NHS
Frimley Health
NHS Foundation Trust

Your postnatal maternity guide 2019 - 2020

Useful telephone numbers

Frimley Park Hospital
Portsmouth Road, Frimley, Surrey GU16 7UJ
Tel: 01276 604604
www.fhft.nhs.uk

Postnatal Ward
Tel: 01276 604194

Labour Ward
(midwives available 24 hours a day)
Tel: 01276 604527
Community Midwives Office (08:00-16:00)
Tel: 01276 604241

Emergency number
Tel: 01276 604527

Contents

Translators

If you need any help in translating this booklet, please tell the staff on the postnatal ward.

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

Your postnatal maternity guide

Welcome

Congratulations on the birth of your baby and on behalf of all the staff here we would like to welcome you to the Frimley Park Hospital Maternity Ward. We hope this booklet will provide some practical information in your postnatal period, however, if you have any questions or queries please do not hesitate to ask a midwife or maternity care assistant who will be able to help.

Part 1 - Postnatal care

Caring for you

Each day whilst you are in hospital, the midwife responsible for your care will examine you and your baby, discuss any problems or concerns you may have and plan the care you need.
We aim to achieve one-to-one care in labour, however, once your baby is born and you are transferred to the postnatal ward the ratio changes to one midwife to a minimum of eight mothers.

If your baby was born with forceps, ventouse or caesarean section, a doctor will see you at least once before you go home. If you had a normal birth, you will not usually see a doctor unless you have a medical problem.

You are welcome to wear any comfortable clothing during your stay.

If you are not happy with any aspect of your stay/care please ask to see the maternity ward matron.

For continuity of care, if you or your baby are unwell after you go home please contact the hospital that you gave birth.

Caring for your baby

We will help you to learn to care for your baby and give you the information you need so that you feel more confident prior to going home. Please help us by telling us how much you already know and asking for help as necessary.

We have a policy of keeping your baby close to you because this helps you and your baby to get to know one another, you will learn to recognise your baby's feeding cues prior to crying and this will consequently ensure a smoother start to feeding.

You therefore assume primary responsibility for your baby/babies.

- We only separate mothers and babies if the health of either mother or baby prevents care being offered in the postnatal areas
- Babies are not routinely separated from their mothers at night. Department of Health guidance advises that the safest place for your baby is in a cot next to your bed for the first six months of life. This applies to babies who are bottle feeding as well as those breastfeeding
- A mother who has had a caesarean section is given appropriate care, but the policy of keeping mother and baby together does not change
- Babies are only separated from their mothers for short periods of time if and when it is necessary to carry out medical procedures

Medication

If you are taking any prescription medication when you are admitted to hospital please advise your midwife.

Where appropriate you will be encouraged to self medicate such medications as iron, forms of pain relief, blood thinning injections and antibiotics, if necessary. If self-medication is appropriate for you, we provide the medication together with a key to a locker next to your bed for its safe storage. However, you are under no obligation to self medicate if you would rather not do so.

Infection prevention and control

All clinical staff in the maternity unit attend mandatory training in infection prevention and control. We also aim to maintain the highest possible standards of care and cleanliness in all ward areas, to minimise the risk of healthcare-associated infections.

The Trust has information leaflets on a variety of infection prevention and control topics, including MRSA and chicken pox. Please speak to a member of maternity staff, or the PATRIC centre for leaflets.

Hand hygiene

You may have read or seen a lot about hospital associated infections in the media, but the single most important activity for the prevention of spread of infection in hospital is good hand hygiene.

Alcohol-based hygienic hand rub is available at every point of patient care in the hospital and also at entrances and exits to wards and departments. The alcohol hand rub is available for the decontamination of hands after contact with patients or the patient environment if hands are visibly clean.

Soap and water should be used to wash your hands if they are visibly dirty, if you have been in contact with body fluids (for example, after changing a nappy, changing your sanitary pads, after using the toilet), and before handling food and drink.

Reducing the risk of infection in hospital

Infection prevention and control is everyone's responsibility in hospital, therefore we ask that you and your visitors:

- Ensure good hand hygiene at all times. Always wash your hands before handling your baby and insist that everyone else does so
- Keep your bed space as uncluttered as possible, so that housekeeping staff can clean the area effectively
- Ensure that your own laundry is taken home to be laundered regularly. A linen bin is provided in each room for used hospital baby linen
- Bring in your own toiletries
- Only two visitors at a time per person, and patient's own children only to visit
- There is no waiting room for visitors to use. Additional visitors will need to wait outside the ward, or in the hospital cafe
- Visitors must not visit if they are unwell. Please inform a member of staff if any of your children have a rash, sore throat or temperature
- Visitors should ensure any open wounds are appropriately covered before visiting
- Visitors must not sit on beds – chairs are provided
- Keep your luggage to a minimum, one baby bag to fit under the cot and one small flight bag for yourself
- No flowers to be brought onto the unit

Security and safety

Two systems are in place to provide security for you and your baby:

24-hour surveillance

The security entrance has a surveillance camera and 24-hour video recording. All visitors must identify who they are visiting before we allow them to enter.

Please do not allow other people to enter the ward as you leave.

We ask visitors to press the door bell once only; if you are not answered straight away it is because staff are busy.

Please be patient, we will answer as soon as possible.

Security cots

We recommend that your baby remains at your bedside.

Security cots are in place to provide added security. When your baby is lying in the cot, you can switch the alarm on by turning the key and removing it from the lock. This can be used while you are sleeping or if you leave the baby for short periods, eg. while in the bathroom. We recommend that you position your baby with his/her head at the opposite end of the cot from the alarm.

