After the Birth

There are a number of tests and procedures that your baby can have immediately after the birth and in the following days and weeks.

This leaflet provides you with information about these procedures and the benefits and risks of having them. None of the tests and procedures described in this leaflet are compulsory.

It is important that you ask your midwife or doctor to explain the screening tests and procedures being offered to you. You need to know what they involve, and the risks and benefits to you and your baby of having them.

You can choose whether or not to have any of these procedures.

MOTHER

Anti-D injection

About 15% of women have a "Rhesus negative" blood group and are 'A negative,' B negative,' 'AB negative,' or 'O negative.' Your rhesus negative status only matters if you are carrying a rhesus positive baby. If some of your baby's blood gets into your blood system, your immune system may react to the baby as if it were a foreign invader and produce antibodies against it. This is known as "sensitizing." Sensitising is not usually harmful in your first pregnancy, but if you become pregnant again with a rhesus positive baby the antibodies in your system can cross the placenta and attack the blood cells of your baby causing anaemia, jaundice or in severe cases, heart or liver failure. This condition is called haemolytic disease of the newborn (HDN).

The formation of such antibodies can be prevented by giving you an injection of anti-D immunoglobulin (a blood product) into a muscle in your thigh. Anti-D works by destroying any fetal blood cells that may be in your blood before your body has time to make any antibodies. Anti-D stays in your body for about six weeks.

The injection is usually given to a rhesus negative mother who has a rhesus positive baby within 72 hours of giving birth.

It can also be given to you antenatally if you have some abdominal trauma or antenatal bleeding.

BABY

Cord blood banking

There is no published evidence that storing a baby’s cord blood will offer the benefits claimed by the private, for-profit umbilical cord blood bank that was established in New Zealand in 2003. It costs $2,500 to have a baby's cord blood stored, plus the annual $200 storage fee. According to one New Zealand cancer specialist, new stem cell technology developed over the past two years will more than likely make storing umbilical cord blood stem cell redundant.

Cord blood storage involves early clamping of the baby's cord and the taking of a significant amount of cord blood immediately after the birth, blood that the baby needs for both making the transition to the outside world and for its iron stores. According to one source, clamping of the baby's cord should not occur prior to 30 seconds after the birth as it could lead to the baby being deprived of up to a third of its normal circulating blood volume.

Further information on the issues surrounding cord blood banking can be accessed from the MSCC’s website - www.maternity.org.nz

Breastfeeding

Once your baby is born she will instinctively search for your nipple. The touch of your baby's lips increases oxytocin and beta-endorphin in both your brain and your baby's brain. It also increases your body's production of prolactin, the main hormone responsible for the production of breast milk.

The early breast milk (colostrum) is rich in antibodies and protects your baby against illnesses that you have encountered during your lifetime. These first breastfeeds will also assist with the establishment and growth of healthy gut flora in your baby.

All of these factors help explain the reduced risks of infection among breastfed babies, including the decreased risk of septicaemia, serious gut infections, diarrhea and vomiting in the first year of life, respiratory illnesses and ear infections, urinary infections, bacterial meningitis, and sudden infant death (SIDS).

As this first skin to skin contact between you and your baby and these early breastfeeds occur during an extremely sensitive time - and during a time when hospital routines can interfere with these natural processes - it is important that you discuss with your LMC what you want or don’t want done to you or your baby in the first hour or so after birth.

The establishment of a successful breastfeeding relationship can take time and support. It is important that you identify a suitable support network prior to having your baby and that you discuss how you plan to feed your baby with your LMC.

There are a number of risks associated with feeding your baby artificial baby milks. You should discuss these with your LMC before you decide to feed these to your baby so that you can make an informed decision.

Newborn baby check

Your midwife will perform a detailed examination of your baby within 24 hours of the birth. This includes examining your baby's facial features, eyes and ears, skin, listening to your baby's heart, testing all the reflexes, and checking his joints, spine and limbs.

Such a check does not necessarily have to be done immediately after the birth. As the most appropriate place for your healthy newborn baby to be immediately after birth is in close body contact with you, it is usually best if the newborn baby check is left until the baby has had time to adjust to life outside your womb.

