Worcestershire Acute Hospitals NHS Trust

# Teenage Pregnancy Guideline

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

## Introduction

Guidance for information of professionals providing care for women under the age of 20 during pregnancy.

## This guideline is for use by the following staff groups:

All staff providing care to pregnant women under the age of 20

## Lead Clinician(s)

| | |
|---|---|
| Approved by *Maternity Governance Meeting* on: | 16th June 2023 |
| Approved by Medicines Safety Committee on: | N/A |
| Review Date:<br>This is the most current document and should be used until a revised version is in place | 16th June 2026 |

## Key amendments to this guideline

| Date | Amendment | Approved by: |
|---|---|---|
| January 2020 | New Document | Maternity Governance |
| June 2023 | Reviewed | Maternity Governance |

**Introduction:**
The UK has the highest rates of teenage pregnancy in Western Europe. Teenage pregnancies are generally unplanned, high risk and need to be treated accordingly to reduce these risks where possible and provide support throughout the antenatal and postnatal period.

Over the last 18 years there has been a significant reduction in teenage pregnancy. The under-18 conception rate has fallen by 59.7% and the under-16 conception rate by over 60%. These rates are the lowest since 1969 (Public Health England, 2018).

Pregnancy in young people is an important public health concern as it generally occurs in the context of poor social support and maternal well-being. Young people and their babies have poorer access to maternity services and experience poorer outcomes than older people.

**Definition:**
This policy applies to all pregnant women less than 20 years of age at estimated delivery date.

**Maternal risks associated with teenage pregnancies:**

1. Increased incidence of sexually transmitted diseases
2. Increased alcohol and substance abuse
3. Smoking (twice as likely to smoke before and during pregnancy, and 3x more likely to smoke throughout pregnancy)
4. Poor diet and increased pregnancy weight gain, with increased postnatal weight retention
5. Present late
6. Decreased attendance to Antenatal Clinic (ANC)
7. Increased risk of miscarriage
8. Increased risk of anaemia
9. Higher incidence of pregnancy induced hypertension (PIH)
10. Higher risk of Pre-Eclampsia (PET)
11. Decreased breast feeding rates (third less likely to start, half as likely to still breast feed at 6-8 weeks)
12. Postnatal depression (3x more likely, and poor mental health can last for up to 3 years after delivery)
13. Relationship breakdown (2 in 3 mothers in pregnancy or within 3 years)
14. Increased risk of domestic abuse of all categories.

**Fetal/infant risks associated with teenage pregnancies:**

1. Premature delivery (<32 weeks, especially in 13-15 year olds)
2. Small for gestational age (SGA): more marked in ‘growing’ verses ‘non-growing’ adolescents due to competition for nutrients
3. Decreased birth weight (30% higher rate)
4. Increased rate of still birth (30% higher)
5. Increased neonatal mortality (60% higher)

Long-term complications:

6. Sudden Infant Death Syndrome (1.9x more likely to die from SIDS)
7. Poorer cognitive development and lower educational attainment
    a. At 5 years old: children are 4 months behind on spatial ability
    b. 7 months behind on non-verbal ability
    c. 11 months behind on verbal ability
8. Gastro-enteritis and accidental injury (twice as likely to be hospitalised for)
9. Increased criminal activity
10. Higher levels of abuse and neglect
11. Behavioural problems in childhood
12. Living in poverty (63% higher risk)

**Risk factors for teenage pregnancy:**

1. Socioeconomic deprivation (6x more likely)
2. Low educational achievement (12% of 16-17 years olds not in education, employment or training were teenage parents)
3. Having teenage parents
4. Being in the care of social services
5. Poor transition from education to work at age 18 years
6. Sexual abuse
7. Mental health problems
8. Crime
9. Manual background (10x more likely than if professional background)

**Antenatal management: specialised/individualised care**

- Identified at booking and referred to the Teenage Link Midwife in their locality.
- Be mindful not all pregnancies are unplanned. Positive professional attitudes are essential as pregnancy in young people is often viewed negatively and young people can feel stigmatized. This may prevent them from seeking adequate support or attending ANC
- Teenage Link Midwife to liaise with Sexual Health to ascertain if known to their service's 01905 681744
- Booking completed by Teenage Link Midwife
  - Risk factors assessed
    - Including smoking, alcohol, drug use
      - Discuss the risks and refer all to smoking cessation
      - CO levels at every appointment
      - Offer drug screen if discloses use; (*SEE APPENDIX 1 UTS SOP)*
      - Discuss housing, (SEE APPENDIX 2 HOUSING SOP) social support, finances, education requirements
  - Information to be given including:
    - Teenage Parents 2 Be group offered in an environment that is identified as young people friendly.
    - Maternity grant
    - Healthy start vouchers and nutrition
    - Access to services provided by local Children Centres
    - Food banks
    - Antenatal education provided to teenager and her support network in the home environment/Teenage Parents 2 Be group. (SEE APPENDIX 3, 4, 5 & 6 SOP & PARENT EDUCATION PACKAGE)
- Ensure taking folic acid 400 micrograms OD, or 5mg OD if clinically indicated (until 12 weeks) and Vitamin D 10micrograms OD (throughout pregnancy and breast feeding)
- Aspirin 150mg from 12 weeks to 36 weeks if clinically indicated
- Dating scan and screening bloods at 12 weeks as routine
- Anomaly scan at 20 weeks
- Seen by **Teenage Link Midwife**
  - At booking
  - 16 weeks
  - Every 3 weeks until 28 weeks (19, 22, 25, 28 weeks)
  - Every 2 weeks until 36 weeks (30, 32, 34, 36 weeks)
  - Then weekly until delivery
- Haemoglobin and antibody screen at 28 weeks
- Chlamydia screen at booking, provided consent gained
  - Self-taken yellow-topped LVS.

- If positive result treat and refer to the Sexual Health Team for further management (contact tracing and post-treatment follow-up).
- Generic Sexual Health team email address whcnhs.wishmaternityu25referral@nhs.net

- If patient is admitted antenatally to an outlying ward i**.e. Riverbank, Integrated Safeguarding Team are notified and Named Midwife for Safeguarding will notify locality Teenage Link midwife/Specialist Midwife and document on Badger Net.**
- If less than 16 years of age serial growth scans in ANC at 32, 36, and 40-weeks' gestation with consultant input as required.
- If older than 16 years of age serial growth scans as above if clinically indicated
- Consideration to be given to Gillick competency and Fraser guidelines if 16 years of age and under. These aid people who work with teenagers to balance the need to listen to their wishes with the responsibility to keep them safe.

**Intrapartum care for teenagers:**
- Theoretical risk of obstructed labour due to immature pelvis
- No indication for early induction or elective CS
- Book induction of labour (IOL) at 40+12 as per IOL guideline, if no spontaneous labour. To have sweeps prior to this with midwife if accepted by patient
- To deliver on the consultant LW if <16 years old
- Can deliver on Meadow Birth Centre (MBC) if 16 years or older (and fulfil other criteria)
- 'Support' person able to stay with them on the ward during admissions (both antenatally and postnatally)

**Postnatal care for teenagers:**
- Mothers reviewed up until 28 days postnatally, at least weekly, but more frequently if needed by the Teenage Link midwife when available.
  - Smoking cessation to continue with ongoing support, due to high risk of relapse
  - New smoking-cessation referral to be actioned if requested by patient
  - Advice regarding exercise and healthy eating
  - Breast feeding support
  - Discuss finance and returning to education
  - Contraception to be discussed by Midwife prior to discharge from ward/care. Either via GP or Sexual Health. Referral to Sexual Health can be made via the link : Make a referral to our Sexual Health Outreach team | Herefordshire and Worcestershire Health and Care NHS Trust (hacw.nhs.uk)
  - Home safety including safe sleeping advice
  - Discuss importance of continuing to engage with support from health professionals
  - Discuss postnatal support groups available

**Child protection issues:**
- There is an increased association between teenage pregnancy with underage sex, self-harming, neglect and domestic abuse.
- The Teenage Link Midwife should raise a safeguarding referral to the Specialist Midwife for Vulnerable Women.
- If there are safeguarding issues a cause for concern will be raised with Children's Social Services and information will be shared with relevant health professionals.
- Consent from the patient should be gained prior to referral; unless this would endanger the patient or unborn due to specific child protection concerns
  - Highlight the benefits of referral: the capacity of social care to assess and support their needs

**Child abuse: if disclosed or suspected:**

- The principles of confidentiality apply to a person under 16 years; but the right to confidentiality is not absolute. Where there is a serious safeguarding risk to the health, safety or welfare of a young person or others, this outweighs the young person's right to privacy.
    - It is important to discuss your concerns with the young person, especially if you are going to break their confidentiality
- Opportunity should be made to see the pregnant teenager alone in order to enable issues to be addressed sensitively and to maintain confidentiality
- Avoid initiating questions regarding sexual abuse / domestic abuse in the presence of family members/friends/partners
- If there is a history/risk factors for mental health problems, this must be clearly documented as a risk factor on the antenatal page. A referral should be made to the Perinatal Mental Health team. Inform the GP, Midwife or other support services necessary.
- All referrals should be discussed with the patient and documented in the hospital notes

