
First days after birth

Summary

- Straight after an uncomplicated birth your healthcare team will do some checks, cut the umbilical cord and give you time to bond with your baby skin-to-skin. More complex births, such as a caesarian section, may mean follow-up procedures and time in recovery before you go to the maternity ward.
 - If you give birth at home, your midwife will stay with you until they are confident that you and your baby are stable.
 - Your body will start adjusting quickly after birth, but common issues include bleeding, cramps, swelling, sore breasts and issues with urination and bowel movements. Emotional changes are normal, especially three to four days after birth.
 - Breastfeeding is best for newborn health and you can access support at hospital or home for advice about breastfeeding.
 - Create a safe sleeping environment for your baby. Ask your midwife or maternal and child health nurse how to do this.
 - There are documents to complete to register the birth and apply for parenting support, and there are community healthcare support services that you can access when you get home.
 - Most hospitals will offer a home-visit from a midwife within the first week of being at home with your new baby.
-

Most women have a healthy, safe and uncomplicated recovery after having a baby in hospital or at home. The first few days are a time for resting, looking after yourself and learning about your baby.

First hours after birth

Soon after your baby is delivered, your healthcare team will be busy with a number of tasks. These include:

- performing an Apgar assessment (this evaluates your baby's heart rate, breathing, muscle tone, reflex response and colour, and provides an 'Apgar score' which describes your baby's condition after birth)
- putting on tags to identify your baby
- clamping the umbilical cord
- weighing your baby
- keeping your baby warm.

Vaginal birth

With an uncomplicated vaginal birth, the placenta will usually pass shortly after the baby has been delivered. You can have an injection to speed up the delivery of the placenta. Sometimes your doctor may need to repair a tear or surgical cut (episiotomy) between the vagina and the anus with stitching under local anaesthetic.

For more information see the [Childbirth – medical interventions](#) fact sheet.

Caesarean section

A Caesarean section is a procedure to deliver a baby by a surgical operation. If you have had a caesarean section, you will probably have some time with your baby before you are taken to the recovery room. Within a few hours, you will be moved to the maternity ward. You will be hooked up to an intravenous drip to stay hydrated, and to a catheter for urination.

For more information see the Caesarean section fact sheet.

Home birth

If you give birth at home, your midwife will stay with you until they are confident that you and your baby are stable. They will help you start breastfeeding and talk to you about support over the next six weeks.

For more information see the [Homebirth](#) fact sheet.

Complications and special care

Sometimes during labour and birth there are complications that mean that you or your baby will need more attention or intervention. In some situations, your baby may need to be transferred to a higher level of care – to the Neonatal Intensive Care Unit (NICU) or Special Care Nursery (SCN) at hospital. Premature babies often need to stay longer at hospital.

After the physical and emotional challenges of a difficult birth, this can be a stressful time. Your healthcare team will keep you and your birth partner informed and up-to-date.

For more information see the [Premature babies](#) and the [Specialised care for your baby](#) fact sheets.

Newborn bonding and skin contact

Skin-on-skin time is very comforting for your newborn. Your newborn baby will be placed on your belly straight after an uncomplicated vaginal delivery.

Newborns tend to be very alert after birth and will often seek out the breast by themselves. Breastfeeding within the first hour or so has many benefits because you are giving your baby a liquid rich in antibodies, called 'colostrum'. But if skin contact and breastfeeding cannot happen straight away, there is time later to establish these bonds.

If you had a caesarean section, you can usually hold your baby in the operating room straight after birth. You will be given the opportunity to breastfeed as soon as possible after the operation. This may happen when you are being stitched up, in the recovery room or the maternity ward. For partners, the time apart while you recover from surgery is a special time for them to hold the baby and bond.

Healthcare teams at hospital and home

If you are in hospital, a doctor will come by the maternity ward to check on your recovery. Nurses will also regularly visit and provide advice on looking after yourself over the next few weeks, including:

- urination and bowel movements
- emotional health
- perineal care (care of the area of skin and muscle between your vagina and your anus)
- breast care
- fatigue
- head or back aches
- pain relief
- contraception.

A paediatrician (a doctor who specialises in treating children) will check your baby and let you know about any follow-up appointments that you need to book.

