



Your important health information

Going home after giving birth

This handout contains important information for families of newborn babies. It covers topics such as how to seek medical help for you or your baby, how to care for your body and recover from giving birth and how to safely care for your new baby.

The next page contains a list of free online and telephone resources for parents of babies.

Consider keeping this handout in an easily accessible place at home so you can read it regularly.

How to seek help for you and your baby

In an emergency:

- call triple zero (000) for an ambulance
or
- go to your nearest emergency department.

There is a separate handout called *When to seek help for you and your baby* which explains when to seek urgent medical attention. If you do not have a copy, please ask your midwife for one before you leave the hospital.

It is important to consider purchasing an annual Ambulance Victoria membership if you are not covered. More information can be found at <https://www.ambulance.vic.gov.au/membership/>

Useful contacts for unexpected medical issues that are not emergencies

You can call at any time:

- NURSE-ON-CALL 1300 60 60 24
- Maternal and Child Health Line 13 22 29

Hospital and community support after going home

Within the first few days of leaving the hospital, you will be visited at home by a midwife from the hospital. They will call you in the morning before visiting you at home.

After that you will see a maternal and child health nurse in the community. The maternal and child health nurses will work with your family to help you care for your child until they are ready to start school.

You can also see your family doctor/general practitioner (GP) at any time if you or your baby are unwell. You and your baby should visit your GP six weeks after giving birth for a check-up.

Interpreting services

If you need an interpreter, you can contact services via the *Translating and Interpreting Service* (TIS National):

- call 131 450.
- say your language in English and wait to be connected to an interpreter
- give the interpreter the phone number of the service you want to talk to.

If you have a hearing or speech impairment you can contact services via the National Relay Service on 133 677, 24 hours, 7 days a week.

Help is available from

| Advice for families with young children and babies | | |
|--|---|---------------------------|
| Resource | Website and phone number | Availability |
| Maternal & Child Health Network Health Line | https://www.betterhealth.vic.gov.au/health/service/profiles/maternal-and-child-health-line-service 13 22 29 | 24 hours 7 days a week |
| Raising Children's network | https://raisingchildren.net.au/ | |
| Better Health Channel | http://www.betterhealthchannel.vic.gov.au | |
| NURSE-ON-CALL | https://www.healthdirect.gov.au/nurse-on-call 1300 60 60 24 | 24 hours 7 days a week |

| Information about mental health | | |
|--|---|-----------------------------------|
| Perinatal Anxiety and Depression Australia | https://www.panda.org.au/ PANDA national helpline: 1300 726 306 | Monday to Friday 9am to 7:30pm |
| COPE | www.cope.org.au/new-parents/ 1300 740 398 | Monday to Friday 9am to 5pm |
| Beyond Blue | www.beyondblue.org.au 1300 22 46 36 | 24 hours 7 days a week |

| Breastfeeding information and support service | | |
|---|--|---------------------------|
| Australian Breastfeeding Association | www.breastfeeding.asn.au 1800 686 268 | 24 hours 7 days a week |

| Information about safe sleeping | | |
|---------------------------------|---|--|
| Red nose | https://rednose.org.au/section/safe-sleeping | |

| Information about bladder and bowel health | | |
|--|---|--------------------------------|
| Continence Foundation | www.continence.org.au 1800 33 00 66 | Monday to Friday 8am to 8pm |

| Information about immunisation | | |
|--------------------------------|---|--|
| Immunisation | https://www.health.gov.au/health-topics/immunisation | |

Caring for yourself

After a vaginal birth

After birth you will have vaginal bleeding. It is heavy and bright red at first, becoming lighter in flow and colour until it goes away after a few weeks. The bleeding can be heavier when you are breastfeeding or after you have been lying down. Use pads, not tampons. Change them at least every four hours during the day, or if soaked.

You may:

- have stomach cramps or period like pain.
This is common, especially if you are breastfeeding and means that your uterus is returning to the size it was before pregnancy. A hot pack often assists with this type of pain.
- have a sore perineum (the stretch of skin between your anus and vagina) if you gave birth vaginally.
Ice packs may reduce swelling and bruising in the first couple of days. Good hygiene is important for healing - a hand held shower may be helpful. You may choose to wash also after a bowel action. Dry the area gently using a pad or soft towel. You can use a mirror to check how the area is looking and how well it is healing. Medication such as paracetamol will help to relieve any pain or discomfort

Please tell the home visiting midwife or maternal and child health nurse or your doctor (GP) if:

- you pass large blood clots (bigger than a 50c piece)
- your vaginal bleeding has an unpleasant smell
- you feel like you have a high temperature
- you have increasing pain
- there is increasing redness or swelling in your vagina or caesarean wound.

