



Going home from the Maternity Unit



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Introduction

We hope that you had a pleasant stay in hospital and that you enjoy your new baby. Your Community Midwife, GP and Health Visitor will continue you and your baby's care. If you need further information please contact any of them.

If you have any concerns up until 28 days post-delivery you can contact the Maternity Bleep Holder on 604020 and use bleep number 1465.

Continuing Care

The midwife will visit you on the day after discharge from the hospital including weekends and bank holidays.

During this visit a plan of future care for your individual needs will be made. You will receive a minimum of 3 visits which are on days 1-3, days 5-6 then days 9-10. There are a number of postnatal clinics in Swindon and after 5 days you may be asked to attend one of these clinics.

Weekends and Bank Holidays are usually kept for emergency work only, you will not have a routine visit on these days (unless it is the day after discharge, in which case you will receive a visit even on bank holidays and weekends).

Due to the unpredictable nature of the work, midwives cannot give a specific time of visit but if you have any immediate concerns you can contact them on 604020 and use bleep number 1583 between 8.00 am - 4.30 pm.

If a midwife has arranged an appointment with you it is important that you keep it. Please inform us if you are unable to keep any appointment on the above bleep number. Missed appointments have a cost implication on your NHS and may have an impact on care.



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Midwife

Contact numbers for other areas:

Cirencester 01285 884561 or 01285 655711 8.30 am – 4.30 pm

Chippenham 01249 456438

Berkshire 01635 32500

When you have been discharged from the midwives care, please contact your GP or Health Visitor if you need advice.

General Practitioner

Please contact your surgery on discharge from hospital to let them know you are home and to make yourself and baby a six week follow up appointment to see your GP.

Health Visitor

Your Health Visitor will contact you to arrange your new birth visit after day ten.

NHS Number

When your baby is born an NHS number is generated, this number will be on your notes. You will need this to register your baby at a GP surgery, please do this as soon as possible.

Registering the Birth

You must register the baby's birth within 42 days of birth. You will need to make an appointment at the local Registry Office. For more information about who can register the birth please contact the following:

Swindon Registry Office
Civic Offices, Euclid Street, Swindon, SN1 2JH
By appointment only telephone 01793 521734 or 01793 522140

Opening times Mon, Tues, Wed & Fri 9.00 am – 4.00 pm, Thurs 9.00 am – 7.30 pm
Saturday by appointment only, closed Sunday.

Chippenham Registration Office:
The Registration Office, 4 Timber Street, Chippenham, SN15 3BZ
By appointment only telephone 01225 713007

Devizes Registry Office:

Devizes Community Hub and Library, Sheep Street, Devizes, Wiltshire, SN10 1DL

By appointment only telephone 01225 713007

Wed - Closed. Mon, Thurs, Fri: 9.30 am to 1.00 pm and 2.00 pm to 4.00 pm

Tues 10.00 am to 1.00 pm & 2.00 pm to 4.00 pm

Newbury - Registry Office:

Shaw House, Church Road, Shaw, Newbury RG14 2DR

By appointment only telephone 01635 279230

Mon & Fri 9.00 am to 4.00 pm,

Tues & Thurs 9.00 am to 1.00 pm, Weds 9.00 am to 2.00 pm

Getting to know your baby

The first days and weeks of your newborn's life is a time of excitement. However, being responsible for such a small fragile baby can be daunting. If you feel anxious or uncertain about any aspect of caring for your baby please do not hesitate to ask your Midwife, Health visitor or General Practitioner or a family member.

The NHS also has a number of useful websites for you to use. Here is some information regarding some common concerns that new parents have. More information is available on page 39 of your handheld maternity notes.



Reducing the Risk of Cot Death

Your Midwife, Health Visitor and GP can advise you and give you information on how to help prevent cot death which sometimes is impossible to prevent. A leaflet is available on discharge.

Smoking

It is advisable not to expose your baby to tobacco smoke.

For help with stopping smoking, contact the NHS Helpline 0800 169169.

General appearance

Your baby's skin tone varies depending on ethnicity and it's important to become familiar with what is normal for your baby. As the circulation develops the extremities such as the hands and feet may have a blue tinge this is quite normal. If in doubt, look at your baby's tummy. If your baby is blue or pale in colour, contact medical help immediately.

Your baby can also have a yellow appearance known as Jaundice, if concerned seek medical advice from your Community Midwife, Health Visitor or GP; alternatively you can request the Neonatal Jaundice Patient Information Leaflet.

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You will notice that baby will keep their fists clenched, elbows bent, hips and knees flexed. They will hold their arms and legs closely to their body these movements are normal. Babies are born with primitive reflexes these will be examined by a Midwife or a Doctor at birth and then again when your baby is six weeks old.

