How can I help reduce Healthcare Associated Infections?
Infection control is important to the well-being of our patients and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the entrance to every ward before coming into and after leaving the ward. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk
Follow us on Twitter @buckshealthcare

If you require a translation of this leaflet please contact your community midwife
Introduction

*Congratulations on the birth of your baby.*

The purpose of this booklet is to provide you with the relevant information to promote your own and your baby’s health and well-being after birth, and to recognise and respond to concerns. We hope it will answer most of your questions. However, do not hesitate to ask your Midwife, Health Visitor or General Practitioner if you have any concerns.

There is a list of useful telephone numbers at the back of this leaflet (Page 39).
Other sources of help:

National Breastfeeding Helpline: 0300 100 0212 (9.30am-9.30pm)

NCT Breastfeeding Helpline: 0300 330 0771 (8am-10pm)

Breastfeeding Network Supporter line: 0300 100 0210 (9.30am-9.30pm)
www.breastfeedingnetwork.org.uk

Association of Breastfeeding Mothers Helpline: 0300 330 5453
www.abm.me.uk (9.30am-9.30pm)

La Leche League Helpline: 0845 120 2918
www.laleche.org.uk

Lactation consultants of Gt. Britain: www.lcgb.org

Ardo Breastpump Hire: 01823 336362
www.ardobreastpumps.co.uk/hire

Medela UK Ltd Breastpump Hire: 0161 766 0400
www.medelarental.co.uk

Local breastfeeding support: Details from your health visitor, midwife or “Breastfeeding support for you” leaflet available from the Buckinghamshire Healthcare NHS Trust website: www.buckshealthcare.nhs.uk

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1. The First Hours
As soon as your baby is born we encourage you to hold him/her and maintain ‘skin to skin’ contact. Your baby will be dried. Close cuddling with your baby’s chest and tummy flat against your body will help your baby adjust to life outside the womb and trigger breastfeeding. It will keep your baby warm, stabilise his/her breathing and heart rate and will be a wonderful time for you to get to know your baby. There may be times when the baby requires some treatment when it is born, eg oxygen to help it start breathing, but as soon as your baby is well enough he/she will be given to you to cuddle skin to skin.

The midwife will need to perform certain duties to ensure that both of you are well.

Baby
- Weigh the baby.
- Examine the baby for any visible abnormalities. This is done in front of you.
- Put an identity label around each ankle.
- Check the baby’s temperature.
- Give the baby Vitamin K (Appendix 1) if you have agreed to this.
- Dress the baby in the clothes you have brought with you (nappy, vest, babygrow and hat). If you are breastfeeding it is a good idea to continue skin to skin contact with your baby until after his/her first feed. Dressing your baby will be done after that.
- Very small or premature babies can have a problem maintaining their blood sugar levels and will have a small blood test to measure this.

You
- Examine you to see whether any stitches are needed to repair any tears or an episiotomy if one has been done.
- Check your blood pressure, temperature and pulse.
- Make sure your uterus is well contracted.
- Check your bleeding is not too heavy.
- Make sure the placenta and membranes are whole.
- You will then be offered some refreshment and assistance with a bath or wash before transferring to the postnatal ward or home if you prefer.

try defrosting under cool, then warm, running water. Thawed milk warmed to room temperature must be used straight away or discarded.
- Never use a microwave for defrosting or warming breast milk. It is heated unevenly and could burn your baby’s mouth.
- Stored milk may separate out. Shake gently to mix before use.
- Thawed breast milk should never be refrozen, or reheated.

Useful Contact Numbers
If after reading this leaflet you have any further queries regarding the expression of breast milk, the following may be useful:
Rothschild Ward (SMH) 01296 316158
Community Midwives Office (SMH) 01296 316120
Community Midwives Office (WH) 01494 425172

Aylesbury Breastfeeding Clinic
Monday & Thursday 10am-1pm
Parentcraft Room, Claydon Wing, Stoke Mandeville Hospital
Tel: 01296 315799 (answer phone)

Wycombe Breastfeeding Clinic
Tuesday & Friday 10am-1pm
Beaconsfield Children’s Centre, Holtspur Way, Holtpur HP9 1RJ
Tel: 07798520830 (answer phone)

If you are experiencing breastfeeding problems which require regular expression of your milk — electric breast pumps may be hired from Aylesbury and Wycombe Breastfeeding Clinics
Storing your breast milk at home
The lower the temperature of your fridge, the longer you can safely store your expressed milk. Here is a table as a guide:

- Always wash your hands before expressing and handling breast milk.
- Always use a sterile plastic container with a sealed lid to store your breast milk. Specially designed pre-sterilised bags are also suitable.

<table>
<thead>
<tr>
<th>PLACE</th>
<th>MAXIMUM TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh breastmilk</td>
<td></td>
</tr>
<tr>
<td>Room</td>
<td>6 hours</td>
</tr>
<tr>
<td>Fridge: 5-8°C</td>
<td>3 days</td>
</tr>
<tr>
<td>Fridge: 0-4°C</td>
<td>5 days</td>
</tr>
<tr>
<td>(if temperature rises above 4°C</td>
<td>after 3 days, use within 6 hours or throw away)</td>
</tr>
<tr>
<td>Freezer: minus 18°C or lower</td>
<td>6 months</td>
</tr>
<tr>
<td>Previously frozen breastmilk</td>
<td></td>
</tr>
<tr>
<td>Defrosted in fridge</td>
<td>12 hours</td>
</tr>
<tr>
<td>Defrosted outside fridge</td>
<td>Use immediately</td>
</tr>
</tbody>
</table>

- Try to use a fresh storage container each time you collect milk. If necessary, newly collected milk may be cooled and added to previously stored milk collected on the same day.
- Label your milk container as breast milk with the date and time of expressing.
- Expressed milk should be kept in the back of the fridge (rather than in the door) above and away from meat products, eggs or uncooked foods.
- Remember—the more often your fridge is opened the more likely the temperature will rise.

Using stored breast milk
- Ideally defrost frozen breast milk in the fridge. If needed quickly

The midwife has several paper and electronic records to complete during this time. If you have given birth on the Labour Ward or in Aylesbury Birth Centre you are normally there for a couple of hours following birth. If you give birth in the Wycombe Birth Centre you will remain in the Birth Centre until discharge; there is no postnatal ward but the postnatal care outlined in the next section is the same.

2. On the Postnatal Ward (Rothschild Ward)
When you arrive on the ward we will explain the layout, show you where the bathrooms are and give you the Call Bell in case you require assistance.

Visiting Times (Appendix 2)
These are strictly adhered to and please note that only your own children are allowed to visit. All visitors are asked to use the disinfectant gel/wash their hands before entering the ward.

For security reasons the doors are locked and your visitors will need to ring the bell to be let in. Please ask them to be patient as there may be some delay in responding to the bell if the ward is busy.

Routine care
During your stay the midwife will examine you daily to assess your well-being and offer you pain relief if you require it.

A midwife or nursery nurse will:
- Examine the baby daily for well-being.
- Assist you with feeding.
- If required they will demonstrate nappy changing, cord care, bathing of the baby and how to make up artificial feeds.

Meals
You are encouraged to go to the food area to choose what you would like and then return with this to your bed space as there is no dining area. If you are unable to collect your own meal it will be served to you. Warm drinks are offered during the day and there is a water cooler where you can help yourself.

Urine catheters
Following caesarean section or epidural your urinary catheter (draining your urine) is left in and this is removed the next morning. Some women have problems passing urine after a catheter is
removed so we ask you to pass urine into a container for the first two times so that we can measure it and ensure all is well.

