

Patient information

Happy and healthy after birth

In hospital with your baby

If you have your baby in hospital, you may be able to go home with your baby directly from the labour suite or midwifery led birthing unit, or you may be moved to ward F11, where you will be with other mothers and babies.

At any given time, you will have a midwife who is allocated to look after you and your baby. We work as a team and you may see several members of staff. The plan for your stay should be discussed with you. If you have any questions, please don't hesitate to ask.

Before going home, you will be visited by a paediatrician or a specially trained midwife to carefully examine your baby from top to toe (newborn infant physical examination or NIPE). They will introduce themselves and explain the reasons for the examination before asking for your consent.

You will also be visited by a specially trained screener to offer the Newborn Hearing Screening Test for your baby.

As a maternity ward we have a duty to protect all mums and babies in our care. We take this responsibility very seriously, and we are therefore very strict about visiting times and rules.

09:00 – 21:00 partners and your children only

(your partner or one specified adult for your whole hospital stay)

Visiting times

14:30 - 16:00

19:00 – 20:00

Apart from your own children, no children under the age of 12 are permitted on to the ward. No more than 4 visitors to see you at any one time. Please ask anyone who has been unwell with viral illnesses, sore throats, chicken pox or tummy bugs to stay at home

Please don't ask us to break these rules because they are very important and exist to protect everyone and maintain a safe and calm environment on the ward.

The ward is protected by a security system and CCTV. All staff should introduce themselves and be wearing clear identification. Never allow anyone to take your baby out of your sight if you are in doubt about their identification.

We have a dedicated team of housekeepers who work hard to maintain standards on the ward. Infection control is a high priority for us because of the importance of protecting women and newborn babies. During their daily activities the housekeepers will require time to clean around your bed space and regularly need to empty the bay in order to thoroughly clean the floor. We will try not to disturb you when it's not a convenient time, but please bear in mind the need for high standards of cleanliness.

Hot drinks will be served at regular intervals throughout the day. We are unable to offer this for partners, but there are two cafes plus vending machines around the hospital. You will be given menus to complete for each meal during your stay. If you are admitted and have not had the opportunity to order a meal, staff can organize a light bite for you – usually a sandwich, fruit or toast. Please make staff aware if you have not eaten, or if you have any specific dietary requirements.

Going home

On the day you go home, please plan for your discharge to take place in the afternoon. This may mean arranging for family or friends to collect your older children from school for you. As well as checking you and your baby, helping with feeding, obtaining test results and ensuring all the screening tests that you consent to are completed, your midwife will need to order any medications that you need to take home from the pharmacy and wait for them to be delivered, as well as complete all of the relevant paper and computer work. Your patience will be greatly appreciated!

Whether you are in hospital or at home, the midwives are there to guide and support you, and also check you're recovering from the birth. Don't hesitate to ask for help if you need it – you will be given contact telephone numbers for us when you go home. One of your community midwives will phone you the day after you are discharged from hospital and check you and your baby are well. The midwife will plan your postnatal visits with you depending on the needs of you and your baby.

How you feel after the birth

Many women feel a bit down, tearful or anxious in the first week after giving birth. This is often called the "baby blues" and is so common that it's considered normal. The "[baby blues](#)" don't last for more than 2 weeks after giving birth, and are probably due to the sudden hormonal and chemical changes that take place in your

body after childbirth. If your symptoms last longer or start later, you could have postnatal depression. It is thought to affect around one in 10 women and usually occurs two to eight weeks after the birth, though it can happen up to a year after the baby is born.

Emotional signs of postnatal depression may include:	Other signs of postnatal depression may also include:
<ul style="list-style-type: none"> • loss of interest in the baby • feelings of hopelessness • not being able to stop crying • feelings of not being able to cope • not being able to enjoy anything • memory loss or being unable to concentrate • excessive anxiety about the baby 	<ul style="list-style-type: none"> • panic attacks • sleeplessness • extreme tiredness • aches and pains • feeling generally unwell • anxiety • loss of appetite

Getting help for postnatal depression

If you think you have postnatal depression, don't struggle alone. It's not a sign that you're a bad mother or are unable to cope. Postnatal depression is an illness and you need to get help, just as you would if you had the flu or a broken leg. Talk to someone you trust, such as your partner or a friend. Or ask your health visitor to call in and visit you. Many health visitors have been trained to recognise postnatal depression and have techniques that can help. If they can't help, they'll know someone in your area who can. It's also important to see your GP. If you don't feel up to making an appointment, ask someone to do it for you.

