



# Going home after the birth of your baby

Information for women, birthing people, and their families

## Congratulations on the birth of your baby

Many new parents are anxious about caring for their baby at home. This booklet explains the process for going home after your baby's birth. The care and support you receive after your baby's birth is very important to us. This leaflet is an information guide, which aims to support you during this special time.

### Going home from hospital

#### When is it ok to go home after the birth?

- If there are no concerns about you or your baby.
- If you have good support at home, that can provide you with the right care and rest to recover from the birth.
- If your baby was born between 37 and 42 weeks, and is an appropriate weight for their age.
- If your baby has had their newborn check-up, and has been offered a hearing check.

#### Why might I have to stay in hospital longer than expected after the birth?

You will need to stay longer if you experienced one or more of the following.

- You had any medical complications that involved a doctors input.
- You lost more blood at birth than normally expected.
- You had an epidural and urinary catheter.
- You had a forceps, ventouse, or caesarean birth.

- Either you or your baby need intravenous (IV) antibiotics. These are antibiotics that are given into a vein.
- Your baby needs extra monitoring or observations.
- You and your baby need extra support with feeding.

### Leaving hospital / Midwife-Led Unit (MLU) / staying at home after a home birth

Before you leave the hospital you will be seen by a midwife or discharge co-ordinator. They will give you:

- your postnatal notes
- a variety of patient information leaflets
- any medication you need to take home, and
- important contact numbers.

**Please do not leave the hospital without your notes, and this going home advice.** It is important that staff have checked:

- the address you are going home to, and
- the correct telephone number for you.

### Community midwifery care

#### What happens after I leave the hospital?

Community midwives will take over your care after you go home. This is usually the same team you saw during your pregnancy. The community midwife provides postnatal follow-up care. This may be through home visits, clinic appointments, and telephone calls. Your midwife will explain to you how you will receive your care. This will depend on:

- you and your baby's needs
- the type of delivery you had, and
- your location (where you are living).

We aim to ensure personalised support for you and your baby. Appointments / home visits are subject to your individual needs. The usual postnatal appointments are as below.

- Your first visit is usually the day after you go home from the hospital, or the day after your homebirth.
- A visit / appointment around day 5.
- A visit / appointment around day 10. You will usually be discharged to the health visitor on day 10.

Home visits will usually take place between 9am and 3pm. You will receive a text reminder the morning of your home visit. Ideally a community midwife known to you will visit you. You should have had your first visit

(or a telephone call) from your midwife by 3pm. If you have not heard from your midwife by 2pm, please contact the Maternity Liaison Office. Their number is at the bottom of this leaflet.

### What can I expect from my community midwife?

Your midwife will ask you about your health and wellbeing, and that of your baby. They will offer information and guidance on the following.

- The expected normal recovery from childbirth.
- A range of commonly experienced health concerns after birth. For example tiredness, perineal discomfort, and mood changes.
- How to assess your baby's general health and where to get help, if needed.
- Feeding your baby.
- All aspects of baby care, including skin and cord care.
- Contraception.

Part of the physical postnatal assessment of you and your baby could include for following.

- Undressing your baby.
- Feeling your tummy to feel how firm your uterus is. This checks your body is returning to pre-pregnancy.
- Checking healing if you have had any stitches. These could be:
  - stitches to your vagina following a vaginal or instrumental birth; or
  - a caesarean birth wound. More advice on caring for a caesarean wound can be found in the **Further information** section of this leaflet.

If you have pain or concerns, please ask your midwife to check your stitches.

Your midwife is able to discuss your birth experience with you. They can answer any questions you may have about your care during labour and birth. If you have further questions, please discuss these with Birth Afterthoughts. More information on Birth Afterthoughts is available further down in this leaflet.

### What if I need a midwife and am not expecting a visit?

If you are not expecting a visit or telephone call from your midwife but you have concerns and need to speak to them, you can:

- Call the **Maternity Liaison Office**.  
The office is open between 9am and 2.30pm Monday to Sunday. At other times you can leave a message.
- **If you need urgent help or advice you can contact Maternity Triage.** Their contact number is at the bottom of this leaflet. They are **not** able to help with midwife visits, you will need to speak with Maternity Liaison for this.

## Child Health Record book ('the red book')

Soon after the birth of your baby you will be given a personal Child Health Record book for your baby. This is a way of keeping track of your baby's progress until they are 5 years old. It records the following information.

- Your baby's details at birth.
- Their first physical examination.
- Your baby's weight and immunisations.
- Other details about childhood illnesses and milestones.

More information about the screening tests offered to your baby can be found in **Screening tests for you and your baby** (<https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby>).

