



Your postnatal maternity guide  
**2016-2017**

## Hospital contact details

### Barnet Hospital

Wellhouse Lane, Barnet, Hertfordshire EN5 3DJ

Tel: 0845 111 4000

Community midwives (9am-5pm),

tel: 020 8216 5413, 020 8216 4667

Triage (24/7), tel: 020 8216 4408

### Edgware Birth Centre

Edgware Community Hospital,

Edgware Road, Edgware, Middlesex HA8 0AD

Tel: 020 8732 6777 (9am-5pm)

Community midwives (9am-5pm),

tel: 020 8732 6734, 020 8216 5413,

or 020 8216 4667 Triage (24/7),

tel: 020 8216 4408

### North Middlesex University Hospital

Sterling Way, Edmonton, London N18 1QX

Triage, tel: 020 8887 3682

Birth centre, tel: 020 8887 4230

Community midwives, tel: 020 8887 2581

Supervisor of midwives team, tel: 07801 136162

### Royal Free Hospital

Pond Street, London NW3 2QG

Tel: 020 7794 0500

Community midwives,

tel: 020 7794 0500 ext: 33454 or ext: 38484

### University College London Hospital (UCLH)

235 Euston Road, London NW1 2BU

Tel 020 3447 9400 – option 4 for community midwives

Bloomsbury birth centre, tel: 020 3447 6360

Community midwives (9am-5pm),

tel: 020 3447 9567

Emergency number (24/7), tel: 0203 447 9400 option 2

### Whittington Health Hospital NHS Trust

Magdala Avenue, London N19 5NF

Switchboard, tel: 020 7272 3070

Team midwives (24/7) tel: 020 7288 3482/3

Triage (24/7), tel: 020 7288 5880

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# What to expect after the birth of your baby

## A guide to your postnatal care at north central London maternity units

### Welcome

Congratulations on the birth of your baby. We have prepared this booklet to give you as much information as we can about what you can expect in the postnatal period, and the services available to you and your baby within the NHS trusts of north central London.

We have also included general information on caring for yourself and your baby.

### Visiting

Visiting times in the north central London hospitals vary from unit to unit. In special circumstances, alternative times can be agreed with ward staff. Please see page 13 for further information.

Your friends and family will be keen to visit you at this time but remember that **adequate rest is an essential part of your recovery in the postnatal period.** You may wish to encourage short visits at different times during your stay.

NB. Although midwives may be either women or men, in order to simplify this booklet midwives will be referred to as 'she' throughout.

Whilst every care has been taken in compiling this publication and the statements contained in it are believed to be correct, neither Bounty nor the hospital accept any responsibility for any inaccuracies. Advertisements do not carry the endorsement of the issuing hospital.

### Part 1 - Postnatal Care

#### Philosophy of postnatal care

We believe having a baby is one of life's most important events and our aim is provide you with the support and care that you and your family need following the birth of your child.

#### Postnatal care in hospital

##### What happens after my baby is born?

If your baby has been born in a consultant-led unit, you will normally be taken to a postnatal ward and your baby will have a cot alongside your bed. If all is well, you may also go straight home from the consultant-led delivery suite. If your baby has been born in a midwife-led unit or birth centre, you and your baby will normally remain there until you go home.

Some single rooms are available for mothers who need additional care. Amenity rooms are also available for those women who wish to have extra privacy after giving birth. If you opt for an amenity room you will still be treated as an NHS patient but will pay for the privacy of a single room.

A senior midwife has overall responsibility for the day-to-day management of the ward and you will be allocated a midwife who will have responsibility for providing your care. Other members of staff, including nursery nurses, midwifery assistants, support staff, doctors and domestic staff, may also be involved in your care. You will have a care plan, which will be used to document the care you and your baby require and receive. Please discuss your individual needs with your midwife so that your care can be planned accordingly.

#### Partners/companions staying overnight

In some units your partner or chosen companion can stay with you following the birth of your baby. Check with your maternity unit to see whether this facility is available.

#### Security

We aim to provide a safe and secure environment for both mothers and babies, therefore, it is important to

observe the following:

- Do not leave your baby in the room unattended.
- Make sure that your baby's identity bracelets are always in place. Do not allow your baby to be examined without checking the person's identity first. All staff employed at the unit will wear security badges which include their photograph. If in doubt, call a midwife for assistance immediately.

All examinations of your baby will be performed in your presence.

Security cameras are placed throughout the maternity units and all wards are locked with restricted visiting. Please help us by encouraging your visitors to observe and cooperate with the security arrangements, with visiting times and with the permitted number of visitors.

### Students

All our hospitals are training hospitals for student midwives, student nurses and medical students. If you do not wish to have students in the room during examinations or interviews, please let the staff know when you arrive.

### Going home

You can usually go home between six and 24 hours following delivery, depending on your circumstances. After a caesarean section, one to three days is normal.

You will be given advice on how to contact your midwife before you go home. Your midwife and general practitioner (GP) will be informed of your transfer and any recommendations for you or your baby's future care.

### Before you leave

- Plan for someone to take you home and let the midwife know when you wish to leave so that she can ensure everything is ready.
- Make sure you have help at home.
- If you are not going to be staying at your home address make sure the midwife is aware so that your community (or team) midwife can continue your care.
- Take home any medicines and information supplied by the hospital. If you were found to be susceptible to rubella during your pregnancy you should be

offered a vaccination in the postnatal period. This is very important in order to protect you and your unborn baby in the event of a future pregnancy.