Vitamin K injection

While giving newborn babies a Vitamin K injection immediately after birth is now a routine procedure, it is your choice whether or not to give Vitamin K to your baby. If you decide that you want your baby to have Vitamin K you can choose either an injection or the oral form of Vitamin K.
Vitamin K is a fat-soluble vitamin that plays a role in blood clotting. Prior to birth, babies have comparatively low levels of Vitamin K; this is believed to be useful during the time your baby is growing and experiencing periods of rapid cell division and rapid cell replacement. It also helps prevent clotting problems during the birth. Your baby's body maintains these levels very precisely and taking Vitamin K supplements during pregnancy will not result in increased levels of Vitamin K in the unborn baby. The majority of healthy breastfed babies will have blood levels of Vitamin K close to those of an adult within six weeks.

In a very small percentage of babies the low levels of Vitamin K can result in a bleeding disorder now known as Vitamin K Deficiency Bleeding (VKDB).

There are three types of VKDB:

Early VKDB is rare and occurs in the first 24-48 hours after birth. It is almost always the result of drugs taken by the mother during pregnancy (anti-epileptic drugs, blood thinning drugs, drugs taken for treating tuberculosis, etc.) which inhibit Vitamin K activity in the body.

Classical VKDB is the most common form and occurs in the first week of life in 2.5 to 15 per 1000 babies. It is associated with an inadequate intake of Vitamin K due to the baby not getting enough Vitamin K-rich colostrum, or not having unlimited access to the breast which prevents the baby getting the high fat Vitamin K-rich content of breast milk that occurs later in each breastfeed.

Late VKDB is very rare (4.7 per 100,000 babies) and occurs in infants between 2 and 12 weeks of age. Most of these babies have cholestatic liver disease or cystic fibrosis.

For more information on Vitamin K, please contact Women's Health Action Trust on (09) 520 595 or email info@womens-health.org.nz and request a copy of their 'Vitamin K: does my baby need it' leaflet.

Jaundice

Jaundice occurs in most newborn babies and is caused by an excess of bilirubin in the blood which may result in a yellow tinge to the baby's skin and in the whites of the eyes. Bilirubin is the normal by-product of the breakdown of red blood cells. Before birth the placenta removes the bilirubin from the baby which is then processed by the mother's liver. After the birth the baby's liver takes over but this can take time. Normal physiologic jaundice appears when a baby is between two and four days old, is harmless and usually disappears within two to three weeks. Jaundice is more common in premature infants because their immature livers are less able to cope with excess bilirubin. Breastfed babies usually take a bit longer than bottle-fed babies to clear the bilirubin from their system. You can put your baby in natural light (not direct sunlight) by a window which will help clear mild jaundice.

However, frequent breastfeeds will give your baby all the nourishment she needs and the right amount of fluid to help clear the bilirubin. No treatment is needed if bilirubin levels are less than 20 milligrams, and babies should not be routinely given supplements of water, or formula.

Jaundice is sometimes caused by other problems, such as incompatible blood types between mother and baby, which cause unusually high levels of bilirubin. In rare cases bilirubin levels can rise high enough to damage the baby's brain.

If your baby's bilirubin level gets too high, treatment involving a special bed that exposes your baby's skin to phototherapy lights is recommended. These phototherapy lights will dissolve the extra bilirubin in your baby's skin.

Phototherapy lights should only be used in severe cases of jaundice. It is important that you discuss all options for managing newborn jaundice with your LMC in order to prevent the use of unnecessary treatment interfering with your ability to establish breastfeeding.

Newborn metabolic screening (the Guthrie test)

Metabolic screening of newborn babies (formerly known as the Guthrie test) is offered as close to 48 hours after the birth as practicable. A heel prick is done on the baby and the blood is placed on a blood spot card which is then tested for 29 rare but potentially life-threatening metabolic disorders. If your baby is diagnosed with one of these inherited disorders early treatment can prevent the development of serious conditions that can cause severe disability or even death. Over 60,000 babies are tested each year, and about 45 babies are found to have one of these rare disorders.

Further information on newborn metabolic screening can be accessed at http://www.nsu.govt.nz/Current-NSU-Pro grammes/566.asp

Once the tests have been done, the blood spot card will either be stored, or you can ask that your baby's card be returned to you. You can ask for the card to be returned to you at any stage up until your child turns 16, by filling in the form on the National Screening Unit's website: http://www.returnscreening.org.nz/return_july_09.pdf

Newborn hearing screening

A newborn hearing screening and early intervention programme is currently being made available throughout New Zealand. It has been estimated that between 135 and 170 babies are born each year with mild to severe hearing loss. The programme aims to identify babies who have a hearing loss to ensure that they receive support from soon after birth until they start school as early intervention improves language, learning and social development in these babies.

