

Postnatal Information

This booklet is designed to help you in the first few weeks after you have given birth. If you have any further questions please speak to your midwife or health visitor.

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Postnatal visits by the community midwives

Congratulations on the birth of your baby.

Following your discharge from the Duchess of Kent Maternity Wing, you will have a visit by a Community Midwife the following day or receive a telephone call. Please do not go out until you have been visited or contacted. Please contact Triage on 01895 279441 if you have not had a visit.

After your first visit and assessment from the community midwife, she will plan your follow up visits with you in accordance to your medical and personal needs.

If you have any problems or concerns you can access a midwife 24 hours a day by ringing Triage on 01895 279441. This service is available until your baby is 28 days old.

If your midwife has not arranged to visit you on a particular day but you are experiencing a problem, please ring the Community Midwives office on 01895 279472 for advice or request a visit between the hours of 8am – 4pm, Monday to Friday only or Triage after this time.

Help and advice is also available from your:

General Practitioner (GP)

Health Visitor

NHS 111 - free from any telephone

Cry-sis Helpline - 0207 4045011

NCT 0870 4448707

La Leche League 0207 2421278

Useful advice in care of perineum

The perineum, the area between your vagina and back passage, often gets torn during childbirth or the doctor or midwife may need to make a cut, called an episiotomy, to help deliver the baby.

Reducing soreness and discomfort:

- Wear unrestricted, comfortable clothing
- Try and put aside some time for rest during the day
- Adopt comfortable positions for sitting or lying when feeding your baby

- Take adequate pain relief as required such as paracetamol, which can be purchased at any local chemist
- If perineal discomfort is aggravated by haemorrhoids (piles) please let your midwife know
- When you open your bowels, it may help to 'hold yourself' by supporting your stitches using a sanitary towel or a pad of toilet tissue
- Ice packs available from some chemists can help in the first 2-3 days to reduce swelling.

To help you feel better, more comfortable and to avoid infection it is important to keep your perineum clean:

- Bath/shower daily or twice daily as appropriate and wash thoroughly after using the toilet
- Please remember to dry the area carefully. It is not necessary to add salt to the bath
- Wear clean, cotton or disposable underwear for the first few days and please change regularly
- Use high absorbency maternity sanitary towels
- Use non-perfumed soaps, separate flannels/sponges and towels for the area
- Any stitches you may have will dissolve within 7-10 days. If you have any problems please consult your midwife

Should your blood loss become unusually heavy or offensive please inform your midwife or GP.

Resuming sex

When you feel happy, ready and comfortable, this could be anything from 2 weeks to 6-12 months, take things slowly and be prepared for it to be different. Whilst breastfeeding, the vagina is often drier so try using a lubricating jelly. Also remember to use birth control before resuming sex. If intercourse is very painful see your GP or health visitor for advice.

Advice on jaundice of the baby

Jaundice is a common condition in new-borns in the first few weeks of life.

Q: What is jaundice?

A: Jaundice is the yellow colour seen in the skin of many new-borns. It happens when a chemical called bilirubin builds up in the baby's blood. Jaundice can occur in babies of any race or colour.

Q: Why is jaundice common in new-borns?

A: Everyone's blood contains bilirubin, which is formed by the breakdown of haemoglobin in the blood and removed from the liver. Before birth the mother's liver does this for the baby. Most babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to develop and remove bilirubin quickly. The younger the baby's gestational age, the longer it may take for the liver to be mature enough to remove bilirubin rapidly.

Q: How can I tell if my baby is jaundiced?

A: The skin of a baby with jaundice usually appears yellow. The best way to see jaundice is in good light, such as daylight by the window. Jaundice usually appears first in the face and then moves to the chest, abdomen, arms and legs as the bilirubin level increases. The white of the eyes may also be yellow. Jaundice may be harder to see in babies with darker skin colour and so they may need blood tests to check their level of jaundice.

Q: Can jaundice hurt my baby?

A: Most infants have mild jaundice that is harmless, but in unusual situations the bilirubin level can get very high and they may require treatment to prevent complications of high bilirubin levels. This is why new-borns are checked carefully for jaundice, monitored closely by your midwife or doctor and treated if necessary to prevent high bilirubin levels developing.

Q: How should my baby be checked for jaundice?

A: We will always do a blood test for bilirubin if your baby develops jaundice within 24 hours of age. If your baby's jaundice develops after 24 hours, your baby's doctor or midwife may assess the extent of jaundice on your baby or use a blood test to check your baby's bilirubin level. Whether more tests are needed after that depends on the baby's age, the amount of jaundice, the baby's progress with feeding and whether the baby has other factors that make jaundice more likely or harder to see.

Q: Does breastfeeding affect jaundice?

A: Breastmilk is the ideal food for your baby but we have observed that babies who do not feed very well tend to have higher levels of jaundice than those who do. If you are breastfeeding you should breastfeed your baby every 2-3 hours a day for the first few days. This will help you to produce enough milk and will help to keep the baby's bilirubin level down. A baby who is feeding well will have about **4-6 very wet nappies every day**. If you are having trouble breastfeeding ask your doctor or midwife or a lactation specialist for help. It is important you get breastfeeding right as it prevents your baby getting dehydrated and jaundiced.

Q: When should my baby get checked after leaving the hospital?

A: Your baby will be seen at home by a community midwife within 48 hours after discharge or earlier if concern exists. Your wellbeing and the baby's health will be checked by the midwife and if necessary a blood test may be taken from the baby to assess the level of jaundice. The timing of this visit may vary depending on your baby's age, when released from the hospital and other factors.

Q: Which babies require more attention for jaundice?

