NHS
Calderdale and Huddersfield
NHS Foundation Trust

Discharge Home Information for Babies who are Bottle Fed

Important symptoms

Baby's illnesses can become serious very quickly. You know your baby best; do not wait too long if you are worried. Ask for help sooner rather than later. The following symptom checklist can help you decide whether you need to seek medical attention for your baby by contacting your midwife or doctor.

- High pitched or weak cry
- Much less responsive or floppy
- Pale all over
- Grunts with each breath
- Takes less than a third of feeds
- Passes much less urine
- Vomits green fluid
- Has blood in stools
- High fever or sweating

Local contact numbers are below.

Urgent medical attention can be obtained by dialling 999 if your baby:

- Stops breathing or goes blue
- Is unresponsive and shows no awareness of what is going on
- Has glazed eyes and does not focus on anything
- Cannot be woken
- Has a fit

Contact Numbers

If you need to contact the hospital, please ring the ward where your baby was discharged from

Calderdale Birth Centre: 01422 224417	Huddersfield Birth Centre: 01484 342608
Ward 4 Postnatal care: 01422 224249/222147	
LDRP / Delivery ward: 01422 222129	GP / Surgery:
Health Visitor: See your Child's Health Record	NHS Service: 111
Nearest Childrens Centre:	Social Worker:

compassionate care

Infant feeding support groups

National breastfeeding helpline: 0300 100 0212
www.nationalbreastfeedinghelpline.org.uk

Breastfeeding network
www.breastfeedingnetwork.org.uk

NCT Breastfeeding Line: 0300 3300 0771 **www.nct.org.uk**
La Leche League: 0345 120 2918 **www.laleche.org.uk**

Both Calderdale and Huddersfield have breast feeding drop in groups run by health professionals and peer supporters. For women who would like general support in their own locality please ask your midwife for a leaflet or contact:

Kirklees Breastfeeding Support: 0300 304 5555 or **www.locala.org.uk/your-healthcare/infant-feeding**

Calderdale: Locala Supporting Families: 0300 304 5076 to speak to a duty Health Visitor in Calderdale Mon-Fri 08:30-20:00

Calderdale Breastfeeding Peer Support Network: 07920 466660
Email: **peersupporters@calderdale.gove.uk**

For more serious feeding problems please ring either Calderdale Birth Centre or Huddersfield Birth Centre to obtain information about Baby Café or for them to contact one of the Infant Feeding Advisors.

Huddersfield Baby Cafe
The Zone.
St Andrew's Rd
Huddersfield

Monday 12.00 noon -14.00 pm
(not bank holidays)

Calderdale Baby Cafe
Central Archives and Library
Square Rd
Halifax HX1 1 QG

Thursdays 12:00 noon-14:00 pm
(not bank holidays)

Useful websites

Start4life: 0300 123 1021 **www.nhs.uk/start4life**

Baby Café: **www.the.babycafe.org/**

Caring for your baby at night: **www.unicef.org.uk/babyfriendly/**

Best Beginings: **www.bestbeginnings.org**

NHS: **www.nhs.uk/partnersbreastfeeding**

NHS: **www.nhs.uk/breastfeedingwell**

Parents / carers information about baby checks

Each time your midwife sees you and your baby she will make a detailed assessment. The following observations help to build up a complete picture of your baby's well being and your midwife will discuss her findings with you.

Temperature. This is an assessment of how warm your baby feels to the touch. It is a good indication of how appropriate the temperature is around your baby. Your midwife can advise on the amount of clothing and bedding to use, whether in the house, car or pram etc. See **'Reduce the risk of cot death' leaflet.**

Weight. Your midwife will weigh your baby at regular intervals and advise you about feeding according to your baby's weight gain. You may wish to use the feeding charts contained in these notes to record when you feed your baby and the sheets 'How can I tell that breastfeeding is going well' are a useful guide for breastfeeding mothers. Your health visitor will give you information about local child health clinics, which have the facilities to continue assessing growth as your baby gets older. Most babies double their birth weight by four to five months and treble their birth weight by one year.