These screening tests include:

- a newborn examination
- a 6 to 8 week infant physical examination, and
- hearing tests.

## Newborn Blood Spot Screening ('Heel Prick Test')

This test is carried out by the midwife or maternity support worker with your consent, between 5 and 8 days after birth. This simple blood test identifies babies who may have rare but serious conditions. Most babies screened will not have any of the conditions. Early treatment is important for those that do. This can improve their health and prevent severe disability or even death.

Further information can be found in the following leaflets.

- Newborn Blood Spot Screening (<https://www.nhs.uk/baby/newborn-screening/blood-spot-test/>)
- Screening tests for you and your baby (<https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby>)

You will find more information on the 'heel prick test' in 'the red book'.

## Taking care of yourself after birth

It is important to look after yourself after birth. It may feel like there is no time to eat or sleep, but if you don't take care of yourself you will end up run down and exhausted.

You may feel tearful, anxious, or sad (this is often called baby blues). Your midwife should discuss this with you. Baby blues is common and the symptoms often go away on their own. It is not unusual to feel this way for the first two weeks. Speak with your midwife or doctor if you notice changes in your mood or emotions beyond this time. Do not struggle alone, hoping that the problem will go away – there is help and support available to you. If you think you may be depressed, speak to your midwife, GP, or health visitor.

In the immediate days after having a baby, there is increased chance of infection in the vaginal area. Very occasionally this can lead to the life-threatening infectious illness **sepsis**. It is important to wash your hands

**before and after** going to the toilet or changing your sanitary pads. This is especially important when you or someone close to you has:

- a sore throat, or
- an upper respiratory infection.

More resources for help and support can be found in the **Further information** section below.

## Venous thromboembolism (VTE) / blood clots

A VTE is also known as:

- **Deep vein thrombosis (DVT)**. A blood clot in a deep vein (usually in your leg, thigh, or pelvis).
- **Pulmonary embolism (PE)**. A blood clot in one or more of the arteries in your lung.

Pregnancy increases the risk of VTE by four to six times. The highest risk is soon after childbirth.

It is important that you can recognise and do something about the symptoms. Early treatment will reduce your risks of more serious medical problems.

### Signs and symptoms

- Pain, tenderness and swelling in your leg.
- Discoloration of your leg, such as redness, a pale blue, or a reddish-purple colour.
- Chest pain.
- Breathlessness.
- A sudden cough that will not go away.
- An area on your leg that is hot to touch.

For more information, please read the **Reducing the risk of venous thromboembolism (VTE) in pregnancy and the postnatal period** leaflet. (<https://leaflets.ehuft.nhs.uk/reducing-the-risk-of-venous-thromboembolism-vte-in-pregnancy-and-the-postnatal-period/html/>)

**If you have any symptoms or concerns, please contact Maternity Triage immediately.** Their contact number is at the bottom of this leaflet.

## Concerns about your health

**Call Maternity Triage immediately** if you have any of the symptoms listed below. Their number is at the bottom of this leaflet. **You can call any time of the day or night.** You can also call 111 for help and advice.

Symptoms to watch out for	What this could mean
Feeling unwell, with a high temperature with or without shivers	infection

Symptoms to watch out for	What this could mean
Very heavy vaginal bleeding or passing blood clots	haemorrhage (loss of blood from a damaged blood vessel)
Smelly vaginal discharge	infection
Dizziness, fainting, breathlessness, palpitations, or chest pain	a blood clot or anaemia
Severe abdominal (tummy) pain	infection or haemorrhage
Visual (eyesight) disturbances	raised blood pressure
Nausea (feeling sick) or vomiting	raised blood pressure
Pain in one of your calves	a blood clot in your leg
Severe anxiety, paranoia, extreme depression, or strange thoughts. Speak with your midwife or GP if you are aware of these symptoms. If your family have noticed any of the above changes in you, they can also speak with your midwife or call 111 for help.	postnatal mental illness

### Concerns about your baby's health

Newborn babies have underdeveloped immune systems, so they can quickly become unwell.

Ask for medical advice if you have any concerns about your baby's health. You can speak with your midwife, GP, or call 111 if you have any of the following concerns.

- Your baby is not feeding.
- Your baby does not have wet nappies.
- Your baby has not had a bowel movement (done a poo) for more than 24 hours.
- Your baby is jaundiced (yellow colouring of the skin), and is sleepy and not feeding.
- There are any blisters on your baby's skin.
- Your baby has a high temperature (fever).
- Your baby has a rash.