You will be offered newborn hearing screening to check if your baby can hear well. This screen is designed to pick up moderate to profound hearing loss. Screening is usually done before you and your baby go home from hospital. If your baby is not born in a hospital or not screened before you go home, newborn hearing screening may be offered at your local health clinic or hospital outpatient clinic. You will be told the results straight away.

Further information on the Universal Newborn Hearing Screening and Early Intervention Programme (UNHSEP) can be accessed at http://www.nsu.govt.nz/Current-NSU-Pro grammes/566.asp

Length of postnatal care in hospital

In New Zealand the majority of new mothers are discharged from hospital within 48 hours of giving birth. Women who have had a caesarean section are entitled to stay longer — up to five days.

The Ministry of Health has recently stated that mothers who are having difficulties with establishing breastfeeding, or who require extra post-operative recovery time are able to stay in hospital an extra day. An extra day is also available for mothers with medical problems, those who have maternal mental health issues, women who have a baby with special needs, or women who live in isolated rural areas. The government expects that only 15% of new mothers will be eligible for an additional day in hospital.

However, there are no hard and fast rules around how many days mothers and babies can stay in hospital after the birth and if you feel you may need more than two days in hospital you should discuss this with your LMC.
Postnatal care visits
You are entitled to daily visits from your LMC while you are in hospital and to receive between 5–10 postnatal home visits from a midwife during the 4–6 weeks after you have given birth. Your midwife is required to visit you within 24 hours after you leave hospital. Your midwife is also required to make additional home visits if you or your baby need extra midwifery care and support. Ask your midwife how often she usually visits mothers and babies at home. Each time your midwife visits you she should decide when she will next come, so that you receive enough visits to meet your needs.

During her postnatal visits your midwife will make sure that your baby is growing and developing healthily, that you are well and coping with looking after yourself and your baby. She will provide support and assistance with breastfeeding, provide information and advice about screening tests, vaccinations, and contraception, as well as refer you to a Well Child provider of your choice who will continue to monitor your baby's growth and development when your midwife stops visiting.


Well Child provider
Your LMC is required to send a written referral to the Well Child provider of your choice before the end of the 4th week following the birth, and to transfer the care of your baby to the Well Child provider prior to six weeks. You can change your Well Child provider if you are not happy with the care and advice that you or your baby is receiving, or you can choose to discontinue visits to or from the Well Child provider at any time.

Further information about the Well Child provider service can be accessed at http://www.welchild.org.nz/about.htm

Vaccinations
In New Zealand it is recommended that your baby have their first vaccinations when five is six weeks old. Every year new vaccinations are added to the infant vaccination schedule. While your LMC and other health professionals must recommend that your baby has all of them, vaccinations are not compulsory. It is important that you find out as much information as you can about each vaccine so that you can make an informed choice about which vaccines (if any) you want your baby to receive and at what age you want your baby to start receiving vaccinations. It is worth noting that although babies are currently vaccinated against up to seven diseases at a time, almost no research has been done on the side effects and risks of having several different vaccinations at the same time.

Further information on some of these issues can be found on the MSCC’s website: www.maternity.org.nz

References

Informed consent
Before any test or procedure is carried out on you or your baby you should be asked to give your informed consent. Your LMC should make sure that you understand why the test or procedure is being recommended and you can make an informed decision about whether or not you or your baby want or need it.

Here are some questions you can ask your caregiver that will help you make an informed choice about any procedure being offered or recommended:

- Why does my baby, or myself, need this test or procedure? What do you expect it will achieve?
- What are the known side effects and are there any risks?
- Is there anything else we could do instead? What are the risks and benefits of that alternative?
- Do we have to make a decision now — what would happen if we waited for an hour — or day — or two?

You also have the right to privacy while you make your decision. It is okay to ask the person to leave while you discuss your options with your husband/partner/family. You also have the right to ask for a second opinion from another health professional.

Remember the choice to have any procedure is yours to make. Only you can decide if there are benefits for you or your baby, or if the potential benefits outweigh the side effects or risks of any tests or procedures carried out after your baby is born.