**Intravenous infusions (drips)**
- After caesarean section you will have a drip in your arm to give you some fluids. Once you are eating and drinking this can be removed.
- If you have lost more blood than is normal at the birth we may leave the drip in place. Once we have done a blood test to check for anaemia (low iron levels) this will be removed if the test is normal. Very occasionally if you are severely anaemic you may be offered a blood transfusion.
- Antibiotics are sometimes given via a drip so it will not be removed until the course is complete.

**Medical examination of baby**
A paediatrician or midwife who has completed a special course will perform a medical examination of the baby. The baby must be at least six hours old. Occasionally, if this cannot be completed before you leave, you may be asked to return to your local maternity unit to have this examination done. Alternatively one of the community midwives, who has received appropriate training, may be able to do this at your home. The Examiner will discuss:
- Signs of Illness in the baby.
- Six week postnatal check-up with your GP.

**Hearing test**
This is performed on all new babies as part of the NHS Newborn Hearing Screening Programme and is explained in the ‘Screening tests for you and your baby’ booklet given to you early in pregnancy. The test is carried out on the Ward and if you go home prior to this, an appointment will be sent to you.

**BCG (Bacille-Calmette-Guerin)**
Babies born to parents in high risk groups will be offered this injection to protect them against tuberculosis (TB). The high risk groups are:
- People from countries where TB is still prevalent.
- Known TB within the family.

**Personal child health record (also known as the ‘red book’)**
This will be given to you prior to discharge or by the community

- Holding that position roll your first finger and thumb together. This will help to ease the milk out of the milk ducts.
- Release the pressure to allow the ducts to refill with milk.
- It is important that your breast is kept dry and that your fingers do not slide across your skin.
- It may take a little time for the milk to flow.

**Repeat rhythmically to drain the breast**
- Repeat the technique above until the milk slows down.
- Rotate the thumb and forefinger position to milk the other areas of the breast. You might need to change hands to do this!
- When no more milk can be expressed, repeat on the other breast. Keep switching breasts whenever the milk slows down. This usually allows milk to flow down to the ducts again.

**Expressing using a manual or electric pump**
- It is useful to hand express prior to using an electric pump as it may reduce the time it takes for the milk to start flowing.
- Correctly assemble all sterilised equipment.
- Support your breast if necessary.
- Place funnel centrally onto nipple and areola.
- Ensure suction dial is turned to its lowest setting if relevant.
- Switch on and increase suction gradually to the maximum comfortable level. If it is uncomfortable then the suction is too high.
- Some pumps have ways of varying the speed, this tries to mimic the way a baby feeds—quick sucks at the start of a breastfeed followed by slower sucks as the milk flow increases and the baby settles into a breastfeed. Some dual phase pumps do this automatically.
- Swap breasts each time the milk slows down. This allows the milk ducts to refill with milk.
- *Always remember to switch the pump off before removing the funnel from your breast.*
- Stop after 20-40 minutes or when the milk stops flowing.
- Expressing from both breasts at the same time, whether by hand or pump, is said to increase milk volume and reduce the time taken. It can be helpful to pause for 30-60 seconds when the milk slows down.
midwife if you give birth at home. It is used to chart your baby’s growth and record results of any tests and immunisations. It also contains advice on health and development.

3. Going home
The length of stay is 6-24 hours following a vaginal birth and 2 nights following a caesarean section. Sometimes you may wish to leave earlier or stay longer; you will need to discuss this with the midwife caring for you. Occasionally you may experience a delay in leaving, waiting for the medical examination of the baby to be performed. Please be patient, there are a limited number of staff who can carry this out and they may be busy with emergencies elsewhere.

You will be given your Postnatal Care Plans to take home for the community midwife to complete. We also give you a leaflet about Registration of the baby’s birth.

The midwife will inform the community midwives’ office that you have gone home, having confirmed the address to which you are going and a contact telephone number. If you are going to another area the midwife will telephone the local hospital to arrange for you to be visited. Your GP will be sent a copy of your birth and postnatal details for your records at the surgery.

Please make sure you have a car seat in which to take the baby home. It is a good idea to practice securing this in the car prior to its actual use.

Your views matter

Friends & Family cards and Patient Experience
Please complete this information about your experience of the service you have received.

Birth Reflections
You will also be given a form when you go home upon which you can give us feedback about your experience of the care given both during pregnancy and labour.

We value your comments and can utilise this information to improve the services we offer. If you would prefer to speak to someone in confidence there is a space for you to write your contact telephone number or you can telephone the Birth Reflections Team secretary on 01296 316019 to make an appointment.

Technique

Find the milk ducts:
- Place your thumb on top of your breast and your first finger opposite on the underside of your breast.
- Your thumb should be at a 12 o’clock position and the first finger at a 6 o’clock position.
- Starting as far back on the breast as is comfortable, gently ‘walk’ the thumb and finger towards the areola and nipple until you feel a change in texture (usually 2-3 cms away from the nipple).

To express
- It will help to lean forward slightly.
- Keep your first finger and thumb in the same place on the skin and gently press backwards towards the chest wall (for larger breasts lift first).
Rhesus negative blood group
There may be a delay in receiving your blood result if you have delivered over a weekend. If the result is not available before you go home we may phone you with the result. If you require an Anti-D injection we may ask if you can return so that this can be administered. Anti-D injection must be given within 72 hours of birth.

Women not immune to rubella
Rubella vaccine can be given prior to discharge in order to offer some protection from German measles, especially important if you are planning to have further children. A further dose is then recommended one month later for which you will need to attend your GP surgery. We will send your GP a letter to let them know you will be needing immunisation.

Test results
If you have had any tests such as blood or urine tests whilst in hospital which need treatment, you will be contacted and asked to return to collect the appropriate medication.

4. Community Midwifery Service
The community midwife will visit you the day after you get home between 8.30am and 5.30pm. Unfortunately they cannot give you a specific time as they will be unsure of their other commitments until the day of the visit, and even then they do not know how long each visit or clinic will take. If you have to go out please telephone the community midwives’ office to let them know. If your own community midwife is not working another member of her team will come to see you. Following this initial visit she will discuss with you when you will next be seen. If the community midwife does not arrive at your home by 5pm please contact Rothschild Ward or Wycombe Birth Centre depending on where your community midwife is based (phone numbers on page 39).

Routine visits are:
• First day home from hospital.
• Day 5 to weigh baby and perform blood spot test (see your ‘Screening tests for you and your baby’ leaflet).
• Day 10 to weigh baby.

If you and your baby are well you will be offered an appointment to attend one of the postnatal clinics rather than waiting at home for the

If you are separated from your baby or your baby is reluctant or unable to breastfeed it is important to ideally:
• Start expressing within 6 hours of birth.
• Express 8-10 times in 24 hours.
• Express once at night.

This will help to stimulate and maintain your milk supply.

All breast milk collected is beneficial to your baby. Initially the volume of colostrum can be as little as 1ml but will increase as you continue to express regularly. The most appropriate method of giving your breast milk to your baby will be discussed with you at the time.

Hand Expressing
Preparation
Before you start
• Wash your hands thoroughly.
• Ensure any equipment for collecting and storing your breast milk has been washed in hot soapy water and sterilised immediately before use.
• It is helpful to have a clean, damp cloth and dry tissues close by in case there are accidental splashes or spillages of milk which can occur particularly with hand expressing.

To encourage your milk to flow:
• Find a warm, comfortable and relaxing place to sit.
• Hold your baby ideally with skin to skin contact or have him/her nearby or have a photo of baby which you can see.
• Apply warm flannels to your breasts or have a warm bath.
• Gently massage all areas of your breasts being careful not to slide your fingers along the breast as this can cause skin damage - see below. Spend a few minutes massaging the breast/s before moving on.
• Roll your nipples between your first finger and thumb.
Patients and families may worry that raising a complaint will affect their care. We can reassure you that all comments or complaints are appreciated. Your views will help us get things right and make sure we provide and deliver the best possible care and treatment.

