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Your Pregnancy Care

at Ashford and St. Peter's Hospital whilst in HMP Bronzefield

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First trimester patient information (1-12 weeks)

First trimester patient information (1-12 weeks)

Pregnancy Symptoms

When you're pregnant, you might feel tired, sick, have headaches, or feel constipated. You may also get aches and pains in your body. Sometimes, your mood can change too. If you feel worried about any symptoms, talk to your midwife or doctor.

Feeling Sick (Nausea)

It's normal to feel sick at any time of the day in early pregnancy, and it can sometimes last into the second part of your pregnancy. To help, eat small meals throughout the day and drink plenty of water.

Severe Sickness (Hyperemesis)

Hyperemesis is when you feel really sick for a long time. If you can't keep food or drinks down for more than 24 hours, you should talk to your midwife or doctor.

Signs of severe sickness (Hyperemesis):

- Feeling dizzy or light-headed
- Not needing to pee as often
- Feeling very thirsty
- Dark or smelly pee
- Losing weight

Vaginal Bleeding or Stomach Pain

If you bleed (fresh red blood) or have pain in your tummy before 12 weeks of pregnancy, you need to go to the **early pregnancy unit**. You can either speak to a nurse or go to the hospital (A&E).

Care During Pregnancy

Pregnancies in prison are all treated as "high risk," no matter what your health or past pregnancies were like. This means you'll see a midwife every week and a special doctor (called an obstetrician) every 4 to 6 weeks. These appointments will happen at HMP Bronzefield. You'll also have extra scans to check on your baby. These are in addition to your normal scans at 12 weeks and 20-21 weeks. You'll have scans at 26, 32, and 37 weeks to check your baby is growing well. These scans will happen at St. Peter's Hospital. Because of prison rules, you won't know in advance when your scan will be.

Eating and Drinking Healthily

It's important to eat lots of different healthy foods and drink plenty of water. This will help your baby grow strong and healthy.

Caffeine

You don't need to stop drinking caffeine completely, but try to have no more than 200mg of caffeine a day. Here are some examples of how much caffeine is in different drinks and foods:

- One mug of instant coffee: 100mg
- One mug of filter coffee: 140mg
- One mug of tea: 75mg
- One can of cola: 40mg
- One can of energy drink: 80mg

- One 50g bar of plain (dark) chocolate: less than 25mg
- One 50g bar of milk chocolate: less than 10mg

Aspirin

Sometimes, you might need to take a small amount of aspirin during pregnancy if you have a higher risk of problems such as preeclampsia or having a baby that isn't growing well. Taking aspirin can help the blood flow to the placenta (the part of your body that gives your baby food and oxygen), and it can lower the chance of preeclampsia.

Folic Acid

Folic acid is very important in the first 12 weeks of pregnancy. It can help reduce the chance of your baby having problems like spina bifida. You should take folic acid when you plan to get pregnant or as soon as you find out you're pregnant. The usual amount is 400mcg every day.

Vitamin D

Vitamin D is recommended for everyone who is pregnant or breastfeeding. It helps make your bones stronger. The recommended amount is 10mcg every day, or 25mcg if you weigh more than normal (your BMI is over 30).

Alcohol

We don't know what a safe amount of alcohol is during pregnancy, so it's best not to drink any alcohol while you're pregnant. Drinking too much alcohol can cause a miscarriage or problems with the baby's development, like 'fetal alcohol syndrome,' which causes serious health issues.

Foods to avoid

Some sorts of cheese	Soft cheeses with white rinds, soft blue cheese, non-pasteurised cheese
Liver and liver products	
Pâté	All types of pâté, including vegetable pâtés
Raw or undercooked meat	Make sure it is not pink and there is no trace of blood
Cold cured meat	Salami, parma ham, chorizo and peperoni are not cooked, they are just cured and fermented
Unpasteurised milk or dairy products	
Game meat (eg rabbit, pheasant)	Wild animals are usually shot with lead
Raw shellfish and some types of fish	Avoid shark and swordfish
Limit intake of oily fish	No more than 2 portions per week of oily fish (eg mackerel or salmon). Limit your intake of tuna to 2 steaks or 4 medium size cans a week

Drugs

Using non-prescription drugs or illegal substances while pregnant can hurt you and your baby. If you need help or advice, talk to your midwife as soon as you can. At HMP Bronzefield, there's a recovery support service called Forward Trust.

Methadone

If you're taking methadone as a treatment for opioid addiction, it can help make your pregnancy safer. It doesn't increase the risk of

birth defects in your baby. Methadone can:

- Help you stay stable in your drug use and lifestyle
- Provide a safer environment for your baby, which helps your baby grow
- Make it easier to take part in pregnancy care
- Lower the risk of infections like Hepatitis B, Hepatitis C, and HIV
- Be safe while breastfeeding

If you're already taking methadone when you find out you're pregnant, you should keep using it. Abruptly stopping methadone treatment or heroin use (going "cold turkey") during pregnancy is not recommended because it increases the risk of miscarriage, premature labour, stillbirth, and a return to heroin or opioid use.

Smoking

At your first appointment, you'll be asked to take a test to check for carbon monoxide in your breath. Smoking is harmful because cigarettes have over 4,000 chemicals that can hurt your baby. The best thing you can do for your baby is to stop smoking.

When you stop smoking, you:

- Reduce the chance of problems during pregnancy and birth.
- Have a healthier pregnancy and baby.
- Lower the risk of stillbirth
- Lower the chance of giving birth too early or having a baby who is too small because of less nutrition.
- Lower the risk of sudden infant death syndrome (SIDS or cot death).

E-Cigarettes / Vaping

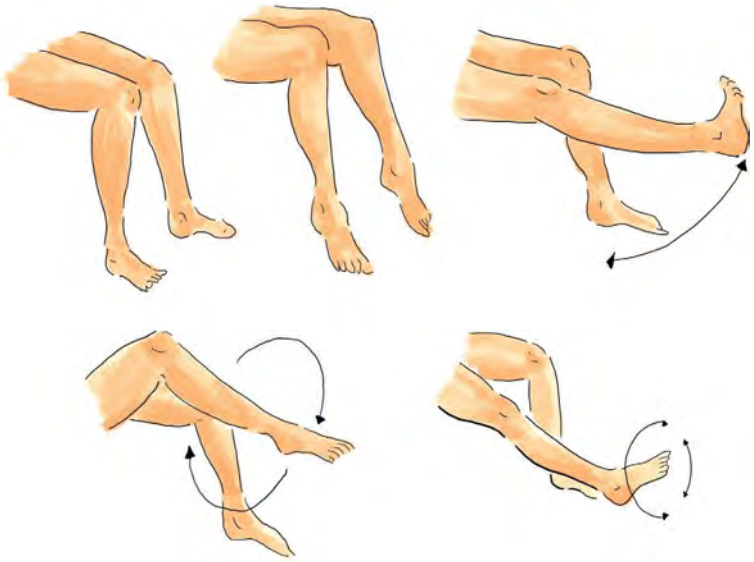
We don't know a lot about the safety of e-cigarettes during pregnancy. Even though e-cigarettes don't have tar or carbon monoxide (which are harmful in cigarettes), they still have some chemicals in the vapour, but much less than in cigarette smoke. Many experts suggest using other nicotine replacement methods, like patches or gum, which are usually safer during pregnancy. Talk to your midwife if you'd like to know more about these options.

Minor Complaints

Leg Cramps:

It's common to get leg cramps during pregnancy because your body is changing. To help with cramps, try:

- Doing ankle circles 10 times in each direction.
- Stretching your calves.
- Applying heat and massaging your calf muscles.



Movements for circulation and relaxation

Swollen Ankles and Feet:

Swelling in your ankles and feet can happen because your body is holding extra fluid. This is more noticeable at the end of the day, especially if you've been standing or if it's hot outside. Swelling like this isn't harmful to you or your baby, but it can feel uncomfortable. To help reduce swelling, you can:

- Move your feet up and down briskly for 30 seconds every hour.
- Sleep on your side with your legs slightly raised.
- Avoid standing for long periods.
- Wear support tights.

If swelling in your ankles or fingers comes with a puffy face, headaches, or flashing lights, contact maternity triage straight away.

Numb Fingers and Hands:

The extra fluid in your body can also make your fingers and hands feel numb, especially in the morning and evening. This happens because there's more pressure on your wrist. You can try:

- Wearing wrist support at night.
- Sleeping with your arm slightly raised.
- Using cool water or ice for relief.
- Doing gentle arm exercises.

Relationships

Pregnancy can sometimes be a stressful time, and it can affect how you feel about your body, money, and your relationships with others. If you're feeling anxious or worried about anything, you can talk to your midwife in confidence. They are there to help you.

Domestic Violence

One in four women experience domestic abuse at some point in their life, and it can sometimes start or get worse during pregnancy or after having a baby. Domestic abuse can take many forms, like physical, sexual, financial, or emotional abuse. If you are experiencing this, please talk to your midwife in confidence. They can help and support you and will connect you with organisations that can offer help. You will not be judged, and it's really important to ask for support as soon as you can.