In the interests of safety, we ask that you:

- Never leave your baby unattended on the bed
- Please change nappies in the cot and not on your bed

- Please be careful when holding the baby in your arms – we ask that you place your baby in the cot when moving around the ward
- All babies are identified by two ankle name tags, please let a member of staff know immediately if one becomes loose or falls off. These tags must remain on the baby until you have left the hospital and will be checked as you leave to go home

Visiting the Post Natal Ward

We recognise that women value the support of family and friends when they are admitted to hospital. To help us facilitate this we ask that you follow the guidance below to balance the theraputic effects of women spending time with relatives, carers and friends with the need for rest and time for clinical staff to attend to treatment and care needs. **Please help us to continue to offer this by following the below:**

- Visiting is between 9am and 9pm
- Visiting is restricted to two individuals per bed
- Only children of the patient or their partner are allowed
- Visiting in our post-operative bay, Bay D, is strictly limited to partners, own children and grandparents ONLY
- Please do not bring flowers or plants onto the ward
- Women who are breastfeeding may wish to have privacy when feeding, please support this and leave the ward if requested
- You may be asked to wait outside during ward rounds and examinations
- Please do not visit if you are unwell. You should be symptom free for 72 hours before visiting.This includes coughs, colds, vomiting and diarrhoea. Women and babies are more susceptible and you will help keep them safe by following this advice
- Please clean your hands before and after visiting
- Please only use the toilet designated for visitors and not those in the patient areas

Curtains and privacy

The curtains are provided to ensure privacy whilst undergoing an examination or breastfeeding. At all other times they should be left open in order to ensure that staff can observe the wellbeing of you and your baby and offer help when needed. This ensures good light and ventilation which is important for your baby. It also makes for a safer environment for you, your baby, staff and visitors.

Caring for yourself following the birth of your baby

Your postnatal stay in hospital will differ depending on you and your baby's individual needs. Most first time mothers stay in hospital for at least one night. Mothers having their second or subsequent child will go home from the labour ward/birth centre within a few hours of the baby's birth if all is well. If you have a caesarean section, you will usually stay for one to two days.

It is advisable to plan for your discharge from hospital. You should consider transport home, clothes for yourself and your baby and help at home from your partner, family and friends.

If you go home before your baby is 12 hours old, your baby's NIPE (Newborn Infant Physical Examination) may be performed by a midwife from your area.

Your blood loss (lochia)

- Always remember to wash your hands before and after changing your sanitary towel to reduce the risk of infection
- In the first 48 hours after the birth your blood loss will be red and heavy, you will probably need to change sanitary pads every 2-4 hours
- The blood loss gradually decreases in amount and changes colour, becoming lighter and less red over seven to ten days
- You may have a heavier blood loss during breastfeeding and when you start to be more active again. As long as it becomes lighter between feeds, it is normal
- If you should pass any large clots of blood (2-3 inches, 5-8cm across), please try and save them in a plastic bag for the midwife to inspect
- The blood loss may continue in varying amounts for three to four weeks. Talk to your GP if it continues after this time, remains heavy or becomes bright red again
- If you are breastfeeding, you may not have a period until you stop feeding your baby (you can still get pregnant though, because ovulation may occur). If you bottle feed, your periods will resume between two to six weeks following the birth

Care of your perineum after your baby is born

The perineum is the area between your vagina (where the baby comes out) and your back passage or anus (where you pass a bowel motion). The perineum may feel bruised and tender whether you have stitches or not.
We use a suture (stitch) that doesn't have to be taken out and will usually dissolve in 7-10 days. The wound should be healed by that time.

The following should help you:

- Change your pads at least every four hours – we recommend you use maternity sanitary pads. As the blood becomes less use thinner pads
- Have a daily bath or shower
- Use a non-fragranced soap or clear water to wash
- Wash from front to back with running water if you can
- Pat the area dry with a towel that is only used for the perineum
- Wear disposable pants or cotton underwear (these help prevent the area becoming sweaty)
- Wear loose clothing
- Use pain killers like paracetamol or ibuprofen to help control pain (follow the instructions on the packet)
- Arranging two cushions to sit on so that you do not sit directly on the wound will help, ask your midwife to demonstrate
- Try feeding lying down; ask for help with this if you want to try
- If you have grazes which sting, try to flush the area with water as you pass urine. A clean jug or a brand new clean plastic spray bottle, kept only for the purpose, may be used to pour/spray warm water over the perineum as you sit on the toilet
- Try sitting the wrong way on the toilet and lean to direct the stream of urine away from the sore area. Stand up and close the lid before flushing the toilet

NB: It is recommended that you should wash your hands prior to going to the toilet and before touching your sanitary pad.

Remember the don'ts

- Avoid using bubble bath until your perineum has healed
- Do not use salt in the water, as it does not help the healing process and may cause dryness and irritation
- Do not use a hairdryer to dry the area

Piles and constipation

Piles or haemorrhoids are common after birth. They usually improve within the first few weeks with the aid of haemorrhoid creams and/or suppositories. Your midwife or GP will advise you.

Having your bowels open after giving birth can be a bit 'scary' but you are unlikely to burst your stitches. You may find it helpful to apply counter pressure by holding a sanitary towel or tissue over your stitches when trying to open your bowels.

Try to eat and drink healthily, including plenty of fluids, fruit and fibre to avoid constipation. Use a laxative if you don't have your bowels open after two or three days.

