

Useful Information After Having Your Baby

Important Contact Numbers

Call the Midwife - 01634 825277

Delivery Suite - 01634 825278

Kent Ward - 01634 825100

Pearl Ward - 01634 825096

The Birth Place – 01634 825199

www.medway.nhs.uk



Baby safe car travel



Protect your new baby when travelling by car by planning ahead and taking sensible precautions. Whether you're the driver or you and your baby are passengers you need to ensure:

- Babies and children up to 12 years or 135cm tall must travel in an EU approved car seat appropriate for their size
- Make sure the baby seat is fitted securely. Ask your retailer about fitting services
- Remove your baby's jacket or coat to ensure the baby-seat safety belts can fasten snugly and securely. Do not leave any straps undone or too loose
- Never travel with a baby on your lap, it's dangerous and against the law
- Always use the kerbside of the car for putting your baby into the vehicle or taking them out

Just as important is looking after yourself:

- Don't drive when you're tired
- On long journeys make sure you make regular stops, take a break, get some fresh air and stretch your legs
- Never drive whilst under the influence of alcohol or drugs. Alcohol stays in the system for many hours. Visit www.abettermedway.co.uk to find out more
- Never use a mobile phone whilst driving

medway.gov.uk/roadsafety

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Important Discharge Information

Although you are being discharged from our care, you can still consult a midwife up until the 28th day following your baby's delivery.

To contact a midwife at the hospital, please telephone

01634 825277

If you experience any of the following after you leave our care please call us for advice straight away on the number above

- Sudden and heavy blood loss or persistent increased blood loss, feeling faint, dizzy, have palpitations or rapid pulse.
- Fever, shivering, abdominal pain and/or offensive vaginal loss.
- Headaches, accompanied by one or more of the following symptoms within the first 72 hours of birth:

a. Visual disturbances

b. Nausea / vomiting

- If you feel persistently down, anxious and depressed and are finding it difficult to cope with, or have no interest in day to day activities.
- Any pain, redness or swelling in your legs or shortness of breath.



Medway NHS Foundation Trust is a smoke free organisation. As a healthcare provider, we believe it is important to provide the best possible environment for our patients, visitors and staff.

**If your Baby experiences any of the symptoms below,
please follow the actions.**

Baby Symptoms	Action
Jaundice (yellowing of the baby's skin and eyes) in baby's first 24 hours of life.	Urgent action – Call Maternity unit on 01634 825277.
Jaundice in babies after 24 hours of age.	Feed baby at least 8-10 times in a 24 hour period. Contact your midwife for advice. She will arrange for your baby to have a jaundice level check if necessary.
Jaundice in babies after 14 days of age.	Your midwife or health visitor will arrange for your baby to have a blood test to check jaundice levels.
Any jaundice and baby is also unwell, sleepy or difficult to feed.	Emergency action required – Call 111 or 999.
No passage of stools in baby's first 24 hours	Urgent action required – Call the Maternity unit on 01634 825277.
Excessive Inconsolable crying baby or irritable	For advice and support – Call the Maternity unit on 01634 825277.
Unwell baby (temperature above 38°C	Emergency action – Call 111 or 999.

Congratulations on the birth of your baby.

Welcome to the post-natal ward, this is where you will stay after having your baby. We hope the information in this booklet helps to make your stay with us as pleasant and as comfortable as possible. This booklet has been designed to give you, your partner and relatives information you need to know when you leave our care.

Normal healthy mothers and babies do best in the home environment. Therefore, if you and your baby are well we encourage early transfer to the care of your family and community midwife.

Your length of stay is determined between yourself and the midwives caring for you. If you wish to go home earlier than planned, please discuss this with your midwife.

Staff

During your stay you will meet a number of staff ranging from nurses, midwives to maternity support workers. We also have student midwives and student nurses as Medway Hospital is a teaching hospital and some of the doctors and midwives or nurses you meet will be completing their training. We hope that you will agree to be seen by these students. You do, however have the right to refuse and this will not affect your treatment in any way.

Our Staff Wear:-

- **Senior Sisters** –navy blue tunics with navy trousers or navy blue dress with white piping.
- **Midwives** – royal blue tunics with navy trousers or royal blue dress with white piping.
- **Specialist Midwives** – navy blue tunic with red piping and navy trousers or a navy blue dress with red piping.
- **Qualified Nurses** – light blue pin striped tunic with navy trousers or light blue pin striped dress.
- **Maternity Care Assistants** – grey pin striped tunic with navy trousers or a light grey pin striped dress.
- **Senior Maternity Support Workers** - grey pin striped tunic with navy trousers or a light grey pin striped dress with black piping.
- **Newborn Hearing Screeners** – white tunic with black trousers.
- **Student Midwives** – white tunic with grey trousers or Charcoal grey tunic.
- **Domestic Staff** – light blue tunics with black / blue trousers.
- **Hostess** – Mint green tunic or dress.
- **The Delivery Suite and TheBirth Place Midwives** – purple scrubs.
- **The Delivery Suite andThe Birth Place – Senior Maternity Care Assistants** – pink scrubs

All Trust staff display official ID cards at all times.

First Few Hours

On arrival you will be met by one of the staff who will help you settle in and will show you how to call a member of staff for help, if you or your baby needs it. Your baby's identification labels will be checked with your own as part of a security check.

Most women take the opportunity to have rest when they first arrive on the ward, if you need assistance going to the toilet, or any help caring for your baby, please do not hesitate to ask a member of staff who will be more than happy to help you.

The safety of you and your new baby is of paramount importance and for this reason we take a number of precautions. These include all staff wearing name badges for identification, access to the ward only through the door intercom and asking visitors to identify who they are coming to see. When leaving the ward, visitors are asked not to allow anyone in through the security door. If for any reason your baby needs to leave the ward, he or she will be transported in a cot and escorted by a member of staff. Either you or your partner is welcome to go along as well.

We recommend that your baby does not leave the ward for any other reason while you are here and must not be carried out into the ward corridors for safety reasons.

Each baby has two identification labels, one on each ankle with information regarding mother's name, date of birth and mother's hospital number. This corresponds with the information around your wrist. If the labels are lost or damaged, please inform the staff and they will be replaced.

Food

Food is available for mums only 24 hours a day. If you have any special dietary requirement then please let us know so we can accommodate these as soon as possible. Please can we also ask that you put any personal belongings into the bedside cabinet provided.

Partners staying at night

There are many benefits to mother and baby when a partner is able to stay on the ward overnight. However our facilities are limited, we are unable to offer a bed or reclining chair for partners who choose to stay. Having a partner stay helps the mother and others bond with the family unit. It also helps both parents learn new skills they need to care for baby at home. We are happy to facilitate this but we would ask that the chosen person considers the privacy and dignity of the patients and their families.

The purpose of a partner or a named adult staying overnight is to help provide assistance to mum in caring for herself and the baby

We ask that any accompanying partners remain fully dressed at all times. The space between beds in the wards is fairly limited so we would ask that when a nurse or midwife needs to provide care at the bedside, you assist us by making access as easy as possible.

Unfortunately, we are not able to provide pillows or blankets and we are unable to provide you with food or drink – partners or carers are able to access refreshments from either the restaurant, coffee shop (both on level 1) or League of Friends shop (on level 2).