Work and Benefits

In Bronzefield

If you work or study, you are allowed time off to attend any appointments during your pregnancy. You can also start maternity leave up to 11 weeks before your baby's due date. For more information, speak to the mother and baby liaison officer.

If you need help getting baby items, ask the mother and baby liaison officer, who can help you get what you need for your baby.

In the Community

If you are pregnant with your first child and receive universal credit, you might be eligible for a £500 maternity grant to help with baby items. You can apply for this from 28 weeks pregnant.

If you're more than 10 weeks pregnant or have a child under 4, you may be able to get help buying healthy food and milk through the Healthy Start scheme.

Your midwife will give you a Maternity Exemption Certificate, which means you can get free NHS prescriptions and dental treatment while you're pregnant and for 12 months after your baby is born.

Exercise

It's important to stay active while you're pregnant. Try to do exercises that you're comfortable with. You should aim to do 30 minutes of moderate exercise 3 to 4 times a week. If you're using the gym at Bronzefield, let the staff know that you're pregnant so they can give you safe exercises. If anything feels uncomfortable, stop and rest.

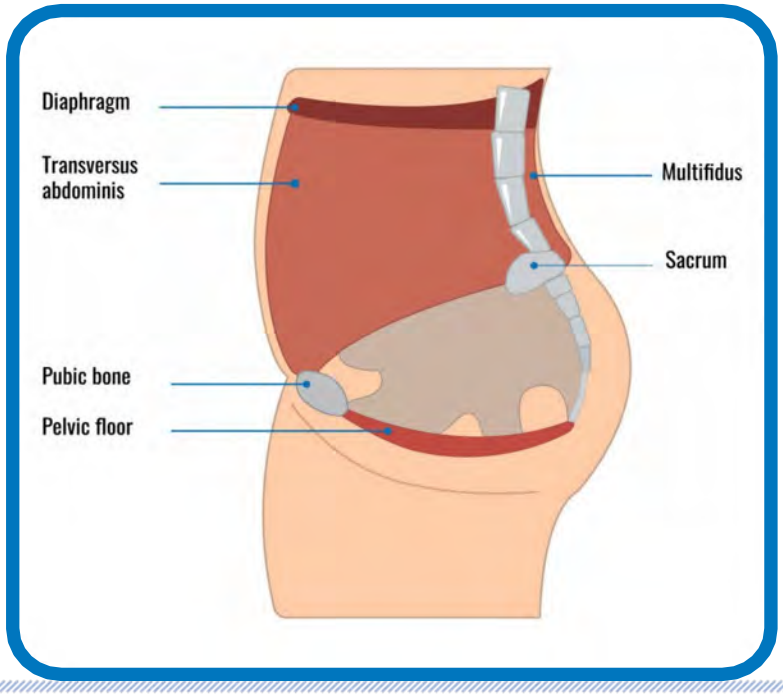
Exercise Tips:

- Drink plenty of water to stay hydrated.
- Exercise at your own pace and don't get too hot or breathless.
- Stop right away if you feel unwell.
- If you were running before pregnancy, you can continue, but you may need to slow down as your baby grows.
- Always tell gym or fitness instructors that you're pregnant so they can suggest the right exercises and help you use the machines safely.
- Avoid competitive or contact sports.

Pelvic Floor Exercises

Your pelvic floor is a group of muscles that support the bladder, womb (uterus), and bowel. These muscles can weaken during pregnancy and childbirth, which can make it harder to control your bladder and bowel.

By doing pelvic floor exercises during pregnancy and after childbirth, you can help keep these muscles strong and reduce the chance of problems. Doing these exercises can make a big difference—up to 40%. You can find more details on how to do pelvic floor exercises on page 29.



Common medicines in pregnancy

What can I take for aches and pain?

You can take **paracetamol** when you are pregnant. It helps with headaches, toothaches, muscle pain, and fever. Don't take **ibuprofen** or **diclofenac**, especially after 30 weeks of pregnancy, because they can hurt the baby.

What can I take for hayfever and allergies?

Some allergy medicines that make you sleepy, like **chlorphenamine** and **promethazine**, are safe in pregnancy. Other allergy medicines that don't make you sleepy, like **loratadine**, **cetirizine**, and **fexofenadine**, are also safe. Most eye drops are safe. You can use eye drops with **Sodium cromoglycate** for allergies. Use the smallest amount for the shortest time. Nasal sprays with **beclomethasone** or **budesonide** are safe. Try to avoid decongestant nasal sprays in pregnancy.

What can I take for constipation?

Try to eat more fruit, vegetables, and cereals, and drink lots of water (about 8 glasses a day) before using medicine. Regular exercise also helps to keep the bowels moving.
Safe medicines are:

- **Lactulose** (helps soften poo)
- **Docusate** (helps soften poo)
- Bulk laxatives with **ispaghula**, **bran**, or **methylcellulose** (help your tummy move poo better).

What can I use for haemorrhoids?

You can use creams or suppositories like **Anusol®**. The best way is to stop constipation by eating well and drinking water.

What can I take for cold and flu?

Colds are caused by viruses. Treat each symptom:

- **Cough:** Use syrup with **glycerin** and **honey**. Don't take strong cough medicines with decongestants.

- **Blocked nose:** Use steam, salty water nose drops, or sprays. Avoid decongestant nose sprays.

- **Sore throat:** Use numbing throat sweets or gargle with salt water. Drinking lemon and honey can help too.

What can I use for vaginal thrush?

Vaginal thrush is common in pregnancy. Use a cream and a medicine called **clotrimazole pessary** for 7 days. Don't take thrush medicine by mouth.

What can I take for heartburn?

Heartburn happens a lot in pregnancy. Try to eat small meals often and don't eat spicy or rich foods, chocolate, citrus fruits, or coffee. Avoid lying down straight after a meal and eating late at night.
If you need medicine, use **Gaviscon®** or **omeprazole** to help.

Second trimester patient information (13-23 weeks)

Second trimester patient information (13-23 weeks)

Complications in Pregnancy

It's important to know that some pregnancy symptoms may be a sign of problems. If you notice any of the following, please contact your midwife or maternity unit on 01932722904:

- Vaginal Bleeding:
  If you have any bleeding, you will need to go to the hospital for tests and check-ups. The healthcare team will make a plan for your care.
- Abdominal Pain
- Waters Breaking:
  If your waters break, this may feel like a sudden gush, a leak, or just a trickle of fluid.
- Reduced Fetal Movement:
  If your baby moves less than usual, see the further information later in this section.
- Bladder or Urine Infection:
- Thrush:
- Other Concerns:
  If you have any worries or notice any other changes that concern you, contact your midwife for advice.

Other Conditions During Pregnancy

High Blood Pressure

Your midwife will check your blood pressure at every appointment. If it's too high, you will be referred to the maternity unit for more tests and a care plan. If you have severe headaches or see flashing lights, this can be a sign of high blood pressure. It's important to get this checked out as soon as possible.

Thrombosis (Blood Clots)

During your pregnancy, you will be assessed for any risk of blood clots. If you notice any of these signs, seek medical help immediately:

- A swollen, red, or painful leg.
- Pain in your chest.
- Coughing up blood.

Multiple Pregnancy

If you're pregnant with twins, triplets, or more, you will be referred to our specialist twin team.

Vaccinations for Flu, Whooping Cough, and RSV

We recommend that you have the above vaccinations during your pregnancy to protect you and your baby. The flu vaccination can be given at any time of your pregnancy during the flu season. This can be arranged through your midwife or GP.

Whooping cough (pertussis) is an infection of the lungs and breathing tubes. It spreads very easily and can be serious. It's important for babies, children and anyone who's pregnant to get vaccinated against it. Whooping cough vaccination is advised at any time after 20 weeks gestation.

Respiratory syncytial virus (RSV) is a common cause of coughs and colds. RSV infections usually get better by themselves, but can sometimes be serious for babies. RSV vaccination can be given from 28 weeks gestation.

Attending Triage or the Day Assessment Unit During Your Pregnancy

The triage and day assessment unit have a system to help make sure people get the care they need as quickly as possible. When you arrive, you will be seen based on how urgent your situation is. If you need help quickly, you will be seen first.

Once you have been checked by the staff in triage or the day assessment unit, you might need to wait in a reception area to be seen by the medical team. This wait could be anywhere from one to four hours, depending on why you're there.

Parent Education

It's helpful to get ready for the birth and looking after your baby. This is especially important for people having their first baby. Parent education will give you important information about feeding your baby, active birth, pain relief in labour, afterbirth care, and how to look after your newborn.

Antenatal education can be completed with your midwife at any stage in the pregnancy. It can be done in a group or 1-1 setting depending on how you feel comfortable

Your Baby's Movements in Pregnancy

Feeling your baby move is a good way to know that they're doing well. As your pregnancy goes on, you'll get used to what's normal for your baby. If your baby is not feeling well, they might not move as much. So, if you notice any changes in how much your baby moves, it's important to contact the maternity unit to get checked. Don't wait until your next appointment.

What Are Normal Movements?