You can continue taking laxatives until you have a normal bowel action pattern.

If you take pain killers, note some contain codeine, which may cause constipation.

Passing urine

Make sure you pass urine regularly. This allows room for the womb to contract down and reduce the blood loss. It also helps you retain proper bladder control, which you may find difficult at first. Regular visits to the toilet every three to four hours will ensure the bladder does not become overfull. It is normal to pass large amounts of urine frequently after giving birth.

By practising your pelvic floor exercises regularly at least three to four times a day you will find that you will regain the control quickly (refer to your exercise booklet).

Changes to your body

- Remember to eat well and spread your food throughout the day as you will need some extra calories to help you produce milk and heal
- Whether or not you are breastfeeding your baby, your breasts will fill and swell when the milk comes in
- Should your breasts feel uncomfortable, try using Savoy cabbage leaves, which have been washed and chilled in the fridge. Prick the leaves to release enzymes, and then place the leaves over your breasts, avoiding the nipples. Leave in place for 20 minutes before changing. Repeat until the breasts feel better
- Pain relief may also help. Remember to discuss feeding and breast issues with your midwife, breastfeeding counsellor or peer support worker
- Your abdomen will gradually go down. You may experience 'afterpains' for two to three days after birth, which help to contract the uterus (womb) back to its pre-pregnancy size. These may be particularly strong if you have had other children/pregnancies. Pain relief should help
- Try spending some time lying on your stomach each day; this will encourage the uterus to return to its normal position. You may need to lie on pillows so that your breasts are not squashed
- Some women complain of backache after a few days, which can be due to sitting awkwardly whilst feeding or changing your baby. Make sure that you are well supported and your back is straight whilst dealing with your baby. Arrange the cushions in your feeding chair so that you are comfortable and supported before you begin. Remember the advice about keeping your back straight when carrying or lifting
- Your ankles may swell up after the birth; this is normal and usually resolves after about a week
- Very occasionally varicose veins become inflamed after the birth

- Rarely, the calf may swell and become extremely painful, which may indicate a deep vein thrombosis (DVT)

If you have any painful leg symptoms please seek advice from the midwife or GP immediately.

Reduce the risk of getting a DVT or pulmonary embolism (PE)

There are steps you can take to reduce your risk of getting a DVT or PE:

- **Staying as active as you can**
- **Wearing special stockings (graduated elastic compression stockings) to help prevent blood clots if advised**
- **Keeping hydrated by drinking normal amounts of fluids**
- **Stopping smoking**

Bleeding

If you have fresh blood running away from you like water in the first two to three weeks following the birth, contact your GP or midwife urgently. If the bleeding does not slow, you will need to dial 999 for an ambulance to transfer you to hospital. Before the ambulance arrives, lie yourself down with your feet higher than your head. This is very rare, but urgent attention is needed if it does happen.

Postnatal exercises

After your baby is born, it is important to follow a series of exercises to strengthen the pelvic floor and abdominal muscles, which have been stretched by pregnancy and birth. This will help to prevent backache, correct posture and you will

Signs and symptoms of potentially life threatening conditions for women

Signs and symptoms	What this could mean	Actions to take
Sudden and profuse blood loss or persistent increased blood loss	Postpartum haemorrhage	Dial 999 for urgent attention
Faintness, dizziness, palpitations/ tachycardia	Postpartum haemorrhage Infection	Seek medical advice
Fever, shivering, abdominal pain, offensive lochia	Infection	Seek medical attention contact your midwife or GP
Headaches accompanied by visual disturbances, nausea or vomiting within 72 hours of birth	Pre-eclampsia or eclampsia	Seek medical attention contact your midwife or GP
Unilateral calf pain redness or swelling shortness of breath or chest pain	Thromboembolism	Seek medical attention contact your midwife or GP

Contact information

- Your own GP surgery, the answerphone will give you the out of hours number
- Postnatal Ward 01276 604194
- For urgent calls that cannot wait until office hours you can speak to a midwife on the Labour Ward Triage on 01276 604527

regain your figure more quickly. Your circulation and breathing will also benefit. Do try and practise them at least once a day.
The midwife will explain the exercises and give you a leaflet to take home.
Aerobic exercises and swimming should be avoided until after your postnatal check up with your GP at 6-8 weeks.

Community midwife and health visitor

You will see your community midwife the day after you leave hospital. In some areas we have opened maternity hubs, where we provide antenatal and postnatal care. If there is a Hub in your area, your midwife may offer you an appointment for postnatal care there. If there is not a Hub in your area, your midwife will visit you at your home between 9am & 5.30pm. Due to workload it is not possible to give you a time in advance.
We will check the address and contact number with you before you leave.
If anyone calls to see you asking to see your baby and you do not know them, ask for identification and do not let them in until you are satisfied.
Postnatal visits are tailored to suit both you and your baby's individual needs. The midwife will see you and your baby until your baby is at least nine days old, but not necessarily on a daily basis.
Your community midwife will perform the same postnatal checks on you and you baby as in the hospital. She is there to check that you and your baby are well and offer support in the early days of adjustment to life with your baby.
The health visitor takes over when your midwife has discharged you from her care. She will advise you about your baby's development, immunisations and baby clinics.
Should you need to contact the health visitor before her first visit, you can do this via your GP's surgery.
It is advisable to make an appointment with your GP for a check-up at six - eight weeks following the baby's birth.