A: Some babies have a greater risk for high levels of bilirubin and may have their discharge delayed or monitored much more closely at home. These may include some of these situations:

- A high bilirubin level before leaving the hospital
- Early birth (born before 38 weeks)
- Low birth weight
- Jaundice in the first 24 hours after birth
- Breastfeeding that is not going well
- A lot of bruising or bleeding under the scar related to labour and delivery
- A parent or sibling who had a high bilirubin and received phototherapy.

Q: When should I call my baby's doctor or midwife?

A: Call your midwife if:

- Your baby's skin turns more yellow
- Your baby's abdomen, arms, or legs are yellow
- The whites of your baby's eyes are yellow
- Your baby has lost weight in the first 4 days of life
- If your baby's stools are pale or white instead of yellow/brown or black
- Your baby is hard to wake, fussy or not nursing.

Q: How is high bilirubin levels treated?

A: Most jaundice requires no treatment. When treatment is necessary, placing your baby under special lights while he or she is completely undressed will lower the bilirubin level. This is done at the hospital.

Depending on the level of jaundice and the assessment of your baby, your baby may need other treatments in addition to the phototherapy to bring the jaundice levels down. Other treatments that may be necessary are intravenous fluids, exchange blood transfusion or intravenous gamma immunoglobulin.

Every effort will be made to encourage you to feed your baby with breast milk or formula feeds. Some tests may be necessary so we can find out if certain conditions in your baby led to high levels of bilirubin.

Exposing your child to sunlight in an attempt to reduce the bilirubin levels is not recommended. Sunlight might help lower the bilirubin level, but this will only work if the baby is completely undressed. This cannot be done safely inside your home because your baby will get cold, and new-borns should never be put in direct sunlight outside because they might get sunburned.

Q: When does jaundice go away?

A: Jaundice should have disappeared by 2 weeks of age in most new-borns. Persistence of jaundice after 2 weeks could be because of other abnormalities.

A midwife or doctor will refer you to a paediatrician if jaundice persists after 3 weeks.

Q: Who can I ask for more advice?

If you have continuing anxieties about your baby, you can contact either the midwives or the hospital paediatricians on the numbers below and someone will be able to help you:

Community Midwives Office:	01895 279472
Alexandra Ward:	01895 279459
Katherine Ward:	01895 279462
Neonatal Unit:	01895 279447

Registering the birth

The birth of your child should be registered within six weeks (42 days) from the date of birth.

This should normally be done, personally, by one of the parents of the child. If the mother and father of the child are not married to each other, both mother and father must attend together if the father's name and details are to be recorded in the child's birth entry.

A birth must be registered in the district in which it occurs.

REGISTRATION OF BIRTHS FOR HILLINGDON HOSPITAL:

The Register Office
Civic Centre
High Street
Uxbridge
Middlesex
UB8 1UW

Registration is BY APPOINTMENT ONLY.

To book your appointment telephone 01895 250418

If it is inconvenient to attend this office you may give a declaration of the birth to a Registrar in another district. The details will be forwarded to this office and the birth certificate and NHS document will then be sent to you by post.

Following the registration you will be given a short certified copy of the entry in the register. You can also purchase additional copies of the birth certificate, including a copy of the full entry. This can be provided at registration or at a later date.

Please bring the baby's red book.

Postnatal check for mums

Approximately six weeks after the birth of your baby you will need to see your GP for a postnatal check. You might find it useful to make a list of all your concerns or questions prior to this appointment.

Your GP may discuss or you may wish to talk about the following:

- Your past medical history
- How your baby was delivered
- Any problems you had during the pregnancy and birth
- When your last smear test was carried out
- How you are coping physically and emotionally, if you have adequate support
- If you have any bleeding or discomfort
- If you have any urine or bowel problems (eg incontinence or piles)
- How you are feeding your baby (breast, bottle or combination)
- Current/future plans for contraception.

An examination may include:

- Blood pressure, weight and urine testing
- Abdomen
- If you have had a tear, episiotomy or caesarean section he/she may want to examine the wound
 - If you have discussed any other concerns, he/she may wish to examine you for these (eg pelvic pain)

If your GP does not examine you, and you have specific concerns, please ask why

Where there are no concerns an external examination is not usually necessary.

Follow up:

- If you or your GP are concerned about something, you may be given a follow up appointment, or a referral to a specialist
- You may be advised to have a blood test (eg to check for anaemia)
- You may be asked to attend for a smear test if one is due.

If during this consultation you do not understand something, please make a point of asking. It is important for both you and your GP that you are satisfied before you leave the surgery.

Who should I contact if I have a problem or question?

You can contact the Community Midwives' office for advice by calling **01895 279472** between the hours of 8am – 4pm, Monday to Friday.

What should I do in case of an emergency?

Contact Triage if you have any problems or concerns. You can access a midwife 24 hours a day by calling **01895 279441**.

Languages/ Alternative Formats

Please ask if you require this information in other languages, large print or audio format. Please contact: 01895 279973

Fadlan waydii haddii aad warbixintan ku rabto luqad ama hab kale. Fadlan la xidhiidh 01895 279 973

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਜਾਂ ਰੂਪ ਵਿੱਚ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਪਤਾ ਕਰਨ ਲਈ 01895 279973 ਤੇ ਸੰਪਰਕ ਕਰੋ

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Jeżeli chciałbyś uzyskać te informacje w innym języku, w dużej czcionce lub w formacie audio, poproś pracownika oddziału o kontakt z biurem informacji pacjenta (patient information) pod numerem telefonu: 01895 279973.

如果你需要這些資料的其他語言版本、大字体、或音頻格式，請致電01895 279 973 查詢。

إذا كنت تود الحصول على هذه المعلومات بلغة أخرى، بالأحرف الكبيرة أو بشكل شريط صوتي، يرجى الاتصال بالرقم التالي 01895279973 .