These include:

- Sucking Reflex - they will suck on the breast, a teat, or a finger.
- Grasp Reflex - they will close their fingers when pressure is applied to their palm.
- Moro or Startle Reflex-their arms will be thrown out to the sides and to the back if startled.
- Due to immaturity of their nervous system, arms legs and chins may tremble or shake when they are crying or agitated, this is normal.



Abnormal movements may include:

- Stiffening of the body
- Staring spells
- Periods of unresponsiveness

If you note any of these you must seek medical advice immediately.

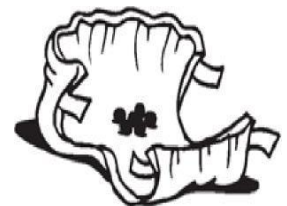
Baby's temperature

Normal body temperature will range from 36.5⁰C -37.5⁰C. If you check your baby's temperature and it is 0.5⁰ above this and your baby appears unwell, contact Health Care Professionals for advice.

For further advice about your baby's temperature please see the leaflet, Reducing the risk of Cot Death, in the discharge pack.

Nappy changing

The staff may have shown you how to change your baby's nappy. If you would like a reminder please ask the Community Midwife for further information.



The internet also has a vast number of websites, some of which do have a slide show on how to change a nappy.

The contents of the nappy on the first few days are different to the rest. Initially a baby will take a small amount of food.

On Days 1 - 2

Poo will be dark green or a black colour with a sticky consistency. This is called meconium.

Wet Nappies: Your baby's wee will be a small amount to **start** with approx. 1-2 wet nappies will be expected in the first 24 hours of life then should increase day by day.

If you are unsure whether your baby has had a wee, put a small bit of cotton wool in the nappy to assess whether it is wet. Alternatively most newborn nappies now have an indicator strip on the front of the nappy which changes colour when it absorbs urine. If you are concerned that you have no wet nappies in 24 hours contact a Health Care Professional.

On Day 3 - 4

As your baby takes in more milk and begins to digest it there is a change in the consistency and colour of poo. It now becomes green/yellow in colour.

After day three your baby's will be passing larger amounts of wee more frequently, at least 5-6 wet nappies in a 24 hour period.

Days 4 and onwards

On day four you will notice that your baby's poo is a yellow colour.

Some babies get to the 'yellow poo' stage sooner than day four and that's OK. It means your baby is feeding very effectively and probably taking in more milk.

Breast fed babies should have at least two yellow poos, at least the size of a £2 coin every day for the first few weeks. If not, get your midwife to check that baby is getting milk effectively.

Umbilical cord

The umbilical cord separates by gangrene. As it separates it is common for:

1. The cord to smell offensive
2. To be moderately moist
3. To bleed a small amount from the base



Any redness on the abdomen near the umbilicus should be reported to the Midwife or health visitor.

Separation differs in each baby, it may take a few days or a few weeks. It will be monitored by your midwife.

Skin care

Once you begin to look at your baby's skin you will notice a variety of little marks and rashes. A baby's skin is very sensitive, so avoid soap if you can.

When some babies are born they have tiny white spots called milia over their nose. These are caused by blocked sebaceous glands and will usually disappear within a few days they are nothing to be concerned about.

Another common problem is raised red, yellow and white spots; this is known as erythema toxicum or urticaria neonatorum. No treatment is required for this.



Heat rashes commonly occur and are recognised as a reddened area often in the folds of the skin with hard centres. The rash quickly disappears when the baby cools down.

Postnatal Blues

After the birth of your baby, about half of all mothers suffer a period of mild depression called the blues.

Symptoms of the Blues

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

Possible causes of Blues

The blues may have several causes, some biological and some emotional.

When baby is born there are very sudden changes in the hormone levels. Some acquired 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, home routines or by visitors who may stay too long.

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Sometimes the baby may have slight health problems such as jaundice or feeding difficulties in the early days. These problems are very common with new babies but they can 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 mother's with baby blues?

Mothers who have the blues should be encouraged to cry if they want and encouraged 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 happier.

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 for most mothers it will pass quickly.

Affected mothers are often over sensitive about what is said to them by relatives and medical staff. So tact and empathy from people can be beneficial at this time.

Length of Blues

In most cases the blues lasts 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 or health visitor and discuss the problems.



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:

- Some mothers who have the illness find that they feel they are less able to cope with the demands of the baby and the home.
- Some mothers feel very despondent.
- They can feel sad and cry frequently.
- Some mothers feel anxious and fearful, they worry about their own health and that of the baby.
- They may feel tired and lack energy.
- They feel unable to concentrate.
- They find 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 they are not “coping” as they feel they should be.