We hope that working together in partnership will help to ensure you and your new family have the skills and confidence you need to feel less anxious about coping at home.

Visiting

The maternity wards are accessed via an intercom/CCTV system; visitors may have to wait at busy times to gain entry to the wards.

Visiting is patient led – please ensure that you and your partner discuss with friends and family when they can visit you so that you also have time to bond with your baby and rest yourself.

To ensure the privacy and dignity of your fellow patients and to ensure adequate rest time is available we do not start visiting times until 10am and we close the ward to all visitors from 12pm to 2pm and then open visiting until 9pm. If you have any problems with these times please speak to the Ward Manager or the Nurse / Midwife in charge.

It is very important that we reduce the risk of infection to all mums and babies, for this reason we ask everyone to use the alcohol hand gel provided before entering any wards or clinics. Hands should be washed thoroughly before and after contact with babies. We also ask that all visitors, including partners refrain from sitting or lying on the beds.

We do not allow flowers on any of our wards due to the risk of infection. We would be grateful if you could please inform your visitors so they are not disappointed when they arrive.

Safety and Security

As you can appreciate the space around your bed is limited. Please unpack bags / cases and put them in an area where no-one will trip over them. Please send any unnecessary items home to keep the bed area clean and tidy.

Rooming In

The maternity unit is currently working towards gaining the UNICEF baby friendly accreditation. This initiative provides a framework to help health care facilities caring for mothers and babies to adopt best practice standards, with the aim of ensuring that all parents are helped to make informed decisions about feeding their babies and then supported in their chosen feeding method.

Part of this includes encouraging mothers to keep their babies with them at all times regardless of whether they are being breast or bottle fed. This is to help you get to know your baby and recognise the cues your baby gives when he/she is hungry or needs attention for another reason. This also helps with security as you know where your baby is at all times. Staff are on hand to help you settle the baby if required.

Early Days

The first few days after the birth of a baby can be very exciting but can be very challenging both emotionally and physically. We are here to help you and give you advice if needed. Please ask a member of staff at any time if you are unsure about anything.

We are there to advise you on all aspects of baby care and will support you to learn the new skills you need.

Infant Feeding

Most babies do not need to be given anything other than breast milk for the first six months. If for some reason your baby requires a supplementary feed, this will be explained to you by the staff.

You will be encouraged to feed your baby whenever he or she seems hungry. This may be as often as every 1-2 hours (at least 3 feeds in the first 24 hours following birth and 8-12 feeds in a 24 hour period thereafter).

We recommend that you avoid using teats, dummies and nipple shields whilst your baby is learning to breastfeed. This is because they can change the way your baby sucks, meaning it can be more difficult to breastfeed successfully and will reduce the frequency of feeds your baby has while he/she is learning to feed.

You will have 24 hours access to midwifery advice when at home until your baby is 28 days old. Following this, advice can be obtained from your Health Visitor.

Colostrum is the milk that you produce in the early days. It is full of antibodies to protect your baby. You will produce the right amount and it is the perfect food to meet your baby's first needs.

Your baby will stay with you and sleep next to you in their cot. This way you will get to know each other and will quickly recognise when your baby needs you. Your baby should spend as much time in skin contact as possible regardless of the method of feeding. Skin contact has many benefits including regulation of baby's heartrate, breathing, temperature and blood sugar level. Skin contact helps babies to feel safe and this calmness helps a baby's brain development.

It is important to feed you baby whenever they seem hungry, this will ensure that you produce enough milk. Breast milk contains all the food and water your baby needs so we discourage giving other foods or drinks that will make your baby less interested in the breast. We do not encourage the use of dummies as they interfere with frequency of feeds and can affect how a baby learns to breastfeed.

If your baby has to spend time in the neonatal unit you will be encouraged and supported to express your milk for your baby, six to eight times a day. The ward and neonatal staff work closely together to provide full support for you and your baby.

If you have decided that the right choice for you and your baby is formula feeds you will be shown the milk kitchen and if you need it we will also show you how to safely make up feeds and sterilize equipment. Your community midwife should have already explained to you that formula milk is no longer provided by the hospital, so you should have brought some in with you. If you do not have any formula the staff may be able to advise you of the nearest shops to the hospital where formula can be bought.

The staff are here to support you in whatever decision you make about feeding. Our aim is to ensure that you and your baby are comfortable with feeding before you go home. We are not expecting feeding to be fully established during your stay in hospital, you will continue to be fully supported by your community midwifery team once you're at home.

Babies that are admitted to the Neonatal Unit

The neonatal unit has an open visiting policy for parents, apart from during ward rounds when parents are asked to leave the room for confidentiality reasons. Ward rounds are between 8.30am and 10.00am every morning except Wednesday, when they start at around 10.00am. There is also a ward round in the afternoon which starts at 4.30pm.

The unit adheres to a strict infection control policy. For this reason, we ask that visitors are kept to parents, siblings of the baby and grandparents. We ask that parents of the baby accompany grandparents when they visit and only two people are allowed to be at babies cot side at any time.

An information booklet is given to all parents whose baby is admitted to the Neonatal Unit.

Newborn Examination

It is advised that all babies will have a head to toe examination within the first 72 hours of birth. This may be completed by a doctor or a specially trained midwife. Although your baby will be examined we are looking at 4 main areas which are the eyes, heart, hips and the testicles in boys.

During the examination we are looking for anything that requires treatment while you are still in hospital or can be followed up in an outpatient clinic. If we find any problems we will explain our findings to you and we may refer your baby to a physiotherapist or a senior neonatal doctor. This may delay your transfer home while we wait for those staff to be available as they are not based on the wards. We will do our best to keep you informed of any unexpected delays, caused by emergencies elsewhere.

All details of the examination will be recorded in your red book.

Your Baby's Hearing Screen

Your baby will be given a series of routine health checks in the first few weeks of life. This will include a hearing test. The hearing test uses a quick and simple test to check the hearing of all new-born babies.

Why screen my baby's hearing?

A very small number of babies are born with hearing loss. It is not easy to identify when a young baby has hearing problems, so this test will allow those babies to be identified early, this is known to be important for the development of the child. It also means that support and information can be provided to the parents at an early stage.

No one in my family has hearing loss, Does my baby still need to have the screening test?

Yes. It is important to screen all babies. One to two babies in every 1,000 are born with a hearing loss, in one or both ears. Most of these babies are born in families with no experience or history of hearing loss.

When will the screening test be done?

The screening test will be done within the first few weeks of life. This may be done before you leave the maternity unit, or in some cases you maybe asked to come back by the screener and be given an out-patient appointment.

Will the screening test be painful for my baby?

No. It does not hurt and is not uncomfortable. The screening test will usually be done while your baby is asleep and is very quick. No anaesthetic or sedatives are used.

What does the screening involve?

A trained hearing screener carries out the screening test at the bedside. They place a small soft tipped ear piece in the outer part of your baby's ear, which sends clicking sounds down the ear. When an ear receives sound, the inner part known as the cochlea, usually produces an echo. Using a computer, the screener can see how your baby responds to sound. This is called the Otoacoustic Emissions test.

The test only takes a few minutes. You can stay with your baby while the test is done.