Most people start feeling their baby move between 18 and 24 weeks of pregnancy. If it's your first pregnancy, you might not feel movement until after 20 weeks. You can feel the baby move in different ways, like kicks, flutters, rolls, or swishes. Hiccups don't count as movements.

As your baby grows, the way and how often they move will change. Babies also sleep and might not move for 20 to 40 minutes at a time.

There isn't a set number of movements that's considered normal. What's most important is knowing your baby's own movement pattern. You can write down when your baby usually moves each day in a pregnancy journal so you can see their pattern. If you notice a change in how much your baby is moving, don't ignore it. If you're unsure if the pattern is normal, take action and get checked.

What should I do if I feel my baby's movements are reduced or changed?

Always seek professional help immediately. Never go to sleep ignoring a reduction in your baby's movements.

Phone Ashford and St. Peter's Hospital maternity helpline on:

01932722904 (24/7)

Group B Streptococcus (GBS)

GBS is a type of bacteria that can live in our bodies without causing harm.

If you carry GBS, most of the time your baby will be born safely and won't get an infection. However, in rare cases, GBS can cause serious infections like sepsis, pneumonia, or meningitis. The good news is that most early GBS infections can be prevented.

If GBS is found in your urine, vagina, or rectum (bowel) during your pregnancy, or if you've had a baby who was affected by GBS before, you'll be offered antibiotics during labour to reduce the risk to your baby.

The risk of your baby becoming unwell with GBS infection is increased if your baby is born preterm, if you have a temperature while you are in labour, or your waters break before you go into labour. If your baby develops signs of GBS infection, they should be treated with antibiotics straight away.

Antenatal Exercise and Advice

Caring for Your Back

Lower back pain is common during pregnancy due to changes in your body. These changes affect how your body supports your spine. Some reasons for this include:

- Hormones making parts of your body relax and soften, which reduces stability.
- The muscles in your abdomen (the 'six pack' muscles) separating to make space for the baby.
- Changes in posture, weight gain, and shifting your centre of gravity.

Getting Out of Bed

To help protect your back, roll on your side and push yourself up to a sitting position

Then stand using your leg muscles.

Third trimester patient information (24-42 weeks)

Third trimester patient information (24-42 weeks)

Complications to Look Out for in Your Third Trimester

It's important to be aware that some symptoms could be signs of serious problems during pregnancy. If you experience any of the following, contact triage right away:

- Severe headaches
- Severe stomach (abdominal) pain
- Changes or less movements from your baby
- Blurred vision
- Vaginal bleeding
- Persistent itching
- Your waters (membranes) breaking
- Sudden swelling

Obstetric Cholestasis

Obstetric cholestasis is a liver condition that can cause severe itching, especially on your hands and feet. This condition can affect the baby and may lead to stillbirth if not treated. A blood test can check if you have this condition. If you do, you may need tablets and the baby will need careful monitoring. It's often recommended to deliver the baby early, between 37 and 38 weeks.

Gestational Diabetes

Gestational diabetes is diabetes that develops during pregnancy. If you have risk factors for gestational diabetes, you will be given a glucose test (GTT) between 24 and 28 weeks. If the test shows you have gestational diabetes, the specialist diabetes team will take care of you and provide the right support and appointments.

What does the GTT involve?

1) Fast from midnight the night before your test
2) A blood test is taken. This is a **fasting** blood test which means that you will not be able to have any breakfast/ drinks before the test. (you can have water only)
3) Drink a sugary orange flavoured solution within 10 minutes (this will be provided to you by the nurse)
4) Wait 2 hours. Please don't do any activity or eat/ drink (apart from water) during this time as this can effect the result.
5) Second blood test 2hours after drinking the orange drink.

You can then eat and drink as normal after your second blood test!

Perineal Trauma

The perineum is the area between your vagina and anus. It can tear during birth, or your healthcare professional may recommend a small cut (episiotomy) to help the baby be born.

About 9 out of 10 first-time mothers have a tear, graze, or need an episiotomy. After your

baby is born, a healthcare professional will check if you have torn. If you need stitches, they will help you. Most tears heal within 6 weeks without long-term problems. However, if you have problems after a tear, like pain, trouble going to the toilet, incontinence, or mental health concerns, support is available.

Perineal massage tips

Warm bath

Sit in a warm bath before you start. This may help you to relax before the massage and loosen the muscles around your perineum.

Short nails

The tissues in your vagina and perineum are very delicate. Make sure your nails are short to prevent scratching the skin, or any discomfort to the area.

Comfortable position

You need to be relaxed during the massage, so it's important you find a comfortable position. The best place to perform this massage is in bed. Prop yourself up with pillows to support your back and bend your knees.

Lubricant

Use an approved lubricant (speak to your midwife about this).

Thumbs

Hold your thumbs in the position shown for about 1 minute. Press down towards the anus and to the sides of the vagina walls. Hold your thumbs in this position for about 1 minute. You will begin to feel a stretching sensation. Breathe deeply.

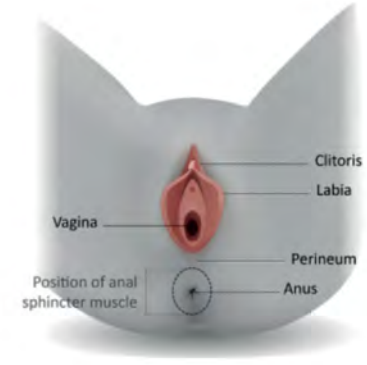
Gentle massage

Gently massage the lower half of your vagina using a U-shaped movement for 2 - 3 minutes. Repeat this 2 - 3 times.

Repeat daily or when possible

It may take a couple of weeks of daily massage before you notice more elasticity in your perineal area.

Perineal massage to reduce perineal trauma



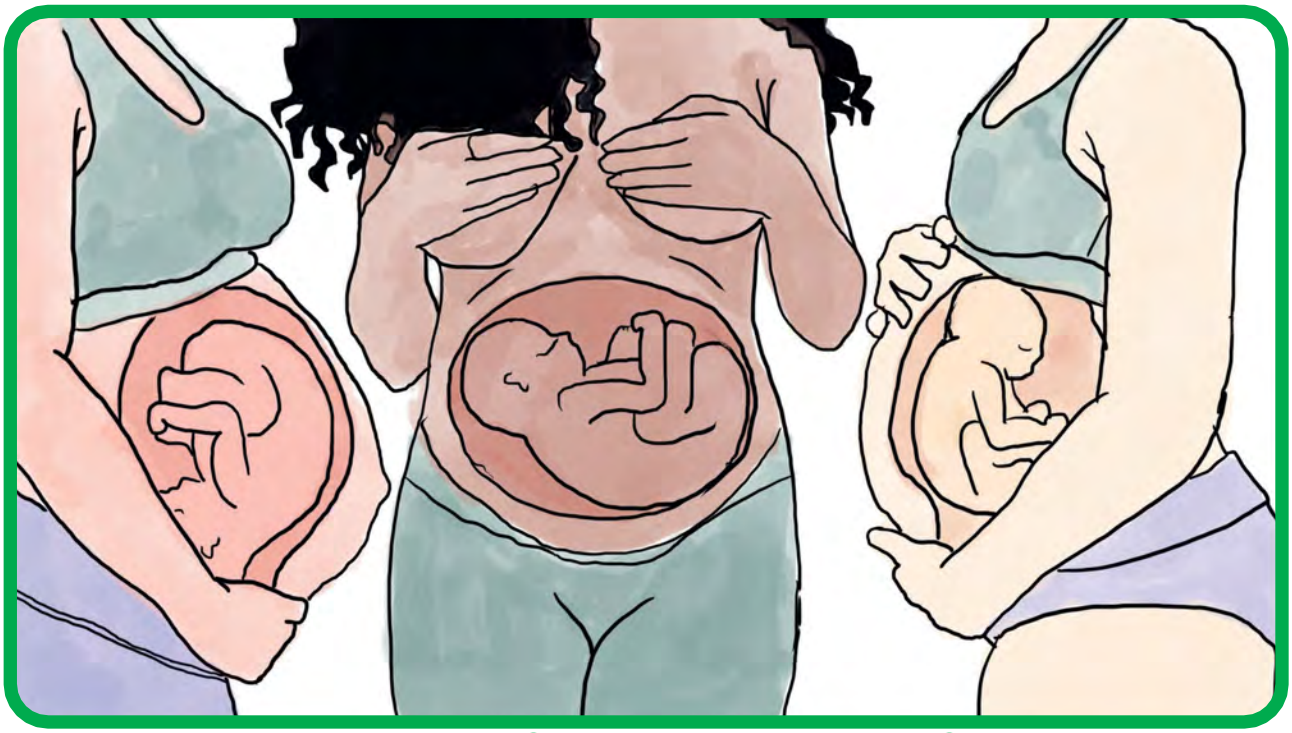
ANATOMY OF THE PERINEUM

Perineal massage has been shown to reduce the risk of tears. You may choose to try perineal massage from 35 weeks until your baby is born. This is particularly beneficial for first time mothers.

"Hands-on" birth

A kneeling or all fours birthing position may be beneficial and reduce the severity of tearing when your baby is born.

