NHS
The Leeds Teaching Hospitals
NHS Trust

Advice following Neonatal Care on the Postnatal Ward

Information for patients

leeds children's hospital
caring about children

Your baby is having or has required inpatient care from the Neonatal team. Going home can often feel scary. This leaflet highlights key areas to check when at home and when to seek help.

Infection in the newborn baby

Most newborn babies are born healthy, but some babies become unwell with infection. We need to prevent or treat infections early to stop babies becoming unwell.

Why is my baby at risk for infection?

Your baby can be at risk of infection for lots of reasons:

- If your baby is born early (premature)
- If your previous baby had an infection soon after birth
- If your waters broke more than 24 hours before your baby was born
- If you had a high temperature in labour.

What are signs of infection in a newborn?

Babies with an infection may have:

- Difficulty in breathing or breathing too fast
- Poor feeding or reduced wet nappies
- High or low temperature (higher than 38°C or lower than 36°C)

- Change in skin colour (for example, become very pale, blue/grey or yellow)
- A change in their behaviour (for example, signs of being sleepy or unsettled).

How is infection treated?

If your baby is at risk or has signs of infection they will be reviewed by a doctor. They will require monitoring on the postnatal ward and may be started on treatment with antibiotics. Antibiotics will be given for at least 24 hours through a drip. Side-effects are uncommon but can include swelling or redness at the area of the drip, rash or diarrhoea. Most babies stay well and can stop antibiotics once tests are normal. Some babies need longer treatment or extra tests. If your baby becomes more unwell, they may need care on the neonatal unit.

What is Group B Streptococcus infection?

Group B Streptococcus (GBS) is a common type of bacteria that one in four women have in their birth canal. This is natural and does not usually cause a mother any problems. There is a small risk the bacteria can transfer to your baby during labour. This can cause infection in newborn babies. Some women get antibiotics in labour to try to stop this. It is important to check for signs of infection and seek medical review if you have any concerns.

Jaundice

What is jaundice?

This might appear as yellowing of the skin and the whites of the eyes. This can be from mild to more serious. It is common. About six in10 babies born near their due date get jaundice.

Why might my baby be at risk of jaundice?

Some babies are more at risk of jaundice. Some risk factors are infection, poor feeding, bruising from birth or a difference in blood group between mother and baby.

How is jaundice treated?

If your baby has jaundice (yellow skin) or is more at risk, your midwife will ask a doctor to see your baby. They will have blood tests. Some babies need light treatment (called phototherapy) on the postnatal ward. If the level is very high or the treatment is not working, they might need to go to the neonatal unit.

Low blood sugar level (hypoglycaemia)

Why might my baby be at risk for having low blood sugar (glucose) levels?

Your baby can be at risk of low blood sugar for different reasons:

- If your baby is small
- If you have diabetes or had diabetes in pregnancy
- If you have been receiving certain medications for high blood pressure
- If your baby has been unwell after birth.

What are signs of low blood sugar in a newborn?

Babies with a low blood sugar may have:

- High or low temperature
- Poor feeding
- Changes in their colour or breathing
- Be sleepy or difficult to wake
- Jittery movements
- Be floppy.

How is low blood sugar tested?

Your baby will need a blood test to check the blood sugar level. This test will normally be on their heel as only a small amount of blood is needed. You can comfort your baby at this time. It is usually done before a feed.

How is low blood sugar treated?

If the blood sugar level is low you will be encouraged to keep your baby warm and to feed them. Extra support will be offered with feeding. Your baby may need extra milk after their feeds or more frequent feeds. Your baby may also require treatment with a sugary gel (called dextrose). A doctor will review your baby if the blood sugar level is very low or not improving. In most cases the blood sugar level will improve.

You will usually need to stay in hospital for at least 24 hours to watch this. A small number of babies will need to go to transitional care. You can stay with your baby on the transitional care unit.

Sometimes babies need to go to the neonatal unit if their blood sugars stay low. We may also start your baby on antibiotics if we are worried about an infection.

What about after discharge from hospital?

If your baby has signs of infection, jaundice or low blood sugar, then they need medical attention. The traffic light system on pages 8-10 highlights signs and symptoms to help with this. Always seek advice if you are worried. Your community midwife or health visitor will be your routine point of contact, but you may need to contact the GP or A&E if you are worried in the meantime.

GREEN

Low Risk: Self-Care Advice

Green

Self-Care Advice

If your baby is feeding well, having plenty of wet and dirty nappies, **then please care for your baby at home.**

If your baby has any of the Amber or Red signs, then they will need to see a doctor.

AMBER

Medium Risk: Ask for Advice

Amber
Contact midwife/health visitor, GP or call 111

Babies with these symptoms may become very unwell.

If your baby has any of these amber symptoms below, then contact your midwife/health visitor, GP or NHS 111.

- Change in temperature, fever or sweaty/clammy to touch
- Reduced feeds - taking less than half their normal volumes
- Change in behaviour - more irritable or quieter than usual
- Reduced wet or dirty nappies
- Rash that fades when pressed firmly (use clear glass).

RED

High Risk: Take Action

If your baby has any of these RED symptoms below, then they need to go to the emergency department. Take them to the nearest emergency department or dial 999 for an ambulance.

RED
If you think your baby needs to be seen urgently then take them to A&E or call 999

- Temperature over 38°C
- Low temperature (below 36°C, check three times in a 10 minute period)
- Floppy, sleepy or hard to wake up
- Change in colour - blue, pale, yellow or mottled
- Change in breathing pattern - fast, slow, pauses or added sounds such as grunting
- High pitched or weak cry
- A rash that does not fade when pressed with a clear glass
- Glazed eyes
- Blood in stools
- Vomiting green fluid
- Bulging fontanelle (soft spot).

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