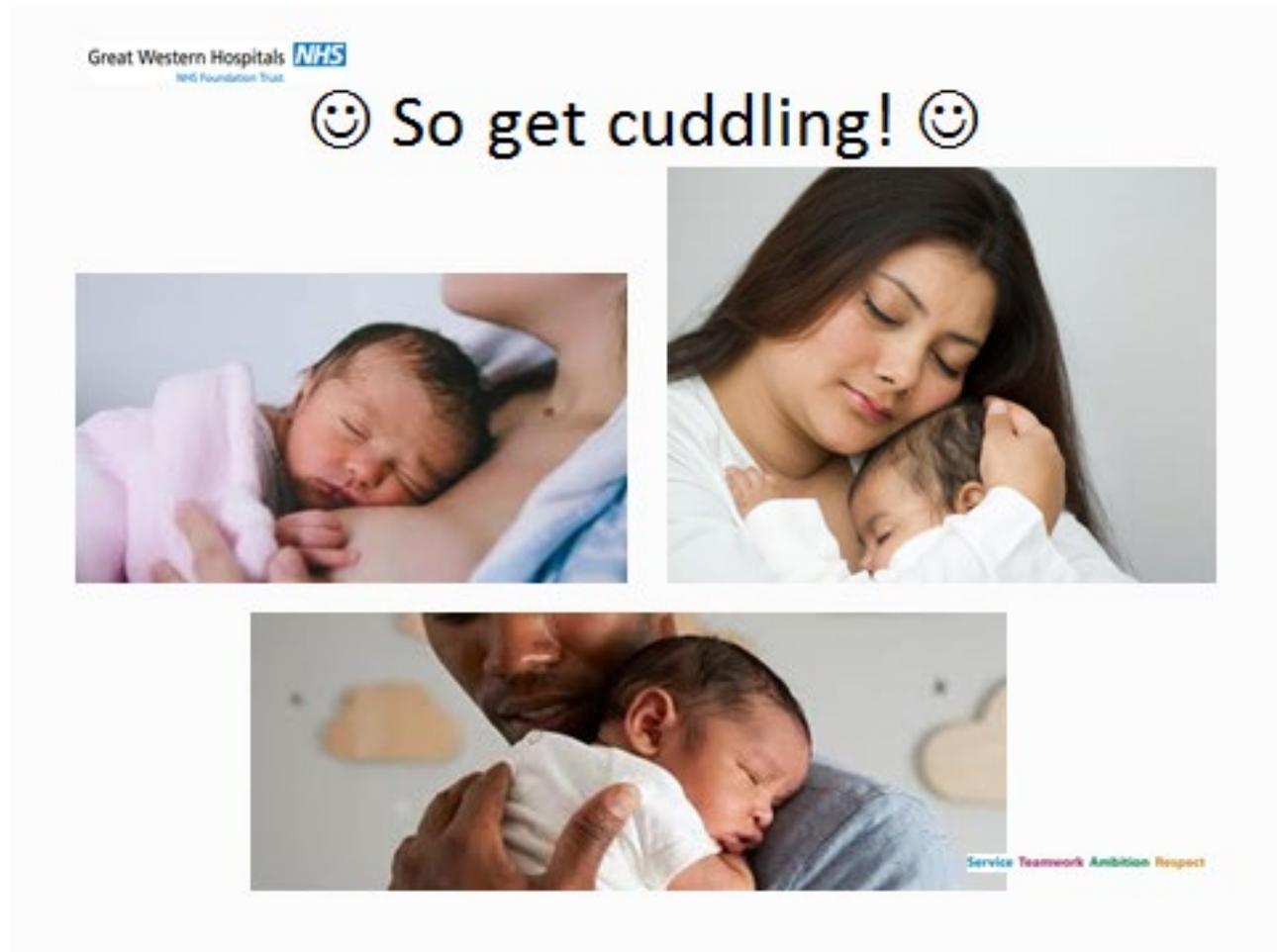
This leaflet was produced by the Lullaby Trust. The information was last updated in March 2013. Wording approved by UNICEF UK. Registered charity no. 28268. Company registration no. 040068. Formerly The Foundation for the Study of Infant Deaths (FSID).

Remember – research is always helping us to know more about how to keep our babies safe and recommendations and advice has changed over the years to reduce the numbers of babies who suffer cot death. Advice given by friends and family may not always be up to date, so check first with the information we have given you or by asking your midwife or health visitor.



Remember: newborn babies need physical and emotional closeness for comfort and good development.

It is not good for babies to be left to cry...  
Responding to your baby will not “spoil” them, but will help them feel safe and secure.



We know that going home with a newborn baby (or more!) can be daunting – don't forget that you can always call us on 01793 604020 asking for bleep 1583 or 1465.

With best wishes from the whole of GWH Maternity Team!