The Queen Elizabeth Hospital
King's Lynn
NHS Foundation Trust

Information following childbirth

THE QUEEN ELIZABETH HOSPITAL KINGS LYNN NHS FOUNDATION TRUST

Firstly congratulations to you and your family on the birth of your baby!

The transition from pregnancy to parenthood is a big adjustment. Not only do you have a baby to care for but there is a whole new set of physical and emotional symptoms to deal with.

Within this booklet you will find information regarding the normal postnatal transition, common complaints within the postnatal period of you and your baby and when to seek medical advice.

There are also numerous appointments which you will need to make, with your GP and Registrar for example, which will be explained later in this booklet.

Booklet compiled by Kelly Wilson and Jayne Burton November 2016

What to expect physically in the first few weeks following childbirth

Vaginal Discharge (called Lochia)

Every new mum bleeds after having her baby whether the birth was vaginal or by caesarean section. This discharge is how your body gets rid of the lining of your uterus after the birth. The loss is initially heavier than your normal period and can come out in gushes or flow quite evenly. This lochia is made up of blood, tissue and mucous similar to a menstrual period. It is bright red in colour and can contain small blood clots. As the uterus heals the loss changes to a pink coloured discharge and then to brown and finally to a yellow-white colour. This discharge should smell the same as your usual periods. It can last from as little as two to three weeks and as long as four to six weeks after having your baby. The flow will gradually become less but can become red again especially if you are very active. Sanitary towels need to be used and not tampons as they have the potential to introduce infection into a still-healing uterus. If the bleeding is much heavier than a normal period this is called a postpartum haemorrhage (PPH). A PPH may happen within 24 hours of giving birth (primary PPH) or between 24hours and 12 weeks after the birth (secondary PPH). It may be caused by a piece of membrane or retained placenta, or when your uterus doesn't contract down properly after you've delivered the placenta. If you get a heavy blood loss or any large clots you will need to seek medical advice.

Abdominal Pain/Cramps

After giving birth your uterus will continue to have contractions for a few days. These contractions are normal and happen as the uterus shrinks to its non- pregnant size. This is called involution. These contractions are important as they pinch off the blood vessels where the placenta was attached to the uterus and stop the bleeding. This is why they are called afterpains. These afterpains decrease in severity after 48 hours and usually only last for 3 or 4 days and are a good sign the uterus is getting smaller. These after pains can be more intense if you are breastfeeding as the baby suckling at the breast releases a hormone that causes the uterus to contract. These afterpains can also be worse if you have delivered a large baby, more than one baby or if it isn't your first baby. This is because the more the uterus had to stretch, the more it has to shrink. Pain relief can be taken if the pains become too uncomfortable.

Piles/Haemorrhoids

These are swollen blood vessels in the rectum and around the anus. Piles can be caused by pressure of the baby's head or the pushing during the final stages of labour. To help with the discomfort try applying ice for 20 minutes every four hours. Do not put the ice directly on the skin, put it in a plastic bag and then wrap this in a towel. Anusol cream is a medicine used to treat piles. It helps to relieve the symptoms such as pain, swelling, irritation and itching. It contains a mixture of ingredients which have an antiseptic, soothing and protective properties. This medicine is not known to cause any problems whilst breastfeeding. It can be obtained from the GP or local chemist. Eating a high fibre diet (Fruit, whole grains and vegetables) and drinking plenty of water (6-8 glasses a day) can prevent hard stools that can irritate your piles. A Doctor can prescribe you a stool softener (such as lactulose) to make stools easier to pass without straining if needed.

Swollen Legs after delivery

Your body stores more fluid during pregnancy and expands the blood stream. This is 50% more than the usual amount, to nourish and protect you and your baby. But not all of this excess fluid leaves your body during the delivery. A combination of this extra blood volume, with the fluid retention and hormonal changes, could make your ankles ,hands and legs swell after the delivery. This is called postpartum oedema or postpartum swelling. Unfamiliar areas like incision sites, including C-Sections and episiotomy incisions could also be subjected to the same and could be a general source of discomfort and inconvenience for you. The most common cause for postpartum swelling is hormonal. The body produces a large amount of progesterone during pregnancy. This excess progesterone causes water and sodium retention in the body, which leads to postpartum swelling. Another cause for postpartum swelling is your expanding uterus. Your growing uterus restricts blood flow to the lower part of your body. This can also lead to fluid build-up and postpartum oedema. A vaginal birth can also contribute to swelling, as you push to give birth, your body sends extra blood towards the hands and feet, which causes swelling, IV fluids are also a big cause for postpartum swelling. A lot of women get IV fluids during childbirth – both vaginal and C-Section. This extra fluid tends to accumulate in the body and cause localised oedema. Postpartum oedema gradually subsides, as your body would eliminate all the excess fluids on its own. The first thing to remember is that you need to relax, as general swelling is absolutely normal. The swelling in the familiar areas like hands, legs, feet, face and lower back should reduce in a week's time. During this span, your kidneys would be subjected to over work to eliminate the excess fluids from your body. This means that you will be experiencing increased urination. Another outlet for this expulsion is body pores as extra fluids would also be expired as sweat.

