

Understanding NICE guidance

Information for people who use NHS services

Care of women and their babies in the first 6–8 weeks after birth

NICE 'clinical guidelines' advise the NHS on caring for people and the treatments they should receive.

This booklet is about the care of women and their babies in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence). It is written for women who are preparing to give birth or have recently given birth but it may also be useful for their families or carers.

This booklet aims to help you understand the care that should be available in the NHS during the first 6–8 weeks after birth (called the postnatal period). Because each woman and baby has different needs every postnatal contact is different. This booklet is focused on the care and information needs of healthy women and healthy babies.

During this period you may have some concerns about your health or that of your baby. It is important that you speak to a member of your healthcare team (such as your midwife, health visitor, GP, maternity care support worker) if you have any concerns or questions. You and your family should be encouraged to ask for help whenever you need it. There are examples of questions you could ask throughout this booklet to help you with this.



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The advice in the NICE guideline covers:

- the core care that every healthy woman and healthy baby should be offered during the first 6–8 weeks after the birth.

Care and communication

Your care should take into account your personal needs and preferences. You have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances.

This information, and any discussions you have with your healthcare team, should include explanations about the care you receive. You can ask any questions you want and can always change your mind. Your own preference is important and your healthcare team should support your choice of care wherever possible.

All healthcare professionals should treat you and your baby with respect, dignity, kindness and understanding and explain your care simply and clearly.

Your care and the information you are given about it should take account of any religious, ethnic or cultural needs you may have. It should also take into account any additional factors, such as physical or learning disabilities, sight or hearing problems, or difficulties with reading or speaking English. A member of your healthcare team should be able to arrange for you to have an interpreter or an advocate (someone who supports you in asking for what you want) if that is what you need. Your interpreter or advocate will keep anything you tell them private.

You should be offered consistent, clear information to help you take care of your health and that of your baby. You should be given a booklet called 'Birth to five' published by the Department of Health. This is a guide to parenthood and the first 5 years of a child's life.

Your healthcare professional should also give you a personal child health record for your baby. This record should be kept by you and used to note your baby's health until he or she is at least 5 years old. It should also be regularly updated by your healthcare professional.

If you think that your care does not match what is described in this booklet, please talk to a member of your healthcare team.

Some care may not be suitable for you, depending on your individual circumstances. If you have questions about the care and treatment covered in this booklet, please talk to your healthcare team.

Supporting good care for women and their babies

All healthcare professionals caring for women and their babies should meet the national standards (competencies) agreed for their role.

Health services should have clear written agreement about communication and the transfer of care of women and their babies between different places of care (such as hospitals and GP surgeries) and different healthcare professionals (such as health visitors and midwives).

NICE has recommended that all health services caring for women and their babies ensure they put into practice a programme that encourages breastfeeding. This programme should be approved by an external organisation. The Baby Friendly Initiative is a global programme set up by UNICEF and the World Health Organization. Its aim is to improve practice so that parents get the help they need to make informed choices about how they feed and care for their babies. The standards set by this initiative should be part of this breastfeeding programme.

First 24 hours after birth

Some women give birth in hospital while others give birth at home. If you give birth in hospital, you should expect to be with your baby all of the time (this is called rooming in). You should also be offered privacy, adequate rest and be able to have food and drink whenever you need it. How long you stay in hospital should be discussed with your healthcare professional. They will take into account your health and that of your baby as well as the level of support available to you at home.

Postnatal care plan

In the first 24 hours after giving birth, your healthcare professional should work with you to develop a written postnatal care plan tailored to your needs. This plan should describe how you will progress through the next 6–8 weeks and should include relevant factors from your care before, during and immediately after the birth. Your postnatal plan should provide a record of the care you and your baby receive and will be filled in during every contact you have with a member of your healthcare team. The names, roles and contact details of all the healthcare professionals involved in your care should be included. One of these healthcare professionals should be responsible for coordinating your care and should be clearly identified.

Your health

Most women can expect to have a healthy and safe postnatal recovery.