**Statutory rape:**

- Rape: Adults engaging in sex with minors under the age of consent. Safeguarding issues must be considered, as the minimum legal age for young people to consent to have sex is 16 years.
- Sexual activity with a child under 16 is an offence. If it is consensual, it may be less serious than if the child were under 13, but may nevertheless have serious consequences for the welfare of the child.
- Sexual activity with children under 13 years of age is always illegal, as they are not legally capable of giving consent. When a young person under the age of 13 is found to be pregnant a referral to social services must be made
- Between the ages of 13-15, young people must have their needs assessed. Consider discussion with other agencies, and whether a referral should be made to Children's social care depending on the level of risk.
- Between the ages of 16-17 years sexual activity is not an offence, however young people under 18 are still offered the protection of child protection procedures. Staff must consider issues of child sexual exploitation and offences of rape and assault
- Young people aged 16 and 17 are deemed not able to give consent if sexual activity is with an adult in a position of trust or a family member
- Statutory rape describes illegal sexual activity and the law assumes even if he or she willingly engages in sexual intercourse with a legal adult, his or her sex partner may well have manipulated or coerced the younger person
- In cases where statutory rape is identified or suspected a social care referral is required and the Child Abuse Investigation Team should be informed

**References:**

1. TOG. Management of teenage pregnancy 2007
2. Public Health England, 2019. A Framework for supporting teenage mothers and young fathers. London: Public Health England
3. MBRRACE (2018) Saving Lives, Improving Mothers' Care. Oxford

**Contribution List**

This key document has been circulated to the following individuals for consultation;

| Designation |
| --- |
| All members of the Maternity Quality Governance Meeting |
| Head of Safeguarding<br>Specialist Midwives<br>Teenage Link Midwives |

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

| Committee |
| --- |
| Maternity Quality Governance Meeting<br>Safeguarding Committee |

## Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|---|---|---|---|
| 1. | **Does the policy/guidance affect one group less or more favourably than another on the basis of:** | | |
| | Race | | |
| | Ethnic origins (including gypsies and travellers) | | |
| | Nationality | | |
| | Gender | | |
| | Culture | | |
| | Religion or belief | | |
| | Sexual orientation including lesbian, gay and bisexual people | | |
| | Age | | |
| 2. | **Is there any evidence that some groups are affected differently?** | | |
| 3. | **If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?** | | |
| 4. | **Is the impact of the policy/guidance likely to be negative?** | | |
| 5. | **If so can the impact be avoided?** | | |
| 6. | **What alternatives are there to achieving the policy/guidance without the impact?** | | |
| 7. | **Can we reduce the impact by taking different action?** | | |

If you have identified a potential discriminatory impact of this key document, please refer it to Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Human Resources.

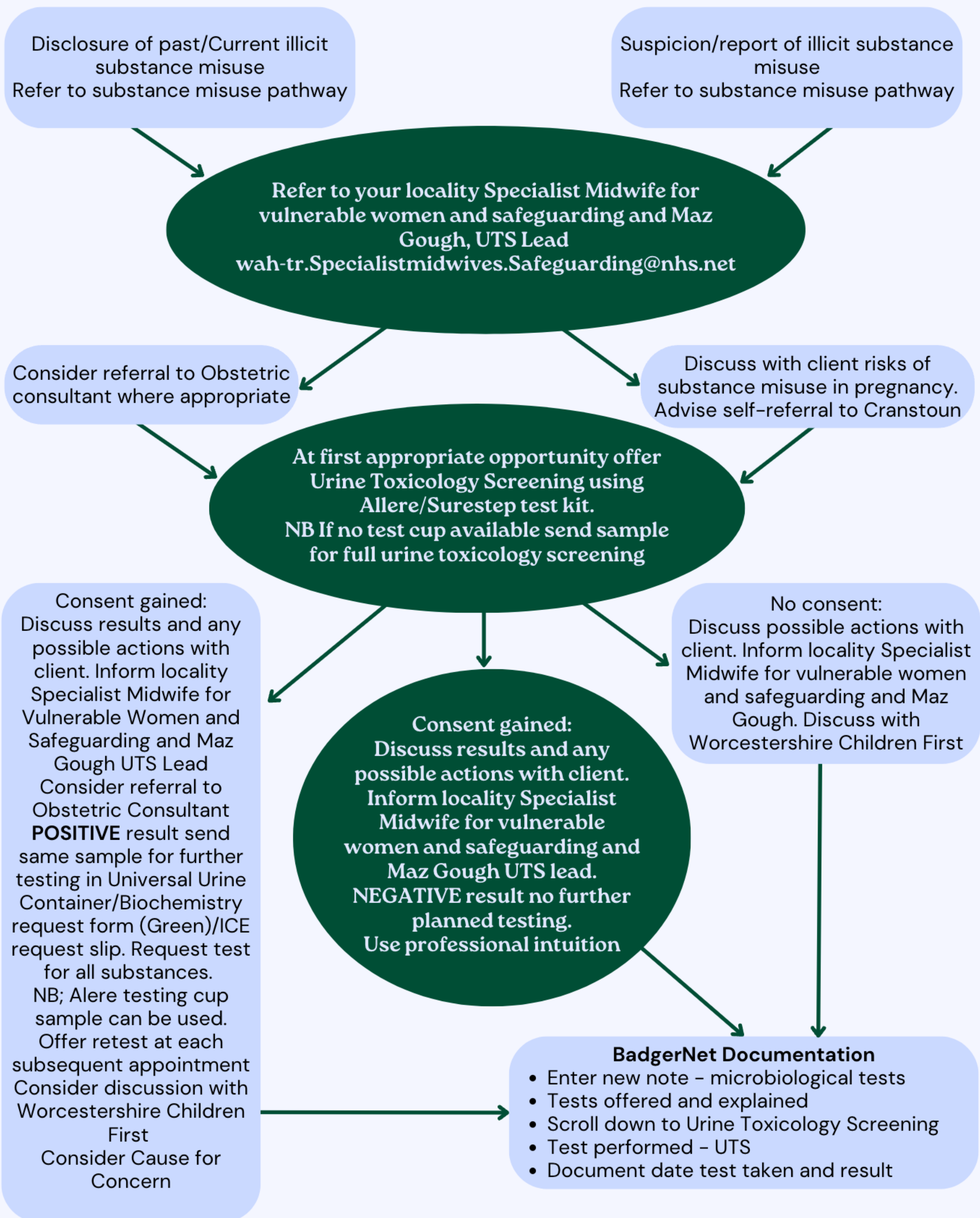
## Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | **Title of document:** | **Yes/No** |
|---|---|---|
| **1.** | Does the implementation of this document require any additional Capital resources | |
| **2.** | Does the implementation of this document require additional revenue | |
| **3.** | Does the implementation of this document require additional manpower | |
| **4.** | Does the implementation of this document release any manpower costs through a change in practice | |
| **5.** | Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff | |
| | Other comments: | |

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.

**APPENDIX 1**



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**APPENDIX 2**

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# Standard Operating Procedure
# Housing Issues

Women discloses housing issues/homelessness, sofa surfing.
CMW to establish current situation
NO SAFEGUARDING CONCERNS NO REFERRAL REQUIRED TO SPECIALIST MIDIFE

**WYRE FOREST**
Refer to;
Wyre Forest Hub
Wyre Forest House
Fine Point Way
Kidderminster
Worcestershire
DY11 7WE
Tel;01562 732928

**REDDITCH/BROMSGROVE**

Signpost to Redditch BC Housing Agency,
"Home Choice Plus"
Redditch Town Hall
Walter Stranz Square
Redditch Town Centre
B98 8AH
Application to be made with "Home Choice Plus"
www.homechoiceplus.org.uk

Tel; 01527 534069

**DROITWICH/PERSHORE/EVESHAM**

Complete online application via "Housing For You"
Women will be triaged and allocated a Housing Officer.

**WORCESTER/MALVERN**

- Worcester housing: Homelessness and Housing Advice Team: 01905 722589 (9am-4pm Monday - Friday) or 01562 733178 (Emergency out of hours) or via email housing@worcester.gov.uk and for Private Sector Housing Advice 01905 722288 or via email privatehousing@worcester.gov.uk
- Malvern housing: Homelessness & housing Advice team: 01386 565020 or email housing.needs@wychavon.gov.uk(9am-4pm Monday-Friday) or 01562 733175 (Emergency out of hours). Private sector housing Advice 01386 565631 or email privatesectorhousing@wychavon.gov.uk
- Online Referral form for Professionals must be completed to refer a woman / family to housing for support or due to homelessness (once they register for an account): https://live.housingjigsaw.co.uk/

**BadgerNet Documentation**

- **Enter new note**
- **Clinical note**
- **Social**
- **Document that lateral checks have been completed and the outcomes**