Raise legs above hips when resting.

Your breasts/ Mastitis

Following giving birth you may notice your breasts become very sensitive and you may get sore nipples and engorged breasts which can be painful for several days when your milk comes in or if there are any feeding problems. This can happen for women who are breast or bottle feeding. During this time you need to ensure you are wearing a well fitted, supportive and non-wired bra. Some mothers also find a hot or cold compress helps to relieve some of the discomfort. If you have any feeding problems seek advice from your midwife or health visitor.

Sometimes the inflammation can quickly become an infection known as mastitis. Mothers may notice their breasts become red, hard, hot and swollen. Mothers may also feel a lump in their breast this is caused by milk escaping into the breast tissue and although not caused by a blockage, is referred to as a blocked milk duct. Mothers with mastitis may also experience flu like symptoms. Mastitis is commonly caused by milk stasis, which occurs when milk builds up in the breast and is being made faster than it is being removed. Milk stasis can occur for a number of reasons including the baby not being latched properly and engorgement. On occasions milk stasis can worsen and become infective mastitis which requires treatment with antibiotics.

It is important that mothers with mastitis continue to feed, as stopping can make it worse. Help and advice can be sought from the midwife to ensure that the baby is latched onto the breast well. It is important to keep the affected breast as empty as possible by frequent feeding or by expressing milk by hand or pump is also beneficial.

Massage lump area when feeding.

In the event that you wish to cease breastfeeding or expressing, it is important that you do not stop draining the breasts abruptly as this will cause engorgement and pain, this is also likely to make the mastitis worse and possibly lead to a breast abscess. It is advisable that the number of feeds/expressions should be gradually reduced over the period of one week to avoid further complications.

Your Perineum/Tears

During the delivery of your baby you may suffer a tear in your perineum, the area between the vaginal opening and the back passage or labia. A tear happens as the baby stretches the vagina during birth. The types of tear may be;

First degree tears – a small tear when only the skin tears, which usually heals naturally.

Second degree tears – a deeper tear involving the muscle as well as the skin. These usually need stitches which can be done by your midwife or the doctor if they are deep. Very small second degree tears which are not bleeding may not need stitches. Following the delivery of the baby your midwife will examine your perineum carefully, to see whether stitches are needed.

Third or fourth degree tears – these extend down to, and involve the skin, muscle, the anus (back passage) and/or the rectum. These are repaired in the operating theatre. You will have been given specific instructions if this has happened to you.

An episiotomy is a cut to make more space for your baby to be delivered, and is considered to be the same as a second degree tear. If you need an episiotomy the midwife/doctor will explain the reason to you and inject local anaesthetic (numbing painkiller) beforehand. It will not be done without your consent.

An episiotomy and nearly all second degree tears will need to be stitched. When muscle tears, the muscle fibres shorten and the function is affected. Stitching the torn muscle will enable the tear to heal quickly and with as little bleeding or infection as possible. If not stitched, the tear will heal, but more slowly, and scar tissue may form in the area.

If you need stitches you will be given local anaesthetic to numb the area first. The stitches are dissolvable so will not need to be removed. Your stitches will dissolve after about 2 weeks, very occasionally they may take slightly longer. You can help the healing process by keeping the perineal area clean and dry. Have a bath or shower once or twice a day and change your sanitary pads regularly. Wash your hands before and after you do so to reduce the risk of infection.

You can also drink plenty of water and eat a balanced diet (fruit, vegetables, cereals, wholemeal bread and pasta). This will help your bowels to open regularly and prevent constipation. Do your pelvic floor exercises as soon as possible. This increases the circulation of blood to the area and aids healing. The physiotherapist at the hospital will advise you about these exercises and you will be given a leaflet.

If you find the stitches painful, painkillers can be prescribed for you. Most women recover well, during this time some women may have, perineal pain, a feeling of urgency to open their bowels or pass urine, worry about sexual intercourse.