- Plan a safe journey home:
  - Your baby must be transferred home in a properly-fitted car seat.
  - Never use a rear-facing baby seat in the front of a car where an airbag is fitted (unless it is switched off).
  - If using a front-facing seat, position the car seat as far back as possible.
  - If the car has airbags in the rear, check the car manual or contact the manufacturer to see if it has been tested with a car seat fitted.

### Postnatal care in the community

A community midwife will be responsible for providing your care when you go home. This may be in your home or in a local community setting. You will plan together when and where these appointments take place. Appointments are usually carried out between 9am and 5pm; please let your midwife know if you have any special requests or if you will not be in. While you are under our care a midwife will also be on call 24/7 for any emergencies you may have. If you have not seen a midwife on your first day home by 5pm please call the maternity unit where you had your baby.

Following the first visit, community midwives often run postnatal clinics in children's centres or in GP surgeries. These will enable you to meet other mums in your area and also means you know when your appointment/visit is scheduled.

Your health visitor will usually contact you to arrange a 'birth visit' appointment around the 11th day following the birth. You should also arrange to have an appointment for a postnatal examination at your GP's surgery between six and eight weeks after the birth of your baby. This will give you an opportunity to discuss any problems you or your baby may have during the postnatal period.

### Health visitor service

Health visitors work with all parents to assess the support they need and work with you to develop programmes to help your child have the best possible start in life.

Health visitors support and educate families from pregnancy through to a child's fifth birthday.

Common tasks include:

- Offering parenting support and advice on family health and minor illnesses.
- New birth visits which include advice on feeding, weaning and dental health.
- Physical and developmental checks.
- Providing families with specific support on subjects such as postnatal depression.

Health visitors also work closely with other professionals such as nursery nurses and Sure Start children's centre workers and retain the overview of the health and well-being of children and families.

### Children centres

Children's centres can offer information, advice and activities to support families with children aged up to five years old. This support can help to develop children's and families overall health and wellbeing. It means families will get the help and support they need close to their home.

Information about your local children's centre can be accessed through your local authority.

### Home-Start

Being a parent, wherever you live and whatever your circumstances, isn't always easy. A bit of support and a listening ear early on can really make a difference if you are feeling down, lonely or under pressure. You may want to contact your local Home-Start if you would like a trained parent volunteer to visit you for a few hours each week. They offer practical help, emotional support and help you get you out and about again to visit your local family and health services (see also support at home).

### Caring for your baby

Do not be concerned if you feel awkward handling your new baby as this is very common in the first few days. Your midwife is there to support and advise you in handling and caring for your baby. Ask for assistance with bathing, nappy changing and feeding until you feel confident.

### Breastfeeding

Breastfeeding is the healthiest way for a mother to feed her baby, offering many advantages to you

and your child. Ask your midwife for a booklet called *Off to the best start* for more information about breastfeeding.

After your baby is born it is important to have skin-to-skin contact as this stimulates your milk production. You may be concerned that there is not enough milk, as your breasts do not immediately change or produce lots of milk, but this is normal. The first milk is called colostrum and is very concentrated in nutrients. Your baby will need feeding little and often (approximately eight-10 feeds in 24 hours).

Many new mothers may experience a challenge with breastfeeding in the initial postnatal period and require support putting the baby to the breast. Our midwives, support staff and peer supporters will provide you with the necessary guidance so do not be afraid to ask for help. Ask your midwife for details of local support groups. You might also wish to contact the organisations below:

**National breastfeeding helpline (9.30am–9.30pm): 0300 100 0212**

**[www.breastfeeding.nhs.uk](http://www.breastfeeding.nhs.uk)**  
**[www.babyfriendly.org.uk](http://www.babyfriendly.org.uk)**

**National Childbirth Trust (NCT).**

If you have questions, concerns or need support, you can speak to a breastfeeding counsellor by calling our helpline on 0300 330 0700.

### Formula feeding

We hope you are aware of the benefits of breastfeeding for you and your baby, however if you decide to formula feed your baby staff will support your decision and provide information on the preparation of feeds and the sterilisation of feeding equipment. In some units you will need to supply your own formula milk and bring your own bottles and teats. Check with your midwife to find out whether you need to bring in your own supply of formula milk.

### Your baby's examinations

Your baby will be examined and weighed by the midwife after birth. In addition, your baby will have a detailed examination within the first 72 hours by a paediatrician (children's doctor) or a midwife. This is an opportunity for you to ask any questions or raise any concerns you may have. The examination

will be carried out in your presence and the findings will be discussed with you. This examination cannot guarantee that your baby will not become ill or unwell as there are many conditions that cannot be detected at this early stage, including some heart and hip problems.

Please let the paediatrician or midwife know if you have a family history of heart, eye, hearing and/or hip problems as they may wish to perform other tests. You will also be offered a hearing test for your baby by the hospital or your health visitor.

If you are at all concerned about your baby's wellbeing your midwifery team will provide 24-hour telephone advice for up to 28 days after the birth. If you feel that your baby needs to be seen by a doctor at any time, contact your GP. Outside surgery hours, an answerphone will give you an alternative number to call. If you have serious concerns take your baby to the nearest hospital's emergency department, or dial 999 for an ambulance in an emergency.

### Routine hearing screening

You will be offered a hearing screening test for your baby. Where possible, we will carry out this test before you leave hospital. If your baby has not had this test in hospital, or if there were difficulties doing the test, we will send you an appointment to have your baby tested. It is very important that you attend this appointment.

