The Shrewsbury and Telford Hospital
NHS Trust

After the birth

Caring for yourself and your baby

Contents

Introduction

Congratulations on the birth of your baby.

This booklet discusses the practicalities of staying in hospital after the birth of your baby, the care you and your baby receive in the maternity unit, and your ongoing care at home. It also gives you information to support your health and wellbeing and that of your baby.

If you have had your baby at home, most of the information will still be relevant to you.

You will have individual needs and concerns, so please talk to your midwife about them. You may need additional information not contained in this booklet, depending on your circumstances.

You should also have been given some additional leaflets on:

- essential exercises and advice after childbirth, and
- important information about feeding your baby

Please make sure you take home your **Pregnancy Information Booklet** and breastfeeding support pages from your pregnancy health records as they contain useful information and contact details of support organisations.

Please take the time to read this book and keep it with you in the first few weeks after the birth.

You can file it at the back of your purple folder if you find this convenient.

Friends and Family Test

Please help us maintain and improve our care by completing the Friends and Family cards provided after you have had your baby. Please ask for a card if you are not offered one. Thank you.

Essential information

If you are worried about your baby, turn to pages 20-24.

If you are worried about yourself/your partner, please turn to pages 25-29.

Telephone numbers for advice or to call for help are on the back cover.

Information for you and your visitors

Facilities

Postnatal Ward
(Shropshire Women and Children's Centre, Telford)

If you or your baby need any medical input after you have your baby, you will be transferred to this ward. There are 11 single en-suite rooms and three spacious four-bedded bays, each with shower room and toilet. There is an 'assisted bathroom' for women with mobility problems.

A member of staff (see Box below for 'Who's who') will explain where everything is when you come round to the ward. Please be aware that priority for single rooms will be given to women who need them for clinical reasons and some women will be advised to stay in the bay areas if they need close observation for medical reasons.

There is a call bell system; please use this if you need any help. There is also a bedside light, for use when the main lights are turned off. There is a 'Hospedia' monitor by each bed from which you can make free landline calls and access free radio. You can also buy tokens to watch TV.

Midwife Led Units

The layout and facilities vary in the different Midwife Led Units. The staff at these units will explain where everything is. Please ask if you need any further information.

Who's who?

Not all staff wear traditional uniforms but all wear identity name badges – always ask if you do not see a badge.

- Doctors generally wear their own clothes and should introduce themselves to you.
- Midwives wear dark blue uniforms.
- Student midwives wear white uniforms.
- Support Workers or Healthcare Assistants help with looking after you and your baby under the direction of the midwives and they wear light green uniforms.
- Ward Clerks provide administrative and clerical support and wear blue patterned blouses.
- Staff who clean the wards wear lilac uniforms.

Beds

The beds have a control panel which you can use to move the bed into different positions. Please experiment with what is comfortable for you. If moving around is difficult for any reason, for example if you have had a caesarean section, the beds will help you sit up and there are hand-holds to help you stand up. Ask for help if you need it.

Bathrooms

Bathrooms and toilets are for the use of patients only. Visitors can use the toilets in the reception areas. Bathrooms and toilets are cleaned regularly. Please alert a member of staff if additional cleaning is required.

Privacy

We try to protect your privacy and dignity as much as possible. If you are in a single room, staff should knock and wait before entering. If you are in a bay area, staff will close the curtains when you are being examined, or if you wish privacy to breastfeed. At other times we encourage you to keep your curtains open so that staff can keep an eye on you and your baby, and respond quickly with any problems that arise.

Medicines

Please bring in any regular medication that you take. Tell us about these drugs, as they must be prescribed by one of our hospital doctors. This is so that we can be aware of any possible side effects, and any interactions with other drugs you may be given in hospital. You have your own locked medicine cupboard by your bedside. Staff will make sure you get your medication at the required times.

Any drugs you are prescribed while in hospital will be dispensed in the same way. While you are in hospital, please do not take any medicines which have not prescribed for you on your prescription chart.

We ask you to wear an identity bracelet at all times (red if you have an allergy) to ensure your safety during dispensing drugs or if you become very unwell.

Please ask a family member to ensure you have pain relief available at home for when you are ready to leave hospital.

Visitors

Your partner and your children can visit between:
9.00 am and 8.30 pm

Family and friends can visit between:
2.00 pm – 4.00 pm
6.30 pm – 8.30 pm

We ask that no children under the age of 14 (other than your own children) come to visit you, due to the risk of infection.

We ask that only 3 people are at your bedside at one time. This is because of security and safety issues, to reduce the risk of cross infection to new babies, and to limit the general noise and activity on the ward where there are usually several families visiting at once.

If someone has a cold, cough, stomach upset or condition someone else might catch, please ask them not to visit.

Hygiene

To reduce the risk of infection, hand gel is available at the ward entrance and in each bay or room area. All visitors are encouraged to use it before entering the ward.

It is OK to ask a member of staff if they have washed their hands or used the gel, if you think they may have forgotten to do so.

Please keep your bedside area tidy by using the cupboards provided, sending things home, and using the bins: yellow for soiled items like nappies and sanitary pads, and clear for ordinary rubbish. (There are bins available for disposal of glass – please ask a member of staff.)

Please do not allow your visitors to sit or lie on your bed, and change your baby in the cot to avoid soiling your bed. Your bed will be made every day, and linen changed when soiled. Please let staff know if your bed needs changing at other times.

Wards are cleaned regularly. Please alert a member of staff if additional cleaning is required.

Meals

We offer you three meals a day, including menus for vegetarians, diabetics and those requiring low fat, low salt or gluten free diets. In addition we have an ethnic menu (including vegetarian) which is also available in Punjabi, Hindi and Urdu. Please tell us **as soon as possible** if you have any specialist food requirements or food allergies. Please ask a member of staff if you need any additional food or drink.

Your meals will be served at your bedside. Please try to keep your bedside table clear and clean. Waste bins are provided in each room and each bay. Clear bags for general rubbish and yellow for soiled items such as nappies and blood stained waste.

Meals are served within the following times:

Breakfast	7.30 – 8.30 am
Lunch	12.00 – 13.30 pm
Supper	5.00 – 6.30 pm

A hot drinks trolley is always available, or you can ask a member of staff to make you a hot drink. Jugs of water are available at your bedside.

Bringing food in to hospital

Please let a member of staff know if you bring meals into the hospital. To prevent food poisoning, any high risk foods which would normally be refrigerated such as fish, poultry, meat, dairy and rice should be eaten straight away. We cannot store patients' food in ward fridges and ask you not to store high risk food in your locker.

Refreshments for visitors

There are League of Friends shops which offer a wide range of confectionary, snacks, sandwiches and hot and cold drinks. You and your visitors are also welcome at the Hospital Restaurants:

Apley Restaurant / Coffee City PRH
8.30 am – 7.30 pm Monday-Friday,
10.00am – 4.00 pm Saturdays, closed Sundays.

Café Bistro PRH, Women and Children's Centre
08.00 am – 7.30 pm

Mytton Restaurant RSH
11.45 am – 2.00 pm Monday-Friday, closed weekends

Coffee City RSH, near Mytton Restaurant
7.30 am – 7.15 pm Monday – Friday;
08.30 am – 7.15 pm weekends

Oswestry, Bridgnorth and Ludlow hospitals have their own restaurants. Please ask a member of staff for location and opening times. Vending machines are available on all sites.

Security

ID badges

All staff should be wearing identity name badges. Please don't hesitate to ask to see an identity badge.

Security measures

The doors to all the Midwife Led Units and wards are locked. All visitors need to press the intercom and identify themselves to get access. We ask that you and your visitors do not give access to anyone that they do not know. Doors must be shut firmly behind you to prevent unauthorised access to the wards. Answering the doorbell may take some time - please be patient as staff may be busy.

Electronic baby tagging

If an electronic baby tagging system is in use where you are, an alarm will sound if you take your baby near to the exit doors. Please make sure the tag has been removed before you go home.

Valuables

We suggest that you do not bring more money or valuable items into hospital than you need for your stay. The Trust cannot accept responsibility for any damage to or loss of personal property.

Violence or aggression

We are committed to providing a safe and secure environment where staff can care for mothers and babies, free of the risk of violence, aggression and verbal abuse. We will not tolerate any acts of violence, verbal or physical, against our staff or patients. Incidents of verbal or physical abuse will be dealt with by security staff or the police as required.

Other information

Smoking

Smoking is not permitted within the hospital building, entrance ways or gardens. There are smoking shelters for those of you who smoke. If you are a smoker, and would like help to stop smoking, please contact:

In Telford & Wrekin: Stop4Life 0800 612 4580; text 'Stop4Life' to 60777; www.stop4life.co.uk

In Shropshire County: 'Healthy Shropshire' 03456789025; www.healthyshropshire.co.uk

E-cigarettes and their chargers must not be used in the hospital buildings.

Chaplaincy

Chaplains and volunteers are available to offer support in all our hospitals. They represent different denominations and have contact with all the major faith communities. A member of staff can contact the Chaplaincy for you. The Hospital Chapels are open for privacy and prayer, with facilities for all faiths.

Interpreting service

We can arrange for a suitable interpreter or translator. We are also able to arrange for someone to sign if this is necessary. Some of our information leaflets are available in different languages and formats; please enquire if you need such information.

Disabilities

There are facilities for the disabled at all units. If you have a disability that we are not aware of, please let us know so that we can give care appropriate to your needs.

Telephones/television

Please keep your mobile phone on 'silent' to avoid disturbing other women and babies. When talking on your phone, please be considerate to others. It can be very annoying to hear someone talking constantly on their mobile.

To avoid staff having to answer too many personal calls to the ward phone, please ask for one relative or friend to enquire, and then communicate any news to other family and friends. Please be aware that we are bound by duty of confidentiality not to reveal information about you without your consent.

At the Shropshire Women and Children's Centre, 'Hospedia' screens are available by each bedside which offer free radio and free calls to landlines. Tokens can be bought to watch Pay TV. Please ask your midwife about provision of TV and radio at your local Midwife Led Unit.

What to do in case of a fire

In the unlikely event of a fire, please follow any instructions that the staff give you. Please note that fire alarms are tested every week and staff will inform you when this is going to happen.

Bounty bags/photography service

All women receive a Bounty bag after the birth of their baby, containing free samples and advice. There is also an application form for Child Benefit, but this can also be printed from the website: http://www.hmrc.gov.uk/forms/ch2- online.pdf, or requested from the Child Benefit Helpline: 0300 2003100.

In addition, at Shrewsbury and Telford Maternity Units, a Bounty photographer visits the ward each day to offer to take a photograph of your baby. If you miss the photographer, or have your baby elsewhere, you can contact the Bounty Coordinator on 07532178839 (weekdays 8 am – 6 pm) to arrange an appointment at Shrewsbury or Telford.

Advice about taking photos and videos

The Trust recognises that patients and their families may wish to take photographs or videos while in hospital. Please take images only of your relatives. You would need to get permission from others, including patients, visitors and staff, to take their photograph, so please be aware of people in the background.

Please do not take videos with sound, as this could affect patient confidentiality. To ensure that we keep within the law, members of the public recording images or sounds against Trust advice, or without appropriate consent, may be liable to prosecution. This advice applies to all image capture devices including mobile phones.

Registration service

There is a legal requirement to register the birth of your baby within 42 days of the birth.

Telford & Wrekin Register Office
Wellington Civic and Leisure Centre
Tan Bank, Wellington
Telford TF1 1LX
Tel: 01952 382444 for an appointment
For further information go to www.telford.gov.uk

On Wednesday mornings, by appointment only, you can also register your baby's birth at the Library in Newport, and on Tuesday, Wednesday and Thursday mornings, by appointment only, at 'First Point', Southwater One.