Your midwife will examine your perineum during your postnatal checks to ensure it is healing well. If you have any concerns regarding healing or experience an offensive smell or discharge, the pain becomes worse, or you have any incontinence, contact your midwife or GP for advice.

After 4-6 weeks your perineum should have healed and should not be painful. You should not experience any urgency to pass urine or open your bowels, or any problems controlling your bladder or bowels. Sexual intercourse should not be painful. If you are experiencing any of these problems or have any concerns you should seek advice from your GP or Midwife.

If you have a third or fourth degree tear you will also receive a follow up appointment for 6 weeks with the physiotherapist and 3 months with your obstetrician to ensure everything has healed properly.

The Baby Blues and Postnatal Depression

-produced by the Association for Post-natal Illness (2013)

One in two women who have just given birth experience the baby blues. This leaflet explains why some women feel emotional after a birth and it offers information and advice about the blues and postnatal depression

The Baby Blues;

After the birth of a baby about half of all mothers suffer a period of mild depression called the blues. This may last for a few hours or, at most, for a few days and then it disappears.

Symptoms of the Blues;

Many mothers feel very emotional and upset when they have the blues and they cry for no particular reason. They may find that it is impossible to cheer up. Some mothers feel very anxious and tense. Minor problems may cause mothers with the blues to worry a great deal. Some mothers have pains for which there is no medical cause or they may feel unwell but without any particular symptoms. Most mothers who have the blues feel very tired and lethargic most of the time. Frequently mothers who have the blues have difficulty sleeping.

Possible causes of the Blues;

The blues may have several causes, some biological and some emotional. When a baby is born there are very sudden changes in the mother's hormone levels. Some, required during pregnancy, drop rapidly, while others like those which start the production of milk, rise. These rapid changes may act to trigger the blues. Many mothers are unprepared for the extreme weariness which often follows a birth. The weariness is usually due to a combination of factors. In many cases the mother will have been anticipating the birth with some apprehension. This, as well as the physical exertion of the birth itself, can make mothers feel exhausted.

Rest and quiet are most important after a birth. Few mothers get either, as they are busy responding to the needs of the baby, or, when they might be able to rest, they are disturbed by hospital or home routines or by visitors who may stay too long. Sometimes the baby may have a slight health problem such as jaundice or feeding difficulties in the early days. These problems are very common with new babies, but they cause mothers great anxiety. The problems do settle down as the baby gets older and mothers should try to talk to medical staff and allow themselves to be reassured that the baby will thrive.

What can be done to help a Blues sufferer?

Mothers who have the blues should be allowed to cry if they want to and allowed to express their fluctuating emotions. If they feel miserable they should not be told to pull themselves together. It can be a great help to the mother if someone listens to her and reassures her that her worries and misery will not last and that she will soon feel better. A mother who has the blues must have as much rest as possible. It may also help the mother if she is told that the blues are very common and that they will usually pass quickly. Affected mothers are often over-sensitive about what is said to them by relatives and medical staff. So tact and empathy from the staff can be very beneficial at this time.

Length of the Blues;

In most cases the blues last for only a few days and then the feelings fade. If the blues do continue and seem to be getting worse then the mother should see her doctor and discuss the problem.

Postnatal Depression;

Postnatal depression is an unpleasant illness which affects about 10% of mothers who have recently given birth. The depression often starts after the mother has left hospital and been discharged by the midwife.

Symptoms of Postnatal Depression

Postnatal depression has many symptoms. Most mothers who have the illness find that they are less able to cope with the demands of the baby and of the home. Some mothers feel very despondent. They may feel very sad and cry frequently. Some mothers feel anxious and fearful, they worry about their own health and that of the baby. They may suffer from panic attacks and feel tense and irritable all the time. Most depressed mothers feel tired and lack energy, often they feel unable to concentrate and they find even simple tasks are confusing and demand too much energy. Some mothers experience pains for which there is no cause (other than tension and anxiety), many suffer difficulty in sleeping and poor appetite. Many depressed mothers lose interest in sex. A depressed mother may suffer from any or all of the symptoms mentioned. Most mothers who have this illness feel guilty that they are not 'coping' as they feel they should be.

What can be done if you have postnatal depression?

If your depression lasts longer than a few days you should discuss your feelings with your doctor. If possible take your partner or a friend or relative with you. Before you see the doctor write a list of all the symptoms that you are suffering from. You should not go on suffering depression in the hope that it will go away. Postnatal depression is a real illness and it can be treated successfully with anti-depressant drugs. These drugs are not addictive. They make the unpleasant symptoms fade until they go completely.

