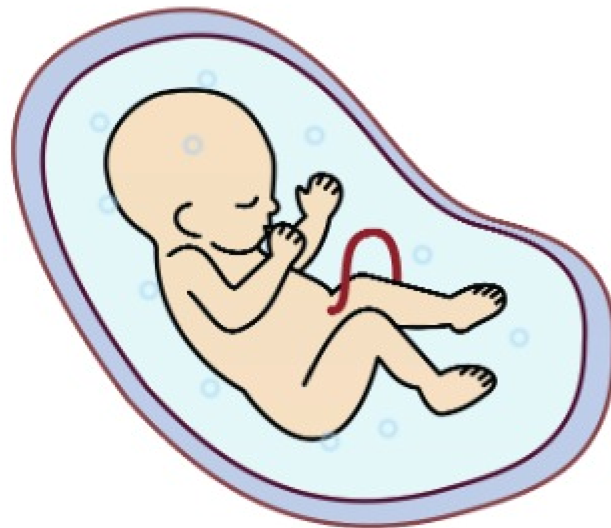
Mersey and West Lancashire Teaching Hospitals NHS Trust

# Ormskirk Maternity Unit

# Pregnancy information booklet



**If you are worried about your baby's movements you must NOT WAIT until the next day to seek advice. Please see information on the next page of this booklet.**

SO986 08/23

# Feeling your baby move is a sign that they are well

**Most women usually begin to feel their baby move between 16 and 24 weeks of pregnancy.** A baby's movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses.

## How often should my baby move?

There is no set number of normal movements.

**Your baby will have their own pattern of movements that you should get to know.**

From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.

It is NOT TRUE that babies move less towards the end of pregnancy.

You should CONTINUE to feel your baby move right up to the time you go into labour and whilst you are in labour too.

**Get to know your baby's normal pattern of movements.**

## You must NOT WAIT until the next day to seek advice if you are worried about your baby's movements

If you think your baby's movements have slowed down or stopped, contact your midwife or maternity unit **immediately** (it is staffed 24 hrs, 7 days a week).

- **DO NOT** put off calling until the next day to see what happens.
- Do not worry about phoning, it is **important** for your doctors and midwives to know if your baby's movements have slowed down or stopped.

## Why are my baby's movements important?

A reduction in a baby's movements can sometimes be an important warning sign that a baby is unwell. Around half of women who had a stillbirth noticed their baby's movements had **slowed down or stopped.**

Do not use any hand-held monitors, Dopplers or phone apps to check your baby's heartbeat. Even if you detect a heartbeat, this does not mean your baby is well.

*For more information on baby movements talk to your midwife*

## What if my baby's movements are reduced again?

If, after your check up, you are still not happy with your baby's movement, you must contact either your midwife or maternity unit straight away, even if everything was normal last time.

**NEVER HESITATE to contact your midwife or the maternity unit for advice, no matter how many times this happens.**

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## 1. INTRODUCTION

We are pleased that you have decided to have your baby with us at Ormskirk Maternity Unit. This will give you general information about your care during pregnancy and in the early postnatal period at the Maternity Services Ormskirk Hospital.

Further information will be given to you during your pregnancy and the postnatal period depending on your needs.

If there are any general questions you wish to ask please do not hesitate to contact your Midwife.

If you have any concerns please contact the Triage Midwife who will be happy to give advice and reassurance. If she feels it necessary to invite you in to be seen she will do so.

## 2. USEFUL TELEPHONE NUMBERS

| DEPARTMENT | TELEPHONE NUMBER |
|---|---|
| Early Pregnancy Assessment Unit | **01695 656064** |
| Antenatal Clinic Midwives | **01695 656949**<br>(Out of hours emergency 18 weeks gestation or below ring 01695 656901) |
| Community Midwives | **01695 656668**<br>Contact between 09:00-10:00 and 16:00-17:00 |
| Maternity Assessment Unit | **01695 656507** |
| Triage | **01695 656604** |
| Delivery Suite | **01695 656919 / 6091** |
| Maternity Ward | **01695 656947 / 6920** |
| Antenatal Records Office Appointments /ultrasound scan appointments | **01695 656924** |

## 3. YOUR CARERS IN PREGNANCY

### Midwife:

Your Midwifery team are usually the main carers throughout your pregnancy. They will provide care and support for you and your family during pregnancy, childbirth and in the early days after the birth. They will work in partnership with you and your family to ensure that you can make informed decisions about the care you receive. Your Midwife will usually arrange to see you at the clinics in the local community and will visit you at home following the birth of your baby.

At your booking appointment you will be provided with the contact number for your named community Midwife. It is important that you understand that this number is not for urgent enquiries or advice in an emergency. As they are available 24 hours a day 7 days a week- please use the Triage Midwife number if you are concerned or worried about anything relating to your current pregnancy.

### 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 services including clinics and in the Community.

### Maternity Support workers/Health Care Assistants:

The above support Midwives and are a valuable part of the Midwifery team. They have had appropriate training and supervision to enable them to provide information, guidance and reassurance on a variety of subjects including infant feeding.

### Obstetricians:

Obstetricians are doctors who specialise in the care of women during pregnancy and childbirth. You may be referred to their care at the beginning of your pregnancy if you already have a medical problem or you may be referred to them if you develop a problem during your pregnancy or if there are any concerns about the health of you or your baby.

### 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 and after you have had your baby they will arrange further visits.

### General Practitioner (GP):

These are Doctors who work in the Community and provide care on all aspects of health for you and your family throughout your life.

### Specialists:

Some women with medical problems such as diabetes may need to be referred to a specialist for additional care during pregnancy. They may continue to provide care after you have had your baby.

### Ultrasonographers:

Ultrasonographers are specially trained to carry out ultrasound scans. They will perform your dating scan, mid pregnancy anomaly scan and any other scan that you may need, based on your individual needs.

### Anaesthetists:

Anaesthetists are doctors who specialise anaesthesia and are available to provide epidurals in labour to women who require them. They are also available to provide care to women who are having operative interventions. If you need to be referred to an anaesthetist during your pregnancy this will be arranged.

### Paediatricians:

Paediatricians are doctors who specialise in the care of the new-born babies and children.

**Obstetricians, Anaesthetists and Paediatricians are available 24 hours a day, 7 days a week within our Maternity Unit.**

## 4. INFORMATION SHARING

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

- 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 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 may be shared without your consent.

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 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 may be shared without your consent.

## 5. PLACE OF BIRTH

Your midwife will discuss place of birth with you. If you are low risk, giving birth is generally very safe for you and your baby.

### Home birth

For women who are having their first baby, please visit the link below for further information regarding your birth choices.

**https://assets.nhs.uk/prod/documents/NHSE-your-choice-where-to-have-baby-first-baby-sept2018.pdf**

If you have had a baby before please visit the link below for further information regarding your birth choices.

https://assets.nhs.uk/prod/documents/Birth-option-baby-before.pdf

Follow Facebook/Instagram for homebirth evening dates

**Why choose a home birth?**
Women may plan a home birth because they:

- Have had a previous positive birth experience in hospital, and now feel confident about a birth at home,
- Want continuity of care, with a midwife they know attending the birth.
- Dislike being in hospital.
- Are worried about the effect of a hospital environment on their labour.
- Want to keep birth normal and avoid interventions
- Want to reduce the risk of infection
- Don't want to be separated from older children
- Hope to use a birth pool and cannot be sure that this will be possible in hospital
- Want privacy
- Want to feel more in control of their birth

Ultimately, the decision to have your baby at home is yours but it always helps to have support and information in making that choice. Planning birth at home is associated with a higher rate of spontaneous vaginal birth, a lower rate of interventions and the outcome for the baby is the same as giving birth at an obstetric unit.

If you are having your first baby, planning birth at home is associated with a higher rate of spontaneous vaginal birth and a lower rate of interventions. There is an overall small increase (about 4 more per 1000 births) in the risk of a baby having a serious medical problem compared with planning birth in other settings.

## Delivery Suite

**Midwifery Led rooms**
If your pregnancy is low risk you will have the option of using 1 of our 3 Midwifery Led Birthing rooms. Each of the rooms is designed to be non-clinical and to promote mobilisation, birthing pools are available to facilitate water births and or aid with pain in labour.

**Consultant Led rooms**
These rooms are available for all women booked under the care of the Obstetricians. These rooms have equipment to monitor babies in labour. These rooms are used for women who are higher risk requiring close monitoring, fetal monitoring or those women who require Epidural in labour.

## 6. PREVIOUS PREGNANCY INFORMATION

**Para**

This is a term which describes how many babies you already have. Usually early pregnancy losses are also listed after a 'plus sign'. For example, the shorthand for two previous births and one miscarriage is 2 +1.

**High Blood pressure and/or pre-eclampsia**

If you had this condition in your last pregnancy you are more likely to have it again, although it is usually less severe and starts later in pregnancy. If you have a new partner in further pregnancies it is possible to develop this condition.

