NHS
Southport and
Ormskirk Hospital
NHS Trust

PATIENT INFORMATION

Post Natal

Information

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CONTENTS

1. INTRODUCTION

This information is a guide to your options in the postnatal period and is intended to help you make informed choices. The aim is to provide care which is safe and personalised to you.

The explanations contained in this information are a general guide only and not everything will be relevant to you. Please feel free to ask if you have any questions. Additional information may be provided if necessary.

2. INFORMATION SHARING

Some information about you and your baby will be recorded electronically on our Maternity Information system. This information helps your Health care professionals to provide the best possible care.

The National Health Service (NHS) also wishes to collect information about you and your baby to help it to:

- Monitor Health trends
- Strive towards the highest standards
- Increase our understanding of adverse outcomes
- Make recommendations for improvements in Maternity care

The NHS has strict confidentiality and data security procedures in place to ensure that any personal information is not given to unauthorised persons. The data is recorded and identified
by NHS number and your name and address is removed to safeguard confidentiality. Other information such as your date of birth and postcode are included to help understand the influences of age and geography. In some cases, details of the care are looked at by independent experts working for the NHS, as part of special investigations (‘confidential enquires’), but only after the records have been completely anonymised. While it is important to collect data to improve standards and quality of the care of all mothers and babies you can ‘opt out’ and have the information about you and your baby excluded. This will not in any way
affect the standard of the care you receive. For further details, please speak to your lead Health Professional. However your information will be shared with other agencies such as safeguarding teams, where there are concerns for you or your baby’s safety. In these cases information will be shared without your consent.

3. POSTNATAL CARE

At each postnatal assessment your Midwife will check to see if you have any problem or symptoms which may affect you after the birth. Please discuss any worries or questions that you may have with your midwife.

Infection.
Whilst you are still in hospital your temperature, pulse, blood pressure and breathing rate will be checked as required depending on the type of birth that you have had. A high temperature, rapid pulse and increased breathing rate may be a sign of infection. This is more likely if you are experiencing other symptoms such as pain on passing urine, painful perineum or abdominal wound tenderness. It is really important that you try to reduce the risk of infection
by: good personal hygiene, washing your hands properly before and after preparing food and using the toilet, sneezing or after blowing your nose. If you feel unwell, have a sore throat or respiratory infection contact your midwife or GP for advice

Blood pressure.
Pregnancy induced hypertension or pre-eclampsia may occur up to 3 days after the delivery. High blood pressure may cause severe headaches or flashing lights. This is very rare, but if any of these symptoms occur you need to inform your midwife or doctor immediately. Your blood pressure will be checked after the birth and subsequently as required.

Breasts.
All new mothers produce milk in their breasts whether they choose to breast or bottle feed. After two to three days the breasts may become full and tender but this generally resolves spontaneously. However if it worsens or you develop flu-like symptoms and the breasts are hard and have a red mottled appearance, this is engorgement and you should contact your midwife for additional help. If you are breastfeeding, you will need to feed your baby more often to relieve the symptoms. Your midwife will check that your baby is attached effectively. Whether you are breast or bottle feeding your midwife will have some advice on how to relieve the discomfort.

Uterus (womb)
After the birth of your baby your uterus should gradually return to is non pregnant size. This can take about 10 days. By gently feeling your abdomen your midwife can check this recovery process. Sometimes it may take longer, which in most cases is normal. Occasionally this may be a sign of retained blood or fragments of the placenta or membranes. Often this problem resolves spontaneously, however if you have any heavy bleeding, abdominal pain or high temperature you should be referred to your GP as antibiotics or further treatment may be required.

Blood loss (Lochia)
Some vaginal bleeding straight after delivery is normal. Your midwife will measure this and record it as estimated blood loss in your records. Vaginal discharge following delivery is called Lochia – a mix of blood and other products from inside the uterus. At first it is bright red, it then becomes a pinkish brown, turning to cream. It can be quite heavy at first, requiring several changes of sanitary pads a day. After the first week it slows down, but you may find that it lasts three or four weeks before finally disappearing. If you start to lose fresh red blood or clots, have abdominal pain or notice an offensive smell, inform your midwife or doctor. However some fresh blood loss is normal after a breastfeed.

Bowels (passing faeces/motions)
Constipation is very common after childbirth. This can be made worse by haemorrhoids (piles). Piles can be treated using good hygiene, haemorrhoid cream (speak to pharmacist or midwife), lactulose and pain relief. A high fibre diet including fresh fruit and vegetables and drinking plenty of fluids can help to prevent constipation. It may feel more comfortable if a clean sanitary pad is held against the perineum when having your bowels open. Occasionally women have urgency, both of wind and motions or have difficulty getting to the toilet on time. This is not normal and you can get help. Your midwife or GP can refer you to a specialist if any of these problems occur.

Bladder (passing urine).
Soreness after birth can make passing urine painful initially, but this should resolve quickly. Drinking plenty of fluids to keep the urine diluted helps. If you are having problems passing urine after the birth then a warm bath or shower might also help, but if it persists your midwife or doctor will refer you for medical advice. Sometimes leakage of urine may occur on coughing or sneezing, this is known as stress incontinence. Some women feel the need to wear protective pads, if this is the case please let your doctor or midwife know. They will refer you to the continence advisor, once underlying causes such as infection have been excluded.

Perineum (area between vagina and anus).
Your midwife will check your perineum to see it is healing, especially if you have had a tear or stitches. The stitches usually take about 2 weeks to dissolve and throughout this time your perineum should continue to heal. Regular pain relief will help with any discomfort, try to avoid constipation. It may be easier to lie on your side rather than your back, especially when you are breastfeeding. The perineum is a common area for infection and should be kept as clean and dry as possible.

Pain.
It is not unusual to have pain following the birth. This can be a result of the type of birth that you have had. It can vary from minor discomfort which is eased by bathing and Paracetamol to post- operative pain requiring prescribed pain relief by your doctor. If you develop any type of pain, please inform your midwife and she will advise you on what to do to ease the pain.

Legs (thrombosis)
All pregnant women are at a slightly increased risk of developing blood clots (thrombosis) during pregnancy and in the first weeks after the birth of their baby. The risk increases if you are over 35, overweight, a smoker or have a family history of thrombosis. You are advised to see your midwife or doctor if you have any pain, redness or swelling in your legs. This may be a sign that a DVT (deep vein thrombosis). If you have pain in your chest with shortness of breath or coughing up blood, this may be a sign of a Pulmonary embolism (blood clot in the lung) these are serious symptoms and you should contact your Maternity unit **immediately** (Triage 01695 656604)

Sleep.
As your nights will be disturbed caring for your baby, it is important to catch up on sleep when you can as your body is still recovering from the birth. Try to have a sleep or a proper rest at least once a day when your baby is sleeping. Resist the temptation to catch up on chores or housework.

Care of the pelvic floor and perineum
What is the pelvic floor? Layers of muscle stretch like a hammock from the pubic bone in front of the pelvis to the bottom of the backbone. These firm supportive muscles are called the pelvic floor. They help to hold the bladder, uterus and bowel in place, and to close the bladder outlet and back
passage. The muscles of the pelvic floor are kept firm and slightly tense to stop leakage of urine from the bladder or faeces from the bowel. When you pass urine or have a bowel movement the pelvic floor muscles relax. Afterwards they tighten again to restore control. Pelvic floor muscles can become weak and sag because of childbirth.

Performing pelvic floor exercise.
To do your pelvic floor exercises, first get into a comfortable position (any position will do). Imagine that you have to stop yourself from passing wind, at the same time trying to stop the flow of urine.
The feeling is one of 'squeeze and lift' and closing and drawing up the front and back passages. This is called a pelvic floor contraction. Remember – you should start gently and stop if it hurts. Do not pull in your stomach excessively, squeeze your legs together, tighten your buttocks or hold your breath. This programme is designed to build up the endurance of the pelvic floor muscles, so that they will be able to work harder and longer.
Firstly though, you will need to determine your starting block. Tighten your pelvic floor muscles as previously described and hold for as many seconds as you can (max 10 seconds) release the contraction and rest for 4 seconds. Then repeat the tighten, hold, release movement as many times as you can (up to a maximum of 10) for example, if you can hold the contraction for 2 seconds and repeat 4 times this is your starting block. Now perform the basic pelvic floor exercise- but squeeze and lift more firmly, then let go. This is called a quick contraction and will help your muscles to react quickly when you laugh, sneeze, cough, lift or exercise. Aim to increase the number of quick contractions up to a maximum of 10. Remember it can take several months for the pelvic floor muscles to return to their previous strength. Pelvic floor muscle exercises are important for life – for all women.