There are other Registration offices in Shropshire at: Bishops Castle, Bridgnorth, Church Stretton, Ludlow, Market Drayton, Oswestry, Shrewsbury, Wem and Whitchurch. Please telephone Shropshire Registration Service on 0345 6789016 or book an appointment online at: www.shropshire.gov.uk/registrars.

Powys
www.powys.gov.uk or email registrars@powys.gov.uk
or tel. 0845 602 7038

The first few days – your care

If you have had your baby on the Consultant Led Unit you will have been transferred to the Midwife Led Unit (MLU) if there were no complications, or to the Consultant Led Postnatal Ward, if you or your baby need medical care.

Wherever you are, once you are settled on the ward, the midwife will ask how you are feeling and check that all is well. You might be generally sore, or be experiencing 'after pains' as your uterus contracts after the birth. You can ask her for pain relief if you need it.

Midwives and Maternity Support Workers are there to help you care for your baby. Please ask for help when you need it, and let them know if you have any concerns.

If you have had your baby at home, most of this information is relevant to you too.

Your health

Each woman's physical and emotional recovery from the experience of giving birth is different. Most women recover well but it's important to look after yourself and to understand what is happening to your body and recognise what's normal and when something is wrong.

You will have a formal postnatal check by a midwife each day, and more frequent checks if indicated. A doctor or other health professional may see you if there are any concerns, or if you have had a more complicated birth.

Your postnatal check

Type of check	*What is checked*	*Reason for check*
Your observations	Blood pressure, pulse, temperature and respiration rate (how often you are breathing). Also how much oxygen is going round your body (oxygen saturation) if you are showing signs of being unwell	If these are abnormal it can indicate a problem that needs further investigation.
Bleeding	To ensure your loss : • is normal for the number of days after your delivery • does not have an offensive smell • does not include a lot of clots	During the first 3 days, this blood loss is similar to a very heavy period. Over the next few days, it changes in colour and amount. (It can be heavier and redder during breastfeeding due to the hormones contracting the uterus.) It can be normal to bleed for a few days or even a few weeks.
Uterus	To monitor the contraction of your uterus to its normal size ('involution') over about 10 days	Occasionally fragments of placenta or membranes remain in the uterus after the birth, which can cause the uterus to stay larger than expected, cause heavier bleeding, increased pain, and sometimes infection.
Passing urine	To ensure you are passing good amounts of urine regularly, and that you are able to control the passage of urine. Your midwife may want to measure the amount of urine you pass, particularly in the few hours after the birth	Your pelvic floor muscles (the muscles around the vagina, bladder and bowel) are weakened after pregnancy and birth. You may experience some loss of control of your bladder, such as stress incontinence (leakage of urine when coughing or sneezing). This is usually temporary, but seek help from your GP if it persists.

Type of check	*What is checked*	*Reason for check*
Bowels	To ensure you are not suffering from constipation	It is normal not to move your bowels for 2 – 3 days after the birth, but some women do get constipation after this time.
Breasts	To assess breast changes and ensure there are no signs of sore nipples or infection	After the birth, your breasts will be soft and contain colostrum. After about three days, they will become full with breast milk, whether you are breastfeeding your baby or not.
Perineum	To check your perineal area is as comfortable as possible and ensure healing is normal and there are no signs of infection	It's very common for the perineum (the area of skin and muscle between the vagina and back passage) to feel sore following childbirth, even if you haven't had stitches. Stitches may be needed to repair a tear or cut (episiotomy) to your perineum, or a tear in the vaginal wall or labia.
Examination of your legs	To check if your legs are comfortable, and particularly that there are no areas of redness and swelling	A blood clot or deep vein thrombosis (DVT) is more likely to occur during pregnancy and in the first 6 weeks after the birth. For more information about this ask for our leaflet on venous thrombosis.
General wellbeing and emotions	To check you are coping with the experience of your birth, and in caring for your baby	Labour can be exhausting, and with a disturbed sleep pattern before and after the birth, it is likely that you will feel very tired. About 80% of women feel weepy about 3 days after the birth; this is often referred to as the 'baby blues' and for most women these feelings pass within a few days.

Care of your perineum

You may need regular pain relief such as paracetamol and ibuprofen to help with any soreness, and taking a warm bath can be soothing. Cold therapy such as gel pads can also help with perineal pain. The following advice can help healing, and reduce discomfort and the risk of infection:

- **Hygiene**
  Regular use of showers and baths will help to keep the perineum clean. Avoid the use of perfumed soaps and creams, which may cause irritation. Change your pads frequently, at least every 4 hours to help prevent infection. Tampons should not be used until the perineum is completely healed.

  If you have a labial tear it's really important to make sure that the labia do not fuse together as the tear heals. Running a clean finger gently up between the two labia will prevent them fusing together.

  It is a good idea to wash your hands before going to the toilet, as well as afterwards, to reduce the risk of infection.

- **Bladder**
  If you have grazes to the perineum or labia, you can experience a stinging sensation when you pass urine. You may find it helpful to use a clean jug to pour warm water over the perineum during or after going to the toilet. If you continue to experience pain when passing urine, see your midwife or GP to make sure you don't have a urine infection. Dry the area gently from front to back by gentle patting with a clean towel.

- **Bowels**
  It's important to avoid constipation and straining. Eat plenty of fresh fruit and vegetables and drink plenty of water. You may need to ask your midwife for a mild laxative.

  Initially, it may reassure you to support the perineum when opening your bowels. Apply pressure over the wound using a sanitary pad or wrap toilet tissue around two fingers and support the perineum. Your stitches will not give way.

- **Pelvic floor exercises**

  Pelvic floor muscles include the perineum and the muscles surrounding the bladder and bowel. You will have a leaflet in your Postnatal Pack which gives you advice on exercising to help healing and prevent problems with leakage from your bladder or bowel.

Your discomfort should gradually improve over the first 10 days after giving birth. If it doesn't or gets worse, or you notice an unpleasant smell, you may have an infection. Let your midwife or doctor know as soon as possible because you may need antibiotics.

Additional care where required

If you have a more extensive tear of your perineum (3rd or 4th degree tear)

Some women have a more extensive tear after the birth of their baby (1.7% of all births in Shropshire in 2015/16). This could be:

- a third degree tear, which extends from the vaginal wall and perineum to the muscle that controls the back passage, or
- a fourth degree tear, that also extends to the inside of the rectum.

Repair of a third or fourth degree tear is done under anaesthetic, usually in theatre, by an experienced obstetrician.

You are more likely to have had a third or fourth degree tear if:

- you have had an assisted delivery (ventouse or forceps)
- your baby is big
- you have had an episiotomy – sometimes the original cut extends further by tearing towards the rectum
- your baby was born face-up (back to back)
- this is your first baby

Because most women who are in one of these categories do not have a third or fourth degree tear, it is not possible for us to predict who will get these tears, and therefore to prevent them.

Information about hygiene, bladder and bowels, and pelvic floor exercises is the same as above, but you also have additional care:

- Following your repair you will be offered pain relief, including a one-off dose of diclofenac (Voltarol) rectally if this medication is suitable for you.

  Make sure that you have pain relief available for when you go home. Paracetamol and ibuprofen can be taken even when breastfeeding.
- You will be offered antibiotics to reduce the risk of infection. It is recommended that you complete the course regardless of whether you have any signs of infection as this will prevent any infections occurring.

To reduce the risk of constipation you will be offered Lactulose and Fybogel. Include plenty of fruit and vegetables and fluids in your diet.

- About two months after the birth, you will receive a physiotherapy appointment. Your physiotherapist can check if your pelvic floor muscles are working properly. If you do not receive this appointment, or have other questions or concerns, please contact the Specialist Midwife via the Postnatal Ward on 01952 565921.
- Before you leave hospital you will also be given a Perineal Injury Clinic appointment where a Specialist Midwife will check that your perineum has healed properly and discuss any concerns you have. You may be referred on to a Consultant Obstetrician. Please contact Outpatient's appointments if you are unable to attend. If you do have any concerns prior to the above appointments please contact either your midwife or GP.

Although the majority of women heal very well following their third or fourth degree tears, some women have problems holding wind, have urgency in passing a motion, or rarely have bowel incontinence. These problems usually respond to physiotherapy and will be discussed at your clinic appointment. Most women have their next baby normally without further injury.

Catheters and drips

If you have had an epidural, an assisted vaginal delivery (forceps or ventouse), or a caesarean section, you may have a catheter draining your urine. After a vaginal delivery this is usually removed after a minimum of 6 hours following the birth, but will be removed the following morning if this time falls after 10 pm. If you have had a caesarean section, the catheter should stay in for a minimum of 12 hours after the birth. Catheter bags are emptied routinely by staff. Please ask if yours is full; do not attempt to empty it yourself.
If you needed a drip during labour to give you fluids, the cannula (a thin plastic tube) in the vein in your hand or arm will usually remain in place until you are drinking normally. If you lost more blood than normal or you are having intravenous antibiotics, the cannula may need to remain in for longer.

Headache after an epidural or spinal

Headaches following an epidural/spinal can occur in about 1:100 to 1:500 people, respectively, typically between the first day and a week following the procedure. It is usually a severe headache felt at the front or back of your head which gets better when lying down and worse when sitting or standing. You might also have neck pain, nausea, sickness and sensitivity to bright lights.

What causes the headache?

Your brain and spinal cord are contained within a bag of fluid. This bag is called the dura and the fluid is called cerebro-spinal fluid (CSF). When an epidural is given, a needle is used to inject local anaesthetic just outside the dura. Occasionally the needle can accidentally pass through the dura. When a spinal is given, a fine needle is deliberately inserted into the dura to inject the local anaesthetic. As the needle used here is much smaller, the risk of a headache is less than with an epidural.

A small leakage of CSF through the hole in the dura reduces the pressure in the rest of the fluid surrounding the brain and spinal cord. The decreased pressure is thought to cause this headache.

What can be done to relieve it?

The hole in the dura will usually mend itself in a number of weeks but it can take longer. Initial management includes:

- lying down flat
- drinking plenty of fluid (some people find tea, coffee or cola helpful)
- avoidance of lifting and straining
- simple pain killers like paracetamol and ibuprofen

A severe headache will often need treatment with an 'epidural blood patch'.

What is an epidural blood patch?

An epidural blood patch is like having another epidural. Instead of injecting local anaesthetic as in a normal epidural, the anaesthetist will inject some of your own blood. The blood is expected to clot near the hole in the dura to prevent anymore CSF leakage.

Your anaesthetist will discuss the procedure with you. After a blood patch, we recommend that you lie flat in bed for 4 hours and do not lift anything heavy for at least 2 days. You might therefore need someone at home to help you with your daily activities for a few days.

What are the potential problems with an epidural blood patch?

You might suffer another dural puncture. There might also be some local bruising and slight backache during the procedure and for a few days after. An epidural blood patch cures about 70% of these headaches within 24 hours .You might need a repeat procedure if the headache persists.

When and how can you contact the anaesthetist?

If you develop any difficulty in passing urine, any severe pain or numbness in your back or legs, fever or neck stiffness, worsening headache, ringing in your ears, problems with eyesight, or if your eyes are sensitive to light, then call the the Delivery Suite on 01952 565924 and they will get in touch with an anaesthetist immediately.

Care after a caesarean section

You have been transferred to the Postnatal Ward because the doctors and midwives are satisfied with your early recovery from the operation. For the first 24 hours you will have your pulse, blood pressure, temperature and respiration rate taken regularly. If you feel unwell at any time, please call for assistance.

You might feel sleepy after the operation from the emotion and anaesthetic drugs, and the drugs might also make your skin itchy for a few hours. Your blood pressure may drop making you feel cold and shaky; ask for an extra blanket until this settles. If you feel nauseous, you can have some anti-sickness medication.