You can ask your healthcare professional to support your perineum as your baby is being born, which reduces the risk of a third or fourth degree tear (a deeper tear involving the back passage / anal sphincter muscle). This is called a 'hands on birth'.



1 Cephalic (head down)

2 Transverse

3 Breech

Your baby's position

If your baby's 'presentation' is not head first ('cephalic' / 'vertex') by 36 weeks of pregnancy, you will have an appointment to discuss this and an individual plan will be made.

What if my baby is found to be in the breech (bottom down) position in pregnancy?

Between 3 - 5% of babies will be in a breech (bottom down) position at the end of pregnancy. If you have been told your baby might be in this position you will be referred for an ultrasound scan to confirm the position of your baby.

Breech presentation is a variant of normal and does not necessarily mean there is anything wrong with your baby. **The most common reasons for your baby to be in a breech position are:**

- Babies just forget to turn.
- Family history on the mothers side, usually to do with pelvic shape in the family.
- Uterine anomalies such as a heart-shaped uterus, bicornuate uterus, fibroids, low-lying placenta etc.
- Known fetal abnormality.

If your baby is confirmed on scan to be in the breech position, you will be given the option of an ECV (External Cephalic Version) to try to turn your baby into a head down position, which has up to a 50% chance of being successful. You will also have other options discussed with you, such as a planned caesarean section. You will be able to discuss all your options with a clinician experienced in breech presentation.

Collecting colostrum in pregnancy

1. To collect your expressed breast milk, you will need a clean, sterilised syringe.
2. Make yourself comfortable and try to relax. Warmth will help, so try expressing in the shower or bath first. You can gently massage your breasts with a warm flannel.
3. Use your hand to cup one of your breasts. Your hand should be in a 'C' shape around the nipple, with four fingers under your breast and your thumb at the top. Your thumb and fingers should be about 2 to 3cm away from the areola (the darkened area of skin around your nipple).

4. Use your thumb and index finger to gently squeeze. Release the pressure and then repeat to create a rhythm. This shouldn't hurt. Avoid sliding your fingers over your skin as this may cause discomfort. If the colostrum doesn't flow, try moving your fingers slightly towards the nipple or further away, finding the spot that works best for you.
5. Collect your colostrum with the sterilised syringe. Colostrum is very concentrated and will come out of your breast drop by drop. At first, only a few drops will come out at each session, but with practise and time, the volume will increase. When the drops slow down, move your fingers round to try a different section of your breast and repeat.
6. Repeat the process on the other side.
7. When you have finished, label the syringes and put them in the freezer.

Feeding your baby

Nature provides breast milk - the perfect milk to feed your new-born, balanced to suit his / her needs.

It protects against gastro-enteritis and diarrhoea, urinary tract infections, ear infections and chest infections; it may also protect against allergies and diabetes. For the mother, breastfeeding reduces the incidence of pre-menopausal breast and ovarian cancer in later life. Colostrum is the first milk you will make and is very protective. It helps to regulate your baby's blood sugar and is easy to digest.

Almost all women can breastfeed, but it often needs practice and support to get it right. Discuss your options with your partner, family and friends. Your midwife / health visitor / support group will help you with this. Even if you didn't manage to breastfeed your previous baby, consider it again for this pregnancy. The majority of mothers succeed the second time.

If you decide not to breastfeed, your midwife can instruct you on bottle feeding and sterilisation techniques to ensure safe feeding. If you decide to formula feed, please note that Ashford and St. Peter's Hospital maternity department does not supply formula milk. Please ensure you bring your own supply of ready-made 'first milk' (not powdered).

Brain development of baby

New babies have a strong need to be close to their parents, as this helps them to feel secure and loved. When babies feel secure they release a hormone called oxytocin, which acts like a fertiliser for their growing brain. You can even begin to support your baby's brain growth during your pregnancy, by taking some time out to relax and talk to them, to stroke your bump and maybe play some music to them.

Birth choices

Your midwife will discuss your birth preferences with you at your 36 week appointment. There is further information in the 'birthing options' section in this leaflet.

What to bring to hospital

Please note: Try and keep your bags small. Space is at a premium and we can't accommodate lots of luggage. Please only bring in your baby's car seat when you are going to be discharged.

For labour

Toiletries and flannel.

Comfortable PJ's (old ones you won't mind discarding).

Hair ties / clips / pins.

Disposable knickers.

Maternity pads (plenty).

Birthing balls will be provided, should you need one.

After the birth

PJ's with buttons down the front for breastfeeding and feeding bras.

Dressing gown, socks and slippers.

Breast pads and nipple cream.

Pen and watch to record feeds.

Medication for other medical / mental health conditions.

You may have swollen feet, afterwards, so bring comfy shoes.

For baby

Baby-grows (onesies) x3.

Vests x3.

Hats (different sizes) x3.

Socks / mittens x3.

x1 pack new-born Nappies

Cotton wool and small bowl or water wipes.

Outfit for going home in plus blanket.

Muslins / burp cloths.

If formula feeding: Readymade stage 1 milk. We will provide disposable bottles and teats.

If you have any expressed breastmilk at home, leave it home until needed as it will have to be discarded if not used within 12 hours of defrosting.

Birthing options

Birthing Options

Choosing where to have your baby

Although we are unable to support a homebirth, we offer a choice of birth locations at St. Peter's Hospital: in our midwifery led Birth Centre, or in our obstetric led labour ward. The choice is up to you and what you need, but no matter where you choose, we want to make sure it feels comfortable and welcoming for you and your family. We will respect your wishes and privacy. You won't be handcuffed during your labour, and the officers who are with you will wait outside the room unless you want them to be there for support.

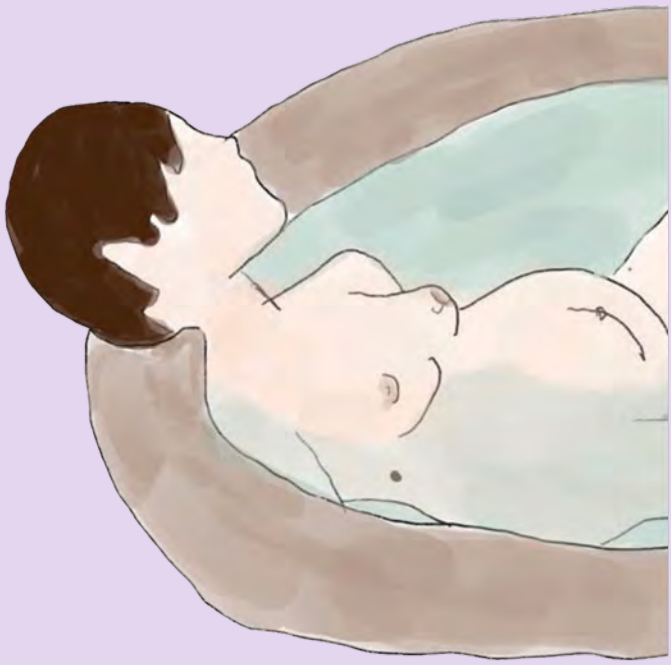
Birth Centre

At Ashford and St. Peter's Hospital, the Abbey Birth Centre is situated within the maternity department. The Birth Centre is run by midwives in a home-like environment for women with uncomplicated pregnancies. Evidence suggests that those who give birth in midwife-led units benefit from good perinatal outcomes and low rates of intervention. The evidence has also shown that midwife-led care on a Birth Centre is associated with improved outcomes for mothers and babies, for those with uncomplicated pregnancies. Women who choose to labour and birth in the Birth Centre report higher levels of satisfaction and often benefit from an earlier discharge. The Abbey Birth Centre has 4 birthing rooms including 3 with birthing pools, a kitchen and postnatal facilities. The Birth Centre is located within the main obstetric unit. Therefore, should you need a review by one of the doctors during labour, we are able to transfer you very quickly to the labour ward.

The Birth Centre has a core team of senior midwives who are passionate and committed to facilitating women's choices for a low risk birth. Your midwife may suggest different positions (biomechanic manoeuvres) which may aid and enhance your labour and birth experience. These are non-invasive and may be effective in promoting optimal positioning of your baby for birth.

Benefits of a birth centre

- More homely environment, helping you feel relaxed and less need for analgesia
- Lower rates of medical intervention such as an emergency cesarean section, instrumental birth or episiotomy
- Higher breastfeeding rates



Water immersion in labour and waterbirth are both advocated on the Birth Centre. If birth occurs in water, the baby is brought to the surface after he or she is born. Water immersion during labour has calming effects, may help optimise the position of baby in the pelvis, enables you to move freely, is seen as more private and often means that no other analgesia is required.

The greatest efforts will be made to keep your labour and birth as positive as possible. We will always try to be flexible if it is safe to do so.

Evidence shows that the length of the first stage of labour may be reduced through water immersion during labour. People who experienced a waterbirth reported that they were more satisfied with their birth experience and pain was less than they expected.

Delayed cord clamping, skin to skin and mobility in labour are all things we encourage as routine practice. This practice is supported in all birthing areas.

It is likely you will be cared for by a different midwife from the one who looked after you in the antenatal period.