4. Emotional wellbeing

Help & support at home.
You will probably need a lot of help at first, not just with cooking and housework, but also to give you emotional support. The more you can share your baby's care, the more you will enjoy your baby. You are bound to feel up and down and get tired easily in the early days. Your partner can help with the bathing, changing and dressing as well as cuddling and playing. If you are on your own, or your partner is unable to be with you, perhaps your mother or a friend can be there. You may find it helpful to discuss any problems or worries you may have with your midwife or GP.

Adjusting to a new baby can leave parents drained, especially in the first few months. Loss of sleep and all the new challenges in understanding how to meet your baby's needs can add to the pressure. There is often little or no time for you and your partner to spend time together and attempting to become 'super parents' may leave you both exhausted. Keep meals simple, try to space visitors out and if you need extra help – ask. You may also want to talk to mothers in a similar situation. Your Health Visitor has information about child health clinics and mother and baby groups in your area. Other contact numbers and support groups are available.

Baby blues. Up to 80% of new mothers go through the baby blues. This is a period of tearfulness which can occur in the first three to four days. It is rather like coming down to earth with a bump after giving birth. It may be caused by hormone changes, tiredness and discomfort from sore stiches or sore breasts. It usually passes after a few days, but rest as often as you can during the day.

Other types of emotional changes that can occur after childbirth.
10-15% of new mothers have some experience of postnatal depression. Many more – perhaps half- go through spells of feeling very low, lacking in confidence, loneliness, isolation and exhaustion – these are normal feelings if you have just given birth, but usually are mild.

If you are experiencing any of the following symptoms, contact your carers for advice:

- Feelings of anxiety
- Loss of confidence
- Sleeping and eating difficulties
- Having difficulty coping with day to day tasks.
- Dissatisfaction with the quality of relationships
- Varying degrees of tearfulness and irritability
- Feelings of hopelessness or despondency
- Loss of interest in yourself or your baby
- Feeling better in company and worse alone
- Having feelings of loneliness or isolation.

What can be done if you develop postnatal depression?

Postnatal depression is a real illness and the most important part of treatment involves telling someone how you are feeling. Simple things like looking at your social support may be all that is required. Your midwife, health visitor or GP can arrange for further support. Your GP may prescribe anti-depressants, which are not considered to be addictive, and have been found to be extremely helpful in treating symptoms.

There are 3 main types of depression after childbirth:

- **Baby Blues'** this is so common that it can be considered normal. Symptoms include feeling weepy, irritable and generally low. This usually starts around 3 days after the birth, but should have subsided by day 10.

- Postnatal Depression this condition occurs in about 1 in 10 mothers. It usually starts within the first 4-6 weeks following the birth, but can even develop several months after the baby's birth. Treatment is advised - this is discussed later.

- 'Postnatal Psychosis' this is an uncommon but severe form of depression. It develops in about 1 in 1000 mothers.

Many women are able to hide their depression. However you don't need to suffer the condition in silence. Seek help.

Symptoms of postnatal depression
The symptoms are similar to those that occur with depression at any other time. They usually include one or more of the following:

- Repeated tearfulness.
- Feeling irritable a lot of the time.
- Feelings of guilt, rejection or inadequacy.
- Poor concentration, like forgetting or losing things.
- You may also get thoughts of harming yourself or your baby. Around half the women with postnatal depression get these thoughts. If things are very bad, you may get ideas of hurting or killing yourself. The reality is only in very rare a case is anyone harmed.

Symptoms may interfere with your ability to carry out normal day-to-day activities. In addition, you may also have less energy, disturbed sleep, poor appetite, and a reduced sex drive. However, these are common and normal for a short time after childbirth and may not necessarily mean that you have postnatal depression.

There are a number of reasons why you should get help:
- To help yourself get better quickly. It is not a sign of weakness to admit that you are depressed.
- To help your partner or family. If you are depressed it can cause problems in your relationship s, your job and life in general.
- To help your child. If you are depressed your relationship with your baby may not be as good as it could be.

What causes postnatal depression?
The cause is not clear. Any mother can develop the condition. The main cause seems to be stressful events after childbirth, such as feelings of worry, isolation and new responsibilities.

You are at greater risk if you have any of the following:

- Mental health problems in the past.
- Depression during pregnancy.
- Marital or relationship problems.
- No close family or friends around you.
- Money troubles.
- Physical health problems following the birth.

Postnatal depression is usually diagnosed by a doctor, based on the information received from you or those close to you. You may not recognise that you are depressed; however those close to you may recognise that you are acting differently and may suggest you see a doctor. Sometimes the doctor may do a blood test to make sure there is no physical reason for the symptoms.

In a recent study only 1 in 4 women with postnatal depression sought any help. Because of this a short and simple questionnaire has been designed to help diagnosis. This is called the Edinburgh Postnatal Depression Questionnaire and has 10 simple questions. Your Health Visitor may ask yo u to fill it in, irrespective of whether you are showing signs of being depressed. It is also used in some areas during the pregnancy to try and highlight women who are more likely to become depressed after birth.

Support & Advice
An understanding and supportive network of family and friends can help you recover. It is often best to talk to those close to you. Explain how you feel, rather than bottling up your thoughts. Independent advice about social problems you may be encountering could prove very helpful. Ask your health visitor what is available in your local area.

Primary Care Mental Health Workers
These professionals provide an in-surgery service for all people with mild to moderate mental health problems. The service promotes assisted self-help, goal setting and problem solving along with listening and support to ensure a speedy recovery. Primary Care Mental Health Workers are not yet available in all GP practices. However do ask your GP or Health Visitor if this service is available in your surgery.

Psychological (Talking) Treatments
Talking treatments are very useful and will mostly be focused upon counselling. Around 8 in 10 women with postnatal depression are likely to recover quite quickly with counselling.

Anti-depressants
Anti-depressants are a type of medication that works well for sufferers of depression. They are not tranquillisers and are not addictive. They work by lifting the mood and easing the symptoms of depression. They usually take 2-4 weeks to become effective. A normal course of anti-depressants lasts for several months. If you are taking anti-depressants and they are working for you, it is important to complete the course. If the treatment is stopped too early the depression quickly returns. Some anti-depressants are found in breast milk, but the amounts are so small that most experts consider their use safe for breastfeeding mothers. Seek advice from your midwife, health visitor or GP if you have any queries regarding

5. GENERAL INFORMATION

Healthy eating and drinking.
With a new baby it is important to eat a healthy balanced diet containing bread, breakfast cereals, potatoes, pasta and rice give you energy, as well as fruit and vegetables. Lean meat, chicken, fish, eggs and pulses are good sources of protein. Dairy foods, such as milk, cheese and yoghurt contain calcium as well as protein. It is also important that you are a healthy weight for your height before you become pregnant again. If you have any concerns regarding your weight contact your GP for advice.

Domestic violence.
1 in 4 women experience domestic abuse at some time in their lives, many cases start in pregnancy. It can take many forms, including physical, sexual, financial control, mental or emotional. Where abuse already exists it has been shown that it may worsen during pregnancy and after the birth. Domestic abuse can lead to serious complications which affect you and your baby. You can speak in confidence to your healthcare team who can offer help and support. Or you may prefer to contact a support agency such as The National Domestic Violence Helpline.

Prescriptions and NHS Dental treatment.
These are free for 12 months after you have given birth. Your child is also entitled to free prescriptions until the age of 16. To claim after your baby is born (if you did not claim whilst you were pregnant) ask your midwife or GP for the appropriate form and you will be sent an exemption certificate (FW8). If you have private dental care, you will need to discuss this with your dentist.

Work & Benefits.
Having a baby does not come cheap; there may be changes in your household income. The 'Parents Guide to money' is available via www.moneyadvice.org.uk. This gives you information on all financial aspects of the arrival of a new baby including budgets, benefits and work options. You should discuss your options regarding maternity leave and pay with your personnel officer or employer early in pregnancy: ensure that everything is in writing. An FW8 certificate will be issued early in pregnancy entitling you to free prescriptions and dental treatment. Dental treatment is free throughout pregnancy and for 1 year following the birth of your baby. It is recommended that you visit the dentist regularly as gum disease is common in pregnancy and you may require treatment. Your Midwife will also supply you with a Maternity certificate at 20 weeks of pregnancy (Mat B1) to claim your entitlement. Families on certain benefits can get some support known as Healthy Start and will receive vouchers for free milk, fruit, vegetables and vitamins.

Keeping fit & Healthy
If you think that you need to lose weight, talk to your GP or practice nurse. If you are breastfeeding and you are overweight, the best way to lose weight healthily is by eating a balance diet and taking regular moderate exercise. (eg a brisk walk for 30 minutes every other day). If you had a straightforward birth you can start to exercise as soon as you feel ok to do so. If you had a complicated birth (e.g. caesarean section) discuss with your midwife before commencing any strenuous exercise. Activity can relax you, it can help your body to recover after childbirth and increase your energy levels. Being overweight (i.e. BMI over 30) has a risk for your long term health. You will be more at risk of developing diabetes and heart disease if you are overweight.