To prevent blood clots, it is important to get moving as soon as possible after the operation. In the first few hours, you can move in the bed, and the electronic bed controls will help you to change position. As soon as you feel able, usually within 24 hours of your operation, you will be encouraged and helped to get out of bed, and to go to the shower.

The ward staff will help you to care for yourself and your baby until you feel able to do so yourself. Don't hesitate to ask for assistance, or to ask any questions you may have.

The obstetric and anaesthetic doctors will normally come to see you within the first 24 hours after the operation to make sure all is well. Ask them any questions you have, and ask them to help you fill in the box on page 30 of this booklet.

You will have a blood test taken about 2 days after your operation to check your levels of haemoglobin; iron medication can be prescribed if you are anaemic, and occasionally a blood transfusion may be advised. For more information ask for the leaflet, 'Will I need a blood transfusion?'

Making yourself comfortable

Regular pain relief is prescribed for you. You can bring in your own pain relief but please tell your midwife that you have it. If you find it is not sufficient, speak to your midwife who will inform the doctors that you need additional pain relief. Remember that it is better to stay on top of the pain by taking pain relief regularly, rather than waiting until you desperately need it.

When lying in bed, lie on your side with a pillow between your knees and a small cushion supporting your tummy, or lie on your back with a pillow under your knees. When you turn over in bed, support your tummy and turn your shoulders, hips and knees at the same time to avoid twisting your body.

The staff will show you how to use the electronic controls to adjust your bed. To avoid straining your muscles when getting out of bed, roll onto your side, pull up your knees and push yourself up using your hands.

When breastfeeding, support your baby with a pillow under your arm or lie on your side. Ask staff for help to find a comfortable position. Your legs and hands might be swollen due to the extra fluid in your body. This will resolve over time. Sitting with your legs up can help. Change your baby in the cot to avoid bending down too far.

It is common to suffer from trapped wind after a caesarean section. Ask for some peppermint water which can help. Air in your abdominal cavity can also cause a sharp pain between your shoulder blades for a day or so after surgery.

In the first few days, holding a pillow across your stomach if you cough or sneeze can help to make you feel more comfortable.
For more advice about exercises and activity, see the 'Fit for the future' booklet you have been given in your Postnatal pack.

Wound care

Your wound will normally heal quickly over the next week. The dressing on your wound will not be removed until the fifth day unless it is heavily stained, the wound is leaking, or the dressing becomes loose. It will then be changed. Evidence suggests that your wound will heal quicker and infection is less likely if the dressing is left on.

- Don't have a bath until after the dressing is removed. You can have a shower with the dressing on – just gently pat the area dry afterwards.
- Do not soak the dressing before removal – it is easier and more comfortable for you if the midwife removes the dressing when it's dry. Please do not remove the dressing yourself.
- You will usually either have one long continuous stitch or several stitches or clips which need to be removed. Your midwife will do this when the dressing is removed on day five. The wound site can be quite sore and bruised.
- After the dressing has been removed, watch for signs of infection including areas of redness, painful swelling, or discharge around the wound or if you develop a temperature. If you notice any of the above, please let your midwife or GP know as soon as possible.

After the dressing has been removed keep the wound clean and dry. It's a good idea to lie on a bed for an hour each day with your scar exposed to the air. This will help with healing. After washing, dry the area by patting gently with a clean towel. The area around your scar can feel sensitive, itchy and sometimes will feel numb; the numbness can remain for months after surgery. Feeling should eventually return.

Leaving the Postnatal Ward

Most women stay on the Postnatal Ward for 2 days after their operation. Some go home or to a Midwife Led Unit after just a day. Transfer to your local unit will give you full access to support in caring for yourself and your baby until you feel you can do things for yourself. At the same time, your family and friends can visit your more easily.

If you have any concerns about your wound or need advice at home please contact your local Midwife Led Unit.

See p. 30 for discussion of your choices for your next birth after a caesarean section.

Prevention of blood clots

A blood clot or deep vein thrombosis (DVT) is more likely to occur during pregnancy and in the first 6 weeks after the birth. It can form in a deep vein of the leg, calf or pelvis. (If the clot moves to the lung, it is called a pulmonary embolus.) You can reduce the risks by avoiding long journeys, drinking plenty and returning to normal daily activities as soon as possible.

After the birth, your risk factors for a DVT, and the need for treatment to prevent a clot, will be assessed.

Risks increase, for example, if you are immobile, have had a caesarean section or if you smoke. You may be offered injections of heparin (one a day for 7 days) to reduce the risks (see also p. 26).

Anaemia

Persistent tiredness (sometimes associated dizziness or shortness of breath) can be due to anaemia, and can be associated with heavy blood loss at the birth. Anaemia (confirmed by a simple blood test) is a symptom of low levels of haemoglobin, which carries oxygen from your lungs to all parts of your body. Iron is a major component of haemoglobin.

You can help yourself by eating foods rich in iron such as

Green leafy vegetables like spinach, broccoli, cabbage and watercress

Meat (particularly red meat)

Fish, particularly oily fish like mackerel or sardines

Eggs

Pulses like baked beans, lentils or chick peas

Bread, especially wholemeal

Dried fruit like apricots, prunes and raisins

Cereals fortified with iron

You will also be advised to take a course of medication containing iron. Taking vitamin C (in supplements or in fruit, vegetables or fruit juice) helps your body use the iron from your medication and your diet. Tea can reduce iron absorption, so avoid it immediately before or after meals.

Iron supplements turn your stools black and some women suffer nausea, diarrhoea or constipation while taking them. If you find that the medication is not suiting you, please tell your doctor or midwife. Your medication can be changed or your dose reduced.

Occasionally, if your haemoglobin level is very low and you are experiencing symptoms of breathlessness and dizziness, you will be recommended to have a blood transfusion.
Please ask for the leaflet: 'Will I need a blood transfusion?', available at:
http://hospital.blood.co.uk/patient-services/patient-blood-management/patient-information-leaflets/

Anti-D

During your pregnancy a blood test will have confirmed if you are rhesus D negative or positive. If you are rhesus D negative, a sample of blood will have been taken from the baby's cord after the birth, to find out your baby's blood group and rhesus status. If your baby is rhesus D positive, you will be offered a further dose of Anti-D to help prevent problems in any future pregnancies. Your blood will also be tested to make sure that the correct dose of Anti-D is given.

You can find more information about this in your Pregnancy Health Record and on the NHS Choices website.

Emotions

Giving birth and caring for a new baby are emotional experiences. Sometimes the short-lasting 'baby blues' (see p. 8) can last longer and you may develop postnatal depression. Information on 'Postnatal depression' is on page 28.

How long will you stay?

Some women prefer to go home a few hours after the birth, especially if they have had a straightforward birth, and have had a baby before. Most women go home about 24 hours after the birth.

If you go first of all to the Consultant Led Postnatal Ward, you will transfer to your nearest Midwife Led Unit when Consultant care is no longer required, or you can go home.

If this is your first baby, it is a good idea to stay on an MLU until you feel confident with feeding and caring for your baby. If you have had a baby before, staying on an MLU enables you to recover from the birth and get to know your new baby.

If you have had a less straightforward birth with resulting complications, or if you have had a caesarean section, the stay is usually about 48 hours, although some women do go home or to an MLU after 24 hours.

Please let your midwife know when you are planning to go home or transfer to a midwife led unit so that all necessary arrangements can be made. When you want to go home, the midwife will assess whether you and your baby are fit to go and will advise you accordingly.

Appointments

If you have had any complications in your pregnancy, such as pre-eclampsia or a 3rd or 4th degree tear to your perineum, you will be sent an appointment at a follow up clinic. Please don't hesitate to ask about these appointments.

Please make sure you have simple pain relief like paracetamol and ibuprofen available at home.

The first few days – Your baby

Your baby's health

Healthy babies have normal colour for their ethnicity, a stable temperature, and pass urine and stools regularly. They should be keen to start feeds, suck well on the breast (or bottle) and settle for some of the time between feeds. All mothers are encouraged to keep their babies with them. If your baby needs extra care, for example, if your baby is smaller than average, you will be looked after together in 'Transitional care'. Babies who need specialist care are looked after on the Neonatal Unit and parents are encouraged to visit as often as they wish.

Transitional care

Your baby may need additional care if he/she was born between 35 weeks and 36 weeks and 6 days of pregnancy, or weighs between 1.8 and 2.5 kg (4lb 12 oz – 5lb 8oz) at birth or you have a medical condition such as diabetes or gestational diabetes. Here, your baby will receive extra care without the need to go to the Neonatal Unit, and will therefore stay with you on the Consultant Led Postnatal Ward.

Babies in Transitional care may find it harder to feed and maintain their body temperature than other babies. Your baby may initially be in an incubator, with regular temperature checks, and we will check that your baby can maintain his/her temperature when transferred to a normal cot.

The baby's blood sugar level will be checked before some of his/her feeds, by testing a drop of blood from the baby's heel. Normally, two blood samples are taken, before the second and fourth feeds. Low blood sugars may make your baby sleepy, unwell, and less likely to feed.

To help prevent low blood sugars, feeds will be regular (usually 3 hourly), and formula top ups may be recommended if the baby is not breastfeeding well. Expressed breastmilk or formula milk can be given by cup, spoon or teat, depending on your preference and your baby's ability to cup feed.

Babies are usually discharged from Transitional care within two to three days of birth, but this will depend on individual circumstances.

Neonatal Unit

The Neonatal Unit provides specialist care for premature and sick newborn babies given by an appropriately trained team of nurses, midwives and doctors.

If your baby requires admission to the Neonatal Unit, staff will keep you fully informed about your baby's plan of care, including reason for admission and any investigations and treatment required. If you have any unanswered concerns or need more explanation, it is important that you let a member of staff know.

There is an open visiting policy for parents (see the 'Parents' guide to the neonatal unit') and you will be helped and encouraged by the staff to provide care for your baby. The level of this care will depend on your baby's medical condition.

Once you are clinically well we will have to ask you to go home to make room for high risk patients. In some circumstances a flat may be available on the Neonatal Unit for a short time.

Information recorded about your baby

If your baby receives care from neonatal unit staff, either on the Neonatal Unit, or in Transitional care on the ward, information is collected so that the best care can be given to your baby, and so that we can plan for future services. Information collected is:

- The NHS number for you and your baby
- Your postcode
- Your baby's ethnic origin
- Your baby's date of birth
- Your baby's weight
- How many babies you had
- Where your baby was born
- Your baby's gender
- Your baby's condition and treatment
- How many weeks pregnant you were when your baby was born
- The hospitals where your baby was cared for
- Follow-up information at two years for very premature or very low birth weight babies.

By law anyone working for the NHS must keep personal information confidential, and only those people involved in the care of your baby will need to see the information. You can decline consent for this information to be gathered, and you also have the right to see the information. Ask a member of the neonatal team if you have any questions about this.

Baby examinations

Initial examination

Soon after your baby was born the midwife examined him/her from top to toe. This helps to identify any obvious problems.

Detailed neonatal examination

A more detailed neonatal examination will be carried out by a neonatal doctor or specially trained nurse or midwife, usually within 72 hours of the birth. This time delay is to allow the natural adaptations to life outside the uterus to occur. Women who want to go home soon after the birth can have the examination completed at home or at their local Midwife Led Unit by a GP or specially trained midwife. Please note that, depending on availability of trained staff, you may be asked to return to the Midwife Led Unit for this to be done (or rarely to go to another of our Units).

The aim of this examination is to detect any minor or potentially serious conditions in babies who appear healthy, so that action can be taken as soon as possible to give the best possible outcome for the baby.

Sometimes conditions are not detected by this screening examination, so please always contact a health professional if you have concerns about your baby.