**What happens next?**
Your complaint will be acknowledged within two working days of receipt. An investigation will then take place. We may contact you to find out more details about the concerns you have.

If you are complaining on behalf of someone else, we will need to obtain their written permission to pursue the complaint. A form will be sent to you for them to complete to authorise you to receive correspondence.

We will try to provide a full written response within twenty five working days. If the investigation is taking longer than expected we will write and advise you.

Sometimes a meeting with relevant staff may be suggested to help explain what happened and resolve your concerns.

**Compliments and Comments**
We welcome any compliments on what we do well and comments on how the service might be improved.

We would like to hear from you if you are pleased or satisfied with any aspect of the care, treatment or services you or your relatives received.

Please do not hesitate to tell the staff concerned. It is always rewarding for them to know their work has been appreciated.

**Appendix 4**

**Expressing your breast milk**
If you choose to express it is better to wait until breastfeeding is well established. However hand expressing is a helpful skill to learn in the early days in case it is needed.

midwife to come to you for the appointments on Day 5 and Day 10. At each visit the midwife will be checking if you have any physical or emotional problems or if you have any concerns with your baby. She will treat any problems appropriately or refer you to someone who can help. Maternity support workers undertake some visits, especially where you may be requiring extra support with breastfeeding.

Should you require a postnatal appointment or have a query between the routine visits/appointments please contact the community midwives' office. Telephone the Labour Ward or Wycombe Birth Centre if calling out of office hours.

The midwife normally hands care over to your Health Visitor from Day 10 but we can continue to see you if there are any problems we are helping you with.

**5. Breastfeeding**
Breastfeeding provides the best possible food for your baby. By breastfeeding you are giving your baby increased protection from a variety of infections and other illnesses, as well as reducing your risk of breast and ovarian cancer, and osteoporosis (weakening bones) later in life.

All our health professional staff caring for you are trained to help you to breastfeed your baby. We recognise that it is important for you to have guidance during the early hours/days in positioning and attaching your baby in such a way that promotes successful breastfeeding. Please ask for help when your baby is showing signs of wanting to feed—we will observe and give you tips on how to achieve comfortable, successful feeding. Your nipples can get sore very quickly if attachment is not quite right and the baby may not receive as much milk as he/she needs.

Breastfeeding supporters are also available on the postnatal ward at Stoke Mandeville Hospital and at the Postnatal Clinics. They are happy to chat and support you in any way they can.

In the first couple of days the number of feeds a baby will ask for can vary from one baby to another. One might feed frequently, another less often. During this time midwives and nursery nurses will be monitoring your baby's well-being and will give appropriate advice and support. From cuddling your baby at birth and afterwards, you
will learn to recognise the signs of your baby wanting to feed—the long periods of skin to skin contact will encourage feeding, particularly if your baby is sleepy or 'mucousy'.

If your baby is born prematurely, is of low birth weight or you are diabetic, we will encourage you to feed your baby as soon after birth as possible. We also regularly test the baby's blood sugar levels until they are stable, to ensure he/she is well. Breast milk (colostrum) is naturally produced in small amounts but is more easily digested than artificial milk and therefore is the best food for your baby. Skin to skin contact will also help maintain your baby's sugar levels.

Once breastfeeding is established we recommend 'baby-led' feeding - your baby will show you how often and for how long he/she wants to feed. Each baby, each feed and each day will be different, but as a guide he/she should ask for at least six feeds in a 24 hour period with each feed lasting roughly 10-40 minutes. You should offer both breasts each time. If feeds are less frequent, very short or lasting much longer and/or the baby is unsettled after feeds, please ask for advice.

We know that you will be keen to return home soon after having your baby, but it is important that you stay in hospital until your baby has fed well at least twice before discharge. Help is on hand and there will be opportunities to learn and practice breastfeeding.

The following is a guide—it is always helpful to seek trained support to find out what works best for you and your baby.

• Try to feed your baby when he/she shows early signs of hunger, before he/she is crying, worked up or distressed.
• Make sure you are comfortable and well supported—either sitting or lying down.
• Position your baby at the level of your breast; you may find pillows helpful to achieve this. Supporting your breast with your hand may be helpful but make sure your breast stays in its natural position and your fingers are not near the areola (tissue around nipple).
• Hold your baby close to you so that he/she is uncured and untwisted tucking baby's bottom into your body with your elbow, 'like bagpipes'.
• Support your baby's head in such a way that the head is free

Appendix 3
Comments/Complaints Form

You can use this leaflet to send us your views:

Hospital & Ward/Department

Your views and comments

Date:

If you would like a reply, please add your name and address here.

Tell us about it.
You may wish to contact us:
• If your complaint cannot be settled at the time
• Or if you prefer to wait until your treatment is completed.

Please write to:
Chief Executive, Trust Offices, Amersham Hospital, Whielden Street, Amersham, Bucks HP7 OJD

Alternatively please contact:
01296 316125 for patients at Stoke Mandeville Hospital
01494 734958 for patients at Amersham or Wycombe Hospitals
Hospital & Ward/Department
to tilt back slightly as he/she comes to the breast and the chin and lower jaw come to the breast first.

• Start with your baby’s nose (not the mouth) opposite your nipple.
• Move your baby against your breast to encourage rooting and a wide open mouth.
• Once his/her mouth is wide open (gape) and the tongue is down, bring him/her quickly to the breast making sure the chin and lower lip make contact with the breast first. You should aim his/her lower lip as far from the nipple as the gape will allow, this means he/she will scoop in as much breast tissue as he/she can. The top lip will attach just above the nipple.

How to know if your baby is correctly attached
• Feeding is comfortable. Slight discomfort may be felt in the first few days but it should subside within 20 seconds of the start of the feed.
• The chin is in close contact with your breast (you cannot see the bottom lip).
• The nose is not touching the breast and baby is able to breathe easily (this indicates that the chin came to the breast first).
• The baby sucks in a slow, rhythmical pattern with pauses. The jaw will be moving and you may hear swallowing. He/she will be calm and not fussing at the breast.
• More areola can be seen above the baby’s top lip than below the mouth. If it doesn’t look or feel right, take the baby off by putting your little finger into the baby’s mouth and pressing down gently to release the suction and try again.
• After each feed it is helpful to look at the shape of your nipple—it should be round and not squashed or missshapen. If it doesn’t look or feel right, take the baby off by putting your little finger into the baby’s mouth and pressing down gently to release the suction, then try again.

When your baby is feeding well leave him/her on the first breast for as long as he/she wants. When full he/she will come off the breast him/herself or will fall asleep and will look ‘drunk’ with milk. It is a good idea to wind and change your baby and then offer the second breast. Your baby may/may not want to feed from this breast depending on his/her appetite at that feed.
Appendix 2
Visiting times

Stoke Mandeville Hospital, Rothschild Ward
Tel: 01296 316158/7 Partners open visiting 9.00am-9.00pm
3.00pm-8.00pm—other visitors

Aylesbury & Wycombe Hospital, Birth Centres
No visiting time restrictions

(Only children of the mother who is an inpatient can visit. Please advise visitors not to bring their children as they will be asked to wait outside the ward area with an adult. This applies to both Wycombe, where mothers complete their stay in the Birth Centre, and Rothschild Ward at Stoke Mandeville Hospital.)

Remember—by watching your baby’s behaviour you will know how often and for how long your baby wants to feed. All babies are different. Providing baby is well attached when feeding he/she will access the ‘fore’ and ‘hind’ milk that he/she needs.

Expressing your breast milk
Hand expressing is a helpful skill to learn in the early days in case it is needed. Expressing is normally unnecessary but if you choose to express it is better to wait until breastfeeding is well established. See Appendix 4 for advice on expressing milk.

