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ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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# Postnatal Care

## Women's Health and Paediatrics



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### **Further Information**

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email [asp-tr.patient.advice@nhs.net](mailto:asp-tr.patient.advice@nhs.net). If you remain concerned, PALS can also advise upon how to make a formal complaint.

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The organisations below can provide more information and support for women and their babies.

**National Childbirth Trust**  
**Telephone: 0870 770 3236**  
[www.nct.org.uk](http://www.nct.org.uk)

**La Leche League**  
**Breastfeeding Helpline: 0845 120 2918**  
[www.laleche.org.uk](http://www.laleche.org.uk)

### **Further Information:**

Community Midwives St Peter's Hospital  
**Telephone: 01932 722413**

Joan Booker Ward (Postnatal Ward)  
**Telephone: 01932 722291**

## **Postnatal Care**

This leaflet is about the care of women and their babies in the NHS in England and Wales. It explains guidance (advice) from NICE (the National Institute for Health and Clinical Excellence).

This aims to help you understand the care that should be available in the NHS during the postnatal period. This booklet is focused on the care and information needs of healthy women and healthy babies.

During this period you may have some concerns about your health or that of your baby. It is important that you speak to a member of your healthcare team (such as your midwife, health visitor, GP or maternity support worker) if you have any concerns or questions. You and your family are encouraged to ask for help whenever you need it. At the end of this document there is a list of problems you or your baby may have, with advice on how to deal with them.

### **Care and Communication**

Your care should take into account your personal needs and preferences. You have the right to be fully informed and to make decisions in partnership with your healthcare team. To help with this, your healthcare team should give you information you can understand and that is relevant to your circumstances.

This information and any discussions you have with your healthcare team, should include explanations about the care you receive. You can ask any questions you want and can always change your mind. Your own preference is important and your

healthcare team should support your choice of care wherever possible.

All healthcare professionals should treat you and your baby with respect, dignity, kindness and understanding and explain your care simply and clearly.

A member of your healthcare team should be able to arrange for you to have an interpreter or an advocate (someone who supports you in asking for what you want) if that is what you need. Your interpreter or advocate will keep anything you tell them private.

NICE has recommended that all health services caring for women and their babies ensure they put into practice a programme that encourages breastfeeding.

### **First 24 hours after birth**

Some women give birth in hospital while others give birth at home.

If you give birth in hospital, you should expect to be with your baby all of the time (this is called rooming in). How long you stay in hospital should be discussed with your healthcare professional. After a normal uncomplicated birth it is likely that you will be home with your family within the first 24 hours.

### **More information about postnatal care**

The community midwife will visit you at home the day after your discharge from hospital. The time of the first visit varies from 8:30a.m.-6:00p.m. The community midwife will discuss a plan for visiting you and your baby thereafter. You may be asked to come to a postnatal clinic for some of your postnatal care: these clinics take place in a variety of locations and your midwife will advise you.

On the fifth day after the birth, the midwife will take the baby's heel prick test and agree arrangements to discharge you and your baby at around ten days after birth. If you or your baby, have ongoing problems, the midwife may wish to visit you for a while longer.

Your health visitor will arrange to visit you after the 10th post natal day.

He / she will be able to give you practical information on the general safety of you baby and will continue to support you until your baby is five years old.

## Common health concerns in newborn babies

Concerns	What should happen
Jaundice (yellowish colouring of the eyes and skin) or pale stools	Contact your healthcare professional
Jaundice in the first 24 hours of birth	You should get emergency medical attention for your baby
Jaundice in babies aged 24 hours or older	Your baby's wellbeing and health should be monitored
Jaundice in babies aged 7-14 days	Your baby should be assessed by your healthcare professional
Jaundice in breastfeeding babies	You should be advised to feed your baby often and wake your baby to feed if necessary. You should not be advised to top up with formula milk, water or dextrose (sugar water)
Nappy rash	Your healthcare professional will advise on how to reduce nappy rash (e.g. avoid bubble baths, medicated wipes and harsh detergents. Use mild detergents and fabric softeners)
Persistent nappy rash that is painful	You may be offered antifungal cream or gel to treat your baby
Thrush (a common fungal infection) in the mouth or on the bottom	You should be advised about relevant hygiene practices. If thrush is causing feeding problems or you or your baby are in pain, you should be given antifungal cream or gel
Constipation in bottle-fed babies	Your healthcare profession should check the preparation quantity, frequency and composition of feeds
Diarrhoea	Your healthcare professional should check your baby and give advice
Excessive and inconsolable crying	Your healthcare professional should check for causes of crying, including colic

## Postnatal Care

In the first 24 hours after giving birth, your healthcare professional should work with you to arrange your postnatal care. This will provide a record of the care you and your baby receive and will be filled in during every contact you have with a member of your healthcare team. The contact details of the healthcare professionals who may be involved in your care are included at the end of this document.

### Your Health

A small number of women may develop serious health conditions. You should be encouraged to contact a member of your healthcare team straight away or call for emergency help if you have any of the symptoms below. Common health concerns experienced by women who have recently given birth are shown later, with the recommended actions from your healthcare professional. If you are worried about any of these health issues speak to your healthcare professional, who should support and advise you.

You may feel tearful, anxious or sad (this is often called the baby blues). Your healthcare professional should discuss this with you. Baby blues are common and the symptoms often go away on their own. If you or your family notice changes in your mood or emotions that last longer than a couple of weeks, let your healthcare professional know.

## Your Baby's Health

Most babies are born healthy and stay healthy in the postnatal period.