The baby needs to be undressed for the examination. The examination consists of shining a light into the baby's eyes, mouth and listening to the heartbeat and chest sounds. The soft spot (fontanelle) on the baby's head is felt, and he or she is examined for moles, marks or skin tags. The pulses in the groin are felt, and the baby's hips checked. The reflexes are tested too.

Use this opportunity to ask any questions you have about your baby's wellbeing.

Most babies will not have any problem detected. If your baby is suspected to have a problem, the examiner will explain what has been found and what will happen next. This could be another examination in a few weeks' time, or immediate further tests, depending on the individual problem.

Your baby's appearance

The fontanelle

On the top of your baby's head there is a diamond shaped area where the skull bones have not yet fused together. This is the fontanelle, and it allows your baby's head to grow. It is covered by a tough membrane under the skin, so you don't need to worry about touching it. You may notice it moving sometimes with your baby's breathing. If it is noticeably depressed or bulging it can be a sign that your baby is unwell and you should contact a health professional.

Whilst the birth of a baby is usually an uncomplicated event, delivery can sometimes be a difficult time for mother and baby. In some births, help in the form of ventouse or forceps, or a caesarean section, may be necessary. These forms of delivery use different surgical instruments and, even with the best care and attention, may leave marks on your baby.

Please be assured that staff will always aim to minimise the chance of your baby being injured in any way, but sometimes it is unavoidable. The midwives and doctors appreciate how upsetting this can be, so please do not hesitate to talk to them about any concerns you may have.

If you feel your baby is in pain, a paediatrician can prescribe pain relief for your baby.

Marks from a straightforward birth

Sometimes a baby will have bruising on the face or head, or bloodshot eyes, simply from passing though the birth canal, from pressure from the mother's pelvic bones and tissues. This marking or bruising will usually fade within a few days.

Marks from a ventouse delivery

At a ventouse delivery, a cup is placed on the baby's head and suction is applied. This is then used to help deliver the baby. When the cup is removed there will be a round mark on the baby's head. The extent to which the cup marks ('chignon') are visible will depend on the type of cup that is used, the amount of suction needed and the thickness of the hair present on your baby's scalp.

This mark or chignon will become a swelling usually within an hour after delivery. It can be upsetting when you first see the mark, but the swelling usually disappears within the first 24 hours and the bruising disappears within a week. Because of the bruising, your baby is more likely to become jaundiced and your midwife will check for this.

In some cases a swelling called a 'cephalhaematoma' may develop. This does not necessarily appear at birth, but can be visible several hours or days after birth. Unlike the chignon or cup marks, the cephalhaematomas can take several weeks to disappear, depending on their size. They will disappear eventually and complications are extremely rare, but even these usually resolve with time. Rarely, the bruising extends after birth; if so, your baby will be seen earlier by a paediatrician.

Marks from a forceps delivery

Forceps are specially shaped to cradle the baby's head during delivery and are placed round the baby's head by the doctor. Sometimes small marks may be seen around the ears where the forceps were applied, or even over the baby's face if the baby was in a difficult position. These normally resolve over a few days with no treatment.

Marks after a caesarean section

Sometimes forceps are used in a caesarean delivery, which may leave marks on the baby. Occasionally cuts are caused by the surgical instruments used in the operation. These will normally heal quickly and usually will not be visible as the baby grows.

Marks after a breech delivery

Sometimes following a breech delivery (born bottom first) there may be bruising and swelling on the baby's genitalia. This will slowly disappear over a few days and will have no lasting effect.

Birthmarks or spots

Baby's very often have red rashes or blotches on their skin in the early days after birth. Check with your midwife that they are normal. You may also notice birth marks, either larger red blotches, or raised dark red marks. These are all quite common, but ask a doctor or midwife for reassurance.

Breasts and genitals

Because of the mother's hormones, the breasts and genitals of a baby girl or boy can be enlarged. This enlargement will soon reduce to normal.

Baby safety

To avoid accidents, please make sure that your baby is moved around the ward in the cot provided and not carried. Parents and visitors may slip or could be knocked by equipment or beds being moved around.

Please wear some form of footwear while in hospital to reduce the risk of slipping or standing on any sharp objects. Please do not sleep with your baby in your hospital bed to avoid the risk of your baby falling out of the bed, or becoming trapped between you and the bed rails.

Your baby will have two identity bands attached after birth. Whenever you change your baby's clothes/nappy please check that the two bands are still in place. If one or both come off, please ask a midwife to replace it for you. Babies must always have two identity bands.

A parent should be present when a baby needs an examination, or give permission for it to be done in their absence. If a baby has to leave the ward area for investigations, a parent is usually invited to accompany their baby.

Never leave your baby unattended without telling someone where you are going, especially if you wish to leave the ward.

Nappy sacks

Nappy sacks have recently been implicated in causing suffocation and choking in babies under one year of age. To avoid this danger:
- Always keep nappy sacks and other plastic bags and wrapping away from babies and young children.
- Never place nappy sacks in a baby's cot or pram.

Caring for your baby

All mothers are encouraged to keep their babies with them by their bedside. Having your baby next to you helps you to get to know each other and gain confidence with feeding and caring for your baby. Please ask for help if you need it.

Have you got everything you need?

We do ask you to bring in your own supplies of nappies, wipes, cotton wool, baby clothes and cot bedding, maternity pads, breast pads and toiletries. If you are formula feeding your baby, we ask that you provide pre-prepared formula in bottles. These can be purchased as starter packs from large supermarkets or on request from formula stockists.

In an emergency, however, we will be able find items you may need until you are able to provide your own.

Skin to skin contact

Skin to skin contact in the first few hours after birth helps your baby to adapt to life outside the womb. During this time, make sure your baby's breathing is easy and regular,

and your baby's body and face is a good colour with pink lips and tongue. Hands and feet are often bluish for a few days, because of changes to the circulation outside the womb, so don't worry about this. If you are drowsy after the birth, from tiredness or having pethidine, ask your partner or member of staff to keep an eye on your baby too.

Feeding your baby

We believe that breastfeeding is the healthiest way for a woman to feed her baby and recognise the disadvantages of the use of formula milk. For this reason all women are encouraged to breastfeed or give as much breast milk as they can or feel able.

Please note that having a caesarean section can sometimes delay milk coming in to the breasts for a day or so. Just continue to feed your baby your colostrum and ask your midwife for advice.

Skin to skin contact helps the baby to try to breastfeed. Support your baby's shoulders so that the baby can move his/her head around freely. Cover your baby with a warm towel or blanket.

Everyone's breastfeeding experience is unique. In the first few days feeding patterns vary enormously. Some babies feed immediately and continue to feed frequently, other babies take time to learn how to breastfeed. Help your baby by using skin to skin contact so that he/she is encouraged to actively seek the breast with rooting and gaping movements.

Staff will help as needed and will be available to give you information about:

- Recognising the feeding cues from your baby
- Getting your baby into a good position
- Recognising that your baby is well attached to the breast and able to feed well
- How to hand express your milk
- Other information relevant to your individual needs

You may be unsure how you want to feed your baby. During the first few days it is still possible to breastfeed even though you have been giving formula milk to your baby. However, it does get harder to breastfeed the longer you wait to get started. You may choose to express your breast milk if you feel unable to breastfeed.

A member of staff will be able to give you information on:

- Expressing your breast milk
- Giving expressed breast milk
- Bottle feeding technique (see separate leaflet)
- Winding or burping
- Sterilisation of feeding equipment
- Preparation of artificial milk feeds
- Good hygiene

After the first few weeks, breastfeeding usually becomes easy and convenient. Seeing your baby thrive and grow as a result of breastfeeding leads to feelings of satisfaction as well as giving you and your baby lots of health benefits.

Please see the 'Feeding and Caring for Your NEW Baby' booklet which you were given during your pregnancy. You should also receive an information sheet about sterilising baby feeding equipment and making up a bottle feed. A leaflet called 'A guide to infant formula for parents who are bottle feeding' is available from:
http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/Formula_guide_for_parents.pdf
Please supply your own formula milk.

Avoiding infections

To avoid passing on infections please ensure that you wash your hands before and after handling your baby and encourage everyone who comes into contact with your baby to do so. If your hands are visibly clean, you can use the hand gel available in many places on the ward.

Your baby's nappy

Immediately after birth and for the first few days, your baby is likely to pass a sticky, greenish-black substance called meconium. As your baby begins to digest milk, the stools will change. They will become more yellow or orange in colour. Breastfed babies have quite runny stools whereas formula fed babies' stools are much firmer and smell more.

The table on p.20 describes what you can expect in a baby's nappy in the first weeks after birth.

You may also see:

- Urates – Often mistaken for blood, these are dark 'salmon pink' crystals passed in the urine. They are commonly seen in breastfed babies around Day 2 – 3, but if they persist can be a sign of dehydration, so you may need help to ensure your baby is feeding well. Discuss this with your midwife.
- In girls, a small amount of bloody mucus. This is perfectly normal and happens after birth due to the hormonal changes in your baby.

Changing nappies

Babies need their nappies changed fairly often to prevent their bottoms becoming sore. Unless your baby is sleeping peacefully, always change a wet or dirty nappy and check the nappy at each feed time.

As you take off the nappy wipe away any mess with tissues or cotton wool. Wash your baby's bottom with cotton wool and warm water and dry thoroughly. For girls, wipe the bottom from front to back, away from the vagina, so that germs won't infect the vagina or bladder. For boys, gently cleanse the foreskin of the penis, but don't pull it back; clean under the penis and the scrotum.

You may wish to use a cream, such as zinc and castor oil cream to help protect the skin. Or you can leave the skin clean and dry. Medicated creams are only needed if your baby has a sore bottom.

When you put on a clean nappy, take care that the cord clamp is not causing discomfort to the baby. Leaving it outside the nappy can help in drying out the cord too (see below).

Cord care

At birth the midwife will have clamped the cord with a plastic clip and then cut the cord leaving a small bit of cord with the clamp attached. The cord will take about a week to dry out and drop off. Keep the navel clean and dry until this happens. Fold back the nappy to lie under the cord to help keep the cord dry. Some stickiness is normal where the cord meets the baby's body, but there should not be an offensive smell, bleeding, redness or swelling on the skin around the area. If you notice any of these symptoms, tell your midwife or doctor.

Bathing your baby

If this is your first baby, a member of staff will offer to show you how to bath your baby before you go home:

- Don't bath your baby straight after a feed or when your baby is hungry or sleepy.
- Make sure the room is warm and that you have everything you need ready in advance.
- Check the water is not too hot. In the early days it is better not to add any soaps or bubble bath (especially perfumed ones) to the water. This is because the baby's skin is very thin at birth, and over the first month (in full term babies) matures and develops a protective barrier. Premature babies have even more delicate skin.
- Undress your baby, except for the nappy, and wrap snugly in a towel. Wash your baby's face with cotton wool and water, gently wiping round each eye, from the nose outwards, using a fresh piece of cotton wool for each eye. Don't use soap on your baby's face.
- Wash your baby's hair with water or baby soap (mild, non-perfumed) if it is needed, supporting your baby's head over the baby bath. Rinse carefully.
- Unwrap your baby, remove the nappy and gently put your baby into the water. Using one hand for support, gently swish the water to wash your baby, without splashing the face.
- Never leave your baby alone in the water, even for a few seconds.
- Lift your baby out and pat dry with a towel. Dry carefully in all the creases. If your baby has vernix, a white greasy substance which covers the baby's skin while in the uterus to protect it, just leave it to absorb naturally.

Eyes

If your baby's eyes appear red, sticky or have a yellow discharge they could be infected. Your midwife will take a swab to check for infection and show you how to clean the eyes. Use a separate piece of cotton wool to clean each eye, and wipe from inside out, to reduce cross infection.