Tone (muscle tone – activity and reflexes). In the early days and weeks your baby will have some involuntary movements which are called reflexes. Typical reflexes are yawning, quivering, coughing, sneezing, stretching, and hiccoughing. One important skill babies are born with is the ability to suck and during the first few days they learn to coordinate their sucking and their breathing. They will also automatically turn towards a nipple or teat if it is brushed against one cheek and they will open their mouths if their upper lip is stroked. They can also grasp things like your finger with either hands or feet and they will make stepping movements if they are held upright on a flat surface. All these responses, except sucking, will be lost within a few months and your baby will begin to make controlled movements instead.

Jaundice- is a yellow discolouration of the skin. It is quite common and not usually harmful. Your Midwife will observe your baby for signs of Jaundice and if necessary she will perform a heel prick to obtain a specimen of blood. This will be measured for Serum Bilirubin and if the level is high enough it is important that your baby is admitted to hospital for the appropriate treatment.
You can help by informing your midwife if your baby has a yellow discolouration of the skin or the eyes and if your babies stools become putty coloured or the urine becomes very dark. When assessing your baby, the Midwife will take into consideration how your baby is feeding, the birth weight and gestation at birth.
You will be given some written information should admission to hospital be necessary.

Eyes. The eyes are observed for any signs of stickiness, redness or discharge. Special cleaning of your baby's eyes is not required unless your baby develops an infection. This can occur for no apparent reason and appears as a yellow discharge in one or both eyes. If this happens, your midwife may take a swab or arrange for your doctor to prescribe treatment. Your midwife will also show you how to clean the eyes properly. It is common for a newborn to have poor control of its eyes and appear cross-eyed at times but this should decrease as the eye muscles strengthen. The eyes usually look blue-gray or brown. In general, your baby's permanent eye colour will be apparent within six to 12 months.

Mouth. The mouth is checked for redness or white spots or a white coating, which does not disappear between feeds. This may be a sign of thrush and can be avoided by good hygiene. If necessary, medicine can be prescribed by your GP.

Cord. The stump of the umbilical cord, which remains temporarily attached to the naval, requires no special attention, other than the normal careful washing and drying at bath time. The cord will separate naturally between 7 to 10 days following the birth. It is very common for the stump to bleed slightly as it separates and your midwife will advise you how to care for this. Usually all that is required is to ensure the nappy does not rub on the area. Any heavy bleeding, unusual discharge, redness, swelling, irritation or bad smell around the belly button should be reported to your midwife or health visitor.

Skin. Your baby's skin is very sensitive in the early weeks. It will be observed for any signs of spots, dryness, or rashes.

Urine and nappy rash. Your baby should have wet nappies every day. Occasionally a red stain is found on the nappy due to urates colouring the urine. his is quite normal and should resolve with normal feeding. Babies need their nappies changing fairly often, otherwise they become sore. Unless your baby is sleeping peacefully always change a wet or dirty nappy and change your baby before or after each feed, whichever you prefer.

Bowels (stools, constipation, diarrhoea). The baby's first normal movements are comprised of a sticky, greenish-black material called meconium, which is present for about two days following birth. It is the waste that has collected in the bowels during the time spent in the womb. Later, it is normal for babies to have yellow or slightly brown-yellow stools. The number of stools per day and their consistency varies from baby to baby, and with the method of feeding. A breastfed baby will generally have looser, yellow, seedy stools and a bottle-fed baby will have stools which have a more pasty appearance. Your baby is not constipated if the stools are soft, even if the bowels have not been opened for a few days. It is normal for your baby to have one to ten stools per day.
However, diarrhoea is when your baby has more frequent and/or looser stools than usual. If you have concerns ask your midwife or GP for advice.

Colic. A baby who cries excessively and inconsolably and either draws up his or her knees, or arches his or her back, especially in the evening, may have colic. You should tell your midwife so that an assessment can be made to rule out other causes. Your midwife will then advise you according to your individual circumstances.

The fontanelle. On the top of your baby's head near the front is a diamond shaped patch (soft spot) where the skull bones have not yet fused together. This is called the fontanelle. It allows your baby's brain to grow by creating space. It will probably be a year or more before the bones close over it. You may notice it moving as your baby breathes. You need not worry about touching it as there is a tough layer of membranes under the skin.