Your feelings

You will probably feel exhausted but elated following your baby's birth. It is quite usual for your emotions to be a bit 'up and down'. Baby 'blues' (feeling anxious and weepy), usually occurs on about day three or four and subsides quite quickly. Give yourself time to settle into your new role and to recover from the birth. Babies can be very demanding!

- Accept offers of help
- Cut down on cleaning
- Rest when your baby sleeps
- Keep meals simple
- Do not have too many visitors at any one time

It is common to feel tired and the advice given above should be observed for a few weeks after the birth of your baby to allow you both to recover and enjoy your new roles as parents. Your partner will feel tired too so once you feel up to it, share out the household chores.
Over the first few weeks, your confidence will grow and your emotions should settle. However, around 10 % of mothers do develop postnatal depression.
If you feel unable to cope or you are unhappy with the way you feel, you should get help.
Talking about how you feel can help. Contact your community midwife, health visitor or GP.

Contraception

Having just given birth, contraception is possibly the last thing on your mind! It is, however, very important that you bear in mind the following:

- You may ovulate very soon after birth
- You do not need to have a 'proper' period in order to begin ovulation again
- You can still become pregnant while breastfeeding

If you are not planning to have another pregnancy straight away, be aware that you need contraception immediately.

Some methods of contraception are not suitable for the immediate postnatal period or when breastfeeding.

- For more information read 'your guide to contraceptive choices - after you've had your baby' available at **https://www.fpa.org.uk/sites/default/files/contraception-after-having-baby-your-guide.pdf**

Your midwife or GP will advise you. If you wish to use prescription methods of contraception, you should consult your GP about three weeks after your baby's birth.

There is no right or wrong time to resume your sex life.

You may find that you need to use a lubricant at first particularly if you are breastfeeding.

Make time for you and your partner and be guided by how you feel.

However, if you are experiencing problems during intercourse three months after the birth of your baby, speak to your GP.

Recovery after a caesarean section

If you've had a caesarean you may feel a bit sore for a while. Please take time to read the following advice:

- Your midwife will give you specific advice about the care of your wound and dressing it, as necessary
- Remember not to lift anything heavier than the baby for the first few weeks until you have had the postnatal check-up
- Your womb will not contract back to normal as quickly. It may be a few weeks before you have a 'flat' tummy again
- You should still do postnatal exercises after a caesarean section. Although your pelvic floor has not had to stretch for the birth of your baby, it has still had all the stresses of pregnancy. You will probably find that some post operative discomfort is relieved by gentle exercise
- It is very important to obtain confirmation from your insurance company, preferably in writing, as to how soon you can drive again following caesarean section

The benefits of skin-to-skin

Research has shown that skin-to-skin is beneficial for parents and babies because it:

- Gives parents a positive experience with their baby
- Makes the baby feel secure which helps keep his/her heart rate and blood pressure stable
- Keeps the baby warm
- Helps the baby settle, he/she is less likely to cry
- Helps the mother and baby to initiate feeding
- Has a positive impact on your baby's development providing closeness and comfort
- Is known to have a long term positive effect on the whole family unit

Sharing a bed with your baby

The safest place for a baby to sleep is in a cot next to his/her mother. However, some babies share their mothers' bed in hospital either to breastfeed, have skin-to-skin contact, receive comfort and warmth or to sleep. In order to ensure safety, there are a few points to consider before you think about having your baby in bed with you. Please discuss this with the staff who will be able to advise you.

Never share a bed with your baby if:

- You are a smoker
- You have been sedated, e.g. following strong analgesia given after surgery
- You are extremely tired e.g. after a long labour
- You have any condition which alters consciousness, e.g. epilepsy, unstable diabetes
- You are very obese
- You or your baby are unwell or have a temperature

If deciding to keep you baby in bed with you make sure you ask the staff to assist you with placing cot sides on the bed, that the baby is on top of the blanket and that the curtains are left open in order for staff to observe that all is well.

Kangaroo care

The benefits of Kangaroo Care for babies receiving care on the Neonatal Unit (NNU) and the Transitional Care Unit (TCU) have been thoroughly researched and are widely documented, these benefits include:

- Reducing babies stress levels, reducing crying and aiding sleep
- Being effective yet very inexpensive
- Helps to stabilise the baby's heart rate, breathing, temperature and oxygen saturation level
- Easy access to breastfeeding promoting early establishment and continuing feeding
- Promotes a close and loving relationship between the baby and parents
- Provides the baby and the parents with warmth and comfort
- Encourages the father's involvement in caring for his baby
- Improves parental experience and confidence in caring for their baby

Staff are available to support and assist.

Your newborn baby

Over the next few days and weeks you may notice things about your new baby that worry you. The following has been designed to reassure you. It tells you the normal healthy signs of a newborn baby, explaining some of the more common things that are normal and when you should seek help.

Signs that all is well with your baby

Healthy babies should have a normal colour for their ethnicity, maintain their temperature and pass urine and stools at regular intervals. They should initiate feeds, suck well and settle between feeds. Babies should not be excessively irritable, tense, drowsy or floppy. Babies' vital signs are different to adults & should be within the range of:

- A breathing rate of 30-60 breaths per minute
- A heart rate of 110-160 beats per minute (may be slower when asleep about 90 beats per minute or higher when crying)
- Temperature of around 37°C if measured

It is not necessary to check your baby's vital signs unless you suspect that your baby is unwell.
If your baby appears unwell please contact your midwife or GP.

How do I clean my baby's skin?