Who else can help?

After you have seen the doctor, you may find it helpful to talk to an understanding and sympathetic member of your family or a friend. If your friend understands that you will recover completely and be your 'old self' again when you are better, then he or she can be a real source of comfort and reassurance to you during the time of your illness. Your midwife, community nurse and health visitor can also give you advice, reassurance and support. It is important to remember that all mothers recover from postnatal depression. As the recovery proceeds, the bad days get fewer and less upsetting and the good days become more numerous. Gradually the bad days disappear completely. Some mothers find it helpful to talk to a mother who has had postnatal depression and recovered. If you contact the Association for Postnatal Illness, we will send you further information about the illness and tell you how to apply for a supporter who has had the illness.

Here are some other telephone numbers where you can get help.

NHS 111 Option 2

Lincs Crisis Team 0303 123 4000

Cambs NHS 111 option 2

Norfolk 0300 790 0371

Samaritians 116123

Self help

Although it may be very difficult to rest when you have a demanding baby and perhaps other children to care for; it does help to rest as much as possible if you are suffering from depression. You will find that you feel worse if you are overtired. Ask a partner or friend to care for the baby whilst you have a proper rest, preferably in the middle of the day. Try to lie on your bed even if you do not sleep. A rest in the day often improves sleeping at night for those with sleeping difficulties. Try to eat a small meal or have a hot sweet drink at regular intervals. Many depressed mothers forget to eat and this can make the depression symptoms feel worse.

Male Postnatal Depression

Male partners may also suffer from postnatal depression. If this happens then they should seek help from their G.P.

For more information about postnatal depression please write to or ring: The Association for Postnatal Illness, 145 Dawes Road, Fulham, London SW6 7EB. Phone: 020 7386 0868

Web site: www.apni.org e-mail: info@apni.org

If you would like to join a group meeting where general problems of motherhood are discussed ask your health visitor for details of a local mother and baby group or contact: The National Childbirth Trust, Alexandra House, Oldham Terrace, Acton, Phone: 0300 330 0700 www.nct.org.uk or www.netmums.com

Time to Talk

Time to Talk is a service set up at the Queen Elizabeth Hospital by Senior Midwives for all parents and parents to be as a maternity listening and information service.

If you would like the chance to talk to a midwife about your pregnancy and/or birth experience we can arrange an appointment at either;

North Cambs Hospital Antenatal Clinic (9am to 3pm)

01945 488060
Or

Queen Elizabeth Hospital Day Assessment Unit (8am-8pm)

01553 613904

Please speak to your midwife if you want any further details

Contraception – your guide to contraceptive choices – after you've had your baby www.fpa.org 2015

Contraceptive choices – after you've had your baby

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. Many unplanned pregnancies happen in the first few months after childbirth, so even if you're not interested in sex at the moment, it is better to be prepared.

How soon can I have sex again?

You can have sex as soon as you and your partner want to. Having a baby causes many physical and emotional changes for both partners and it may take some time before you feel comfortable or ready to have sex. Everyone is different, so do not feel pressured or worry that you are not normal if you don't feel ready to have sex. It can help to talk to your partner about any concerns you have.

When will my periods start again?

The earliest your periods can return is four weeks after birth if you are not breastfeeding or mixed feeding. If you are breastfeeding you will start ovulating and having periods when you are breastfeeding less often and for shorter periods of time. You can become pregnant before your periods return because ovulation (when the ovary releases an egg) occurs about two weeks before you get your period.

How soon do I need to use contraception?

You need to start using contraception from three weeks (21 days) after the birth. Don't wait for your periods to return or until you have your postnatal check before you use contraception as you could get pregnant again before then. If you are fully breastfeeding you can choose to rely on this for contraception, but it is not recommended.

When can I start to use contraception?

You don't need to use any contraception in the first three weeks after the birth as it is not possible to become pregnant in this time. You can use male and female condoms as soon as you want to. You can start to use the contraceptive implant from three weeks after the birth. If you are not breastfeeding then you can use the

combined pill. You can use the contraceptive vaginal ring and the contraceptive patch from three weeks after the birth. You can start the progestogen-only pill any time after the birth. It is usually recommended that you wait until six weeks after the birth to start the contraceptive injection because then you are less likely to have heavy and irregular bleeding. It is possible to use it earlier if there are no alternatives you find acceptable. The IUD or IUS can be inserted four weeks after vaginal or caesarean birth. You can start to use a diaphragm or cap six weeks after giving birth.