Quitting smoking for you and your family
The best thing that you can do for you and your family's health is to stop smoking. It is never too late to stop smoking and now is a very good time. Tobacco smoke contains over 4000 chemicals. Babies and children breathe faster than adults, and all of these chemicals can easily pass into their
lungs. Their immune systems are less developed than adults and this makes them more likely to develop a serious illness (e.g. asthma, glue ear, chest infections) Babies are at an increased risk of cot death if they are exposed to cigarette smoke. Your midwife or health visitor will be able to tell you about local 'stop smoking' initiatives. Or you can access information on line www.nhs.uk/smokefree. Even if you do not smoke but other adults do in your household, ask them to smoke outside. It is now illegal to smoke in a car if there is a child present. Smokers increase the risk of house fire by 40%. Smoke detectors and fire safety checks are provided free of charge by your local fire station.

Alcohol/street or illegal drugs
Drinking too much can cause a variety of health problems (e.g. high blood pressure and liver problems). Do not drink alcohol if you are breastfeeding. You should avoid drinking more than 2-3 units of alcohol per day. Avoid binge drinking. The safe level for women is no more than 14 units of alcohol per week. If you use street drugs or any other illegal substance there is support and help available to help you to quit. Speak to your midwife or GP who will be able to refer you to specialist services.

6. IMPORTANT POSTNATAL SYMPTOMS

Abnormal vaginal bleeding.
If you experience any episode of excessive vaginal bleeding you must contact your midwife or GP for advice. Heavy bleeding can affect you in different ways, however if you experience palpitations, dizziness, weakness or sweating you must contact the midwife/GP **immediately**

Infection.
Signs of infection to look out for following childbirth are: fever and chills: a rash lower abdominal pain and tenderness; offensive or foul -smelling vaginal discharge and a tender uterus. If you develop any of these symptoms please inform your midwife or GP.

Headache.
Many women suffer with tension headaches and or migraines after birth. These usually resolve with simple pain relief and rest and relaxation. If however you develop a sudden onset severe headache with neck stiffness and a high temperature within 3 days of giving birth you should contact your midwife or GP straight away. If the headache is accompanied by any visual disturbances, nausea or vomiting you should also contact the Maternity Unit immediately, these symptoms may indicate a sudden rise in blood pressure that will require prompt treatment. If you have had an epidural in labour and are experiencing a headache when standing that is relieved by lying down you may be experiencing an epidural complication that should be reported to your midwife.

Red, painful area on the breast
This is most common in women who are breastfeeding and may be due to infective or non-infective mastitis. Symptoms are a high temperature and flu-like symptoms. Non infective mastitis is usually caused by blocked milk ducts. It can be relieved by frequent feeding and effective attachment. If the symptoms persist, after a couple of feeds, there may be an infection present, especially if you have cracked nipples. You may need antibiotic treatment. Neither of these conditions are reasons to stop breastfeeding as this helps to relieve the symptoms by keeping the milk flowing. Your midwife will check that the baby is attached when feeding and she will advise you on hand expressing to relieve the engorgement.

Breastfeeding and thrush.
Some women can develop thrush in their breasts. This may happen if you have been given antibiotics or as a result of cracked nipples. You and your baby should show no signs of infection, but if you develop marked nipple pain or pain deep in your breast whilst feeding you should contact your midwife or GP who will arrange for a prescription.

Persistent fatigue, faintness, dizziness, tingling of fingers and toes.
These are signs and symptoms of anaemia, which is caused by too little haemoglobin (Hb) in the red blood cells. This can be easily treated with iron supplements and a well-balanced diet. Speak to your midwife or GP if you are concerned.

Backache.
Backache is common after childbirth and is likely to improve with mild pain relief and normal activity. Your midwife will advise you on the correct posture and handling when lifting and feeding your baby. If you experience pain radiating down one or both of your legs, this could be due to sciatica. Speak to your Midwife or GP.
It is recommended that you do not have intercourse until after the bleeding has stopped for a few days and you feel ready. This allows time for healing to take place to prevent infection. It may take longer depending on your own recovery and if you have had stiches or a caesarean section. It is very common during the early months to experience a reduction in sexual desire, due to many factors such as tiredness and adjusting to your new role in life. Returning to normal sexual relations is very dependent on the individual.

7. POSTNATAL CONTRACEPTION

How soon after giving birth can I have sex?
You can have sex as soon as you and your partner feel emotionally and physically comfortable to do so. Everyone is different and you should not feel pressured. You can speak to a healthcare professional if you have any concerns.

When will I get my first period after giving birth?
You may have a period as soon as 5-6 weeks after giving birth. You can get pregnant before your first period as you will release an egg from your ovary (ovulate) about 2 weeks before a period.

How soon after giving birth should I start contraception?
Women can fall pregnant 3 weeks following childbirth so it is important to decide which contraception will suit you best and organise this as early as possible. Your midwife will discuss this with you during your pregnancy and record this in your notes. You can also discuss contraception following the birth of your baby.
You will be given advice on how to get your contraceptive choice, or you may receive your chosen method before going home from hospital.

When can I start my chosen method of contraception?

Any time after giving birth:	**From three weeks after birth if not breastfeeding or six weeks if breastfeeding:**	**From 4 weeks after birth:**
• Male or female condoms • Progestogen-only pill • Contraceptive implant • Contraceptive injection	• The combined pill • The contraceptive patch • The contraceptive vaginal ring	• The hormonal intrauterine system (IUS). • The copper intrauterine device (IUD).

Contraception and breastfeeding
When you are breastfeeding there are a number of contraceptive options for you that should not affect your baby or your supply of milk (mentioned in detail in this leaflet).

Breastfeeding is not a reliable method of contraception.

However, you are less likely to get pregnant if:
- Your baby is less than six months old AND
- Your periods have not come back AND
- You are fully breastfeeding day and night with no bottle feeds at all

If you have problems with breastfeeding or milk supply you should speak to your midwife for advice.

Contraceptive Methods

Progestogen-Only Pill

These pills contain only one hormone, progestogen. This method suits women who want to take pills but who cannot have oestrogen. The pills are taken every day. There are two kinds of progestogen only pill: the traditional ones that thicken cervical mucus and stop sperm reaching the egg and newer ones that keep the ovary from releasing the egg

Advantages	Disadvantages
• 91% effective with typical use • Quick return to fertility on stopping • Suitable when breastfeeding • Safe for women who can't have oestrogen • Some women have lighter or no periods	• Some women experience irregular bleeding • You must remember to take the pill at the same time each day

When can I start this method after childbirth?

- Immediately after childbirth
- You can be provided with either a prescription or a supply of these pills before going home from hospital
- You can obtain further supply from your GP or local sexual health clinic

Contraceptive Implant

Advantages	Disadvantages
• >99% effective • Suitable if breastfeeding • Lasts for three years – "fit and forget" • Periods may be lighter • Usually easy to remove and quick return to fertility on stopping • Suitable if breastfeeding	• May have irregular bleeding

When can I start this method after childbirth?

- Immediately after childbirth
- If trained staff are available during your hospital stay it may be possible to have this fitted before your go home, please ask.
- Otherwise you can discuss fitting with your GP or local sexual health clinic.
- You may need an alternative contraception until this is fitted – usually the progestogen-only pill or the contraceptive injection. You can ask the midwife on the ward before going home

Contraceptive Injection ("depot")

The injection contains progestogen, a hormone that prevents your ovaries from releasing eggs. It also thickens your cervical mucus which helps to block sperm from getting to the egg in the first place

Advantages	Disadvantages
• 94% effective • Lasts for 3 months • May have lighter or no periods • Suitable for breastfeeding women	• May have irregular bleeding • Must be given by a healthcare professional every 3 months, although it is possible to be taught to self-administer this at home if preferred.

When can I start this method after childbirth?

- Immediately after childbirth
- This can be given before going home from hospital after the birth of your baby

Combined Hormonal Contraception

These methods contain two hormones, oestrogen and progestogen, that prevent your ovaries from releasing an egg. Usually this is a pill that you take at the same time every day. There are lots of different kinds of pills available for use. There are also skin patches or vaginal rings which work in the same way

Advantages	Disadvantages
• 91% effective with 'typical use' • Quick return to fertility on stopping • Women often experience shorter, lighter and less painful periods • May help with acne	• May have irregular bleeding, which usually improves over time • Must remember to take at the same time each day • Some women cannot have oestrogen due to health related reasons.

When can I start this method after childbirth?