What if the screening does not show a strong response from one or both of your baby's ears:

This often happens and does not necessarily mean your baby has hearing loss. There are a number of reasons why it might be difficult to check your baby's hearing. Your baby may have been unsettled at the time of the test. There may be fluid or temporary blockage in the ear after the birth. There may have been background noise when the test was carried out. If the response is not strong you may be asked to come back for a second test.

What does the second screen involve?

This is known as the Auditory Brainstem Response (ABR) test. This involves three small sensors being placed on your baby's head. Headphones are put over your baby's ears and a series of clicking sounds are played. A computer measures how well your baby's ears respond to the sounds. The ABR test takes a little longer. You can stay with your baby while the screening test is done. Neither of these tests will hurt nor be uncomfortable for your baby. They will usually be carried out when your baby is asleep.

What do the results mean?

If the screening test shows a strong response from both of your baby's ears, it means that your baby is unlikely to have a hearing problem. After the screening test you may be given two checklists of the sounds that your baby should react to and the types of sounds that they should make as they grow up.

What happens if the second screen does not show a strong response from one or both of my baby's ears. If the second screen does not show a strong response from one or both of your baby's ears you will be referred to your local audiology department. They will carry out a special test to measure your baby's hearing again. This often happens and does not necessarily mean your baby has hearing loss. There may be a number of reasons why the second test could not record a strong response from one or both of your baby's ears.

Further tests by an audiologist will give you better information about your baby's hearing. You will be given a leaflet explaining what this involves.

Where can I get further information?

If you would like more information about your baby's hearing screen contact Medway Hospital. You can also find out more from your midwife or health visitor.

NHSP website <http://hearing-screening.nhs.uk>

Going Home

On the day that you go home the midwives will make arrangements for your care to be continued by the community midwives at home.

What to expect on going home and who will be coming to see you will be discussed with you before you go. If you have had a caesarean section or there has been any medical problem, then a doctor may need to examine you before you are transferred to community care at home.

It is our goal that every new family coming to Medway Hospital enjoys their time with us. So please let us know if you feel there are any comments, compliments or complaints; help us ensure we are providing the right kind of service, please complete your friends and family card before you leave.

Information for yourself

Caesarean Section

When you leave hospital it is important that you rest. If possible you should only be looking after yourself and caring for your baby. Allow your partner, family and friends to take care of other things for you.

- You should avoid lifting, straining and standing for long periods of time.
- We recommend that you have another adult at home with you for the first two weeks.
- No heavy lifting for 6 weeks (including carrying toddlers and shopping)
- No vacuuming for 4 weeks, light house work only.

We recommend that you do not drive for at least two weeks but this will depend on how quickly you recover. You will need to feel comfortable behind the wheel and be capable of continuing to drive after an emergency stop. Ideally take another driver with you the first time you drive, go somewhere quiet and have a practice.

Notify your insurance company that you have had surgery as they may impose their own restrictions on how quickly you can resume driving and failure to notify them may invalidate your insurance.

Arrange to see your GP when your baby is 6-8 weeks old for a post-natal check. This is an ideal time to discuss when to make an appointment to have a smear if you are due one and to discuss contraception if you have not already done so.

Bleeding

Regardless of how you had your baby you will experience blood loss, like a heavy period for a while which can last anything from a week to several weeks. Each day the loss should become less but there are certain things which might make it seem heavier:-

It is advisable to wear pads at all times after giving birth.

If you have just got up after several hours of lying down you may get a sudden heavy loss, this is not unusual and is simply because the blood has collected in a pool in your vagina.

While breast feeding the hormone which makes the milk flow also makes the uterus contract, so you may experience period like pains and a slightly heavier loss during the feed.

You can start having periods again from as early as two weeks after your baby is born, so if your loss suddenly becomes heavy when it had almost stopped it could be that.

If you suddenly become more active – especially after a caesarean section – your loss might increase a little but should settle down quite quickly.

If you pass any large clots – bigger than a small apple – or if your loss smells offensive or you suddenly start to bleed very heavily (soaking through a sanitary towel very quickly) you may need to seek further help or advice from your GP or midwife.

The loss of blood may be quite heavy at first, which is why you will need super absorbent sanitary towels to begin with. If you are breastfeeding, you may notice the loss is heavier and redder, possibly accompanied by some cramp-like pain in your tummy. These are known as 'after pains' caused by the uterus contracting in order to return to the pre-pregnant state. These are good signs and indicates that everything inside is going back to normal.

If you find you are losing blood in large clots, you should save these towels to show them to the midwife, as you may need some treatment.

Care of your Stitches

During the delivery of your baby you may sustain a tear or needed to be cut (an episiotomy) through the muscle or skin between the front and back passage (known as the perineum).

If you have had stitches you will need to keep these as clean and as dry as you can; change your pads frequently (2-3 hourly) and take regular baths or shower for pain, hygiene and comfort.

The stitches are dissolvable and therefore do not need to be removed. They may take up to 30 days to dissolve.

Pelvic floor exercises will help the wound to heal by increasing the blood supply to the area and speeding up the healing process.

Passing urine can sometimes be a bit worrying. Sometimes it is easier to pass urine while sitting in a warm bath or in the shower. The water dilutes the urine so it does not sting as much. We also advise you to drink lots of water as this will help dilute the urine. If you are experiencing any difficulty with passing urine, have any change in sensation or any loss of control of bladder function, please inform the midwife caring for you.

Often these symptoms are only short lived but staff will help you overcome any difficulty.

Perineal Pain

You can expect to feel some discomfort after having a baby, even if you did not have any stitches. Depending on how well you tolerate pain you may or may not need to take pain relief. Paracetamol is the pain killer we recommend and is sufficient for most people. We advise you to ask your partner / family to buy some before you get home – you may take two tablets every 4 – 6 hours up to 4 times a day. You may also use Ibuprofen (anti-inflammatory medication) 200-400mg three times in 24 hours. Some stronger pain killers, particularly those which contain codeine, can cause constipation and should therefore be avoided.

Advice to Aid Healing

We recommend a bath or shower at least once or twice a day.

There is no need to use salt and try to avoid heavily perfumed soaps and lotions.

A wash with warm water after passing urine or opening your bowels will help keep the area clean.

Remember to drink plenty of clear fluids to help your body heal naturally.

Haemorrhoids

Haemorrhoids (piles) are varicose (or swollen) veins in the rectum. They are common during pregnancy due to increased pressure on the circulatory system and are aggravated by constipation. Symptoms can include itching, soreness and bleeding.

Your pharmacist can provide you with soothing cream if needed. Haemorrhoids often appear after delivery so if you are experiencing any discomfort please inform the midwife caring for you.

It is important to avoid constipation, following a normal delivery you should not expect to open your bowels before the 2nd day. Following a caesarean section, it may be three days.

If you are uncomfortable, please inform your midwife who will be able to give you some advice. Sometimes you can be worried about having your bowels open again, because you may feel that it could hurt or if you have had stitches that they will break apart. This never happens but causes a lot of concern. To help make this easier you can take some tissue and fold it into a pad and hold it over the stitches as you go to give some support.

If you suffer from haemorrhoids you should:-

Eat plenty of food which is high in fibre and drink plenty of fluids.