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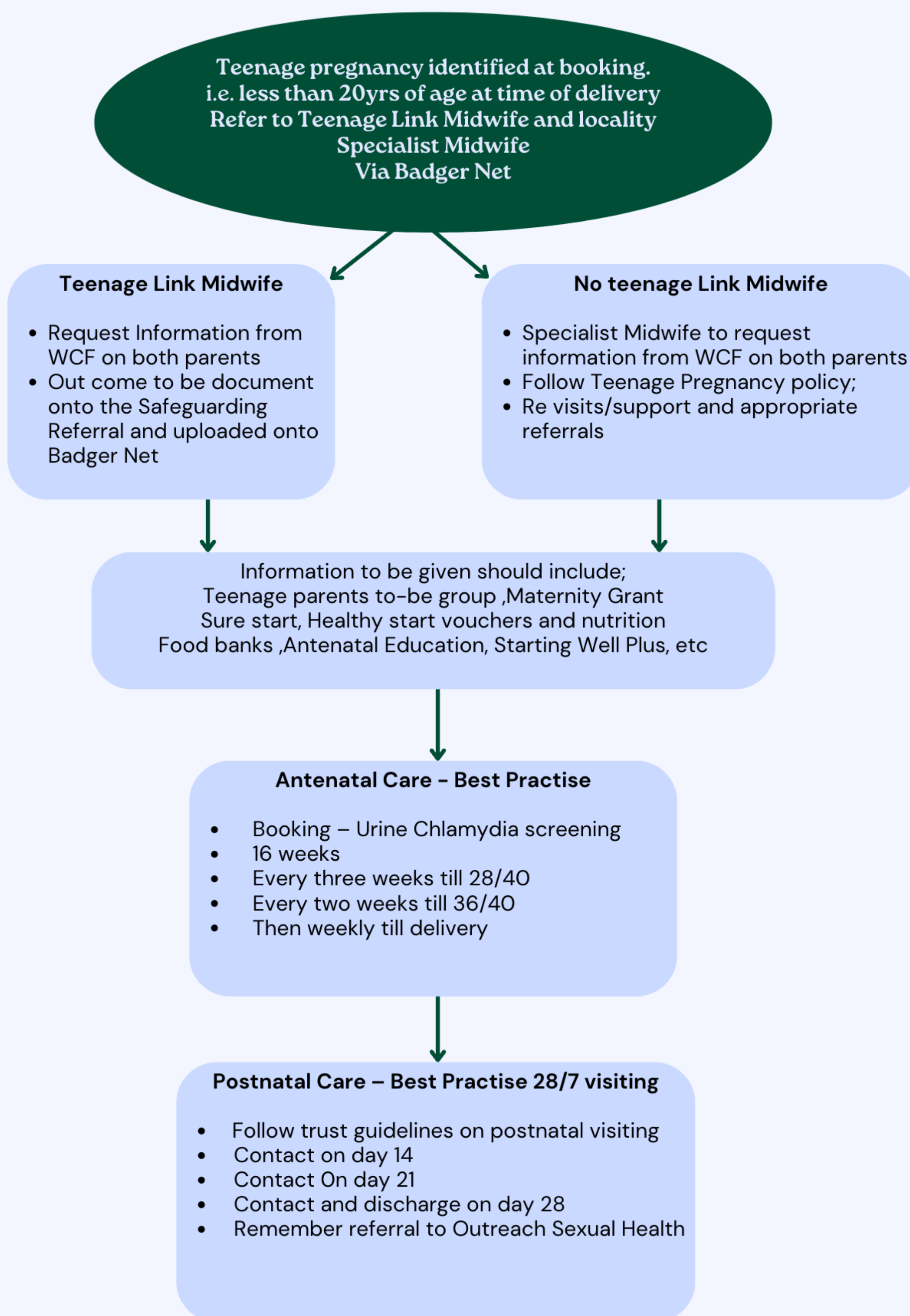
**APPENDIX 3**



## APPENDIX 4 Parenting Sessions Record

<table>
<tr><td rowspan="2">Patients name and address:</td><td>Date of session:</td></tr>
<tr><td>Session provided by:<br><br>Name:<br><br>Signed:</td></tr>
<tr><td colspan="2">Aims of session:</td></tr>
<tr><td colspan="2">Present:</td></tr>
<tr><td colspan="2">What went well:</td></tr>
<tr><td colspan="2">Areas of concern:</td></tr>
<tr><td colspan="2">Plan of action:</td></tr>
<tr><td colspan="2">Date of next session:</td></tr>
</table>

# APPENDIX 5 Parenting Sessions for Vulnerable Women

**Session 1:** Equipment

**Session 2:** Bathing and Changing

**Sessions 3,4 and 5:** Safe Feeding

**Session 6:** Sleeping and Safe Sleeping

**Session 7:** Crying Baby

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PARENTING SESSIONS FOR VULNERABLE WOMEN

# Equipment

## Baby clothes

Babies grow very quickly. All you need for the first few weeks are enough clothes to make sure your baby will be warm and clean.

You'll probably need:

- 6 stretch suits (all-in-ones) for both day and night, or 4 stretch suits and 2 nightdresses (nighties) for the night – use socks or bootees with the nightie if it's cold
- 2 cardigans, wool or cotton rather than nylon, and light rather than heavy – several light layers of clothing are best for keeping your baby warm
- 4 vests
- a shawl or blanket to wrap your baby in
- a wool or cotton hat, mittens, and socks or bootees for going out if the weather is cold – it's better to choose close-knitted patterns rather than those with a loose knit, so your baby's fingers and toes won't get caught
- a sun hat for going out if it's hot or the sun is bright

### Washing your baby's clothes

There's no evidence that using washing powders with enzymes (bio powders) or fabric conditioners will irritate your baby's skin.

## Baby bedding

For the first few months, you'll need a crib, carrycot or Moses basket (a light, portable bassinet). Your baby needs to sleep somewhere that's safe, warm and not too far from you.

Baby nests are not suitable for your baby to sleep in when you're not there because of the danger of suffocation.

If you're borrowing a crib or a cot, or using one that's been used by another of your children, you should ideally buy a new mattress.

If you can't do this, use the cot mattress you have, as long as it's firm (not soft), flat, fits the cot with no gaps, is clean, and waterproof.

You'll need:

- a firm mattress that fits the cot snugly without leaving spaces round the edges so your baby can't trap their head and suffocate

- sheets to cover the mattress – you need at least 4 because they need to be changed often; fitted sheets make life easier but can be quite expensive, so you could use pieces of old sheet
- light blankets for warmth

## Pillows and duvets

Don't use pillows and duvets – they're not safe for babies less than a year old because of the risk of suffocation. Duvets can also make your baby too hot.

Sheets and layers of blankets tucked in firmly below your baby's shoulder level or a baby sleeping bag are safe for your baby to sleep in.

## Cot safety

Your baby will spend many hours in a cot, so make sure it's safe. If you're buying a new cot, look for the British Standard mark BS EN 716-1.

- The mattress must fit snugly, with no space for the baby's head to get stuck.
- The bars must be smooth, securely fixed, and the distance between each bar should not be less than 25mm (1 inch) and not more than 60mm (2.5 inches), so your baby's head can't get trapped.
- The cot should be sturdy.
- The moving parts should work smoothly and not allow fingers or clothing to get trapped.
- Cot bumpers are not recommended as babies can overheat or get tangled in the fastenings.
- Never leave anything with ties, such as bibs or clothes, in the cot as they might get caught around your baby's neck.
- The safest place for your baby to sleep is on their back in a cot in the same room as you for the first 6 months.

For more information on safe sleeping, see Reducing the risk of SIDS.

You can also visit the Lullaby Trust website, which has lots of information on safe sleeping.

# Out and about with your baby

Spend some time looking at what's available for getting around with your baby. Think about what will suit you best before you make a choice, and ask other mums what they have found useful.

Before buying a pushchair or a pram, check that:

- the brakes are in good working order
- the handles are at the right height for pushing
- the frame is strong enough

## Baby carriers

Baby carriers – also called slings – are attached with straps and your baby is carried in front of you. Most babies like being carried like this because they're close to you and warm.

The back part of the carrier must be high enough to support your baby's head. Check that buckles and straps are secure.

Older babies who can hold up their heads and whose backs are stronger – at about 4 months old – can be carried in carriers that go on your back.

See the Royal Society for the Prevention of Accidents (RoSPA) website for more advice on using baby carriers and slings safely.

## Pushchairs

Pushchairs, also known as strollers and buggies, are only suitable for young babies if they have fully reclining seats so your baby can lie flat.

Wait until your baby can sit by themselves before using another type of pushchair. Choose a light pushchair if you'll be lifting it on to trains or buses.

## Prams

Prams give your baby a lot of space to sit and lie comfortably, but they take up a lot of space and are hard to use on public transport.

If you have a car, look for a pram that can be dismantled easily. Consider buying a pram harness at the same time, as you may need it to strap your baby securely into the pram.

## Carrycot on wheels

A carrycot is a light, portable cot with handles, similar to but smaller than the body of a pram, and often attachable to a wheeled frame.

Your baby can sleep in the carrycot for the first few months, and the cot can be attached to the frame to go out.

## 3-in-1 travel system

This is a carrycot and transporter (a set of wheels) that can be converted into a pushchair when your baby outgrows the carrycot.

Shopping trays that fit under the pushchair or pram can also be very useful when you're out.

## Car seats for babies

If you have a car, you must have a baby car seat. Your baby must always go in their seat, including when you bring them home from the hospital.

It's illegal and also very dangerous to carry your baby in your arms in a vehicle.

The best way for your baby to travel is in a rear-facing infant car seat on the back seat, or the front passenger seat as long as it's not fitted with an airbag. The car seat is held in place by the adult safety belt.