- If you are breast feeding, you CANNOT use this contraception until 6 weeks after you have had your baby
- If you are NOT breast feeding, you may be able to start this at three weeks after you have you baby
- Some women may need to wait 6 weeks after delivery for health reasons.

Intrauterine Contraception (“the coil”)

There are two types:

- The hormonal intrauterine system (IUS)
- The copper intrauterine device (IUD)

Hormonal Intrauterine System (IUS)

The IUS (sometimes known as a Mirena® or Levosert®) is a T-shaped device that is placed in your uterus (womb). It releases a small amount of progestogen, which prevents sperm from getting through the cervix

Advantages	**Disadvantages**
• >99% effective. • Suitable for breast feeding women • Lasts for up to five years - “fit and forget” • Very low dose of a safe hormone • Easy to remove and quick return to fertility • Periods may be lighter or stop altogether	• May have irregular bleeding, which usually settles after the first few months.

When can I start this method after childbirth?

- 4 weeks after delivery – you may need an alternative contraceptive method until you can get this fitted
- Can be inserted at the time of a planned caesarean section if discussed in advance

Copper Intrauterine Device

The IUD is a T-shaped device that is placed in your uterus (womb) and alters the way sperm move. This prevents them from fertilising an egg. This IUD contains a small and safe amount of copper and is hormone free

Advantages	**Disadvantages**
• >99% effective • Suitable for breastfeeding women • Can last 5 or 10 years - “fit and forget” • Does not contain hormones • Continued regular periods • Easy to remove and quick return to fertility	• Some women experience heavier periods with more cramping pain

When can I start this method after childbirth?

- 4 weeks after delivery – you may need an alternative contraceptive method until you can get this fitted
- Can be inserted at the time of a planned caesarean section if discussed in advance

Female Sterilisation

This involves blocking the fallopian tubes so that sperm cannot get through to meet an egg. You will need to have it done in hospital under general anaesthesia (put to sleep). You should speak to your doctor as soon as possible so they can advise on what your options are. Remember that the intrauterine methods (hormone IUS and copper IUD) and implant mentioned in this leaflet are at least as effective as female sterilisation

Advantages	Disadvantages
• >99% effective • Permanent • No change in periods	• Higher failure rate if done during caesarean section • Cannot be reversed • Must be certain you never want another pregnancy • Risks associated with a surgical procedure, including those associated with a general anaesthetic (if it is done separately to a caesarean section)

When can I start this method after childbirth?

- If you are having a planned caesarean section ask the doctors looking after you well in advance of the planned date
- If you have already had your baby you will need to discuss timings with your GP who will be able to arrange a referral
- You should consider an alternative method of contraception whilst waiting for this procedure

Male Sterilisation (vasectomy)

This involves blocking the tubes (vas deferens) that take sperm from the testicles to the penis. It is a quick and straightforward procedure done under local anaesthetic. It can be done in a community clinic – your GP can refer you for this. Male sterilisation is more effective than female sterilisation and is a much simpler procedure

Advantages	Disadvantages
• >99% effective • Permanent • Carried out under local anaesthetic	• Cannot be reversed • Risk of complications associated with the procedure itself

When can I start this method after childbirth?

- You will normally be advised to wait until after your youngest child is born, and your GP can advise you on the best time for a referral.
- You should use an alternative method of contraception whilst waiting for this procedure

Emergency Contraception
If you have unprotected sex up until 3 weeks after having your baby you will not need emergency contraception. If you have any sex **after** the first 3 weeks without using reliable contraception then you could get pregnant.

There are two main types of emergency contraception – the copper IUD ("copper coil") and hormone pills.

Copper IUD (Copper Coil)
This is the most effective method of emergency contraception (99% effective). You can have an emergency IUD fitted up to 5 days after unprotected sex (and sometimes even longer). It is usually easy to insert and is suitable for women of any age. For emergency contraception it needs to stay inside your womb at least until your next period but you might decide to keep it as your main method of contraception. It is suitable for breastfeeding women.

Progestogen pill (Levonelle)
This is known as the "morning after" pill because it works best if it is taken within 24 hours of unprotected sex. It works by delaying the release of an egg (if this has not happened already). Therefore if ovulation (release of the egg) has already happened it is unlikely to work. It can be taken up to 3 days after unprotected sex but is less likely to work the longer you wait to take it. It is suitable for breastfeeding women and will not affect the baby or breast milk supply. You can get the progestogen pill from some pharmacies, your local sexual health clinic or your GP.

Ullipristal Acetate (EllaOne)
This pill can be taken up to 5 days after unprotected sex. It works by delaying the release of an egg, and is unlikely to work if this has already occurred. It is more effective that the progestogen pill (Levonelle). You can get EllaOne from some pharmacies, your local sexual health clinic or your GP. Hormonal methods of contraception make EllaOne less effective, so you should not use any hormonal methods of contraception for 5 days after taking EllaOne. Breastfeeding women are advised to discard breastmilk for 7 days after taking EllaOne

Other websites to access for information

https://www.contraceptionchoices.org/

https://www.fpa.org.uk/

8. PLANNING FOR NEXT TIME

Folic acid
When you are trying to get pregnant again, you should take 400mcg folic acid supplements each day. This dose will increase if your BMI is above 30, if you have a family history of spina bifida. Speak to your GP or practice nurse.

9. FOLLOWING DISCHARGE FROM HOSPITAL

Contacting your midwife following discharge home
Following discharge to the Community Midwives you will receive you first visit at home tomorrow.

If you have not had a visit by **4pm** please contact the Maternity Ward on 01695 656947

If you need to speak to a midwife once you are at home please use the following numbers:

Ormskirk Community Midwives office 0900-0930 and 1630-1700	01695-656668
Liverpool Liverpool Women's Hospital	0151 708 9988 ask for Community Midwives or maternity bleep holder if after 5pm.
Wigan	01942 778506 24 hour service.
Whiston	0151 4301492 (9am- 5pm) **or** 0151 4261600 after 5pm and ask for bleep holder for maternity.
Preston	01772 524959 24 hour service
Chorley	01257 245109 24 hour service **or** 01257 245193 24 hour service

At your first visit your Community Midwife may give you additional contact details for the midwives covering your area should you need to contact them during the day. If you are expecting a visit and won't be at home then please ring and let your midwife know. If at any time you are unable to make contact with the relevant Midwifery team please contact the Maternity Unit at Ormskirk DGH for advice.

Postnatal Ward - 01695-656947
Delivery Suite - 01695-656919

10. USEFUL TELEPHONE NUMBERS & CONTACTS

Infant Feeding Coordinator (Southport and Ormskirk Hospital)	01695 656502	
Alcohol concern	0300 123 1110	https://www.alcoholconcern.org.uk
Antenatal results and choices (ARC)	0207 713 7486	https://www.arc-uk.org
Citizens Advice Bureau	03444 111 444	https://www.citizensadvice.org.uk
Frank about drugs	0300 123 6600	https://www.talktofrank.com
Group B Strep Support Group		https://gbss.org.uk
La Leche League National Breastfeeding	0845 120 2918	https://www.laleche.org.uk
Maternity Action Advice Line	0845 600 8533	https://maternityaction.org.uk
MIND – for better mental health	0300 123 3393	https://www.mind.org.uk

Miscarriage Association	01924 200 799	https://www.miscarriageassociation.org.uk
National Breastfeeding Helpline	0300 100 0212	https://www.nationalbreastfeedinghelpline.org.uk
National Childbirth Trust (NCT)	0300 330 0700	https://www.nct.org.uk
National Domestic Violence Helpline	0808 200 0247	https://nationaldomesticviolencehelpline.org.uk
NHS 111	111	
NHS Choices		https://www.nhs.uk-conditions-pregnancy-and-baby
NHS Information Service for Parents		https://www.nhs.uk/informationforparents
NHS Pregnancy Smoking Helpline	0300 123 1044	https://www.nhs.uk/livewell/quitsmoking
NSPCC's FGM Helpline	0800 028 3550	https://fgmhelp@nspcc.org.uk
Samaritans	08457 909090	
Stillbirth & Neonatal Death Charity (SANDS)	0207 436 5881 **Freephone** 08081643332	https://helpline@sands.org.uk

Tommy's Pregnancy Line	0800 0147 800	https://www.tommys.org
Working Families (Rights & Benefits)	0300 012 0312	https://www.workingfamilies.org.uk
Stop Smoking Helpline (Sefton)	0300 100 1000	https://smokefreesefton.co.uk
Stop Smoking Helpline (West Lancashire)	0800 328 6297	

11. BABY INFORMATION PACK

At each postnatal assessment your midwife will check your baby's wellbeing. The following observations help to build up a complete picture of your baby and your midwife will discuss her findings with you.