Do regular pelvic floor exercises to improve circulation.

Avoid standing for long periods of time.

Increasing Iron in your Diet

Iron is found in certain foods, both of animal and plant origin. Animal sources of iron are better absorbed by the body than iron found in plant material e.g. spinach is high in iron but very little of the iron is actually made available to the body.

To make the most of iron (or iron supplements) it is best to eat the iron-containing foods as part of a mixed, well balanced meal containing animal protein (meat or fish). The meal should also contain a good helping of raw / lightly cooked vegetables (which does not include spinach or salad) and / or fruit, especially citrus fruit e.g. grapefruit, oranges or strawberries. The reason for this is that vitamin C in fruit and vegetables aids the body's absorption of iron, but only when it is part of the meal.

Good Sources of Iron:

Bacon, shrimps, kidney, corned beef, sardines and any red meats.

Other sources of Iron:

Oatmeal, wholemeal bread, bran and wholegrain cereals, pulses and lentils.

To make the most of iron, have fruit juice as part of a mixed meal, e.g. cereal with milk and fruit juice to drink; meat and salad in wholemeal bread as a sandwich; tomatoes with lentils with rice.

Figs, apricots, cress, prunes, dates, currants, peaches, curry powder and ginger. These foods contain varying amounts of iron depending on where they are grown. Use in meals and snacks whenever possible.

Chocolate, cocoa, almonds, walnuts and cashews nuts also contain some iron, however they are to be avoided as an iron source if you are concerned about your weight.

Postnatal Exercises

These simple exercises will make you feel more comfortable after the birth of your baby. Start the day after delivery and continue for 3 months.

These exercises are suitable following any type of delivery. Start as soon as you are able, hopefully within the first few days.

Pelvic Floor Exercises – These muscles have been stretched during pregnancy and delivery. If allowed to remain weak, stress incontinence (leaking urine when you laugh, cough or sneeze) or prolapse may result. Your pelvic floor muscles are also important for your sex life.

In a standing, sitting, or lying position, close or squeeze around your back passage then close your front passages and draw up inside, hold for the count of 4, then let go slowly, Repeat this exercise 3 more times.

Practice this exercise often during the day, e/g, when feeding your baby, when standing at the kitchen sink and after you have passed urine.

You may feel sore at first, but gently moving these muscles will help to reduce any swelling and help healing.

As a test only, after 1 week, try to close the front passages during the flow of urine. If you can stop and start the flow you are regaining some control. A further test of the pelvic floor muscles may be done after 3 months. With your bladder nearly full stand with feet apart jump up and down and cough hard. No leakage of urine indicates recovery.

Start working the muscle gently by squeezing and lifting around the front and back passages. Do not hold your breath, or tighten your tummy, legs or buttocks while doing this exercise.

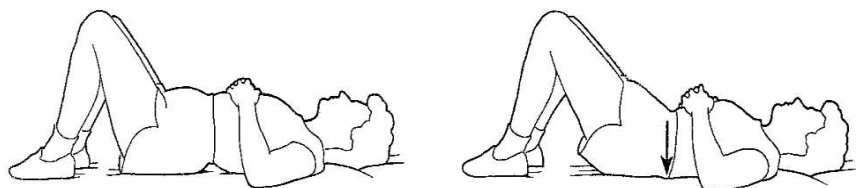
Once you can do this exercise try and hold the contraction for longer, gradually increasing up to a count of 10. Rest for a few seconds between each squeeze. Repeat this exercise as many times as you can up to a maximum of 10.

Try to do a set of pelvic floor exercises each time you feed your baby.

To Improve your Circulation - If your feet and ankles are swollen do this exercise to help reduce the swelling. Bend and stretch both ankles then bend and stretch your toes. Circle your feet around first in one direction, then the other. Repeat these 10 times during the day.

First Abdominal Exercises – Start gently by working the deep abdominal muscles which give stability to your back and pelvis. In a comfortable position – perhaps lying on your side or sitting, with your tummy relaxed – breathe in gently, then as you breathe out, gently draw in the lower part of your stomach without moving your back. Repeat several times with a few seconds rest in between. Gradually increase until you can hold for 10 seconds and repeat 10 times.

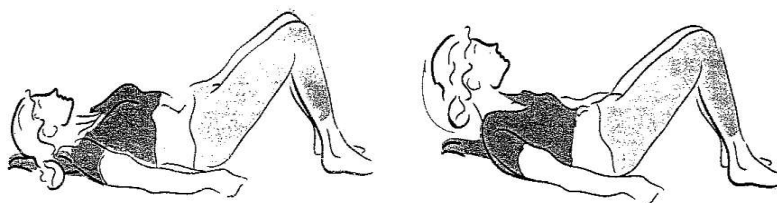
Pelvic Tilt – Lie on your back with your knees bent up and feet flat on the bed. Squeeze your pelvic floor and buttocks and then tilt your pelvis back so the back of your waist is pressed onto the bed. Hold for a few seconds and then relax. Repeat several times and aim to increase to holding for 10 seconds and repeating 5 times.



Head Lift - Do a Pelvic tilt but as you breath out lift your head off the pillow, hold for a few seconds before slowly lowering it. If you

If your stomach bulges forward you are doing this exercise too soon, so continue with the above exercises.

As you get stronger you can progress this exercise by holding your head up for longer (up to 10 seconds) and then by lifting your head and shoulders forward remembering to keep breathing gently whilst doing the exercises.

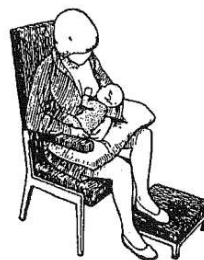


Care of Your Back – Your back is at risk after delivery due to weak stomach muscles and softer ligaments. Make sure you sit in a comfortable, supported position to feed your baby. Whenever you lift, tighten your pelvic floor and stomach muscles and bend your knees so your back remains straight. Note: Do not do sit ups for 3 months, never do double leg raising.

Stand Tall.



Bend your knees
when lifting.



Be well supported
when feeding your baby.

Caesarean Section - If you have had a caesarean section you may follow the above exercises but with caution.

The best way to cough/ sneeze is to sit forward with your knees bent and support your stomach with your hands or a pillow. Take a few deep breathes and then cough gently.

If you need any further advice please contact a member of the physiotherapy team on 01634 825247. If you feel you need to be referred to see someone in the physiotherapy department then you will need to contact your GP or your midwife for a referral.

Care of your Baby

Nappy Change

It is good practice always to change your baby's nappy before offering a feed. It's more hygienic and your baby will feel more comfortable if dry and clean; therefore will settle to feed better. You must always wash your hands thoroughly after changing your baby's nappy.

Many babies will naturally soil their nappy whilst feeding, but unless they refuse to settle, it may not be necessary to change until after the feed.

When cleaning your baby, always ensure that all faecal matter is removed from the skin creases. If left not only is it a breeding ground for bacteria, it will lead to soreness and nappy rashes. Use warm water and cotton wool rather than baby skin wipes, these are more likely to dry the skin unnecessarily.

With the excellent absorbency of today's disposable nappies, it is not necessary to use barrier creams. Usage of these creams will inhibit the flow of urine through the one way liner of the nappy, thus encouraging urine to stay on the skin and lead to soreness. If your baby does develop nappy rash, then seek the advice of your midwife, health visitor or GP, they will advise you on what cream is best to use.