Bumps and bruises. It is quite common for a newborn baby to have some swelling (caput) and bruises on the head, and perhaps to have bloodshot eyes. This is the result of the squeezing and pushing that is part of being born and will soon disappear. A cephalhaematoma is a bump, on one or both sides of the head due to friction during the birth, which can persist for weeks but will resolve naturally and no treatment is usually required.

Breasts and genitals. Quite often a newborn baby's breasts are a little swollen and may ooze some milk, whether the baby is a boy or girl. Girls also sometimes bleed slightly or have a cloudy discharge from the vagina. All this is a result of hormones passing from the mother to the baby before birth and is no cause for concern. The genitals of male and female newborn babies often appear rather swollen but will look in proportion with their bodies in a few weeks.

Birthmarks and spots. Marks or spots that you notice mainly on the head and face of your baby usually fade away eventually. Most common are the little pink or red marks some people call 'stork bites'. These 'v' shaped marks on the forehead, upper eyelids and nape of the neck gradually fade, though it may be some months before they disappear. Strawberry marks are also very common. They are dark red and slightly raised, appearing a few days after birth, sometimes getting bigger. These too will disappear eventually. Babies of certain ethnicity may have what is called a Mongolian blue spot on their bodies. Your health care professional will point this out to you.

Early development. Newborn babies can use all their senses. From birth your baby will focus on and follow your face when you are close in front of them. They will enjoy gentle touch and the sound of a soothing voice and will react to bright light and be startled by sudden, loud noises. By two weeks of age babies begin to recognise their parents and by 4 to 6 weeks start to smile. Interacting with your baby through talking to, smiling and singing are all ways of making a real difference in helping your baby feel loved and secure.

General information

Prematurity (less than 37 weeks of pregnancy). If your baby was born early, there is an increased risk of conditions such as prolonged jaundice, infection, a low blood sugar and vitamin K deficiency/ bleeding. It all depends on how early your baby has been born and if admission to neonatal intensive care is required, you will be advised according to your individual circumstances.

Infection. Some babies are at increased risk of developing infections in the eyes, umbilicus, urinary tract or on the skin, if the mother has an existing infection such as Group B haemolytic streptococcus, rupture of membranes (waters breaking) for more than 24 hours or has had a temperature in labour greater than 37°C. Symptoms of infections are what your midwife is looking for during the baby assessments, and can appear as sticky eyes, redness around the umbilicus and septic spots, which may or may not be accompanied by your baby being generally unwell. **If you have concerns regarding any of these factors contact your midwife.**

Low blood sugar. A low blood sugar (hypoglycaemia) in a normally grown term baby is unusual. However, screening for hypoglycaemia may be indicated if he or she was born prematurely, is very small or very large, had a difficult delivery or you have diabetes. Babies who take a while to establish feeding make also need their blood sugar monitoring.

Vitamin K deficiency bleeding. We all need vitamin K to make our blood clot properly, so that we won't bleed too easily. Some babies have too little vitamin K. Although this condition is very rare, it can cause bleeding, which can become dangerous. This is called 'haemorrhagic disease of the newborn' or vitamin K deficiency bleeding (VKDB). To reduce the risk, your baby will be offered vitamin K. It is recommended that the vitamin K is given by injection.

General baby care

Responsive feeding. Whatever your feeding choice may be, it is important to feed your baby whenever he or she feels hungry, for as long as he/she wants. Crying is a last resort to start a feed and this can be avoided by looking for feeding cues such as rooting, tongue movements, rapid eye movements and the baby sucking his or her fist.

Skin-to-skin contact. Spending some time quietly holding him or her in skin-to-skin contact (baby naked against your bare chest) straight after the birth (ideally for up to an hour or first feed) is very important because: it helps to calm your baby, keeps him or her warm; steadies your baby's breathing; and gives you time to bond. It also helps to get breastfeeding off to a good start. Provided you are both well, you will be able to hold your baby straight away. A blanket over both of you will help keep your baby warm.
If you have had a caesarean birth, or have been separated from your baby over a while after the birth, you will both still benefit from skin-to-skin contact as soon as you are able. Formula fed babies also benefit from having skin-to-skin contact.