Your body - the first few days and beyond

Your breasts

To begin with, your breasts will produce a nutritious yellowish liquid called colostrum for your baby. On the third or fourth day, they may feel tight and tender as they start to produce milk. Wearing a supportive nursing bra may help. Speak to your midwife if you're very uncomfortable.

You can find out more about breastfeeding in your *Mothers and Others Guide* (given to you by your team midwives during your pregnancy), or visit www.nhs.uk.

Your abdomen

Your abdomen (tummy) will probably be quite baggy after delivery and still be quite a lot bigger than you were before pregnancy. This is partly because your muscles have stretched. If you eat a balanced diet and get some exercise, your shape

should gradually return to normal. Breastfeeding helps because it makes your womb contract. You may feel quite painful period-like cramps while you are feeding.

These **deep stomach muscle exercises** can help you tone your stomach muscles:

- lie on your side with your knees slightly bent
- let your tummy relax and breathe in gently
- as you breathe out, gently draw in the lower part of your stomach like a corset, narrowing your waistline
- squeeze your pelvic floor muscles at the same time
- hold for a count of 10, breathing normally, then gently release
- repeat up to 10 times

Your bladder and bowels

At first, the thought of passing urine can be a bit frightening because of the soreness and because you can't feel what you're doing. Tell your midwife if:

- you're finding it difficult to pass urine
- you feel very sore
- you notice an unpleasant smell

You will be asked to collect your urine for measurement after the birth. This is to make sure that your bladder is emptying normally because sometimes this can be difficult after having a baby, or having a catheter in.

Pelvic floor exercises can help to stop incontinence, improve prolapse and make sex better too. You can do these exercises lying down, sitting or standing.

With practice, they can be done anywhere and at any time:

- squeeze and draw in your anus at the same time, and close up and draw your vagina upwards
- do it quickly, tightening and releasing the muscles immediately
- then do it slowly, holding the contractions for as long as you can, but no more than 10 seconds, before you relax
- repeat each exercise 10 times, 4 to 6 times a day

You probably won't need to open your bowels (have a poo) for a few days after the birth, but it's important not to let yourself get constipated. Eat plenty of fresh fruit, vegetables, salad, wholegrain cereals and wholemeal bread, and drink plenty of water. If you've had stitches, it's very unlikely that you'll break them, or open up the cut or tear again. It might feel better if you hold a pad of clean tissue over the stitches when doing a poo, and try not to strain. Talk to your midwife or GP if you have constipation that won't go away. A gentle laxative may help. Also tell your midwife or GP if you experience any leaking from your bowels, or if you have incontinence.

Stitches

If you've had stitches after tearing or an episiotomy (cut), bathe them every day to help prevent infection. Have a bath or shower with plain warm water then carefully pat yourself dry. If your stitches are sore or uncomfortable, tell your midwife. Painkillers can help. If you're breastfeeding, check with your pharmacist, midwife or GP before you buy over-the-counter painkillers. Stitches usually dissolve by the time the cut or tear has healed, but sometimes they have to be taken out.

Piles

Piles (haemorrhoids) are very common after birth, but they usually disappear within a few days. Eat plenty of fresh fruit, vegetables, salad, wholegrain cereals and wholemeal bread, and drink plenty of water. This should make bowel movements easier and less painful. Try not to push or strain as this will make the piles worse. Speak to your midwife or GP if the problem persists as there are a range of treatments you could try.

Bleeding after the birth (lochia)

You'll bleed from your vagina after the birth. It will be quite heavy at first, and you will need super-absorbent sanitary towels. Change them regularly, washing your hands before and afterwards. It isn't a good idea to use tampons until after your six-week postnatal check because they could increase your chance of getting an infection.