In both the Birth Centre and labour ward, you are able to have up to 2 birth partners who can stay with you throughout your labour and birth. These need to be risk assessed and approved by the prison. If you should need to go to theatre for any reason during your birth, only one of your birth partners will be able to accompany you.

Obstetric led labour ward

If you choose to give birth on the labour ward, you will be looked after by midwives, but the doctors (obstetricians) will be available should you need their help. You will still have choices about the kind of care that you would like.

The advantages of giving birth in the obstetric led labour ward include:

- Having direct access to obstetricians if your labour becomes complicated.
- Having direct access to anaesthetists (doctors who can give epidurals).
- There will be neonatologists (specialists in new born care) if there are any problems with your baby.
- There is one labour room with a birth pool should it be available and it is safe for you to use it.
- Should your baby need continuous monitoring, we have wireless monitoring in each labour room to help encourage mobility during labour.

Consultant Midwife

If you would like to explore your options around labour and birth further, particularly if your wishes are not within the normal recommendations, your midwife or Consultant Obstetrician may refer you to the Consultant Midwife for further discussion and care planning to support your wishes in the safest possible way. You can speak to the Consultant Midwife if you do not feel your choices are being supported or if you have any other clinical concerns you wish to discuss.

Labour and birth - what to expect

'Braxton hicks' or **'practice contractions'** can occur in the second half of your pregnancy, but are not a sign of labour. They are a result of the womb tightening irregularly, and can last between 30 and 60 seconds. They can feel slightly uncomfortable.

Mucous plug / "show"

As your cervix begins to soften and open in preparation for birth, your mucus plug or 'show' is often released. It is a jelly like substance that has been sitting in your cervix throughout your pregnancy; it can be muscousy streaked with blood. It will often sit on top of a sanitary pad or tissue rather than soak in.

Latent phase (early labour)

This is the start of labour, from when the neck of the womb (cervix) is closed, until it is open (dilated to 4cm), with regular contractions.

Typically:

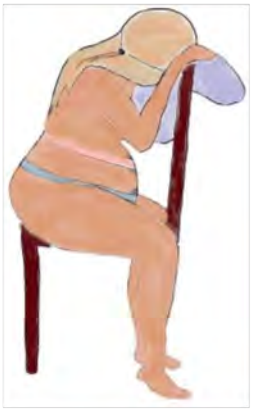
- Contractions can last 30 to 60 seconds.
- Vary in length, strength and frequency every 3 to 20 minutes.
- May be experienced as backache or lower abdominal period type pain.
- Can last up to 24 hours, possibly more.
- You may experience loose stools during the early phase of labour.
- Passing of a clear, pink or lightly blood stained, mucousy show.

Please call maternity triage and alert one of the officers if you think you are going into labour.

Coping in early labour

Certain activities will encourage your baby to adopt the best position for birth, and help you feel more comfortable:

- Sitting on a birthing ball and leaning forward during a contraction.
- Sitting the wrong way round and leaning forward over the back of the chair.
- Moving around on all fours can be really helpful for relieving backache.
- Lying on your side with pillows or cushion between your legs.
- Rocking your hips from side to side



Waters 'breaking'

You may experience a "popping" sensation. The water should be clear / straw like in colour. There should be no smell. It may be a small trickle or a big gush. Either way, it will keep coming until your baby is born. If you think your waters have broken call maternity triage, even if you are not contracting.

Established labour

Contractions will increase in intensity, length and regularity (around 3 - 4 in every 10 minutes, lasting around 50 - 60 secs).

The cervix opens from 4cm to 10cm.

The waters might have broken but they may not break at all.

Two birth partners are able to accompany you in the birth room.

Coping in labour:

Low lights and relaxation	Keep lighting dim and relaxed to help those hormones flow. Oxytocin flourishes in warm, dark and relaxed atmospheres.
Breathing Techniques	Breathe in slowly through your nose to fill your lungs, hold it for 1 - 2 seconds, then breathe out through your mouth. Relax your jaw and shoulders down.
Positive Affirmations	This may not be for everyone, but it is important to re-mind yourself that you can do it, that the end goal is meeting your baby and it is worth it.
Keeping Mobile	Take gentle walks or sit on a birth ball. Moving around will help ease discomfort and progress your labour.
Analgesia	Further information will be provided on the pros and cons of each option. You can discuss what options are available to you at the time with your midwife.
Eat and Drink	This will keep you hydrated and maintain energy levels.
Rest	Resting will help you to relax and maintain energy. If you are not comfortable laying down, try leaning over a pillow or birthing ball.
Water	Place a hot water bottle or warm compress on your lower back to help with any back discomfort you may experience and ease cramping sensations.
Massage	Slow circular massage at the base of your spine or gentle strokes across your back can be incredibly relaxing.
Bladder Care	Try to empty your bladder regularly, at least four hourly, as this will allow baby to move further down into your pelvis.

Third stage of labour

The third stage of labour is when the placenta is delivered after your baby is born. To manage this stage, healthcare providers can use two approaches. In **active management**, you will be given a medication to help your uterus contract and deliver the placenta. The midwife may also gently pull on the umbilical cord to help with delivery. This helps reduce the risk of heavy bleeding and helps your body recover more quickly. In **physiological management**, no medication is used, and the placenta is allowed to be delivered naturally. This may be an option in low-risk pregnancies. You can decide with your midwife at the time which option is more suitable.

Vitamin K

Everybody needs Vitamin K to help their blood to clot. Babies are naturally born with low levels of Vitamin K, which is normal. However, very rarely this can lead to Vitamin K Deficiency bleeding (VKDB). To reduce this chance of bleeding, the Department of Health recommends that all newborn babies are given vitamin K at birth.

There are two methods to give your baby Vitamin K:

1. By injection - one dose is given at birth. This is the method recommended by the Department of Health.
2. By mouth - two doses need to be given in the first week of life, one at birth and one on day 7. Babies that are exclusively breastfeeding will need a third dose at 28 days of life.

Birth reflections and birth support

Birth Reflections

This service is available to anybody who has given birth at Ashford & St. Peter's Hospital and their partner. The service provides you with the opportunity to talk about your birth experience, to share your feelings and reflect on your birth, discussing the whole experience in an atmosphere of trust and safety, helping to clarify events. Although you are encouraged to talk through their experiences while you are still in hospital, many people find they need to have time at home adjusting to family life before being able to reflect upon their experience. A birth reflection experience can help considerably to obtain a greater understanding of events surrounding the birth, why possible intervention was necessary, and the possible implications for future births.

Birth Support

Some individuals may benefit from additional emotional support in their pregnancy. Some examples might include deciding on the way they would like to give birth, anxiety from previous pregnancy loss, fear of pregnancy / childbirth, previous traumatic birth experience.

MOTHER

Postnatal information

MOTHER
Postnatal information

Timescale	Birth partner	Mum	Baby
	Meet baby	Meet baby	Meet parents
Birth to postnatal ward **(0-4 hours)**	Encourage mum Perhaps announce baby's sex Perhaps cut cord Help mum and baby to be comfortable, warm and to feed Skin to skin at some point with baby Perhaps a few photos of baby Drink and eat	Skin to skin with baby Delivery of placenta 1st feed Rest Perhaps be stitched Drink and eat Shower Pass urine	Be dried with warm towel Skin to skin with mum if possible then birth partner First feed Brief all over check Temperature Weight Vitamin K Be dressed warmly ID labels
	Enjoy time with baby	Enjoy time with baby	Enjoy time with parents
Ward until discharge home **(4hrs-a few days)**	Ensure you have ward phone number + name Bring in extra snacks for mum Help with care of baby Deal with phone calls + visitors	Rest Eat and drink Pass urine Feed baby - build confidence Midwife checks	Rest Feed Nappy checks for urine and stools Full newborn examination check Hearing screen

Discharge Planning Meeting

A discharge planning meeting will be required before you leave the hospital. This will involve the professionals providing care to you (e.g. MBU staff, maternity, perinatal mental health, primary health). It is an opportunity to provide an update of the birth, how you and baby are doing, and ensure a safe transition from the hospital.

Looking after yourself

Pain

It is not unusual to have some pain following birth. This can be as a result of the type of birth you have had. It can vary from minor discomfort which is eased by bathing and paracetamol, to post-operative pain requiring prescribed pain relief by your GP.

If you develop any type of pain, always tell your midwife and she will advise you on what to do to ease the pain.

Blood loss (lochia)

Vaginal bleeding following delivery is normal. Your midwife will measure this and record it as estimated blood loss on your notes. Vaginal discharge after childbirth is called lochia - a mix of blood and other products from inside the uterus. At first it is bright red, then becomes pinkish brown, turning to cream. It can be quite heavy at first, requiring several changes of sanitary pads a day. After the first week it slows down, but you may find it lasts three or four weeks before finally disappearing. If you start to lose fresh red blood or clots, have abdominal pain or notice an offensive smell, inform your midwife or GP. However, some fresh red blood loss is normal after a breastfeed.