In the first 24 hours after giving birth a number of health checks are recommended for everyone. Your healthcare professional should:

- measure your blood pressure within the first 6 hours
- check you have passed urine within the first 6 hours
- encourage you to move around gently
- offer you an opportunity to talk about the birth.

A small number of women may develop serious health conditions. Your healthcare professional should ensure that you are aware of the signs and symptoms of these serious conditions. You should be encouraged to contact a member of your healthcare team straight away or call for emergency help if you have any of the symptoms (see page 11).

Your healthcare professional will offer you an injection of MMR (mumps, measles and rubella) if you need it.

Your baby's health

Most babies are born healthy and stay healthy in the postnatal period.

Healthy babies have normal colour for their ethnicity, a stable temperature, and pass urine and stools regularly. They should initiate feeds, suck well on the breast (or bottle) and settle between feeds.

Within the first 24 hours of birth your healthcare professional should offer to give your baby an injection of vitamin K. This will prevent a rare but serious blood disorder. Your healthcare professional should explain why this injection is needed and ensure that you understand. This guideline recommends the injection as the best method to give your baby vitamin K. If you don't want your baby to have this injection, you should be offered a liquid form of vitamin K which has to be given by mouth (orally) to your baby. This liquid needs to be given several times in the first few weeks to make sure it works.

A small number of babies have problems with their health. Babies who develop jaundice (a condition that causes yellowish colouring of the eyes and skin) in the first 24 hours should be checked straight away. Babies who haven't passed the thick, sticky, greenish-brown meconium (the first stool of newborn babies) in the first 24 hours should also be checked straight away.

You should be offered information on how to:

- bath your baby (cleansing agents, lotions and medicated wipes are not recommended)
- keep the umbilical cord clean and dry
- feed your baby, including information on breastfeeding, and information on the preparation and storage of formula milk and the sterilisation of bottles and teats if you are going to bottle feed.

Feeding

Within the first hour of giving birth you should not be separated from your baby. You should be encouraged to have skin-to-skin contact with your baby and offered support to help you and your baby start breastfeeding.

The benefits of breastfeeding and colostrum should be explained to you. Colostrum is the first milk and gradually changes over time. It is rich in fats and protein, and helps protect babies against infection.

You should be offered advice on how to best position your baby and yourself for breastfeeding. This will help to ensure your baby attaches correctly and that you are both comfortable. You should be reassured that you may experience brief discomfort when you start a breastfeed, but this should not persist.

If you have had a caesarean section, pain-killing injections or anaesthetic, or a delay before being with your baby, you should be offered extra support to help you start breastfeeding. If you give birth in hospital and go home soon after, you should be reassured that you will still be able to breastfeed successfully.

You should be shown how to express breast milk by hand, and if you have been separated from your baby you should be shown how to use a breast pump to help encourage your milk supply. Your healthcare professional should also give you information on how to store and freeze breast milk.

If you are going to feed your baby with formula milk, you should be advised on how to prepare and store formula and how to clean and sterilise bottles and teats.

Milk for your baby (breast milk and formula milk) should not be warmed in the microwave as it can become dangerously hot.

Every postnatal contact

Your health

At every postnatal contact with your healthcare professional you should be asked about your health and that of your baby. You should be offered information to help you stay healthy, including advice on diet and exercise. It is also important to get out and about and meet other mothers and babies and plan social activities.

You should be asked about how you are coping and about the support you are getting. You should be encouraged to discuss any concerns with your healthcare professional. At every contact you should be asked how much bleeding you have and if you have had any headaches. If you have a wound from a tear or a cut (episiotomy) to your perineum, which is the area between the opening of your vagina and your anus, your healthcare professional should also ask about how it is healing.

Questions you might like to ask your healthcare team

- Are there any playgroups or other social activities for mothers and babies in my area?
- What are the opening times of my baby clinic?
- How do I contact you or another healthcare professional in the evening or at the weekend?
- What can I do to look after my own health and recovery?
- Is it normal to feel tearful, anxious or sad?
- Where can I get support from people in a similar situation?
- Can you give me information in my own language?
- Can I have an interpreter or advocate to help me understand my care and the care of my baby?