Cleansing agents should not be added to your baby's bath water nor should lotions or medicated wipes be used. Babies are born with their own skin protector; the introduction of baby bath products, wipes and creams etc, along with the exposure to urine and faeces, could disrupt this delicate protective barrier (known as the 'acid mantle') and lead to problems, including eczema, or allergic reactions. The only cleansing agent suggested, where it is needed, is a mild non-perfumed soap.
If your baby is overdue, his/her skin may well be dry and cracked. This is to be expected, as the protective vernix has all been absorbed. Don't be tempted to use any creams or lotions as this may do more harm than good.
The top layer of your baby's skin will peel off over the next few days, leaving perfect skin underneath. Continue with plain water only for at least the first month.

What are these spots?

Babies have been enclosed in a safe, fluid-filled environment for nine months and so when they are born their skin is exposed to all the bacteria and organisms that we live with:

- Milia (milk spots) – up to 40 % of babies are born with milia which are small white spots on your baby's face which fade within the first two weeks
- Sudamina (sweat rash) – this is due to blocked sweat ducts around the forehead and groin which usually disappears within days
- Erythema neonatorum – this red flush usually disappears within the first 24 hours
- Erythema toxicum – this appears with term babies between two and seven days of life. The baby is well but may be covered with small yellow spots surrounded by a red blotch which may look worse when the baby is warm. These spots fade and reappear over hours
- Nappy rash – it is important to keep your baby's genital area clean and dry. Do not use perfumed products. If this persists seek the advice of your midwife, health visitor or GP.

Why is my baby producing mucous?

Many babies produce a lot of mucous in the first few days following birth. This is quite normal but can result in some feeding difficulties. Some babies may appear to have mucous in their throat and this can cause them to gag. It is not uncommon for babies to possett which is when they appear to 'bring up' or vomit a small amount of feed. If concerned please ask your midwife.

Why has my baby's head got a soft spot?

On the top of your baby's head near the front there is a diamond shaped soft spot where the skull bones have not yet fused together. You may notice it moving as your baby breathes. Do not worry about touching this area as there is a tough layer of membrane under the skin. It may take 12-18 months to close. If this area appears very sunken or swollen and tense please see your GP.

What is this swelling on my baby's head?

It is quite common for some babies to have a small swelling on the back of their heads and this is a collection of fluid under the skin called a caput. It is due to the baby's head being squeezed into the shape of the pelvis or due to the ventouse suction cup – it does not mean that there is any damage to the baby's skull.

Babies born by ventouse may also have a bruise on their head which slowly fades over the next few days. Caput disappears in about two to three days as the fluid is reabsorbed and your baby's head will become a normal shape. A few babies may develop a swelling on one or both sides of the head due to a rupture in the blood vessels between the skull and the periosteum which is a layer of tissue over the bone. It may appear following delivery, no treatment is required and it may last up to several weeks before disappearing.

Why is my baby yellow?

This is called jaundice and is very common in newborn babies on about the third day following birth. The jaundice usually fades within about 10 days. Your midwife will keep a close eye on your baby and may take a blood test to check the level of jaundice.

Occasionally some babies with high levels of bilirubin may need phototherapy treatment.

There is additional information in the NICE leaflet on neonatal jaundice in the peach section of your blue hand held notes.

Please contact your midwife if:

- Your baby appears jaundiced in the first 24 hours
- Your baby's head and body appears jaundiced
- Your baby's whites of the eyes are yellow
- Your baby is sleepy and reluctant to feed

Why does my baby have red/watery eyes?

- Bloodshot eyes – some babies have bloodshot eyes due to the pressure during delivery, this is not a problem and will resolve spontaneously
- Watery eyes – this is something that is very common in newborn babies. Baby's tear ducts are immature at first and do not always wash away dust/dirt in the baby's eyes. This will naturally resolve in time. You can clean your babies eyes with clean cooled boiled water using a new clean cotton wool ball with each wipe if your baby's eyes appear 'sticky'. If the discharge becomes green or yellow your midwife may take a swab to ensure that there is no infection present.

Does my baby have a cold?

This is very unlikely as your baby has been born with a full set of antibodies that he received from you.

Newborn babies do not have the ability to cough because their throats are adapted to be able to breathe and feed at the same time. This means that the only way a baby can clear his airways is to sneeze and newborn babies do this a lot! They also can seem to have a snuffly nose. This is due to dust and dirt that we all breathe in becoming caught in the baby's nose and he will then clear his nose through sneezing. As long as your baby is feeding well, we do not tend to try and resolve a seemingly blocked nose.

Is my baby too hot or too cold?

Newborn babies have poor circulation in their hands and feet and so these may feel cold to touch and appear a little blue for a few days. The best way to tell if your baby is warm enough is by feeling his chest or the back of his neck and this should feel warm to touch.

Please refer to the information supplied by your midwife regarding reducing the risk of cot death.

Why does my baby's tummy button smell?

The piece of umbilical cord that was clamped off will dry up and die off, this process is called 'dry gangrene'. It is normal for the cord to smell a little and look quite sticky in the days before it drops off. Your midwife will monitor the cord and may occasionally take a swab to ensure that there is no infection present. All you need to do is make sure that the cord stays clean and dry and exposed to the air, so folding the baby's nappy down and away from the cord may help. Do not use any cleaning products or antiseptic powders on your baby's cord stump.

What's in a nappy?

The contents of your baby's nappies change day by day at first. These changes can help you know if your baby is feeding well. Ask your midwife if there is anything you feel concerned about.

Days 1–2

Urine: two or more per day.