**Premature birth**

This means any birth before 37 weeks but the earlier the baby is born, the more likely that it will have problems and need special or intensive neonatal care. The chance of a premature birth is increased because of smoking, infection, ruptured membranes, bleeding or poor growth. Having had a baby prematurely increases the chances of it happening again.

**Small babies (fetal growth restriction)**

If one of your previous babies was growth restricted, there is a chance of it happening again. Arrangements will be made to watch this baby's growth more closely, offering ultrasound scans and any other tests necessary.

**Big babies (macrosomia)**

A baby over 4.5kg is usually considered big – but this also depends upon your size and how many weeks pregnant you were when the baby was born. You may be offered a blood test to check for high blood sugar (diabetes), which may be linked to having bigger babies.

**Previous Caesarean Section**

If you have had one Caesarean Section in the past you have a good chance (75%) of having a vaginal birth this time. This is known as VBAC – vaginal birth after caesarean section. Your Midwife or Doctor will discuss with you the reason for your last caesarean section and your options for childbirth this time. **(See VBAC section)**

**Bleeding after birth**

Postpartum haemorrhage (PPH) means a significant loss of blood after birth (usually 500mls or more) often this happens when the womb does not contract strongly and quickly enough. There is a chance of it happening again, but the maternity team will make sure there is a plan in place.

**Postnatal wellbeing**

The postnatal period lasts for up to 6 weeks after the birth and it is during this time your body recovers. However for some women problems can occur, including feeding difficulties, slow perineal healing or concerns with passing urine, wind or stools. If you have experienced these or any other problems, talk to your Midwife or Doctor.

### Mental Health

It is common to feel low for a little while after having a baby because of hormonal changes and tiredness. However, some mothers do become seriously depressed. This can carry on for months or even years and may require help, counselling and or medication. Depression can happen again, so it is important that we know about it. We can then discuss any worries or anxieties you may have and arrange care to suit your needs. You can access more information at:

https://www.nhs.uk/conditions/pregnancy-and-baby/mental-health-problems-pregnant/

https://www.mind.org.uk/

## 7. BLOOD TESTS AND INVESTIGATIONS

### Blood group & antibodies

This test is to find out if you are rhesus positive or rhesus negative and whether you have any antibodies (foreign blood proteins).This test is undertaken at the booking appointment and repeated at approximately 28 weeks gestation. If the test reveals that you are Rhesus negative you will be given further information regarding Anti D prophylaxis.

### Anaemia

As part of your full blood count taken at booking baseline haemoglobin (Hb) is checked to ascertain if you are anaemic. If required you may be offered additional advice on diet and or iron supplements.

### Urine testing

You will be offered a urine test this is a non-invasive test that screens for bacteria that can be present without signs or symptoms.

## Antenatal screening

During your booking you will be provided with information about the "screening tests for you and your baby" leaflet. This leaflet covers all further tests and investigations.

If you wish to access this leaflet online please go to:

https://gov.uk/government/publications/screening-tests-for-you-and-your-baby

### Sickle cell and thalassaemia

These are disorders of the blood which affect the haemoglobin. You will be offered screening for thalassaemia. Depending on your family origins you may be offered the screening for sickle cell. The midwife will complete a questionnaire with you - if you

are low risk you will not be offered the test. Further testing of your partner may be required.

Additional tests may be offered depending on your individual needs.

If you develop a rash or have been in contact with someone who has any of the following infections, contact your midwife or doctor:

- Chicken pox
- Parvovirus (slapped cheek),
- Toxoplasmosis, or cytomegalovirus (CMV)

**Chlamydia**
You may be offered screening for chlamydia if you are under 25. This is a sexually transmitted disease and may result in pelvic inflammatory disease or infertility. The test is simple - either a urine test or a vaginal swab. Treatment for a positive result is antibiotics for both you and your partner.

**Screening for Down's syndrome, Edwards syndrome and Patau's syndrome.**

You will be offered a screening test to see if you have a higher chance of having a baby affected by one of these syndromes, which are caused by there being an extra chromosome in baby's cells. There are 23 pairs of chromosomes which carry the genes which determine how we develop.

Babies with Down's syndrome have an extra copy of chromosome 21, Edward's syndrome will have an extra copy of chromosome 18, and Patau's syndrome has an extra copy of chromosome 13.

Babies with Downs, Edwards or Patau's syndrome are born to mothers of all ages, but the chance of this happening does increase as the age of the mother increases.

Babies born with Down's syndrome will have some degree of learning disability varying from mild to severe, and may also have additional health problems such as heart defects, and problems with the digestive system, hearing and vision. Down's syndrome affects approximately 1 in every 1000 pregnancies.

Sadly most babies with Edward's syndrome or Patau's syndrome, will have a wide range of problems and may die during pregnancy, be stillborn, or die shortly after birth. Some babies may survive to early adulthood but this is rare.

A baby with Edward's syndrome, which affects 3 in every 10,000 pregnancies, can have heart problems, unusual head and facial features, poor growth, and be unable to stand or walk.

A baby with Patau's syndrome, which affects 2 in every 10,000 pregnancies, may also have heart and growth problems, cleft lip and palate, poorly formed eyes and ears, kidney problems, and are also unable to stand or walk.

Screening for these conditions is available between 11 weeks and 2 days and 14 weeks of pregnancy and is done using the combined test, so called because it uses a measurement of the fluid situated at the back of the baby's neck, which is taken at your dating scan and known as the Nuchal Translucency, and a blood

sample taken at the same time. The information from both aspects of the test is then combined to work out your individual chance of your baby having Down's, Edward's or Patau's syndrome.

If your pregnancy is more than 14 weeks & 1 day, or for technical reasons the Nuchal Translucency measurement could not be obtained, a screening test for Down's syndrome only, known as the Quadruple test, can be offered up to 20 weeks. This test requires a blood test only. You will also be offered a detailed scan at approximately 20 weeks to check all of the baby's anatomy which will be looking for any structural abnormalities, the presence of which may lead to concerns regarding Edwards and Patau's syndrome.

The screening tests do not harm you or your baby, neither do they tell you if your baby has the condition or not, they are just estimating whether you have a high chance, or a low chance of your baby being affected. It is important to consider whether you wish to have the test or not. If the test were to show a low chance, this does not mean the baby will not have the condition just that it is unlikely. If the screening test shows you have a higher chance of your baby being affected by one of these conditions, you will be contacted and offered a diagnostic test of either Chorionic Villus Sample where we remove a small amount of placental tissue, or an amniocentesis where we remove a small amount of fluid from around the baby inside the womb. These tests are able to confirm the baby is either affected or not affected, however these tests do carry a small risk of miscarriage.

There are 2 diagnostic tests available:

**Amniocentesis**
This is usually done after 16 weeks of pregnancy. A fine needle is passed through the Mother's abdomen into the uterus to take a small sample of fluid from around the baby. The fluid contains cells which are tested for Down's, Edward's and Patau's syndrome. If you have a baby affected by one the conditions you have 2 options. Some women continue with their pregnancy and prepare for their child with the condition. Some women choose not to continue their pregnancy and will have a termination. You will have the advice and support of specialists in the Fetal Medicine Clinic if you are faced with this choice. A lower risk does not mean that you will not have a baby affected by a condition. Screening will detect 70-90% of cases of Down's, Edward's and Patau's syndrome.

**Chorionic villus sampling (CVS)**
This is usually done from 11 to 14 weeks. A fine needle is passed through the mother's abdomen to take a very small sample of tissue from the placenta. These cells are then tested for Down's, Edward's and Patau's syndrome.

**Non Invasive Prenatal Test**

In the future a further option will be available for women with a high chance result from the Combined or Quadruple test. This involves taking a blood test from Mum to examine the baby's DNA which has been produced by the placenta and is present in Mum's circulation from around 10 weeks onwards. This is a more accurate screening test which at the moment is only available privately.

## 8. ULTRASOUND SCANS

You will routinely be offered 2 scans during your pregnancy:

**Dating scan**
This scan is offered to confirm your pregnancy, to check the number of babies and to calculate the expected date of delivery. The scan date is more accurate than your last menstrual period. You will be offered combined screening at this time.

**Mid-pregnancy (anomaly) scan**
This scan is offered between 18 and 20 week + 6 days. The purpose of this scan is to look for physical abnormalities of the head, spine, limbs, abdomen, face, kidneys, brain, bones and heart. The scan looks for certain problems and cannot find everything that may be wrong. If an abnormality is detected you will be referred to the specialist in the Fetal Medicine Clinic.

**Later pregnancy**
You may be offered further scans depending on individual need. This may be if there are concerns about the baby's growth, if you are expecting more than one baby or if you have a medical condition where closer monitoring of your baby is required. You may have an additional scan if your placenta was shown to be low lying on the mid pregnancy scan. If the placenta is low lying you are at increased risk of bleeding later in pregnancy.

For further information please refer to the national screening information leaflet "Screening tests for you and your baby".

