

# Patient Information Leaflet

## After the Birth of Your Baby

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Please contact the Delivery Suite (available 24 hours a day, 7 days a week) on 01793 604575 if you have any urgent concerns regarding you or your baby during the first 28 days or dial 999 if it is an emergency.

This leaflet makes recommendations for women and people who have given birth. For simplicity of language, the leaflet uses the term women throughout, but this should be taken to also include people who do not identify as women but who are new parents.

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Please scan the QR code to be directed to the Going Home Discharge film, created to provide you with all the information, support and advice needed.



### 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 to provide care you and your baby's care. If you need any non-urgent advice, please contact any of them.

### Continuing Care

**The midwife will phone you on the day after discharge from the hospital (including weekends and bank holidays).**

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

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If a midwife has not contacted you by 14.00 hours the day following your discharge home, please call 01793 604020 and ask for the Community Midwifery Office (08:30 to 16:30 Monday to Friday), if no response or outside of these hours, please contact Delivery Suite 01793 604575.

### Contacting Your Midwife

The Community Midwife Hubs are open 08:30 to 16:30 Monday to Friday (excluding weekends and bank holidays)

To contact a Community Midwife please call your local Community Midwife hub:

#### Zone 1

Ramlease Community Hall, Ramlease Drive, Swindon, SN5 5PX

Tel: 07776482932 (08:30 to 16:30 Monday to Friday, excluding weekends and bank holidays)

#### Zone 2

Swindon NHS Health Centre, Islington Street, Swindon, SN1 2DQ

Tel: 01793 607895 (08:30 to 16:30 Monday to Friday, excluding weekends and bank holidays)

#### Zone 3

The Meadow, Leigh Road, Penhill, Swindon, SN2 5DE

Tel: 07762724148 (08:30 to 16:30 Monday to Friday, excluding weekends and bank holidays)

#### Zone 4

Savernake Community Hospital, London Road, Marlborough, SN8 3HL

Tel: 01672 517305 (08:30 to 16:30 Monday to Friday, excluding weekends and bank holidays)

### Weekends and Bank Holidays

Call 01793 604020 and ask for the Community Midwifery Office (08.30-16.30)

Call Delivery Suite 01793 604575 at any other time

### Contact numbers for other areas:

Cirencester 01285 884561 or 01285 655711 08.30 – 16.30

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.

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### General Practitioner

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.

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.

### Registering the Birth

You must register a birth in the district in which the birth took place within 42 days (6 weeks).

If your baby was born in Swindon, you will need to register the birth in Swindon.

For more information about who can register the birth please see: [Register a birth | Swindon Borough Council](#)

**Swindon Registry Office**, book an appointment here: [Register a Birth](#)

If your baby was born outside of Swindon, please contact the relevant birth registry service.

To register a birth in Chippenham, Devizes, Salisbury or Trowbridge please go to:

[Register a birth - Wiltshire Council](#) for additional information.

You will need to phone 0300 003 4569 to book an appointment at one of the above registry offices.

To register a birth in Newbury you can email the Registrar for Births via [superintendentregistrar@westberks.gov.uk](mailto:superintendentregistrar@westberks.gov.uk) or phone 01635 279233 to make an appointment.

### 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.

The NHS also has a number of useful websites for you to use.

The following pages contain information regarding some common concerns that new parents have.

### Reducing the Risk of Cot Death/Sudden Infant Death Syndrome (SIDS)

Your Midwife, Health Visitor and GP can advise you and give you information on how to help prevent cot death.

On discharge please ensure you have received a copy of Safer Sleep for babies by the Lullaby Trust. [How to reduce the risk of SIDS for your baby - The Lullaby Trust](#)

Please take a few moments to read this important information and to ask your midwife any questions.

### Smoking

Do not 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.

You will notice that baby will keep their fists clenched, elbows bent, hips and knees bent and held close to their body. They will hold their arms and legs closely to their body and may make some quick movements if their arms and legs relax and move away from 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.

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Abnormal movements may include:

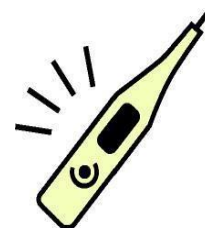
- Stiffening of the body
- Staring spells
- Periods of unresponsiveness

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

### Baby's temperature

Normal body temperature will range from 36.5 degrees Celsius - 37.5 degrees Celsius. If you check your baby's temperature and it is 0.5 degrees above this and your baby appears unwell, 111 for advice.

For further advice about your baby's temperature please see the Safer Sleep leaflet 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 feeding 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, current advice to use plain water for the first month.

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 Depression or Baby 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 parents feel very emotional and upset when they have the blues and cry for no particular reason.

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- 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 parents are unprepared for the extreme tiredness which often follows a birth.

Rest and quiet are most important after a birth. You may need to plan or limit visitors for the first few weeks as you adjust to parenthood.

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 with baby blues?

Mothers who have the blues should be left to cry if they want and encouraged to express their fluctuating emotions. It can be a great help to the mother if someone listens to her.

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.

### Length of Blues

In most cases the blues lasts for only a few days. 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 illness, which affects about 10% of mothers who have recently given birth.

#### 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.

#### 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 or health visitor. If you think it would help, take your partner, friend or relative with you. You should not go on suffering depression without medical advice in the hope it will go away.