Key points for correct positioning and attachment

Positioning
1. Mother supported and comfortable.
2. Breast supported in natural position.
3. Baby:
   • Body and head in line.
   • Facing breast.
   • Body tucked in close.
   • Head able to extend.
   • Nose/upper lip opposite nipple.

Attachment
1. Encourage rooting reflex.
2. Wait for gaping mouth, tongue down and forward.
3. Bring baby to breast quickly at height of gape with:
   • Head slightly extended.
   • Chin leading.
   • Bottom lip as far from base of nipple as possible.

Signs of correct attachment
1. Comfortable.
2. Chin against breast.
3. Wide jaw movements.
4. Rhythmic sucking with pauses.
5. More areola visible above than below.

If incorrect:
Put little finger into baby’s mouth and press down gently to release suction.........THEN START AGAIN!
Appendix 1

Vitamin K for your baby

All newborn babies are lacking in vitamin K when compared to older children and adults. This lack of vitamin K may be important in some way, but at present this is unknown.

What is certain is that some babies are so short of this vitamin that their blood does not clot properly; as a result they may bruise or bleed easily. Although this is not a common problem it can be very serious when it does occur.

Over the years there has been much controversy over which babies should be given vitamin K, how many doses they should have, and whether it should be given by mouth or injection.

An inconclusive study in the 1990s suggested that vitamin K by injection could cause some childhood cancers. There have now been further major research studies, which have shown that cancer is not caused by injected vitamin K.

As a result of these studies we recommend that all babies are given vitamin K by injection soon after birth (Konakion 1mg IM).

For those who do not wish their baby to have vitamin K by injection, oral vitamin K in the form of Konakion mm can be given at birth, and further doses at seven days and four weeks.

References:


6. What's in your baby's nappy?

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

Wet and dirty nappies per day

<table>
<thead>
<tr>
<th>Day 1-2</th>
<th>Day 3-4</th>
<th>Day 5-6</th>
<th>Day 7-28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet</td>
<td>Wet</td>
<td>Wet</td>
<td>Wet</td>
</tr>
<tr>
<td>2 or more per day</td>
<td>3 or more, nappies feel heavier</td>
<td>5 or more heavy wet nappies*</td>
<td>6 or more heavy wet nappies</td>
</tr>
<tr>
<td>Dirty</td>
<td>Dirty</td>
<td>Dirty</td>
<td>Dirty</td>
</tr>
<tr>
<td>1 or more, dark green/black, ‘tar’ like, (meconium)</td>
<td>2 or more, changing colour and consistency, now brownish, greenish, yellowish (changing)</td>
<td>2 or more, yellow, can be quite watery if you are breastfeeding</td>
<td>2 or more, at least the size of a £2 coin (not just a smear), yellow in colour</td>
</tr>
</tbody>
</table>

*If you pour 3 tablespoons (45mls) of water into a dry nappy, this will feel as heavy as an average wet nappy.

You may also see:

- Urates—these are crystal-like, orangey/pink stains from the bladder and may be a sign that your baby is not getting enough milk and needs a little help to feed better—tell your midwife.
- Pseudo menstruation—some baby girls may have a little bleeding from the vagina. This is perfectly normal and happens after birth due to hormonal changes in your baby.

After the first month of life, 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 he/she should, contact your midwife or health visitor for feeding advice. Another option is to book an appointment at one of the Breastfeeding Clinics (Appendix 4).
7. Car seat information
Since 18 September 2006 it has been a legal requirement that children under 3 years old must use the child restraint appropriate for their weight in any vehicle. The only exception is a child under three may travel unrestrained in the rear of a taxi if the correct child restraint is not available.

The appropriate restraint for a newborn baby is a rear-facing baby seat. This will have to be fixed in the back seat if you have an Air-bag safety device in the dashboard facing the front passenger seat.

It is a good idea to practice fixing your baby seat in the car before taking the baby home. Remember not to strain your back when positioning or lifting the seat.

For more information please ask a member of staff for a copy of the Department for Transport pamphlet.

Car seats should be used only for transporting your infant safely. This will help to avoid flat head syndrome (plagiocephaly). See section 12.

8. Postnatal advice and exercises
Remember to take things slowly for the first five days or so. Giving birth will affect you physically and you need time to recuperate before returning to what you see as normal day to day activities, eg ironing, shopping. If you over exert yourself the bleeding you experience after birth will also be heavier.

Physiotherapy service
Postnatal exercise and advice leaflet
This leaflet offers guidance on safe and effective exercises to help you get back in shape.

The exercises should be easy to do, need little effort and you will soon see results. If you have had a caesarean section these exercises are still ideal. Start gently and progress slowly.

Perineal care
To keep your perineum clean wash regularly with plain water. This is particularly important if you have had stitches.

Do regular, gentle pelvic floor exercises from day 1. This encourages faster healing and helps relieve the discomfort of bruising and swelling.

Help and Advice
If you would like to discuss your complaint in person, you can contact the Patient Advice and Liaison Service (PALS) during office hours. An answer phone is available for messages to be left and your call will be returned as soon as possible.

PALS—01296 316042    Stoke Mandeville Hospital
PALS—01494 425882    Wycombe Hospital

Alternatively, an independent organisation called ICAS offers information, advice and support to people with comments or complaints about the NHS.

Independent Complaints Advocacy Service (ICAS) 0845 600 8616

Appendices
1. Vitamin K information 40
2. Visiting times 41
3. Comments/complaints form 43
4. Expressing your breast milk 45

Telephone numbers

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<tr>
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<th>Wycombe</th>
<th>Stoke Mandeville</th>
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<tbody>
<tr>
<td>Community Midwives</td>
<td>01494-425172/425173</td>
<td>01296-316120</td>
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<tr>
<td></td>
<td>01494-734233 (Amersham)</td>
<td></td>
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<tr>
<td>Labour Ward</td>
<td>01494-425520/425513</td>
<td>01296-316103/4</td>
</tr>
<tr>
<td>Postnatal Ward</td>
<td>01494-425533/425532</td>
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<td></td>
<td>01296-316158/9</td>
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</tr>
<tr>
<td>Birth Centres</td>
<td>01494-425513/20</td>
<td>01296 316101</td>
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Pelvic floor muscles
Looking after your pelvic floor muscles is essential following the birth and throughout your life.

Improving your pelvic floor muscle tone may help in the future to prevent leakage from your bladder or bowel, safeguard against prolapse and may improve your sex life.

Basic pelvic floor exercise
Starting in any comfortable position.

Imagine you are trying to stop yourself passing wind and stopping the flow of urine, by tightening and lifting the muscles around your back and front passages. This may feel different to before the birth, but do not worry it will gradually return to normal. Do several squeezes (3-5 repetitions) frequently during the day.

Once you can do the basic pelvic floor exercise you can gradually increase the strength and endurance of the muscles.

There are two types of exercising:
1. Slow contractions—for endurance.
2. Quick contractions—for power.

Slow contractions
Squeeze the muscles, as described for the basic exercise, and then hold the contraction for as long as you can up to 10 seconds. If you feel the contraction fade off then that is the end of the contraction.

Rest for 10 seconds and then repeat up to 10 times.

Quick contractions
Squeeze the muscles as before. Tighten and then release the muscles completely. Repeat this aiming to achieve 10 contractions in a row all of the same strength. If you feel the strength dropping off then that is your limit.

Starting block
Slow/endurance how long can you hold? ..... seconds
How many can you repeat? ..... times
Quick how many can you repeat? ..... times

Do these exercises 5-6 times a day. As your pelvic floor gets stronger you will be able to increase your 'hold' time and number of repetitions.
Occasionally a baby will need to be admitted to the Neonatal Unit (NNU) because it is premature or unwell. The doctors and nurses on the Unit will explain the treatment and monitoring equipment your baby may require and discuss what is happening to your baby.
**Concern** | **Cause** | **Treatment**
--- | --- | ---
**Full/engorged breasts continued** | If you stop feeding suddenly for any reason your breasts will become engorged. | If your baby is having difficulty attaching because your nipples have flattened and your breasts are full, try hand expressing some milk first to soften the breast. Your midwife can show you how to do this. Paracetamol and/or ibuprofen can help ease discomfort together with a supportive bra.