## 9. SCHEDULE OF ANTENATAL APPOINTMENTS

| |
|---|
| **Booking appointment** |

| |
|---|
| Dating scan &<br>1st trimester screening |

| |
|---|
| 16 weeks<br>PLEASE BOOK THIS APPOINTMENT YOURSELF WITH YOUR GP SURGERY |

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| Anomaly scan at<br>18-20 weeks |

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| 25 weeks |

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| 28 weeks |

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| 31 weeks |

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| 34 weeks |

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| 36 weeks |

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| 38 weeks |

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| 40 weeks plus option<br>of a membrane sweep<br>(if having first baby) |

* You will be offered 1 antenatal home visit; the aim of this visit is to allow you the opportunity to discuss your pregnancy & Birth with your Midwife in a non-time pressured environment. If you are under the care of the Consultant Obstetrician you may need additional visits depending on your individual needs.

## 10. ANTENATAL CHECKS

At each visit your Midwife or doctor will check you and your baby's well-being. This is also your opportunity to discuss any worries or questions you may have. The check will include:

**Blood pressure**
This will be checked at each antenatal visit to detect any increase which may indicate pregnancy induced hypertension or Pre-eclampsia. If you have experienced any headaches or visual disturbances you should report them to the Midwife.

**Urine checks**
You will be asked to provide a urine sample at each antenatal visit. The sample is checked for the presence of protein/sugar etc. that may indicate pre-eclampsia or diabetes.

**Abdominal palpation**
The Midwife or Doctor will perform a gentle examination of your abdomen. This examination is performed to check on: the position that your baby is in, assess that the liquor volume (amniotic fluid) is neither too low nor too high. From 26 weeks the Midwife or Doctor will measure your abdomen with a tape measure. This is to check on the growth of your baby. **(See assessing fetal growth)**

**Fetal Growth**
Between 26-28 weeks gestation your Midwife will measure you from top of the uterus (Fundus) to the Symphysis pubis (Pubic bone) using a tape measure. This measurement will be plotted on a customised growth chart. This will enable you and the Midwife to see the growth of your baby. If the measurement when plotted identifies either slow or accelerated growth you will be referred for an Ultrasound scan.

**Fetal Heart**
The Midwife or Doctor will listen to your baby's heartbeat from 24 weeks gestation using either a handheld Doppler (sonicaid) or a pinard stethoscope (ear trumpet). If the doppler/sonicaid is used you will be able to hear your baby's heartbeat yourself. **The use of a home fetal doppler is not recommended. Even if you detect a heartbeat this does not mean your baby is well and you may be falsely reassured.**

**Fetal movements**
you will usually start to feel baby's movements between 16-24 weeks. This will range from kicks and jerks to rolls and ripples. Sometimes your baby will hiccup. You will quickly come to know your baby and its pattern of movements. At each Antenatal

visit your midwife will ask about baby's movements. A change, especially a reduction in movements, may be a warning sign that the baby needs further checks such as ultrasound and Doppler.

**Become familiar with your baby's pattern and contact your Midwife or Maternity unit (Triage 01695 656604) immediately if you feel that the pattern of movements has altered.**

### Your sleep position

Studies have shown that the optimal sleeping position in late pregnancy is on your side. You may find it useful to use pillows to prevent sleeping on your back. Do not worry if on waking you are no longer on your side

### Assessing fetal growth

Accurate assessment of the baby's growth inside the womb is one of the key tasks of good Antenatal Care. Problems such as fetal growth restriction can develop unexpectedly, and are linked to a significantly increased risk of adverse outcomes, including stillbirth, fetal distress during labour, neonatal problems, or cerebral palsy. Therefore it is essential that the baby's growth is monitored carefully.

### Growth restriction

Slow growth is one of the most common problems that can affect the baby in the womb. If fundal height measurements suggest there is a problem an ultrasound scan will be arranged.

### Large baby (macrosomia)

Sometimes the growth curve is greater than expected. A large fundal height measurement is usually no cause for concern; however your Midwife or Obstetrician may refer you for an ultrasound scan to assess fetal growth and amniotic fluid measurements to ensure that these are within normal limits.

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## 11. RECOMMENDED VACCINATIONS IN PREGNANCY

**Seasonal Flu vaccine**
Pregnant woman are more at risk from seasonal flu; it is recommended that you should have the seasonal flu vaccine. It is safe to have at any stage in your pregnancy. The vaccine is available from September through to January/February and is free when you are pregnant. Your midwife will advise you where you can get the vaccine locally. For further information

https://www.nhs.uk/conditions/pregnancy-and-baby/flu-jab-vaccine-pregnant/

**Whooping cough vaccine**
Whooping cough (pertussis) is a serious disease that can lead to pneumonia and permanent brain damage, in some cases a risk of dying. Young babies are at an increased risk, and they remain so until they can be vaccinated against it, the vaccine is offered to babies from 2 months of age.
To help protect your baby in the first few weeks of life, it is now recommended that you should be vaccinated against Whooping cough. Ideally this would be done between 16 – 38 weeks of your pregnancy. However the optimal time is from 20 weeks gestation. Your Midwife/GP will advise you where you can get the vaccine locally. Your baby will still need to be vaccinated when he/she reaches 2 months of age.

https://www.nhs.uk/conditions/pregnancy-and-baby/whooping-cough-vaccination-pregnant/

## 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. This will help you to get feeding off to a good start and then good support will help you to keep going.
You can get information from your midwife, parentcraft classes and infant feeding workshops. 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 expecting 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.

**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.

## 13. PARENT EDUCATION

Expectant mothers who attend parent education classes and prepare for the birth of their baby and parenthood often find that it helps them to cope better. The additional information and support also gives you the confidence to make your own personal choices.

| | |
|---|---|
| **Real Birth Company Antenatal Education Package Ormskirk Hospital,** Parentcraft Room,<br>To find out dates and to book your place please speak to your community midwife or phone 01695 656668 between 0900-1000 and 1600-1700 | 3 x 2 hour sessions<br>Southport + Ormskirk Sites: Monday & Thursday evening<br>Skelmersdale Site: Tuesday morning<br><br>Course can be also be accessed online for those who do not wish to attend in person. |
| ***Hypnobirthing course (Katherine Graves method)**<br><br>Please speak to your named Midwife for more information or email us @ soh-tr.hypnobirthing@nhs.net | 3 seminars 18:00 – 21:00, on Monday or Wednesday. cost £30.00 (a CD/Book and other resources are included in the cost) |
| **Midwife Led Aquanatal classes** | Please ask your Community Midwife for more details. |
| **Infant Feeding Workshop Location:** Parentcraft Room, Ormskirk Hospital | Please ask your Community Midwife for more details. |

* You will be asked to choose whether you wish to attend either Birth & Beyond or Hypnobirthing sessions. Each of these courses are designed to prepare you and your birthing partner for your birthing journey. Please speak with your Midwife who will be happy to discuss the options with you.

## 14. PREGNANCY COMPLICATIONS

### Management of common symptoms of pregnancy

#### Nausea and vomiting in early pregnancy

Most cases of nausea and vomiting in pregnancy will resolve spontaneously within 16 to 20weeks and that nausea and vomiting are not usually associated with a poor pregnancy outcome. If you feel that you need to consider treatment, the following interventions appear to be effective in reducing symptoms:

- Ginger
- P6 (wrist) acupressure
- Antihistamines

#### Heartburn

- If you suffer with heartburn it may be possible to limit the symptoms by modifying your diet slightly. Your Midwife will be able to offer advice.
- Antacids may be used if your heartburn remains troublesome despite lifestyle and diet modification

#### Constipation

Constipation is a common symptom of pregnancy. Diet modification to include bran or wheat fibre supplementation should limit your symptoms.

#### Haemorrhoids

Preventing constipation could help with reducing the occurrence of haemorhoids. If symptoms remain troublesome, standard haemorrhoid creams can be used. Your Midwife will be able to advise you.

#### Varicose veins

Varicose veins are a common symptom of pregnancy that will not cause harm. Compression stockings can improve the symptoms but will not prevent varicose veins from emerging.

#### Vaginal discharge

An increase in vaginal discharge is a common change that occurs during pregnancy. If it is associated with itch, soreness, offensive smell or pain on passing urine you should contact your Midwife or the Triage Midwife for advice.

You may experience a number of symptoms during pregnancy. Most are normal and will not harm your baby, but if they are severe or you are worried about them speak to your midwife or Doctor. Common symptoms of pregnancy are: tiredness, sickness, nausea, headaches or other mild aches and pains. You may also experience heartburn, constipation and or haemorrhoids. There may also be some swelling of your face, hands or ankles or you may develop varicose veins.

Changes in mood and sex drive are common. Sex is safe unless you are advised otherwise by your Midwife or Doctor. Some problems in pregnancy will require additional visits or test and surveillance of you and your baby's well-being. Many conditions will only improve after the delivery of the baby; however your Midwife or Doctor will be able to make some recommendations to alleviate your symptoms.

**Important symptoms**
Most pregnancy symptoms are normal, however, you need to be aware of certain symptoms that could indicate a more serious complication. Contact the Triage midwife if any of the following occur:

- Abdominal (stomach) pains
- Vaginal bleeding
- Membranes (waters) breaking early
- Severe headaches
- Blurred vision
- Persistent itching
- Change or reduced fetal movements

## Pregnancy symptoms / complications

**Abdominal pain**
Mild pain in early pregnancy is not uncommon. You may have some discomfort due to your body stretching and changing shape. If you experience severe pain, or have pain with vaginal bleeding or need to pass urine more frequently – contact your Midwife/GP for advice.