You may feel tearful, anxious or sad (this is often called baby blues). Your healthcare professional should discuss this with you. Baby blues is common and the symptoms often go away on their own. If you or your family notice changes in your mood or emotions that last longer than a couple of weeks, let your healthcare professional know.

Common health concerns experienced by women who have recently given birth are shown on page 14. The recommended actions for your healthcare professional are also given. If you are worried about any of these health issues speak to your healthcare professional, who should support and advise you.

Your baby's health and feeding

At every contact, you should be offered information to help you care for your baby's health and recognise potential concerns (see pages 12–13). This information should help you identify if your baby is unwell and when you need to contact your healthcare professional. If you are worried about your baby's health or have any questions, you should be encouraged to talk to your healthcare professional.

At every contact, your healthcare professional will also ask how your relationship with your baby is developing and how you are getting along as a family. Your healthcare professional can show you how your baby responds to you, and offer advice and support if you need it.

If your baby is breastfeeding

Your healthcare professional should ask you about breastfeeding at every contact. You should be offered advice and support if you have any concerns (see page 15). For example, if you find breastfeeding painful your healthcare professional should work with you to find the right position for you and your baby and ensure your baby is attaching properly.

You should be encouraged to breastfeed your baby as often and for as long as he or she wants. This will help your body produce enough milk. Your baby will stop feeding when he or she is satisfied; this may be after feeding on both breasts or just one breast. You should not be advised to give your baby a top-up of formula milk if you are breastfeeding.

Questions you might like to ask your healthcare team

- How can I get some help with breastfeeding?
- Is there a breastfeeding support group in my area?
- How can I make sure my baby is getting enough milk?
- How can I increase my milk supply?

During the first week

Your health

During the first week your healthcare professional should continue to ask about your health and address any concerns you may have. Some common concerns are shown on page 14.

It is possible to get pregnant in the first few weeks after giving birth. Your healthcare professional should give you advice about contraception and help you get hold of contraceptives if you need them.

Your baby's health

Your baby should be examined fully within the first 72 hours of birth. This examination includes a review of your family's medical history and any concerns you may have, as well as a complete physical check. The aims of this examination should be clearly explained. Any findings should be shared with you and recorded in your postnatal care plan and your baby's personal child health record. Both parents should be encouraged to be present during this examination.

You should also be offered the newborn blood spot test when your baby is 5–8 days old. This test is used to help identify some very uncommon problems that cannot be seen in the physical examination.

If your baby is breastfeeding

Your healthcare professional should review your breastfeeding experience each time they talk with you. If you or your healthcare professional has any concerns – for example, that your baby is not getting enough milk, or you are experiencing pain – these should be discussed. If you think your baby is not getting enough milk you may be advised to increase your milk supply by feeding more regularly or to use expressed breast milk in a cup (or bottle).

You should be encouraged to discuss any concerns you may have about breastfeeding with your healthcare professional or support worker (some common concerns are listed on page 15). Your healthcare professional should work with you to help you breastfeed successfully.

Signs that your baby is getting enough milk

You can hear your baby swallowing, there's a rhythmic sucking and occasional pauses, the baby's hands and arms are relaxed, she or he has a moist mouth and there are regular wet nappies

Signs that you're okay during breastfeeding

You don't have breast or nipple pain, you feel your breast getting softer during the feed, your nipple isn't misshapen or flattened at the end of the feed and you feel relaxed and sleepy

Safety

When your healthcare professional visits you at home they should discuss basic safety issues with you and your family. They should encourage the correct use of basic safety equipment such as car seats and smoke alarms.

Your healthcare professional should also give you information on how to reduce the risk of sudden infant death syndrome (commonly known as cot death). You should be advised that the safest place for your baby to sleep is in a cot in your room for the first 6 months. You should also be advised never to sleep with your baby on the sofa or in a chair.

However, if you choose to share a bed with your baby you should be advised that there is an increased risk of cot death if either parent is a smoker, has recently drunk any alcohol, is very tired, or has taken drugs that make them sleep more heavily.

Your healthcare professional will be alert to any signs and symptoms of domestic abuse or child abuse. If they are concerned about you, your baby or members of your family, they will follow local policies to ensure you receive the right advice and support.