Always remember to dispose of used nappies by wrapping them securely and placing either in a dustbin or a nappy disposal unit.

While on the ward, you should put the soiled nappy in the yellow bin provided. It is very important to wash your hands after dealing with your baby's nappy for hygiene reasons.

If using re-usable towelling nappies, please refer to the washing instructions on the pack.

Avoid the use of biological powders and fabric conditioners, which contain harsh chemicals, which in turn can cause, skin irritations.

Baby's Bowel Actions

The stools passed in the first two days are called meconium. It is black and tar like in appearance. As the baby's diet adapts to milk feeds the stools will change colour to green / brown and then bright yellow. During the first week of life you will find your baby passes stools often and can be with every feed. Please do not be alarmed, this is a good sign that your baby is feeding well.

Once feeding is established the baby may continue to produce several stools daily or may go several days without passing a stool. If you are concerned please contact your midwife for advice.

Breastfed babies tend to have looser stools, more like yellow seeds and slightly sweet smelling. However, the stools may be green in colour if the baby is over-fed.

Babies fed on formula milk have more formed stools but they will be soft with more of an odour.

Cord Care

Shortly after the birth, the midwife will clamp the umbilical cord close to your baby's navel with a plastic clip. She will then cut the cord, leaving a small piece of cord and plastic clip attached to your baby. The umbilical cord that kept your baby nourished in the womb is now a little stump.

Within 2-3 weeks, it will fall off. Until it does, do your best to prevent infection by keeping it clean and dry.

Whenever you change your baby's nappy, pay special attention to the area at the base of the cord, nearest to the belly button, wiping gently but thoroughly with cotton wool and water to clean out any moist debris that may have collected. **DON'T WORRY** about hurting your baby, as there are no nerve endings in the cord stump.

To keep the cord dry and help it heal faster, be sure to allow air to reach the cord stump. Also try to prevent nappies from rubbing against it.

Be sure to let the cord stump fall off on its own.

Temperature

Normal full term babies are unable to control their temperature and can rapidly overheat or get too cold. Research has shown that the ideal room temperature for a baby is around 18 degrees centigrade or 65 degrees Fahrenheit. It is a good idea to buy a basic room thermometer and place it on the wall at the baby's face level. Ask your midwife or health visitor for details. Now that many houses are insulated and often have central heating and / or double glazing, the inside temperature does not vary much from winter to summer, so babies do not need to be dressed very differently when indoors in either season.

A Guideline to Tog Ratings

A tog rating is a measurement of the heat retaining properties of clothing and bedding and the ideal tog rating of a baby's clothes and covering is about 7 at room temperature of 70 degrees to 9 at 65 degrees when indoors. If in doubt (when outdoors) put your hand under the covers to feel the baby's body warmth.

Cardigan	2.0 togs	Disposable Nappy	2.0 togs
Vest	0.2 togs	Sheet	0.2 togs
Babygrow	1.0 togs	Old Blanket	1.5 togs
Jumper	2.0 togs	New Blanket	2.0 togs
Trousers	2.0 togs	Sleeping Suit	4.0 togs
Quilt / Duvet	9.0 togs		

Remember a blanket folded in two will count as 2 blankets and give twice the tog value. Sheepskins, duvets and quilts are not recommended for babies under 1 years old, because of high tog values.

Also wrapping tightly / swaddling triples the tog rating!

If you use a cot bumper and your baby's head is up against it, this may hinder normal loss of heat through the baby's head and the baby may become overheated, so they are not recommended for the first year

To prevent your baby wriggling down under the covers, place baby's feet at the foot of the cot or pram. Make the covers up so that they reach no higher than the shoulders, tuck them in so they cannot slip over the baby's head.

In cold weather, you need to keep the room where the baby sleeps around the temperature recommended 18c or 65F, by night as well as by day.

In hot weather, you need to protect your baby from the sun with a shade and sun hat. Your baby's skin will burn easily, so always use a sun screen cream / lotion, even in the mildest sunlight. Never expose your baby to direct sunlight.

In cars, always remember that babies can easily get overheated in a car and it is not advisable to put them in their outdoor clothes until out of the car. Consider any journey of more than 15 minutes as indoor.

Once inside a shop remove plastic covers, blankets, hats and mittens – if you feel hot, imagine how your baby feels.

Once you have come in from the cold, take outdoor clothes off even if the baby is asleep.

Sleeping Positions

Place your baby on his / her back to sleep from the very beginning, this will reduce the risk of cot death. Side sleeping is not as safe as sleeping on the back.

Healthy babies placed on their backs are not more likely to choke.

Devices such as wedges and rolled up sheets placed behind the baby are not recommended.

Advice on Dummy Use

Following a review of recent evidence in the risk of sudden infant death syndrome (SIDS) and pacifier (dummy) use, it has been agreed that the following information be provided to parents.

- If parents choose to use a dummy, it should not be discouraged.
- If parents choose to use a dummy they should be advised:
- Once the use of a dummy has been started it should be used for every sleep (every night and including naps during the day). There is no need to replace the dummy if it falls out when a baby is asleep.
- If the mother is breastfeeding, wait until breastfeeding is established before introducing a dummy (usually when a the baby is about one month old).
- A dummy should not be used in place of feeds (for breastfeeding and bottle feeding mums), as this can have an effect on demand feeding and the amount of milk a baby receives.
- Washing and sterilisation of dummy is very important to reduce the risk of thrush and other infections.
- A dummy should never be coated in anything sweet.

Baby's Growth and Weight

Babies who are fit and well, after the initial weight loss, normally put on weight steadily. All babies in the Medway NHS Foundation Trust areas have a height and weight chart called the centile chart in the parents child health record (or red book). The health visitor will monitor this when visiting you or when you are at the health clinic. This will show if your baby is gaining weight satisfactorily and you will be advised if there are any problems. Meeting other mothers with their babies gives you a chance to make friends and discuss your experiences.

Bed Sharing

Keeping your baby close to you helps you to get to know your baby and to recognise when they are hungry and wanting to feed. In hospital, you are encouraged to have your baby with you in a cot by your bed at all times. When you go home it is recommended that your baby shares a room with you particularly at night, for at least the first 6 months, as this helps protect babies against cot death.

The safest place for your baby to sleep is in a cot by the side of your bed.

However, to ensure safety, there are a few points to consider before you think about having your baby in bed with you.

You should not share a bed with your baby if you or any other person in the bed are:-

- Are a smoker – no matter where or when you smoke
- Have drunk alcohol
- Have taken any drugs or medication – which makes you extra sleepy
- If you find yourself tired to a point where you would find it difficult to respond to your baby because this will increase the risk of cot death.
- Do not put yourself in the position where you could doze off with your baby on a sofa or an armchair.

Consequently bed sharing is discouraged whilst you are in hospital. Additionally, your baby could roll out from your bed and be injured.