**Vaginal Bleeding**
Bleeding can come from any part of the birth canal, including the placenta (afterbirth).

Occasionally there can be an 'abruption', where part of the placenta separates from the uterus; this puts the baby at great risk. If the placenta is low lying any tightening or contractions can cause bleeding. Any vaginal blood loss should be reported immediately to your Midwife or the Maternity Unit. **(Contact Triage – 01695 656604)** Do not wait until your next appointment. If you are Rhesus negative you will require an injection (Anti D)

**Abnormal vaginal discharge**
It is normal to have an increased discharge when you are pregnant. This is due to the muscles of your vagina becoming softer and to help prevent infections. Any discharge that you have should be clear and white. It should not smell unpleasant; you will need to seek medical advice if the discharge changes colour smells unpleasant or if you feel itchy or sore.

**Diabetes**
Diabetes is when there is a higher than normal amount of glucose in the blood. It may be present before pregnancy or develop during pregnancy (gestational

Diabetes). High sugar levels cross the placenta and can cause the baby to grow large (macrosomic). If you have or develop diabetes, you will be looked after by a specialist team who will check you and your baby throughout the pregnancy. Keeping your blood glucose as near as normal as possible can prevent problems for you and your baby. Gestational diabetes usually disappears after pregnancy but can happen again in future pregnancies.

**High blood pressure**
A rise in blood pressure can be the first sign of a condition known as Pre-eclampsia or pregnancy induced hypertension. Your blood pressure will be checked often during your pregnancy. You need to tell your Midwife/Doctor or nearest Maternity Unit if you get bad headaches; blurred vision/spots before your eyes; bad pain below your ribs and or vomiting as these can be signs that your blood pressure has risen sharply. If there is also protein in your urine you may have pre-eclampsia which in its severe form can cause blood clotting problems and fits. It is also often linked to growth restriction in the baby. Treatment may start with rest, but some women will need medication that lowers the blood pressure. Occasionally, this can be a reason to deliver the baby early.

**Thrombosis (clotting in the blood)**
Your body naturally has more clotting factors during pregnancy, this helps to prevent excessive bleeding after delivery of the placenta. This however means that pregnant women are at a slightly increased risk of developing blood clots in pregnancy and in the weeks following delivery. The risk is increased if you are over 35, overweight, smoke or have a family history of thrombosis. You are advised to see your doctor **immediately** if you have any pain, or swelling in your leg, pain in your chest or cough up blood.

**Intrahepatic Cholestasis in pregnancy (ICP)**
ICPIs also known as obstetric cholestasis is severe itching especially on the hands and feet, is caused by a liver condition. It affects 1 in 140 women in the UK every year; ICP can affect the baby and can result in stillbirth. If you experience severe itching a blood test is offered to check to see if you have the condition. If you do, you may require medication and the baby will require careful monitoring. The timing of the delivery should be discussed with your doctor and a plan will be agreed according to your individual needs.

**Premature delivery**
Labour may start prematurely (before 37 weeks), for a variety of reasons. If this happens before 34 weeks, medication will be prescribed to stop labour. You will be prescribed steroids that will be given in two separate doses to mature the baby's lungs. Babies born prematurely can often need assistance with breathing, feeding and temperature control, so they may be cared for on the Neonatal Unit depending on gestation and need.

**Breech presentation**
Most babies will adopt a head down position in the latter stages of pregnancy. If your baby is not 'head down', there is an increased chance that labour will not be straightforward. If your baby is presenting bottom first (breech), it is usual to attempt

to turn the baby after 36 weeks and before labour begins. This procedure is called External cephalic version (ECV).
The procedure is not always successful. Your Midwife or Doctor will discuss the options on how best to deliver your baby should it stay in a breech position.

**Multiple pregnancy**
Twins, triplets or other multiple pregnancies need close monitoring. More frequent test and scans are recommended. Your Midwife/Obstetrician will discuss and agree a plan with you for your pregnancy. Later in pregnancy your obstetrician will discuss the options for delivery of your babies. Options will take into account the position your babies are in and whether they share a placenta.

**Infections**
Your immune system changes when you are pregnant and you are at higher risk of developing an infection. It is very important that if you are unwell and experiencing any of the following symptoms: please seek immediate medical advice as treatment may be
required:-

- High temperature (38 degrees Celsius)
- Fever or chills
- Foul smelling vaginal discharge
- Pain or frequently passing urine
- Abdominal pain
- Rash
- Diarrhoea
- Vomiting
- Sore throat
- Respiratory infection

**If you require any advice regarding the above please telephone Triage Midwife on 01695 656604**

## Group B strep

Group B strep is a type of bacteria called streptococcal bacteria. It's very common – up to 2 in 5 people have it living in their body, usually in the rectum or vagina and rarely causes any problems . It's normally harmless and most people won't realise they have it. It's not routinely tested for, but may be found during tests carried out for another reason, such as a urine test or vaginal swab, but may be found during tests carried out for another reason, such as a urine test or vaginal swab.

If you have group B strep while you're pregnant:

- your baby will usually be healthy
- there's a small risk it could spread to your baby during labour and make them ill – this happens in about 1 in 1,750 pregnancies there's an extremely small risk you could miscarry or lose your baby

**You may be advised to:**

- speak to your midwife about your birth plan – they may recommend giving birth in hospital
- contact your midwife as soon as you go into labour or your waters break
- have antibiotics into a vein during labour – this can significantly reduce the risk of your baby getting ill
- stay in hospital for at least 12 hours after giving birth so your baby can be monitored

**https://www.nhs.uk/conditions/group-b-strep/**

**https://www.RCOG**

## 15. GENERAL INFORMATION

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.

**Health & Safety issues**
If you are working your employer has a responsibility to assess any health and safety risks to you. Your job might involve a lot of bending and stretching or travelling long distances these are things that may be more difficult now you are pregnant. If any risks are identified your employer should put measures in place to remove/reduce or control these risks. For further information contact your Occupational Health Dept. or visit htpps://www.hse.gov.uk

**Healthy eating and drinking**
Make sure you eat a variety of different foods to get the right balance of nutrients for your growing baby and for your body to deal with the changes taking place. It is important to prepare and cook your food carefully to prevent food poisoning. Foods such as ready meals, meat, poultry, shellfish and eggs need to be thoroughly cooked

(eggs stamped with the 'Lion' mark does not need to be cooked thoroughly. Avoid pate and mould ripened soft cheeses, liver and liver products and unpasteurised milk. Latest evidence shows that if you would like to eat peanuts or food containing peanuts (e.g. peanut butter) during pregnancy, you can choose to do so as part of a healthy balanced diet, unless you are allergic to peanuts or your health professionals advise you not to do so. Check NHS choices for more information. Have no more than two portions of oily fish a week and avoid Marlin, swordfish and shark. It is advised that you take supplements of folic acid, which helps to prevent abnormalities in the baby (e.g. spina bifida). The recommended dose is 0.4mg per day for at least 8 weeks before pregnancy and up to 12 weeks into the pregnancy. If you have a BMI > 30, or are taking anti-epileptic drugs or have a family history of fetal abnormalities the recommended dose is 5mg per day.

**Weight control**

It is important that you accept you are going to gain weight during your pregnancy. The normal changes in your body during pregnancy and the growing baby can add up to an average of around 11kg. The more weight you put on above the recommended amount in pregnancy, the more weight you will be left carrying after the birth of your baby. It is recommended you are weighed at the beginning of your pregnancy and again near the end.

**Vitamin D**

Vitamin D is needed for healthy bone development. To protect your baby and yourself from the problems caused by low levels a 10mcgs vitamin D supplement is recommended as found in Healthy Start vitamins.

**Vitamin A**

Vitamin A supplements should **not** be taken in pregnancy and any other supplements should be discussed with your Midwife. If you require more advice about your diet your Midwife can refer you for additional support.

**Caffeine**

Caffeine is a stimulant that is contained in tea, coffee, energy and cola drinks. Too much caffeine should be avoided as it is passed through the placenta and may affect your baby.

**Alcohol**

Alcohol increases the risk of miscarriage and may lead to Fetal Alcohol Syndrome.

**Drugs**

Taking street drugs during pregnancy is not recommended as it may seriously harm you and your baby. Over the counter medications should also be avoided. If you are taking any medication for pain relief, please note that some combined preparations contain paracetamol. Please discuss any medication you take with your midwife or doctor.

**Home Fire safety check.**

Your local fire service can visit your home to carry out an assessment free of charge. You may be eligible for free smoke alarms to be fitted. It is advisable for all households to have a working fire alarm.

**Hygiene**

When you are pregnant your immune system changes and you are more prone to infections. It is really important that you try and reduce the risk of infection by: good personal hygiene, washing your hands properly before and after preparing food, using the toilet or sneezing/blowing your nose. Always wear gloves when gardening or handling cat litter trays as toxoplasmosis can be found in cat faeces. If you feel unwell, have a sore throat or respiratory infection contact your Midwife or GP **immediately.** You may need treatment.