Where can I get advice?

You can find out more about contraception from a midwife, nurse or doctor in hospital or from your midwife or health visitor at home. You and your partner can also visit your general practice or a contraception or sexual health clinic. Visit www.fpa.org.uk for more information about contraception.

How do I find out about contraception services?

The Sexual Health Information Line provides confidential advice and information on all aspects of sexual health. The number is 0300 123 7123 and the service is available from Monday to Friday from 9am - 8pm and at weekends from 11am4pm. For additional information on sexual health visit www.fpa.org.uk Information for young people can be found at www.brook.org.uk.

Your Newborn Baby

Sleeping

Some babies sleep much more than others. Some sleep for long periods, others in short bursts. Some soon sleep throughout the night; some don't for a long time. It is important for babies to feed regularly during the first few weeks and therefore you should still wake your baby during the night if the baby hasn't fed. Your baby

will have their own pattern of waking, and it's unlikely to be the same as other babies you know.

Crying

All babies cry – and some cry a lot! Crying is your baby's way of communicating when they need comfort or care. Sometimes it is easy to work out why your baby is crying and sometimes it is more difficult. When your baby cries it might be because they are:-

- Hungry: They will feed when their stomach is empty.
- Too hot or too cold: The ideal temperature for the baby's bedroom is around 18°C. Blankets should be used in the cot so you can add or remove layers, not a duvet.
- Uncomfortable: The baby will protest if their clothes are too tight or if their nappy is wet or soiled.
- Tired: Babies will cry because they need to sleep. Stimulating the baby may be keeping them awake when they need to sleep.
- Wanting something to suck: Some babies have a strong need to suck and gain comfort from it.
- Bored: Some babies can be lonely and need entertainment and socialisation.
- Needing reassurance: Some babies need a great deal of reassurance and close physical contact.

Coping With Crying

Nobody can cope alone, ask your partner to comfort the baby or ask a relative or friend to have the baby for an hour to give you a break to calm down and get some rest if needed.

Feeding

During your pregnancy you will have been given information regarding breastfeeding and bottle feeding and will have made your decision of how you wish to feed your baby. It is important to feed newborn babies on demand and that they receive breast or formula feed both during the day and night. Please refer to the detailed information in the leaflets given to support your feeding choice.

Vomiting

In the first couple of weeks babies often have very small dribbles of sick (called posseting). Sometimes this occurs after the feed or whilst winding your baby. If your baby is being sick repeatedly however, or the sick is a large amount and hurled out of baby's mouth (known as projectile vomiting), or is green, brown or red in colour or you are concerned it is different from normal you should always seek help from your midwife or GP.

Skin

The skin should be pale pink. It goes deep red when the baby cries. The hands and feet are often slightly blue in the first 48 hours. A baby's skin can be oily or dry, sensitive and easily irritated.

Jaundice

Jaundice is a condition which is very common in newborn babies. Jaundice is caused by a build up of bilirubin in the blood. Usually the liver breaks down bilirubin and we excrete it in our urine and stools, but the immature liver in newborns struggles to break the large amounts of bilirubin up and the excess bilirubin stays in the body. Jaundice causes yellowing of the skin and the whites of the eyes and usually occurs between day 2 and 6. It can last up to 21 days, particularly in premature babies and breastfed babies. For

most babies jaundice is mild and harmless and over time babies will recover themselves with regular feeds. However some will need further investigations and treatment to help breakdown this excess bilirubin and therefore you should always seek help from your midwife, health Visitor or GP if you think your baby is jaundice. Some babies become very sleepy with jaundice so it is important to wake babies at least every 3 hours to feed to help excrete the bilirubin in the urine. The midwife may test your baby's jaundice level by checking the skin with a monitor. If the bilirubin levels are high or the jaundice is worse then you may be asked to attend the hospital for the Paediatrician (Baby doctors) to take a blood test from baby to check the bilirubin levels in the body. If the levels are high your baby will need further help to break down the excess bilirubin with phototherapy (light treatment) and in extremely rare occasions admission to Neonatal intensive care unit for further treatment. However if the levels are low, natural sun light is a good natural remedy.

Sticky Eyes

Sticky eyes is very common. Clean your baby's eyes using cooled boiled water, use a clean piece of cotton wool/pad for each eye and gently wipe from next to the nose outwards. If you need to repeat this use a new piece of cotton wool. If the eye becomes red, swollen or there is green discharge seek advice from your midwife, health visitor or GP.