Baby's crying

All babies cry. It's their way of saying that they need something. Sometimes you won't be able to find the reason for your baby's distress. If it's not obvious why your baby is crying, think of possible reasons. It could be -

- Hunger
- Wet or dirty nappy
- Wind or colic
- Feeling hot or cold
- Feeling tired and unable to sleep
- Needing a cuddle

It could be none of these things. Perhaps your baby simply feels overwhelmed and a bit frightened by all the new sights, sounds and sensations in the early weeks of life and needs time to adjust. Holding your baby close and talking in a soothing voice or singing softly will be reassuring.

Postnatal check

Each day if you are in hospital, the midwife will check your baby. She will loosen or remove the clothes and check baby's skin for signs of jaundice or any rashes. Many marks and rashes are normal, and you will be able to discuss these with her (see pp. 14-15).

The midwife will check baby's cord is drying out and there are no signs of infection. She will check eyes and mouth to look out for conjunctivitis or thrush, respectively.

The midwife will check that baby looks generally well and will ask you about feeding and the baby's nappies. You can record events such as feeds and nappy changes on the chart given to you on the ward. This will help you and your midwife check that all is well with your baby.

On the day you want to go home she will assess whether the baby is fit to go, and will advise you about this.

Screening

At your booking appointment you were given a booklet called ' Screening tests for you and your baby' which includes information about the following tests that your baby is offered.

- **The newborn infant examination** is done within the 1st 72 hours of birth and is a top to toe physical examination to identify early if your baby has any problems that may need treatment .
- **The newborn hearing screening test** is done in the 1st few hours of birth before you go home, it aims to identify babies with a permanent hearing loss. Many babies will not have a clear response initially and may require follow up screening as an out-patient. (see page 12)
- **The newborn bloodspot screening test** is done when your baby is 5 days old and tests your baby for 9 rare but serious health conditions.

For further information about Newborn Screening see: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/529950/STFYAYB_May_2016_for_website.pdf

Home with baby

Preparing to go home

Please let your midwife know when you would like to go home. You will need to be seen either by a midwife or doctor before you go home. Your baby will also need to be examined by a paediatrician or midwife. Sometimes the ward is very busy, causing delays. Please be patient as the staff will be doing their best and may be dealing with complex situations you are not aware of.

Please check with your midwife that you have any relevant information leaflets and discuss any outstanding concerns before you go home.

When you leave you will be given a summary of the care you and your baby have had while in hospital, to pass on to the community midwife. A copy of this will be sent to your GP to inform them of your birth and that you are returning home. The letter will take a minimum of three days before it gets to the surgery.

Please check that we have your correct address. It is important that you let the midwife know if you are not returning to your normal home address so that the community midwife can continue your postnatal care. If you have moved, please make sure that your GP and Health Visitor also have your correct address.

Car safety

It is a legal requirement for babies and young children to have an appropriate car seat when travelling in a car. Please remember to bring your baby car seat with you when going home from hospital.

Babies and children should always be securely strapped into a correctly fitted car seat for every journey, no matter how short. All car seats and restraints must comply with either British or European safety standards. Never use rear facing seats in the front of cars fitted with active frontal air bags.

It's a good idea to practice using the car seat beforehand, as it's not the responsibility of the staff to put the car seat in for you.

Make sure you don't leave your baby to sleep in the car seat for long periods. Newborn, and particularly premature, babies can develop breathing problems from sitting too long in car seats. Make sure you limit the number of long car journeys your baby undertakes and do not leave your baby to sleep in the car seat when the journey is over. The Lullaby Trust advises parents that the safest way for a baby to sleep is on their back in a cot in the same room as a parent or other responsible carer.

Never leave your baby alone in the car and ensure the baby is not in direct sunlight and doesn't get too hot.

Security

If your baby has a security tag, please make sure that this is removed before you go home.

Please note that when you leave any of the maternity units after you've had your baby, a member of staff must accompany you to the door. This is so that all staff know that a baby being taken from the hospital is with its parents or guardians.

Personal child health record (Red book)

You will be given this red book in the few days after the birth of your baby. The books for boys and girls are slightly different. The midwife who delivered your baby will begin to enter information into the book, about the birth, your baby's weight, and if your baby had vitamin K.

You need to have the book with you whenever you see a midwife, doctor or health visitor about your child's health and development, so that they can continue entering information about screening, weight, vaccinations, etc.

This book is, however, your book, and you can write in it any information you want to record.

Seeing your community midwife

The community midwife will visit you the day after you go home. Please let her know if you will be at a different address. She will visit you when she can, depending on other visits and clinics already in her diary, so will be unable to give you a specific time. However, if you have not had a visit by 4 pm, please contact your local Midwife Led Unit (telephone numbers on the back cover). Your midwife will agree a plan of care with you. Postnatal care and breastfeeding support can be given either in your home, on a Midwife Led Unit or in some community settings such as a Children's Centre.

You will need to be seen on the following days:

- Days 1 and 3. One of these days may be your first day home from hospital, when you are always seen at home. If you are breastfeeding, your baby will be weighed on Day 3.

- Day 5 to weigh baby and perform the blood spot screening test. This test is to screen for rare metabolic disorders such as cystic fibrosis (please see 'Screening tests for you and your baby').

- Day 10 to weigh baby. At each visit the midwife will be checking you and your baby's health and wellbeing. If you need more visits please discuss this with your midwife. On the 10th day, if all is well, the midwife will hand over your care to your health visitor. Ask your midwife if you believe you have any outstanding results from blood tests or other tests. Also, make sure you have any appointments for follow-up of you or your baby. All the maternity units operate a 24 hour advice service up to 28 days after the birth. Please note that Market Drayton and Whitchurch Midwives do not provide a 24 hour advice service.

Going home after the birth

For your baby's safety, please:

1. Go straight home from hospital to limit the amount of time your baby is in the car seat.
2. Have someone sit next to the baby on the journey to check the baby's colour and breathing, and keep an eye on this, especially in the first 24 hours.
3. Expect your baby to feed at least three to four times in the first 24 hours, not necessarily with equal times between feeds. After that, your baby may feed eight to 12 times in 24 hours.
4. Call your local midwifery unit or the postnatal ward if you notice your baby is jaundiced within the first 24 hours, or if you have any concerns.

Other information for after you go home

Health visitor care

The health visitor will call at your house between days 10 and 14, but not over the weekend or bank holidays. She will discuss any concerns you may have. Your health visitor will also test your baby's hearing with your consent, and will be able to give you information about baby clinics and will discuss feeding, immunisation, child development and weaning.

Out of county

If you live out of Shropshire, details of your birth will be passed on to your local community midwifery team, and your care will be continued with them according to their local practices.

Registration of your baby's birth

You need to register the birth of your baby within 6 weeks of delivery. Please see the information on p. 5 about where you can register your baby's birth. If you are married, either parent may register the birth. If you are unmarried and want the baby registered in the father's name, you both need to attend. You do not need to take any documentation with you. The short birth certificate is free of charge but there is a charge for the full birth certificate. You will need the full copy if you wish to apply for a passport for your baby. For registration of births in a same sex partnership or marriage, please seek advice from the Registrar.

Registration with your GP

Once you have registered the birth of your baby at the Register Office, you can register your baby with your GP surgery. We recommend you do this within 14 days of the birth.

Child Benefit

Once you've registered the birth of your baby, you can claim child benefit. Information about claiming child benefit is enclosed in your 'Bounty Pack' or you can get information from the website at www.hmrc.gov.uk/childbenefit, or phone 0300 200 3100. Send the birth certificate and application form within 3 months to claim full benefits.

Caring for your baby at home

Here we offer some guidance to keep your baby comfortable, safe and well, based on the best current evidence.

It is not possible to 'spoil' a new baby. Lots of cuddles make them feel more secure and loved. You can download the leaflet: 'Building a happy baby' from http://www.unicef.org.uk/Documents/Baby Friendly/Leaflets/building_a_happy_baby.pdf

Routine care

Feeding your baby

Breastfeeding

You will have received support in breastfeeding while in hospital (see p.16), and this will continue from your community midwife up until 28 days after the birth where needed.

A midwife should carry out an assessment of breastfeeding around day 5, to ensure that all is going well, but please contact a midwife or breastfeeding counsellor if you are having difficulties – don't wait until your next appointment.

You can also contact a Lactation Consultant, (see contact numbers on the back page of this booklet).

It is normal for your baby to feed frequently in the early weeks. Your baby may 'cluster feed', having several feeds close together, and then a longer interval. Some days your baby may want to feed more, and be more unsettled, perhaps in preparation for a growth spurt.

It may be helpful to prepare an area at home where you feed, with a suitable chair, drink, book, phone and TV/radio. Breastfeeding can make you relaxed and sleepy, so look upon this as a chance to rest while feeding your baby.

If you have other young children, you could read to them while feeding, or watch TV/DVD with them or listen to a story or music.

Your baby should not need anything other than breastmilk unless clinically indicated, or you have made an informed choice to give some formula feeds.

Teats, dummies and nipple shields are best avoided until breastfeeding is established, but if their use makes the difference between giving up or continuing to breastfeed, or giving a formula feed, then they may be useful.

Bottlefeeding

Please follow the advice in the information sheets you have been given, and the instructions of the manufacturer of the formula milk. Please ask a health professional for advice if you have any concerns or questions. A leaflet called 'A guide to infant formula for parents who are bottle feeding is available from: http://www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/A-guide-to-infant-formula-for-parents-who-are-bottle-feeding/

Please note that babies should only have 'First milks' for the first six months unless your doctor or health visitor suggests otherwise.

Changing your baby (see also p. 16)

Check your baby's nappy every feed time. A baby often moves its bowels while feeding, so you may find it better to change the nappy during the feed, and then offer a little more milk to settle the baby. You will get to know your own baby's needs.

Try not to leave a baby with a wet and dirty nappy for too long, although if your baby is fast asleep, you may want to get a little rest yourself before you wake the baby by changing the nappy.

This table describes the typical changes that will occur if your baby is feeding well.

Wet and dirty nappies per day

Day 1-2	Day 3-4
Wet 2 or more per day	**Wet** 3 or more in 24 hours, nappies feel heavier
Dirty 1 or more, dark green/black meconium	**Dirty** 2 or more, changing colour to brown/green/yellow

Day 5-6	Day 7-28
Wet 5 or more heavy* wet nappies in 24 hours	**Wet** 6 or more heavy wet nappies in 24 hours
Dirty 2 or more, yellow	**Dirty** 2 or more the size of a £2 coin, yellow, watery, mustardy or seedy in consistency

*If you pour 45 ml water into a dry nappy, this will feel as heavy as an average wet nappy.

After 6 weeks, a breastfeeding baby will establish its own pattern of dirty nappies and may have several a day or may go several days between dirty nappies.

If your baby is not having as many wet and dirty nappies as you think they should, contact your midwife or health visitor for feeding advice.

Nappy rash

Most babies get soreness or a nappy rash at some time, but some have extra sensitive skin. If you notice redness or spots, clean your baby very carefully and change nappies more frequently. Better still, give your baby time without a nappy and let the air get to the skin.

You can ask your midwife or health visitor about nappy rash; they may advise you to use a medicated cream to clear up the nappy rash and then a protective cream to help prevent it happening again. If the rash seems painful and won't go away, see your GP.

Bathing your baby (see also p. 17)

Your baby does not need to be bathed everyday as long as the areas that get dirty are cleaned ('top and tail').

You may, however enjoy bathing your baby, and as he or she gets older it can become part of a regular bedtime routine.