Observations.
Depending on your baby's needs, closer monitoring may be carried out during the first 12-24 hours after birth. This may include observing the baby's breathing rate, temperature colour and how your baby appears in general. The staff caring for you will explain the reasons this is being done. If your membranes were ruptured (waters broken) before you went in to labour we will carry out regular observations of your baby as there is an increased risk of infection. Inform your midwife/ doctor immediately of any concerns you have about your baby's wellbeing in the first 5 days after birth, particularly in the first 12 hours.

Temperature.
Your midwife may check how warm the baby feels to touch; it is a good indication of how appropriate the temperature is around your baby. Your midwife will advise you on the amount of clothing and bedding to use, whether in the house, car or pram. If there are concerns about your baby's temperature your midwife will assess it using a thermometer.

Weight.
Your midwife will weigh your baby at regular intervals and will advise you about feeding according to your baby's weight gain. Your health visitor will give you details of local child health clinics. They will continue to monitor your baby's growth and development.

Tone (muscle tone – activity and reflexes).
In the early days and weeks your baby will have some involuntary movements which are called reflexes. These include: the root reflex which begins when your baby's cheek is stroked or touched. The baby will turn his/her head and open his/her mouth to follow and root in the direction of the stroking. This helps the baby to find the beast or bottle and begin feeding. Babies are born with an ability to suck and during the first few days they learn how to coordinate their sucking and breathing. The startle reflex occurs when a baby is startled

by a loud noise or movement. The baby throws his/her head back, extends the arms and legs , cries and then pulls the arms and legs back in towards their body. A baby's own cry can startle him/her causing the reflex. Babies can also grasp things like your finger with either hands or feet and they will make stepping movements if they are held upright on a flat surface. All these reflexes, except sucking, will be lost in a few months and you baby will make controlled movements instead.

Jaundice (yellow colour)
Jaundice is a common condition in new born babies more than half of all babies become slightly jaundiced for a few days. Babies develop a yellow tone to their skin and the whites of their eyes. It is a normal process and does no harm in most cases. It is however important that your baby's colour is checked in the first weeks of life. It normally appears around the face and forehead first and can spread to the body, arms and legs. From time to time gently press your baby's skin to see if you can detect a yellow tinge appearing. Check the whites of the baby's eyes and when he/she cries check the inside of their mouth. If you think that your baby is jaundiced inform your midwife who will observe him/her. In some cases the presence of too much bilirubin can cause the baby to become sleepy and difficult to feed. In some cases it is necessary to check the levels of bilirubin in the baby's blood. If found to be high the treatment is usually phototherapy. This is a non-invasive treatment but will need to be provided in the hospital setting.

Eyes.
Special cleaning of your baby's eyes is not required. Your baby's eyes should be observed for any signs of stickiness or the presence of discharge. It is common for a baby to have poor control over his/her eyes and your baby may appear to be 'cross -eyed' at times. This is normal and as the muscles in your baby's eyes strengthen this will decrease. It is usual for a baby's eyes to appear blue-grey or brown. In general your baby's eye colour will be apparent within 6 – 12 months.

Mouth.
Soon after birth your midwife will examine the baby's mouth to look for things such as; tongue tie, palate, teeth. Some babies are born with a tight piece of skin between the underside of their tongue and the floor of the mouth. This is known as tongue tie. It can affect feeding by making it harder for your baby to attach to the breast. If this problem is identified a referral can be made to a clinic where the problem can be rectified by a simple procedure.. Baby's mouth will also be checked for thrush, any signs of thrush can be treated quickly and effectively.

Cord.
The stump of the cord will drop off between 7-10 days following the birth. It usually does not require any special attention, other than careful washing and drying. It is very common for the stump to bleed slightly as it separates, your midwife will advise you how to care for this. Usually all that is required is to ensure that the nappy does not rub on the area. If there is any heavy bleeding, discharge, redness or a bad smell around the cord stump you should contact your midwife or GP.

Skin.
Your baby's skin is very sensitive in the early weeks; your midwife will check your baby's skin for any spots, rashes or dryness. After your baby is born it may have small amounts of

vernix left in the skin folds, such as under the arms. This is a white creamy substance that protects its skin inside your womb. It is not harmful to your baby and will disappear after the first few days; there is no need to try to remove it. Some babies have dry skin in the first few days after birth; this is common if your baby was born after their due date. Avoid using baby bath liquid or soap when bathing your baby. After washing pat dry, make sure skin creases are dry. You may wish to rub some oil on to your baby's skin, ask your midwife for more information.

Urine/nappy rash.
Your baby should have at least 2 wet nappies per day in the first 2 days, increasing to 6 or more per day by 7 days. Urates are tiny orange/pink crystals that look like brick dust that may appear in the nappy, but with regular feeding will disappear. The skin on baby's bottom is sensitive and prolonged contact with urine or stools can cause burning or reddening of the skin. Nappies should be changed frequently, either before or after feeds. If the skin does become sore it is better to use warm water and cotton wool rather than wipes or lotions.

Bowels (Stools).
The first stools are sticky, greenish-black and are called meconium. As the baby takes milk feeds, stools become a mustard colour and have a seedy appearance. Breastfed babies will have soft, yellow stools that do not smell, while a bottle fed baby will have stools that are more formed, darker and smellier. All babies should pass at least 2 soft stools per day for the first 6 weeks regardless of feeding method. If you have any concerns speak to your midwife or GP.

Colic.
A baby who cries excessively and inconsolably and either draws up his/her knees, or arches his/her back, especially in the evening, may have colic. You should tell your midwife so that an assessment can be made to rule out other causes. Your midwife will then advise you according to your individual circumstances.

The Fontanelle.
On the top of your baby's head there is a diamond shaped patch where the skull bones have not yet fused together. This is called the fontanelle. It will probably be a year or more before the bones
close over it. You may notice it breathing as your baby breathes. You need not worry about touching it as there is a tough layer of membrane under the skin.

Bumps and bruises.
It is quite common for a new born baby to have some swelling (caput) and bruises on the head, a perhaps to have blood-shot eyes. This is the result of squeezing and pushing that is part of being born and will soon disappear. A Cephal haematoma is a bump, on one or both sides of the head. This is due to friction during the birth, which can last for weeks but will resolve naturally and usually no treatment is needed.

Breasts & genitals.
Quite often a new born baby's breasts are a little swollen and may ooze some milk, whether the baby is a boy or girl. Girls can also sometimes bleed slightly or have a cloudy discharge from the

vagina. This is a result of hormones passing from the mother to the baby before birth and is no cause for concern. The genitals of male and female new born babies often appear rather swollen but will look in proportion with their bodies in a few weeks.

Birthmarks and spots.
Marks or spots that you notice usually on the head and face of your baby will usually fade away eventually. Most common are the little pink or red marks which some people call ‘stork bites’. These ‘v’ shaped marks on the forehead, upper eyelids and on the nape of the neck gradually fade; it may be some months before they disappear. Strawberry marks are also very common. These are dark red and slightly raised, appearing a few days after birth, sometimes getting bigger. These too will disappear eventually.

Medication in pregnancy
It is important to remember that if you were taking any antidepressants and or antipsychotic medication during your pregnancy your baby may show signs of poor neonatal adaption syndrome (PNAS) These symptoms can include the following:

- Insomnia/restless sleep or needing to be awakened for feeds,
- poor sucking/feeding
- irritability,
- vomiting /diarrhoea (either)
- agitation, tremors, shivering or jitteriness,
- abnormal tone
- fever, hypothermia, temperature instability,
- rapid breathing, respiratory distress,
- nasal congestion
- changes in colour

Treatment intervention is not usually required. Symptoms occur between 8-48 hours following birth and resolve by 72 hours. If a baby does not display symptoms shortly after birth, they may develop later. If PNAS does occur, it is mostly mild. If you are at home following the birth of your baby and become concerned you should ask your Community Midwife, Health Visitor or GP for advice and in emergencies attend A&E.

Early development.
New born babies can use all their senses. From birth your baby will focus on and follow your face when you are close in front of them. They will enjoy gentle touch and the sound of a soothing voice and will react to bright light and be startled by sudden, loud noises. By 2 weeks of age babies will start to recognise their parents and by 4-6 weeks start to smile. Interacting with your baby through talking to, smiling and singing to them, are all ways of making your baby feel loved and secure.

Excessive crying.
Some babies cry a lot and this can be very distressing. There may be time when you feel unable to cope. This happens to lots of parents and is nothing to be ashamed of. Ask your family and friends to help and discuss this with your GP.

Child health records
The personal child health record (PCHR) or 'Red Book' will be given to your prior to leaving the hospital. It is the main record of your child's health, growth and development and needs to be kept in a safe place. This ensures that you have a copy of your child's progress for your own information and for health professionals when they need it. It also records your child's height, weight, immunisations, childhood illnesses and accidents.