You may notice the bleeding is redder and heavier when you breastfeed. This happens because breastfeeding makes your womb contract. You may also feel cramps similar to period pains. The bleeding will carry on for a few weeks. It will gradually turn a brownish colour and decrease until it finally stops. If you're losing blood in large clots, tell your midwife. You may need some treatment.

Anaemia

Anaemia (low iron levels in your blood) is fairly common after giving birth because of blood lost during the delivery. It is important to eat a balanced and varied diet to help you recover. Good sources of iron include:

- liver and other red meat
- beans and nuts
- dried fruit – such as dried apricots
- wholegrains – such as brown rice
- fortified breakfast cereals
- most dark-green leafy vegetables – such as watercress and curly kale

If your blood test shows a low haemoglobin level you will be prescribed iron tablets. The prescribed tablets are stronger than the supplements you can buy in pharmacies and supermarkets.

Some people get side effects including constipation, stomach pain, nausea and vomiting. It is also common for stools to become darker in colour. Try taking the tablets with or soon after food to reduce the chance of side effects. Drinking orange

juice after you've taken them may help your body absorb the iron. It's important to keep taking the tablets even if you get side effects.

Keep iron supplement tablets out of the reach of children. An overdose of iron in a young child can be fatal.

Avoiding deep vein thrombosis (DVT) after pregnancy

Deep vein thrombosis (DVT) is a serious condition where a blood clot forms in a deep vein in the body, usually in the leg. If the clot breaks off into the bloodstream, it can block one of the blood vessels in the lungs. This is called a pulmonary embolism (PE) and needs emergency treatment.

Women who have had a baby in the past six weeks are among those who are at risk of DVT. If you have other factors that put you at risk (smoking, obesity, birth by caesarean, family history etc.) you may be prescribed Tinzaparin injections and be given TED Stockings (flight socks) to wear after the birth of your baby to protect you from DVT.

If you have any symptoms and are worried that you might have a DVT or a PE do not delay in seeking urgent medical help (see page 6).

When can I start exercising after birth?

If you had a straightforward birth, you can start gentle exercise as soon as you feel up to it. This could include walking, gentle stretches, pelvic floor exercises and deep stomach exercises (as explained earlier in this leaflet). It's usually a good idea to wait until after your six-week postnatal check before you start any high-impact exercise, such as aerobics or running. If you exercised regularly before giving birth and you feel fit and well, you may be able to start earlier. If you had a more complicated birth or a caesarean, your recovery time will be longer, so talk to your midwife, health visitor or GP before starting anything too strenuous.

Separated stomach muscles (diastasis recti)

It's common for the two muscles that run down the middle of your stomach to separate during pregnancy. This is called diastasis recti, or divarication. The amount of separation can vary. It happens because your growing womb (uterus) pushes the muscles apart, making them longer and weaker.

The separation between your stomach muscles will usually go back to normal by the time your baby is eight weeks old. After you have had your baby, you can check the size of the separation with this simple technique:

- Lie on your back with your legs bent and your feet flat on the floor
- Raise your shoulders off the floor slightly and look down at your tummy

- Using the tips of your fingers, feel between the edges of the muscles, above and below your belly button. See how many fingers you can fit into the gap between your muscles.

Do this regularly to check that the gap is gradually getting smaller. If the gap is still obvious 8 weeks after the birth, contact the GP as you may be at risk of back problems. The GP can refer you to a physiotherapist, who will give you some specific exercises to do.

Regular pelvic floor and deep stomach muscle exercises can help to reduce the size of the separation between your stomach muscles. It's also important to stand up tall and be aware of your posture.

Ways to ease back pain

These practical tips may help to relieve an aching back:

- While feeding your baby, always sit with your back well supported and straight. Put a small pillow or cushion behind your waist to support your lower back. Make sure your feet can reach the floor.
- Kneel or squat (do not bend your back) to do tasks that are near the floor, such as picking up toys or bathing your baby.
- Change a nappy on a raised surface. You could kneel on the floor next to a sofa or bed. Never leave your baby unattended on a raised surface, in case they fall off.
- Keep your back straight and bend your knees when lifting.
- Keep your back straight when you push your pram or buggy. Or, carry your baby in a well-fitting sling.