**Mastitis** | If milk is not drained efficiently from your breast—either by baby suckling or expressing, you may notice a warm, inflamed area on your breast. You may also notice a lumpy area beneath this. Because your breasts are full, milk may seep from the ducts in your breast into the bloodstream and you may feel 'flu-like' symptoms—feeling hot and cold with a high temperature. | Regular, frequent feeding with good attachment will help prevent and treat mastitis. Your baby's suckling is the best way to drain your breast should mastitis occur. Whilst feeding try massaging the affected areas towards the nipple with the palm of your hand. If, after feeding, lumps persist or the breast doesn't feel soft, express until soft. You might find this more comfortable done by hand. It might be helpful to start feeding with the affected breast for a couple of feeds when the baby's suck is at its strongest, but keep an eye on the other breast. If after 24 hours the problem persists and you are experiencing flu-like symptoms contact your GP for antibiotic treatment. Continue with the above. Ask your midwife or the Breastfeeding Clinic to observe your feeding technique—recurrent mastitis may lead to a breast abscess.

- Your abdominal muscles which support your back are weak.
- Your joints are more flexible and at risk of damage due to ligament laxity.
- Caring for your baby involves lifting, carrying and feeding, all of which are activities which put strain on your back.

To protect your back:
- Do your abdominal exercises.
- Brace your abdominal muscles and pelvic floor muscles on any activity.
- Adopt good posture in standing, sitting and feeding. When feeding sit well supported, legs uncrossed, pillow on your knees to support the arm cradling your baby.
- Avoid working in bent, twisted positions. Work at waist level when changing/bathing your baby.
- Wear a good supportive bra.
- When lifting use your legs. Bend your knees and get close to whatever you are picking up. Remember to brace your abdominals and pelvic floor before lifting.

**After a caesarean birth**
All the exercises are safe to do after a caesarean delivery. Begin when you feel able, start gently and progress slowly.

**Helpful tips**
To cough/sneeze/laugh more comfortably support the wound with your hand, or 'hug' a pillow/towel to your lower abdomen.
To get out of bed bend your knees up, roll on to your side, use your arms to push yourself up. To lie down do this in the reverse order.
Try not to lift anything heavier than your baby for 6 weeks, then nothing heavy for a further 6 weeks.
Avoid lifting the baby in the car seat. Try to avoid shopping and housework for 2-4 four weeks after going home.

**Driving**
Avoid driving for 6 weeks. You must be confident enough to do an emergency stop. Check with your insurance company to ensure that you are covered.

**Sport**
Swimming can be started after your 6 week postnatal check. Normal exercise can be started at 12 weeks. Start gently and progress slowly at a pace that suits you.
If you have any queries regarding the above information or exercises please contact the Physiotherapy Department on 01494 425431.

If you have any of the following problems see your GP for advice, who may then refer you to a physiotherapist:
• Bladder/bowel problems, incontinence.
• Persistent pain in your back or pelvic joints.
• A bulging, floppy tummy after six to eight weeks.
• Difficulties with sexual intercourse.

Advice and exercises for separated abdominal muscles after delivery
During pregnancy the abdominal muscles stretch and lengthen around the growing uterus. A separation between the muscles can occur—this is called a diastasis or divarication. A wide ridge of bulging tissue may be seen when the abdominal muscles are working against gravity.

As a result of the separation, the abdominal ‘corset’ that normally provides support and stability to the lower back and pelvis is weakened, and this may contribute to back pain.

It is important to improve the control and function of the abdominal muscles to protect against back and pelvis pain.

Test for divarication (gap in abdominal muscles)
Your midwife will test for this and let you know if you need to perform the exercises below.

Exercises to help reduce the gap

Pelvic floor exercises
The pelvic floor muscles work in co-ordination with the deep abdominal muscles to provide support and stability.

In a comfortable, supported position, imagine you are trying to stop passing water or wind, gently squeeze and lift the muscles around your front and back passage. Hold for several seconds breathing normally, then relax. Repeat several times. Aim to build up to a 10 second hold, repeated 10 times, several times daily. This exercise can be done in any position.

Transverse abdominal exercise
Lie on your back with your knees bent. Keep your breathing relaxed and regular. Breathe in, then out and at the end of your out breath, gently draw your lower abdomen in towards your spine. Squeeze

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<tr>
<th>Concern</th>
<th>Cause</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Breast abscess</td>
<td>This is not common but may occur following recurrent episodes of mastitis or if treatment for infected mastitis has been delayed</td>
<td>Consult your GP; an ultrasound examination may be necessary to diagnose an abscess. Antibiotics and drainage of the abscess may be necessary under ultrasound or with surgery. Breastfeeding may continue throughout.</td>
</tr>
</tbody>
</table>
| Cracked/bleeding nipples | Incorrect attachment—pain is usually caused by friction of the tongue working on the nipple rather than the breast tissue. There may be other causes: • Tongue tie • Thrush • Reynaud's syndrome • Milk 'bleb' | Observe your nipples for signs of damage, eg discolouration and change in shape immediately after feeding. Ask your midwife for advice.
Gently massage expressed milk over your nipples and areola—growth factors contained in the milk will promote healing.
If your nipples are cracked—a small amount of Vaseline or Lansinoh applied with a clean finger after feeding will promote moist wound healing.
Do not use soap/creams on your breasts—gentle washing with water is sufficient.
If your feeding has been comfortable and has now become painful—look for signs of thrush on your nipples and in your baby. Seek further advice and possible treatment for you both.
Painkillers such as paracetamol may be useful. |
| Full/engorged breasts | This may occur when your milk 'comes in' together with an increase in blood supply on the 3rd or 4th day. Inefficient suckling of baby leading to incomplete drainage of the breast | Frequent feeding (with correct attachment) will help prevent and treat engorgement. Ask your midwife to check your feeding technique/pattern.
Massaging the breasts, applying warm compresses prior to feeds and cool ones following the feed can help comfort and encourage milk flow. |
Potential problem | Cause | Treatment
--- | --- | ---
Tiredness | With a disturbed sleep pattern most women are very tired after having a baby. Sometimes this can be due to anaemia which is associated with heavy blood loss at birth. Dizzy episodes and occasional shortness of breath can also be a sign of this. | Accept help when it is offered and ask for it when it is not. Mention your tiredness to the midwife; she may measure your haemoglobin levels with a blood test to see if you need any treatment.

Breastfeeding Concerns

| Concern | Cause | Treatment
--- | --- | ---
Baby not attaching to the breast | This may occur for various reasons. Some babies take a few days to learn how to suckle at the breast. | Long periods of skin to skin contact and calmly offering the breast to the baby when he/she is showing signs of hunger will help. You might also try different feeding positions. Until breastfeeding is successful it is important to regularly stimulate your breast to initiate and maintain a good milk supply. This is best done by hand expressing in the first few days and may then be supplemented by mechanical pump expressing, after the milk 'comes in'. Your expressed milk can be given to your baby via a cup whilst he/she is learning to suck at the breast. See 'expressing your milk'. Seek advice and on-going support from your midwife or Breastfeeding Clinic until breastfeeding is achieved. Electric breast pumps can be hired from the Clinic.

your pelvic floor at the same time. Hold for a few seconds, breathing normally, then relax. Take care not to allow your back or pelvis to move. Repeat several times. Aim to build up to a 10 second hold, repeated 10 times, several times daily.

This exercise can be done sitting or standing.