Recognising Signs of Illness

Most parents sense when the baby is unwell. Trust your instincts, if you're worried always speak to your GP or health visitor. Always see the GP if your baby is:-

- Less responsive, not as active, more floppy or they have a high-pitched or weak cry.
- Is very pale all over, grunting when taking a breath, working hard to breathe.

- Is not taking its usual amount of fluids, passing less urine, vomits green fluid, or passes blood in their poo.
- Has a fever – Babies temperatures should be between 36.4 to 37.5˚c
- Has a fit.
- Has a dry mouth, no tears, sunken eyes or a sunken area at the soft spot on their head. These are signs of dehydration.
- Has a rash that doesn't disappear when you apply pressure.

When it's urgent Dial 999 and ask for an ambulance.

You must get immediate medical attention if your baby:
• stops breathing
• is unconscious or seems unaware of what is going on
• will not wake up
• has a fit for the first time, even if they then seem to recover, or
• is struggling to breathe (for example, sucking in under the ribcage).

Cord

The area around the cord should be washed and dried as normal. The cord should lie outside the nappy, allowing it to dry. The cord will drop off between 5 and 10 days old, there may be some slight bleeding if rubbed. If you notice any bleeding or discharge from the stump, let the GP or Midwife know. Process of gangrene will dry and go black.

Rashes

Most babies develop some sort of rash in their first year. Most disappear without treatment. A varying blotchy red rash which occurs mainly on the trunk and sometimes has a yellowish/white pinhead spot is very common in the first few days and the baby will remain well (called erythema toxicum).
A meningitis rash is also red or purple spots that becomes blotchy but when placing a glass tumbler firmly on the spots the spots DO

NOT fade. Immediate medical help should be sought as meningitis is very serious and can develop very quickly.

Nappy Rash

This can be caused by:-

- Prolonged contact with urine or poo.
- Sensitive skin.
- Rubbing of chaffing.
- Soap, detergent or bubble bath.
- Baby wipes.
- Diarrhoea or other illness.

The best way to deal with this is:-

- Change nappies regularly.
- Clean the area thoroughly, with water and dry.
- Lie baby on a towel and leave the nappy off.
- Stop using baby wipes for a few days.

Barrier creams are not recommended routinely.

Stools/Poo

The 1st stool is normally passed within the 1st 24hrs but occasionally it is delayed up to 2 days in normal infants. This is known as Meconium, which is a tar-like, blackish/green colour. If feeding is taking place normally 'changing stools' of a light greenish/brown colour replaces the meconium on about the 3rd or 4th day. Thereafter there is a gradual change to the mustard coloured stools of breast fed, or the pale yellow stools of the formula-fed baby. A breast fed baby has soft stool with a seedy appearance. It is more frequent than a formula-fed baby who has a more solid stool. Some babies may become constipated (poos become firm and hard to pass), particularly formula fed babies as formula milk is harder to digest. Firstly check that you are making the feeds up properly and have the correct amount of scoops to the amount of boiled water – never add extra scoops. Seek medical advice from your midwife, GP or Health visitor and never give any other fluids to baby without medical advice.

Urine/Discharge

Babies should have plenty of wet and dirty nappies. The urine should be clear, if it is concentrated it is probably a sign baby is dehydrated. Sometimes you may find an orange/red stain in the nappy particularly in boys (this is known as urates) and is salts excreted within the urine. Baby girls may also have a small amount of vaginal discharge which can be streaked with blood within the first week after birth caused by hormones from you passing through baby (called pseudomenstruation) and is usually nothing to worry about. If you are unsure always contact your midwife for advice.

Going out for the first time

You can take your baby out whenever you feel ready to. Walking is good for both of you. Make sure your baby can lie flat in the buggy. You may find a sling easier to take the baby out to start with. Baby needs to wear clothing that is suited to what the weather is outside.

Car Seats

All babies travelling in a car must be secured in a backward facing baby seat, by law. Do not put the baby in the front seat if there are airbags, unless it can be switched off, as there is a danger of suffocation if the bag inflates.

Make sure that the car seat is fitted properly otherwise the seat could move or slip out of the belt altogether, giving little protection to your baby. You can call your local council's road safety department and ask for details.

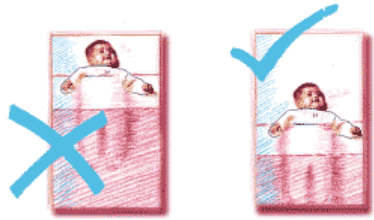
It is illegal for anyone to hold a baby while sitting in the front or back of a car.

We recommend that you take your car seat up to the ward to collect the baby when taking them home.