Rooming-in. Even whilst in hospital babies are encouraged to sleep next to you in a cot, 24 hours a day. That way you will get to know them well and will quickly know when they need feeding. This is especially important at night when you can feed your baby as soon as he or she is ready without either of you being disturbed too much. When you go home it is recommended that your baby shares a room with you, particularly at night, for at least the first six months, as this helps protect against cot death.

Sleeping position. Your baby should be placed in the cot, on his or her back with their feet against the foot of the cot. This is to ensure that your baby's head does not become covered by bedding, leading to overheating. This is commonly referred to as the 'feet to foot' position.

Dangers of sleeping with your baby. The safest place for your baby to sleep for the first 6 months is in a cot in your room. Once a feed or cuddle is finished, it is safest to put your baby back into the cot before you go to sleep. This is because of the risk that you might roll over in your sleep and suffocate your baby, or that your baby could get caught between the wall and the bed, or could roll out of an adult bed and be injured. You are advised not to sleep on a sofa or armchair with your baby especially if you or your partner are smokers or have recently drunk alcohol, because of the link with cot death.

Ways to wake a sleepy baby. If there are concerns about how long your baby has slept, gently rouse your baby by providing tactile stimulation such as: changing the nappy, massaging hands and feet, rubbing the back or walking your fingers up and down his or her spine. Your baby can also be placed in skin-to-skin contact (see kangaroo care).

Kangaroo care. Dressed only in a nappy, the baby is held against your chest between your breasts, snug inside your clothing, often for hours. Fathers can do this too. Advantages include: more stable breathing, heart rate and temperature; less crying; better weight gain; and increased milk supply.

Ways to settle a crying baby

- Offer a feed.
- Holding and comforting.
- If possible lie down with the baby in skin-to-skin contact (see kangaroo care).
- Check to see if the nappy needs changing.
- Wrap in a blanket so your baby feels warm and secure.
- Play calm music and walk with your baby in your arms to the rhythm of the music Your baby may respond to being cuddled and stroked in a warm bath.
- Babies like to be with their parents/main carer and often cry when separated, carrying your baby in a sling close to you may be soothing.

Taking your baby out safely. Your baby is ready to go out as soon as you feel fit enough to go out yourself. Walking is good for both of you. It may be easiest to take a tiny baby in a sling. If you use a buggy, make sure your baby can lie flat on his or her back.

In a car. It is illegal for anyone to hold a baby while sitting in the back or front seat of a car. The only safe way for your baby to travel in a car is in a properly secured, backward-facing, baby seat, or in a carry cot (not a Moses basket) with the cover on and secured with special straps. If you have a car with air bags in the front your baby should not travel in the front seat (even facing backwards) because of the danger of suffocation if the bag inflates. Some areas have special loan schemes to enable you to borrow a suitable baby seat when you and your baby first return from hospital. Ask your midwife or health visitor for details. **Never leave a baby alone in a car seat whilst sleeping.**

In cold weather. Make sure your baby is wrapped up warm in cold weather because babies chill very easily. Take the extra clothing off when you get into a warm place, including the car, so that your baby does not overheat, even if he or she is asleep.

In hot weather. Babies and children are particularly vulnerable to the effects of the sun, as their skin is thinner and they may not be able to produce enough pigment called melanin to protect them from sunburn. The amount of sun your child is exposed to may increase his or her risk of skin cancer in later life. Keep babies under six months old out of the sun altogether, by making the most of the shade such as trees or using a sunshade attached to the pram, and dressing them in loose baggy clothing. Let your child wear a floppy hat with a wide brim or a 'legionnaire's hat' that shades the face and neck. During summer, cover exposed parts of skin with a sunscreen, even on cloudy or overcast days.
Use one with a sun protection factor (SPF) 30 or above and which is effective against UVA and UVB. Re-apply often.

Reduce the risk of cot death:

Caring for your baby at night: **www.unicef.org.uk/babyfriendly/**

- Place your baby on his or her back.
- Cut smoking in pregnancy – fathers as well.
- Do not let anyone smoke in the same room as your baby.
- Do not let your baby get too hot (or too cold). The room temperature should be between 16 and 20°C.
- Keep your baby's head uncovered and place him or her in the 'feet to foot' position.
- Do not share a bed with your baby especially if you or your partner smoke, drink alcohol or take drugs.
- Do not fall asleep lying on a sofa or armchair with your baby.
- Immunization reduces the risk of cot death.
- If your baby is unwell, seek prompt advice.