**Pelvic tilt**

Lie on your back with your knees bent. Keep breathing relaxed. Gently draw your lower abdomen in towards your spine and squeeze your pelvic floor, then tilt your pelvis by gently squeezing your buttocks so that your back flattens into the floor/mattress.

Hold for a few seconds, breathing normally, then relax. Repeat several times. Aim to build up to a 10 second hold, repeated 10 times, several times daily.

This exercise can also be done standing, bending the knees slightly and flattening the small of your back on the wall.

**Head lift**

Lie on your back with knees bent. Keep breathing relaxed, gently draw in your lower abdomen towards your spine, squeeze your pelvic floor and then gently lift your head for a few seconds, breathing normally, then rest. Repeat several times. Aim to gradually build up to a 10 second hold. It is important to stop if your abdomen bulges out or you feel any discomfort. Continue with the other exercises a little longer, then try the head lift again in a few days time.

After your 6 week check, the transverse abdominal exercise can be done on all fours. Kneel on all fours, keeping shoulders over your knees and back gently hollowed. Keep breathing relaxed, gently draw your lower abdomen in towards your spine. Keep your upper abdominal muscles relaxed and back still.

Hold for several seconds then relax. Repeat several times. Aim to build up to a 10 second hold, repeated 10 times.

It is important to protect your back whilst the abdominal muscles are still weak. Brace your abdominal muscles and pelvic floor muscles during any activity, especially lifting. Adopt a good posture in standing, sitting and feeding. Sit with a small cushion in the small of your back and both feet on the floor.
Roll in and out of bed.
Support your abdominal muscles with your hand when coughing and when opening your bowels. Do not allow yourself to get constipated, as constant straining may aggravate the condition.

Support
Tubigrip should be worn in a double layer to provide additional support around your abdomen. Do not wear it at night. Wash occasionally in warm soapy water and dry naturally.

Following vaginal birth normal exercise can resume after the 6 week postnatal examination by General Practitioner.

9. Anaemia advice
Anaemia is caused by your iron stores going to your baby during the pregnancy or by blood loss at delivery.

What can you do to increase your iron levels?
• Include foods containing iron in each meal.
• Do not drink tea within one hour of eating a meal or taking iron tablets, as the tannin can prevent the iron being absorbed in the body.
• Include Vitamin C in your meals as it helps absorption of iron. Choose a wide variety of foods in your diet.
• Take your iron tablets. If they cause constipation, increase fibre and fluids (2 litres per day).

Weight loss
• Many iron-rich foods are low in calories, eg dark green vegetables.
• Do not skip meals.
• Go for carbohydrate foods rather than those high in neat sugar, eg sandwich instead of a jam doughnut.
• If breastfeeding you may feel more hungry and thirsty than usual. You don’t need to eat a special diet but eating healthily to meet your body’s needs will help you keep healthy and able to cope with looking after your new baby.

Foods containing iron
• Meat—all red meats, especially corned beef (also high in fat); liver (avoid in pregnancy); beef and lamb (steak, chops, mince, etc).

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<tr>
<th>Potential problem</th>
<th>Cause</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Painful stitches/tears</td>
<td>Due to the nature of where these are they can lead to varying degrees of discomfort</td>
<td>Change your maternity pad regularly and wash the affected area at least twice a day. Avoid perfumed products. Simple pain killers such as paracetamol or ibuprofen can help. If pain seems to get worse as time goes by, or you are producing an offensive discharge from the area, ask your midwife to check for signs of poor healing or infection. Some midwives recommend that you add essential oils to your bath water to ease pain and help prevent infection—lavender oil for pain and tea tree oil for disinfection. The use of these oils is not research based, however, if you do wish to try them please do a patch test on the inside of your arm in case of allergic reaction.</td>
</tr>
<tr>
<td>Sore Swollen calf muscles</td>
<td>This is not a common problem but is something you need to be aware of. It usually affects one leg only. The calf becomes very tender to the touch, swollen and often reddens in colour.</td>
<td>These symptoms may indicate that you have a thrombosis (blood clot) in the leg which is blocking the flow of blood. This needs immediate treatment so contact your GP or the Labour Ward if you are worried.</td>
</tr>
<tr>
<td>Temperature /Fever</td>
<td>This is not uncommon on the 3rd or 4th day after giving birth when your breasts become engorged and the ‘milk comes in’. Sometimes though, a temperature over 37.8°C can indicate infection elsewhere.</td>
<td>If you feel feverish contact your midwife or GP. They will look for other signs and symptoms of infection and treat with antibiotics accordingly. If your breasts are engorged see breastfeeding concerns.</td>
</tr>
</tbody>
</table>
Potential problem | Cause | Treatment
---|---|---
Low mood | After having a baby you will be tired and feel like you are on an emotional rollercoaster. A lot of women also experience a loss of appetite. Some become very tearful and do not know why. This is called the 'blues'. If these symptoms persist and you find you are becoming oversensitive and anxious, not caring about your own wellbeing or appearance you may be developing postnatal depression. | Try and get as much help as you can with household chores and offers to 'keep an eye' on the baby whilst you have a nap. If you are looking pale and constantly feeling exhausted speak to your midwife as you may be anaemic. Speak to your Midwife, Health Visitor or GP. They will be able to offer you counselling and treatment if necessary. Contact other women you have met antenatally and who have had babies recently. Having such a support network can really help. Your Health Visitor can put you in contact with the Bucks Postnatal Wellbeing Group. This 10 week structured group is designed to help mothers struggling with depression and anxiety (crèche provided). |

Pain when passing urine | Even if you do not have stitches there may be some swelling and grazes around the area where the urine comes through. Some women have a catheter inserted into their bladder during labour and this can cause similar problems. | If unable to pass urine try sitting in a bath to pass urine or pouring a jug of warm water between your legs whilst sat on the toilet. Drinking 2 litres of water a day will help to dilute the urine and make it less acid. If these simple remedies do not work contact your midwife or GP just to check in case you have a urine infection. |

- Eggs—well cooked.
- Fish—oily varieties such as sardines or pilchards.
- Beans/pulses eg soya, baked beans, dried lentils, peas and beans, red kidney beans, dahl.
- Vegetables—do not over cook—also low in calories, eg dark green—broccoli, spinach, spring onions, sprouts, cauliflower, okra, watercress.
- Jacket potatoes—contain Vitamin C.
- Fruit—dried fruit (apricots), raisins, currants, fresh fruit and juices (orange).

Also
- Bovril and yeast extract.
- Cocoa/chocolate—cocoa made with skimmed milk and sweetener is low in calories, whereas chocolate is high in calories.
- Bread, especially wholemeal.
- Chapati.
- Fortified breakfast cereals.
- Stout/Guinness do not contain very much iron and the alcohol content comes through into the breast milk.

Fatigue/tiredness
Avoid sweet snacks which give you instant energy but then leave you feeling even more tired. Instead, try starchy carbohydrates like fruit, wholemeal cereals and biscuits.

How do you feel?
Depending upon severity of the anaemia you might have one or more of the following symptoms:
- Pallor (looking pale).
- Breathless on exercise.
- Headaches.
- Dizziness/faintness.
- Reduced appetite.
- Feeling the cold.
- General tiredness/fatigue (this may also be due to lack of sleep).

You might also be more prone to feeling low in mood. Expect a gradual improvement over 4-5 weeks—if not, consult your GP.
10. Contraception
Contraception may be the last thing on your mind when you have just had a baby, but it is something you need to think about if you want to delay or avoid another pregnancy. A lot of unplanned pregnancies happen in the first few months after childbirth, so even if you’re not interested in sex for a while, it is better to be prepared.