What can be done if you have post natal depression?

If your depression lasts longer than a few days, you should discuss your feelings with your doctor or health visitor. If possible take your partner, 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 without medical advice in the hope it will go away.

Post natal depression is a real illness and it can be treated successfully with anti-depressant drugs and/or therapies such as counselling. These drugs are not addictive. They can make unpleasant symptoms fade or go completely.

Counselling, cognitive behavioural therapy, additional supportive visits from your health visitor or groups aimed at treating postnatal depression can also be useful. Talk to your Midwife or Health Visitor for current services in your area.

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 and friends. If your friends and family understand that you will recover completely and be “your old self” again when you are better, then they can be a real source of comfort and reassurance to you during your time of illness.

Your Midwife and Health Visitor can also give you advice, reassurance and support.

It is important that all mothers are supported to recover from post natal 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.



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Some mothers find it helpful to talk to a mother who has had postnatal depression and recovered. If you write to Association for Postnatal Illness, they will send you further information about the illness and tell you how to apply for a counsellor who has had the illness.

Self - Help

It can help to rest as much as possible if you are suffering from depression, although it can be difficult to rest when you have a demanding baby and perhaps other children to care for. 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 mothers with depression forget to eat and this can make the symptoms feel worse.

For more information about postnatal depression and enclosing a SAE write to: The Association for Postnatal Illness, 25 Jordan Place, Fulham, London, SW6 1BB.

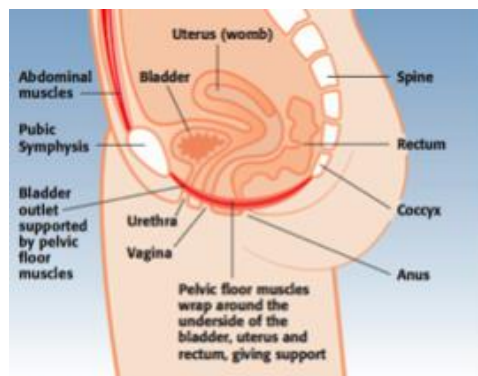
If you would like to join a group meeting where all the problems of motherhood are discussed please write to:

The National Childbirth Trust, Alexander House, Old Terrace, Acton London, W3 6NH
0207 386 0868

Or contact, Meet a Mum Association (MAMA) Telephone 0845 120 3746

[E-Mail:jeanette@mama.co.uk](mailto:jeanette@mama.co.uk) or see <http://www.mama.co.uk>

Pelvic floor muscle exercise



Side view of a woman's pelvis showing the pelvic floor muscles

**The Great Western Hospital
Women's Health Physiotherapy
Tel: 01793 604821**

Functions of pelvic floor muscles

- Support of the bladder, uterus and rectum.
- Provide bladder, sexual and bowel control.

The muscles work all day even when we are asleep, they respond to exercise which helps to improve strength, provide bladder, bowel and sexual control.

Exercise method

Sit on a chair, with your legs slightly apart, pull your pelvic floor muscles up, imagine you are stopping wind escaping and that you are stopping your urine mid-stream. As you do the exercise you should feel the back passage and vagina tightening and rising, this is normal.

1. Sit on a firm chair.
2. Pull up the muscles, see how long you can hold for.
3. Rest for a few seconds, then repeat, see how many you can do.
4. See if you can also pull up and let go quickly, up to 10 times.
5. Try when you are walking to pull up your pelvic floor muscles half way and hold them for as long as you can.

Try not to:

- Hold your breath
- Pull in your tummy muscles
- Squeeze your buttocks
- Draw your knees together

How should pelvic floor exercise feel?

Some drawing in of the lower tummy muscles at the same time is normal. It is a “Secret Exercise” no one should be able to see you doing your pelvic floor exercise.

Pelvic floor exercises – how, when, duration

Aim to hold for 5-10 seconds, rest for 5-10 seconds, and repeat 5-10 times and do three times a day. Build up to the length and number of contractions if you are able to. Be patient, it takes time to see results it will be worth the patience. Once a day quickly pull up the muscles up to ten times.

When to do your exercise

If you have difficulty remembering when to do your exercises, try to do them:

- When you stop at traffic lights (but not when you are actually driving)
- While waiting for the kettle to boil
- After you have emptied your bladder
- When you wash your hands or clean your teeth

To trigger your memory, stickers by the kettle, fridge, phone, or computer may help you.

Positions for exercise

- Lying
- Sitting
- Standing – This is best if you are strong enough, but you may need to build up to as it is more difficult.