**Travel**

If you are planning to travel abroad, you should discuss flying, vaccination and travel insurance with your Midwife or doctor. Long haul flights can increase the risk of deep vein thrombosis (DVT)

**Car safety**

To protect both you and your baby, always wear a seatbelt with the diagonal strap across your body between your breasts and the lap belt over your upper thighs. The straps then lie above and below 'your bump', not over it. Also make sure that baby/child seats are fitted correctly according to British Standards.

**Relationships**

Some women find pregnancy to be a time of increased stress and physical discomfort. It can greatly affect your emotional state, your body image and relationships. If you feel anxious or worried about anything, discuss this with your Midwife or GP.

**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.

**Exercise**

Regular exercise is important to keep you fit and supple. Make sure that your instructor knows that you are pregnant. Providing that you are healthy and have discussed this with your midwife, exercise such as swimming or aquanatal classes are safe. Scuba diving and any contact sports should be avoided. It is recommended that you do pelvic floor exercises daily during pregnancy. You should aim for 8 contractions 3 times per day, your midwife will advise you how to do these.

**Complementary therapies**

Please seek further advice regarding the safety of any complementary therapies as few complementary therapies have been established as safe in pregnancy.

**Family & Friends test**

This is an important opportunity for you to provide feedback on the services that provide your care and treatment. Your feedback will help NHS England to improve services for everyone. You can ask a member of staff for more information about how this information is used. Completion of the test is voluntary, but if you do provide feedback it will provide valuable information for your hospital to celebrate good practice, and identify opportunities for improvement. You will be asked to complete this survey at around 36 weeks of your pregnancy.

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.

**Use of blood products**

Blood or blood products are only ever prescribed in specific medical conditions and a decision to decline their use should only be taken after you have considered all the issues involved. Your wishes will always be respected; it is important you discuss your wishes with your midwife and Obstetrician so that an individualised plan of care can be made.

## 16. SMOKING

Stopping smoking is the most important thing you can do for your future health and that of your baby. We know that it can be difficult to stop smoking but we also know that you want to give your baby the best possible start in life.

**Benefits of stopping smoking for your baby -** your baby is less likely to:

- have a low birth weight
- be at risk of cot death
- suffer breathing problems, asthma, wheezing or ear infections

**for you -** you are less likely to:

- have a miscarriage or stillbirth
- go into early labour
- have complications at birth

It is usual practice to refer all women who smoke (or who have stopped smoking within the last 2 weeks) for help to quit to a specialist advisor who will contact you to offer support. Your local Stop Smoking Service can see you on a one to one basis or together with members of your family. With this support, you are 4 times more likely to succeed. When your Midwife has referred you your stop smoking advisor will be in contact with you. You can also contact your local Stop smoking advisors on the following numbers:

| | |
|---|---|
| **Lancashire** | 0800 328 6297 |
| **Knowsley** | 0151 426 7462 |
| **Sefton** | 0300 100 1000 |
| **St Helens** | 01744 586247 |
| **You can also contact NHS Smoke free helpline** | 0300 123 1044 |

The sooner you stop smoking the better, to give your baby the best start in life. Your Midwife can arrange referral to your local smoking cessation coordinator or group. (see NHS Pregnancy Smoking helpline). Cannabis smoking should also be avoided during pregnancy as it produces higher levels of carbon monoxide. The risks of e cigarettes to your unborn are still not understood. Please seek advice from your local smoking cessation coordinator.

**Carbon Monoxide** is a poisonous gas produced by cigarettes that you breathe in every time you smoke a cigarette or every time you breathe in someone else's smoke. The carbon monoxide replaces some of the oxygen in your bloodstream which means that both you and your baby have lower levels of oxygen overall. As part of your routine antenatal care your Midwife will test the level of carbon monoxide in your system by a simple breath test., explaining your results. This may be repeated throughout your pregnancy. Environmental factors such as traffic emissions or leaky gas appliances can also cause a high reading.

**Second hand smoke**

Pregnant women exposed to passive smoke are more prone to premature birth and their baby is more at risk of low birthweight and cot death. Your Stop smoking advisors are there to help your family members stop smoking too.

**Home visits**

If you or a family member smokes please could you try to have a smoke free room to be seen in by the community midwives on home visits – this is a room that is well ventilated and has been smoke free for at least 1 hour. This is because of the risk of second hand smoke.

## 17. VAGINAL BIRTH AFTER CAESAREAN SECTION

For most women pregnancy and birth is a normal healthy life event, but for a number of reasons, for some women ends in a caesarean birth rather than a vaginal birth. For many women who have had one caesarean section it is possible to have a vaginal birth for the next delivery, we call this vaginal birth after caesarean section (VBAC).National recommendations support women having the option of VBAC but the risks and benefits will vary greatly depending on many things including the reason for the caesarean section and whether or not you have had a vaginal delivery already. Overall about 3 out of 4 women will successfully give birth vaginally following one caesarean section (CS). For women who have already had a vaginal birth either before or after a CS about 8-9 out of 10 will have a vaginal birth in the next pregnancy.

A number of factors male a successful vaginal birth more likely including

- A previous vaginal birth – particularly if you have had a VBAC.
- Your labour starting naturally
- Your BMI at booking is less than 30

**Care during pregnancy**

If you have had a CS for a previous birth it is recommended that you are cared for during your pregnancy by a Consultant Obstetrician, along with your Midwife. During your pregnancy you will have the opportunity to discuss your previous birth and your options for care and birth on this pregnancy including VBAC. There is a VBAC clinic run by the Consultant Midwife which you can be referred to for further information and support.

During your pregnancy and in early labour it is important that you contact the Maternity Unit Delivery Suite if you experience any vaginal bleeding or tenderness over the area of your scar – the contact details are on the back page of this booklet.

**Benefits associated with VBAC**

Overall attempted vaginal birth following one CS appears to be safer than a planned caesarean with a lower risk of complications for both mother and baby. CS is a major operation which can have both surgical and anaesthetic risks. In comparison your recovery time following a normal birth is less and you are less likely to develop further problems requiring surgery or complications in future pregnancies. Your baby is less likely to develop breathing problems and you are less likely to have difficulty in starting breastfeeding. You will have a greater chance of a vaginal birth in future pregnancies.

If you have had more than one CS it may be possible to aim for a vaginal birth – you should have a detailed discussion with a Senior Obstetrician about the potential risks, benefits and success rate in your individual situation.

**Disadvantages of VBAC**

**You may need to have an emergency section during labour. This happens in about 25 out of 100 women. An emergency caesarean section carries more risks than a planned caesarean section.**
A woman who has had a previous CS is more at risk of scar weakening or rupture than a mother who has not had a previous CS. This is a rare complication, 1 in 200 and overall the risk of maternal complications with planned repeat CS remains higher than with VBAC. You are more likely to need a CS for another reason such as bleeding or concern with the baby's heartbeat.
If labour is induced, the risk of uterine rupture does increase (2 to 3 fold), therefore it is usually preferable for you to go into labour on your own rather than be induced. If there are signs of this complication your baby will be delivered by emergency caesarean section. If you go over your due date by more than a week, your plan for birth should be reviewed. In addition, induction of labour is associated with an increased risk of caesarean section. You are at slightly higher chance of needing a blood transfusion compared to women who choose a planned caesarean section.

When you labour after a previous caesarean section, the risk of the baby dying or being damaged in labour is very small, and is no different to women in labour for the first time, about 2 in 1,000. But this is greater compared to a planned CS, 1 in 1,000. However this has to be balanced with the risks for you if you choose a caesarean birth.

**Care during labour**
During labour it is recommended that you and your baby are monitored continuously to make sure that any problems are picked up quickly. Therefore it is advised that you give birth in the Consultant Maternity Unit at Ormskirk & District General Hospital. You are advised to contact the Delivery Suite early in labour or if you have any concerns.
If you are planning to have a repeat CS but you go into labour before the planned CS date, delivering vaginally may be more appropriate, for example if the baby is premature or if you are in advanced labour. It is possible for you to have an epidural for labour and your midwife can give you further information regarding this. You will have the opportunity to discuss this with an anaesthetist when you attend Delivery Suite in labour.

## 18. HEALTHY EATING AND DRINKING IN PREGNANCY

A healthy diet is an important part of a healthy lifestyle at any time, but is especially vital if you're pregnant or planning a pregnancy. Eating healthily during pregnancy will help your baby to develop and grow.

You don't need to go on a special diet, but it's important to eat a variety of different foods every day to get the right balance of nutrients that you and your baby need.

It's best to get vitamins and minerals from the foods you eat, but when you're pregnant you need to take a folic acid supplement as well, to make sure you get everything you need.

You will probably find that you are hungrier than usual, but you don't need to "eat for two" – even if you are expecting twins or triplets.

Try to have a healthy breakfast every day, because this can help you to avoid snacking on foods that are high in fat and sugar.