There are also other things you need to be aware of if you are sharing a bed with your baby:-

- The mattress should be firm, flat and clean.
- Your baby does not overheat and the room is not too hot. The best room temperature for a baby is 16-18c
- If you are ill or have any condition which might make it difficult to respond to your baby, it might be sensible not to sleep with your baby in your bed. It is best to use sheets and blankets rather than duvets or quilts.
- Do not overdress your baby or cover their heads, they should not wear any more layers than you wear yourself. Your baby should not wear a baby sleeping bag as well as being under your covers. It's probably best not to swaddle your baby so they don't get too warm.

You also need to think about protecting your baby against accidents:

- Make sure that your baby cannot fall out of bed or get stuck between the mattress and the wall.
- If you don't go to bed at the same time, make sure your partner knows your baby is in the bed.
- If an older child is also sharing your bed. It's best you and your partner sleep between the child and the baby.
- Don't let pets share a bed with your baby.
- If you are not breastfeeding your baby, it's safest to put your baby back in the cot before you go to sleep.

Most mothers who are breastfeeding automatically sleep facing their baby with their body in a position, which stops the baby from going under the covers or into the pillow.

Your baby will usually lie on their side to breastfeed. When you're not actually feeding, they should be put on their back to sleep, never on their front or side. It is also important to make sure that they cannot go under the covers or into the pillow.

For more information on bed sharing, please speak to a midwife.

Illness

If your baby seems unwell in any way, seek medical advice early and quickly. Make sure your baby drinks plenty of fluids and is not too hot. If your baby sleeps a lot, wake them regularly for a drink. Babies who are unwell may need fewer clothes not more.

Jaundice

Most jaundice in newborn babies is a normal event and is not serious. In most cases, this jaundice will disappear within 2 weeks, often without treatment.

Why does jaundice happen?

The yellowish colouration of the skin is caused by an excess amount of bilirubin in the baby's skin. Bilirubin is produced by the breakdown of red blood cells. The level of bilirubin production in a newborn is higher than that of an adult because your baby needs more red cells before they are born than afterwards.

The baby's liver then excretes the bilirubin but because the liver is immature and takes a few days to start work properly, the bilirubin levels rise in the blood stream and spill out into the tissues. This is known as physiological jaundice.

Occasionally there are other factors that cause jaundice in an infant – ABO (blood group) incompatibility and rhesus incompatibility. Both of these conditions result in a very fast breakdown of red blood cells. Also, jaundice may appear in babies with physical defects in the organs that work to eliminate bilirubin from the body.

What happens if my baby looks jaundiced?

If your baby looks jaundiced in the first 24 hours following birth your baby will need a blood test urgently (within 2 hours) to see if the level of bilirubin is high enough to require treatment. If you have been discharged from hospital or had a home birth you should let us know immediately so that this can be arranged.

Call the Maternity Care Unit at Medway Hospital 01634 825277.

If your baby is older than 24 hrs contact your midwife who may measure the bilirubin level using a hand-held device placed on the skin (a bilirubinometer).

If the level is higher than it should be for your baby's age, then your baby will need some treatment to lower the level.

Treatment – Your baby may need phototherapy. The ward staff will advise you if this is necessary and explain the procedure involved.

Feeding – A Baby who is jaundice may be sleepy and slow to feed. It is important for the baby to be fed 8-10 times during a 24 hour period for them to take enough milk as this helps the liver to get rid of the bilirubin.

If your baby needs a supplementary feed, it can be given via a tube through the nose into the stomach (Nasogastric tube).

The Newborn Blood Spot Test

This is a blood test taken from your baby's heel between day 5 and 8 of life, and is collected on to a special card. This is a screening test looking for certain conditions and is recommended for all babies born in the U.K. or who move into the UK under the age of 1 year.

This information is taken from the booklet Screening Test for you and your baby. It can be downloaded in different languages from <https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby-description-in-brief>

What are we looking for?

Sickle cell disease

About 1 in 2,000 babies born in the UK has a sickle cell disease (SCD). These are serious, inherited blood diseases. They affect haemoglobin, a part of the blood that carries oxygen around the body. Babies who have these conditions will need specialist care throughout their lives.

People with SCD can have attacks of severe pain, get serious, life-threatening infections and are usually anaemic (their bodies have difficulty carrying oxygen). Babies with SCD can receive early treatment, including immunisations and antibiotics, which, along with support from their parents, will help prevent serious illness and allow the child to live a healthier life.

Cystic fibrosis

About 1 in 2,500 babies born in the UK has cystic fibrosis (CF). This inherited condition affects the digestion and lungs. Babies with CF may not gain weight well, and frequently have chest infections.

Babies with CF can be treated early with a high-energy diet, medicines and physiotherapy.

Although children with CF may still become very ill, early treatment is thought to help them live longer, healthier lives.

Congenital hypothyroidism

About 1 in 3,000 babies born in the UK has congenital hypothyroidism (CHT). Babies with CHT do not have enough of the hormone thyroxine. Without thyroxine babies do not grow properly and they can develop permanent serious physical problems and learning disabilities.

Babies with CHT can be treated early with thyroxine tablets and this will allow them to develop normally.

Inherited metabolic diseases

It is important to let your health professional know if you have a family history of a metabolic condition.

Babies are screened for six inherited metabolic diseases (IMDs). These are:

- phenylketonuria (PKU)
- medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
- maple syrup urine disease (MSUD)
- isovalericacidaemia (IVA)
- glutaric aciduria type 1 (GA1)
- homocystinuria (pyridoxine unresponsive) (HCU).

About 1 in 10,000 babies born in the UK has PKU or MCADD. The other conditions are rarer, occurring in 1 in 100,000 babies to 1 in 150,000 babies.

Babies with these inherited conditions cannot process certain substances in their food. Without treatment babies with some of these conditions can become suddenly and seriously ill. The symptoms of the conditions are different; some may be life threatening or lead to severe developmental problems. They can all be treated by a carefully managed diet, which is different for each condition and may include additional medicines

What happens to your baby's data after screening?

After screening blood spot cards are stored for at least five years and may be used:

- to check the result or for other tests recommended by your doctor
- to improve the screening programme
- for research to help improve the health of babies and their families in the UK.

This research will not identify your baby, and you will not be contacted. The use of these blood spots is governed by the code of practice available from your midwife, or on the website.

There is a small chance researchers may want to invite you or your child to take part in research linked to this screening programme. If you do not want to be invited to take part in research, please let your midwife know.

It is also important to know that identifiable data on babies affected with sickle cell disease or thalassaemia may be used to evaluate and improve screening. If you do not wish your baby's screening data to be used in this way, call 0207 848 6627 or find out more at www.gov.uk/newborn-outcomes-project-definition-and-implementation

You will be sent a letter of your baby's result and the result will be sent to your Health Visitor

Vaccination against Tuberculosis (TB)

You will want to protect your baby in every way you can, particularly against infectious diseases.

One of these is Tuberculosis, which still exists in our community and can be a risk to babies and young children in families where parents or grandparents come from a country with a high incidence of tuberculosis (TB) according to the WHO or in families where there is a family history of TB within the past 5 years.

BCG vaccination is then offered to these babies. Other babies do not need vaccination. It is a very small injection into the skin given by a specialist nurse.

Your midwife and/or health visitor will usually discuss referral to the BCG clinic with you and send the referral, so that an appointment can be arranged.

Parents will usually be sent an appointment to attend a clinic at Medway NHS Foundation Trust for a BCG vaccination, once mother and baby have been discharged home.