By 6–8 weeks

Your health

At the end of the postnatal period, your healthcare professional should review your health and recovery. You should be encouraged to discuss any concerns you have. Your healthcare professional will ask you about how you are feeling and your social well-being. If you are feeling sad or anxious your healthcare professional should consider that you may be experiencing postnatal depression, and should arrange support for you.

You should be offered advice on contraceptives, including contact details for expert advice. You should also be given details of any local support groups for mothers and babies.

Your baby's health

By 4–5 weeks old, your healthcare professional should ensure your baby's hearing has been checked. Any routine injections needed for your baby should be offered at 8 weeks of age.

Your baby should have a complete physical check. Your healthcare professional should also check your baby's social smiling skills and that he or she can look at things and follow them with their eyes.

Potentially serious health conditions in women

Symptoms to watch out for	What this could mean	What should happen
Sudden or very heavy blood loss and signs of shock, including faintness, dizziness, palpitations or tachycardia (when you become aware of your heart beating very fast)	Haemorrhage	You should get emergency medical attention
If there are no signs of haemorrhage but your abdomen feels sore and tender you should be checked for other possible causes	Haemorrhage or infection	You should get emergency medical attention
Fever (high temperature), shivering, abdominal pain or unpleasant vaginal discharge. Your temperature should be taken, and if it's above 38°C, it should be taken again in 4–6 hours. If your temperature is still high, or there are other signs of infection, you should be checked further	Infection	You should get emergency medical attention
Headache and one or more of the following in the first 72 hours after giving birth: <ul style="list-style-type: none"> • changes in your vision • nausea or vomiting You should have your blood pressure measured, and if it's higher than expected and you have other signs of pre-eclampsia or eclampsia, you should get emergency medical attention. If your blood pressure is higher than expected but there are no other obvious signs, it should be measured again within 4 hours. If your blood pressure is still high, you should have further tests	Pre-eclampsia or eclampsia	You should get emergency medical attention
Pain, swelling or redness in the calf muscle of one of your legs	Blood clot (deep vein thrombosis)	You should get emergency medical attention
Difficulty breathing, feeling short of breath or having chest pain	Blood clot (pulmonary embolism)	You should get emergency medical attention

Common health concerns in newborn babies

Concern	What should happen
Jaundice (yellowish colouring of the eyes and skin) or pale stools	Contact your healthcare professional
Jaundice in the first 24 hours of birth	You should get emergency medical attention for your baby
Jaundice in babies aged 24 hours or older	Your baby's well-being and health should be monitored
Jaundice in babies aged 7–14 days	Your baby should be assessed by your healthcare professional
Jaundice in breastfeeding babies	You should be advised to feed your baby often and wake your baby to feed if necessary. You should not be advised to top up with formula milk, water or dextrose (sugar) water
Nappy rash	Your healthcare professional should offer advice on how to reduce nappy rash (for example, by avoiding bubble baths, medicated wipes and harsh detergents, and using only mild detergents and fabric softeners)
Persistent nappy rash that is painful	You may be offered antifungal cream or gel to treat your baby
Thrush (a common fungal infection) in the mouth or on the bottom	You should be given information and guidance about relevant hygiene practices. If thrush is causing feeding problems or you or your baby are in pain, you should be given antifungal cream or gel
If a newborn baby hasn't passed meconium (the first stool of newborn babies) within 24 hours of being born	You should get emergency medical attention for your baby
Constipation in a bottle-fed baby	Your healthcare professional should check the preparation quantity, frequency and composition of feeds

Common health concerns in newborn babies

Concern	What should happen
Diarrhoea	Your healthcare professional should check your baby and give advice
Excessive and inconsolable crying	Your healthcare professional should offer reassurance and check for possible causes of the crying, including colic (see below)
Colic	Your healthcare professional should reassure you. Holding your baby through the crying episode or speaking to other people in the same situation may help
Colic in a bottle-fed baby	You may be offered a special type of formula milk, but you need to use this with the supervision of your healthcare professional