**Dial 999 and ask for an ambulance if your baby has any of the following.**

- Stops breathing, goes blue, or changes colour.
- Is unresponsive and shows no awareness of what is going on.
- Has glazed eyes and does not focus on anything.
- Cannot be woken or is difficult to wake up from sleep.
- Has a high-pitched cry (that is not normal for your baby) that continues and you are unable to settle them.

- Has a fit or seizure, even if the baby recovers without medical attention.
- Has breathing difficulties or starts grunting.
- Breathes rapidly.
- Has a blue tongue and skin (cyanosis).
- Has projectile, heavily blood-stained, green or yellow vomit.

**A baby can become unwell very quickly, so you need to act fast.**

### Caring for your baby

It is important to speak to someone if you need more support. You can speak with your family, friends, midwife, GP, or health visitor. There are more resources available in the **Further information** section below.

For more information about reducing the risk of cot death, go to the Lullaby Trust web site **Safer sleep advice for babies**. (<https://www.lullabytrust.org.uk/baby-safety/safer-sleep-information/safer-sleep-overview/>) This covers:

- safe sleeping positions
- temperature, and
- smoking.

When babies cry it can be stressful and overwhelming. Help is out there, all you need to do is ask. **ICON** have resources to support parents who need help. (<https://iconcope.org/>)

### Children's Hospital Services

If your midwife or GP has any concerns about your baby, you may be asked to bring them to one of our Children's Day Assessment Units.

- **Dolphin Ward**, Children's Ambulatory Unit, Kent and Canterbury Hospital, Canterbury  
Telephone: 01227 864052 (open 9am to 5pm, Monday to Friday only)
- **Padua Ward**, William Harvey Hospital, Ashford  
Telephone: 01233 651867 (open 24 hours a day, every day)
- **Rainbow Ward**, Queen Elizabeth the Queen Mother (QEQM) Hospital, Margate  
Telephone: 01843 234578 (open 24 hours a day, every day)

### Discharge from midwifery care

You will usually be discharged from the midwife on day 10 after you have given birth. You may need to remain under the care of the midwife for a little longer. This will depend on your individual circumstances and needs. You may ask for midwifery advice for yourself up until 42 days after the birth of your baby.

After your midwife has discharged you, your baby will be under the care of the health visitor. The health visitor will continue to support you and monitor your baby's wellbeing and development. They will also give you information about:

- your baby's immunisations
- local mother and baby groups, and
- baby clinics.

Your local children's centre may also offer baby groups and baby massage classes.

It is advised that you register your baby with the GP of your choice as early as possible. If your baby needs to see a doctor before they are registered, they can be seen by your GP under your name.

It is recommended that you arrange a postnatal appointment with your GP surgery. You should have this appointment between 6 and 8 weeks after giving birth. Your GP will:

- check that you are recovering as expected from the birth, and
- ask you questions about your emotional wellbeing.

### Registering your baby

You will need to register your baby's birth before they are 6 weeks (42 days) old. You will not be able to claim child benefit until your baby is registered. More information on registering the birth is available in the **Further information** section below.

### Sharing your birth experience: support after birth

Would you like to talk to someone about your experience of giving birth? You might find it helpful to discuss your experience. You may find this helpful for example if:

- your labour and birth were difficult
- your labour or birth did not go as you had hoped, or
- if something unexpected happened, like an emergency.

It is not unusual to be left with questions. These could include why something happened, or how it might affect any future births. You can speak to a midwife on the postnatal ward, a doctor, or a community midwife soon after you have gone home. They can answer your questions and help you understand what happened.

If you need support later on – weeks or even months later – you can contact Birth Afterthoughts. Please contact the Maternity Liaison Office and ask for an appointment with Birth Afterthoughts.

- **Maternity Liaison Office**  
Telephone: 01227 864152 (between 9am and 2.30pm)  
Email (ekh-tr.birthafterthoughts@nhs.net)

### Who can I contact if I have any worries or concerns?



- Contact our Maternity Triage service on 01227 206737 for help and advice 24 hours a day.
- Call 111 or you GP for advice, if you are more than 42 days after the birth of your baby.
- Call 999 if you are very unwell or need urgent attention.
- For urgent mental health help and advice call 111 and select option 2.
- For information or help with community midwife visits call the Maternity Liaison Office.
  - **Maternity Liaison Office**  
Telephone: 01227 864152 (between 9am and 2.30pm)  
Email ([ekh-tr.birthafterthoughts@nhs.net](mailto:ekh-tr.birthafterthoughts@nhs.net))

## Your voice is heard

You will be contacted by a member of the 'Your Voice is Heard' team. They will aim to call you once you have been at home with your baby for approximately 6 weeks. They will listen to your experiences about the care you received. You can also share any suggestions you may have for us to improve our maternity service.