BCG vaccination can be given at any age and we would aim to see babies as soon as possible but generally within 4 to 12 weeks.

This is similar to other inoculations your baby will have in the next few months to protect against other infectious diseases such as Diphtheria, Tetanus, Whooping Cough, Poliomyelitis and Measles.

The baby will not be hurt by BCG vaccination but will be protected against Tuberculosis whilst young and vulnerable.

Remember – your child will also be protected against Tuberculosis for a number of years.

Useful Information

Sex after Childbirth and Contraception

There is no 'right' time to start having sex after child birth, each couple is different. You will know when the time is right for both of you.

Having a baby causes physical and emotional changes for both partners and it may take time before you feel ready to have sex.

It is important not to avoid all forms of physical contact with your partner. Take time to talk to your partner and discuss your feelings about changes in your body.

Consider speaking to your partner about contraception before your baby is born, as it is possible to become pregnant very quickly after having a baby even before you have a period.

Remember, breast feeding alone is not a form of contraception and you can get pregnant before you have your first period.

Family planning services are available from most GP practices and the Sexual Health Clinics (family planning Clinics) which are held in most Health Centres. Telephone numbers for the Sexual Health Clinics are available from your local Health Centres, or find more information online at: www.abettermedway.co.uk/sexualhealth.aspx

Family Planning Clinics

Please call the one you want to visit and ask for the day and time to attend.

Strood – Keystone Centre, Gun Lane, Strood ME2 4UL **Telephone - 01634 717755**

Lordswood – Lordswood Health Centre, Sultan Road, Lordswood, ME5 8TJ,
Telephone – 01634 382103

Gillingham – Balmoral Gardens Clinic, Balmoral Gardens, Gillingham ME7 4PN,
Telephone – 01634 334900.

Twydall – Twydall Healthy Living Centre, Twydall Green, Gillingham, ME8 6JY,
Telephone 01634 2103

Rainham – Rainham Health Centre, 103 – 107 High Street, Rainham ME8 8AA,
Telephone 01634 382103

Sheerness – Sheppey Community Hospital, **Telephone - 01795 879100.**

Sittingbourne – Sittingbourne Memorial Hospital, Bell Road, Sittingbourne, Kent ME10 4DT
Telephone – 01795 418300.

Postnatal Mental Health Problems

Most people are surprised to hear how common mental health problems are in pregnancy and after having a baby. It is thought that 10-15 women in every 100 will suffer from depression following childbirth.

What do we mean by Mental Health Problems?

Pregnancy and the postnatal period can be an anxious time for most mothers. It may be that your midwife or doctor, when they first saw you in pregnancy, asked the following questions.

During the last month have you often been bothered by feeling down, depressed or hopeless?

During the past month, have you often been bothered by having little interest or pleasure in doing things?

Many women will feel this at some point and it's good to talk these feelings over with someone who you trust and feel comfortable with.

But what happens if this does not help and the feelings get worse?

You may need more specialist help if you are experiencing some of the following:-

- Do you feel a 'bad' person or a 'bad' mother rather than thinking you have a kind of illness?
- Do you have horrible and distressing thoughts about yourself and your baby e.g. visualising terrible things happening to your baby, caused by you?
- Are you worrying a lot about your baby's health and welfare?
- Do you have fast moving thoughts which don't go away, especially when you try to sleep?
- Do you have thoughts you feel you could never tell anyone about?
- Do you think about knives and other dangerous objects?
- Are you unable to enjoy your life, have you lost your sense of humour since having the baby?
- Have you felt 'not right in yourself' since the birth of your baby and find you are hiding from others how you really feel?

Possible Birth Trauma

- Did you whilst pregnant have severe anxiety or extreme fear about a possible caesarean section?
- Does your mind keep playing the birth over and over?
- Do you avoid talking about the birth or birth stories?
- Do you feel preoccupied about how you were treated at the birth?
- When you think back about or are reminded of your birth experience, does your heart race or do you become anxious?
- Do you feel so angry about how you were treated, that you fantasise about shouting at or hurting the staff who delivered your baby?
- Did you feel numb after having your baby (like he/she wasn't really yours) and has this numbness not gone away?
- Do your memories of the birth come and go in your mind quickly and repeatedly?

Below are a ways to find help if you are experiencing the above
You can call:-

- Your GP
- A specialist midwife on **01634 825114** and leave a message to call you back or contact her by email Katrina.ashton@medway.nhs.uk

If it's an emergency you can call Medway NHS Foundation Trust on 01634 830000 and ask for the MASTT team.

Domestic Violence

About 1 in 4 women experience domestic abuse at some point in their lives. About one third of domestic abuse starts during the pregnancy.

Here are some numbers you call if you need help and advice on this:-
Woman's Support Service:- 01622 761146

One Stop Shop, - this is a service where you can stop and get all kinds of advice about domestic violence and ask people for help.

This will be held every Tuesday at The Sunlight Centre,
105 Richmond Road, Gillingham, Kent ME7 1LX,
Telephone 01634 338600 between 9.30am to 12.00pm.

Phoenix House, Central Avenue, Sittingbourne, Kent ME10 4BX
Telephone 01795 420455 every Tuesday between 10.00am to 11.30am.

Sateda (swale area) **01795 420455** Monday to Friday 9.00am to 5.00pm

Other numbers that may help you are:-

Medway Domestic Abuse Information Line:- **01634 332091**

Citizens Advice Bureau – **01634 573525**

Women's Refuge – National Helpline:- **0808 200 0247** and **01702 300006** for swale.

Car Safety

You baby should always be secured in a baby seat, even on the shortest of journeys. If you have your baby in hospital, you must use a baby seat on the first journey home.

Your baby seat should carry a British Standard Kite mark or carry the European regulation mark and be suitable for your car make / model.

It is always best to obtain a new baby seat so you can guarantee its safety. There are, however, some loan schemes available, but you must always check the baby seat thoroughly before use.

The seat must be fitted according to the manufacturer's instructions.

It is your responsibility, to know how to fit and use the car seat safely.

Always use a baby seat appropriate to your baby's weight. You must not use a baby seat in the front seat of the car which has a passenger airbag.

Always use the kerb side door if possible.

If the car is going to be standing in direct sunlight, the seat should be covered.

This will prevent the seat itself and the metal fittings from becoming too hot.

Never use a cushion to raise your baby in the seat. Never leave your baby alone in the car.

Keeping your information confidential

We may share information about you with the following main partner organisations:

- NHS commissioners of care – in particular whoever referred you to us for treatment, assistance or advice
- Other providers involved in your care – such as a hospital or your GP.
- Social Services
- Local Authorities
- Education Services
- Voluntary or Private sector providers

We will only ever pass information about you to them if they have a genuine need for it and we have your permission. We will not disclose your information to anyone else without your permission unless there are exceptional circumstances, such as when the health or safety of others is at risk or when we are required to do so by law. The law requires us to report certain information to the appropriate authorities. We do this only after a qualified health professional has given formal permission.

Occasions when we must pass on information include:

Birth of a baby

Finding an infectious disease that may endanger the safety of others, such as meningitis or measles (but not HIV/AIDS) when a court order has been issued.

Anyone who receives information from us has a legal duty to keep it confidential.