The following advice should help make sure your baby's car seat is as safe as possible:

- Make sure the car seat is fitted correctly.
- It's illegal and extremely dangerous to put a rear-facing infant car seat in the front passenger seat if your car is fitted with an airbag.
- Ideally, buy a new car seat. If you're planning to get a secondhand seat, only accept one from a family member or friend so you can be sure it hasn't been involved in an accident. Don't buy one from a secondhand shop or through the classified ads.

Look for the United Nations ECE Regulation number R44.03 or R44.04, or the new i-size regulation R129, when you buy a car seat.

# Washing and bathing your new baby

You do not need to bathe your baby in the first few days. You may prefer to wash their face, neck, hands and bottom carefully instead. This is sometimes called topping and tailing.

Choose a time when your baby is awake and content. Make sure the room is warm and get everything ready beforehand.

You'll need a bowl of warm water, a towel, cotton wool, a fresh nappy and, if necessary, clean clothes.

**You don't need to bathe your baby every day. You may prefer to wash their face, neck, hands and bottom carefully instead. This is often called "topping and tailing".**

Choose a time when your baby is awake and content. Make sure the room is warm. Get everything ready beforehand. You'll need a bowl of warm water, a towel, cotton wool, a fresh nappy and, if necessary, clean clothes.

# Topping and tailing tips

You may find the following step-by-step guide to washing your baby useful:

- Hold your baby on your knee or lay them on a changing mat. Take off all their clothes, apart from their vest and nappy, and wrap them in a towel.
- Dip the cotton wool in the water (make sure it doesn't get too wet) and wipe gently around your baby's eyes from the nose outward, using a fresh piece of cotton wool for each eye. This is so that you don't transfer any stickiness or infection from one eye to another.
- Use a fresh piece of cotton wool to clean around your baby's ears, but not inside them. Never use cotton buds to clean inside your baby's ears. Wash the rest of your baby's face, neck and hands in the same way and dry them gently with the towel.
- Take off the nappy and wash your baby's bottom and genital area with fresh cotton wool and warm water. Dry very carefully, including between the skin folds, and put on a clean nappy.
- It will help your baby to relax if you keep talking while you wash them. The more they hear your voice, the more they'll get used to listening to you and start to understand what you're saying.

# Bathing your baby safely

You don't need to bathe your baby every day, but if they really enjoy it, there's no reason why you shouldn't.

It's best not to bathe your baby straight after a feed or when they're hungry or tired. Make sure the room you're bathing them in is warm.

Have everything you need at hand: a baby bath or clean washing-up bowl filled with warm water, two towels, a clean nappy, clean clothes and cotton wool.

- The water should be warm, not hot. Check it with your wrist or elbow and mix it well so there are no hot patches.
- Hold your baby on your knee and clean their face, as described above.
- Next, wash their hair with plain water, supporting them over the bowl.
- Once you've dried their hair gently, you can take off their nappy, wiping away any mess.
- Lower your baby gently into the bowl or bath using one hand to hold their upper arm and support their head and shoulders.
- Don't add any liquid cleansers to the bath water. Plain water is best for your baby's skin in the first month.
- Keep your baby's head clear of the water. Use the other hand to gently swish the water over your baby without splashing.
- Never leave your baby alone in the bath, not even for a second.
- Lift your baby out and pat them dry, paying special attention to the creases in their skin.
- This is a good time to massage your baby. Massage can help them relax and sleep. Avoid using any oils or lotions until your baby is at least a month old.
- If your baby seems frightened of bathing and cries, try bathing together. Make sure the water isn't too hot. It's easier if someone else holds your baby while you get in and out of the bath.

# How to change your baby's nappy

Babies need frequent nappy changes. Do not leave them in a wet or dirty nappy for too long because their wee and the bacteria in their poo may make their skin sore and lead to nappy rash.

# How to change a nappy

Babies need frequent nappy changes, but how often they need changing depends on how sensitive their skin is.

Some babies have very delicate skin and need changing as soon as they wet themselves, otherwise their skin becomes sore and red.

Other babies can wait to be changed until before or after every feed.

All babies need changing as soon as possible when they have done a poo (stool) to prevent nappy rash.

Young babies need changing as many as 10 or 12 times a day, while older babies need to be changed at least 6 to 8 times.

## What you need for nappy changing

Before you change your baby's nappy, wash your hands and get everything you need in one place, including:

- a changing mat or towel
- cotton wool and a bowl of warm water, or fragrance and alcohol-free baby wipes
- a plastic bag or bucket for the dirty nappy and dirty cotton wool or wipes
- barrier cream to protect your baby's skin
- a clean nappy (and liner and cover if you're using cloth nappies)
- clean clothes

## Where to change a nappy

The best place to change a nappy is on a changing mat or towel on the floor, particularly if you have more than one baby.

That way, if you need to see to another child for a moment, your baby can't fall. It's best done sitting down so you don't hurt your back.

If you're using a changing table, keep an eye on your baby at all times. You shouldn't rely on the straps to keep your baby secure. Never walk away or turn your back.

Older babies may try to wriggle away when you're changing them. You could give them a toy or use a mobile to distract them.

## Changing a nappy

It's just as important to clean your baby fully whether they have wet themselves or done a poo.

If your baby's nappy is dirty, use the nappy to clean off most of the poo from their bottom.

Then use the cotton wool and plain warm water (or baby wipes) to remove the rest and get your baby really clean.

Clean the whole nappy area gently but thoroughly and make sure you clean inside the folds of skin.

Girls should be cleaned from front to back to avoid getting germs into their vagina.

Boys should be cleaned around the testicles (balls) and penis, but there's no need to pull back their foreskin.

If it's warm enough, let your baby lie on the changing mat without a nappy on for a while. Wearing a nappy all the time makes nappy rash more likely.

If you're using disposable nappies, take care not to get water or cream on the sticky tabs as they won't stick if you do.

If you're using cloth nappies, put in a nappy liner and then fasten the nappy. Adjust it to fit snugly round the waist and legs.

Chat to your baby while you're changing them. Pulling faces, smiling and laughing with your baby will help you bond and help their development.

Try not to show any disgust at what's in their nappy. You don't want your baby to learn that doing a poo is something unpleasant or negative.

## Nappy hygiene

Disposable nappies can be rolled up and resealed using the tabs. Put them in a plastic bag kept only for nappies, then tie it up and put it in an outside bin.

Washable cloth nappies don't have to be soaked before they're washed, but you may choose to soak them to help get the stains off. Check the washing instructions first.

Cloth nappies can be machine washed at 60C, or you could use a local nappy laundry service.

There's no evidence that using washing powders with enzymes (bio powders) or fabric conditioners will irritate your baby's skin.

Wash nappies that are dirty with poo separately from your other washing. You'll probably have enough nappies to make up a full load anyway.

To avoid infection, wash your hands after changing a nappy before you do anything else.

If your baby's old enough, they can wash their hands with you as it's a good habit to get into.

Learn how to wash your hands properly

## What baby poo looks like

Your baby's first poo is called meconium. This is sticky and greenish-black.

Some babies may do this kind of poo during or after birth, or some time in the first 48 hours.

After a few days the poo will change to a yellow or mustard colour. Breastfed babies' poo is runny and doesn't smell. Formula-fed babies' poo is firmer, darker brown and more smelly.

Some infant formulas can also make your baby's poo dark green. If you change from breast to formula feeding, you'll find your baby's poos become darker and more paste-like.

If you have a girl, you may see a white discharge on her nappy for a few days after birth.

It's caused by hormones that have crossed the placenta to your baby, but these will soon disappear from her system.

These hormones can occasionally cause slight bleeding like a mini period, but in both cases it's nothing to worry about.

Read the NCT guide to newborn baby poo to find out more.

## How often should my baby do a poo?

Babies do an average of 4 poos a day in the first week of life. This goes down to an average of 2 a day by the time they're 1 year old.

Newborn babies who are breastfed may poo at each feed in the early weeks, then, after about 6 weeks, not have a poo for several days.

Formula-fed babies may poo up to 5 times a day when newborn, but after a few months this can go down to once a day.

It's also normal for babies to strain or even cry when doing a poo.

Your baby isn't constipated as long as their poos are soft, even if they haven't done one for a few days.

## Is it normal for my baby's poos to change?

From day to day or week to week, your baby's poos will probably vary.

If you notice a definite change of any kind, such as the poos becoming very smelly, very watery or harder (particularly if there's blood in them), you should talk to your doctor or health visitor.

If your baby's poos look pale, this can be a sign of liver disease.

Speak to your health visitor or GP if you notice this.

## Disposable and washable cloth (reusable) nappies

Disposable and cloth nappies come in a range of shapes and sizes. The choice might be confusing at first, but with trial and error you'll be able to work out which nappies suit your baby best as they grow.

Disposable and cloth nappies have different pros and cons, so you'll need to consider things like cost, convenience and the impact on the environment when you choose what to buy.

For example, disposable nappies are very handy, but washable cloth nappies work out cheaper if you add up the costs over the years your baby's in nappies.

Some cloth nappy brands and local councils offer free samples for you to try out.

If you use cloth nappies, you may want to sign up to a nappy laundry service that'll take away the dirty nappies and deliver a fresh batch each week.

Which? has more information to help you decide which type of nappy is best for your baby, budget and lifestyle.