If you had a home birth, your midwife will visit regularly at first to check on your health and help with any questions. After that, they will organise follow-up visits that suit your needs.

Physical recovery after birth

Your body will start adjusting quickly after birth. Your doctor or midwife will talk to you about what is normal and when to ask for help. Each pregnancy and birth will be different, but there are some common changes that happen to your body after the baby is born.

Bleeding

Vaginal discharge, called lochia, is normal in the first days after giving birth. This tissue and blood from the uterus will be heavy and bright red to start and then become lighter in flow and colour. It will stop after a few weeks.

To manage this heavy bleeding it is best to use maternity sanitary pads. As the bleeding slows you will be able to use regular sanitary pads. Avoid using tampons for up to six weeks after birth as this can increase the likelihood of infection.

Cramps

Cramping is also a common symptom as your uterus contracts down to its normal size. Cramps can be more noticeable when your baby is breastfeeding.

Swelling

Swelling in the legs and feet can happen in some cases. Keeping your feet elevated can help.

Bowel motion and urination

Your first bowel movement may be a few days after delivery, especially after a caesarean section. Some women have haemorrhoids, sore muscles or an episiotomy that will make going to the toilet painful. Constipation can happen. Drinking plenty of water and eating fresh fruit and vegetables will help.

After pregnancy and birth, the muscles in your urinary tract are stretched. You may find some incontinence when you cough, laugh or strain, especially if there was a lengthy labour.

Sore breasts

Your breasts and nipples will be full and sometimes sore as the milk comes in three to six days after your baby arrives. Your midwife will show you how to self-express to relieve some of the tenderness and encourage milk supply.

Caesarean section recovery and wound care

If you had a caesarean section, you have had major abdominal surgery. It will take time for your body to recover and you will be given strong pain relief for the first few days. Your stitches will need dressings changed and monitoring for infection.

If you had a vaginal birth, sitting down can be uncomfortable, especially if you have stitches. Your doctor or midwife will advise you on remedies, pain relief and care of the wound.

Hospital staff will let you know when and how stitches need to be removed.

Emotional recovery after birth

It is normal to feel a rollercoaster of emotions after giving birth. There is often a dip in mood around the third or fourth day after your baby arrives, also known as the 'baby blues'. These feelings are very common and can be due to changes in hormone levels, breastfeeding, lack of sleep and fatigue. They usually go away in the first few weeks after giving birth.

If you keep feeling anxious or depressed, make sure you get professional advice and the help that you need. Postnatal depression is common and treatable with the right support.

For more information see the [Postnatal depression](#) fact sheet.

Feeding your baby

Breastfeeding is best for newborn health. Premature babies or babies with special health needs often require extra support, for example expressing milk or formula feeding. Your midwife and doctor will talk through your options if breastfeeding is not possible.

It can be a challenge to breastfeed in the early days as you and your baby both get used to something new. Your baby may seem unsettled on day two or three while your colostrum changes to mature milk. It is normal for a newborn to feed every two hours, which will mean disrupted nights, even with help from nurses at hospital.

Advice on position and attachment can really make a difference when you are starting to breastfeed. As well as tips from midwives and breastfeeding support groups, private lactation consultants can help with breastfeeding problems.

If you need to bottle feed, you will be shown how to make up the feed, clean and sterilise bottles and teats, and

store the expressed milk or formula.

Safe sleeping for your baby

Your midwife and maternal child health nurse will give you information on how to create a safe sleeping environment for your baby. There are a number of simple steps that will help minimise the rare but potential risk of sudden unexpected death in infancy (SUDI), including Sudden Infant Death Syndrome (SIDS).

If you want your baby to share your bed in hospital or at home, let your midwife know so they can help with safety advice.

For more information see the **Sudden unexpected death in infants (SUDI and SIDS)** fact sheet.

Newborn care

It is natural to be nervous when looking after a small baby. Hospital nurses or a midwife will take you through daily care to prepare you for going home, including:

- cues from your newborn when they are hungry or tired
- bathing safely
- skin care
- holding a newborn
- dressing for the weather
- putting on a nappy
- weight loss and gain
- feeding and sleeping patterns
- umbilical cord care
- managing common health concerns such as jaundice, skin rashes, and changes in urine or bowel movements.