After a caesarean birth

Your wound may be slightly bruised, tender or numb for some time. Keep taking the tablets you were given for pain if you have pain.

Keep your elastic stockings on until you are walking normally. This will help prevent blood clots in your legs. Shower as normal, and pat dry the wound area.

Avoid lifting anything heavier than your baby for at least 6 weeks after birth. This may include shopping, household chores and lifting older children and toddlers where possible. Always accept help from others when available and if you do have to lift, bend your knees, keep your back straight and the load close to your body.

Do not drive until you can sit comfortably, wear a seatbelt, look over your shoulder, make an emergency stop, and are not using any medication that makes you tired.

You can find further information about recovery after your caesarean birth in these two handouts:

- *Managing pain following your caesarean*
- *Looking after your caesarean wound*

Please ask your midwife for a copy.

Passing urine after birth

Go to the toilet when you feel an urge to pass urine. If you do not have an urge, try to pass urine every two to three hours during the day.

If passing urine is uncomfortable, try pouring warm water over the area whilst you are on the toilet or pass urine when you are having a shower.

If you experience any of the following symptoms once you are home, tell your home visiting midwife, maternal and child health nurse or see your doctor (GP):

- A reduced urge or no urge to pass urine
- Difficulty starting the flow of urine
- Unable to pass urine
- A feeling that your bladder is not empty after going to the toilet
- Burning or stinging when passing urine
- Urinary leakage.

Bowels

To encourage regular bowel actions, drink one and a half to two litres of fluid (mostly water) each day and eat fresh fruits and vegetables.

Sit correctly on the toilet with your back straight, knees higher than your hips (rest your feet on a small stool if you have one) and relax your tummy muscles.

It is important to avoid constipation and straining as this may weaken your pelvic floor muscles and can contribute to problems like haemorrhoids, anal fissures and prolapse.

If you have haemorrhoids, these may be soothed by using icepacks, or topical cream. Please inform your home visiting midwife, maternal and child health nurse or doctor if you have pain or bleeding in this area.

The *Physiotherapy Postnatal Care* booklet which gives further information about good toileting habits.

Seek help from a pelvic health physiotherapist if you experience any of the following in the weeks after giving birth:

- Bladder or bowel problems
 - leakage of urine, wind or bowel motions
 - urgency to pass urine or bowel motions
 - passing urine frequently
- Pelvic floor weakness
- Vaginal 'heaviness' or prolapse
- If you do not know how to exercise pelvic floor muscles
- Painful stitches (after vaginal birth)
- Pain during intercourse
- Blocked ducts or mastitis
- Ongoing back, pelvic joint, neck, wrist or coccyx (tailbone) pain.

Swelling in your legs and feet

Swelling in your legs and feet usually resolves within the first two weeks. Keep your feet up when possible to help with swelling.

Please tell your home visiting midwife or see your doctor (GP) if:

- one leg is more swollen
- you feel pain, swelling, hot/red areas or lumps in your legs or calves (back of legs).

Healthy eating

Eat a variety of healthy foods from each food group daily. Continue to take a supplement containing 150 micrograms of iodine.

If you have been taking iron tablets, continue to take these. Discuss with your GP at your 6 week check if you need to keep taking iron

Don't expect or try to lose weight gained in your pregnancy right away. Gradual weight loss over several months is the safest way.

If you are planning another pregnancy it is a good idea to return to your pre-pregnancy weight first, or close to it. This can be achieved with a healthy eating plan and with regular physical activity.

Low mood or anxiety

After having a baby, you may feel sad, teary, anxious and overwhelmed for a few days. About 80% of new mums have the 'baby blues' after giving birth.

Be patient with yourself. These feelings are normal and usually go away in the first week or two.

If your low mood/ anxiety symptoms persist, or if it is affecting your daily life, see your family doctor or talk to your maternal and child health nurse. There are more resources on the second page of this booklet.

Some signs of postnatal depression are:

- crying for no apparent reason.
- an inability to contemplate daily activities
- irritability
- excessive anxiety about your own or your baby's health
- negative or guilty feelings
- fear of being alone
- difficulty with concentration or memory
- loss of confidence and self-esteem
- distressing, unusual, intrusive thoughts.