You can contact a **patient experience midwife** at any point in your maternity care via email. ([ekhuft.pem@nhs.net](mailto:ekhuft.pem@nhs.net))

## Maternity Neonatal Voices Partnership (MNVP)

The MNVP is a group made up of parents, families, healthcare professionals, and community members. They work together to improve maternity and neonatal care during pregnancy, birth, and the early days of a baby's life.

The MNVP are independent from the NHS Trusts they work with. They listen to the experiences of people who have used maternity or neonatal services. They use that feedback to suggest changes, solve problems, and help make care safer, more respectful, and more inclusive for everyone. If you would like more information about joining the MNVP, please email our patient experience midwives and ask for more information. ([ekhuft.pem@nhs.net](mailto:ekhuft.pem@nhs.net))

## Maternity Units contact details

- Dover and Deal midwives office  
**Buckland Hospital**, Dover  
Telephone: 01304 222523 (open 9am to 3pm; Monday to Friday)
- Canterbury Maternity Day Care Centre  
**Kent and Canterbury Hospital**, Canterbury  
Telephone: 01227 783152
- St Peter's Midwife Led Unit  
**Queen Elizabeth the Queen Mother (QEQM) Hospital**, Margate  
Telephone: 01843 235100

- Singleton Midwife Led Unit  
**William Harvey Hospital**, Ashford  
Telephone: 01233 651868

## Further information

- Basis: Baby sleep info source (<https://www.basisonline.org.uk/>)
- #BesideYou: breastfeeding in Kent (<https://www.besideyoukent.co.uk/>)
- Best beginnings (<https://www.bestbeginnings.org.uk/fbtb-introduction>)
- Birth Trauma Association. Fathers and non-birthing mothers (<https://www.birthtraumaassociation.org/fathers?rq=fathers>)
- Bump, Birth and Beyond: Mental health issues and support (<https://www.kentandmedwaylms.nhs.uk/my-pregnancy/mental-health-support>)
- East Kent Hospitals: Perineal tear advice and care (<https://leaflets.ekhuft.nhs.uk/perineal-tear-advice-and-care/html/>)
- East Kent Hospitals. Postnatal recovery: advice and exercise leaflet (<https://leaflets.ekhuft.nhs.uk/postnatal-recovery-advice-and-exercise/html/>)
- East Kent Hospitals. Reducing the risk of venous thromboembolism (VTE) in pregnancy and the postnatal period leaflet (<https://leaflets.ekhuft.nhs.uk/reducing-the-risk-of-venous-thromboembolism-vte-in-pregnancy-and-the-postnatal-period>)
- East Kent Hospitals. Reducing your risk of wound infection after a caesarean birth leaflet (<https://leaflets.ekhuft.nhs.uk/reducing-your-risk-of-wound-infection-after-a-caesarean-birth/html/>)
- Family Planning Association (<https://www.fpa.org.uk/>)
- Healthier Together. Jaundice in babies: advice for parents and carers of children (<https://www.what0-18.nhs.uk/professionals/childrens-nurses/safety-netting-documents-parents/jaundice-babies>)
- ICON. Babies cry, you can cope (<https://iconcope.org/>)
- Kent County Council: contraception (<https://www.kent.gov.uk/social-care-and-health/health/sexual-health/contraception>)
- Kent County Council: register a birth (<https://www.kent.gov.uk/births-ceremonies-and-deaths/births/register-a-birth>)
- Lullaby Trust. Safer sleep advice for babies (<https://www.lullabytrust.org.uk/baby-safety/safer-sleep-information/safer-sleep-overview/>)
- NHS: Newborn blood spot test (<https://www.nhs.uk/baby/newborn-screening/blood-spot-test/>)
- NHS: pregnancy (<https://www.nhs.uk/pregnancy/#close>)
- National Institute for Health and Care Excellence (NICE). Postnatal care. NICE guideline NG194. April 2021. (<https://www.nice.org.uk/guidance/ng194>)

- Resources for breast or bottle feeding your baby (<https://www.ekhuft.nhs.uk/information-for-patients/patient-information/?i=leaflets&categories=infant-feeding>)
- Resuscitation Council UK: How to give a baby CPR (video) (<https://www.resus.org.uk/baby-cpr>)
- Screening tests for you and your baby (including translations) (<https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby>)

**This leaflet has been produced with and for patients.**

**Please let us know:**

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

**You can let us know this by:**

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

**Any complaints, comments, concerns or compliments**, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email ([ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)).

**Patients should not bring large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

**Further patient information leaflets** are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

Reference number: EKH116

First published:  
April 2014

Last reviewed:  
May 2025

Next review date:  
September 2028

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