Eating healthily often means just changing the amounts of different foods you eat so that your diet is varied, rather than cutting out all your favourites.

**You don't need to achieve this balance with every meal, but try to get the balance right over a week.**

### Fruit and vegetables in pregnancy

Eat plenty of fruit and vegetables because these provide vitamins and minerals, as well as fibre, which help digestion and can help prevent constipation

Eat at least five portions of a variety of fruit and vegetables every day – these can be fresh, frozen, canned, dried or juiced. Always wash fresh fruit and vegetables carefully.

## Starchy foods (carbohydrates) in pregnancy

Starchy foods are an important source of energy, some vitamins and fibre, and help fill you up without containing too many calories. They include bread, potatoes, breakfast cereals, rice, pasta, noodles, maize, millet, oats, yams and cornmeal. If you are having chips, go for oven chips lower in fat and salt.

These foods should make up just over a third of the food you eat. Instead of refined starchy (white) food, choose wholegrain or higher fibre options such as whole wheat pasta, brown rice or simply leaving the skins on potatoes.

## Protein in pregnancy

Eat some protein foods every day. Sources of protein include:

- beans
- pulses
- fish
- eggs
- meat (but avoid liver)
- poultry
- nuts

Choose lean meat, remove the skin from poultry, and try not to add extra fat or oil when cooking meat.

Make sure poultry, burgers, sausages and whole cuts of meat such as lamb, beef and pork are cooked all the way through. Check that there is no pink meat, and that juices have no pink or red in them.

Try to eat two portions of fish a week, one of which should be oily fish such as salmon, sardines or mackerel.. There are some types of fish you should avoid. When you're pregnant or planning to get pregnant, you shouldn't eat shark, swordfish or marlin.

When you're pregnant, you should avoid having more than two portions of oily fish a week, such as salmon, trout, mackerel and herring, because it can contain pollutants (toxins).

You should avoid eating some raw or partially cooked eggs, as there is a risk of salmonella.

Eggs produced under the British Lion Code of Practice are safe for pregnant women to eat raw or partially cooked, as they come from flocks that have been vaccinated against salmonella.

These eggs have a red lion logo stamped on their shell. Pregnant women can eat these raw or partially cooked (for example, soft boiled eggs).

Eggs that have not been produced under the Lion Code are considered less safe, and pregnant women are advised to avoid eating them raw or partially cooked, including in mousse, mayonnaise and soufflé. These eggs should be cooked until the white and the yolk are hard.

### Dairy in pregnancy

Dairy foods such as milk, cheese, fromage frais and yoghurt are important in pregnancy, because they contain calcium and other nutrients that you and your baby need.

Choose low-fat varieties wherever possible, such as semi-skimmed, one per cent fat or skimmed milk, low-fat lower-sugar yoghurt and reduced-fat hard cheese.

If you prefer dairy alternatives, such as soya drinks and yoghurts, go for unsweetened, calcium-fortified versions.

There are some cheeses you should avoid in pregnancy, including unpasteurised cheeses. To find out which cheeses you shouldn't eat when you're pregnant,

https://www.nhs.uk/conditions/pregnancy-and-baby/healthy-pregnancy-diet

## 19. MENTAL HEALTH

A woman's body goes through many physical and hormonal adjustments during the nine months of pregnancy. Many women find these changes very exciting; however,

a significant number of pregnant women will become anxious or unhappy as they begin to prepare for the birth of their baby. Having a baby is a life-changing event. As hormonal levels alter throughout the pregnancy, many women have overwhelming feelings of worry and inadequacy. Will they cope with motherhood? Is the baby ok? It is not uncommon for women to become emotional and irritable at some point in their pregnancy; this is mainly due to changing hormonal levels and is a normal response. However, if you're feeling upset and anxious for most of the time during your pregnancy, it is really important to discuss this with your midwife or GP. Quite often you just need reassurance that everything is all right. During pregnancy you may be referred to the perinatal mental health midwife for support.

**Feelings me and my family should look out for include…**

- Persistent sadness/low mood
- Lack of energy/feeling overly tired
- Felling unable to look after my baby
- Problems concentrating or making decisions
- Changes in appetite
- Feelings of guilt, hopelessness or self-blame
- Difficulty bonding with my baby
- Problems sleeping or extreme energy
- Loss of interest in thinks I normally like
- Having unpleasant thoughts that I can't control or keep coming back
- Repeating actors or developing strict rituals
- Suicidal feeling or thought of self-harm

If you are worried by any of these feeling, talk to someone you trust and or your midwife /HV/GP

If you are depressed during your pregnancy, don't despair. Most women fully recover. Some women have suffered depression before they get pregnant. If you have been depressed in the past, please do not be afraid to discuss this with a health professional for support and reassurance. Depression in pregnancy may directly affect the baby by making you feel less positive and less motivated. It is also known that depression can increase a woman's uptake of alcohol and they may smoke more.

**If you have suffered from any of the following please let your midwife know who will be able to direct you for additional support both during the pregnancy and for when the baby is born.**

- Bipolar disorder
- Schizophrenia or other psychotic disorder
- Previous post-partum or other psychosis
- Current suicidality
- Severe depression
- Severe anxiety
- Severe Obsessive Compulsive Disorder symptoms
- Eating disorder (current)
- Post-Traumatic Stress Disorder (current)

- Pre-existing personality disorder
- Previous inpatient mental health care or under the care of the home treatment team
- Severe fear of childbirth (Tokophobia)
- Taking anti-psychotic or mood stabilising medication or stopped within 12 months

**If you are on anti-depressants when you find out that you are pregnant.**

It is safe to take the majority of anti-depressants without harming the baby, but this must be discussed with your GP/ mental health professional. Some women look towards other therapies such as counselling to help them.

**Practical support**
Partners, family and friends are in a good position to help a woman who is suffering from depression either in pregnancy or following the birth. Living with a depressed person is not always easy, and it can sometimes cause problems in relationships. Support from a person whom a woman can trust is vital to get her through this difficult time. Partners and family can help by:

- Encouraging her to talk to close friends and family or to a health professional.
- Giving practical support. Offer to look after the children, ensure she gets food and rest.
- Being patient and understanding. Give encouragement, be loving.
- Finding out more about postnatal depression. Having an understanding of the condition is always useful.
- Seeking help. Encourage her to join community groups. Don't let her become isolated.

Postnatal depression is very common. About 1 in 10 mothers develop it. Yet far too often, new mothers are left to suffer in silence, struggling alone, because the problem is not well recognised.

**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 in the leaflet.

- '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 cases 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 relationships, 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. (PHQ9)
Your Health Visitor may ask you 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.

You can down load this leaflet to help you think about your mental health and if you need any additional support please always speak to your midwife/HV and or GP

www.tommys.org-healthprofessionals-free-pregnancy-resources

Independent advice about social problems you may be encountering could prove very helpful. Support from Early Help Services is available upon request. Ask your health visitor or Midwife 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.
Each area has their own psychological therapies services that you can self-refer to when you are pregnant or in the first year following the birth you referral takes priority to help improve mental health for women during this time of their life when they can be more vulnerable.

**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

## 20. HOSPITAL VISITING TIMES

| | |
|---|---|
| **Maternity Ward and Maternity Assessment Unit** | Partners are welcome<br>All other visitors: **14:00-16:00 and 18:00-2000**<br>When you are an in-patient your own children are welcome but no other children are allowed to visit. |
| **Delivery Suite** | Visiting on Delivery Suite is limited. Following the birth of your baby we would welcome the Grandparents of the baby to visit for a short time when you are feeling up to receiving visitors.<br><br>There may be circumstances where you remain on Delivery Suite for an extended period and visiting is agreed on an individual basis. |

## 21. ADDITIONAL CONTACT NUMBERS AND SUPPORT GROUPS

| | | |
|---|---|---|
| Infant Feeding Coordinator (Southport and Ormskirk Hospital) | 01695 656 502 | |
| 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 Advise 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 | |

## 22. SOCIAL MEDIA

Find us on:

Facebook - Ormskirk Maternity

Instagram - ormskirkmaternity

## 23. WHAT TO DO IF YOU THINK YOU ARE IN LABOUR

It can sometimes be difficult to decide whether or not you are in labour. Early signs of labour can occur over several days and may include backache, uncomfortable tightenings (also called Braxton-Hicks contractions), a show or mucousy vaginal loss and needing to use the toilet frequently.

As labour progresses you should begin to notice contractions that become stronger and more frequent. Your waters may break, although the volume of fluid lost varies greatly from one person to another and can sometimes be missed.

You should phone the Triage Midwife number or Delivery Suite to talk to a midwife:

- When your waters break, whether or not you are having contractions
- If you have any fresh red vaginal bleeding
- When your contractions are regular and increasing in strength or when they are approximately 5 minutes apart.
- If you notice that your baby's movements have reduced
- If you have any concerns. It is not unusual to phone several times for advice and support during the early stages of labour; some women will come in for assessment and then return home until labour is further advanced.