# Safe Feeding

**In the first few days, you and your baby will be getting to know each other. It may take time for both of you to get the hang of breastfeeding.**

This happens more quickly for some women than others. But nearly all women produce enough milk for their baby.

# Preparing to breastfeed before the birth

It's good to find out as much as you can about breastfeeding before you have your baby. It will help you feel more confident when you start breastfeeding your baby.

Antenatal classes usually cover the most important aspects of breastfeeding, such as positioning and attachment, expressing, common breastfeeding problems and how to tackle them.

Find antenatal classes near you.

You can find out about breastfeeding from your midwife, from family and friends, and useful helplines and websites.

There are lots of groups and drop-ins, some specially designed for pregnant women who want to know more about breastfeeding. You can find out more by asking your midwife, health visitor, local peer supporter or GP. Or visit your local Children's Centre.

# How to breastfeed

If breastfeeding feels a bit awkward at first, don't worry. Breastfeeding is a skill that you and your baby learn together, and it can take time to get used to.

There are lots of different positions you can use to breastfeed. You just need to check the following points:

- Are you comfortable? It's worth getting comfortable before a feed. Use pillows or cushions if necessary. Your shoulders and arms should be relaxed.
- Are your baby's head and body in a straight line? (It's hard for your baby to swallow if their head and neck are twisted.)

- Are you holding your baby close to you, facing your breast? Supporting their neck, shoulders and back should allow them to tilt their head back and swallow easily.
- Always bring your baby to the breast rather than leaning forward to 'post' your breast into your baby's mouth, as this can lead to poor attachment.
- Your baby needs to get a big mouthful of breast. Placing your baby with their nose level with your nipple will encourage them to open their mouth wide and attach to the breast well.
- Avoid holding the back of your baby's head, so that they can tip their head back. This way your nipple goes past the hard roof of their mouth and ends up at the back of their mouth against the soft palate.

## How to latch your baby on to your breast

- Hold your baby close to you with their nose level with the nipple.
- Wait until your baby opens their mouth really wide with their tongue down. You can encourage them to do this by gently stroking their top lip.
- Bring your baby on to your breast.
- Your baby will tilt their head back and come to your breast chin first. Remember to support your baby's neck but not hold the back of their head. They should then be able to take a large mouthful of breast. Your nipple should go towards the roof of their mouth.

**Expressing milk means squeezing milk out of your breast so you can store it and feed it to your baby later.**

You might want to express milk if:

- you have to be away from your baby, for example, because your baby is in special care or because you're going back to work
- your breasts feel uncomfortably full (engorged)
- your baby isn't able to suck well but you still want to give them breast milk
- your partner is going to help with feeding your baby
- you want to boost your milk supply

## How do I express breast milk?

You can express milk by hand or with a breast pump. How often you express your milk, and how much you express, will depend on why you are doing it.

Sometimes it takes a little while for your milk to start flowing. Try to choose a time when you feel relaxed. Having your baby (or a photo of them) nearby may help your milk to flow.

You may find it easier to express in the morning, when your breasts can sometimes feel fuller.

# Expressing breast milk by hand

Some women find it easier to express milk by hand than to use a pump, especially in the first few days or weeks. It also means you won't have to buy or borrow a pump, or rely on an electricity supply.

Hand expressing allows you to encourage milk to flow from a particular part of the breast. This may be useful, for example, if one of the milk ducts in your breast becomes blocked.

Hold a sterilised feeding bottle or container below your breast to catch the milk as it flows.

These tips may help:

- Before you start, wash your hands thoroughly with soap and warm water.
- Some mothers find gently massaging their breasts before expressing helps their milk to let down.
- Cup your breast with one hand then, with your other hand, form a "C" shape with your forefinger and thumb.
- Squeeze gently, keeping your finger and thumb near the darker area around your nipple (areola) but not on it (don't squeeze the nipple itself as you could make it sore). This shouldn't hurt.
- Release the pressure, then repeat, building up a rhythm. Try not to slide your fingers over the skin.
- Drops should start to appear, and then your milk usually starts to flow.
- If no drops appear, try moving your finger and thumb slightly, but still avoid the darker area.
- When the flow slows down, move your fingers round to a different section of your breast, and repeat.
- When the flow from one breast has slowed, swap to the other breast. Keep changing breasts until your milk drips very slowly or stops altogether.

Watch a video about expressing milk by hand, on the UNICEF website.

# Expressing milk with a breast pump

There are two different types of breast pump: manual (hand-operated) and electric.

Different pumps suit different women, so ask for advice or see if you can try one before you buy.

Manual pumps are cheaper but may not be as quick as an electric one.

You may be able to hire an electric pump. Your midwife, health visitor or a local breastfeeding supporter can give you details of pump hire services near you.

The suction strength can be altered on some electric pumps. Build up slowly. Setting the strength to high straightaway may be painful or damage your nipple.

You may also be able to get different funnel sizes to fit your nipples. The pump should never cause bruising or catch your nipple as it is sucked into the funnel.

Always make sure that the pump and container are clean and sterilised before you use them.

See tips on sterilising your baby's feeding equipment.

## Storing breast milk

You can store breast milk in a sterilised container or in special breast milk storage bags:

- in the fridge for up to five days at 4C or lower (you can buy cheap fridge thermometers online)
- for two weeks in the ice compartment of a fridge
- for up to six months in a freezer

Breast milk that's been cooled in the fridge can be carried in a cool bag with ice packs for up to 24 hours.

Storing breast milk in small quantities will help to avoid waste. If you're freezing it, make sure you label and date it first.

## Defrosting frozen breast milk

Breast milk that's been frozen is still good for your baby and is better than formula milk.

It's best to defrost frozen milk slowly in the fridge before giving it to your baby. If you need to use it straightaway you can defrost it by putting it in a jug of warm water or holding it under running warm water.

Once it's defrosted, use it straightaway. Don't re-freeze milk that has been defrosted.

## Warming breast milk

You can feed expressed milk straight from the fridge if your baby is happy to drink it cold. Or you can warm the milk to body temperature by putting the bottle in a jug of warm water or holding it under running warm water.

Once your baby has drunk from a bottle of breast milk it should be used within the hour and anything left over thrown away.

Don't use a microwave to heat up or defrost breast milk. This can cause hot spots, which can burn your baby's mouth.

# Breast milk if your baby is in hospital

If you're expressing breast milk because your baby is premature or sick, ask the hospital staff caring for your baby for advice on how to store it.

Read more information about breastfeeding a premature or sick baby.

# Having difficulty expressing?

If you are finding it difficult or uncomfortable to express your breast milk:

- Ask your midwife or health visitor for help. They can also tell you about other breastfeeding support available near you.
- Search online for breastfeeding support in your area.
- Call the National Breastfeeding Helpline on 0300 100 0212 (9.30am-9.30pm daily).
- Visit the Bliss website for advice on expressing milk for a premature or sick baby.

**Washing your hands is one of the easiest ways to protect yourself and others from illnesses such as food poisoning and flu.**

Washing your hands properly should take about as long as singing "Happy Birthday" twice (around 20 seconds). Use the following steps from the World Health Organization while you hum:

1. Wet your hands with water (warm or cold).

2. Apply enough soap to cover all over your hands. You can use alcohol-based handrub if you don't have immediate access to soap and water.

3. Rub hands palm to palm.

4. Rub the back of your left hand with your right palm with interlaced fingers. Repeat with the other hand.

5. Rub your palms together with fingers interlaced.

6. Rub the backs of your fingers against your palms with fingers interlocked.

7. Clasp your left thumb with your right hand and rub in rotation. Repeat with your left hand and right thumb.

8. Rub the tips of your fingers in the other palm in a circular motion, going backwards and forwards. Repeat with the other hand.

9. Rinse hands with water (warm or cold).

10. Dry thoroughly, ideally with a disposable towel.

11. Use the disposable towel to turn off the tap.

## How often should we wash our hands?

We should wash our hands:

- after using the toilet
- after handling raw foods like chicken, meat and vegetables
- before eating or handling ready to eat food
- after having contact with animals, including pets

## Why is it so important to wash hands properly?

Washing your hands properly removes dirt, viruses and bacteria to stop them spreading to other people and objects, which can spread illnesses such as food poisoning, flu or diarrhoea.

"Hands are easily contaminated with faecal bacteria [poo] when going to the toilet and this can be easily spread on to other things you touch, including food," says Professor Jeremy Hawker, a consultant epidemiologist at Public Health England.

"Unfortunately, not all people consistently wash their hands after going to the toilet or before handling food.

"Washing your hands with soap and water is sufficient to remove dirt, viruses or bacteria and it can reduce the risk of diarrhoea by nearly 50%."

## Who is most at risk from the effects of poor hand hygiene?

Children are particularly at risk of picking up infections and spreading them to other people.

It's especially important to make sure that hands are washed when you're visiting someone in hospital or other healthcare setting, to help prevent the spread of infection.

## How to breastfeed

If breastfeeding feels a bit awkward at first, don't worry. Breastfeeding is a skill that you and your baby learn together, and it can take time to get used to.

There are lots of different positions you can use to breastfeed. You just need to check the following points:

- Are you comfortable? It's worth getting comfortable before a feed. Use pillows or cushions if necessary. Your shoulders and arms should be relaxed.
- Are your baby's head and body in a straight line? (It's hard for your baby to swallow if their head and neck are twisted.)