Uterus (womb)

After the birth, your uterus should gradually return to its non-pregnant size. This can take about 10 days. By gently feeling your abdomen your midwife can check this recovery process. Sometimes it may take longer, which in most cases is normal. Occasionally this may be a sign of retained blood or fragments of the placenta or membranes. Often this problem resolves spontaneously, however if you have any heavy bleeding, abdominal pain or high temperature then referral to your GP for antibiotics or further treatment may be required.

Breasts

All new mothers produce milk in their breasts whether they are breastfeeding or not. After two to three days the breasts may become full and tender but this generally resolves itself. You should seek help and contact your GP or midwife if at any time you notice:

- a tender, palpable lump.
- redness of the skin over a lump or area of the breast.
- you develop flu-like symptoms.

In the meantime if breastfeeding, it is important to “move the milk.” Keep feeding your baby and express your milk to drain the breast as much as possible after the feed; gentle massage of the affected area during the feed and whilst expressing can help. If your nipples or breasts are sore you need to seek advice on correct positioning and attachment of baby whilst you are breastfeeding.

Sleep

It is important to catch up on sleep or rest when you can as your body is still recovering from the birth. Try to have a sleep or rest at least once a day.

Bladder (passing urine)

Soreness after the birth can make passing urine painful initially, but it should resolve quickly. Drinking plenty of fluids to keep the urine diluted helps. For the first few days following birth you may not realise that your bladder needs emptying. It is therefore important when you're awake to pass urine approximately every 2 - 4 hours for the first 10 days. If after this time you are finding that you are leaking urine more than once a day, see your midwife or GP for specialist referral once other underlying causes such as infection have been excluded. You can help yourself to improve your bladder control by doing your pelvic floor exercises (explained later in this section).

Bowels (passing faeces/motions)

Constipation is very common after childbirth. This can be made worse by avoiding opening your bowels for fear of pushing, particularly if you have had stitches, or haemorrhoids (piles). Piles can be treated using good hygiene, preparatory creams and stool softeners. Pain relief medication can help. You can help prevent constipation by eating a high fibre diet including fresh fruit and vegetables and drinking plenty of fluids.

Occasionally some people have difficulty getting to the toilet in time and may have an accident. This is not normal and you can get help. Please ask yourself the following to gauge if what you are experiencing is normal:

- On average, how many times do you open your bowels in 24hrs? If this is more than 4 times in 24hrs, discuss with your midwife or GP.
- Do you have to rush to the toilet when you need to open your bowels? If most of the time, please speak to your midwife or GP.

It is likely that if you are suffering from the above you will need to be referred to see a physiotherapist. In most instances, following their care plan will help resolve the problem.

Perineum (area between vagina and anus)

It is normal for your perineum (the area between your vagina and your anus) to be sore and uncomfortable in the days following your baby's birth. If you need pain relief, you can take two 500mg paracetamol tablets every 4 to 6 hours, up to a maximum of 8 tablets in 24 hours. If you require further pain relief, Ibuprofen can be taken in conjunction with Paracetamol, up to 400mg every 8hrs. If you are taking any other medication, please check that it is safe to take with paracetamol and ibuprofen.

It is important to keep your perineum clean, as it is a common area for infection. Daily showers are very important and you should change your sanitary pads at least every 2 to 3 hours, washing your hands before and after doing so. If you have had stitches, these should dissolve over two weeks as your perineum heals. It is not unusual for a small amount of gaping where

the stitches are. This will heal over time. However, if there is any offensive smell, redness, swelling or the area is getting more painful, this may be a sign of infection and needs to be checked by your midwife or GP as soon as possible.

Ensuring a good diet and fluid intake will help relieve constipation, which may be adding to the discomfort. Cold pads can also help to relieve some discomfort. Pelvic floor exercises should be undertaken following delivery unless you have been advised against this. Tampons should not be used until at least 6 weeks after birth to reduce the risk of infection.

Care of the pelvic floor and perineum

The pelvic floor is layers of muscle stretching from the pubic bone at the front of the pelvis to the bottom of the backbone, like a hammock. They help hold the bladder, uterus and bowel in place and close the outlets of the bladder and back passage preventing leakage of urine and faeces. Weaknesses in the muscles caused by pregnancy and childbirth reduce their ability to give support, potentially leading to such leakages, regardless of how your baby was born. Exercising the pelvic floor both ante and postnatally can lower these risks by up to 40%. Toning these muscles in the short term can also reduce swelling and soreness.

Begin pelvic floor exercises as soon as you can in pregnancy and continue to do so as soon as possible after delivery regardless of the type of delivery you have. Note: if you have a catheter, wait until this is out and you are passing urine normally before recommencing your pelvic floor exercises.

Checking the strength of these muscles

By 12 weeks after the birth of your baby, these muscles should be returning to normal. At this stage, try this test:

1. Stand with feet apart (about 2 hours after passing urine so there is something in your bladder).
2. Jump up and down on the spot.
3. Progress to doing the same exercise with a full bladder and with feet further apart. You should be dry.

If you find you are damp or leak urine on coughing/ running etc, continue with pelvic floor exercises and discuss with your GP, who can refer you for physiotherapy assessment and treatment.

Short squeezes for strength (helps your muscles react when you cough, sneeze or laugh):

1. Get comfortable - sit or lie with your knees slightly apart.
2. ‘Squeeze and lift’ as if trying to stop yourself from passing wind as well as stopping the flow of urine.
3. Hold for no more than one or two seconds, rest for one or two seconds, then repeat. Try not to hold your breath, pull your stomach muscles excessively, squeeze your legs together or tighten your buttocks.
4. Do these three to five times per day as part of your daily routine, perhaps when you use the toilet or feed your baby.

Long squeezes for stamina:

1. Repeat as per short squeezes; however, hold the squeeze for four seconds with a break of three seconds between each one.
2. As these exercises become easier, hold each squeeze for longer, up to around 10 seconds.

Remember, quality is better than quantity, so begin with as many as you can hold strongly and then aim to increase repetitions up to around 10 of both short and long squeezes. If you have any problems with your bladder, it is important to discuss these with your midwife or GP.

Important symptoms

Legs (thrombosis)

All individuals are at an increased risk of developing blood clots (thrombosis) during pregnancy and in the first weeks after the birth. This risk is increased if you are over 35 years of age, overweight, a smoker or have a family history of thrombosis. It is important for you to do regular ankle exercises. If you have had a caesarean, you are encouraged to wear special stockings for up to 6 weeks, or until you are as mobile as you were prior to surgery.

If you have any of the following symptoms: pain, redness, heat or swelling in your legs, you are advised to report it straight away to the hospital, your midwife or GP. These can be signs of DVT (deep vein thrombosis).

If you have pain in your chest, or sometimes in the back or shoulders, with shortness of breath or coughing up blood, this may be a sign of pulmonary embolism (blood clot in the lung) and you should **inform your GP or midwife immediately,** as this is a very serious condition.

Abnormal vaginal bleeding

Varying amounts of blood loss during and after birth affect people in different ways. If you begin to develop symptoms including palpitations, dizziness, a rapid pulse, weakness, sweating and restlessness following or during a heavy blood loss, you should contact your midwife or GP immediately.

Infection

The midwife will check your temperature, pulse and breathing rate as required, depending on the type of birth you have had. A high temperature, rapid pulse and increased breathing rate may be a sign of infection. Signs of infection to look out for following childbirth are: fever and chills; lower abdominal pain and tenderness; offensive, foul-smelling vaginal discharge; and a tender uterus. If you develop any of these tell your midwife or GP.

Headache with neck stiffness, fever and visual disturbances

Many people may suffer from tension headaches and / or migraines after birth. These usually resolve with mild pain relief (e.g. paracetamol) and rest.

Relaxation exercises may also help to get rid of tension. If however you have a sudden onset severe headache with neck stiffness and a high temperature, you should contact your midwife or GP straight away.

If the severe headache occurs within 3 days of the birth and is accompanied with heartburn-type pain, blurred vision and flashing lights, nausea or vomiting, it may indicate a sudden rise in blood pressure - a sign of pregnancy induced hypertension or pre-eclampsia. This is very rare, however if any of these symptoms occur, you need to inform your midwife or GP immediately. Your blood pressure will be checked after the birth and subsequently as required.

If you had an epidural and then develop a headache which worsens when you are upright, but is relieved when you lie down and is accompanied by nausea and vomiting and ringing in the ears, this could be symptomatic of epidural complications and should be reported to your midwife or GP.

Red, painful area on the breast

This is most common in mothers who are breastfeeding and may be due to infective or non -infective mastitis. Symptoms are a high temperature and flu- like symptoms.

Non-infective mastitis is usually caused by blocked milk ducts. It is relieved by frequent feeding and effective attachment. If the symptoms persist after a couple of feeds, there may be an infection present, especially if you have cracked nipples. Contact your GP as you may need antibiotic treatment.

Neither is a reason to stop breastfeeding, as this helps to keep the milk flowing and relieve symptoms. Your midwife will check that your baby is attached effectively, and will show you how to relieve the symptoms by massaging the breast, as well as how to hand express between feeds. Analgesia will help to relieve the symptoms and it is important to rest and drink plenty of fluids.