Your 6 - 8 week postnatal check

Your postnatal check at around 6 to 8 weeks after the birth of your baby is a good time to talk to the GP about any physical or mental health problems you've had since the birth. It's a good idea to make a list of questions to take along with you.

Signs and symptoms to look out for – when to get help

Serious illness is not common after having a baby, but all women and their partners should know what to look out for in the early days so that complications can be detected and treated as soon as possible. If you do seek advice from your doctor or attend the hospital, it is important for you to tell them you have recently had a baby (if your baby is less than 6 weeks old).

See a doctor URGENTLY, attend the Emergency Department or call 999 if you have any of the following:

- Sudden, heavy blood loss
- Headache with visual disturbances (like flashing lights, dark spots or tunnel vision)
- Fever and feeling extremely unwell
- Chest pain (or upper back pain with breathing) or breathlessness
- Red, swollen and painful calf
- Signs of serious infection to your caesarean wound / or perineum – hot to touch, redness, swelling, oozing blood or pus, foul smell to discharge from the wound
- Widespread rash
- Extreme unnecessary worry, severe anxiety, thoughts of self-harm or confused / disturbed thoughts.

Contact a midwife or call 111 today, if you have any of the following:

- Nasty smelling or heavy vaginal blood loss and / or tender abdomen
- Flu-like symptoms and feeling unwell, especially if you develop a sore throat
- Early signs of infection to your caesarean wound / or perineal stitches – more uncomfortable, pink areas, not healing well
- Painful haemorrhoids
- Incontinence of faeces (poo)
- Difficulty in passing urine or leaking urine
- Persistently painful, swollen breasts (in case you have the breast infection mastitis)

Call the community midwives hub or book an appointment with your GP if you notice these symptoms or have any questions or worries:

- Persistent pain in your genital area, or pain when you have sex
- Back pain that doesn't go away
- Constipation or piles that don't get better
- Any problems with breastfeeding or pain during breastfeeding (best to speak with a midwife or breastfeeding supporter)
- Feeling tearful, anxious or low beyond 10 - 14 days

Life with your new baby

As a new parent you're bound to have questions on everything from getting breastfeeding started, to washing and bathing your baby and changing their nappy.

Here's a quick guide to everything you need to know about caring for your new baby during those exhausting but wonderful early weeks.

Umbilical cord care

Between 5 and 15 days after your baby is born, the umbilical stump will dry out, turn black and drop off. After the stump comes off, it usually takes about 7 to 10 days for the belly button to heal completely. Until the stump drops off and the belly button is completely healed, it's important to keep the area clean and dry, to prevent infection. If you notice any bleeding or discharge from your baby's belly button, ask your midwife, health visitor or GP for advice.

Fontanelles

On the top of your baby's head near the front is a diamond-shaped patch where the skull bones haven't fused together yet. There is another smaller soft spot towards the back of your baby's head. These are called the fontanelles.

It will probably be a year or more before the bones close over. There's no need to worry about touching or washing the fontanelles because they are covered by a tough protective membrane.

Bumps and bruises

It's common for a newborn baby to have some swelling and bruises on their head, and perhaps bloodshot eyes. This is caused by squeezing and pushing during birth, and is particularly common in babies who have been delivered by forceps or ventouse. It will soon disappear but, if you're worried, you can ask your midwife about it.

Your baby's skin

At birth, the top layer of your baby's skin is very thin and easily damaged. Over the first month (or longer in premature babies), your baby's skin matures and develops its own natural protective barrier.

Vernix, the white sticky substance that covers your baby's skin while in the womb, should always be left to absorb naturally. It's a natural moisturiser that also protects against infection in the first few days. It's best to bath your baby with plain water only for at least the first month. If you need to, you can also use some mild, non-perfumed soap. Avoid skin lotions, medicated wipes, or adding cleansers to your baby's bath water. Premature babies' skin is even more delicate. Staff in the neonatal unit will advise you on skincare.

If your baby is overdue, their skin may be dry and cracked. This is because all the protective vernix has been absorbed before they were born. Don't use any creams or lotions, as they may do more harm than good. The top layer of your baby's skin will peel off over the next few days, leaving perfect skin underneath.