The local National Health Service Family Planning Clinics are situated at:

- Wycombe Hospital, Shaw Clinic
  Tuesday 5.45pm-7.45pm
  Wednesday 9.00am-12.00am
  Thursday 5.45pm-7.30pm
  01494 425585 (clinic times only) appointment required

- Chalfont and Gerrard’s Cross Hospital
  Wednesday 6.00pm-9.00pm (walk in before 8.00pm, after that appointment only.)
  07717540966

- Aylesbury—Brookside Clinic (Station Way, Aylesbury)
  Monday 6.00pm-8.00pm
  Thursday 10.00am-12.00noon
  Friday 3.00pm-5.00pm
  Saturday 10.00am-12.00pm
  01296 566518 walk-in clinic

11. Health Visitor
The Health Visitor will come to see you at home, usually 10-14 days after your baby was born. She will answer any concerns you may have. She will discuss the immunisation programme for the baby and once again make sure you are aware about the recommendations regarding Sudden Infant Death Syndrome (cot death), car seats and signs of ill health in the baby.

She will give you her contact details so that you can get hold of her and inform you when your local Baby Clinic is held. The clinics are held to offer you advice and weigh the baby to ensure he/she is gaining the correct amount of weight.

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<tr>
<th>Potential problem</th>
<th>Cause</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Haemorrhoids (piles)</td>
<td>Haemorrhoids are swollen veins around the anus. Like constipation, these can be due to a slackening of the bowel muscle during pregnancy, but are often worse after pushing the baby out.</td>
<td>There are creams available which can be applied to reduce soreness. Avoiding constipation is very important as this can aggravate the problem. If the haemorrhoids persist and cause discomfort after some months you may wish to see your GP to refer you for treatment.</td>
</tr>
<tr>
<td>Headache Mild</td>
<td>Tiredness and anxiety can cause headaches after having a baby</td>
<td>Try paracetamol; continue with any relaxation techniques learnt in the antenatal period. Find someone to look after the baby for a few hours so you can have a sleep.</td>
</tr>
<tr>
<td>Headache Severe</td>
<td>If a severe headache comes on suddenly, is associated with vomiting, or where there is intense pain at the back of the neck or high temperature, this may be a sign of high blood pressure or a problem after an epidural or spinal anaesthetic.</td>
<td>Contact your Midwife or GP immediately. These symptoms are serious and you will probably be referred back to the hospital for investigation of the cause of the pain.</td>
</tr>
<tr>
<td>Incontinence of urine</td>
<td>Your pelvic floor muscles are weakened after giving birth and sometimes if there is some swelling you may lose control of your bladder. If you have had a catheter inserted during labour this can also delay the return of natural sensation.</td>
<td>Pelvic floor exercises are very important to assist in the return of normal sensation and function of the pelvic floor muscles. Follow the instructions on the Postnatal Exercise (page 15) as soon as possible after giving birth. Drink plenty of fluids and empty your bladder every couple of hours, this will help to prevent ‘accidents’ and at the same time help to return your normal bladder control.</td>
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Potential problem | Cause | Treatment
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Bleeding continued | Rarely some women will haemorrhage. This can be due to infection and/or a piece of placenta or membrane still inside the uterus. It is unlikely this will happen without the symptoms mentioned above occurring first so please seek help. If you are bleeding excessively contact the Labour Ward or the ambulance service. |  
Chest pain/shortness of breath | This can be a sign of a rare disorder of a blood clot in the lungs caused when the blood is thicker than usual or where a clot in the calf muscle has moved up to the lungs. Women at high risk of this are treated with blood thinning injections after birth. | Contact your GP or the Labour Ward immediately. They will examine and treat you straight away as this condition can be dangerous.  
Constipation | Some women experience this in the latter stages of pregnancy as the muscles lining your gut become less effective at moving your food through. During labour you do not tend to eat very much and it is not unusual for ladies not to open their bowels for 3-4 days after giving birth. Constipation can be further aggravated by taking painkillers containing codeine and iron tablets. Sore stitches can also prevent you going to the toilet as psychologically you feel some harm will be done to them, this is not so. | The first course of action is to ensure you are taking in plenty of fluids and a high fibre diet. If you start to feel uncomfortable a mild laxative, such as Lactulose can solve the problem. On rare occasions you may need a suppository or small enema to clear your bowel.

12. Sudden Infant Death Syndrome (cot death)
Sudden infant death syndrome is not a frequent occurrence and since the ‘Back to Sleep’ campaign the incidence has reduced by 70%. By following these simple guidelines you can help reduce the risk of your baby being affected:

- Always place babies on their back to sleep.
- Place baby on a firm sleep surface such as a ‘safety approved’ cot mattress covered with a fitted sheet. (NOT on a pillow, quilt, sheepskin or other soft surface).
- Keep soft objects such as toys and loose bedding out of baby’s sleep area. Don’t use pillows, quilts, bumpers, wedges or bed rolls.
- Avoid letting baby overheat during sleep—keep room at a temperature that is comfortable for an adult (about 18° C).
- Avoid contact with people who smoke.
- Place baby’s feet at the foot of the cot to reduce the risk of their head becoming covered with cot blanket.
- It is advisable to keep the baby sleeping in his/her cot in your room for 6 months. Sharing a bed, sofa or armchair is best avoided, especially if either of you smoke, have recently drunk any alcohol, have taken any medication or drugs that make you sleep more heavily or are very tired.
- Offering the baby a dry dummy/pacifier when putting them down to sleep. Do not force the baby to take it. (If breastfeeding wait until baby is one month old or is used to breastfeeding.)
13. Baby—potential problems

<table>
<thead>
<tr>
<th>Potential Problem</th>
<th>Action</th>
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<tr>
<td>Colic (stomach cramps characterised by inconsolable crying and curling of legs up to abdomen, often occurring in the evenings)</td>
<td>If breastfeeding seek help to check how you are positioning and attaching your baby to the breast. Adjustments may help lessen symptoms. Holding the baby to comfort it, a warm back or massage of the abdomen in a clockwise direction may help. If colic persists in formula fed babies it may be worth trying hypoallergenic formula (on the advice of your GP or a paediatrician). Help from others to take the baby for a cuddle can be of great benefit to you.</td>
</tr>
<tr>
<td>Constipation—all new babies should pass a stool of meconium in the first 24 hours. If your baby has not passed a stool for a couple of days and has other signs of ill-health eg vomiting, contact your GP.</td>
<td>Breastfed babies—if your baby is not passing a stool every day (yellow in colour after Day 5), it is usually a sign that he/she is not getting enough milk. Seek advice from your midwife/Breastfeeding Clinic. Artificially fed babies—make sure you are making the feeds up in correct proportions. Try offering the baby 20mls of cooled boiled water. If the baby is not passing stools and is obviously in pain contact your GP, whatever the method of feeding.</td>
</tr>
<tr>
<td>Cradle Cap (infantile seborrhoeic dermatitis) – greasy, yellow, scaly patches on the skin of the scalp.</td>
<td>The cause of this is unknown but be reassured it does not irritate the baby and is usually a temporary condition. Rubbing a little olive oil into the baby’s scalp before bed then combing the hair with a fine-toothed comb in the morning may help to remove the scales.</td>
</tr>
<tr>
<td>Diarrhoea</td>
<td>If your baby is passing a loose green stool and appears unwell this might indicate an infection—please see your GP. If the baby is otherwise well, please seek advice from your midwife or Breastfeeding Clinic. It is important to check how you are positioning and attaching your baby to your breast. It is normal for most breastfed babies to pass a loose yellow stool.</td>
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14. You - potential problems

