Care of women and their babies after birth

Information for the public
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About this information

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

This information explains the advice about the care that women and their babies should receive in the first 6–8 weeks after birth (called the postnatal period). This information is set out in NICE guideline 37. The information about safe sleeping was updated in 2014 and now covers the first year of a baby’s life. This information can be found in the safety section.

Does this information apply to me?

Yes, if you are a woman who has had a baby in the past 6–8 weeks. The information about safe sleeping applies to the first year of a baby’s life.

Your care team

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

A range of professionals may be involved in different areas of treatment or support. These could include GPs, midwives, health visitors, GP practice nurses, specialist nurses and specialist doctors.
Working with you

Your care team should talk with you about your care and the care of your baby. They should explain any tests, treatments or support you should be offered so that you can decide together what is best for you. Your partner, family or carer may be involved in helping to make decisions. There are questions you can use to help you talk with your care team.

You may also like to read NICE’s information for the public on patient experience in adult NHS services. This sets out what adults should be able to expect when they use the NHS. We also have more information on the NICE website about using health and social care services.

You should be offered consistent, clear information to help you take care of your health and that of your baby.

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.

Supporting good care for women and their babies

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

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 described in potentially serious health conditions in women.
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.

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.

Safe sleeping in your baby's first year

Your healthcare professional should advise you about safe sleeping in your baby's first year. They should recognise that you may have reasons for sleeping with your baby. They should also recognise that sleeping with a baby may be unplanned (for example, on a sofa or a chair). Your healthcare professional should tell you that although sudden infant death syndrome is...
rare, it does happen more often when parents or carers sleep with a baby (on a bed, sofa or chair).

Sudden infant death syndrome is more likely if a parent or carer sleeps with a baby (on a bed or sofa or chair) and a parent, carer or partner smokes. It may be more likely if a parent or carer sleeps with a baby and has taken drugs, has recently drunk alcohol, or if the baby was small at birth or born early (before 37 weeks).

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.

**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 explained in common health concerns in women who have recently given birth. 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 common health concerns in newborn babies). 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. 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 1 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 explained in common health concerns in women who have recently given birth.

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 (see common breastfeeding concerns). 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.

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

<table>
<thead>
<tr>
<th>Symptoms to watch out for</th>
<th>What this could mean</th>
<th>What should happen</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>Haemorrhage</td>
<td>You should get emergency medical attention</td>
</tr>
<tr>
<td>If there are no signs of haemorrhage but your abdomen feels sore and tender you should be checked for other possible causes</td>
<td>Haemorrhage or infection</td>
<td>You should get emergency medical attention</td>
</tr>
<tr>
<td>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</td>
<td>Infection</td>
<td>You should get emergency medical attention</td>
</tr>
</tbody>
</table>
Headache and 1 or more of the following in the first 72 hours after giving birth:
- 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.

<table>
<thead>
<tr>
<th>Concern</th>
<th>Pre-eclampsia or eclampsia</th>
<th>What should happen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain, swelling or redness in the calf muscle of 1 of your legs</td>
<td>Blood clot (deep vein thrombosis)</td>
<td>You should get emergency medical attention</td>
</tr>
<tr>
<td>Difficulty breathing, feeling short of breath or having chest pain</td>
<td>Blood clot (pulmonary embolism)</td>
<td>You should get emergency medical attention</td>
</tr>
</tbody>
</table>

Common health concerns in newborn babies

<table>
<thead>
<tr>
<th>Concern</th>
<th>What should happen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jaundice (yellowish colouring of the eyes and skin) or pale stools</td>
<td>Contact your healthcare professional</td>
</tr>
<tr>
<td>Jaundice in the first 24 hours of birth</td>
<td>You should get emergency medical attention for your baby</td>
</tr>
<tr>
<td>Jaundice in babies aged 24 hours or older</td>
<td>Your baby's wellbeing and health should be monitored</td>
</tr>
<tr>
<td>Jaundice in babies aged 7–14 days</td>
<td>Your baby should be assessed by your healthcare professional</td>
</tr>
<tr>
<td>Condition</td>
<td>Advice/Procedure</td>
</tr>
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<td>-----------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
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<tr>
<td>Jaundice in breastfeeding babies</td>
<td>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</td>
</tr>
<tr>
<td>Nappy rash</td>
<td>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)</td>
</tr>
<tr>
<td>Persistent nappy rash that is painful</td>
<td>You may be offered antifungal cream or gel to treat your baby</td>
</tr>
<tr>
<td>Thrush (a common fungal infection) in the mouth or on the bottom</td>
<td>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</td>
</tr>
<tr>
<td>If a newborn baby hasn't passed meconium (the first stool of newborn babies) within 24 hours of being born</td>
<td>You should get emergency medical attention for your baby</td>
</tr>
<tr>
<td>Constipation in a bottle-fed baby</td>
<td>Your healthcare professional should check the preparation quantity, frequency and composition of feeds</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>Your healthcare professional should check your baby and give advice</td>
</tr>
<tr>
<td>Excessive and inconsolable crying</td>
<td>Your healthcare professional should offer reassurance and check for possible causes of the crying, including colic (see below)</td>
</tr>
<tr>
<td>Colic</td>
<td>Your healthcare professional should reassure you. Holding your baby through the crying episode or speaking to other people in the same situation may help</td>
</tr>
<tr>
<td>Colic in a bottle-fed baby</td>
<td>You may be offered a special type of formula milk, but you need to use this with the supervision of your healthcare professional</td>
</tr>
</tbody>
</table>
### Common health concerns in women who have recently given birth