Five days after birth you will be offered a heel prick blood test for your baby. You should have received a booklet, called 'screening tests for you and your baby', containing information about this and your baby's hearing test. If you have not received this booklet, please ask your midwife for a copy. Your midwife will discuss these tests with you and answer any questions you may have.

### Reducing the risk of cot death/sudden unexpected infant death (SUDI)

Cot death is rare. However, the following steps or actions have been shown to reduce the risk of cot death:

- Place your baby to sleep on his/her back, with feet at the foot of the cot.
- Place the cot in a room with you.

- Keep your baby's head uncovered when inside your home.
- Do not smoke in pregnancy or let anyone smoke in your house.
- Do not share a bed with your baby if you have been drinking alcohol, if you take drugs that make you sleepy, or if you are a smoker.
- Never sleep with your baby on a sofa armchair or waterbed.
- Do not let your baby get too hot.

Detailed information on reducing the risk of cot death is available in the booklet called 'reduce the risk of cot death'.

If your baby seems unwell, seek medical advice early and quickly.

### Further information

If you have questions, would like more information on reducing the risk of cot death, or wish to buy a simple room thermometer for your baby, contact the **Foundation for the Study of Infant Deaths (FSID)**:

**Telephone: 020 7802 3200**  
**Email: [office@fsid.org.uk](mailto:office@fsid.org.uk)**  
**Website: [www.fsid.org.uk](http://www.fsid.org.uk)**

### Birth registration

You have a legal duty to register your baby's birth within 42 days at either the hospital or at the corresponding local register office (see the telephone numbers below). Either you or your baby's father can register the birth. If you are not married to your baby's father but you want his name on the birth certificate, you will either need to register the birth together or he can sign a declaration of paternity for you to take with you to the register office.

### Local register offices

**Barnet Hospital:**  
182 Burnt Oak Broadway, HA8 0AU  
or 1255 High Road N20 0EJ  
Tel: 0208 359 6400

**Whittington Hospital:**  
Islington and London City Register Office  
Islington Town Hall, Upper Street, London, N1 2UD  
Tel: 020 7527 6350

**UCLH:**  
**Camden Town Hall**  
Judd Street, WC1H 9JE  
Tel: 020 7974 4444 option 5

**North Middlesex Hospital:**  
1 Gentleman's Row, Enfield, EN2 6PS  
Telephone for appointment: 020 8379 1000

**Royal Free Hospital:**  
Camden Town Hall, WC1H 9JE  
Tel: 0207 974 4444

### Support at home or in groups

Support after your baby is born is very important as many women can feel lonely and isolated at this time. There are many opportunities to meet other parents in your area so please ask your health visitor for a list of relevant events and any other support groups available. Children centres are a good resource for support groups. Visit your local council website for information about your nearest children centre.

### Home-Start/family support for parents and children

Home-Start is a national family support charity which helps parents to build better lives for their children. Volunteers with parenting experience provide practical support and friendship to families in their own home by visiting weekly. Contact your local Home-Start, who train, supervise and check the volunteers for safeguarding purposes, to ensure you get the right volunteer for you.

Find your local Home-Start at  
**[www.home-start.org.uk/findsupport/search](http://www.home-start.org.uk/findsupport/search)**

## Part 2 – Postnatal Body Change and Care

### Postnatal body care Bodily changes in the postnatal period

Common changes occurring in the postnatal period include vaginal bleeding, breast changes and contraction of the uterus.

### Bleeding

After your baby is born, you will lose blood (called lochia) through your vagina. You may continue to

bleed for two to six weeks after the delivery. The lochia is red and heavy at first and then gradually changes colour and subsides. It may be heavier in the morning. It may also be heavier when you breastfeed your baby as breastfeeding causes the uterus to contract and empty its contents. If you are losing a lot of blood, pass large clots, or are worried about the smell of your lochia, let your midwife know. Do not use tampons during this time.

### Breasts changes

**After your baby is born your breasts will continue to change in size and shape in preparation for breastfeeding. Even if you are not breastfeeding changes will occur due to the production of hormones. For the first few days you will produce colostrum, which is highly nourishing food for your baby.**

When the milk comes in, usually around the third or fourth day, you may find that your breasts become hard, swollen and uncomfortable. You may also feel weepy and feverish. Be reassured that these changes are only temporary and will pass quickly. If you are breastfeeding, feeding your baby may ease the discomfort. Some women find it helps to take mild painkillers such as paracetamol and/or to put warm flannels on the breast for several minutes. It is also important to wear a good supportive bra which has been properly fitted.

### After-pains

After the birth of your baby your womb will continue to contract back to its normal size. As a result you may feel pain or cramps in your lower abdomen. These can be particularly intense after a second or subsequent childbirth. A mild painkiller like paracetamol may help. This is safe to take even if you are breastfeeding. Aspirin should be avoided while breastfeeding.

Most of the changes which occur in your body during pregnancy and birth will return to normal over time.

Your abdominal and pelvic floor muscles are stretched and it is important for your future health and comfort that they recover properly. The right sort of exercise, starting gently and becoming stronger, is essential. There is information about the correct exercises below.

## Care following a difficult delivery

Your postnatal recovery may take longer. If either you or your partner want to discuss your labour or are unsure of what happened, please speak to your midwife. She will be happy to review your labour records with you. You could also ask to speak to our medical team.

## Postnatal exercise and advice

These exercises are gentle, not harmful and will help to put you back on the road to fitness.