Postnatal depression is a real illness, and it can be treated successfully with medication and/or therapies such as counselling.

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 member of your family and friends.

Your Midwife and Health Visitor can also give you advice, reassurance, and support. Your health care professional will talk to you about additional online resources that are available to you.



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### Pelvic Floor Muscle Exercise

It is not normal to experience urinary or faecal incontinence following birth, if you experience these symptoms please contact your Midwife ([numbers on page 2](#)) or if you have been discharged from Midwifery care, please contact your GP for a referral to physiotherapy.

### 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:

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- 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 throughout the day or clean your teeth
- When you are feeding your baby/babies

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

### 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.

### 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

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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.

**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.

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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.

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.

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.

**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.

### Contraceptive and Sexual Health Service

Please discuss your preferences regarding contraception with the Midwife or a Doctor prior to leaving the hospital – they can arrange for you to begin hormonal contraception prior to you leaving hospital if you would like to, please ask them for the Contraception After Birth leaflet.

Alternatively you can access contraceptive services through your GP or via the Swindon Sexual Health Service [Swindon Sexual Health | Great Western Hospitals NHS](#)

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### Useful Websites & Contact Numbers

Association of Breastfeeding Mothers	<a href="http://www.abm.me.uk">www.abm.me.uk</a> 0300 330 5453 (09.30 - 22.30, daily)
Association for Postnatal Illness (APNI)	<a href="https://apni.org/">https://apni.org/</a> 020 7386 0868 (10.00 – 14.00 Mon-Fri) <a href="mailto:info@apni.org">info@apni.org</a>
Baby friendly website	<a href="http://www.babyfriendly.org.uk">www.babyfriendly.org.uk</a>
Birth to five	<a href="http://www.publichealth.hscni.net/publications/birth-five">www.publichealth.hscni.net/publications/birth-five</a>
Breastfeeding Network	<a href="http://www.breastfeedingnetwork.org.uk">www.breastfeedingnetwork.org.uk</a>
Best Use of Medicines in Pregnancy (bumps)	<a href="https://www.medicinesinpregnancy.org">https://www.medicinesinpregnancy.org</a>
Drugs in Breastmilk	<a href="http://drugs-in-breastmilk">drugs-in-breastmilk</a>
Financial advice	<a href="http://www.citizensadvice.org.uk">www.citizensadvice.org.uk</a>
First Steps Nutrition Trust	<a href="https://www.firststepsnutrition.org/">https://www.firststepsnutrition.org/</a>
The Lullaby Trust	<a href="https://www.lullabytrust.org.uk/">https://www.lullabytrust.org.uk/</a>
La Leche League	<a href="http://www.laleche.org.uk">www.laleche.org.uk</a>
Mind	0300 123 3393 (9am to 6pm, Monday to Friday) <a href="mailto:info@mind.org.uk">info@mind.org.uk</a> <a href="https://www.mind.org.uk/">https://www.mind.org.uk/</a>
National Breastfeeding Helpline	0300 100 0212 (09.30 - 21.30, daily)
The National Childbirth Trust (NCT)	<a href="http://www.nct.org.uk/parenting/">www.nct.org.uk/parenting/</a>
NCT Support Line – Option 1, feeding support	0300 330 0700 (08.00-Midnight, daily)
NHS website	<a href="http://www.nhs.uk">www.nhs.uk</a>
NHS 111 – Non-urgent health advice and support	
Off to the Best Start (breastfeeding)	<a href="http://Off-to-the-best-start/breastfeeding">Off-to-the-best-start/breastfeeding</a>
Off to the Best Start (bottle feeding)	<a href="http://Off-to-the-best-start/bottlefeeding">Off-to-the-best-start/bottlefeeding</a>
Police Domestic Violence Unit	<a href="http://www.wiltshire.police.uk">www.wiltshire.police.uk</a>
Pre and Postnatal Depression Advice and Support (PANDAS)	<a href="mailto:info@pandasfoundation.org.uk">info@pandasfoundation.org.uk</a> 0808 196 1776 (11.00 - 22.00, daily) <a href="https://pandasfoundation.org.uk/">https://pandasfoundation.org.uk/</a>

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Start 4 Life

<https://www.nhs.uk/start4life/>

Swindon Breastmates

[www.facebook.com/groups/swindonBreastmates](http://www.facebook.com/groups/swindonBreastmates)

Swindon Women's Aid Refuge

[www.swindonwomensaid.org](http://www.swindonwomensaid.org)

01793 610610 (24hrs a day, daily)

Additional support information and information for partners/co-parents can be found on the GWH Maternity website: <https://www.gwh.nhs.uk/wards-and-services/maternity-services/>

# Your maternity matters.



We'd love to hear your  
experience with maternity  
and health visiting.

BSW Maternity Voices Partnership+ is made up of volunteer parents, health professionals and commissioners in Bath & North East Somerset, Swindon and Wiltshire. We work together to look at what is working well in maternity care, and what can be improved on.

All responses are anonymous. If you accessed maternity or health visiting services in these areas, please get in touch via our Facebook page or website.

If you'd prefer to talk or meet someone in person, speak to our BSW Lead, Chaya or local area volunteer, Natalie.



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**Maternity Voices Partnership Plus**  
Working in partnership to improve maternity services