- Are you holding your baby close to you, facing your breast? Supporting their neck, shoulders and back should allow them to tilt their head back and swallow easily.
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- Bring your baby on to your breast.
- Your baby will tilt their head back and come to your breast chin first. Remember to support your baby's neck but not hold the back of their head. They should then be able to take a large mouthful of breast. Your nipple should go towards the roof of their mouth.

## How to tell if your baby is getting enough milk

- Your baby will appear content and satisfied after most feeds.
- They should be healthy and gaining weight (although it's normal for babies to lose a little weight in the first days after birth). Talk to your midwife or health visitor if you are concerned your baby is not gaining weight and is unsettled during or after breast feeds.
- After the first few days, your baby should have at least six wet nappies a day.
- After the first few days, they should also pass at least two soft yellow poos the size of a £2 coin every day.

## Colostrum: your first milk

The fluid your breasts produce in the first few days after birth is called colostrum. It's usually a golden yellow colour. It's a very concentrated food, so your baby will only need about a teaspoonful at each feed.

Your baby may want to feed quite often, perhaps every hour to begin with. They'll begin to have fewer, longer feeds once your breasts start to produce more "mature" milk after a few days.

The more you breastfeed, the more your baby's sucking will stimulate your supply and the more milk you'll make.

# Your let-down reflex

Your baby's sucking causes milk stored in your breasts to be squeezed down ducts towards your nipples. This is called the let-down reflex.

Some women get a tingling feeling, which can be quite strong. Others feel nothing at all.

You'll see your baby respond when your milk lets down. Their quick sucks will change to deep rhythmic swallows as the milk begins to flow. Babies often pause after the initial quick sucks while they wait for more milk to be delivered.

Occasionally this let-down reflex can be so strong that your baby coughs and splutters. Your midwife, health visitor or breastfeeding supporter can help with this, or see some tips for when you have too much breast milk.

If your baby seems to be falling asleep before the deep swallowing stage of feeds, they may not be properly attached to the breast. Ask your midwife, health visitor or breastfeeding supporter to check your baby's positioning and attachment.

Sometimes you'll notice your milk letting down in response to your baby crying or when you have a warm bath or shower. This is normal.

# How often should I feed my baby?

In the first week, your baby may want to feed very often. It could be every hour in the first few days.

Feed your baby as often as they want and for as long as they want. They'll begin to have fewer, longer feeds after a few days.

As a very rough guide, your baby should feed at least 8 times or more every 24 hours during the first few weeks.

It's fine to feed your baby whenever they are hungry, when your breasts feel full or if you just want to have a cuddle.

It's not possible to overfeed a breastfed baby.

When your baby is hungry they may:

- get restless
- suck their fist or fingers
- make murmuring sounds
- turn their head and open their mouth (rooting)

It's best to try and feed your baby during these early feeding cues as a crying baby is difficult to feed.

# Building up your milk supply

Around 2 to 4 days after birth you may notice that your breasts become fuller and warmer. This is often referred to as your milk "coming in".

Your milk will vary according to your baby's needs. Each time your baby feeds, your body knows to make more milk for the next feed. The amount of milk you make will increase or decrease depending on how often your baby feeds.

In the early weeks, "topping up" with formula milk or giving your baby a dummy can lower your milk supply.

Feed your baby as often as they want and for as long as they want. This is called responsive feeding. In other words, responding to your baby's needs. It's also known as on-demand or baby-led feeding.

In the beginning, it can feel like you're doing nothing but feeding. But gradually you and your baby will get into a pattern, and the amount of milk you produce will settle down.

It's important to breastfeed at night because this is when you produce more hormones (prolactin) to build up your milk supply.

See how to tell if your baby is getting enough milk.

# Dealing with leaking breasts

Sometimes, breast milk may leak unexpectedly from your nipples. Press the heel of your hand gently but firmly on your breast when this happens.

Wearing breast pads will stop your clothes becoming wet with breast milk. Remember to change them frequently to prevent any infection.

Expressing some milk may also help. Only express enough to feel comfortable as you don't want to overstimulate your supply.

If your baby hasn't fed recently you could offer them a feed as breastfeeding is also about you being comfortable.

**If you have any problems with breastfeeding, it's important to ask for help from your midwife, health visitor or a breastfeeding specialist as soon as possible.**

That way issues like sore nipples or breast engorgement can be sorted out early.

Here are some of the problems breastfeeding mums sometimes have, plus tips on how to tackle them.

## Sore or cracked nipples

Sore nipples usually happens because your baby is not well positioned and attached at the breast.

Putting up with it could make pain or discomfort worse, so it's important to get help from your midwife, health visitor or breastfeeding specialist as soon as you can.

See more advice on sore nipples.

## Not enough breast milk

When you first start breastfeeding, you may worry that your baby is not getting enough milk. It can take a little while before you feel confident that your baby is getting what they need.

Learn the signs that your baby is getting enough milk.

Offering your baby both breasts at each feed and alternating which breast you start with will help to stimulate your milk supply. So will keeping your baby close and holding them skin to skin.

See more ways to boost your breast milk supply.

## Breast engorgement

Breast engorgement is when your breasts get too full of milk. They may feel hard, tight and painful.

Engorgement can happen in the early days when you and your baby are still getting used to breastfeeding. It can take a few days for your milk supply to match your baby's needs.

Engorgement can also happen when your baby is older and not feeding so frequently, perhaps when they start having solid foods.

## Buying bottle feeding equipment

You'll need a number of bottles and teats, as well as sterilising equipment.

There's no evidence that one type of teat or bottle is better than any other.

Simple bottles that are easy to wash and sterilise are probably best.

## Making up bottles

Make sure your bottles and teats are sterilised and wash your hands thoroughly.

If you're using infant formula, follow the instructions on the packaging carefully when you make up the feed.

See how to make up baby formula.

**It's important to sterilise all your baby's feeding equipment, including bottles and teats, until they are at least 12 months old.**

This will protect your baby against infections, in particular diarrhoea and vomiting.

Before sterilising, you need to:

- Clean bottles, teats and other feeding equipment in hot, soapy water as soon as possible after feeds.
- Use a clean bottle brush to clean bottles (only use this brush for cleaning bottles), and a small teat brush to clean the inside of teats. You can also turn teats inside out and wash in hot soapy water. Don't be tempted to use salt to clean teats, this can be dangerous for your baby.
- You can put your baby's feeding equipment in the dishwasher to clean it if you prefer. (Putting feeding equipment through the dishwasher cleans it but doesn't sterilise it.) Make sure bottles, lids and teats are facing downwards. You may prefer to wash teats separately by hand to make sure they are completely clean.
- Rinse all your equipment in clean, cold running water before sterilising.

The advice above applies to all your baby's feeding equipment, and whether you are using expressed breast milk or formula milk.

# How to sterilise baby feeding equipment

There are several ways you can sterilise your baby's feeding equipment. These include:

- cold water sterilising solution
- steam sterilising
- boiling

## Cold water sterilising solution

- Follow the manufacturer's instructions.
- Leave feeding equipment in the sterilising solution for at least 30 minutes.
- Change the sterilising solution every 24 hours.
- Make sure there are no air bubbles trapped in the bottles or teats when putting them in the sterilising solution.
- Your steriliser should have a floating cover or a plunger to keep all the equipment under the solution.

## Steam sterilising (electric steriliser or microwave)

- It's important to follow the manufacturer's instructions, as there are several different types of sterilisers.
- Make sure the openings of the bottles and teats are facing downwards in the steriliser.
- Manufacturers will give guidelines on how long you can leave equipment in the steriliser before it needs to be sterilised again.

## Sterilising by boiling

- Make sure that whatever you want to sterilise in this way is safe to boil.
- Boil the feeding equipment in a large pan of water for at least 10 minutes, making sure it all stays under the surface.
- Set a timer so you don't forget to turn the heat off.
- Remember that teats tend to get damaged faster with this method. Regularly check that teats and bottles are not torn, cracked or damaged.

# After you've finished sterilising

- It's best to leave bottles and teats in the steriliser or pan until you need them.
- If you do take them out, put the teats and lids on the bottles straightaway.

- Wash and dry your hands before handling sterilised equipment. Better still, use some sterile tongs.
- Assemble the bottles on a clean, disinfected surface or the upturned lid of the steriliser.

**Good hygiene is very important when making up a formula feed.**

Your baby's immune system is not as strong as an adult's. That's why bottles, teats and any other feeding equipment need to be washed and sterilised before each feed.

This will reduce the chance of your baby getting an infection, in particular diarrhoea and vomiting.

# Step-by-step guide to preparing a formula feed

- **Step 1:** Fill the kettle with at least 1 litre of fresh tap water (do not use water that has been boiled before).
- **Step 2:** Boil the water. Then leave the water to cool for no more than 30 minutes, so that it remains at a temperature of at least 70C.
- **Step 3:** Clean and disinfect the surface you are going to use.
- **Step 4:** It's important that you wash your hands.
- **Step 5:** If you are using a cold-water steriliser, shake off any excess solution from the bottle and the teat, or rinse them with cooled boiled water from the kettle (not tap water).
- **Step 6:** Stand the bottle on the cleaned, disinfected surface.
- **Step 7:** Follow the manufacturer's instructions and pour the amount of water you need into the bottle. Double check that the water level is correct. Always put the water in the bottle first, while it is still hot, before adding the powdered formula.
- **Step 8:**

Loosely fill the scoop with formula powder, according to the manufacturer's instructions, then level it using either the flat edge of a clean, dry knife or the leveler provided. Different tins of formula come with different scoops. Make sure you only use the scoop that comes with the formula.