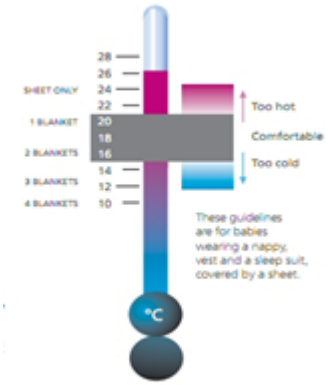
When you have finished your journey never leave your baby to sleep in the car seat. Always remove baby from the car seat and settle baby to sleep in a Moses basket or cot.

Reducing The Risk of Sudden Infant Death Syndrome

How to place the baby in the cot with the feet at the bottom



Comfortable room temperature at night



Sudden Infant Death Syndrome (SIDS)

Sadly it is not known why some babies die suddenly and for no apparent reason from what is called Sudden infant death syndrome (SIDS).

Please remember SIDS is rare so don't let worrying about this stop you enjoying your baby's first few months.

It is known that there are some measures that can be taken to reduce the risk of SIDS and other dangers such as suffocation. These risks are outlined below.

Place your baby on their back to sleep, in a cot or Moses basket in a room with you

This should occur from the very beginning and include day and night sleeps. Sleeping on their sides is not as safe for the baby as on their back. The baby is not in danger of choking in this position. When the baby is old enough to rollover they should not be prevented from doing so.

Babies may get flattening of the part of the head they lay on (plagiocephaly) but this will become rounder as they grow and they are encouraged to lie on their tummies to play when they are awake and being supervised. It is good for their development to experience a range of different positions and a variety of movement.

Don't let your baby's head become covered

A baby who has its head covered with bedding is at an increased risk of SIDS. To prevent your baby wriggling down under the covers, place your babies feet to the foot of the crib, cot or pram. The cot needs to be made up so that the covers reach no higher than the shoulders. Covers should be securely tucked in so they cannot slip over the baby's head. The baby should sleep on a mattress that is firm, flat, well-fitting and clean. The outside of the mattress should

be waterproof. The mattress needs to be covered with a single sheet. Do not use duvets, quilts, and baby nests, wedges, bedding rolls or pillows. If you wish to put toys in the cot with your baby ensure they are at the foot end and cannot fall on baby.

Swaddling

To reduce the risk of SIDS the sleeping arrangement should be consistent for every sleep, day naps and night sleeps. If you decide to swaddle your baby you should carry out this sleep position from birth, ensuring the sheets and blankets are secure around baby and the neck and head are free.

Don't let your baby get too hot (or too cold)

Overheating increases the risk of SIDS. Babies can overheat because of too much bedding or clothing or because the room is too hot.

The baby is too hot if their tummy is hot to touch or they are sweating. Don't worry if the babies hands or feet feel cool this is normal. It is easier to adjust the temperature with the use of lightweight blankets. A folded blanket counts as two blankets. Babies do not need hot rooms. All night heating is rarely necessary. The temperature should be what is comfortable for you at night. This is about 18°C (65°F). If the room is very warm the baby may not need any bedclothes other than a sheet. Even in winter, most babies who are unwell or feverish do not need extra clothes. Babies should never sleep with a hot water bottle or electric blanket, next to a radiator, heater or fire, or in direct sunlight. Babies lose excess heat from their heads, so make sure their heads cannot be covered by bedclothes during sleep periods. Remove hats and extra clothing as soon as you come indoors or enter a warm car, bus or train even if it means waking your baby.

Sleepbags may be used if you wish but you must ensure they fit well and a maximum of 2.5tog should be used.

Never sleep with a baby on a sofa or arm chair

It is lovely to have your baby with you for a cuddle or feed but it's safest to put your baby back to sleep on a mattress which is firm and flat. Baby's should never be placed to sleep on an armchair or sofa and evidence shows that there is an association between baby's that co sleep with an adult on a sofa or armchair and SIDS. (NICE 2014)

Sharing a bed with your baby

The safest place for your baby to sleep is in a room with you for the first 6 months. Do not share a bed with your baby if you or your partner;

- Are smokers (no matter where or when you smoke)
- Have recently drunk alcohol
- Have taken medication or drugs that make you sleep more heavily.
- Feel very tired.