Registering the birth
Your baby must be registered within 42 days of the date of birth. You will be given the necessary paperwork to enable you to do this. If you are married, you or your partner can register the baby. If you are not married you must go to register the baby yourself, and if you would like the baby's fathers name to appear on the birth certificate he must accompany you. You cannot claim benefits or register with a GP until you have a birth certificate.

If your baby was born in Lancashire you can either book online at: www.lancashire.gov./uk/registration or telephone 0300 123 6705 to make an appointment to register the birth, in a Lancashire register office of your choice. A leaflet **HOW TO REGISTER A BIRTH**, will be provided on discharge from hospital.

12. FEEDING YOUR BABY

Deciding how to feed your new baby is very important but you do not need to decide until you are holding them in your arms. Your decision may be based on previous experience or what family or friends have told you. It is really important to have as much information as you can about your feeding choices.

Because of the extensive health benefits for both mother and baby breastfeeding or giving breastmilk is the healthiest way for a mother to feed her baby(s). It contains all the nutrients your baby needs for the first 6 months of life but you can breastfeed your baby for as long as you want. If you are having twins or more your choices are just the same. Breastfeeding also has the added bonus that most women lose weight naturally whilst doing this.
Breastfeeding provides all the nutrition your baby needs to grow and develop. It also helps to comfort your baby and to protect them too. Babies who are breastfed or given breastmilk have a reduced risk of:

- Gastroenteritis and diarrhoea
- Chest infections
- Insulin dependent diabetes
- Eczema, asthma and wheezing
- Sudden infant death syndrome (cot death)

- Childhood leukaemia
- Obesity
- Necrotising enterocolitis (NEC)…. Particularly important if your baby is born Prematurely

Breastfeeding has a number of health benefits to you including reducing the risk of:

- Breast cancer
- Ovarian cancer
- Hip fractures in later life.

Every day counts…… the longer you breastfeed your baby the greater the benefits.
Further information can be found in the “Off to the best start” leaflet which will be given to you at booking and also on the Bump to Breastfeeding DVD which you can access at www.bestbeginnings.org.uk.

However you choose to feed your baby we are here to support you in your feeding choice. Please ask your midwife if you have any questions about feeding your baby. You can find infant feeding information in Arabic, Bengali, Polish, Romanian, and Urdu on the UNICEF UK Baby friendly website https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/leaflets-and-posters/foreignlanguage- resources

Infant Feeding Coordinator

The infant feeding coordinator can give you infant feeding support during and after pregnancy.
You can ask your midwife to arrange for an appointment to discuss any worries or concerns that you have about feeding your new baby. If you have Type 1 diabetes or have been diagnosed with gestational diabetes please contact the infant feeding coordinator to talk about breastfeeding and diabetes.

Breastfeeding Peer Supporters

There will be support from breastfeeding peer support services on the maternity ward and at home.

BREASTFEEDING

The value of breastfeeding.
Breastfeeding provides everything your baby needs to grow and develop. Your milk is perfect and uniquely made for your growing baby's needs. Giving your milk to your baby makes a big difference to both you and your baby's health.

Babies who are not breastfed have an increased risk of:

- Diarrhoea and vomiting
- Chest, ear and urine infections
- Allergies such as asthma and eczema
- Obesity, which can lead to diabetes and other illnesses later in life
- Being fussy about new foods.

Breastfeeding helps mothers too:

- Reduces the risk of breast and ovarian cancer
- Stronger bones later in life
- Faster weight loss after the birth
- Saves money and time

If your baby was born prematurely, breast milk is the ideal means of providing nutrients to help your baby whilst protecting him or her against potentially serious infections. You will be able to transfer your immunity into the milk that you provide for your baby, thereby protecting him or her on a continuous basis.

Getting breastfeeding off to a good start

General principles of breastfeeding

- Hold your baby in skin to skin contact
- Feed your baby as soon as possible after the birth
- Give only breastmilk
- Keep your baby close to you so that you can pick up on early cues
- Keep your baby close to you so that you can pick up on early cues
- Breastfeed responsively
- Seek help if breastfeeding is painful
- Allow your baby to come off the breast himself/herself and always offer your other breast, although your baby may not always take this
- Avoid introducing a teat or dummy while your baby is learning to breastfeed
- Consider joining a local breastfeeding support group

Holding your baby in skin to skin contact after the birth and allowing him or her to spend time licking and nuzzling at your breast will help the baby instinctively to learn how to breastfeed. Your midwife will help you to hold your baby in a way that will make it easier for him or her to feed effectively. This is important for both you and your baby as it will prevent you from getting sore and will make sure that your baby gets enough milk to help him or her grow. The more often you're your baby feeds the more milk that you will produce. In the early days your baby may feed often, particularly in the evening. Although this can be challenging for you, it is normal for babies to do this as it sets up your milk supply for the future.

Holding your baby to feed (positioning)

- Cuddle your baby as much as possible in skin-to-skin contact
- Keep your baby calm by talking and stroking him or her gently
- Hold your baby with head and body in a straight line so that he/she isn't twisted
- Look out for feeding cues
- Position your baby's nose to your nipple
- Encourage your baby to open his/her mouth by gently stroking your nipple above his/her top lip
- Make sure that your baby's head is free so that he/she can tilt his/her head back as he/she takes the nipple into his/her mouth.

Remember

Close – baby has easy access to your breast
Head free – he/she can tilt his/her head back as he/she takes the breast
In line – he/she isn't twisted which would make feeding difficult
Nose to nipple – as he/she tilts his/her head your nipple will go to the back of his/her mouth
For further information and advice on breastfeeding refer to : 'Off to the best start' (UNICEF)

You will know that your baby is well attached when:

- It doesn't hurt, although the first few sucks may feel strong or uncomfortable
- His/her chin will be touching your breast
- His/her cheeks stay rounded during sucking
- If you can see dark skin around your nipple you should see more above your baby's top lip
- Your baby will take long sucks and swallows with occasional pauses.

Responsive breastfeeding

Because breastfeeding is about much more than just providing food for your baby, the term 'responsive feeding' is used to describe how you can feed your baby in response to early cues (sucking fingers, mouthing and general restlessness), to comfort him or her if he or she seems lonely or upset; or if either of you just want to cuddle and spend more time together. Try to think about breastfeeding as an opportunity for you to take time out and rest. You can't overfeed or spoil a breastfed baby.

Expressing your milk

Your midwife will show you how to express your milk by hand, although you may never need to do this, it is useful to know how as it can help to soften your breasts if they become full or if you get lumpy red areas (a sign that one of your milk ducts is blocked). Milk can be expressed into sterile bottles, covered securely and kept in the back (never in the door) of a fridge, at 4 degrees Celsius or lower for up to 5 days. You can also freeze breast milk for 2 weeks in a freezer compartment in a fridge or for up to 6 months in a freezer. Defrost frozen milk in the fridge; once it is thawed it should be used straight away. Never refreeze milk. If your baby prefers it the milk can be warmed to room temperature before feeding. Never heat milk in a microwave as it can cause hot spots which can burn your baby's mouth.

Winding and posseting
Babies who are breastfed do not usually need to be winded. Sometimes babies will bring up a mouthful of milk during or just after a feed. This is called posseting and it is not unusual. If you are concerned that your baby is vomiting an excessive amount please contact you midwife or doctor.

Giving Your Baby Supplementary Feeds
The information set out in this booklet is to support you in your chosen method of feeding your baby. Breastfeeding gives your baby the very best start in life. Evidence shows that giving a breastfed baby supplementary formula feeds (top-up feeds) can interfere in the breastfeeding process, including the establishment of your milk supply. Introducing formula top-up feeds can have potential health risks for your baby. Occasionally, there may be medical reasons for your baby being prescribed formula milk supplements which will be discussed on an individual basis with your Paediatrician or Midwife.
We would like you to read the following information so that you are making a fully informed decision. Your Midwife, Breastfeeding Peer Supporter, Paediatrician or Infant Feeding coordinator can discuss with you any further questions you may have.

Reasons Why Formula Supplements Should Be Avoided (when you are breastfeeding)

- The Department of Health recommends that a healthy baby needs no other food or fluid other than breast milk for the first 6 months of life.
- Giving your baby anything other than breast milk means that your baby is less interested in breastfeeding which may lead to one or more missed breast feeds.
- Reduced stimulation of the breasts by a baby less eager to feed may interfere with establishing your milk supply and may result in a reduced milk supply.
- Reduced feeds at the breast can cause engorgement.
- Even small quantities of formula milk can sensitise some babies to cows' milk protein. This may be important to you if trying to reduce the risk of allergies such as asthma or eczema.
- Reducing confidence in your breastfeeding. Confidence in breastfeeding is so important for your success. Support in establishing and recognizing normal infant feeding patterns when breastfeeding will help you feed your baby effectively and you will be more likely to breastfeed for longer

If, for whatever reason, you wish to supplement your baby's breastfeeds, you can ask your Midwife about giving your baby expressed breast milk. That way, you will be stimulating your breasts to continue making milk and providing your baby with the health benefits and protection breast milk offers. Your Midwife or breastfeeding peer supporter can teach you how to hand express milk or how to use a breast pump.