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<tr>
<th>Potential Problem</th>
<th>Cause</th>
<th>Treatment</th>
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<tbody>
<tr>
<td>Wind</td>
<td>Whether to wind or not? Some cultures do not ‘wind’ their babies but if your baby appears uncomfortable following feeding it may be helpful to find positions that enable your baby to burp more easily. If you are breastfeeding and your baby appears uncomfortable with wind, seek help from the Breastfeeding Clinic. Adjustments to attachment at the breast may help. Sometimes bottle fed babies gulp down their milk quickly, vomit and then appear to want more. ‘Winding’ during the feed can help to reduce this problem.</td>
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<td>After pains</td>
<td>Contractions continue after birth as the uterus begins to reduce back in size. These most commonly occur whilst breastfeeding your baby, due to a hormone (oxytocin) released in response to baby suckling. They are more obvious the more babies you have had and can be quite painful. They can last for a few days but lessen in severity as time goes on. Women do not always experience after pains after their first baby.</td>
<td>A warm bath can be helpful in easing the pains and pain killers such as paracetamol or ibuprofen can also help.</td>
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<td>Bleeding</td>
<td>This is like a very heavy period for the first two days after giving birth and is the uterus shedding its lining as it does during a period. As time goes by the amount of bleeding reduces and by one week the loss should no longer be red, but pink or brown. You may experience an increase in blood loss during breastfeeding, particularly if accompanied by after pains. On average there is some blood-type discharge for 24 days after giving birth. It is important to change your maternity pads frequently.</td>
<td>Contact the midwife if the bleeding becomes heavier or if you pass a large clot on more than one occasion. If the discharge smells offensive or if it is still red after the first week seek advice from the midwife or your GP.</td>
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<td><strong>Temperature (high)</strong> continued</td>
<td>Follow the instructions on your particular thermometer. If the result is higher then 37.5°C contact your GP for advice. DO NOT GIVE BABY ANY MEDICATION WITHOUT THE ADVICE OF YOUR GP OR PHARMACIST.</td>
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<td><strong>Thrush</strong></td>
<td>Oral thrush in a baby is characterised by white areas on the inside of the mouth which cannot be wiped away. He/she may also have a nappy rash. If breast feeding you may experience nipple soreness when previously feeding was comfortable. You will need treatment from the GP. To prevent reoccurrence ensure hygienic sterilisation of anything you are putting into the baby’s mouth eg dummies, teats, bottles. Ensure these are covered at all times when not in use. Discard any frozen milk expressed during a period of thrush; freezing does not kill the fungus that causes thrush.</td>
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<td><strong>Unable to attach baby to the breast</strong></td>
<td>See section 15</td>
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<td><strong>Vaginal discharge</strong></td>
<td>Baby girls often have a white sticky discharge from the vagina in the first week. This may be accompanied by a small amount of fresh bleeding. This is caused by a withdrawal of hormones and should not last longer than a week. If it does contact your GP.</td>
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<td><strong>Vomiting</strong></td>
<td>Many babies bring up small amounts of feed and this is called ‘possiting’. If it is in larger amounts try winding frequently during the feed and changing your feeding position. If the vomit is ‘projectile’ (ie comes out with force and travels some distance) and this persists at each feed, seek medical advice. This can be due to a tight band around the entrance to the stomach preventing the milk entering (not common before four weeks of age).</td>
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<td><strong>Flat Head Syndrome (Plagiocephaly)</strong></td>
<td>Babies must sleep on their backs. Whilst baby is lying on his/her back encourage him/her to turn his/her head to either side. Time to play on their tummy helps reduce flattening of the head, improves movement skills and develops muscles and strength. Car seats should be used for travel only. Consider carefully when buying a travel system. Please discuss any concerns with your health visitor.</td>
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<td><strong>Jaundice</strong></td>
<td>Within the first 24 hours this is very abnormal and urgent medical attention should be sought. Some jaundice may occur on about day 3-4. This can be perfectly normal and is brought about by the baby replacing its fetal red blood cells for adult ones. This can still cause problems if the jaundice becomes severe. Ensure you feed the baby frequently, waking 4 hourly if necessary. If unable to feed the baby because of excessive drowsiness call Rothschild Ward at Stoke Mandeville Hospital or Wycombe Birth Centre (phone numbers on page 39) for advice. If a yellow discolouration to the skin and eyes persists at 14 days of age, tests will be performed by a paediatrician to check your baby’s liver is functioning normally. If normal and your bay is well, you do not need to worry and should continue to breastfeed.</td>
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<td><strong>Nappy rash</strong></td>
<td>Ensure skin is cleaned and dried properly after changing nappy. If using baby wipes change to using plain water to see if it improves. Apply small amount of protective cream. If rash persists it may be due to Thrush. See GP for appropriate treatment. If Thrush is diagnosed you will need treatment for your breasts too so please mention this to the GP.</td>
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<td><strong>Sleepy baby</strong></td>
<td>The number of feeds your baby will take in the first 24 hours is variable. Some babies are sleepy during this time, particularly if you have had chemical pain relief in labour or a general anaesthetic. Providing they are well, not premature and of a good weight, they can use their stored energy reserves. Long periods of skin to skin contact will help initiate your baby to feed; you might also try changing his/her nappy. After the first 24-48 hours feeding should establish and be 'baby led' - your baby should ask for at least 6 feeds in any 24 hour period. If you are at home and your baby is not feeding and appears unwell (eg pale, lethargic, jaundiced) seek medical advice straight away.</td>
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<td><strong>Separation from your baby</strong></td>
<td>If your baby is born prematurely or needs special care nursing he/she may be transferred to the Neonatal Unit for closer observation. You will be encouraged to spend as much time as possible with your baby. Kangaroo care/skin to skin contact with you will help your baby to recover and grow. Breast milk is the best food for your baby, if he/she is unable to suckle at the breast you could express colostrum/milk soon after birth and then regularly 8-10 times daily until he/she is able to feed directly from you. Hand expressing works best before the milk comes in, thereafter you may wish to use a mechanical pump—see appendix 4. Your breast milk can be stored in a designated milk fridge for 48 hours until needed. Pumps can be hired from the Breastfeeding Clinic if needed.</td>
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| **Skin rash/spots**               | These are not uncommon in new babies.  
• Dry skin – avoid baby bath products. Apply non-perfumed product such as hydrorys ointment or emulsifying ointment if appears sore.  
• Red, raised sore looking rash – may be due to allergic reaction to products applied to the skin or something which has touched that area. Ensure using non-bio laundry products. |

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| **Skin rash/spots continued**     | • Red spots with what looks like yellow head under the surface – commonly due to overheating, normally resolve once baby cools down.  
• Red spot with white head – can be due to skin infection – ask midwife or GP for advice.  
• White spots on nose (milia) – known as milk spots, are blocked sweat glands. Do not try to squeeze, they are perfectly normal and will resolve in time. |
| **Sticky eyes**                   | Clean with cooled boiled water and clean cotton wool, wiping from inside of eye to outside then discarding cotton wool. Use circular motion with wipe at inner eye to encourage opening of duct. Sticky eyes can be due to closed duct which normally drains debris from the eyes. If discharge reappears within an hour the eye may be infected. See GP. |
| **Sticky/smelling umbilical cord** | The umbilical cord stump normally dries, shrivels and drops off within the first ten days. Sometimes though it will appear moist and discharge an unpleasant odour. Clean the base of the cord as contact with the skin may cause soreness. It is not unusual for there to be slight bleeding from the base of the cord. Infection of the belly button is unusual and you would observe a circular area of redness around the cord stump if infection is present. Contact your midwife or GP if concerned. |
| **Temperature (high)**            | If the baby appears hot to the touch try removing a layer of clothing (remember to feel the baby's body rather than the hands and feet). When concerned it may be a good idea to take the baby's temperature. Digital thermometers are probably the most useful as you cannot use an 'ear' thermometer until the baby is 3 months old. It is also recommended that you take the temperature in the baby's armpit as it can be dangerous and painful to insert it into the rectum. Make sure the baby's armpit is dry and do not take the temperature for 20 minutes after |