Common health concerns in women who have recently given birth

Symptoms to watch out for	What this could mean	What should your healthcare professional do?
Not being able to pass urine within 6 hours of birth	Urine retention	Advise you to take a warm bath or shower. Recommend use of a catheter if this doesn't work
Painful, stinging, unpleasant smelling, uncomfortable vagina and/or surrounding area (perineum)	Infection	Offer to check your perineum for signs of infection and problems with healing. Advise use of crushed ice or cold gel pads and paracetamol. If your perineum doesn't get better you may be offered medication to help reduce any inflammation
Difficulty or inability to pass stools	Constipation	Advise you on your diet and fluid intake. You may be offered a gentle laxative if changes in diet don't help
Leaking urine when you don't mean to	Urinary incontinence	Advise you on how to strengthen your pelvic floor muscles with exercises. Refer you for more treatment if these don't help
Low mood, anxiety, restlessness, tearfulness, fatigue	Baby blues, postnatal depression	Encourage you to take gentle exercise, take time to rest, get help with caring for your baby and talk to someone, and ensure you have access to social support networks. If you have experienced symptoms of the baby blues which have not improved after 10–14 days you should be assessed to see if you have postnatal depression
Rectal pain or bleeding	Haemorrhoids	Advise you to increase the amount of fluid and fibre in your diet to help avoid constipation. Offer to check your rectal area and offer treatments or further evaluation if needed
Passing stools when you don't mean to	Faecal incontinence	Assess how severe the problem is and ask how long it has been happening for. Refer you for further checks if this doesn't get better
Persistent tiredness	Anaemia (not enough iron in your blood)	Ask you about your general well-being and offer you advice on diet, exercise and planning activities. Check for any physical, psychological or social causes. You may be offered iron supplements
Backache	Musculoskeletal problem	Check your back for the potential cause and treat according to local guidance

Common breastfeeding concerns

Concern	What should your healthcare professional do?
Cracked or painful nipples	Assess attachment and positioning of you and your baby. If the pain continues, it may be because of thrush, and your healthcare professional may offer you antifungal creams
Full, painful, tender breast(s)	Advise frequent unlimited breastfeeding, breast massage, hand expression and paracetamol. You should be advised to wear a well-fitting bra
Mastitis (flu-like symptoms; red, tender and painful breasts)	Offer help with attachment and positioning and advise continued breastfeeding and/or hand expression, gentle breast massage, paracetamol and to drink more fluids. You should be advised to contact your healthcare professional again if the symptoms last more than a few hours. You may be offered antibiotics
Inverted nipples (this does not mean you cannot breastfeed your baby, but you may need more help and support to get you started)	Provide reassurance and extra breastfeeding support
Difficulty feeding your baby after help with attachment and positioning	Provide extra help with attachment and positioning, but if feeding doesn't improve, your baby should be checked for tongue tie
Feeling you don't have enough breastmilk to feed your baby	Provide reassurance, help with attachment and positioning and check your baby's health
Sleepy baby	Advise skin-to-skin contact or massaging of the baby's feet to wake the baby for feeding. Your baby should be checked if he or she continues to be sleepy

More information about postnatal care

The organisations below can provide more information and support for women and their babies. Please note that NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

- National Childbirth Trust, 0870 7703236, www.nct.org.uk
- La Leche League, breastfeeding helpline 0845 1202918, www.laleche.org.uk

NHS Direct online (www.nhsdirect.nhs.uk) may also be a good starting point for finding out more. Your local Patient Advice and Liaison Service (PALS) may also be able to give you further information and support.

About NICE

NICE produces advice (guidance) for the NHS about preventing, diagnosing and treating different medical conditions. The guidance is written by independent experts including healthcare professionals and people representing patients and carers. They consider the best available evidence on the condition and treatments, the views of patients and carers and the experiences of doctors, nurses and other healthcare professionals working in the field. Staff working in the NHS are expected to follow this guidance.

To find out more about NICE, its work and how it reaches decisions, see www.nice.org.uk/aboutguidance

This booklet and other versions of this guideline aimed at healthcare professionals are available at www.nice.org.uk/ICG037

You can order printed copies of this booklet from the NHS Response Line (phone 0870 1555 455 and quote reference N1075).