Newborn spots

Spots and rashes are very common in newborn babies. They may come and go, but if you also notice a change in your baby's behaviour - for example, if your baby isn't feeding well, or is very sleepy or very irritable - tell your midwife or GP immediately.

Eyes

Your baby's eyes will be checked shortly after birth as part of their newborn infant physical examination. New babies can see, but their vision isn't very focused. Their eyesight develops gradually over the first few months. By the time your baby is two weeks old, you'll probably notice their eyes following your face or a colourful object held about 20cm (eight inches) away. If they don't seem to be doing this, mention it to your health visitor or GP. Your newborn's eyes may roll away from each other occasionally. This is called a squint and is normal in a newborn. It should go away by three months. Talk to your health visitor or GP if it doesn't.

Breasts and genitals in newborns

Quite often, a newborn baby's breasts are a little swollen and ooze some milk, whether they are a boy or a girl. Both boys' and girls' genitals often appear swollen initially but will look normal within a few weeks. Baby girls sometimes bleed a bit or have a white, cloudy discharge from the vagina. All this is caused by hormones passing from you to your baby before birth. There's no need to be concerned. Boys' testicles develop inside their body and sometimes take a while to descend into the scrotum. A health professional will check whether they have descended as part of the newborn physical examination.

What your baby can do

Babies are born knowing how to suck. During the first few days they learn to co-ordinate their sucking with their breathing during feeding. Newborn babies also automatically turn towards a nipple or teat if it's brushed against their cheek, and they'll open their mouths if their upper lip is stroked.

Your newborn can grasp your finger with their hands and toes. They'll also make stepping movements if they're held upright on a flat surface. All of these reflexes, except sucking, disappear within a few months.

Newborn babies can use all their senses. They look at people and objects, especially if they're near, and particularly at people's faces. You may notice your baby trying to mimic your facial expressions. They enjoy gentle touch and the sound of a soothing voice, and they may be startled by bright lights or loud noises. They also recognise their parents' unique smells and voices soon after birth.

Close / contact between you and your new baby plays an important role in their brain development, and for building a loving bond with your baby. Try to spend plenty of time holding your baby in skin-to-skin contact. This also helps enormously with getting breastfeeding off to a good start.

Changing nappies

Babies need frequent nappy changes, but how often they need changing depends on how sensitive their skin is. Some babies have very delicate skin and need changing as soon as they wet, otherwise their skin becomes sore and red. Other babies can wait to be changed until before or after every feed. All babies need changing as soon as possible when they have a dirty nappy to prevent nappy rash.

Young babies need changing as many as 10 or 12 times a day, while older babies need to be changed at least 6 to 8 times.



Sudden Infant Death Syndrome (SIDS or cot death)

In the UK, more than 200 babies die suddenly and unexpectedly every year. This statistic may sound alarming, but SIDS is rare and the risk of your baby dying from it is low. Parents can reduce the risk of SIDS by not smoking while pregnant or after the baby is born, and always placing the baby on their back when they sleep (see below).

The exact cause of SIDS is unknown, but it's thought to be down to a combination of factors. Experts believe SIDS occurs at a particular stage in a baby's development and that it affects babies vulnerable to certain environmental stresses. This vulnerability may be caused by being born prematurely or having a low birthweight, or because of other reasons that have not been identified yet.

Environmental stresses could include tobacco smoke, getting tangled in bedding, a minor illness or a breathing obstruction. There's also an association between co-sleeping (sleeping with your baby on a bed, sofa or chair) and SIDS. Babies who die of SIDS are thought to have problems in the way they respond to these stresses and how they regulate their heart rate, breathing and temperature.

Although the cause of SIDS isn't fully understood, there are a number of things you can do to reduce the risk.