<table>
<thead>
<tr>
<th>Symptoms to watch out for</th>
<th>What this could mean</th>
<th>What should your healthcare professional do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not being able to pass urine within 6 hours of birth</td>
<td>Urine retention</td>
<td>Advise you to take a warm bath or shower. Recommend use of a catheter if this doesn't work</td>
</tr>
<tr>
<td>Painful, stinging, unpleasant smelling, uncomfortable vagina and/or surrounding area (perineum)</td>
<td>Infection</td>
<td>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</td>
</tr>
<tr>
<td>Difficulty or inability to pass stools</td>
<td>Constipation</td>
<td>Advise you on your diet and fluid intake. You may be offered a gentle laxative if changes in diet don't help</td>
</tr>
<tr>
<td>Leaking urine when you don't mean to</td>
<td>Urinary incontinence</td>
<td>Advise you on how to strengthen your pelvic floor muscles with exercises. Refer you for more treatment if these don't help</td>
</tr>
<tr>
<td>Low mood, anxiety, restlessness, tearfulness, fatigue</td>
<td>Baby blues, postnatal depression</td>
<td>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</td>
</tr>
<tr>
<td>Rectal pain or bleeding</td>
<td>Haemorrhoids</td>
<td>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</td>
</tr>
<tr>
<td>Passing stools when you don't mean to</td>
<td>Faecal incontinence</td>
<td>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</td>
</tr>
<tr>
<td>Concern</td>
<td>What should your healthcare professional do?</td>
<td></td>
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</tr>
<tr>
<td>Cracked or painful nipples</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Full, painful, tender breast(s)</td>
<td>Advise frequent unlimited breastfeeding, breast massage, hand expression and paracetamol. You should be advised to wear a well-fitting bra.</td>
<td></td>
</tr>
<tr>
<td>Mastitis (flu like symptoms; red, tender and painful breasts)</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Inverted nipples (this does not mean you cannot breastfeed your baby, but you may need more help and support to get you started)</td>
<td>Provide reassurance and extra breastfeeding support.</td>
<td></td>
</tr>
<tr>
<td>Difficulty feeding your baby after help with attachment and positioning</td>
<td>Provide extra help with attachment and positioning, but if feeding doesn't improve, your baby should be checked for tongue tie.</td>
<td></td>
</tr>
<tr>
<td>Feeling you don't have enough breastmilk to feed your baby</td>
<td>Provide reassurance, help with attachment and positioning and check your baby's health.</td>
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</tbody>
</table>
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

Sources of advice and support

- National Childbirth Trust (NCT), pregnancy and birth helpline 0300 330 0700, details of local branches 0844 243 6000 [www.nct.org.uk](http://www.nct.org.uk)
- La Leche League, breastfeeding helpline 0845 120 2918 [www.laleche.org.uk](http://www.laleche.org.uk)
- The Lullaby Trust, 0808 802 6869 [www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

You can also go to [NHS Choices](http://www.nhs.uk) for more information.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

Other NICE guidance

- [Care of women and their babies during labour and birth](http://guidance.nice.org.uk/cg190) (2014) NICE guideline CG190
- [Caesarean section](http://guidance.nice.org.uk/cg132) (2011) NICE guideline CG132
- [Antenatal care for women who are pregnant with twins or triplets](http://guidance.nice.org.uk/cg129) (2011) NICE guideline CG129
- [Helping pregnant women make the best use of antenatal care services](http://guidance.nice.org.uk/cg110) (2010) NICE guideline CG110
- [High blood pressure in pregnancy](http://guidance.nice.org.uk/cg107) (2010) NICE guideline CG107
- [Quitting smoking in pregnancy and following childbirth](http://guidance.nice.org.uk/PH26) (2010) NICE guideline PH26
- [Induction of labour](http://guidance.nice.org.uk/cg70) (2008) NICE guideline CG70
- [Diabetes in pregnancy](http://guidance.nice.org.uk/cg63) (2008) NICE guideline CG63
Accreditation

Health & care information you can trust

The Information Standard
Certified Member

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