If you have decided to give your baby a breast milk or formula milk supplement, it is recommended that you use a sterilised cup instead of a bottle and teat. Your Midwife may feed small amounts of colostrum to your baby using a sterile syringe. This is because a baby sucks differently on an artificial teat than from the breast and this may interfere with getting your breastfeeding off to a good start.

Leaflets are available on the ward that may also be of help to you. Please ask for a copy of "OFF TO THE BEST START".

If you do decide to offer your baby a formula milk supplement, your decision will be respected and supported.

Weaning
Exclusive breastfeeding is recommended for the first 6 months of an infant's life, as it provides all the nutrients a baby needs. Six months is the recommended age to introduce solid. When weaning your baby, carry on breastfeeding beyond the first 6 months

Formula-feeding your baby
First stage milk is suitable for the first 12 months of your baby's life. If you are considering changing formula milk, please discuss this with your midwife or health visitor who can give you advice. When using formula milk to feed your baby, it is important that you prepare it in the safest way possible.
Tins and packets of baby milk powder are not sterile even when sealed and can contain harmful bacteria, which, if the feed is prepared incorrectly can cause infections that can be life threatening.

Cleaning & Sterilising – this applies if you are breast or formula feeding.

- Wash your hands and work surfaces.
- Clean all feeding equipment in hot soapy water, then rinse under running water before sterilising. Remove all traces of milk.
- For cold water sterilizing units follow the manufacturer's instruction. Change the sterilising solution every 24 hours. Completely immerse the bottles and teats in the solution, ensuring that no air is trapped in them. Keep all equipment under the solution by using the floating cover. It will take at least 30 minutes to sterilise equipment
- For steam sterilisers follow the manufacturer's instructions. Ensure the openings of the bottles and teats are facing down in the unit. Any equipment not used immediately should be re-sterilised before use.

Making up feeds – always make up bottles fresh at each feed. Never store milk in the fridge for later.

- Use fresh tap water to fill the kettle
- After it has boiled, let it cool for no more than 30 minutes. The optimal temperature to prepare a feed is 70 degrees centigrade. Do not use artificially softened water, or kettle water that has been repeatedly boiled. If you have to use bottled water (if you are on holiday), it will still have to be boiled.
- Shake off any excess water from the bottle and stand it on a clean surface. Always pour the cooling boiled water first. Check the bottle is filled to the required level.
- Follow the formula manufacturer's instructions. Loosely fill the scoop with milk powder and level it off with the flat side of a clean knife or leveller.
- Never add extra scoops, sugar or cereals to the bottle as this can make your baby ill or choke.
- Carefully attach the teat, retaining the ring and cap on the bottle and shake until the powder is dissolved.

Make sure that the feed is not too hot: 70 degrees centigrade can still cause scalds. You may need to cool the bottle in cool water before giving it to your baby. Always test a small amount on the inside of your wrist to check it is cool enough to give to your baby.

Feeding your baby

- Sit comfortably and cuddle your baby close looking into his/her eyes
- Tilt the bottle slightly so milk reaches the end of the teat.
- Invite your baby to take the teat by gently rubbing it against his/her top lip.
- When your baby opens his/her mouth and pokes his/her tongue out – place the teat in his/her mouth and your baby will draw it in.
- Allow your baby to pace the feed by removing the teat a various times to give him/her a break.
- Never force your baby to take a full feed and throw away any unused milk left in the bottle.
- Limit the number of people who feed your baby to you and your partner, particularly in the early weeks, as this will help him/her feel safe and secure.

Information about health professionals (those who will take care of you in the postnatal period)

Midwife
Your Midwifery team are usually the main carers throughout the postnatal period. They will work in partnership with you and your family to ensure that you can make informed decisions about the care you receive. Visits are arranged at home, you will be visited by the Community midwife on your first day home. Following on from this visit the midwife will agree further visits with you. You can however contact the midwife for advice and support. Contact telephone numbers are included with this information booklet. Care is provided by the midwifery team for a minimum of 10 days or up to 28 days following the birth. The midwives also work in partnership with other health professionals and specialists and can refer you or your baby to them if necessary.

Student Midwives.
Student Midwives will work under the supervision of a qualified Midwife. Students will be undertaking a degree course at University but spend time gaining experience in the clinical setting. They work in all areas of Maternity including clinics and in the Community

Health Visitors.
Health visitors are all either qualified Nurses or Midwives who have done additional training in family and child health, health promotion and public health development work. They work as part of a team alongside your GP, other community nurses and your Midwifery team. Your Health Visitor will visit you at home after you have had your baby but will usually arrange to meet you during your pregnancy.

General Practitioner (GP).
These are Doctors who work in the Community and provide care and all aspects of health for you and your family throughout your life.

Specialists.
Some babies with medical problems from birth may need to be followed up by a neonatologist or paediatrician. If a problem arises with your baby in the postnatal period referral may be necessary. The following specialists are also available to help you or your baby:

- Audiology
- Physiotherapy
- Orthopaedics
- Ultrasonographers

Child health clinics
Child health clinics are usually based in your local health centre or GP surgery. They are run on a weekly basis by your health visitor and provide information and advice on all aspects of health and baby care. Your health visitor will give you all the information about where and when these clinics are held.

13. SCREENING

What is the physical examination of the newborn?

Your midwife will complete an initial examination of your baby immediately after the birth. The first detailed examination, however will take place within 72 hours of the birth by a specially trained midwife or doctor. The examination includes: eyes, heart and lung sounds, nervous system, abdomen and hips. Your participation in this process is encouraged and any concerns that you may have can be identified and discussed. The second detailed examination will be done by your GP or health visitor when your baby is about 6-8 weeks old. If any problems are identified during either of these examinations or at any time in between, your baby will be referred to the appropriate specialist baby doctor, such as a paediatrician or neonatologist.

Newborn Hearing screening
A small number of babies (1-2 in every 1000) are born with hearing loss. A quick screening test can be done, usually before you leave the hospital, to identify those babies with potential hearing loss, so that support and information can be given to you at an early stage. In some circumstances the hearing screening may be done at home or in local surgery or health centre in the first few weeks of
life. Your midwife will be able to tell you where and when the test is likely to happen and give you an information leaflet.

Blood spot test
All babies are offered a simple blood test to find the very few who may be affected by the disorders, phenylketonuria, congenital hypothyroidism, cystic fibrosis, MCADD (medium chainacyl-coA dehydrogenase deficiency), sickle cell disorders or beta thalassaemia major.
Babies with these disorders can then be given early treatment to prevent serious problems. These disorders would not otherwise be seen in the new born, even after careful examination by a doctor. Your midwife will take a small sample of blood from your baby’s

heel onto a card, usually between the 5th and 8th day. Ideally this would be done on day 5. This is then sent to a laboratory for testing.
The heel prick itself will only cause a moment of discomfort which your baby will soon forget. Repeat tests are sometimes necessary for various reasons; there may not have been enough blood taken at the first test, the specimen may have been damaged or contaminated, a problem may have occurred with laboratory testing and no result obtained, or there may have been a borderline or unclear result. If your baby was born before 36 weeks or received a blood transfusion, a repeat test will be arranged. There are several reasons for an unclear result and a repeat test is often completely normal. If the repeat test is still unclear arrangements will be made for your baby to be seen by a paediatrician.

Obtaining results
Results are usually ready within one working week and your midwife or health visitor will record the result in your baby's record. If you have been tested during pregnancy, please let your midwife know so that your results can be matched up with your baby's results.

A positive result
The vast majority of results are negative. If your baby is found to have one of these disorders arrangements will be made for you to see a specialist team experienced in managing these disorders, your GP will also be contacted.

13. EARLY IMMUNISATIONS

BCG (Bacillus Calmette-Guerin).
This is a vaccine offered to all babies who might be at higher risk from contact with TB (tuberculosis). These include babies whose families come from countries with a higher rate of TB, such as Asia Africa, South & Central America and Eastern Europe. It is also offered to babies who have a relative or close contact with TB, have a family history of TB in the past 5 years or who plan to travel to a high risk country and plan to stay for more than 3 months. TB is a potentially serious infection which usually affects the lung, but can also affect other parts of the body. Treatment is with antibiotics. The BCG vaccine is usually given to the baby early in the postnatal period. Please ask your midwife for more information about this.