Exercise

Return to exercise should be gradual and balanced with rest. In the first 6 weeks after childbirth, focus on strengthening your pelvic floor and abdominal muscles with exercises from the *Physiotherapy Postnatal Care* booklet. You can walk for exercise, gradually increasing the distance and amount of time you walk.

Physiotherapy postnatal videos

Some of the topics covered in these videos are:

- pelvic floor muscles
- bladder and bowel care after birth
- abdominal muscles after birth
- returning to exercise.



Access videos via this QR code or follow the link:

https://www.youtube.com/playlist?list=PLsPvysJbVI2M_gsUo4cAqKcB69_8mRvP0

These videos should be viewed as soon as possible after giving birth.

Rest

It's important to try and rest and relax in the first few days at home. It is a very exciting time and you may have lots of visitors.

Some tips are:

- Try and limit your visitors so you can get as much rest as possible.
- Try and rest and nap during the day when your baby sleeps.
- Increase your activities when you feel ready.
- Allow others to help you and don't be afraid to ask for help with cleaning, laundry, meals, or with caring for the baby.

Sex

You can have sex again when you feel ready. It is common to feel anxious about returning to sexual activity following the birth of your baby. Try to find positions that are most comfortable for you.

Tell your partner if you're sore or scared about pain during sexual activity. You may notice vaginal dryness. A lubricant may be helpful. If you experience any pain when restarting sexual activity please contact your doctor for support.

Family planning

You can become pregnant again before you get your first period. This is less likely if you are exclusively breastfeeding, have not had a period, and your baby is younger than 6 months old, but it is still possible.

Your period may return as soon as six weeks after birth if you are not breastfeeding.

If you do not want to get pregnant straight away, discuss your options with your midwife, doctor or Family Planning Clinic.

Caring for your baby

Safe sleeping

More information about how to safely put your baby to sleep can be found at <https://rednose.org.au/section/safe-sleeping>

Sleep your baby on their back: not on their tummy or side.

Keep your baby's head and face uncovered: Covering baby's face or head with clothing such as a hat increases the risk of sudden infant death.

Keep your baby smoke free before and after birth: Help to quit smoking is available from your doctor, midwife or by contacting Quitline.

Have a safe sleeping environment night and day: Make sure the mattress is firm, clean and flat, in a safe cot that meets industry standards. Make sure there are no blankets, toys, pillows, or bumpers in the cot.

Sleep your baby in your room: The safest place to sleep your baby for the first 12 months is in a safe cot next to your bed.

Breastfeed your baby where possible.

Feeding

For further information about breastfeeding please refer to our Breastfeeding Guide booklet

Getting breastfeeding started.

If you are not breastfeeding, you can have milk leaking from your nipples and your breasts might feel full, tender, or uncomfortable.

Your home visiting midwife will

- talk to you about how to deal with the discomfort.
- teach you how to prepare formula, clean and store your equipment and feed your baby.

Bonding and attachment

The Raising Children's Network has some simple things you can do to help your newborn's development at this age. You can find more information at: <https://raisingchildren.net.au/>

- **Spend time with your baby:** try reading and telling stories, talking and singing. Doing these things every day helps your baby get familiar with sounds and words. In turn, this develops language and communication skills they'll need as they get older.
- **Look into your baby's eyes:** if your baby is looking at you, look back. This is important for bonding with your baby. When your baby looks away, they are letting you know they have had had enough and need a rest.
- **Smile at your baby:** when your baby sees you smile, it releases natural chemicals in their body. This makes them feel good, safe and secure. It also helps build attachment to you.
- **Play with your newborn:** this helps your baby's brain to grow and helps them learn about the world. It also strengthens the bond between the two of you.
- **Give your baby tummy time:** one to five minutes of play on their tummy each day builds your baby's head, neck and upper body strength. Your baby needs these muscles to lift their head, crawl and pull themselves up to stand when ready. Always watch your baby during tummy time and put them on their back to sleep.

- **Try baby massage:** baby massage is a great way to bond with your baby. It can also be relaxing and soothing if your newborn is cranky.

Sometimes your baby won't want to do these things – for example, they might be too tired or hungry. They will use special *baby cues* to let you know when they have had enough and what they need.

Bathing

Bathing a newborn baby can be relaxing for both baby and yourself but daily bathing is not essential.