Dirty nappy: one or more per day. The first motion your baby will pass is called meconium which is green/black and tarry with no smell, which has gradually accumulated in the baby's gut since the 16th week of pregnancy. This is usually passed

Signs and symptoms of potentially life threatening conditions for baby

Signs and symptoms	Actions to take
High pitched or weak cry	Seek medical advice
Much less responsive or floppy	Seek medical advice
Pale all over	Seek medical attention contact your midwife or GP
Grunts with each breath	Seek medical attention contact your midwife or GP
Takes less than a third of recommended feed	Seek medical attention contact your midwife or GP
Passes much less urine	Seek medical attention contact your midwife or GP
Vomits green fluid	Seek medical attention contact your midwife or GP
Blood in stools	Seek medical attention contact your midwife or GP
High fever or sweating	Seek medical attention contact your midwife or GP
Stops breathing or goes blue	Dial 999 for urgent attention
Is unresponsive and cannot be woken	Dial 999 for urgent attention
Shows no awareness of surroundings	Seek medical attention contact your midwife or GP
Has glazed eyes, does not focus	Seek medical attention contact your midwife or GP
Has a fit	Dial 999 for urgent attention

Contact information

- Your own GP surgery, the answerphone will give you the out of hours number
- Postnatal Ward 01276 604194
- For urgent calls that cannot wait until office hours you can speak to a midwife on the Labour Ward Triage on 01276 604527

in the first 24 hours following birth. If your baby has not passed meconium within 48 hours please inform your midwife.

Days 3–4

Urine: three or more per day. The amount of urine increases, and the nappies feel heavier.

Dirty nappy: two or more per day. The colour changes and looks more green; these are called 'changing stools'.

They change because your baby is taking more milk and digesting it.

Days 5–6

Urine: five or more heavier nappies a day.

Dirty nappy: at least two soft yellow stools per day.

Day 7 onwards:

Urine: six or more heavy nappies a day.

Dirty nappy: at least two soft yellow stools per day, greater in size than a £2 coin. You might notice little seedy or mustardy particles in it, don't worry as this is normal.

In the first couple of days, some babies may have pink/orange staining in the nappy, this is because the urine is concentrated and high in coloured urates. Baby girls may also have a mucousy vaginal discharge and may also have a small period because they are withdrawing from the hormones that were passed from you across the placenta. The genitals of boys and girls often appear quite swollen but will look in proportion with their bodies in a few weeks.

Are my baby's breasts normal?

Due to the withdrawal from the mother's hormones some babies may develop swollen breasts which occasionally ooze milk. Although this is worrying for mothers there is no need for treatment in the majority of cases and the swelling will resolve spontaneously in a few days.

Why does my baby cry?

Crying is a baby's way of communicating with you.

Apart from checking if your baby is hungry you should check if your baby is uncomfortable, has a wet or dirty nappy, or is too hot or cold. Your baby may just want a cuddle and settle quickly in your arms. Some babies become uncomfortable with 'trapped wind' and they may appear blue around the mouth area. Sitting your baby up supported on your lap and gentle rubbing of your baby's back may help this. A baby who is crying excessively and inconsolably, most often during the evening, either drawing its knees up to its abdomen or arching its back, should be assessed for an underlying cause by a health professional. A common reason for this is colic and be reassured that colic will eventually pass. Do not change your baby's feed or give medicine for this without consulting a health professional.

Does my baby have a birthmark?

Once you begin to look closely at your baby, you'll probably find a variety of little marks. Most of them will eventually go away; please ask the midwife or paediatrician about them when they examine your baby. Many are little pink or red marks which some people call 'stork bites'. These 'V' shaped marks on the face and eyelids gradually fade before they disappear.

Marks on the back of the neck may last much longer but are often covered by hair. There may be 'pressure marks' on the baby's face from delivery but these do no harm and will fade over the first few days. Please tell the midwife so that she can document these in your notes.

General health

Please remember if your baby is very sleepy, not feeding well, or appears unwell then you must contact your midwife or doctor.

You are with your baby all the time and therefore the best guide as to whether your baby is behaving like he usually does. If you are worried about anything, seek advice early.

Examination of the newborn

This section tells you about what we will be looking for when your baby is examined. It also provides you with some useful information about what happens to your baby in the first few weeks after birth.

A midwife (with additional training), neonatal nurse practitioner or doctor will examine your baby within 72 hours of birth. This will be done whilst you are in hospital or at home.

You will be able to watch the examination and ask any questions. It is preferable that your baby is calm and quiet during the examination, therefore it may be carried out whilst your baby is asleep.

What will they be looking for?

The examiner will examine your baby from head to toe to make sure that he/she is adapting to life outside the womb. The examiner will pay particular attention to the skin, head, eyes, ears, heart, abdomen, hips, spine, genitalia and any areas of concern which you might have.

What do I need to tell the person examining my baby?

Most of the information will be gained from your notes but the midwife/doctor may ask you some further questions.

The person examining your baby will need to know if:

- There were any problems found on your antenatal scans
- Your baby had been lying in a breech position
- Anyone in your close family had any problems with their hips as a child
- Anyone in your family is deaf
- Anyone in your family has any other hereditary conditions
- If your baby has passed urine and meconium (wet and dirty nappies)
- If your baby is feeding well

What if I am worried about my baby?

Tell the midwife or doctor who examines your baby. Explain the concerns you may have. They will be happy to check your baby over to make sure everything is within normal limits.