## 24. WHAT TO BRING WITH YOU TO HOSPITAL

**For you**:

- Your antenatal records
- Dressing gown, slippers
- Nightwear (track/leisure suit if you would prefer to wear this during the day)
- Nursing bras (or ordinary bras if not breastfeeding)
- Breast pads
- Box of paper tissues
- Personal toiletries
- Towels
- Briefs
- Two packets of maternity sanitary towels
- Sufficient change for the telephone, vending machines etc. Do not bring large amounts of money or valuable items

**For your baby:**

- Pack of disposable nappies (size 6–11lbs)
- Cotton wool
- Baby wipes as desired
- Hat
- Bath towel
- A supply of Babygrows and vests
- If you are planning to formula (bottle) feed your baby you will need to bring 2 starter packs of your chosen milk (12 bottles of ready-made milk with teats

## 25. WHAT HAPPENS DURING LABOUR AND BIRTH

The onset of labour is different for each woman. It is however divided into stages of labour.

### The latent phase of labour

The latent phase can last for varying lengths of time. It usually begins with irregular period type discomfort. Contractions may last for several hours and then stop for some time before starting again. During this stage mobilisation, warm baths and simple analgesia are recommended. You may wish to contact out Triage Midwife for advice and reassurance during this stage. During this stage please speak with the Triage Midwife if:

- You are concerned about your baby's movements
- Your waters break
- You have any vaginal bleeding
- If you have any symptoms that you find concerning.

### First stage of labour

The first stage of labour is confirmed from the onset of regular contractions together with cervical dilatation (diagnosed by vaginal examination). The length of the first stage will vary and will depend upon regular effective contractions. During the early part of the first stage of labour you may wish to remain at home. This is an option providing:

- your membranes remain intact
- your baby's movements are normal
- you have no bleeding
- you have support and are coping well

If you are unsure about how long to remain at home please telephone the Triage Midwife for advice and reassurance.

As the first stage of labour progresses you may wish to come to Triage for assessment, if you are found to in established labour you will usually be transferred to our Delivery Suite for 1:1 care in labour.

The first stage of labour continues until the cervix reaches full dilatation (10 cms) **(see below for your pain relief options.**

## Second stage of labour

The second stage of labour is usually diagnosed on vaginal examination when your cervix is found to be fully dilated. This is the stage of labour when your baby is ready to be delivered. The length of the second stage will vary and just like the first stage of labour depends upon regular effective contractions. The second stage of labour continues until the baby is born.

## Third stage of labour

The third stage of labour is from the delivery of your baby until the placenta has been delivered. A physiological third stage involves waiting for the natural expulsion and delivery of the placenta. This stage can be assisted by the use of a drug to assist with the delivery of the placenta. Your Midwife will discuss your preferences with you prior to this stage of labour so that when the time comes she knows what you wish to do.

# 26. PAIN RELIEF IN LABOUR

Further information about all pain relief options can be found at http://www.labourpains.com/home under the 'Pain Relief in Labour FAQs' section.

### TENS

Transcutaneous electrical nerve stimulation (TENS) is a method of pain relief involving the use of a mild electrical current. A TENS machine is a small, battery-operated device that has leads connected to sticky pads called electrodes. It is possible to either purchase or hire a TENs machine.

### Water

The use of water either in a bath or in a birthing pool is an effective method of relaxation and can aid with the relief of pain as a result of contractions at any stage.

## Entonox (gas & air)

Entonox can be used throughout labour to assist with the contractions. It is inhaled and your Midwife will instruct you in the most effective use of this method of pain relief.

## Opiate analgesia

Opiate analgesia is available in the form of Diamorphine and Pethidine. Your Midwife will be able to guide you on the best medication for you depending on the stage of labour that you are in at the time.

## Epidural

The aim of an epidural is to take away the pain of contractions. For an epidural, a specialist doctor (anaesthetist) inserts a needle into the back and threads a long, thin tube (catheter), which stays in your back after the needle is removed. Pain killers are then injected down this catheter to numb your tummy. You will have your blood pressure taken regularly and the anaesthetist will check how it is working. Your legs can feel numb or heavy and therefore you are encouraged to remain on the bed. A catheter may be required to drain your bladder.

There are risks involved with an epidural, including headaches, nerve damage, bleeding and infection. Around 1 in 10 do not work well enough to reduce labour pain and the anaesthetist may have to adjust it or perhaps even re-site it.

**Anaesthetic options for a caesarean section**

Sometimes a caesarean section is the safest way to deliver your baby. This may be a planned choice or may be a decision made during labour.

A spinal is the most commonly used method and involves an injection of local anaesthetic into your back, using a fine needle, to numb you from the chest downwards. Your legs and bottom will start to feel numb and you will be asked to lie on your back.

If you have had an epidural placed in labour, it can sometimes be used for the caesarean section by giving certain pain killers down the catheter. It again numbs you from chest downwards.

For either a spinal or epidural, your blood pressure will be monitored, and a cold spray will be used to check how it is working. A catheter will be inserted to empty your bladder. A screen is put up between your tummy and yourself. While the spinal and epidural anaesthetic blocks out sharp pain, what you should expect to feel is pulling and pressure during the caesarean section.

There are similar risks involved with spinal anaesthesia as there are with epidural anaesthesia, including feeling sick, a headache, nerve damage, bleeding and infection.

Some people are unable to receive an epidural or spinal anaesthetic and in these cases a general anaesthetic can be offered. Oxygen would be given through a mask, medication injected through the cannula and, once you are asleep, a tube passes into the windpipe. Once the baby is delivered and the caesarean section completed,

the anaesthetist will wake you up and take you round to recovery. Afterwards, you can feel a bit groggy, sickly and have a sore throat.

Some women need help with forceps to deliver their baby and this is sometimes done in theatre. The same anaesthetic options as described above will be discussed. You may need to go to theatre post-delivery – for example to repair a tear or to help deliver the placenta. A spinal, epidural or general anaesthetic can be used and the best option will be discussed with you at the time.

**For more information on pain relief in labour go to: https://www.nhs.uk/conditions/pregnancyandbirth/painrelieflabour or ask your Midwife for an information leaflet.**

## 27. WHEN BABY IS BORN

### Skin to skin contact.

**Skin to skin contact: a very special cuddle.**

After your baby is born, holding them against your skin as soon as possible and for as long as you want will give lots of benefits for both you and baby. Here at Ormskirk Maternity Unit we will endeavour to support you in this wonderful experience.

- Skin contact calms and reassures your baby after the stresses of labour and birth. It can also be very relaxing for mum too.
- Skin contact keeps your baby warm and encourages important instinctive mother and baby bonding behaviours.
- We encourage all mothers to hold their baby in skin to skin contact after birth until after their baby has had their first feed.

Studies have shown the importance of skin to skin contact for breastfeeding babies when it comes to learning to feed. When a baby is in skin to skin contact he is guided to the breast by smell. We recommend that all new mums avoid heavily scented toiletries and perfumes to help baby recognise their mum.

**How skin to skin contact works**

- We will weigh your baby as soon as practical following birth to enable you to have an unhurried skin to skin contact.
- Your midwife will dry your baby and then place baby undressed against your skin. You don't have to be naked for skin to skin contact, baby can be tucked under your nightdress or tee shirt or you may have a cover over if you wish.

- We encourage you to hold your baby in skin to skin contact until after your baby's first feed or for as long as you wish.

- Skin to skin contact doesn't have to be interrupted for transfer to the postnatal ward.

- Regardless of the type of birth you have, you will be offered skin to skin contact as soon as possible.

**Holding your baby for breastfeeding**

Correct positioning and attachment when breastfeeding your baby will make sure that your baby gets the feed they need and will prevent you from becoming sore. Your midwife will show you during pregnancy how to correctly position and attach your baby for feeding. This will help you be prepared for when your baby arrives. If you are planning to breastfeed it is a good idea to learn how to hand express your breastmilk for when your baby is born. Your midwife can show you how to do this.

If you have diabetes or gestational diabetes you can learn to express and store your colostrum at the end of your pregnancy. This will then be available to give to your baby for the first early feeds. Ask about this at your hospital clinic appointment.

**How to know baby is ready for a feed**

Your baby will show you when he/she is ready for a feed by:

- Opening his/her eyes and mouth
- Turning their head from side to side
- Putting their tongue out
- Getting more active
- Hand to mouth movements

These are feeding cues, signs that your baby wants feeding. You will quickly learn your baby's cues during the first couple of days.

**Feeding your baby in the first couple of days**

Not all babies want to feed straight away after birth. Skin to skin contact is even more beneficial at this time. Your baby will be happy to be in skin to skin, close to you, listening to your heartbeat and the sound of your voice. Your midwife will advise you about feeding your baby and introduce you to peer support services. As time moves on, skin to skin contact can be a really helpful way of soothing your baby during unsettled times that all babies have. Your Partner may also like the opportunity to enjoy the benefits of skin to skin contact with their baby.

If you decide to formula feed your midwife will give you information on how to hold your baby for feeding and how to make up feeds as safely as possible.

Help with breastfeeding is available 24/7. Look for the Breastfeeding friend from Start4life on your web browser.