The risks of bed sharing are also increased if your baby:-

- Was premature (born before 37 weeks)
- Was of low birth weight (was born less than 2.5kg 5lb5oz)

Feeding your baby

Breastfeeding your baby reduces the risk of SIDS. Breastfeeding is best for your baby's health and your own health. The longer you breastfeed, the greater the health benefits to you and your baby. As it is easy to fall asleep while breastfeeding, especially when lying down, there are some safety measures to remember as well as the factors already outlined:-

- Adult beds are not designed with infant safety in mind.
- The mattress must be firm and flat. Waterbeds, bean bags and sagging mattresses are not suitable
- Make sure that your baby can't fall out of bed or get stuck between the mattress and the wall

- Your baby must not be left alone in or on the bed as even very young babies can wiggle into dangerous positions
- Your partner must know if the baby is in the bed.
- If an older child is also sharing your bed, you or your partner should sleep between the child and the baby
- Pets should not share a bed with your baby
- Most mothers who are breastfeeding naturally adopt a position facing their baby with their body in a position that protects them.

Cut out smoking during pregnancy. This should include your partner too

During pregnancy smoking greatly increases the risk of SIDS. For help with stopping smoking call the NHS pregnancy smoking helpline on 0800 169 9169.

Don't let anyone smoke in the same room as your baby. Babies exposed to cigarette smoke are at increased risk of SIDS. Nobody should smoke in the house including visitors. Do not take your baby into smokey places. If you are a smoker, sharing a bed with your baby increases the risk of SIDS.

Immunisation

Immunisation reduces the risk of SIDS.

Registration of Baby's Birth

Please be aware births **must** be registered **within 6 weeks** of delivery.

The Registrar requires the baby's NHS number which is on the copy of the baby's birth notification so please take this with you.

If you are not married, both of you will need to attend the Registrar's office for the father's name to be entered on the Birth Certificate.

A baby can be registered at any Registrar's office – local ones are listed below. Please be aware if you register baby at an office other than in Norfolk, the Birth Certificate will be sent in the post to you, rather than being given at the appointment, as it is in a different County to the Hospital.

Norfolk Registry Offices

To book an appointment with one of the Norfolk Registry Offices below, please call **0344 800 8020**

between 9.30am and 4.30pm or an appointment can be made on-line at: https://s7.sishost.co.uk/NF/Agenda/OnlineBookings

King's Lynn	**Downham Mkt**	**Dereham**
The Town Hall	15 Paradise Road	Breckland Bs cen
Saturday Market Place	Downham Market	StWithburga Ln
King's Lynn PE30 5DQ	PE38 9HS	Dereham
		NR19 1FD

Fakenham	**Thetford**
Fakenham Connect	King's House
Oak Street, Fakenham	King Street, Thetford
NR21 9SR	IP24 2AP

Cambridgeshire Registry Offices

To book an appointment with one of the Cambridgeshire Registry Offices below, please call **0345 0451363** between 9am and 5pm or an appointment can be made on-line at www.cambridgeshire.gov.uk

March	**Wisbech**
The Library	Audry House
City Road, March	110 Ramnoth Road, Wisbech
PE15 9LT	PE13 2JE

Lincolnshire Registry Offices

To book an appointment with one of the Lincolnshire Registry Offices below, please call **01522 782244** between 9am and 5pm or an appointment can be made on-line at www.lincolnshire.gov.uk

Long Sutton	**Spalding**
Swap Coat Lane	Linden House, 1 Bath Lane
Long Sutton	Spalding
PE12 9HB	PE11 1XE

Registering with your GP

You will need to register your baby with a GP as soon as possible. To do this, you will need your baby's NHS number and to complete a GMS1 form, available from your surgery.

You will need to make an appointment with your GP at 6-8 weeks, following the baby's birth, so that you and baby receive a further check-up.

Red Book/ Child Health Record

You should have received your personal child health records (red book) from your health visitor whilst you were pregnant. This book records your baby's growth and well-being. You need to take it to the hospital when you go to deliver your baby and whenever you see any professional about your baby.

Contact details and References

The Baby Blues and Postnatal Depression - the Association for Post-natal Illness (2013) www.apni.org

Your guide to contraceptive choices – after you've had your baby www.fpa.org.uk Department of Health January 2014. Reprinted September 2015 Public Health England

Birth to Five (2015) Department of Health

Sudden Infant Death Syndrome; www.lullabytrust.org/uk

www.unicef.org.uk

www.nct.org.uk

www.nice.org.uk/guidance

www.nhs.uk/conditions

Any Questions you may wish to ask your Midwife?

How to contact a midwife:

Community Midwife: 8am-4pm

Call the community help line on 07881510496

Midwifery Advice Line: (4pm-8am)

01553 613720 or 01553 214903 or 01553 214635