- **Step 9:** Holding the edge of the teat, put it on the bottle. Then screw the retaining ring onto the bottle.
- **Step 10:** Cover the teat with the cap and shake the bottle until the powder is dissolved.
- **Step 11:** It's important to cool the formula so it's not too hot to drink. Do this by holding the bottle (with the lid on) under cold running water.
- **Step 12:** Test the temperature of the formula on the inside of your wrist before giving it to your baby. It should be body temperature, which means it should feel warm or cool, but not hot.
- **Step 13:** If there is any made-up formula left in the bottle after a feed, throw it away.

## Dos and don'ts of making up formula feeds

- Do follow the manufacturers' instructions very carefully, as they vary as to how much water and powder to use.
- Do not add extra formula powder when making up a feed. This can make your baby constipated or dehydrated. Too little powder may not give your baby enough nourishment.
- Do not add sugar or cereals to your baby's formula.
- Never warm up formula in a microwave, as it may heat the feed unevenly and burn your baby's mouth.

## Reducing the risk of infection

Even when tins and packets of powdered infant formula are sealed, they can sometimes contain bacteria.

Bacteria multiply very fast at room temperature. Even when a feed is kept in a fridge, bacteria can still survive and multiply, although more slowly.

To reduce the risk of infection, it's best to make up feeds 1 at a time, as your baby needs them.

Use freshly boiled drinking water from the tap to make up a feed. Do not use artificially softened water or water that has been boiled before.

Leave the water to cool in the kettle for no more than 30 minutes. Then it will stay at a temperature of at least 70C. Water at this temperature will kill any harmful bacteria.

Remember to let the feed cool before you give it to your baby. Or you can hold the bottle (with the lid on) under cold water from the tap.

## Do not use bottled water to make up formula feeds

Bottled water is not recommended for making up feeds, as it's not sterile and may contain too much salt (sodium) or sulphate.

Find out more about why bottled water is not recommended for making up formula feeds.

## How to bottle feed your baby

Bottle feeding is a chance to feel close to your baby and get to know them.

Make sure you're sitting comfortably. Enjoy holding your baby and looking into their eyes as you feed them.

Hold your baby fairly upright for bottle feeds. Support their head so they can breathe and swallow comfortably.

Brush the teat against your baby's lips and, when your they open their mouth wide, let them draw in the teat.

Always give your baby plenty of time to feed.

## Keep the teat full

When bottle feeding, keep the teat full of milk, otherwise your baby will take in air.

If the teat goes flat while you're feeding, gently poke your little finger into the corner of your baby's mouth to release the suction.

If the teat gets blocked, replace it with another sterile teat.

## Winding your baby

Your baby may take short breaks during a feed and may need to burp sometimes.

When your baby has had enough milk, hold them upright and gently rub or pat their back to bring up any wind.

## Throw away unused milk

Throw away any unused formula or breast milk after you have finished bottle feeding your baby.

## Be guided by your baby

All babies are different. Some want to feed more often that others, and some want more milk.

Just follow your baby's lead.

Feed them when they seem hungry and don't worry if they don't finish the bottle.

## Don't leave your baby alone

Never leave your baby alone to feed with a propped-up bottle as they may choke on the milk.

## Help with bottle feeding

Talk to your midwife, health visitor or other mothers who have bottle fed if you need help.

You'll find the phone number for your health visitor in your baby's red book.

## Your questions about bottle feeding

### Why doesn't my baby settle after feeds?

If your baby swallows air while bottle feeding, they may feel uncomfortable and cry.

After a feed, hold your baby upright against your shoulder or propped forward on your lap. Gently rub their back so any trapped air can find its way out.

There's no need to overdo it – wind isn't as big a problem as many people think.

## Why does my baby sometimes vomit after feeds?

It's normal for babies to bring up a little milk during or just after a feed. This is called posseting, regurgitation or reflux.

Keep a muslin square handy just in case.

Check that the hole in your baby's teat is not too big. Drinking milk too quickly can make your baby sick.

Don't force them to take more milk than they want during a feed.

Sitting your baby upright on your lap after a feed may help.

If it happens a lot, or your baby is violently sick, seems to be in pain or you're worried for any other reason, talk to your health visitor or GP.

## Can formula make my baby constipated?

When using formula, always use the amount of powder recommended on the packaging.

Don't add extra formula powder. Using too much can make your baby constipated and may cause dehydration.

If your baby is under 8 weeks old and hasn't done a poo for 2 to 3 days, talk to your midwife, health visitor or GP, particularly if they are gaining weight slowly.

Your baby should be gaining weight and have plenty of wet and dirty nappies.

## Infant formula and allergies

If you think your baby might be allergic to or intolerant of formula, talk to your GP. If necessary, they can prescribe a special formula feed.

Some formula is labelled as hypoallergenic, but this isn't suitable for babies with a diagnosed cows' milk allergy.

Soya formula should only be given to babies under medical supervision.

Always talk to your GP before using hypoallergenic or soya-based formula.

Read more about cows' milk allergy and lactose intolerance

# Helping your baby sleep

It's normal for new babies to only sleep for 2 to 3 hours at a time through the night, as well as during the day.

One reason is that newborn babies are not tuned into day and night yet.

Babies also grow quickly in the early months and they have very small stomachs. This means they need to feed little and often.

As your baby grows, they'll gradually start to need fewer night feeds and will sleep for longer at night.

**Some babies sleep much more than others. Some sleep for long periods, others in short bursts. Some soon sleep through the night, while some don't for a long time.**

Your baby will have their own pattern of waking and sleeping, and it's unlikely to be the same as other babies you know.

It's also unlikely to fit in with your need for sleep. Try to sleep when your baby sleeps.

If you're breastfeeding, in the early weeks your baby is likely to doze off for short periods during a feed. Carry on feeding until you think your baby has finished or until they're fully asleep. This is a good opportunity to try to get a bit of rest yourself.

If you're not sleeping at the same time as your baby, don't worry about keeping the house silent while they sleep. It's good to get your baby used to sleeping through a certain amount of noise.

# How can I get my baby used to night and day?

It's a good idea to teach your baby that night-time is different from daytime from the start. During the day, open curtains, play games and don't worry too much about everyday noises when they sleep.

At night, you might find it helpful to:

- keep the lights down low
- not talk much and keep your voice quiet
- put your baby down as soon as they've been fed and changed
- not change your baby unless they need it
- not play with your baby

Your baby will gradually learn that night-time is for sleeping.

# Where should my baby sleep?

For the first 6 months your baby should be in the same room as you when they're asleep, both day and night. Particularly in the early weeks, you may find your baby only falls asleep in your or your partner's arms, or when you're standing by the cot.

You can start getting your baby used to going to sleep without you comforting them by putting them down before they fall asleep or when they've just finished a feed. It may be easier to do this once your baby starts to stay alert more frequently or for longer.

## Newborn sleep: what to expect

Newborn babies will sleep on and off throughout the day and night. It can be helpful to have a pattern, but you can always change the routine to suit your needs.

For example, you could try waking your baby for a feed just before you go to bed in the hope you'll get a long sleep before they wake up again.

## Establishing a baby bedtime routine

You may feel ready to introduce a bedtime routine when your baby is around 3 months old. Getting them into a simple, soothing bedtime routine can be helpful for everyone and help prevent sleeping problems later on. It's also a great opportunity to have one-to-one time with your baby.

The routine could consist of:

- having a bath
- changing into night clothes and a fresh nappy
- putting them to bed
- reading a bedtime story
- dimming the lights in the room to create a calm atmosphere
- giving a goodnight kiss and cuddle
- singing a lullaby or having a wind-up musical mobile you can turn on when you've put your baby to bed
- brushing their teeth (if they have any!)

As your child gets older, it can be helpful to keep to a similar bedtime routine. Too much excitement and stimulation just before bedtime can wake your child up again. Spend some time winding down and doing some calmer activities, like reading.

Leave a little time between your baby's feed and bedtime. If you feed your baby to sleep, feeding and going to sleep will become linked in your baby's mind. When they wake in the night, they may want a feed to help them go back to sleep.

# How much sleep does your baby need?

Just as with adults, babies' and children's sleep patterns vary. From birth, some babies need more or less sleep than others. The list below shows the average amount of sleep babies and children need during a 24-hour period, including daytime naps.

### Newborn sleep needs

Most newborn babies are asleep more than they are awake. Their total daily sleep varies, but can be from 8 hours up to 16 or 18 hours. Babies will wake during the night because they need to be fed. Being too hot or too cold can also disturb their sleep.

# Coping with disturbed nights

Newborn babies invariably wake up repeatedly in the night for the first few months, and disturbed nights can be very hard to cope with.

If you have a partner, ask them to help. If you're formula feeding, encourage your partner to share the feeds. If you're breastfeeding, ask your partner to take over the early morning changing and dressing so you can go back to sleep.