Health records and birth paperwork

Before you leave hospital, the following documents will be provided to you and explained:

- *My Health and Development Record* child health record and guide to parenthood and child health for the first five years
- Parent Pack resource kit with information on community services and programs
- Family Assistance application forms
- Medicare application forms
- birth registration forms.

Tests, checks and vaccinations for newborns

Your midwife or doctor will talk to you about the following tests, screens or vaccinations for your baby. These are done before you leave hospital or in the first week:

- newborn physical exam – an initial physical exam is done soon after birth to detect significant abnormalities, birth injuries or cardio-respiratory disorders; a more thorough exam is done during the hospital stay, usually more than 24 hours after birth
- hepatitis B vaccination to start long-term protection against this disease – best given within 24 hours after birth
- vitamin K injection or oral dose to help blood clotting and prevent serious bleeding – this is best given within a few hours after birth
- universal newborn hearing screening (UNHS) to detect permanent hearing impairment (PHI) – should be done within the first week
- newborn screening test or ‘heel prick’ to screen for rare genetic conditions such as phenylketonuria, hypothyroidism and cystic fibrosis – usually done between 48 and 72 hours after birth.

For more information see the **Tests, scans and checks for newborns** fact sheet.

Leaving hospital after birth

You are ready to leave hospital when you (and your baby) are medically fit, can confidently feed your baby and have enough home support in place. Make sure your car is fitted with an appropriate child restraint.

Some women choose to go home as early as six hours after birth. Others choose to spend a day or two in a maternity ward. If you decide to stay, let hospital staff know when you would like to go home. There are a number of things that need to be planned and organised before the morning of your discharge.

If your labour or birth was assisted, you will stay longer at hospital. After a caesarean section, women usually stay two to five days in hospital.

For more information see the [Hospital birth](#) fact sheet.

Home and community support

Your midwife will be able to tell you about healthcare support services that you can access when you get home. For example:

- home-based postnatal care visit
- breastfeeding support
- lactation consultants
- physiotherapists
- maternal and child health services
- where to go for your six week check-up
- mental health and postnatal depression support.

Most hospitals will offer a home-based postnatal care visit from a midwife within the first week of being at home with your new baby. The midwife will check:

- how you are coping
- how you are managing with breastfeeding
- how your wound is healing (if you have one)
- that your uterus is contracting well – this is checked by examining your tummy
- your baby's health and weight.

When to call for help

Parenting helplines, your GP or your maternal and child health nurse can help if you have questions about your baby or your own health during the first few days at home.

For telephone support and information, call:

- ParentLine telephone helpline on 13 22 89 (8 am to midnight, seven days a week)
- Maternal and Child Health (MCH) Line on 13 22 29 (24 hours per day, seven days a week).

Where to get help

- Your doctor
- Midwife
- Maternal and child health nurse
- **ParentLine**, Tel. 13 22 89
- **Maternal and Child Health** (MCH) Line, Tel. 13 22 29
- **Australian Breastfeeding Association** – 1800 686 268

This page has been produced in consultation with and approved by:

Better Health Channel

Content on this website is provided for information purposes only. Information about a therapy, service, product or treatment does not in any way endorse or support such therapy, service, product or treatment and is not intended to replace advice from your doctor or other registered health professional. The information and materials contained on this website are not intended to constitute a comprehensive guide concerning all aspects of the therapy, product or treatment described on the website. All users are urged to always seek advice from a registered health care professional for diagnosis and answers to their medical questions and to ascertain whether the particular therapy, service, product or treatment described on the website is suitable in their circumstances. The State of Victoria and the Department of Health & Human Services shall not bear any liability for reliance by any user on the materials contained on this website.

For the latest updates and more information, visit www.betterhealth.vic.gov.au

Copyright © 1999/2021 State of Victoria. Reproduced from the Better Health Channel (www.betterhealth.vic.gov.au) at no cost with permission of the Victorian Minister for Health. Unauthorised reproduction and other uses comprised in the copyright are prohibited without permission.