Risk of Tuberculosis (TB)

Has anyone in your family had TB in the last five years or any member of your family with active TB? You will also be asked your and your parent's birth origin.

What happens if a problem is found?

About one baby in 10 will have a problem found during the newborn examination. Usually this is a minor problem, which may or may not need treatment. Some babies may require further tests/investigations or need to be seen again in an outpatient clinic after they have been discharged from hospital. The outcome will depend on what the findings are and this will be discussed with you.

Problems you may encounter include:

Bruises and birth marks. It is very common for newborn babies to have some bruising (and swelling) on the head after birth. This is the result of pushing and will soon disappear. Babies often have other marks or spots on their skin. Most of these will eventually go away, although this may take weeks or months. They are sometimes known as stork marks or strawberry marks. Please tell the midwife so that she can document these in your notes.

Jaundice. Jaundice is the name for the yellow colour of the skin and eyes that develops in many newborn babies. It is normal and usually disappears within a few days. There is additional information in the NICE leaflet on neonatal jaundice in the peach section of your blue hand held notes.

Heart murmurs. A heart murmur is the noise that is made by blood as it passes through the chambers, valves and bloods vessels of the heart. Murmurs are often heard in newborn babies and may be normal. In others it may be the first sign that there is a problem with the heart. If a heart murmur is discovered, a doctor may recheck your baby's heart prior to discharge. They may need to arrange some further tests to be done to make sure that the heart is normal.

Hips. Checking of your baby's hips is an important part of the newborn examination. Some babies are born with problems with their hips. This condition is more common in babies who have been lying in a breech presentation or where someone else in the family has had a similar problem. If the midwife or doctor finds any problems with your baby's hips, or if there is any reason why your baby might be at risk of hip problems, e.g. if your baby was in the breech position following 34 weeks of pregnancy, he or she will arrange for a hip scan to be performed. An appointment will be sent to you after discharge and your baby may also be seen by a specialist to check the hips again.

Genitalia. During the newborn examination the midwife/doctor will check your baby's genitalia. This is especially important in boys to make sure the testicles are in the correct position. In some boys the testicles are not in the scrotum and may be reviewed by a paediatrician.

Your baby will be rechecked in six to eight weeks by the GP.

Eyes. The examination of the eyes is designed to pick up structural abnormalities of the eyes, not to check vision.

The main abnormalities are cataracts and retinoblastoma.

These cases are rare – two or three in every 10,000 live births.

A cataract is a clouding of the normally clear and transparent lens inside the eye – there are many types of cataract. Some affect vision, others do not.

Retinoblastoma is a fast growing eye cancer in early childhood. It has one of the best cure rates of cancers detected in children. If there are any concerns your baby will be referred to an eye specialist for ongoing advice and care.

If no problem is found, can I be sure my baby is alright?

Generally yes, but unfortunately, the newborn examination only allows us to pick up problems that are obvious at birth. Just because a baby seems normal when first seen, it does not mean that there cannot be anything wrong with the baby. There are some conditions that may show themselves later. For example, some babies may not have a heart murmur at birth, but develop a heart problem that only shows itself at a later date. There are also some babies that do not

appear to have a problem with their hips at birth, but develop problems over the next few months.
Your baby will be reviewed at six to eight weeks of age by your GP. If concerned please speak to your health visitor and/or GP.
Sometimes it is difficult to tell if a baby is ill. If you are worried about your baby contact your midwife/health visitor or visit your GP.
You should contact a doctor immediately if

- Your baby turns blue or very pale
- Your baby has difficulty with breathing or has pauses between breaths of over 20 seconds
- Your baby is difficult to wake or is unusually sleepy

Part 2- Breastfeeding

Breastmilk is the best food to give your baby the best possible start to his/her life. Milk is produced by you specifically for your baby and it varies in volume and composition as your baby requires. Breastfeeding can be a wonderful feeling for both you and your baby. Keeping your baby close in skin-to-skin contact enables you to respond to your baby's needs for food. You may find the following leaflets useful:

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2010/11/Off_to_the_Best_Start_Leaflet_4_Pages-2017_.pdf

https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2010/11/otbs_leaflet.pdf

http://www.unicef.org.uk/Documents/Baby_Friendly/Leaflets/building_a_happy_baby.pdf

Breastfeeding in the first few days

Your baby will find it reassuring to be close to you in skin-to-skin, so that you can respond to their needs. Research shows that this is positive for their brain development.
We encourage you to offer the breast to your baby for comfort for both of you, or if your breasts are full. This is sometimes referred to as responsive feeding; it will not spoil your baby but will help them feel secure and loved. Your baby will enjoy being held and cuddled by you or your partner.
Babies vary enormously in the frequency of breastfeeds they require when first born. Some babies feed very frequently in the first few days; this is normal. Some feed infrequently or for short periods, whilst others request the breast eagerly and want to feed a lot of the time, again this is normal.

Your baby's stomach is very small at birth, the size of a marble. On day 3 it is the size of a walnut and when your bay is one week old it is the size of an apricot. Therefore, a lot of babies will feed often and sometimes for short periods.

Your colostrum (the milk produced in the first few days) provides your baby with all the foods she/he needs and in volumes with which they can cope. Keeping an eye on your baby's wet and dirty nappies will ensure that your baby is feeding well. You will find more information in your handheld notes.

We recommend that you avoid using bottles, dummies and nipple shields while you are initiating breastfeeding, as these may change the way your baby sucks, possibly making it more difficult for your baby to breastfeed well.