You will need to exercise:

- Your pelvic floor muscles – to reduce the risk of any future problems with bladder and bowel control
- Your abdominal muscles – to help to regain your figure and prevent or reduce any backache

## Pelvic floor exercises

It is important to begin this exercise as soon as possible, although discomfort from stitches or swelling may make you reluctant to do so. Frequent, gentle contractions will help make you more comfortable and help the healing process.

The hardest part is remembering to do the exercise. Find a memory trigger such as washing your hands, meal times or after going to the toilet. Once you have found your pelvic floor muscles you can begin to build on their strength and endurance.

1. Choose a position in which you are most comfortable (eg lying on the bed, in the bath or sitting on the toilet.)
2. Try tightening the ring of muscles around the back passage as if to stop yourself from passing wind.
3. At the same time try tightening the muscles of the birth canal or vagina, pulling them in and up as if to stop yourself passing urine. You should feel a tightening from underneath and a gentle lift. Do not worry if you can feel very little happening to start with, this is quite normal and with practice it will become stronger. Avoid holding your breath and tightening your buttocks and legs as you do this exercise. This may feel sore to start with but even a small twitch is a good start.
4. Determine your starting point by tightening your pelvic floor muscles and holding the contraction for up to 10 seconds.

5. Release the contraction and rest for the same time. Repeat the tightening, hold and release as many times as you can, up to a maximum of 10 seconds. For example, hold two seconds, rest four seconds, repeat four times. This exercise will build the endurance of the muscles (the muscle can work harder for longer). As you improve your starting point will change.
6. On laughing, coughing and sneezing your muscles need to be able to react quickly. It is important to practise quick contractions also. To do this, tighten the muscles quickly and strongly and relax.
7. Aim to increase the number of repetitions over the next six months so that you can do it up to ten at a time. You will need to practise three times per day every day for the rest of your life.

## 8. Avoid trying to interrupt your flow of urine when emptying your bladder, since this is not the correct way for your bladder to work.

Some people feel anxious the first time they have their bowels open. It can help to support the perineum with a pad of tissues or a sanitary towel. Remember, you cannot harm your stitches.

## Pelvic tilting

Lie on your back with your knees bent up, squeeze your buttocks together and tilt your pelvis to flatten your back into the bed, then gently release. This produces a pelvic tilt. This can be repeated several times. When you feel confident with this exercise, you can practise it in any position you like. This exercise will help to improve your posture, and relieve backache, wind pain, post-caesarean and 'after-birth' pains.

## Stomach muscle exercises

### Deep abdominal exercise

Start as soon as you are able. Begin by exercising the deepest muscle. This acts like a corset and will stabilise your spine and pelvis. It will help flatten your stomach and draw in your waistline.

1. Choose a position where you are comfortable, eg lying on your side. Do not move your back when you do this – let your tummy sag. Breathe in gently,

2. As you breathe out, gently draw in the lower part of your stomach, as if trying to squeeze into a tight skirt – draw your navel back to your spine. Let go.
3. As you find this easier to do, try and hold the abdominal contraction while you do three or four gentle breaths. See if you can talk while you do this. Try this exercise in different positions. Gradually see if you can sustain the contraction for longer and longer periods.

## If you have had a caesarean birth

### Days one to five

1. Take a few deep breaths every now and again to stretch your lungs, thus making up for the lack of normal activity.
2. Do not worry if you need to cough or sneeze, you cannot do your stitches any harm. Just bend your knees up and support the wound with your hands or a pad made from a towel, it will give you more confidence to cough effectively. If you are sitting up, lean forward.
3. Regularly bend your ankles up and down. This will improve circulation and compensate for lack of activity.
4. Try pelvic tilting.
5. Try the deep abdominal exercise.

## At home

Life with a new baby can be very demanding. In spite of this, do find time to take care of yourself. Adequate rest is as important as exercise and it will help to continue to practise the relaxation techniques you learned antenatally.

Back care is especially important at this stage:

- Be aware of your posture.
- When feeding your baby, make sure your spine is well supported and in weeks to come, as your baby gets heavier, make sure that you use pillows to support your baby at the correct height for you to feed.
- When changing your baby's nappy make sure you do not bend over to do it.
- Take care when doing household chores.
- When lifting, bend your knees and keep your back

straight. When shopping, try to spread the load between several smaller bags rather than one big one.

Build up your exercise tolerance with walking and swimming. Continue with postnatal exercises until you have your postnatal check, after which you may start gentle sport or exercise classes. Notify your GP if you have any concerns with bladder or bowel control at your postnatal check and they can refer you for specialist pelvic floor treatment.

## Resting and relaxation

You should aim to have some time every day when you can rest or relax, even if it is only five to 10 minutes. Further information can be obtained at [www.acpwh.org.uk](http://www.acpwh.org.uk)

## Sharing a bed with your baby

### The safest place for your baby is in a cot in your room for the first six months of life.

There is a slight increase in the risk of a cot death if a baby, especially a young baby, shares a bed with other people. This risk of cot death is greater if babies share a bed with their parents and:

- either parent smokes
- either parent has been drinking alcohol or taking illegal drugs or medication, which makes them especially tired
- either parent is overweight
- the baby is small (under 2,500g at birth) or was born prematurely (before 37 weeks of pregnancy)

If you choose to share a bed with your baby there are things you can do to minimise the risk of cot death:

- Ensure you have a firm mattress.
- Ensure any pillows and duvets are kept away from your baby.
- Make sure your baby cannot fall down any gaps between the bed and the wall, or the mattress and the headboard or that he or she cannot fall out of the bed.
- Do not leave your baby alone in your bed.
- Do not let your baby share a bed with other children.