Safety

Children most at risk from a home accident are in the 0-4 age group. See your health visitor for information on practical issues such as fitting smoke detectors and how to keep your baby safe generally. More information on preventing accidents relating to: choking and suffocation, burns and scalds, falls and poisons and emergency first aid please see the Department of Health website 'Birth to Five' book, online. Your local Children's Centre staff will also be able to help.

Registering the birth

The baby's birth must be registered at your nearest registry office within 6 weeks from the date of birth. Your midwife will give you all the details you need to do this. If you are married, you or the father can register the birth. If you are not married you must go yourself, and if you would like the father's name to appear on the birth certificate he must go with you. You cannot claim benefits or register your baby with a doctor until you have a birth certificate and a National Health Service number, which is usually allocated at birth. Talk to your midwife about registering your baby.

What Infant Formula to Choose

If you are giving your baby infant formula, **First Infant Formula** (whey-based) is the only formula they will need in the first year of life.

1

What infant formula should I use?
It doesn't matter which brand you use, they are all very similar.
It doesn't matter if you choose cows' or goats', milk based formula, but talk to your midwife or health visitor before choosing a soya based formula

2

What should all the other milks that claim to help hungry babies, prevent colic, wind, reflux or allergies?
There is no evidence that most of these "special" milks do any good, and they might not be safe for your baby. Ask you GP or other health professional if you think your baby might need a different milk.

3

Should I move on to follow-on formula when my baby is six months old?
There is no need for follow-on formula. Stick to a first infant formula throughout the first year.

4

How long do I need to use infant formula for?
When your baby is one year old, they will be getting more of their energy, vitamins and minerals from food, and full fat cows' milk can be their main milk drink. If you have any concerns, or want to know about other milks, ask you health visitor.

5

Want to know more?
A simple, up to date guide on infant milks can be downloaded at **firststepsnutrition.org**
Unicef UK provides a guide on different types of infant milks available for download at **babyfriendly.or.uk**

Breastfeeding is the healthiest way to feed your baby. If your decide not to breastfeed or to stop breastfeeding, it is possible to restart. Giving infant formula to the breastfed baby will you reduce your milk supply. You do not need to eat any special feeds while breastfeeding but it is a good idea for you, just like everyone else, to eat a healthy diet.

Responsive Bottle Feeding

The early days with your baby is a great time to get to know and love each other. This can be done by keeping your baby close to you, enjoying skin contact and feeding according to these tips. Babies will feel more secure if most feeds are given by mum and dad, especially in the early weeks, as this will really help you bond with each other.

6 Feed your baby when they show signs of being hungry look out for cues (moving head and mouth around, sucking fingers). Crying is the last sign of wanting to feed, so try and feed your baby before they cry (for more details, see the Start4life Guide to bottle feeding).

7 Hold baby close in a semi-upright position so you can see their face and reassure them by looking into their eyes and talking to them during the feed. Begin by inviting baby to open their mount, gently rub the teat against their top lip.

8 Gently insert the teat into baby's mouth keeping the bottle in a horizontal position (just slightly tipped) to prevent milk from flowing too fast

9 Follow baby's cues for when they need a break and gently remove the teat or bring the bottle downwards to cut off the flow of milk

10 Your baby will know how much milk they need. Forcing your baby to finish a feed will be distressing, and can mean your baby is overfed.

FIRST STEPS NUTRITION TRUST

THE BABY FRIENDLY INITIATIVE unicef UNITED KINGDOM

If you have any comments about this leaflet or the service you have received you can contact :

Senior Clinical Midwifery Manager

Calderdale Royal Hospital
Telephone No: 01422 223523
Huddersfield Royal Infirmary
Telephone No: 01484 342100

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਰ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਪ੍ਰਾਰੂਪ ਜਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ,
ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمیٹ یا زبان میں درکار ہوں، تو
برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغاير أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"

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