Factors leading to weakness or incontinence

- Childbirth
- Chronic cough
- Constipation
- Being overweight
- Menopausal changes
- Pelvic surgery or trauma
- Repeated heavy lifting
- Long periods of ill health or inactivity

Bladder tips

Tips to help your bladder

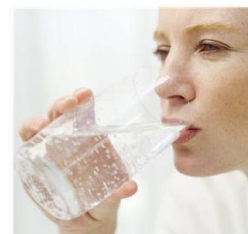
- Take time to empty your bladder, you may need to slowly rock or lean forward while sitting on the toilet.
- Reduce your weight to reduce the strain on muscles helping to enable better control of sphincters that support the bladder.
- Reduce caffeine.
- Drink more water, squash, and herbal tea ,aim to drink between 3-4 pints or 1.5 – 2 litres of fluid a day.
- Avoid constipation, the straining stretches the muscles and adds to the weakness of the bladder and bowel – you must ask for help if you need it.
- Try not to empty your bladder until you are sure you need to go.
- Give up smoking to help prevent a chronic cough.

Tips that may help to control urgency

- Tighten the pelvic floor
- Sit on a rolled up towel
- Raise up onto your toes



Reduce caffeine



Mobility & tummy exercises - The Knack

You can learn to pull up and brace your pelvic floor just before coughing, sneezing or bending to prevent leaking. This is called 'The Knack'.

Maximal contractions - Pull up as tightly as you can and hold for 8 seconds, rest for 4 seconds, repeat 6-8 times, and do this 3 times daily in different positions, such as lying, sitting and standing.

Sub-maximal contraction - Pull up your pelvic muscles half way when walking or exercising.

Fast Contractions - Snatch up your pelvic floor muscles tightly then relax repeat a **few** times and do this a **few** times each day.

Pump your feet up and down briskly from the ankle for about 30 seconds every hour to help your circulation. This is particularly important if you have swollen ankles or if you aren't moving around much.

Getting in and out of bed

To get out of bed, bend your knees one at a time, roll onto your side, moving your hips and shoulders together and push sideways with your hands. Reverse this to get back into bed. This is the most comfortable way, especially after a caesarean birth, and will also stop you stretching your weakened tummy muscles while they have reduced tone.

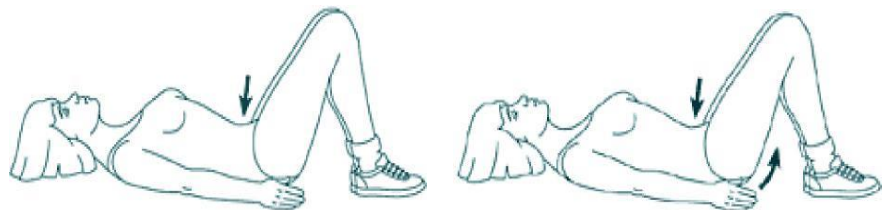
Try to stand up tall and gently draw in your tummy muscles right from the start, you will look and feel better as well as protecting your back.

From day 2 onwards

You can now start the following gentle exercises:

- Tummy exercises to help relieve wind, ease and prevent backache and to strengthen and flatten your tummy.
- Pelvic floor exercises to tighten the muscles around your vagina, front and back passage.

Tummy exercises



Start the following exercise on your back with your knees bent. Begin with about five repetitions and increase at your own rate.

Pelvic rocking

Pull your tummy in gently, rock your hips backwards and flatten your back onto the bed, hold then let go slowly.

CONGRATULATIONS – don't delay – start today!

From day 1

You will probably be feeling tired and sore so although we encourage you to start these gentle exercises it is also very important to rest. Lying on your side with a pillow between your knees will probably be a comfortable position. Although, if you have had a caesarean section you may well be more comfortable on your back at first. You may find that a small cushion tucked underneath your tummy makes you more comfortable if you want to feed in this position.

Exercises

Knee rolling

First pull in your tummy as above then roll your knees slowly from side to side, keeping your shoulders on the bed. Increase the range of movement gradually.

Deep tummy exercise

Place your hand flat on the lower part of your tummy. Breathe in then out through your nose slowly and at the same time gently pull your tummy in away from your hand, then relax.

Progress the exercise by drawing in as above then holding your tummy in while you breathe in and out for about 10 seconds. Repeat this up to ten times and feel the muscles working.

You can do this exercise in any position (lying on your side is very good early on when the muscles are weak), also sitting and standing up. Try to practice it often when feeding and when moving around.

Start the next two exercises when you feel comfortable. If you have had a Caesarean you should leave about two weeks before you start. Gradually increase number of repetitions.