Your baby's sleeping pattern

The amount babies' sleep, even when they are very small, varies a lot. During the early weeks some babies sleep for most of the time between feeds. Others will be wide awake. As they grow older they begin to develop a pattern of waking and sleeping which changes as time goes by. Some babies need more sleep than others and at different times.

Movement often helps to calm down crying. Gently sway or rock your baby or take your baby for a walk in the pram or baby carrier, or even for a ride in the car.

To download a booklet on 'Caring for your baby at night', go to: www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents

Crying

Some babies cry more than others and it's not really clear why. Don't blame yourself or your baby if he or she cries a lot. It can be very exhausting so try to get rest when you can. Share soothing your baby with your partner. You could ask a friend or relative to take over for an hour from time to time, just to give you a break. If there's no-one to turn to and you feel your patience is running out, leave your baby in the cot, put on some soothing music and go in to another room for a few minutes. Make yourself a cup of tea, telephone a friend or find some other way to unwind. You'll cope better if you do.

Never shake your baby

Shaking can cause bleeding and damage to your baby's brain. If you are at the end of your tether, put your baby down safely in a cot or pram and go to another room to calm down. Perhaps make a drink, and if possible ask someone to take over for a while. If you feel you are having difficulties in coping with your baby's crying, talk to your midwife, health visitor or contact Cry-sis (see p. 32) who will put you in touch with other parents who've been in the same situation.

If your baby's crying sounds different or unusual, it may be the first sign of illness, particularly if the baby isn't feeding well or won't be comforted. If you think your baby is ill (see p. 23) contact your doctor immediately. In an emergency, if you cannot contact your doctor, take your baby to the nearest hospital Accident and Emergency Department.

Most dogs and cats adapt very well to a baby coming into the home, but never leave your baby alone with your pets. For further advice see websites such as www.dogstrust.org.uk and www.safekids.co.uk

Common health problems in newborn babies

Many parents are concerned about their baby's health. If your baby is showing any of the following health concerns please contact your health care professional.

Concern	What should happen
1st 24 hours after birth	
Jaundice in the first 24 hours of birth	Phone your local Midwife Led Unit immediately. Please see contact details at the end of this booklet
If a newborn baby hasn't passed meconium (black coloured dirty nappy) within 24 hours of being born	Phone your local Midwife Led Unit immediately. Please see contact details at the end of this booklet
Babies aged 24 hours or older	
Jaundice in babies aged 24 hours or older	Your baby's well-being and health will be monitored by your midwife
Pale stools	Contact your community midwife as soon as possible
Babies aged over 7 days	
Jaundice in babies aged 7-14 days	Your baby should be assessed by your community midwife or health visitor
Ongoing jaundice in breastfeeding babies	You should be advised to feed your baby often and wake your baby to feed if necessary. You should not be advised to top up with formula milk, water or dextrose (sugar) water

Concern	What should happen
At any time	
Nappy rash	Your community midwife or health visitor will offer you advice on how to reduce nappy rash (for example, by avoiding bubble baths,medicated wipes and harsh detergents, and using only mild detergents and fabric softeners). Barrier creams and medicated creams may sometimes be useful
Persistent nappy rash that is painful	You must see a health professional as treatment may be necessary
Thrush (a common fungal infection) in the mouth or on the bottom (symptoms include white coating on the tongue and roof of the mouth which cannot be wiped away or a red nappy rash)	You must see a health professional as treatment may be necessary. You should be given information and guidance about relevant hygiene practices. If thrush is causing feeding problems your baby may be offered antifungal cream or gel
No dirty nappies for 24 hours in a breastfed baby and having less than 6 wet nappies a day	Contact your midwife or health visitor for advice
Diarrhoea	Your health care professional will give you advice and will check your baby if necessary. Loose frequent stools in a breastfed baby are normal but can be a sign of illness in a bottle fed baby
Excessive and inconsolable crying	Your health visitor or GP should offer reassurance and check for possible causes of the crying, including colic (see below)
After a few weeks your baby may get	
Colic – excessive and uncontrollable crying in a normal healthy baby	Discuss your concerns with your health visitor or GP. Holding your baby when he or she is crying may help. Speaking to other people in the same situation may also reassure you
Colic in a bottle-fed baby	Discuss your concerns with your health visitor or GP. You may be offered a special type of formula milk, but you need to use this as directed by your health care professional

The Lullaby Trust publishes a book called 'Baby check' that you can access at: http://www.lullabytrust.org.uk/file/The-Lullaby-Trust-Baby-Check-2015.pdf

Newborn jaundice

About the second day after birth, some babies develop a yellow colour to their skin and to the whites of their eyes. This is called newborn jaundice. Jaundice in a newborn baby is common because the liver is immature, but regular feeds will help the baby to get rid of the substances which produce the jaundice. Jaundice is normal if mild and usually fades within ten days or so, but a baby who becomes very jaundiced will need extra treatment.

How is jaundice monitored?

The midwife will look at your baby's skin colour. If the baby's skin colour is very yellow or she notices any signs of drowsiness or poor feeding, which would indicate that there may be cause for concern, she may take a blood test, or may refer you to the hospital for review.

Treatment

Frequent feeding is usually the only treatment needed; however, if your baby's jaundice level is higher it may be necessary to start phototherapy – which involves undressing your baby and placing him/her under a very bright light. It is necessary to protect the baby's eyes with a soft mask. Phototherapy treatment is usually given at your bedside on the Consultant Led Postnatal Ward, so that you are not separated from your baby.

Factors which may increase levels of jaundice

- Assisted deliveries (forceps or ventouse) causing bruising to the face or head
- Babies who have not established breastfeeding
- Blood group incompatibility between mum and baby

If jaundice is noted within the first 24 hours after birth, the baby should be checked straightaway.

Infection in newborn babies

Perhaps surprisingly, hypothermia (low temperature) is a more common sign of infection in newborn babies than high temperature. Babies often have cold hands and feet but if your baby feels centrally cold (on their chest) or feels very hot, please get advice from a midwife, health visitor or GP as soon as possible.

Your baby is at higher risk of developing newborn infection if you had:

- Group B streptococcus in this pregnancy
- An infection in your uterus
- A fever during labour
- A high temperature following birth
- Intravenous antibiotics (given via a cannula into a vein)
- Your waters had been broken for more than 24 hours before your baby was born
- Your labour was before 37 weeks

Potentially serious symptoms in babies

If your baby has any of the following symptoms, get medical help immediately:

- Unusual cry: high pitched, weak, continuous, moaning
- Drowsy - less active and less responsive than usual; floppy
- Skin pale, mottled, ashen or blue
- Rapid pulse and breathing, grunting and indrawing chest on breathing
- Taking much less fluid than usual, with fewer wet nappies
- Vomits green fluid or passes blood in poo (more than just a streak).
- Temperature over 38 degrees in a baby under 3 months old, or over 39 degrees in a 3-6 month old baby.
- Dehydration – shown by dry mouth, no tears, sunken eyes, or sunken soft spot on the top of the baby's head
- Neck stiffness, non-blanching rash (glass test), seizures
- Rash that covers a large part of the baby's body or is raw and weeping

Dial 999 or 112 if any of the following occur

- Stops breathing or goes blue, even if recovers
- Is unresponsive to stimulation
- Has glazed eyes and cannot focus
- Cannot be woken
- Has a fit, even if recovers
- Has a purple rash which does not disappear with pressure

Please note that 112 is a European emergency number

Reducing the risk of cot death

The tables above list some minor and more serious symptoms in babies. If in doubt, always get advice from a midwife, health visitor or GP. Occasionally a baby dies with no apparent cause and this is known as 'Cot death' or 'Sudden infant death'.

There are a few simple things that you can do to minimise the risk of cot death:

- Place your baby on the back to sleep, in a cot in a room with you for the first 6 months.
- Place your baby in the 'feet to foot' position to sleep
- Do not smoke in pregnancy or let anyone smoke in your house or car before or after your baby is born.
- Do not take your baby into a smoky environment
- Do not share a bed with your baby if you have been drinking alcohol, if you take drugs or if you are a smoker. Also, if your baby was born before 37 weeks or weighed less than 5 lb 8 oz at birth.
- Never sleep with your baby on a sofa or armchair
- Do not let your baby get too hot or too cold. A temperature of 16 to 20 degrees is suitable in the room where the baby is sleeping.
- Keep your baby's head uncovered by bedclothes
- Immunise your baby
- Breastfeed your baby

Don't worry about your baby turning over when he or she is old enough to do so, but continue to put them down to sleep on their back. More information can be obtained from the Lullaby Trust (www.lullabytrust.org.uk/safer-sleep)

Protection from smoking

Please do not smoke around your children, and do not allow others to do so. Do not smoke in your house, or in your car. Eighty five percent of secondhand smoke is invisible and it can linger for two and a half hours, even with a window open. Since the 1st October 2015 it has been illegal to smoke in a vehicle where anyone under 18 is present.

- Secondhand smoke contains 69 cancer-causing chemicals and also carbon monoxide which reduces the amount of oxygen your body can take in.
- Babies who are exposed to secondhand smoke are five times more likely to die of cot death.
- Babies exposed to secondhand smoke are twice as likely to develop asthma, and if a child already has asthma, it will make the asthma worse
- Babies exposed to secondhand smoke get more coughs and colds and ear infections, and are more likely to have to go to hospital in the first year of life.

If you want to give up smoking, see the SMOKEFREE website at: www. nhs.uk/smokefree. For local services ring: Healthy Shropshire 0345 6789025 (Shropshire County) or Stop4Life 0800 612 4580 (Telford and Wrekin).

Keeping your baby safe in hot weather

To protect your baby from dehydraton, heat exhaustion and sunburn in the first 6 months:

- Give milk as demanded. A breastfed baby does not need any water, but may feed more frequently. A bottle fed baby can be given cooled boiled water in addition to milk.
- Keep your baby out of direct sunlight
- Never leave a baby in a car or near a window where the sun can shine in on them
- During the day, close the curtains in the baby's bedroom to keep it cooler.
- Use a fan if you have one, but don't let the baby be in the path of the draft.
- Use a nursery thermometer to monitor the room temperature.
- Dress your baby appropriately. If it is very warm, just a nappy and vest may be appropriate, with a single sheet to cover.
- Do not put items such as cuddly toys and bedding around the baby's head which prevent the air circulating
- A cool (not cold!) bath before bedtime can help

More ways to keep your baby safe

- Never leave your baby unattended on a raised surface such as a changing table, a bed, sofa or kitchen worktop
- Never leave your baby alone with your pets. For advice, see websites on p. 21
- Hold the handrail when carrying your baby up and down stairs
- Keep hot drinks away from your baby
- Always check the temperature of the milk on your wrist if you are bottle feeding
- Don't tie a dummy to your baby's clothes
- Never leave your baby in the bath, even if they are with a brother or sister
- Don't leave nappy sacks near your baby
- If you choose to swaddle your baby, make sure you use a thin cover, don't cover your baby's head, and make sure the baby's legs are free to bend up and out at the hips.

Meningitis B vaccine

Your baby is now eligible for the meningitis B vaccine which will be given with the other vaccinations at 2, 4 and 12 months.

Babies are likely to develop a fever in the first 24 hours after the vaccination, and may have some tenderness at the injection site. Because of this, give your baby liquid paracetamol after the vaccination. You can give two further doses, four to six hours apart.

For further information, see:
http://www.nhs.uk/conditions/vaccinations/pages/meningitis-b-vaccine.aspx

Formula milk preparation machines

There is insufficient evidence that these machines are safe in the preparation of powdered infant formula. It is recommended that formula is prepared using boiled water at >70 degrees centigrade, as recommended by the Food Standards Agency and the Department of Health. For further information see: http://www.firststepsnutrition.org/pdfs/Statement_on_formula_preparation_machines_Feb%202016.pdf

Caring for yourself at home

Try to get a little time to yourself by accepting offers of help, or get out and about with your baby for a walk or visiting friends. Eat a healthy balanced diet and drink plenty. Rest as much as possible, while your baby is sleeping, or when someone is caring for your baby for a while.