## Contraception

A lot of unplanned pregnancies happen in the first few months after childbirth as you can become pregnant again as early as one day after your baby is born. It is important to decide which method of contraception

you want to use before having sex again. You may like to discuss the options with your midwife, GP, health visitor or at your sexual health clinic. Do not wait for your periods to return to organise contraception as ovulation occurs about two weeks before your period returns. You should also not rely on breastfeeding as a method of contraception, as you may ovulate despite breastfeeding your baby.

### When will my periods come back?

This varies considerably and can depend on how you feed your baby. If you are not breastfeeding your first period could start as early as five to eight weeks after the birth. If you are breastfeeding your periods might not come back until you have stopped, or until you have started weaning.

### Common post-partum health problems

A number of studies have shown that women experience many physical and psychological problems after their baby's birth. We have identified on page 16 some of the common problems women experience. If you experience any of these problems let your midwife, health visitor or GP know so that you receive the appropriate help and support.

### Bowels

Your bowels should open by day three. If you have any problems in controlling the passage of motions or flatus (wind) it is important that you discuss this with either your GP or midwife. You should try to avoid constipation by ensuring you drink lots of fluids and try to have a varied diet.

### Perineal pain

Perineal pain (the area that extends from your pubic region to behind your anus) is one of the most frequent problems experienced by women who have had a vaginal delivery. Perineal pain, although common for a high proportion of women in the early days following their baby's birth, can also extend for some months after giving birth. There are a variety of treatments and drugs that can be given to relieve your pain. If the pain continues it is important to report this to your GP so the cause can be properly addressed.

### Haemorrhoids (piles)

Haemorrhoids are swollen veins around the

rectum which may itch, feel sore or bleed. This can occur due to hormonal changes in your body. It is very important to avoid being constipated as haemorrhoids are aggravated by constipation. In order to avoid constipation, you should include plenty of fibre in your diet such as fruit, vegetables, cereals, pulses and wholemeal bread. Make sure you drink plenty of fluid (approximately two litres of water per day) and take gentle exercise, which can improve circulation. If the piles cause pain and discomfort, speak to your GP or midwife – they can suggest a suitable ointment.

### Less common but very serious post-partum health problems

Rarely some women can experience complications in the postnatal period that are very serious and need immediate investigation and treatment, such as post-partum haemorrhage (heavy vaginal bleeding), infection, thromboembolism (clot in the blood vessels, usually the legs but occasionally the lungs) and blood pressure problems. Also post partum psychosis- see page 17 for more details.

### Signs and symptoms

If you experience any of the signs and symptoms in the table opposite you need to contact your midwife, your GP or the hospital immediately.

### Dyspareunia

This refers to pain or discomfort during sexual intercourse. Studies have shown that a quarter to half of all women experience pain on resuming intercourse following the birth of their baby. This is more common if you have sustained a cut or tear during the birth. Some women find vaginal lubricants or gels to be of help.

### Resuming sex

Having sex after the birth of your baby clearly depends on what is right for you and your partner - there is no set time scale. We strongly recommend waiting until the bleeding has completely stopped. Foreplay will be important as hormonal changes may make your vagina drier than usual. Some women find that a lubricating gel helps. It is important to discuss how you feel, as unhappy sex may lead to frustration or relationship problems. If this becomes a problem for you and your partner it is important to talk to

### Signs and symptoms

If you experience any of the signs and symptoms in the table below you need to contact your midwife, your GP or the hospital immediately.

Signs and symptoms	What this could mean
<ul style="list-style-type: none"> <li>• Sudden or heavy vaginal bleeding</li> <li>• Faintness</li> <li>• Dizziness</li> <li>• Fast heartbeat or palpitations</li> <li>• Passing clots of blood</li> </ul>	Postpartum haemorrhage
<ul style="list-style-type: none"> <li>• Feeling hot or feverish</li> <li>• Chills</li> <li>• Abdominal pain</li> <li>• Offensive-smelling vaginal discharge</li> </ul>	Infection
<ul style="list-style-type: none"> <li>• Headaches with one of the following within the first three days:               <ul style="list-style-type: none"> <li>– Visual problems</li> <li>– Nausea/vomiting</li> <li>– Feeling faint</li> </ul> </li> </ul>	Blood pressure problems
<ul style="list-style-type: none"> <li>• Pain in the calf of your leg and redness or swelling of the affected calf</li> <li>• Shortness of breath or chest pain</li> </ul>	Thromboembolism

either your GP or health visitor, or to ask for advice at your family planning clinic.

### Emotional changes in the postnatal period

The following information has been adapted from 'understanding postnatal depression' published by the mental health charity, MIND. For more detailed information go to [www.mind.org.uk](http://www.mind.org.uk). For further information on emotional changes in the postnatal period, we recommend the following websites [www.apni.org](http://www.apni.org) and [www.pni.org.uk](http://www.pni.org.uk).

### Tiredness

Many women report being excessively tired after giving birth as a result of the demands of a new baby. It is important not to fight this feeling, follow

your instincts and let your body be your guide. Do not over-exert yourself and take short periods of rest throughout the day. Do not be afraid to ask for help with household chores if it is available

### The baby blues

The baby blues can arrive two to four days after the birth, it is regarded as normal and up to 50% of women may experience it. You may feel very emotional and liable to burst into tears for reasons that may seem quite trivial to other people. You may find it difficult to sleep (even when your baby lets you) or you may not feel like eating. You may also feel anxious, sad, guilty, and afraid that you are not up to being a mother. Doctors suggest that the baby blues may be down to changes in hormone levels that happen after the birth. Although having the baby blues is distressing, it is important to know that it clears up quickly, usually within a couple of weeks.

