

## Postnatal care for the baby

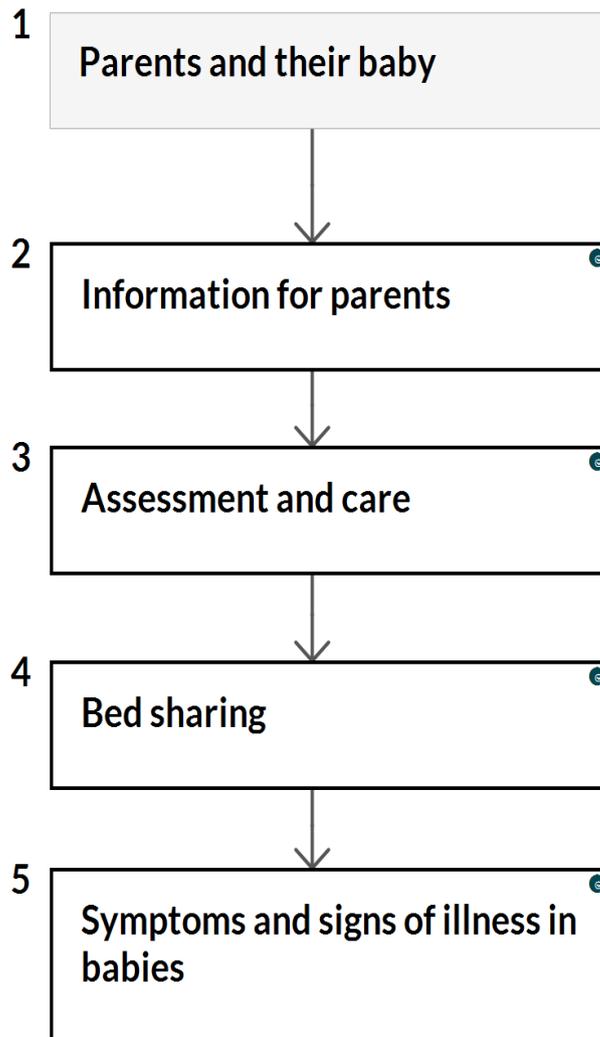
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/postnatal-care>

NICE Pathway last updated: 27 October 2021

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Parents and their baby

No additional information

## 2 Information for parents

Give parents information about:

- how to bathe their baby and care for their skin
- care of the umbilical stump
- feeding (see recommendations on [planning and supporting babies' feeding](#))
- [bonding and emotional attachment \[See page 10\]](#) (see recommendations on [promoting emotional attachment](#))
- how to recognise if the baby is unwell, and how to seek help (see recommendations on [symptoms and signs of illness in babies \[See page 7\]](#))
- established guidance on safer sleeping (including recommendations on [bed sharing \[See page 6\]](#))
- maintaining a smoke-free environment for the baby (see also [the NICE Pathway on stopping smoking in pregnancy and after childbirth](#))
- vitamin D supplements for babies (see [the NICE Pathway on vitamin D: supplement use in specific population groups](#))
- immunising the baby in line with [Public Health England's routine childhood immunisations schedule](#)).

Consider giving parents information about the Baby Check scoring system and how it may help them to decide whether to seek advice from a healthcare professional if they think their baby might be unwell.

Advise parents to seek advice from a healthcare professional if they think their baby is unwell, and to contact emergency services (call 999) if they think their baby is seriously ill.

NICE has written [information for the public on postnatal care](#).

For information on ankyloglossia (tongue-tie), see [assessing breastfeeding](#).

### Rationale and impact

See the NICE guideline to find out [why we made these recommendations and how they might](#)

[affect practice](#).

## Clinical knowledge summaries

NICE has published clinical knowledge summaries on [colic in infants](#), and on [nappy rash](#). These practical resources are for primary care professionals (they are not formal NICE guidance).

## Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

### Postnatal care

#### 3. Infant health – serious illness

### 3 Assessment and care

Be aware that the [2020 MBRRACE-UK reports on maternal and perinatal mortality](#) showed that women and babies from some minority ethnic backgrounds and those who live in deprived areas have an increased risk of death and may need closer monitoring. The reports showed that:

- compared with white women (8 per 100,000), the risk of maternal death during pregnancy and up to 6 weeks after birth is:
  - 4 times higher in black women (34 per 100,000)
  - 3 times higher in mixed ethnicity women (25 per 100,000)
  - 2 times higher in Asian women (15 per 100,000; does not include Chinese women)
- the neonatal mortality rate is around 50% higher in black and Asian babies compared with white babies (17 per 10,000 compared with 25 per 10,000)
- women living in the most deprived areas are more than 2.5 times more likely to die compared with women living in the least deprived areas (6 per 100,000 compared with 15 per 100,000)
- the neonatal mortality rate increases according to the level of deprivation in the area the mother lives in, with almost twice as many babies dying in the most deprived areas compared with the least deprived areas (12 per 10,000 compared with 22 per 10,000).

When caring for a baby, remember that those with parental responsibility have the right be involved in the baby's care, if they choose.

At each postnatal contact, ask parents if they have any concerns about their baby's general wellbeing, feeding or development. Review the history and assess the baby's health, including physical inspection and observation. If there are any concerns, take appropriate further action.

Be aware that if the baby has not passed meconium within 24 hours of birth, this may indicate a serious disorder and requires medical advice.