If you have had a caesarean section or large blood loss, for example, you will have specific needs and should have received relevant advice. Please ask your midwife, health visitor or GP if you have questions or concerns.

Common health problems in postnatal women

Your recovery from your birth will be individual to you. You may feel very well and comfortable, mentally and physically.

Many women, however, will experience 'minor' problems which usually resolve in the first few weeks after birth:

- Aches and pains, particularly backache
- Sore perineum
- Some swelling of legs/feet
- Fatigue
- Sore breasts/nipples
- Baby blues (see p. 8)
- Anaemia (see p. 11)

Potentially serious health conditions in women

The following information will help you to decide when you need to contact a health professional.

Symptoms to watch out for:	What this could mean	What should happen
Sudden or very heavy blood loss and signs of shock, including faintness, dizziness, palpitations or tachycardia (when you become aware of your heart beating very fast)	Haemorrhage (sudden or very heavy blood loss)	You should get emergency medical attention (dial 999, 112 or the Delivery Suite on 01952 565924)
If there are no signs of haemorrhage but your abdomen feels sore and tender you should be checked for other possible causes	Haemorrhage or infection	Phone your local Midwife Led Unit. Please see contact details on the back page.
Fever (high temperature), chills, shivering, lower abdominal pain, tender uterus or unpleasant vaginal discharge.	Infection	You should get emergency medical attention (see above).
Sudden severe headache with neck stiffness changes in vision or nausea and vomiting in the first 72 hours after giving birth If you had an epidural & your headache is worse when upright and better when lying down with nausea & vomiting	Pre-eclampsia or eclampsia. Sometimes this does not go away straight away after the birth, and it can present for the first time postnatally. Complication following epidural anaesthesia	Phone the Delivery Suite immediately. Please see contact details on the back page.
Pain, swelling or redness in the calf muscle of one of your legs	Blood clot (deep vein thrombosis)	You should get emergency medical attention (see above).
Difficulty breathing, feeling short of breath or having chest pain	Blood clot (pulmonary embolism)	You should get emergency medical attention (see above).

Preventing blood clots

If you have been prescribed medication to prevent blood clots, your midwife will give you verbal and written information about how to administer these injections before you leave hospital. Your community midwife will ensure that you or a family member is able to give the injection on her visit to your home the day after you go home. If you would prefer a midwife to administer the injections, you can ask her to do so at any home visits, and visit your local maternity unit for the injections on days when you are not being seen at home by your community midwife.

It is very important that any needles are placed in a Sharps container and returned to your midwife.

Preventing serious infection (sepsis)

The term sepsis refers to infection and may refer to a mild localised infection or severe bloodstream infection (septicaemia). In the past many women would become severely unwell or even die from sepsis after giving birth. This is now very rare, but does still occur.

Recently the bacterium Group A streptococcus has been associated with an increase in the number of women with severe sepsis. This is the most common cause of sore throats and chest infections in children. Group A strep can also be carried without the person having any symptoms. The bacteria are spread by direct person to person contact from infected secretions from the nose or throat or infected wounds or sores on the skin. They can also enter the body through a cut or scrape.

It is therefore really important that you and your family avoid the spread of germs:

- Wash your hands thoroughly and often with soap and warm water, especially after coughing and sneezing, before preparing food, and before eating.
- Good perineal hygiene is also important – especially after you've given birth. Make sure you wash your hands before and after going to the toilet and when changing sanitary towels.

Seek early medical advice early if:

- You or a close family member has a sore throat and fever.
- If there are signs of a wound infection: rapidly increasing redness, swelling and pain at the wound site.

In addition, you need to seek medical advice urgently if you have two or more of the symptoms below:

- A rapid heart rate
- A high or low temperature
- Shortness of breath
- Shaking and chills
- Abdominal or chest pain
- Offensive vaginal discharge
- Diarrhoea and/or vomiting
- Feeling generally unwell

If you have had a caesarean section

Although it is important to be mobile, you need to rest as much as you can. You may feel very tired as a result of the operation, in addition to the tiredness that comes with having a newborn baby. Make sure you have someone at home to help you in the early days.

Getting up and down stairs may be difficult, so have the things you need in both places. Try not to lift anything heavier than your baby for about 6 weeks after the birth. Follow the advice on exercises in the leaflet you have been given and see the information on p 10.

Your car insurance may be invalid if you drive before you are fit to do so. Check with your car insurance company.

Contraception after having a baby

How soon can I have sex?

You can have sex again as soon as you feel ready emotionally and physically. This may take some time with the demands of a new baby. It's helpful if you and your partner can talk about any concerns that you both have about resuming a physical relationship. If you have had stitches, these are usually dissolvable so will not need removing. However, if you are having any discomfort from these then you should see your doctor or midwife. Some women find they need to use a vaginal lubricant such as KY jelly if they feel more dry than normal.

When are my periods likely to start?

If you are not fully breastfeeding, ovulation could occur 4 weeks after the birth and your period could start at 6 weeks. You can become pregnant before you have a period as ovulation (when the ovary releases an egg) occurs around 2 weeks before your period. If you are fully breastfeeding, your periods may not return until you breastfeed less often or stop, although this is not a fully effective method of contraception.

When do I need to start using contraception?

It is possible to become pregnant soon after the birth so you will need to discuss which methods suit you and your partner before you start having sex (see opposite). You will need to use contraception from 3 weeks after the birth. If you wait for your periods to return before using contraception you could get pregnant again before they start.

Missed pills or diarrhoea and vomiting, causing pills to not be absorbed, can lead to pregnancy and you should use a barrier method for the rest of that cycle.

When can I use emergency contraception?

You can use emergency contraception from 3 weeks after the birth. If you have given birth less than 3 weeks ago you do not need to use emergency contraception.

For further advice on risks and benefits and information on contraception services please see contacts in list at the end of this booklet.

Methods of contraception

Your choice of contraception depends on your medical history, the method you and your partner prefer and whether and when you want to have another baby. The effectiveness of some contraceptive medication can be affected by drugs for anxiety and depression. Methods 8-11, although reversible, can take up to a year for your periods to get back to normal, so may not be suitable if you plan to have another baby within a year or two. Sterilisation should be considered permanent.

Method	***Effectiveness***	***When***	***Comments***
1. Breastfeeding	98% if you are fully breastfeeding (no formula or delaying feeds by the use of dummies) and you are not having periods	When your baby is under 6 months old	You ovulate before having a period, so you can become pregnant before having a period
2. Condom	98% if used properly	Any time after the birth	
3. Progestogen only pill	99% effective if used properly	From 3 weeks after the birth	Can be used if breastfeeding
4. Combined pill	More than 99% effective if used properly	From 3 weeks if you are not breastfeeding. After 6 months if breastfeeding	
5. Contraceptive patch	More than 99% effective	From 3 weeks if you are not breastfeeding. After 6 months if breastfeeding	
6. Contraceptive vaginal ring	More than 99% effective	From 3 weeks if you are not breastfeeding. After 6 months if breastfeeding	
7. Diaphragm or cap	92-96% effective	From 6 weeks after the birth	Your weight and shape may have changed. Get the fitting checked.
8. Contraceptive injection	More than 99% effective	From 6 weeks (earlier if no suitable alternative)	Lasts for 8-12 weeks depending on type
9. Contraceptive implant	More than 99% effective	From 3 weeks even if breastfeeding	Lasts up to three years
10. Intrauterine device	More than 99% effective	From 4 weeks	Lasts for 5-10 years depending on type
11. Intrauterine system	More than 99% effective	From 4 weeks	Lasts for 5 years
12. Sterilisation – tubal occlusion in women or vasectomy in men	More than 99% effective	Not advised at time of birth unless certain you do not want more children	Only if you are sure you do not want any more children

Postnatal depression

Depression affects about 10-15% of women and can start in pregnancy and continue, or start during the first few months after the baby is born. Feelings can include:

- Low mood all of the time, or most of the time, for a week or more. The low mood tends to be worse first thing in the morning, but not always.
- Not really enjoying anything. Lack of interest in yourself and your baby.
- Often feeling tearful.
- 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 about harming your baby. Around half the women with postnatal depression get these thoughts. If things are very bad you may get ideas of harming or killing yourself. The reality is that only in very rare cases is anyone harmed.

In addition, you may also have: less energy, disturbed sleep, poor appetite, and a reduced sex drive.

Many of these symptoms are common and normal at times after childbirth and, on their own, may not mean that you are depressed. If, however, the feelings persist and several occur at once, please seek help.

You may not recognise that you are depressed. However, your partner will probably have noticed that you are different, and may not understand why. A friend or family member may suggest that you see a doctor.

Some women have risk factors that make them more likely to experience postnatal depression:

- Depression during the pregnancy.
- Marital or relationship problems.
- No close friends or family around.
- Money troubles.
- Physical health problems following the birth (such as anaemia, urinary incontinence, etc).

In many cases, there is no apparent cause. The normal change in hormones after the birth is not thought to be a cause. Sometimes your doctor may do a blood test to make sure that there is not a physical reason for the symptoms such as an under-active thyroid or anaemia.

Health Visitors screen all women within Shropshire for postnatal depression using a short questionnaire (10 questions). This is usually undertaken between 6 and 8 weeks, but can be done sooner. The diagnosis may be made by a doctor based on screening and what you, and those who know you, tell him or her.

Why should you do anything about postnatal depression?

If you do nothing about the depression, or do not even know that you are depressed, you are likely to get better anyway in 3-6 months (like other types of depression). However, about 1 in 4 affected mothers are still depressed on the child's first birthday. There are a number of reasons to get help.

- To help yourself get better quickly. You need not feel like this. 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 (or children). If you are depressed, your relationship with your baby may not be as good as it could be. You may not give as much attention to your baby as you would like to. As a result, your baby's development may not be as quick as it might be.

Many women are able to 'hide' their postnatal depression. They care for their baby perfectly well, and appear 'fine' to those around them. However, they suffer the condition as an internal misery. Do seek help if you are like this.

What are the treatments for postnatal depression?

Support and advice

Understanding and support from family and friends can help you to recover. It is often best to talk to close friends and family to explain how you feel rather than bottling up your feelings. Support and help from a health visitor can also help.

Independent advice about any social problems may be available and of help (money issues, childcare, loneliness, relationships, etc.). Ask your health visitor about what is available in your area. Self-help groups are good at providing encouragement and support, as well as giving advice on how best to cope. You may be surprised at how many women feel the same way as you. Some of the support groups available are listed on p. 32.

Antidepressants

An antidepressant drug is commonly prescribed for women with postnatal depression, especially if the depression is moderate or severe. Symptoms are often eased with an antidepressant, allowing you to function normally, and increase your ability to cope better with your new baby.

Antidepressants usually take 2 – 4 weeks before their effect builds up fully. A normal course of antidepressants lasts up to six months or more after symptoms have eased. Some people stop treatment too early and the depression quickly returns.

There are several types of antidepressants, each with various 'pros and cons'. Discuss the best one for you with your GP and tell him/her any problems with an antidepressant. Antidepressants are not tranquillisers and are not thought to be addictive.

Some antidepressants come out in breast milk – ask a health professional for advice.

Talking (psychological) treatments

Another treatment option is to be referred to a psychologist or other professional for a talking treatment. There are various types, but their availability on the NHS can vary in different parts of the country. Discuss this option with your doctor or other health professional.

Exercise

Regular exercise such as jogging, swimming, gym sessions, etc., is thought to help ease symptoms.

