

Your Newborn Baby

Royal Hospital for Women

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Feeding Baby

Feeding in response to baby's needs/hunger cues is recommended. Like you, your baby's appetite will be different at each feed, so the time between and the length of each feed will vary. You will be given assistance with feeding whilst you are in hospital/seeing the midwife at home.

Wet Nappies

In the early days wet nappies are an important indicator of your baby's hydration and that your baby is having enough colostrum/milk so it is important to check nappies carefully. The nappies we use in the hospital have an indicator line that is really useful in the first few days when the volume of urine passed is so small, wet nappies can be missed. The midwife will show you this. There is no need to purchase this particular brand for home as you will easily recognise a wet nappy as milk volume increases.

Until your milk increases in volume, your baby may have a 'brick red' staining on the nappy. This is concentrated urine, not blood, and is called 'urates'. After this your baby will usually have 6 to 8 pale wet nappies a day. If the urine is an orange colour, or there are less than 6 wet nappies a day, please consult with your midwife or Child and Family Health Nurse, so she can assess your baby's feeding patterns.

Bowel Motions

Your baby's first bowel motions will be sticky, green-black and odourless. By the 3rd day it will be changing as the volume of milk taken by the baby increases. It changes to:

- Breast fed babies: a runny green poo, then becoming brown in colour. By around day 5 it is orange-yellow with 'seeds'. These are milk curds. Breastfed babies have frequent loose bowel actions for many weeks. This is a sign of good nutrition.
- Formula fed babies: pale soft/pasty khaki-brown or yellow regular bowel actions

Possetting (Spilling)

This is when your baby spills up a small amount of milk after a feed and is a normal occurrence in newborns.

The cord

After several days the cord begins to separate. We recommend that you keep the base of the cord, that is where the cord and skin meet, as dry as possible. It is not necessary to use any solutions to clean the cord, just dry the base of the cord with a cotton ball or the edge of the towel or nappy after the baby has been in the bath or after a nappy change. You may notice a small amount of smelly yellow/green discharge when you dry the cord. This is normal as the cord separates. Your baby will not feel any discomfort when you dry the cord or as the cord separates. It is usual for the cord to take 4 to 14 days to separate and as it does you may notice a small amount of blood on your baby's nappy or singlet - this is normal.

Note - keep the nappy folded back so the cord is not lying underneath it especially for baby boys where they can often urinate up over the top of it.

Jaundice

Most babies develop a yellow tinge to their skin and to the whites of their eyes. To prevent this from becoming severe we suggest placing your baby in a bright room (but not in direct sunlight). Undress your

baby for between 5 to 15 minutes. The light on your baby's body helps to disperse the jaundice and as well as frequent feeding helps to flush the jaundice out of their system.

If your baby becomes jaundiced whilst you are in hospital, the midwives will monitor your baby on a daily basis while in hospital. If your baby has jaundice and you notice he/she has become very sleepy, not interested in feeding and is having few wet and dirty nappies then it is important to discuss this with the midwives.

Vaginal Discharge

Female babies may have a clear, mucous or blood stained discharge, which is caused by maternal hormones being withdrawn from your baby's system. It will disappear in a few days.

Enlarged Breasts

Both male and female babies may have this due to maternal hormones crossing the placenta. Sometimes milk may be present. It is important not to squeeze the breasts as this may cause bruising and infection. The engorgement will resolve by itself in a few weeks' time.

Sticky Eyes

Usually caused by a blocked tear duct. The eye should be cleaned with water or breast milk from the inside corner (the nose) to the outside using a new cotton ball for each wipe. Massaging the tear duct can also be helpful.