	
<ul style="list-style-type: none">• Always place your baby on their back to sleep• Place your baby in the "feet to foot" position (with their feet touching the end of the cot, Moses basket, or	<ul style="list-style-type: none">• Do NOT smoke during pregnancy or let anyone smoke in the same room as your baby (both before and after birth)• Sleep on a bed, sofa or armchair with

<p>pram).</p> <ul style="list-style-type: none"> • Keep your baby's head uncovered. Their blanket should be tucked in no higher than their shoulders. • Let your baby sleep in a cot or Moses basket in the same room as you for the first six months. • Use a mattress that's firm, flat, waterproof and in good condition. • Breastfeed your baby (if you can) 	<p>your baby</p> <ul style="list-style-type: none"> • Share a bed with your baby if you or your partner smoke or take drugs, or if you've been drinking alcohol • Don't let your baby get too hot or too cold • A room temperature of 16-20°C, with light bedding or a lightweight baby sleeping bag, will provide a comfortable sleeping environment for your baby
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Babies and passive smoking

Second hand smoke is dangerous, especially for children. The best way to protect loved ones is to quit smoking. At the very least, make sure you have a smoke free home and car.

Passive smoking is especially harmful for children as they have less well-developed airways, lungs and immune systems. Babies exposed to cigarette smoke before and after birth are at increased risk of cot death (SIDS). Don't let anyone smoke in the house, including visitors. Babies and children who live in a household where at least one person smokes are also more likely to develop asthma, chest infections - like pneumonia and bronchitis, meningitis, ear infections and coughs and colds.

Children are particularly vulnerable in the family car where secondhand smoke can reach hazardous levels even with the windows open. It is against the law to smoke in a private vehicle if there's a young person under 18 present.

You can find out how to get help to quit smoking at www.nhs.uk

Jaundice in new babies

Jaundice is a common condition in newborn babies that causes yellowing of the skin and the whites of the eyes. Although it is usually harmless, it can be a sign that a baby is not well.

When you're at home with your baby, look out for yellowing of their skin or the whites of their eyes. Gently pressing your fingers on the tip of their nose or on their forehead can make it easier for you to spot any yellowing. You should also check your baby's urine and poo. Your baby may have jaundice if their urine is yellow (a newborn baby's urine should be colourless) or their poo is pale (it should be yellow or orange).

Speak to your midwife, health visitor or GP as soon as possible if you think your baby may have jaundice. Tests will need to be carried out to see whether treatment is needed.

If you're monitoring your baby's jaundice at home, it's also important to contact your midwife straight away if your baby's symptoms quickly get worse or they become reluctant to feed.

Signs and symptoms that your baby is not well – when to get help

It can be difficult to tell when a baby is seriously ill, but the main thing is to trust your instincts. You know your baby better than anyone else, so if you feel worried about their appearance or behaviour do not hesitate to act. **You can always call 111 for advice if you are in doubt**

See a doctor URGENTLY, attend the Emergency Department or call 999 if your baby:

- Becomes unresponsive, limp, drowsy or floppy
- Has severe difficulty with breathing, makes a squeaking or grunting sound with every breath
- Has pauses in their breathing (apnoeas), has an irregular breathing pattern
- Has a blue / grey skin tone at any time – this includes any 'mottled' appearance to the skin
- Has blue lips or is blue around the mouth
- Has a fit
- Is excessively jittering or shaking, even if they seem well
- Feeds less than usual and is drowsy or doesn't seem well
- Has a rash that does not fade when pressed with a glass
- Has blood in their poo
- Has a high temperature
- Feels cold, even when dressed warmly
- Has got visible jaundice in the first 24 hours of life and is drowsy or not feeding well

Contact the community midwives hub, GP or 111 service today, if your baby:

- Is not feeding well
- Is constipated, or is bottle feeding and has diarrhoea
- Has got redness around the umbilical cord
- Crying inconsolably
- Has got visible jaundice (yellow skin and whites of the eyes) and is not feeding well

Call the community midwives hub or book a non-urgent appointment with your GP if you notice these symptoms or have any questions or worries:

- Nappy rash
- Thrush in the mouth (white spots, or a white coated tongue)
- Colic, problems with winding or seems uncomfortable after feeding

Please tell us about your maternity experience. Your views matter to us!
To complete an anonymous survey, we would be very grateful if you could visit this link and complete the relevant survey.

<https://www.wsh.nhs.uk/Patients-and-visitors/Your-views-matter/Feedback-surveys.aspx>

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)
<https://www.accessable.co.uk>



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