If you need more details on your exercises or further advice, you can call the Women's Health Physiotherapists on 01793 604821



Head and shoulder lifting

Flatten your tummy and back. Raise your head and shoulders, sliding your hands towards your knees.

Hold for a few seconds then return slowly to starting position.

Diagonals

Flatten your tummy and back. Raise your head and right shoulder, reaching across left thigh towards lower leg. Repeat to opposite side.

Pelvic floor Exercises

Gentle muscle tightening can help reduce swelling in the vaginal area after you have given birth. When you feel comfortable, start to tighten more strongly.

Pelvic floor exercises are so important if you feel you need more support please contact your midwife or health visitor.

Looking after yourself – General advice

Your back will be weak and poorly supported for several weeks so you need to look after it. Avoid heavy lifting and when you have to lift, tighten your tummy muscles and keep your back straight and bend your knees.

When feeding, make sure your back, neck, feet are supported and use a pillow to support the baby so that you don't slump.

You can stand, sit or kneel to change your baby but don't stoop as this may give you back pain.

Rest and activity

It is important to listen to your body and rest when you can in the first few weeks. Ask for and accept offers of help with the housework. Try to get out for a walk each day, think about your posture. After the postnatal bleeding has stopped, gentle swimming can be useful exercise. Rest is essential get as much help in the home as you can. Walking is good exercise. Speak to the physiotherapist if you require further advice. You may wish to take your baby out, this is quite acceptable, but make sure you dress your baby according to the weather conditions. If possible avoid contact with people you know are unwell.



Going home from the Maternity Unit

Contraceptive and sexual health service

Open to Everyone! Services available

Our Services are Confidential

Contraception Including

- The Pill
- Condoms
- Coil Insertions
- Hormonal Injections
- Emergency Contraception
- Hormonal Implants

Information and Advice

- Healthy Lifestyles
- Male and Female sterilization
- Sexual problems
- Infertility
- The Menopause
- Pregnancy

Tests Available

- Smear tests
- Tests for some sexually transmitted infections
- Pregnancy testing FREE to age 19 years and under, and if clinically indicated, otherwise may incur a small charge.

Contact numbers

Swindon NHS Health Centre, 1st Floor, 1 Islington Street, Swindon, SN1 2DQ
Telephone 01793 541655 (8.00 am to 6.30 pm Monday to Friday)

West Swindon Health Centre, Link Avenue, Swindon, SN5 7DL
Telephone 01793 877233 (9.00 am - 5.00 pm Monday-Friday)



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Useful websites & contact numbers

Association of Breastfeeding Mothers www.abm.me.uk 0300 330 5453

Baby friendly website www.babyfriendly.org.uk

Birth to five www.publichealth.hscni.net/publications/birth-five

Breastfeeding Network www.breastfeedingnetwork.org.uk

Breastfeeding Drug helpline www.breastfeedingnetwork.org.uk/contact-us/helplines/
08444 120 995

National Drug Information helpline drughelpline.org/ 0300 100 0212

Financial advice www.citizensadvice.org.uk

Research into the Study of Infant Deaths (SIDS)
www.lullabytrust.org.uk/about-us/supporter-promise/ 0808 802 6868 (24 hour helpline)

La Leche League www.laleche.org.uk/

For breastfeeding support, complete the online contact form.

[Nappy Change: How to Easily Change a Nappy - YouTube](#)

The National Childbirth Trust, Breastfeeding line, telephone 0870 44 48 708
www.nct.org.uk/parenting/breastfeeding-concerns

NHS website www.nhs.uk or call 111 NHS Helpline

Swindon Breastmates www.facebook.com/groups/swindonBreastmates

Swindon Women's Aid Refuge www.swindonwomensaid.org/ 01793 610610

Police Domestic Violence Unit www.wiltshire.police.uk/CallUs
or call us anonymously 0800 555 111

Postnatal blues;

The Association for Postnatal Illness 25 Jordan Place, Fulham, London, SW6 1BB

The National Childbirth Trust, Alexander House, Old Terrace, Acton, London, W3 6NH
0207 386 0868

Meet a mum association (MAMA) www.mama.co.uk 0845 120 3746



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References

RV 07.2008 rev 08.2010 prepared with reference to Fit for Motherhood (2006) and other information provided by The Association of Chartered Physiotherapists in Women's Health.

Prepared with reference to NICE guidelines on Urinary Incontinence.

Clinical guideline [CG171]

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NHS Photo Library. Available at: www.photolibary.nhs.uk/07-UserHomePage.php

[accessed 26 June 2012]

Microsoft clip art gallery online. Available at:

<http://office.microsoft.com/en-gb/images/?CTT=97> [accessed 26 June 2012]

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

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