Specialist and hospital based treatments

Other treatments such as specialist drugs or electrical treatment (ECT) may be advised if you have severe depression that has not improved with other treatments.

Some do's and don'ts about depression

- Don't bottle things up and 'go it alone'. Try and tell people who are close to you how you feel. It is not weak to cry or admit that you are struggling.
- Don't despair - most people with depression recover. It is important to remember this.
- Do try and distract yourself by doing other things. Try doing things that do not need much concentration but can be distracting such as watching TV. Radio or TV is useful late at night if sleeping is a problem.
- Do eat regularly, even if you do not feel like eating.
- Don't drink too much alcohol. Drinking alcohol is tempting to some people with depression as the immediate effect may seem to relieve the symptoms. However, drinking heavily is likely to make your situation worse in the long run.
- Don't make any major decisions whilst you are depressed. If at all possible you should delay any major decisions about relationships, jobs, or money until you are well again.
- Do tell your midwife or doctor if you feel that you are getting worse, particularly if suicidal thoughts are troubling you.

Will it happen again?

If you have an episode of postnatal depression you have a greater than average chance of it happening again if you have another baby. About 3 in 10 mothers who have postnatal depression have another episode of depression if they have another baby. However, you and your doctor are more likely to be aware of the possibility in future pregnancies. This means that you are more likely to be diagnosed and treated promptly should it recur.

Postnatal psychosis

Postnatal psychosis is an uncommon but severe mental illness that can occur after childbirth. There may or may not be symptoms of severe depression, and there are also other serious symptoms such as delusions (false beliefs), hallucinations (such as hearing voices), odd behaviours, and irrational thoughts. Affected mothers may not recognise that they are ill.

If you are a relative or friend of a mother who appears to be acting strangely, then it is very important that you alert a doctor or health visitor. There is a risk of harm to both mother and baby. Help is available at specialist mother and baby units.

TalkAbout Service

Sometimes the experience of giving birth is a shock, and not at all what you had imagined. You might find it helpful to talk to a doctor or midwife about what happened during your baby's birth. Often these feelings subside after a few days or weeks, but sometimes they go on for longer. If you find that you are left with difficult feelings about the birth for weeks or months, then you might find our TalkAbout service useful.

The service is offered anytime from 6 weeks after the birth. Please ring 01952 565990 to request this service.

Future pregnancies

Your weight

It's really important that you make sure you are a healthy weight before your next pregnancy as this can improve your chances of getting pregnant. If you are overweight you have a greater risk of complications during pregnancy and birth and your baby's health can be affected. Eat a healthy and varied diet – for further information: www.nhs.uk / Livewell /Goodfood / and try to keep as active as you can (or use the contacts given under 'Healthy mums' on p. 32).

Folic Acid

From the time you stop using contraception until the 12th week of your pregnancy, it's recommended that you take a supplement of 400 micrograms of folic acid each day. These supplements are available from any chemist and from supermarkets and are recommended to help prevent neural tube defects such as spina bifida in babies. Eating plenty of folate rich food such as green leafy vegetables, pulses and fortified breakfast cereals will also help. Current national guidelines recommend that you take a higher level of 5 milligrams of folic acid if your BMI is 30 kg/m^2 or more or you have a previous history of a baby with neural tube defects. You will need to ask your GP for a prescription for this higher dose.

Vitamin D

Once you know you're pregnant, it's important that you get enough vitamin D during your pregnancy and while you are breastfeeding. You are at greater risk of having lower levels of Viitamin D if:

- your family origin is South Asian, African, Caribbean or Middle Eastern
- you stay indoors for a good deal of time and if you usually cover your skin when outdoors
- you have a diet that is low in vitamin D
- your pre-pregnancy body mass index (BMI) is 30 kg/m^2 or more

The best way to ensure you have enough vitamin D is exposure to sunlight, but having a vitamin D rich diet also helps – oily fish, eggs, meat and fortified cereals and margarine. However, you may choose to take a vitamin D supplement (10 micrograms a day) to ensure you get enough vitamin D.

If you need further pre-conception advice please speak to your midwife or GP.

If you are planning to have another baby don't forget that you can contact your local midwife direct as soon as you know you are pregnant by leaving your contact details on 01743 261085 or sending a text message to 07797 800025.

Birth after caesarean section

If you have had a caesarean section, you may in time wonder about your next birth. Many women now choose to have a vaginal birth after caesarean (VBAC), or sometimes it is more appropriate to have another caesarean section.

To help you make an informed decision, you could fill in the details below with the help of a midwife or obstetrician, and then consider the risks and benefits listed.

In your next pregnancy you will be given our leaflet, 'Vaginal Birth after caesarean section', but if you would like this now, please ask your midwife.

The reason for my caesarean section was:

- My caesarean section was (a) an emergency (b) urgent (c) planned before labour.
- I had no complications
- I had the following complications:

_____

What are the advantages of a successful VBAC?

- Benefits of not having surgery, including less abdominal pain, a quicker recovery and shorter stay in hospital
- A greater chance of a normal birth in future pregnancies

When is it advisable to have another caesarean section?

- If you have other complications in your pregnancy that require a caesarean birth
- If you have had three or more previous caesarean births
- If a previous caesarean section was not done by making the cut low down and horizontal at the 'bikini line'.
- If your uterus has ruptured during a previous labour

If you have had one previous caesarean birth, your chances of a successful VBAC are 75% (3 out of 4). If you have also had a previous vaginal birth, your chance of a successful VBAC goes up to 90%. If you have had two previous caesarean sections, the chance of a successful VBAC is around 70%

Listening, responding and improving

The NHS is your Health Service. All of the people who work in the NHS are here to provide you with a service. Your feedback is always welcome and can help to improve services in the future. Our staff are also very grateful to receive compliments about the care and treatment received by you or your relatives.

Even when we try our best, things can go wrong. When this happens, it is important that any concerns are taken seriously and appropriate action taken. If you are unhappy with aspects of your care, please speak to the member of staff caring for you. We hope that most problems can be sorted out easily and quickly at the time they arise.

You can contact a Supervisor of Midwives:

Supervisors of midwives

These are experienced practising midwives who have undertaken additional training. They aim to ensure you and your baby receive good quality, safe care, and identify and take steps to correct poor practice. There is a more detailed leaflet available: 'Supervisors of Midwives. How can we help you?' Ask for one by using one of the contact numbers on the back cover, or simply ask to speak to a Supervisor of Midwives.

If you would prefer to talk to somebody not directly involved in your care, you can also contact Patient Advice and Liaison Service (PALS)

Patient Advise and Liaison Service (PALS)

PALS will act on your behalf when handling patient and family concerns, they can also help you get support from other local or national agencies. PALS, is a confidential service and can be contacted on:

Royal Shrewsbury Hospital,
Tel: 01743 261691

Princess Royal Hospital, Tel: 01952 282888

If the problem cannot be sorted out in this way and you wish to make a formal complaint, please ask a member of staff for the 'Listening, Responding and Improving: NHS Complaints Information' leaflet.

Making a complaint will not affect your care in any way.

For more information visit our website at:
www.sath.nhs.uk/

Useful contacts

Support groups

• *Association for Post-Natal Illness (APNI)*

Aims to help women who suffer from postnatal depression. Telephone helpline and information leaflets.

Address: 145 Dawes Road, Fulham, London, UK, SW6 7EB
Telephone: 020 7386 0868
Website: http://apni.org

• *Birth Trauma Association*
http://www.birthtraumaassociation.org.uk/

• *Cry-sis*

Telephone: 08451 228 669
Website www.cry-sis.org.uk
Offers support for families with excessively crying, sleepless and demanding babies.

• *Healthwatch*
Shropshire: 01743 237884 or email enquiries @healthwatchshropshire.co.uk
Telford: 01952 739540 or email info@healthwatchtelfordand wrekin.co.uk

• *Mothers for Mothers*

Postnatal depression support group
Telephone: 0117 975 6006
Website: www.mothersformothers.co.uk

• *National Childbirth Trust (NCT) Helpline:*

Information and support in pregnancy. birth and early parenthood.

Enquiries line 0300 330 0700
Website: www.nct.org.uk

• *PANDAS*

Supports families suffering from pre- and postnatal mental health illnesses.
Telephone: 0843 289 8401 (09.00- 20.00)
Website: www.pandasfoundation.org.uk

• *Twins and Multiple Births Association (TAMBA)*

TWINLINE 0800 138 0509 (freephone)
10.00-13.00 and 19.00-22.00

Website: www.tamba.org.uk
asktwinline@tamba.org.uk

Healthy Mums

Would you like help to minimise weight gain during pregnancy and help with weight loss after the birth?

If you live in Telford and Wrekin, contact the Healthy Families Team on 01952 385465 or find them at www.tealford.gov.uk/info

If you live in other parts of Shropshire, visit www.healthyshropshire.co.uk or ring 0345 678 9025

Other resources

• *NHS Choices*

NHS Choices has been certified as a reliable source of health and social care information

www.nhs.uk

• *Family Grapevine*
Local Directory, Events, News
http://thefamilygrapevine.co.uk/shrewsbury-telford/

• *Money Advice Service*

Advice for parents on managing money, benefits, returning to work or study, saving for your child's future and money worries.
www.moneyadviceservice.org.uk/en/categories/having-a-baby

• *Patient*

Comprehensive health and wellbeing information.
http://patient.info

• *Shropshire Community Health NHS Trust*

Information about community based health services in Shropshire County and Telford and Wrekin.
01743 277 500
www.shropscommunityhealth.nhs.uk

Contraceptive advice

For further information, contact:

- Your GP surgery
- Shropshire, Telford and Wrekin Sexual Health Services 0300 123 0994

http://www.staffordshireandstokeontrent.nhs.uk

- Sexual health services run by the family Family Planning Association at www.fpa.org.uk

Online Postnatal Course

Part of the 'Solihull' approach
www.inourplace.co.uk
Free at least until March 2017 using code:
SHRPSOLIHULLAPPROACHPOSTN

Library Services for You and your Baby

Search the Bookstart website
www.bookstart.org.uk
to find out about the free Bookstart packs
and other ways to have fun sharing books with your baby right from the start.

Forgotten your Nursery Rhymes?
Visit www.shropshire.gov.uk/libraries or www.telford.gov.uk/libraries
to find your nearest library rhyme time and explore the world of free books.

Maternity Engagement Group (MEG)

Have you used Shropshire Maternity Services in the last 2 years?

Would you like to help keep the needs of local women and their families at the centre of local Maternity Services?

Contact us via the hospital website at: www.sath.nhs.uk/contact_us.aspx

Or phone 01952 565990

GET INVOLVED AND JOIN THE GROUP

Meetings 4 times per year at venues around the county

The Maternity Engagement Group involves Service Users, Healthwatch Shropshire, Healthwatch Telford & Wrekin, Shropshire Clinical Commissioning Group (CCG), Telford & Wrekin Clinical Commissioning Group (CCG), and The Shrewsbury and Telford Hospital NHS Trust.

Useful telephone numbers:

In an emergency, please ring the Delivery Suite on 01952 565924 or dial 999 or 112

All the Midwife Led Units operate a 24 hour advice service up to 28 days after the birth.

Shrewsbury	01743 261216
Wrekin	01952 565706
Bridgnorth	01746 711060
Ludlow	01584 871120
Oswestry	01691 404579

Midwife Lactation Consultants are also available for additional breastfeeding support:

Linda Evans	01743 261000 ext. 3630 (Tuesdays) 01952 565921 (other times)
Emma Morris	01743 261216
Jill Overton	01952 565706
Debbie Sharpe	01952 565706
Sandra Umataliev	01952 565954

Other useful numbers:

Shropdoc	08444 06 88 88
NHSDirect (Wales only)	0845 46 47
NHS Urgent Care	111
Emergency services	999

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