Most babies do not need to be given anything other than breast milk for the first six months. Routinely offering formula milk may reduce your milk supply over a period of time. Formula alters the bacterial environment in the baby's gut. Breastfeeding protects your baby against gastroenteritis, diarrhoea, urinary tract infections, ear and chest infections. Giving formula milk increases the risk of your baby developing any of these infections. If there is a history of allergy in your family, giving formula may increase the risk of your baby developing allergies, such as asthma, eczema and hay fever.

Occasionally, other foods are medically indicated to ensure your baby remains well. This will be explained to you by the staff before you are asked to give your permission. The volumes given will be small and temporary and you will be assisted with positioning and attachment and how to maintain your supply. If any medical procedures are necessary in hospital, you will always be invited to accompany your baby.

Helpful hints for soothing your baby

- Offer skin-to-skin. Feed your baby with just a nappy on. The skin-to-skin contact is comforting for both of you and promotes well-being for you and your baby
- When offering skin-to-skin ensure your baby's head is clear so that she/he can breathe without any restrictions
- Skin-to-skin makes your baby feel secure and protected. It also helps to warm a baby who is cold
- Ask for assistance with positioning and attachment to ensure feeding is comfortable for both of you
- Always keep your baby close. Babies like to be with their mother and often cry when separated from her
- A small amount of expressed breast milk can help to settle your baby. The staff will show you how to hand express

You may find the following links useful:
http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Meeting-baby-for-thefirst-time/

http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Breastfeeding-andrelationships-in-the-early-days/

Your midwife will give you the 'Mothers and others Guide'.This guide offers information on pregnancy, feeding and parenting. If you have not received this ask your midwife.

Specialist support for breastfeeding

Once home your community midwifery team will carry on offering support. If you continue to experience problems, related to feeding your baby, the midwife or your health visitor can refer you to **Frimley Park specialist breastfeeding clinic** which is held at **the Hale Family Centre, Upper Hale Road, Farnham, Surrey GU9 0LR**; Monday and Thursday between 13.00 - 16.00 hours, **excluding bank holidays**.
Please note an appointment is needed, please call **07974324379**

Other help and support

There are a number of voluntary breastfeeding support workers/counsellors in the community, often based in the local Children's Centre; your midwife will have details of support available in your local community. The following contact numbers might also be useful:

National Breastfeeding Helpline
Tel: 0300 100 0212
Breastfeeding Network (BFN)
Tel: 0300 100 0210
National Childbirth Trust (NCT)
Tel: 0300 330 0700
Association of Breastfeeding Mothers (ABM)
Tel: 0300 330 5453
La Leche League
Tel: 0845 120 2918
Breast pump hire
Pumps can be hired from **Medela**
tel: 0161 776 0400 www.medelarental@co.uk
or **ARDO Medical**
tel: 01823 336362 www.ardomums.co.uk

Formula feeding

If you have chosen to feed your baby with formula **please bring into hospital** the bottles/teats to use, and the brand of your choice suitable for newborn first milk. Many brands are available in tetrapaks which can be stored in the designated fridge on the ward for up to 24 hours. Cold water sterilising units are available for you to use. Please do not bring powdered formula, we do not have the facilities to prepare it. Staff are available to assist you and your baby. You may wish to feed your baby in skin to skin contact.

Part 3- Going home

Your discharge home will be determined by the care needs of you and your baby. Before you leave the unit a midwife will discuss aspects of your ongoing postnatal care with you including the transition to care at home by the community midwives, follow up appointments and other important information.

If you have changed address, phone number or GP please inform the midwife.

We kindly ask you to be patient as your midwife prepares your discharge paperwork and arranges any relevant medication for you to take home. During periods of high activity there may be many women wanting to be discharged at the same time. Our priority is that all women are discharged safely and we will endeavour to ensure this is done as quickly and efficiently as possible.

Some points to remember are:-

- Please have appropriate clothing and a car seat to take your baby home
- **You will see your community midwife the day after you leave hospital. In some areas we have opened maternity hubs, where we provide antenatal and postnatal care. If there is a hub in your area, your midwife may offer you an appointment for postnatal care there. If there is not a hub in your area, your midwife will visit you at your home between 9am & 5.30pm.**
- The health visitor will visit following discharge from your midwife
- If you need advice between visits please contact the midwife via the community liaison office on 01276 604241
- You will need to register the birth of your baby by the age of six weeks. Please refer to the information sheet given to you by the midwives

Comments and complaints

Please contact us if you would like to either compliment us or suggest ideas for improvement. If you are dissatisfied with any aspect of your care, please discuss this in the first instance with your midwife who will pass your concerns to the appropriate health care professional.

Part 4- Further Information

If you have any questions please speak to your midwife/health visitor or GP.

National Childbirth Trust
Enquiry line tel: 0300 330 0700

Association for Postnatal Illness (APNI)
Tel: 0207 386 0868

Surrey Postnatal Depression
www.surreypnd.org.uk

NHS Direct
If you have any concerns you can contact NHS direct for 24 hour advice, Tel: 111

Visiting times
We promote a family orientated environment and therefore welcome visitors, however we can only accommodate two visitors at the bedside at a time.
Partner or birth companion
Siblings of baby (any age)
Family, friends and children over 10yrs

All welcome 09:00 - 21:00

Post-operative recovery bay
This bay is for all women returning from surgery. Visitors are limited to your partner, your children and your new baby's grandparents only on the day of surgery (within the stated visiting hours).

Please note there are no waiting room facilities.

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