Registration of Births

All births which occur at Medway Hospital or anywhere else with the boundary of Medway Council have to be registered at the Medway Registrars Office.

A birth registration should be made within 6 weeks (42 days) of the birth of the baby.

Registrations are made by appointment to avoid unnecessary waiting. Appointments can be made between 9.30am and 3.30pm, Monday to Friday at:-

Address: - Medway Register Office
Northgate, Rochester, Kent, ME1 1LS
(located near 'The Corn Exchange' in Rochester)
Telephone: - 01634 338998 Fax: - 01634 338914
Mincom: - 01634 333111
Email: - register.office@medway.gov.uk

Residents of the swale area can go to the libraries to register births by making an appointment via www.kent.gov.uk/births-ceremonies-and-deaths/Births/register-a-birth03000-415151.

If this is not possible, the registration may be made by visiting any register's office in England and Wales to make a declaration. This is a statement that the local register will send to Medway Registers Office where the registration will be made. In this case, the birth certificate and the form to enable the parent or guardian to register the baby with a doctor will be sent by post, normally within one week. Similarly, registrars at Medway's register office are able to take declarations for births which take place outside the Medway area.

Birth registration is free and parents or guardians are given a free short birth certificate which can be used for child benefit applications. Full certificates are now required for first passport applications for children and these certificates can be purchased at the time of registration. When attending, it is very helpful to bring the letter issued by the hospital which confirms the date of birth and NHS number of the baby.

If the parents are married to each other or were married at the time of conception, only one parent needs to attend to make the registration.

If the parents are not married to each other, the father's details cannot be recorded if he does not attend with the mother to make the registration unless:

The mother attends:

With a statutory declaration made by the man acknowledging that he is the father or, with a sealed copy of a parental responsibility agreement made between the parents in respect of the child or, with a certified copy of an appropriate court order naming the father.

Or

The father attends:

With a statutory declaration made by the mother acknowledging that he is the father or, with a sealed copy of a parental responsibility agreement made between the parents in respect of the child or, with a certified copy of an appropriate court order naming the father.

Please contact the Register Office for further advice.

If a father is not named on a birth entry and the parents later decide that he should be named or if the father is named and the parents marry each other, the birth can be re-registered.

A father acquires parental responsibility with the mother if he is named on a birth entry made after 1st December 2003.

Forms for applying for re-registration can be obtained from the register office.

NHS Numbers

From July 2009 every baby born in England and Wales is being given an NHS number at birth. You will be given your baby's NHS number in a letter before you leave the hospital and you are advised to keep this in a safe place, as you will need to take the letter with you when you register the birth of your baby.

This number is also useful when you are registering your baby with a GP and using this at the hospital also helps access your baby's medical records more easily.

Child Benefit

Almost everybody who is responsible for a child under 16 is entitled to Child Benefit and in some cases for children who are 16, 17 and 18. The Child Benefit pack will be given to you in your Bounty pack or you can ask ward staff for a form or visit www.gov.uk/government/collections/child-benefit-forms

If you require further information or help, contact your local social security office which has details of Child Benefit and other benefits that you may be entitled to, such as One Parent Benefit, Family Credit or Income Support.

Other Benefits include, free prescriptions and dental treatment during pregnancy and for a year after birth. Please ask your GP or dentist for details.

The Role of your Community Midwife Team / Health Visitor

A Midwife will visit you at home to make sure you and your baby are in the best of health. They normally call or text you to ensure you are home first.

Home visits for feeding support, weighing your baby and to perform the Newborn Blood Spot screening, (heel prick) will be undertaken by one of our maternity support workers (MSW's) who have been specifically trained to perform these tasks. The dates for these will be given at the first visit.

If you and your baby are well, you will normally expect to have 3 or 4 postnatal consultations although more visits will be undertaken as necessary. Your last visit will be between 10-28 days depending on how well you both are and you may be asked to attend your midwife clinic for this appointment.

After your last appointment your midwife will retain your hand held notes and return them to the hospital. Your care and that of your baby is then passed to your GP and Health Visitor.

The Health Visitor (HV) is a registered general nurse who has further training in a wide range of subjects to equip him / her to work in the community.

The New Birth Visit

When a baby is born the birth notification is sent to the HV who works with your GP practice. A HV will make contact and arrange to see you and baby between 10-21 days after your baby has been born. It's not always an easy time to welcome professionals into your home but just remember that the HV is a guest in your home and comes without prejudice or judgement.

The HV's come to introduce their role – a confidential service that provides information, support and advice according to the individual needs of the family unit.

It is also a time when a lot of reassurance is needed. So many well-wishers give advice it can become confusing. The HV will give objective, up to date, accurate research based information. Their speciality is parenting. They carry identification. Please ask to see it if you have not met the HV before.

How is your baby?

At this first contact, the HV will weigh / measure and examine your baby. This information will be recorded in the Child Record Book. The health visitor will explain the purpose of this book and will discuss such topics as immunisation, developmental assessments, clinic times, support groups and any other issues that you may raise. Although the new birth visits is usually focused on mother and baby the HV is in a position to give advice to all the family.

Supervision of Midwives

Supervision is a statutory responsibility which provides a mechanism for support and guidance to every midwife practising in the United Kingdom. The purpose of supervision of midwives is to protect women and babies by actively promoting a safe standard of midwifery practice.

Who / What is a Supervisor of Midwives?

A supervisor of midwives is an experienced senior registered midwife who has undergone further training, who helps to promote excellence in midwifery care supporting midwives to practice with confidence and give women the highest quality care. This includes helping women in the choices they make when having a baby.

How to contact a supervisor of Midwives

Either ask your own Midwife or Contact the hospital switchboard on 01634 830000 to leave a message for the on- call supervisor.

Local Breastfeeding Support Groups in Medway and Swale

There are local support groups throughout Medway and Swale, please refer to the leaflet provided or log on to one of the web sites listed below.

www.abettermedway.co.uk/breastfeeding and for mothers from Swale
www.kentbabymatters.org.

Other useful contacts are:

NHS Choices – www.breastfeeding.nhs.uk

Best Beginnings – www.bestbeginnings.org.uk

Breastfeeding Network – www.breastfeedingnetwork.org.uk

La Leche League – www.laleche.org.uk

Association of Breastfeeding mothers – www.abm.me.uk

UNICEF baby friendly Initiative – www.babyfriendly.org.uk

For local children's services including healthy child clinics –
www.medwaycommunityhealthcare.nhs.uk/mch-services

Medway NCT – www.nctmedway.org.uk

NHS Direct – www.nhsdirect.nhs.uk 24hr nurse-led helpline providing health information and advice call 111 from your landline or mobile.

We hope the information in this booklet has been useful, however if you have any concerns or suggestions with regards to the booklet, please speak to a member of staff at the hospital who will be able to pass your concerns / suggestions forward to the appropriate person.



**Osteopathic care
for babies
and children**

**Stuart Korth
& Associates**

01892 521134

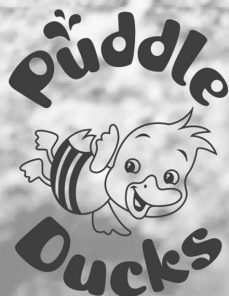
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