Breastfeeding and thrush

You can develop thrush in your breasts and is more common if you have been given antibiotics or as a result of cracked nipples. You and your baby may have no signs of infection, but if you develop marked nipple pain or shooting pains during feeding, which continues after the feed, contact your GP as you may need treatment. It is important that both you and your baby are treated.

Persistent fatigue, faintness, dizziness, tingling fingers and toes

These are all symptoms of anaemia, which is caused by too little haemoglobin (Hb) in the red blood cells. This can be treated with iron supplements and dietary advice.

Backache

This is common after childbirth and is likely to improve with mild pain relief and normal activity. Your midwife will advise you on the correct posture when handling, lifting and feeding your baby. If you experience pain radiating down one or both legs, this could be nerve root pain (sciatica).

General Information

Screening

If you did not have screening for your iron level, blood group, antibodies, Hepatitis B, Syphilis, HIV, Sickle Cell and Thalassaemia in the antenatal period, then it can be done postnatally. You will need to make an appointment to see your GP six to eight weeks after the birth. If you were due for a cervical screening test (smear test) while pregnant then this should be rescheduled for 12 weeks after birth.

Support at Home

Following your discharge from hospital, you will be seen on the houseblock or the mother and baby unit by your midwife. If you are discharged on a Friday then you may need to attend a postnatal clinic at the hospital over the weekend. The health visitor usually visits you around 10 - 14 days after the baby's birth.

Healthy eating and drinking

With a new baby it is important to eat a healthy, balanced diet containing bread, breakfast cereals, potatoes, pasta, and rice to give you energy, as well as fruit and vegetables. Lean meat, chicken, fish, eggs and pulses are good sources of protein. Dairy foods, such as milk, cheese and yoghurt contain calcium as well as protein. It is also important that you are a healthy weight for your height before you become pregnant again. If you have concerns about your weight, contact your GP.

Domestic abuse

1 in 4 women experience domestic abuse at some point in their lives and many cases start or worsen during pregnancy or after the birth. It may take the form of physical, sexual, financial control or emotional abuse. Domestic abuse risks both your health and that of your baby. You can speak in confidence to your GP, health visitor or midwife who can offer help and support, or you may prefer to contact a support agency such as the National Domestic Abuse Helpline on 0808 2000 247.

Emotional wellbeing: help and support

Baby blues

The majority of people will experience some level of ‘baby blues’ in the days following the birth of their baby, peaking at around three or four days. This is a normal response to changing hormones combined with lack of sleep and discomfort as your body recovers. This usually resolves after a few days, but it is very important during this time to rest and receive extra support with baby. Adjusting to parenthood can be draining, particularly in the first few weeks when your sleep patterns are disturbed. Getting some sleep when your baby sleeps and asking for support when you need it are very important during this time. Having plenty of skin-to-skin contact with your baby can help by changing hormone levels, raising those that evoke positive feelings.

Other types of emotional changes that can occur after childbirth

It is important that if the ‘baby blues’ do not disappear after a week or so, that you discuss this with your midwife, GP or health visitor. 10 to 15% of new mothers have some experience of postnatal depression.

If you are experiencing any of the following symptoms, please do not be afraid to discuss them with your midwife, GP or health visitor, as it is something they are used to helping with:

- Feelings of anxiety.
- Varying degrees of tearfulness and irritability.
- Loss of confidence.
- Feelings of hopelessness or despondency.
- Sleeping and eating difficulties.
- Loss of interest in yourself or your baby.
- Difficulty coping with day to day tasks.
- Feeling better in company and worse alone.
- Dissatisfaction with the quality of life.
- Feelings of loneliness and isolation.

What can be done if you develop postnatal depression?

It is a real illness and the most important part of treatment involves telling someone how you feel. Simple things like talking about your feelings, expanding your social network and obtaining support from family, friends and professionals may be all that is required.

Choices

Choices Prison Counselling is a service for all women who have experienced miscarriage, abortion, stillbirth or child bereavement or who are separated from their children. Their aim is to help you process your loss, build a stronger sense of self, feel empowered to make healthy choices and to find hope for the future. They work closely with the mental health service in HMP Bronzefield, Downview and Send.

Postnatal exercise and advice - physiotherapy advice

Keeping fit and healthy

Depending on the type of birth, you can start gentle exercise as long as you feel up to it. It is usually a good idea to wait until after your 6 week postnatal check before you begin any high impact exercise.

Below are easy exercises and advice to help you get back into shape after the birth of your baby. Start on the day your baby is born.

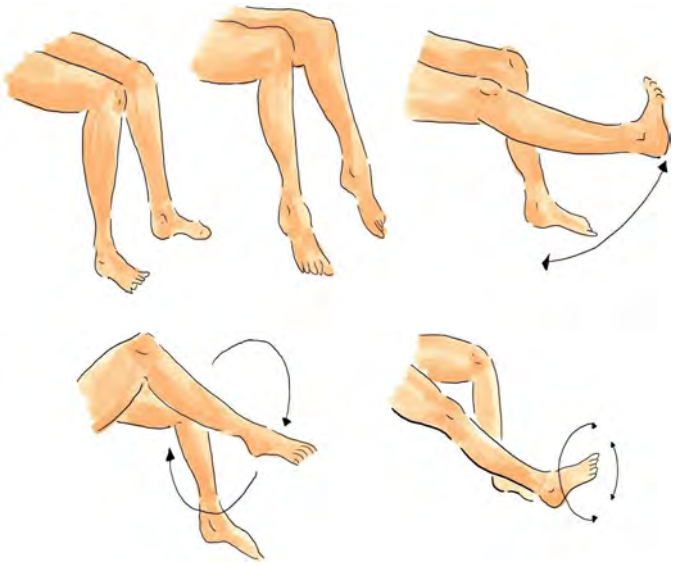
Movements for circulation and relaxation:

To help with circulation in the legs:

1. In sitting or lying position, bend and stretch your ankles upwards and downwards briskly, so that you can feel your calf muscles acting as a pump,
2. Repeat regularly until you are up and moving about as normal .

Start some deep breathing:

1. Sitting with knees bent, rest your hand on your tummy.
2. Take a slow deep breath in through the nose, feeling your chest expand and your tummy rise.
3. Sigh out through your mouth as your tummy falls.
4. Repeat 5 times



Following a caesarean section

If you need to cough, laugh or sneeze, the best position to do this in is either sitting up, or if lying, have your knees bent up.

This position may help to make you more comfortable:

Support your stitches with your hands or a pillow as shown, try a forced breath out as if fogging up a mirror - a 'huff' rather than a cough.

Getting Out of Bed

Getting out of bed will be easiest if you roll onto your side first:

1. Put your feet over the side of the bed as you push yourself up with your arms. Do the reverse to get back into bed.

2. To move up the bed, roll onto your back and push with your hands and feet.

Remember: Do not pull on the bed head or do a 'sit up'

Positions to Rest and Relax in

Following a vaginal delivery you may wish to try this position:

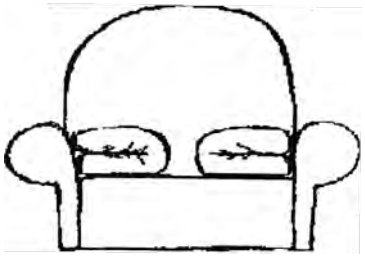
Lie on your tummy with one pillow under your upper body and one underneath your tummy.

This position is useful if you have: a painful, swollen perineum and / or stitches, haemorrhoids (piles), a painful coccyx or lower backache.

This position may be useful following a vaginal delivery or a caesarean section:

Lie on your side with one pillow under your tummy and one under your top leg.

Following a vaginal delivery, if you have a painful or swollen perineum, episiotomy, tear, or haemorrhoids (piles), try sitting on pillows as shown. Fold each pillow in half and position so that a space is left between them.



Caring for your back

Lower back pain is common during pregnancy. It is often a result of hormones causing the ligaments to soften, or increased weight gain. Though the pain may disappear after the birth, your back is still vulnerable to strain for the next 5 to 6 months because:

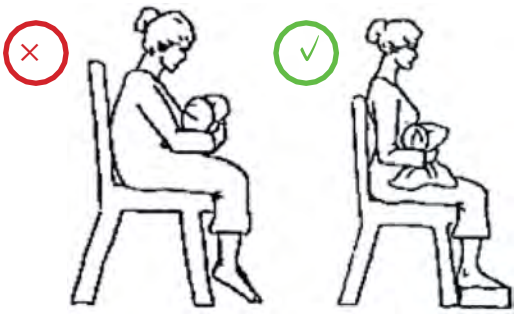
- It will take 4 - 5 months after your baby is born for your ligaments to return to their normal strong state.
- Your stomach muscles, which normally help to support the spine, are weak.
- The increased hormones in your body make your joints more flexible putting them at greater risk of damage.
- Caring for your baby will involve lifting, carrying, feeding and changing; all of which will put extra strain on your back.

Everyday activities

You should try to look after your back by making sure all the activities you carry out frequently are done in comfortable, well-supported positions. Take the time to work out the best position to adopt when feeding, changing and lifting your baby. Here are some useful tips:

Feeding:

- Sit with your bottom well back in the chair so that your back is supported. You may find a small cushion or a rolled towel in the small of the back helps you sit more upright.