Hepatitis B
Some people carry the Hep B virus in their blood without actually having the disease itself. If a pregnant mother has Hepatitis B, carries it in her blood or catches it during her pregnancy, she can pass it on to her baby. Babies born to infected mothers are at risk of getting this infection and should receive a vaccine course. The first immunisation will be offered soon after birth and then at 1, 2 and 12 months old, plus a booster before starting school.

14. IMPORTANT INFORMATION

Safe sleeping to reduce the risk of cot death

- Place your baby on his or her back, in a cot in the same room as you for the first 6 months.
- Do not let anyone smoke in the same room as your baby
- Do not let your baby get too hot or too cold. The room temperature should be between 16-20 degrees Celsius.
- Keep your baby's head uncovered and place him or her in the feet to foot position
- Do not share a bed with your baby if you or your partner smoke, drink alcohol, take drugs or are very tired.
- Do not fall asleep lying on a sofa or in an armchair with your baby
- Immunisation reduces the risk of 'cot death'
- Breastfeeding reduces the risk of 'cot death'
- If your baby is unwell, seek prompt medical advice.

For further advice please go to www.nhs.uk

Relationship building
Taking time to begin to develop a relationship with your unborn baby will have a positive impact on you and your baby's wellbeing. This will also help their brain to develop and grow. You can begin to connect with your baby by talking to them, playing music and responding to your baby's movements. Encourage close family members to do the same

Your baby will let you know when he/she wants to feed by becoming restless, sucking his/her fingers or making mouthing movements. Offering a feed before he/she begins to get upset and cry will make the feeding easier for both of you. If you are breastfeeding you can also offer your baby the breast when they just want a cuddle, if you need to fit in a quick feed or even if you want to sit down and have a rest. If you have chosen to bottle feed your baby will enjoy being held close and being fed by you and your partner rather than by lots of different people.

Later skin contact.
Skin contact at any time will help calm and settle your baby. It can also encourage your baby to feed and help you and your partner feel close to your baby.

Keeping baby close to you.
New babies have a strong desire to be close to their parents as this will help them feel secure and loved. When babies feel secure they release a hormone called oxytocin, which helps their brain to grow and develop. In hospital providing you and your baby are both well, your baby will stay in a cot next to your bed at all times so that you can get to know each other and you can respond to his or her needs for feeding and comfort. When you go home, your baby will benefit from being close to you during the day and night. The baby being in the same room as you will also help protect against cot death.

Sleeping position.
Your baby should be placed in the cot, on his or her back with their feet against the foot of the cot. This is to ensure that the bedding does not cover your baby's head, which can lead to over-heating. This is commonly referred to as the feet to foot position

Caring for your baby at night.
The safest place for your baby to sleep is in a cot by the side of your bed for the first 6 months. This means that you can hear your baby and respond to his or her needs before he or she starts crying or becomes distressed. You can also reach him or her without having to get out of bed. Many breastfeeding mums choose to feed their baby before lying down in bed. Please ask your midwife or health visitor to discuss safe positions for sleeping with you. Never take your baby into bed with you if you or your partner are smokers, have recently drunk alcohol or have taken drugs which may cause drowsiness (legal or illegal). Do not put yourself in a position where you might fall asleep with
your baby on a sofa or in an armchair as this is particularly dangerous. For further information see UNICEF 'caring for your baby at night' leaflet. If you do decide to share a bed with your baby:

- Keep your baby away from the pillows and a wall
- Make sure that your baby cannot fall out of the bed or become trapped between the mattress and a wall.
- Make sure that bedding cannot cover your baby's head or face.
- Don't leave your baby alone in the bed, as even very young babies can wriggle into dangerous positions.
- It is not safe to bed share in the early months if your baby was born small or preterm.

Ways to wake a sleeping baby.
If you feel worried about how long your baby has slept you can gently rouse your baby by picking him or her up and talking to him or her, changing his or her nappy, rubbing his or her hands or feet, stroking his or her and holding him or her in skin to skin contact.

Kangaroo care.
Dressed only in a nappy, the baby is held against your chest, between your breasts, snug inside your clothing, often for hours. Partners can also do this. The advantages include; more stable breathing, heart rate and temperature, less crying, better weight gain, and increased milk supply.

Soothing and settling a crying baby.

All babies cry at some time as a means of communicating with you, and will generally settle when they are picked up and cuddled. If your baby becomes distressed this can be upsetting for you and your partner. Here are some things that you can try that may help:

- Hold your baby in skin-to-skin contact
- Speak or sing in a quiet soothing manner
- Offer a feed
- Play calming music

- Gently rock or sway whilst holding the baby
- Try using a sling
- Take baby out for a walk

Ask your midwife for health visitor for advice if the crying is making you feel anxious or agitated. If your baby is crying for long periods he or she may be ill and require a medical check.

Taking your baby out safely.
Your baby is ready to go out as soon as you feel fit enough to go out yourself. Walking is good for both of you. It may be easier to take the baby out in a sling facing you. If you use a buggy make sure that your baby can lie flat on his or her back. A parent-facing buggy is best so that baby can see you and feel secure.

In a car.
It is illegal for anyone to hold a baby while sitting in the back or the front seat of a car. The only safe way for your baby to travel in a car is in a properly secured, backward facing baby seat or in a carrycot with the cover on and secured with special straps. If you have a car with air bags in the front of your car the baby should not travel in the front seat (even facing backwards) because of the danger of suffocation if the bag inflates. **You should always refer to the manufacturer's instructions when fitting baby seats.**

In cold weather.
Make sure that your baby is wrapped up warm in cold weather because babies chill very easily. Remember to take the extra clothing off when you get in to a warm place, including in the car, so that your baby does not overheat, even if he or she is asleep.

In hot weather.
Babies and small children are particularly vulnerable to the effects of the sun, as their skin is thinner and not able to produce enough pigmentation (melanin) to protect them from sunburn. The amount of sun your baby is exposed to may increase his or her risk of skin cancer later in life. Keep babies under 6 months old out of the sun altogether, by making the most of shade and using a suitable sun shade attached to the pram. Also dress the baby in loose, baggy clothing. Let your baby
wear a floppy hat with a wide brim or a 'legionnaire's hat' that shades the face and neck. During summer months cover exposed areas with sunscreen (SPF 50 or above) and one which is effective against UVA and UBV. Reapply sunscreen often. **Never drape blankets over the pram hood to protect against the sun as this will increase the temperature in the pram and increase the risk of overheating.**

Safety in the home.
Children most at risk of home accidents are in the 0-4 age group. Speak to your health visitor for information on practical issues such as fitting smoke detectors and keeping your child safe generally. More information on preventing accidents relating to choking, suffocation, burns, scalds poisons and emergency first aid is available.

Unwell baby symptoms

Important symptoms to know for your baby:
Infections in a newborn can develop quickly and your baby can become seriously ill. Do not wait too long if you are worried.
Ask for help sooner rather than later. The following symptom checklist can help you decide whether you need to seek medical attention for your baby by contacting your midwife or doctor:

- passes much less urine
- vomits green fluid
- is dehydrated
- high fever or sweating
- has blood in stool
- high pitched or weak cry
- much less responsive, or floppy
- pale all over
- grunting
- not interested in feeding

Urgent medical attention can be obtained by dialling 999 if your baby

- stops breathing or goes blue
- is unresponsive and shows no awareness of what is going on
- has glazed eyes and does not focus on anything
- cannot be woken
- has a fit
- has a rash that does not disappear under pressure

During your contact with us, it is important that you are happy with your care and treatment. Please speak to a member of staff and/or the ward/department Sister/Senior Midwife if you have any questions or concerns.

Matron
A Matron is also available during the hours of 0900 to 1700 Monday to Friday. During these periods, ward/department staff can contact Matron to arrange to meet with you. Out of hours, a
Senior Midwife can be contacted via the ward/department to deal with any concerns you may have.

Infection Control Request
Preventing infections is a crucial part of our patients' care. To ensure that our standards remain high our staff undertake regular infection prevention and control training and their practice is monitored in the workplace. We ask patients and visitors to assist us in preventing infections by cleaning their hands at regular intervals and informing staff of areas within the hospital that appear soiled.

As a patient there may be times that you are unsure whether a staff member has cleaned their hands; if in doubt please ask the staff member and they will be only too happy to put your mind at ease by cleaning their hands so that you can see them.

Contact information if you are worried about your pregnancy / self or baby in the Postnatal period.

You can contact your own GP, Community Midwife or out of hours Maternity Ward on **01695 65694**

Please call 01704 704714 if you require this booklet in an alternative format

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