### Postnatal depression (PND)

At least one new mother in 10 experiences PND, often when the baby is between four and six months old.

### What are the common signs of PND?

You may experience one or more of the following problems:

- Feeling very low, despondent, or that there is no hope.
- Feeling tired and very lethargic or having no interest in the outside world.
- Having a sense of inadequacy.
- Feeling guilty about not coping, or about not loving your baby enough.
- Wanting to cry.
- Being unusually irritable, which makes the guilt worse.
- Loss of appetite.
- Difficulty sleeping.
- Being hostile or indifferent to your husband or partner.
- Losing interest in sex.
- Having panic or anxiety attacks.
- Difficulty in concentrating or making decisions.
- Physical symptoms, such as stomach pains, headaches and blurred vision.
- Obsessive fears about the baby's health or wellbeing, or about yourself and other members of the family.
- Thoughts about death.

### What causes PND?

PND can happen to any woman. There is no single cause for PND, but a number of different possibilities have been put forward including becoming a mother, a change in relationships, hormonal changes, lack of support and childhood experiences.

### What can I do to help myself get better?

PND usually clears up in time, although it may take up to a year. Love and support from family, friends and your community are vital. Having someone to talk to is important so a sympathetic listener, someone who can hear about your feelings and worries without judging, can bring enormous relief. It could be a health visitor, a community psychiatric nurse, a counsellor, or a volunteer from a self-help organisation.

If you feel low or depressed, you must try to take care of yourself by ensuring that you:

- Eat little and often.
- Get into the routine of sleeping when the baby sleeps.
- Do not do too much around the house (housework is not important).
- Get a little exercise every day. This will help, as exercise is a natural antidepressant.
- Speak to your family and friends.

### What sort of treatment is available?

It is important to be able to talk to a supportive and sympathetic listener, such as a:

- GP
- Midwife
- Health visitor
- Community psychiatric nurse (CPN)
- Counsellor
- Psychiatrist
- Children's centre
- MIND [www.mind.org.uk](http://www.mind.org.uk)

### Treatments

- Counselling (referral is generally made by GP or health visitor).
- Cognitive therapy, which is a very helpful form of therapy to hasten recovery from depression.
- Non-addictive anti-depressants (speak with your GP – some are safe to use while breastfeeding).
- Sedative in early stages to aid sleep (these are

addictive and should not be used over long periods - some are safe to use while breastfeeding).

- Complementary therapies: cranial osteopathy, acupuncture, herbal and Chinese medicine (there are good reports but this can be costly).

If you are feeling low or depressed and wish to talk to someone, you can refer yourself to your local Improving Access to Psychological Therapies (IAPT) services or seek advice from your GP. There is more information on the [www.nhs.uk](http://www.nhs.uk) website or [www.lets-talk.co](http://www.lets-talk.co) website. ([www.lets-talk-iapt.nhs.uk/??](http://www.lets-talk-iapt.nhs.uk/??))

### Puerperal psychosis

This is a very rare condition affecting one or two mothers in every 1,000. It is noticeable in the early weeks following childbirth. A new mother may experience strange ideas and/or hallucinations.

Those in contact with her will easily note the mental disturbance. An immediate appointment with the GP and possible admission to a psychiatric unit for treatment is required. In some areas, the baby may also be admitted to avoid separation. If you require admission this will be to a mother and baby unit.

### Common problems in new born babies

#### Jaundice

Jaundice, which causes a yellowish discolouration of the baby's skin and eyes, is a common problem. It results from the breakdown of the baby's red blood cells, which is part of the normal adaptation process in the newborn, and is not a sign that the baby is ill.

Jaundice usually appears when a baby is three to four days old and fades on its own in about 10 days. In breastfeeding babies, jaundice may last slightly longer. You may notice that your baby is more sleepy than normal. If the doctor or midwife thinks the level of jaundice is high he/she may take a blood test to see if the baby needs treatment. Some babies with jaundice may require treatment involving a type of light (phototherapy). If you are worried about your baby's jaundice please contact your midwife/health visitor or your GP.

#### Your baby's skin

Your baby's skin will continue to mature after birth. The skin may appear dry and blotchy and you may notice spots or areas of discolouration. The majority

of these are very common, disappear within the first few weeks and do not require any treatment. As your baby's skin is immature, we do not recommend using any skin care products in the first few weeks. If your baby's skin is cracked, the midwife will advise on the appropriate treatment. Do not worry if your baby's skin is dry, as it will be rapidly replaced with new skin.

#### Caring for the umbilical cord

The cord stump will dry and fall off between day five and day 12. There is no need to clean the cord unless it appears moist. If necessary clean with plain tap water and dry thoroughly. Powders or other lotions are not recommended.

#### Bowel function and frequency of wet nappies

Your baby should open his/her bowels within the first 24 hours. The first motion is called meconium, which looks tarry and sticky. Over a period of three to five days, the colour of your baby's motion changes to a yellowish colour. Breastfed babies' motions are more liquid than bottle-fed babies. Babies have frequent bowel movements in the first two weeks of life.