**Provision of formula milk**

We do not provide formula milk on the Maternity Unit. If you have chosen to formula feed your baby. Please bring your chosen first stage formula milk with you. We recommend bringing in a **starter pack** of your chosen formula which includes ready-made formula, sterilised bottles and teats. You can also bring in small bottles/cartons of the ready-made formula and we will provide sterile bottles and teats if needed. We do recommend you bring in only ready-made formula in small bottles as we don't have the facilities to make up powdered milk or the storage space for larger bottles.

**If you have chosen to breastfeed your baby you do not need to bring any formula with you, we can provide some if you require it for unexpected reasons. If you are unsure please ask your midwife for advice.**

## Keeping baby warm following delivery

We would love you to help us with our new initiative in keeping your baby with you whenever possible simply by putting a hat on your baby when they are delivered.

**Why wear a hat?**

When babies are born they leave a warm and wet environment of around 37°C to a delivery room temperature of around 18-22°C. It takes a little while for the baby's body mechanisms to get used to extra uterine life after delivery and this includes maintaining their own temperature. A newborn doesn't shiver, so he can't keep his body temperature up like an adult would. So putting a hat on a newborn baby prevents heat loss from their head, which is a baby's largest body surface area and skin to skin can all help maintain a baby's temperature until this transition period has passed.

If a baby does get cold, he will try and warm himself up by using extra calories and sometimes this causes the baby to use up their reserves of glucose resulting in a low blood sugar. Also, when a baby gets cold this prevents their lungs from producing a substance called surfactant. Surfactant enables the baby to expand their lungs easily, and if surfactant is reduced this causes the baby to work hard with their breathing and can result in the baby needing oxygen.

Most full term babies manage this transition very well but some do not. If a baby does get cold, have very low blood sugars or have difficulty with breathing then the baby will need to be admitted to the Neonatal Unit and sometimes, just the use of wearing a hat for up to 24 hours can prevent this and enable the baby to stay with you.

**How long should the baby wear a hat?**

We ask that your baby wears their hat for up to 24 hours, unless otherwise directed, (eg. If the room was particularly warm the baby might wear the hat for less time, or if your baby is low birthweight, they might need to wear it for longer) and only when in hospital as the midwives will be taking regular observations of your baby. Once discharged home, we then ask you to follow the Department of Health and Lullaby Trust Recommendations which states to remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train, even if it means waking your baby.

**Vitamin K**

Vitamin K is a naturally occurring vitamin in food, especially liver and some vegetables.

Vitamin K helps the blood to clot and helps to prevent bleeding. It is recommended that all babies be offered vitamin K to prevent the rare but serious and sometimes fatal disorder of vitamin K deficiency bleeding. Vitamin K is given shortly after birth and with your verbal consent.

Whilst you are pregnant you need to think about:

- If you want your baby to have vitamin K?
- How you want it to be given -by injection or by mouth?

It is advised that vitamin K be administered as a single dose given by injection (Intramuscularly) as this appears to be effective in preventing both early and late vitamin K bleeding deficiency. One dose is given just after birth by the midwife or other healthcare professional. Injection is the most effective form of administration as it ensures the full dose is given.

If you do not wish vitamin K to be given by injection to your baby, it can be given by mouth. However, further doses of vitamin K by mouth are needed. Two doses are given in the first week to all babies, with breastfed babies needing a further dose at one month of age. Babies who are bottle-fed will receive extra vitamin K, which is added to the formula milk.

Whilst it is recommended that your baby has a supplement of vitamin K at birth we respect the views of parents therefore, it is your decision if you want it to be given. You will be asked on admission when you are in labour if and how you would like vitamin K to be administered to your baby. Your midwife will discuss this with you.

Should you choose for your baby not to have vitamin K the risk of bleeding is increased,

although this is very small. You should be aware to have any minor bleeding or bruising in baby seen as soon as possible, also if baby shows signs of jaundice or has pale stools or dark urine see your doctor or health visitor.

For more information go to:
https://nhs.uk/conditions/pregnancy-and-baby

**BCG**

BCG is a vaccine offered to all babies who may be at a higher than average risk from contact with tuberculosis (TB). This includes babies whose families come from countries where there is a higher incidence of TB. These areas include Asia, Africa, South and Central America and Eastern Europe, or babies born in a town or a city with a high incidence of TB.

BCG is also offered to babies who have a relative or close contact with TB, a family history of TB in the last 5 years or where travel is planned to a high risk country to stay for more than 3 months. TB is a serious condition affecting the lungs and other

parts of the body. It can be treated with antibiotics. If your baby is offered BCG vaccination, arrangements for this to be given will be made before you go home.

**Hepatitis B**

If a mother has hepatitis B, she can pass this on to her baby. Babies born to mothers who are infected with hepatitis B are at risk of the infection and should be protected by receiving a course of vaccine. The first immunisation is offered soon after birth with follow up at one, two and 12 months of age.

**Safe sleeping**

During pregnancy your midwife will discuss with you your plans for sleep arrangements for your new baby. New babies want to be close to you after birth which will help them to feel secure and loved. Whilst cot death is a rare event, there are a number of things that both you and you partner can do to reduce the risk of this happening including the following:

- The safest place for baby to sleep is in a cot in the same room as the parent for the first 6 months. This refers to any time when the baby is asleep during the day or the night
- Place your baby on their back to sleep, in the "feet to foot" position, in a cot in a room with you
- Do not smoke in pregnancy and do not let anyone smoke in the same room as your baby
- Do not share a bed with your baby if you have been drinking alcohol, if you take drugs, or if you are a smoker
- Never sleep with your baby on a sofa or armchair
- Do not let your baby get too hot or cold – keep your baby's head uncovered
- Breastfeed your baby

Always seek medical help if your baby is ill or you are concerned about the well-being of your baby.

You can find further information at:
www.fsid.org.uk

## 28. SCREENING TESTS FOR YOUR BABY

Your baby will be offered screening tests after birth. This will include:

- Newborn hearing screening to detect hearing loss. This will usually be carried out in the hospital or through an out- patient appointment.

- A detailed physical examination of the baby to include examination of the baby's eyes, heart and lung sounds, nervous system, abdomen, genitalia and hips. This will be carried out within 72 hours and is repeated usually by your GP at 6-8 weeks of age.

- A simple blood test to screen for conditions that affect a very small number of babies– sickle cell disease, cystic fibrosis, congenital hypothyroidism, six inherited metabolic disorders - phenylketonuria, medium chain acyl-coA dehydrogenase deficiency(MCADD), maple syrup urine disease, isovaleric acidaemia, glutaric aciduria type 1 and homocystinuria (pyridoxine unresponsive).

For further information please refer back to the national screening information leaflet "Screening tests for you and your baby".

You can find further information at:
https://www.screening.nhs.uk/annbpublicsations

## 29. IN HOSPITAL

**Meals**
Self-service breakfast is available from early in the morning in the Day Room on the Maternity Ward, where you can also find tea and coffee making facilities. Lunch and Evening meals can ordered from the online service on your bedside TV.

**Visiting times**

**On the Maternity Ward and Induction Bay**
Partners are welcome (one of your birth partners when you are an in-patient before baby is born)
All other visitors: **14:00-16:00 and 18:00-2000**
When you are an in-patient your own children are welcome but no other children are allowed to visit. Please be aware that the visiting times are in place to allow protected meal times and to allow women and their babies to rest.

**On Delivery Suite**
There is limited visiting on Delivery Suite. There may be circumstances where you remain on Delivery Suite for an extended period and visiting is agreed on an individual basis. We welcome grandparents of your baby to visit for a short period following the birth. We would ask that all other visitors come to see you and your baby either on the Maternity Ward or when you are at home.

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 09:00 to 17:00 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.

## 30. POSTNATAL CARE

Following the birth of your baby you will remain on Delivery Suite for a short period of time to allow you and your partner to enjoy some special time with your baby. On Delivery Suite we welcome a short visit from Grandparents if you are feeling up to a visit from them.
It is sometimes necessary for you to remain on Delivery Suite for a longer period of time, if this is the case together with your Midwife you can decide on the appropriate number of visitors that you receive.

Depending on your birth and how you are feeling following the birth you will be either:

- Discharged home
- Transferred to Maternity Ward for ongoing care
- Remain on Delivery Suite for further monitoring of your wellbeing

When you are discharged from hospital you will be visited the next day by the Community Midwifery team. If you have not been visited by 16:30 hrs we ask that you contact the Maternity Ward to ensure that a visit is planned.

Once you have had your first home visit your Community Midwife will discuss and agree any further visits that will be required. If once you are home you have any concerns regarding either yourself or your baby, please telephone:

- 01695 656920 or 01695 656947 to speak with a Midwife for advice or reassurance.

During your postnatal checks the Midwife will:

- Ask how you are feeling
- Enquire about your mental health
- Examine you, check stitches or wounds
- Palpate your uterus to ensure that it is involuting as expected
- Enquire about your vaginal loss
- Check your legs and ask about your mobility.
- Ask you about passing urine/stools
- Ask about any concerns in general

A further booklet will be provided to you prior to your discharge home. This booklet contains information that is both useful and relevant following your delivery.