Carry out a complete examination of the baby within 72 hours of the birth and at 6 to 8 weeks after the birth (see [the Public Health England newborn and infant physical examination \[NIPE\] screening programme](#)). This should include checking the baby's:

- appearance, including colour, breathing, behaviour, activity and posture
- head (including fontanelles), face, nose, mouth (including palate), ears, neck and general symmetry of head and facial features
- eyes: opacities, red reflex and colour of sclera
- neck and clavicles, limbs, hands, feet and digits; assess proportions and symmetry
- heart: position, heart rate, rhythm and sounds, murmurs and femoral pulse volume
- lungs: respiratory effort, rate and lung sounds
- abdomen: assess shape and palpate to identify any organomegaly; check condition of umbilical cord
- genitalia and anus: completeness and patency and undescended testes in boys
- spine: inspect and palpate bony structures and check integrity of the skin
- skin: colour and texture as well as any birthmarks or rashes
- central nervous system: tone, behaviour, movements and posture; check newborn reflexes only if concerned
- hips: symmetry of the limbs, Barlow and Ortolani's manoeuvres
- cry: assess sound.

At 6 to 8 weeks, assess the baby's social smiling and visual fixing and following.

Measure weight and head circumference of babies in the first week and around 8 weeks, and at other times only if there are concerns. Plot the results on the growth chart.

For advice on identifying and managing jaundice, see [the NICE Pathway on neonatal jaundice](#).

If there are concerns about the baby's growth, see [the NICE Pathway on faltering growth](#).

Carry out newborn blood spot screening in line with [the NHS newborn blood spot screening programme](#).

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Carry out newborn hearing screening in line with [the NHS newborn hearing screening programme](#).

Also, see [promoting emotional attachment](#) and [the NICE Pathway on child abuse and neglect](#).

### Rationale and impact

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

### Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

#### Postnatal care

3. Infant health – serious illness
7. Infant health – physical examination

## 4 Bed sharing

Discuss with parents safer practices for bed sharing, including:

- making sure the baby sleeps on a firm, flat mattress, lying face up (rather than face down or on their side)
- not sleeping on a sofa or chair with the baby
- not having pillows or duvets near the baby
- not having other children or pets in the bed when sharing a bed with a baby.

Strongly advise parents not to share a bed with their baby if their baby was low birth weight or if either parent:

- has had 2 or more units of alcohol
- smokes
- has taken medicine that causes drowsiness
- has used recreational drugs.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

### Postnatal care

#### 4. Infant health – bed sharing

## 5 Symptoms and signs of illness in babies

Listen carefully to parents' concerns about their baby's health and treat their concerns as an important indicator of possible serious illness in their baby.

Healthcare professionals should consider using the Baby Check scoring system:

- to supplement the clinical assessment of babies for possible illness, particularly as part of a remote assessment **and**
- as a communication aid in conversations with parents to help them describe the baby's condition.

Follow the recommendations in:

- [assessing risk and antibiotic management decisions in the NICE Pathway on managing early-onset neonatal infection \(within 72 hours of the birth\)](#)
- [assessing and managing risk in the NICE Pathway on late-onset neonatal infection \(more than 72 hours after the birth\)](#).

Be aware that fever may not be present in young babies with a serious infection.

If the baby has a fever, follow the recommendations in [the NICE Pathway on fever in under 5s](#).

If there are concerns about the baby's growth, follow the recommendations in [the NICE Pathway on faltering growth](#).

Be aware of the possible significance of a change in the baby's behaviour or symptoms, such as refusing feeds or a change in the level of responsiveness.

Be aware that the presence or absence of individual symptoms or signs may be of limited value in identifying or ruling out serious illness in a young baby.

Recognise the following as 'red flags' for serious illness in young babies:

- appearing ill to a healthcare professional
- appearing pale, ashen, mottled or blue (cyanosis)
- unresponsive or unrousable
- having a weak, abnormally high-pitched or continuous cry
- abnormal breathing pattern, such as:
  - grunting respirations
  - increased respiratory rate (over 60 breaths/minute)
  - chest indrawing
- temperature of 38°C or over or under 36°C
- non-blanching rash
- bulging fontanelle
- neck stiffness
- seizures
- focal neurological signs
- diarrhoea associated with dehydration
- frequent forceful (projectile) vomiting
- bilious vomiting (green or yellow-green vomit).

See the following NICE Pathways for more information:

- [fever in under 5s](#)
- [managing early-onset neonatal infection](#)
- [managing late-onset neonatal infection](#)
- [sepsis](#)
- [bacterial meningitis and meningococcal septicaemia in under 16s](#)
- [dyspepsia and gastro-oesophageal reflux disease](#)
- [diarrhoea and vomiting in children](#)
- [urinary tract infections.](#)

If a baby is thought to be seriously unwell based on a 'red flag' (see recommendation above) or on an overall assessment of their condition, arrange an immediate assessment with an appropriate emergency service. If the baby's condition is immediately life-threatening, dial 999.

### **Rationale and impact**

See the NICE guideline to find out [why we made these recommendations and how they might](#)

affect practice.

## **Quality standards**

The following quality statements are relevant to this part of the interactive flowchart.

### **Postnatal care**

3. Infant health – serious illness

## Bonding and emotional attachment

Bonding is the positive emotional and psychological connection that the parent develops with the baby.

Emotional attachment refers to the relationship between the baby and parent, driven by innate behaviour and which ensures the baby's proximity to the parent and safety. Its development is a complex and dynamic process dependent on sensitive and emotionally attuned parent interactions supporting healthy infant psychological and social development and a secure attachment. Babies form attachments with a variety of caregivers but the first, and usually most significant of these, will be with the mother and/or father.

## Glossary

### Low birth weight

(a birth weight of less than 2,500 grams regardless of gestational age)

### Parental responsibility

(see the [government definition of parental responsibility](#))

### Parents

(those with the main responsibility for the care of a baby – this will often be the mother and the father, but many other family arrangements exist, including single parents)

## Sources

[Postnatal care](#) (2006 updated 2021) NICE guideline NG194

## Your responsibility

### Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and

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practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

### **Technology appraisals**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

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## **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.