A daily wash with a face washer is fine, with a bath every second day.

Make bath time fun and take time out for a baby massage. Wash and dry all creases as moistness encourages infection.

Nappies

Wet nappies and when to change

Once feeding is established, your baby may have a wet or soiled nappy each time they feed.

Adequately breastfed babies will have at least 3-4 wet nappies a day once feeding is established. Check your baby's nappy at each feed and change if wet or soiled.

It is normal for some babies to have rust coloured orange/red stain in the urine in the first few days till feeding is established.

General information about baby's bowel movements

The poo will change to look light greenish-yellow after a few days. It is normal for baby's poo to be semi solid.

You should expect your baby to poo at least once per day. This may be more frequent for some babies and poo with each feed.

If the poo becomes very watery and different in consistency from usual, it may be due to a change in your diet or a medication that you are taking. If this persists, talk to your maternal child health nurse or GP.

Girl babies - may have mild vaginal bleeding or white discharge in the first week of life, this is normal.

Boy babies - It is normal for infant boys to have a tight foreskin. You do not have to pull back the foreskin of an infant boy.

Caring for your baby's cord

Wash the cord stump area during the baby's bath time. Do not be afraid to clean around the base of the cord with a damp cotton ball to remove stickiness. The cord and the clamp usually separate within a week.

Once the cord has separated, continue to keep the umbilicus (belly button) clean and dry using a damp cotton ball/bud.

Avoid using powder around the cord.

Please tell your home visiting midwife or maternal and child health nurse or see your doctor (GP) if:

- the skin area around the cord becomes red
- there is any discharge from the cord site.

Clothing

Babies tend to lose heat quickly and generally need extra layers. Dress your baby in one more layer than you are wearing.

To check body temperature, feel baby's chest or back of the neck rather than feet or hands.

Crying

Crying is how your baby communicates with you. Remember your baby has only one way to let you know they need to be fed, changed, cuddled, have a pain, and are hot or cold.

If crying persists after feeding you may find walking, gentle rocking, rhythmic patting, music, a pram or car ride, or a relaxation bath helps.

If you don't know what else to do, take a break. Alternate shifts with your partner or support person may help.

Eyes

If there is any excess discharge from the eyes, then clean the baby's eyes using clean cotton balls or the clean corner of a face washer moistened with clean water. Gently wipe from inner side of eye to outer side of eye. Use a separate cotton ball or face washer for each eye to prevent spread of any discharge.

Please tell your home visiting midwife or maternal and child health nurse or see your doctor (GP) if there is:

- persisting eye discharge
- redness or swelling of the eyes

Jaundice

Jaundice is the yellowing of the skin and eye whites. It is normal for most newborn babies to have some jaundice.

Please tell your home visiting midwife or maternal and child health nurse or see your doctor (GP) if your baby:

- progressively looks more yellow
- is not feeding well.

Skin

Your baby's skin is sensitive so you may see spots, red areas and rashes. These are usually normal and will disappear as quickly as they arrive. If a rash persists or you are worried, check with your midwife or your family doctor.

Remember to wash your hands regularly, particularly after changing baby's nappy. Good hygiene is important for you and baby

Hot weather and newborn babies

During hot weather, newborns are at risk of dehydration and overheating.

Breastfeed babies may need more feeds in hot weather.

Breastmilk should be enough for breastfeeding babies and no water or other food is needed.

Mothers who are breastfeeding should drink plenty of fluids.

What to do

- If possible, stay inside during hot periods. Avoid going out in the hottest part of the day.
- If you have to go out, protect baby's skin from the sun by keeping them in the shade and dress them in loose clothing.
- Never sleep your baby in a pram in hot weather. Prams get hot quickly, causing suffocation to newborns.
- Ensure air can circulate around your baby.
- Never leave a baby in a car. Leaving a baby in a car puts them at risk of heatstroke, dehydration or death, especially in hot weather.
- Dress babies in light, loose, cool clothing. For example, a singlet and nappy.
- Air-conditioning temperature should be set to about 24-26 degrees Celsius.
- You can use a fan to cool down the room and keep air circulating:
 - never point the fan towards a newborn baby.
- Cool baby down by giving them a lukewarm bath:
 - don't use cold water or ice in the bath.

Acknowledgements

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This document provides general information only and is not intended to replace advice about your health from a qualified practitioner. If you are concerned about your health, you should seek advice from a qualified practitioner.