A small number of babies have problems with their health. Babies who develop jaundice (a condition that causes yellowish colouring of the eyes and skin) in the first 24 hours should be checked straight away. Babies who haven't passed the thick, greenish-brown meconium (the first stool of newborn babies) in the first 24 hours should also be checked straight away.

At every contact, you should be offered information to help you care for your baby's health and recognise potential concerns (see below). This information should help you to identify if your baby is unwell and when you need to contact your health professional.

If you are worried about your baby's health or have any questions, you are encouraged to talk to your healthcare professional or ring for advice (see back of this document).

## Feeding your baby

If you are bottle feeding we will support you in getting started. There are many brands of milk on the market and you need to decide for yourself which is the best for you and your baby.

Your healthcare provider will ensure that you are able to correctly sterilise equipment and make up a bottle of infant formula during the early postnatal period and before discharge from hospital, and that you have been given the leaflet on bottle feeding.

## Urgent medical attention can be obtained by dialing 999 if your baby:

- Is unresponsive and shows no awareness of what is going on
- Cannot be woken
- Has glazed eyes and does not focus on anything
- Has a fit
- Stops breathing or goes blue

Information for reducing the risk of cot death can be found in the lullaby trust leaflet 'Safer sleep for babies' that you will be given prior to your discharge from hospital.

The main recommendations include:

- Placing your baby on his / her back to sleep in a
- cot in a room with you for the first 6 months
- Keep your baby smoke free during pregnancy and after birth
- Breastfeed your baby if you can
- Never sleep with your baby on a sofa or armchair

## **Breastfeeding and Drop-In Groups –**

Provide local breastfeeding support and guidance.

See the current information provided in your brown discharge envelope for days, times and locations.



Symptoms to watch out for	What this could mean	What should happen
Low mood, anxiety, restlessness, tearfulness, fatigue	Baby blues, postnatal depression	You will be encouraged to take time to rest, get help with caring for your baby, talk to someone and ensure you have access to support networks. If you have experienced symptoms of the baby blues which have not improved after 10-14 days you should be assessed to see if you have postnatal depression
Rectal pain or bleeding	Haemorrhoids	We will advise you to increase the amount of fluid and fibre in your diet to help avoid constipation. We will offer to check your rectal area and offer treatments or further evaluation if needed
Passing stools when you don't mean to	Faecal incontinence	We will assess how severe the problem is and refer you for further checks if this doesn't get better
Persistent tiredness	Anaemia (not enough iron in your blood)	We will ask you about your general well-being and offer you advice on diet and exercise. You may be offered iron supplements

If your baby is breastfeeding your healthcare professional should ask you about breastfeeding at every contact. You should be offered advice and support if you have any concerns (see below).

You should be encouraged to breastfeed your baby as often and for as long as he or she wants. This will help your body produce enough milk. Your baby will stop feeding when he or she is satisfied, this may be after feeding on both breasts or just one breast. You should not be advised to give your baby a top-up of formula milk if you are breastfeeding.

During the first week your healthcare professional should review your breastfeeding experience each time they talk to you. If you or your healthcare professional has any concerns – for example, that your baby is not getting enough milk, or you are experiencing pain – these should be discussed. If you think that your baby is not getting enough milk you may be advised to increase your milk supply by feeding more regularly or to use expressed breast milk in a cup (or bottle).

You should be encouraged to discuss any concerns you may have about breastfeeding or bottle feeding with your healthcare professional or support worker (some common concerns are listed below). Your healthcare professional should work with you to help you feed successfully.

**Signs that your baby is getting enough milk**

You can hear your baby swallowing, there's a rhythmic sucking and occasional pauses, the baby's hands and arms are relaxed, he or she has a moist mouth and there are regular wet and dirty nappies.

**Signs that you're okay during breastfeeding**

You don't have breast or nipple pain, you feel your breast getting softer during the feed, your nipple isn't misshapen or flattened at the end of the feed and you feel relaxed and sleepy.

**Potentially Serious Health Conditions In Women**

Symptoms to watch out for	What this could mean	What should happen
Sudden or very heavy blood loss and signs of shock, including faintness, dizziness, palpitations or tachycardia (when you become aware of your heart beating very fast)	Haemorrhage	You should get emergency medical attention
If there are no signs of haemorrhage but your abdomen feels sore and tender	Haemorrhage or infection	You should get emergency medical attention
Fever (high temperature), shivering, abdominal pain or unpleasant vaginal discharge	Infection	You should get emergency medical attention
Difficulty breathing, feeling short of breath or having chest pains	Blood clot (pulmonary embolism)	You should get emergency medical attention
Pain, swelling or redness in the calf muscle of one of your legs	Blood clot (deep vein thrombosis)	You should get emergency medical attention

**Common health concerns for women who have recently given birth**

Symptoms to watch out for	What this could mean	What should happen
Not being able to pass urine within 4 hours of giving birth	Urine retention	We would advise you to take a warm bath or shower. We may recommend the use of a catheter if this doesn't work
Painful, stinging, unpleasant smelling, uncomfortable vagina and / or surrounding area (perineum)	Infection	We would offer to check your perineum for signs of infection and problems with healing. We may advise you to use cold gel pads, Paracetamol and medication to help reduced inflammation
Difficulty or inability to pass stools	Faecal incontinence	We will advise you on your diet and fluid intake. You may be offered a gentle laxative.
Leaking urine when you don't mean to	Urinary incontinence	We will give you advice on how to strengthen your pelvic floor muscles with exercises. We may refer you for more treatment if this doesn't help.