Babies should pass urine in the first 24 hours, however, it is often difficult to tell if this has occurred as the amount of urine produced is very small. Sometimes the nappy will have a red/orange stain from the urine. This is because the urine is concentrated and once feeding is established (day three to four), you should notice that the red/orange stain will disappear. Your baby will also have frequent wet nappies. Baby girls may pass a little blood and mucus due to hormone withdrawal, this is common and will stop. If you are worried please speak to the midwife.

To reduce the risk of your baby getting nappy rash, it is important to change your baby's nappies frequently and to clean the area with water and dry it well. No barrier creams or baby wipes should be used. If you feel your baby has nappy rash, speak to your midwife, doctor or health visitor. Signs of nappy rash include redness and inflammation of the skin around the buttock region.

#### Crying

All babies cry and some babies cry a lot. Sometimes you will know the reason; perhaps your baby needs a nappy change, a feed or a cuddle, or is not feeling

well. However, sometimes parents can try everything to stop their baby crying and nothing seems to work, which can be very distressing. There are many things you can do to comfort a crying baby, letting your baby suckle at your breast (if you are breastfeeding), holding the baby close to you, rocking, swaying, singing and stroking them. Rocking your baby to and fro in the pram or taking your baby for a drive in the car may be of help. Find things for your baby to look at and listen to. Massaging your baby or giving him/her a warm bath may also be of benefit. If your baby's crying is upsetting you, talk to your midwife, health visitor or GP about it. You could also contact Cry-Sis, who will put you in touch with other parents who have been in the same situation (see page 14 of this booklet for their contact details).

#### Colic

Some babies can get trapped wind and many people refer to this as colic. Babies who have colic can have difficulty settling and appear distressed. Speak to your midwife or health visitor if you are concerned.

## Part 3 – Information for Fathers/ Partners

A baby means new responsibilities which, whatever your age, you may not feel ready for. Your partner may have similar feelings and it is normal for both of you to feel like this. Having a baby is a very important event, it will change your life and change can be frightening, even if you have been looking forward to it.

Loss of an income, extra expenses for the baby and costs of child care can worry you. Some partners feel left out as your partner's attention will be on the new baby and she may want you to pay a lot more attention to her needs than usual. You may not have realised how much you relied on her to make you feel cared for and, now that her attention is elsewhere, you may feel quite lonely. Confide in your partner and friends who already have children and who will know what you are going through. If you need additional support to talk to someone contact your children's centre or IAPS team.

## Part 4 – Further Information about your stay in hospital

### Supervisors of midwives

Supervisors of midwives are experienced midwives who have undertaken further training and education for their role. The supervisor's role is to ensure you experience high standards of midwifery practice and high-quality maternity services.

### How can the supervisor help you?

The supervisor of midwives can listen and act on your experiences, views and ideas. They should not interfere with, or replace, the relationship you have with your midwife; or replace the formal complaints system. However, it may be useful to contact a supervisor if you have issues or concerns which need further information or clarification. If so, ask your midwife to arrange contact with the local supervisor of midwives.

### Complaints procedure

If you are unhappy about any aspect of your care please discuss your concerns with a midwife, who will attempt to resolve the problem. If you remain unhappy, please ask to speak to one of the midwifery managers or a supervisor of midwives. You can contact a midwifery manager via the hospital switchboard. Alternatively, you may write to the chief executive of the hospital where you had your baby (see page 2 for addresses).

### Patient advice and liaison service (PALS)

PALS provides an additional service and works with patients, relatives and carers to try to resolve areas of concern regarding any aspect of your or your baby's care. PALS does not replace the trust's complaints procedure or take away the right of a patient to use that procedure.

If you are worried about anything, please discuss the problem with a member of the midwifery staff. Very often they will be able to reassure you and resolve your problem. If not, they will either support you to access PALS or contact them on your behalf.

The maternity services liaison committee website [www.mscl.org.uk](http://www.mscl.org.uk) may also be of use to you.

### General information while you are in hospital Meals

Meals and drinks are provided for patients at regular intervals throughout the day. Breakfast usually begins at 8am, lunch at midday and the evening meal at 6pm. Please let staff know if you have any special dietary requirements.

### Fire instructions

All staff receive regular training in what to do in the event of a fire. The fire alarms are tested regularly. If an evacuation procedure is carried out, no one should leave the assembly point until everyone is accounted for and on no account should the lifts be used. Smoke control doors should be closed after use at all times.

### Electrical equipment

Personal electrical equipment must be checked by a hospital electrician before use.

### Smoking

Smoking is not permitted in the maternity units or the hospital. If you need help to give up smoking, please discuss this with your midwife or contact the national helpline on 0800 022 4 332.

### Mobile phones

Please try not to use mobile phones within the hospital buildings as they interfere with medical equipment and disturb other people's privacy. On entering the hospital, please ensure your phone is switched off.

### Visiting

Visiting hours vary in each hospital - please check with your midwife. Only partners and your own children can visit and we recommend only two people visit at the same time to avoid congestion. Do encourage visitors to see you at home rather than the hospital to minimise the risk of infection. Visitors are not allowed to stay in hospital after visiting hours unless there are special circumstances. Please speak with a manager if you need to visit longer.

### Religion

Hospital chaplains representing all denominations are always available, if you would like a visit, please ask a midwife to arrange this for you.

### Donations

If you or a group of friends would like to donate or raise

money for the units, we would be pleased to hear from you. We are always grateful for donations to provide equipment for the units or to improve facilities for mothers, babies and staff. Cheques should be crossed and made payable to the relevant hospital maternity fund.