Once you're into a good breastfeeding routine, your partner could occasionally give a bottle of expressed breast milk during the night. If you're on your own, you could ask a friend or relative to stay for a few days so you can get some sleep.

# Dealing with baby sleep problems

All babies change their sleep patterns. Just when you think you have it sorted and you've all had a good night's sleep, the next night you might be up every 2 hours.

Be prepared to change routines as your baby grows and enters different stages. And remember, growth spurts, teething and illnesses can all affect how your baby sleeps.

If your baby is having problems sleeping or you need more advice about getting into a routine, speak to your health visitor.

# Reducing the risk of sudden infant death syndrome (SIDS)

SIDS is rare, so do not let worrying about it stop you enjoying your baby's first few months.

Putting your baby on their back to sleep, in a cot in the same room as you, for the first 6 months is one way to reduce your baby's risk even further.

Not smoking during pregnancy or breastfeeding, and not letting anyone else smoke in the same room as your baby, will also help protect them.

# How to reduce the risk of SIDS

- Place your baby on their back to sleep, in a cot in the same room as you, for the first 6 months.
- Don't smoke during pregnancy or breastfeeding, and don't let anyone smoke in the same room as your baby.
- Don't share a bed with your baby if you have been drinking alcohol, if you take drugs, or you're a smoker.
- Never sleep with your baby on a sofa or armchair.
- Don't let your baby get too hot or cold.
- Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders.
- Place your baby in the "feet to foot" position, with their feet at the end of the cot or moses basket.

Place your baby on their back to sleep from the very beginning for both day and night sleeps. This will reduce the risk of cot death.

It's not as safe for babies to sleep on their side or tummy as on their back. Healthy babies placed on their backs aren't more likely to choke.

Once your baby's old enough to roll over, there's no need to worry if they turn onto their tummy or side while sleeping.

## The risks of co-sleeping

The safest place for your baby to sleep for the first 6 months is in a cot in the same room as you.

It's especially important not to share a bed with your baby if you or your partner:

- are smokers (no matter where or when you smoke and even if you never smoke in bed)
- have recently drunk alcohol
- have taken medication or drugs that make you sleep more heavily

The risks of co-sleeping are also increased if your baby:

- was premature (born before 37 weeks), or
- had a low birth weight (less than 2.5kg or 5.5lb)

As well as a higher risk of SIDS, there's also a risk you might roll over in your sleep and suffocate your baby.

Or your baby could get caught between the wall and the bed, or roll out of an adult bed and be injured.

## Never sleep with a baby on a sofa or armchair

It's lovely to have your baby with you for a cuddle or a feed, but sleeping with your baby on a sofa or armchair is linked to a higher risk of SIDS.

It's safest to put your baby back in their cot before you go to sleep.

## Don't let anyone smoke in the same room as your baby

Babies exposed to cigarette smoke before and after birth are at an increased risk of SIDS. Don't let anyone smoke in the house, including visitors.

Ask anyone who needs to smoke to go outside. Don't take your baby into smoky places.

If you're a smoker, sharing a bed with your baby increases the risk of cot death.

## Don't let your baby get too hot or too cold

Overheating can increase the risk of SIDS. Babies can overheat because of too much bedding or clothing, or because the room's too hot.

- When you check your baby, make sure they're not too hot. If your baby's sweating or their tummy feels hot to the touch, take off some of the bedding. Don't worry if their hands or feet feel cool – this is normal.
- It's easier to adjust for the temperature by using layers of lightweight blankets. Remember, a folded blanket counts as 2 blankets. Lightweight, well-fitting baby sleeping bags are a good choice, too.
- Babies don't need hot rooms. All-night heating is rarely necessary. Keep the room at a temperature that's comfortable for you at night – about 18C (65F) is ideal.
- If it's very warm, your baby may not need any bedclothes other than a sheet.
- Even in winter, most babies who are unwell or feverish don't need extra clothes.
- Babies should never sleep with a hot water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunshine.
- Babies lose excess heat through their heads, so make sure their heads can't be covered by bedclothes while they're asleep.
- Remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train, even if it means waking your baby.

## Don't let your baby's head become covered

Babies whose heads are covered with bedding are at an increased risk of SIDS.

To prevent your baby wriggling down under the covers, place them in the "feet to foot" position. This means their feet are at the end of the crib, cot or Moses basket.

# Soothing a crying baby

- Crying is your baby's way of telling you they need comfort and care. But it's not always easy to work out what they want.

**All babies cry, and some more than others. Crying is your baby's way of telling you they need comfort and care.**

Sometimes it's easy to work out what they want, and sometimes it's not.

The most common reasons for crying are:

- hunger
- a dirty or wet nappy
- tiredness
- wanting a cuddle
- wind
- being too hot or too cold
- boredom
- overstimulation

There may be times of the day when your baby tends to cry a lot and cannot be comforted. Early evening is the most common time for this to happen.

This can be hard for you, as it's often the time when you're most tired and least able to cope.

The amount babies cry tends to peak at about 7 weeks, then gradually tail off.

# How to calm a crying baby

Try some of the following ways to comfort your baby. Some may work better than others:

- If you're breastfeeding, let your baby suckle at your breast.
- Having some gentle noise in the background may help distract your baby.
- Some older babies like to use a bit of cloth or a blanket as a comforter.
- Hold your baby or put them in a sling so they're close to you. Move about gently, sway and dance, talk to them and sing.
- Rock your baby backwards and forwards in the pram, or go out for a walk or a drive. Lots of babies like to sleep in cars. Even if they wake up again when you stop, at least you'll have had a break.
- Find something for them to listen to or look at. This could be music on the radio, a CD, a rattle, or a mobile above the cot.
- Try stroking your baby's back firmly and rhythmically, holding them against you or lying face downwards on your lap.

- Undress your baby and massage them gently and firmly. Avoid using any oils or lotions until your baby's at least a month old. Talk soothingly as you do it and keep the room warm enough. Some health centres and clinics run baby massage courses. For information, ask your midwife or health visitor.
- Try a warm bath. This calms some babies instantly, but makes others cry even more.
- Sometimes too much rocking and singing can keep your baby awake. You might find lying them down after a feed will help.
- Ask your health visitor for advice.

# Crying during feeds

Some babies cry and seem unsettled around the time of a feed. If you're breastfeeding, you may find that improving your baby's positioning and attachment helps them settle.

You can go to a breastfeeding drop-in group and ask for help if there's one available in your local area.

The Breastfeeding Network's website can provide information on the nearest group to you.

You can also ask your health visitor for advice.

Crying during feeds can sometimes be a symptom of reflux, a common condition where babies bring back milk after feeds.

Speak to your health visitor or GP for more information and advice.

# If your baby cries constantly

There are several reasons that can cause a baby to cry excessively.

It can be exhausting if you have tried everything and nothing seems to comfort your baby.

## Colic

Excessive crying could be a sign that your baby has colic. Everyone agrees that colic exists, but nobody knows what causes it.

Some doctors think it's a kind of stomach cramp. The crying sounds miserable and distressed, and stops for a moment or two, then starts up again, which suggests it could be caused by waves of stomach pain.

The crying can go on for some hours. There may be little you can do except try to comfort your baby and wait for the crying to pass.

Get tips for coping with colic

## Crying and illness

If your baby's crying constantly and you cannot console or distract them, or the cry does not sound like their normal cry, it can be a sign they're ill.

Or they may be ill if they're crying and have other symptoms, such as a high temperature. If this is the case, contact your health visitor or GP.

During the day, Monday to Friday, contact your GP surgery. At evenings and weekends you can call NHS 111 or your GP's out-of-hours number.

Call 999 and ask for an ambulance if your baby:

- has a fit (seizure or convulsion)
- has blue, mottled, ashen (grey) or very pale skin
- breathes rapidly or makes a throaty noise while breathing, or seems to be working hard to breathe, perhaps sucking in their stomach under their ribcage
- has a high temperature, but their hands and feet feel cold
- has a spotty purple-red rash anywhere on the body – this could be a sign of meningitis

Find out the signs of serious illness in your baby

Trust your instincts. You know what's different or worrying behaviour in your baby.

# Getting help with a crying baby

You can talk to a friend, your health visitor or GP, or contact the Cry-sis helpline on 08451 228 669, open 9am to 10pm, 7 days a week. You'll be charged for your call.

Cry-sis can put you in touch with other parents who have been in the same situation.

You can also visit the Cry-sis website for information on coping with crying babies.

If you decide to talk to your health visitor or GP, it can help to keep a record of how often and when your baby cries.

For example, this might be after every feed or during the evening. This can help your health visitor or GP to work out if there's a particular cause for the crying.

Keeping a record can also help you identify the times when you need extra support. You could think about possible changes to your routine.

There may be times when you're so tired and angry you feel like you cannot take any more. This happens to a lot of parents, so do not be ashamed to ask for help.

If you do not have anyone who can take care of your baby for a short time and the crying is making you stressed, put your baby in their cot or pram, make sure they're safe, close the door, go into another room and try to calm yourself down.

Set a time limit – for example, 10 minutes – then go back.

# Never shake your baby

No matter how frustrated you feel, you must never shake your baby. Shaking moves their head violently and can cause brain damage.