### Bounty Distributor

The Bounty Distributor visits this hospital on a regular basis to distribute packs containing FREE samples and educational literature. Packs for expectant mothers are distributed via Antenatal Clinics. Packs for new mothers are delivered to the bedside after the baby is born; these packs also contain the Child Benefit Claim Pack.

Once you have left hospital, if you have any problems acquiring your Bounty Packs, please telephone the Bounty Customer Care Line on **0800 316 9341**.

### Bounty Portrait

A newborn portrait service is available to mums (seven days a week) and offers the opportunity to capture your newborn's first moments, so you can treasure it forever and share it with your family and friends. A range of portrait prints and gifts can be purchased including birth announcements, personalised photos, and acrylic portrait blocks. Or alternatively, you can view your portraits online, when you return home, at your leisure.

Your Maternity Unit benefits from this service with a donation made for every portrait that is taken in the hospital.

For further information please visit Bounty Portrait at [bounty.com/portrait](http://bounty.com/portrait)

## Part 5 – Useful Contacts

### Postnatal depression and baby blues

#### Association for Postnatal Illness (APNI)

Tel: 020 7386 0868

Email: [info@apni.org](mailto:info@apni.org)

[www.apni.org](http://www.apni.org)

### Breastfeeding

#### Association of Breastfeeding Mothers

Counselling hotline: 0844 412 2949

[www.abm.me.uk](http://www.abm.me.uk)

### Department of Health breastfeeding booklet

This booklet is available from your midwife - please,ask them for more details.

### La Leche League

Helpline: 0845 120 2918

[www.laleche.org.uk](http://www.laleche.org.uk)

### National Breastfeeding Helpline

Tel: 0300 100 0212

### National Childbirth Trust (NCT)

Breastfeeding helpline: 0300 330 0771

### The Breastfeeding Network

To find your nearest breastfeeding supporter call the support line on: 0300 100 0212

### Multiple births

#### Twins and Multiple Births Association (TAMBA)

[www.tamba.org.uk](http://www.tamba.org.uk)

### Parenting

NHS Choices website: [www.nhs.uk](http://www.nhs.uk)

### Childline

A free telephone advice line for children and worried parents.

Tel: 0800 1111

### Gingerbread Single Parents Helpline

Tel: 0800 018 5026

[www.gingerbread.org.uk](http://www.gingerbread.org.uk)

### Home-Start UK

[www.home-start.org.uk/findsupport/search](http://www.home-start.org.uk/findsupport/search)

#### Local Home-Starts

[www.homestartbarnet.org](http://www.homestartbarnet.org) Tel: 020 8371 0674

[www.homestartcamden.org](http://www.homestartcamden.org) Tel: 020 7424 1603

[www.home-start-haringey.org](http://www.home-start-haringey.org)

Tel: 020 8352 4151

[www.homestartislington.org.uk](http://www.homestartislington.org.uk)

Tel: 020 7359 8402

[www.homestartwestminster.org.uk](http://www.homestartwestminster.org.uk)

Tel: 020 7724 1345

### Parentline

Tel: 0808 800 2222

[www.familylives.org.uk](http://www.familylives.org.uk)

### National Childbirth Trust (NCT)

Tel: 0300 330 0770

[www.nct.org.uk](http://www.nct.org.uk)

### **Star4Life campaign**

This website aims to support pregnant women and parents with babies in establishing good feeding and activity habits from the outset.

[www.nhs.uk/start4life](http://www.nhs.uk/start4life)

### **Smokefree National Helpline**

Tel: 0800 022 4 332

[www.nhs.uk/Livewell/smoking/Pages/NHS-stop-smoking-adviser.aspx](http://www.nhs.uk/Livewell/smoking/Pages/NHS-stop-smoking-adviser.aspx)

### **Parent's guide to money**

If you have not received 'parent's guide to money' information ask your midwife. This provides information on budgeting, saving and borrowing to help you plan for the future.

[www.moneymadeclear.fsa.gov.uk](http://www.moneymadeclear.fsa.gov.uk)

### **Royal College of Midwives**

[www.RCM.org.uk](http://www.RCM.org.uk)

0300 3030444

### **Nursing and Midwifery Council**

[www.nmc-uk.org](http://www.nmc-uk.org)

0207 637 7181

### **Health Visitor Association**

[www.unitetheunion.org](http://www.unitetheunion.org)

### **Inland revenue tax credit help**

[www.taxcredits.inlandrevenue.gov.uk](http://www.taxcredits.inlandrevenue.gov.uk)

### **Working Families**

[www.workingfamilies.org.uk](http://www.workingfamilies.org.uk)

Tel: 0800 013 0313

### **Directgov tax credits help**

[www.direct.gov.uk](http://www.direct.gov.uk)

### **Fatherhood Institute**

[www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)

Tel: 0845 634 1326

### **Child benefit help**

[www.hmrc.gov.uk](http://www.hmrc.gov.uk)

### **Citizens Advice**

[www.citizenadvice.org.uk](http://www.citizenadvice.org.uk)

### **MIND organisation**

[www.mind.org.uk/](http://www.mind.org.uk/)

Tel: 0300 123 3393

### **Lullaby Trust Foundation for the Study of Infant Death (FSID)**

Bereavement helpline: 0808 802 6868

For information: 0808 802 6869

[www.lullabytrust.org.uk](http://www.lullabytrust.org.uk)

### **Crying**

#### **Cry-Sis**

Tel: 0845 122 8669

Baby Buddy Free App available from

[www.bestbeginnings.org.uk/babybuddy](http://www.bestbeginnings.org.uk/babybuddy)

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# **bounty**

*Giving mums more.*

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