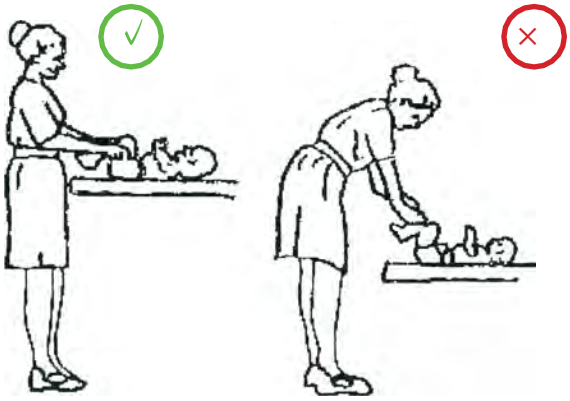
- Rest your feet flat on the floor or on a low foot stool.
- Place a pillow on your knees and use it to support your baby, keeping your shoulders relaxed.
- You may also breastfeed whilst lying on your side. Your midwife or health visitor will be able to give you advice.

Good Posture

It is very important to maintain good posture at all times, do not allow yourself to slouch.

Changing:

- Ideally find a changing surface that is waist height.



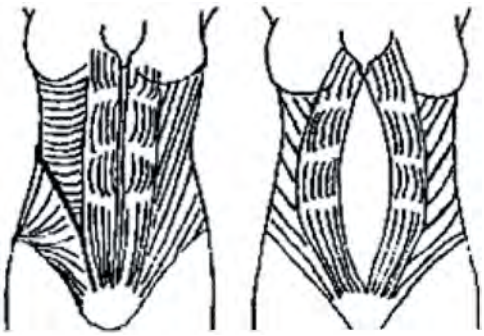
- Whether you sit, stand or kneel, remember not to stoop.

Lifting:

- Remember, whenever you are lifting, tighten your pelvic floor and deep abdominal muscles.
- Bend your knees, get close to the object you are picking up and use your strong leg muscles to stand up. This will help to protect your back and pelvic floor.
- Try and avoid heavy lifting initially. Gradually build up to more strenuous activities.

The Abdominal Muscles

The abdominal muscles are two columns of muscle, which lie either side of the navel, and are joined by a fibrous band in the mid-line. During pregnancy this gap widens to allow the baby to grow. After delivery, the gap starts to close up, but you must avoid movements which will further strain these muscles e.g. twisting or straining to get from lying by doing a sit up.

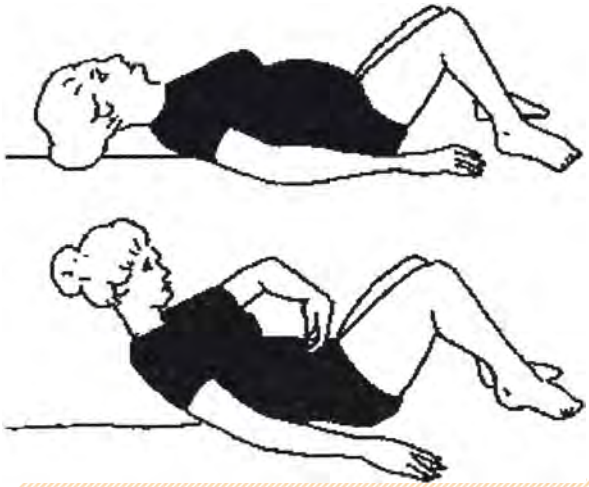


At about the 3rd day after your vaginal delivery, or the 5th day after your caesarean section, you can check for muscle separation.

Lie on your back with your knees bent. Press the fingers of one hand firmly into your tummy muscles just above your tummy button (palm facing you).

Then lift your head and shoulders slowly until your neck is about 8 inches from the horizontal. Breathe out as your head comes up. You will feel the bands of muscle on each side drawing together, pushing your fingers out of the way.

It is important not to progress to Stage 3 of the abdominal exercises until the gap is approximately 1 to 2 fingers width (described on the next page). If the gap is 4 - 5 fingers or more it might help to give abdominal support if you wear ‘big knickers’ with medium control.



Exercising your abdominal muscles

You can start to tone up your abdominal muscles as soon as you feel well enough. This may be as early as the day after the birth (even if you have had a caesarean section). Three stages of exercises are outlined below.

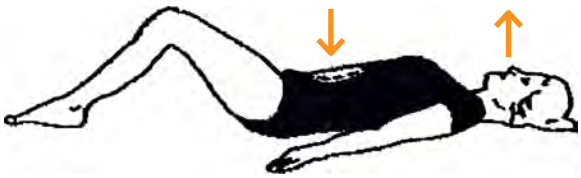
We advise that you begin by working the deep muscles described in Stage 1 as these will help to reduce the strain on your back and pelvic floor. Once you feel that they are strong enough, move on to Stage 2 to improve your outer muscles and finally to Stage 3. You would usually begin Stage 3 about 4

to 6 weeks after birth; however, this will vary from person to person. Aim to do your exercises 3 times a day.

Stage 1: The deep abdominals

This exercise works the deepest abdominal muscles which act like a corset to support your back and pelvis. It also helps flatten your stomach and draws in your waistline.

PULL IN BREATHE OUT



1. Lie comfortably on your back with your knees bent and feet flat on the bed or the floor.
2. Breathe in and let your tummy rise.
3. As you breathe out, gently draw your lower tummy towards your spine.
4. Hold for a count of 5, then let go.

Remember: Do not move your back or hold your breath.

Try different starting positions:

- Lying face down with a pillow under your stomach.
- Lying on your side.

- **How many should I do?**
- You should aim, initially, to repeat 5 times and build up gradually.
- Eventually you should try to hold for a maximum of 10 seconds and repeat 10 times.
- After six weeks you can do the exercise on all fours.

Stage 2: The pelvic tilt

Begin by performing the deep abdominal exercise.

- Whilst drawing your tummy in, gently contract your pelvic floor and tighten your buttocks, tilt your pelvis up and flatten your back into the floor or bed.
- Hold for a count of 5 then let go.

How many should I do?

Aim to build up gradually, repeating 5 to 10 times and holding for a maximum of 10 seconds.

Remember: Keep your tummy flat. Stop if you notice your tummy bulging and go back to Stage 1. Try Stage 2 in a few days.

Stage 3: The head lift

Begin by performing the pelvic tilt and contract your pelvic floor muscles.

BREATHE OUT

As you breathe out, lift your head. Do not lift your shoulders to begin with. Hold for a few seconds, then release gently and rest for a few seconds.

Once you feel confident with the head lift you can progress by:

- Holding for longer - up to a maximum of 10 seconds and keep breathing.
- Raising your head and shoulders.

Remember: The exercises should not cause you pain. Do them in a slow, controlled way and progress at a speed that suits you. Do not exercise if you feel tired or unwell.

Your progression will depend on many factors:

- The strength of your muscles before pregnancy.
- The amount of discomfort you have.
- The type of birth: after a caesarean section your progression may initially be slower.
- Avoid strenuous exercises like ‘sit-ups’ or lifting both legs up when lying on your back. These may be harmful.

General exercise

- Always start exercising gradually, and progress at a pace that suits you.
- Walking with your pram is good exercise at first. Gradually increase your walking distance and speed as you can.
- Avoid other strenuous and high impact exercises during the first 12 weeks e.g. running, tennis, weights and sit-ups.

Planning for next time

Family Planning

There are many forms of contraception, ranging from natural family planning - such as methods based on urine testing; barrier methods - male and female condoms; hormonal contraception - the pill, contraceptive injection and implants; and intra-uterine devices (coil) are also available. Permanent methods are tubal ligation for women and vasectomy for men. Breastfeeding is not a reliable contraception. All of these choices may seem confusing. You can ask the GP or sexual health doctor for more information on any method that you are interested in.

Pregnancy puts a strain on your body, so it is recommended to leave time (at least a year) between pregnancies in order for your body to recover. This is particularly important if you have had a caesarean section or if you are at higher risk of having a preterm birth, in which case a break of at least 18 months between pregnancies is recommended.

It is important to be aware that most methods of contraception do not protect you from sexually transmitted infections.

Folic acid

When you are trying to get pregnant again, you should take 400 micrograms (mcg) folic acid supplement daily, from the time you stop using contraception until the 12th week of pregnancy, to protect your baby from spinal defects. If you have diabetes or epilepsy, you or your family have a history of spinal defects, or your BMI is over 30, you will require a higher dose of 5mg. See your GP who can advise you.

BABY
Postnatal information

BABY
Postnatal information

At each postnatal assessment, your midwife will check your baby's well-being. The following observations help to build up a complete picture of your baby.

Temperature

Your midwife will check how warm your baby feels to the touch which is a good indication of how appropriate the temperature is around your baby. Your midwife can advise on the amount of clothing and bedding to use, whether in the house, car or pram etc. If there are any concerns about your baby's temperature, your midwife will take your baby's temperature using a thermometer.

Breathing

Your midwife will observe your baby's breathing. Your baby will breathe faster than adults. Their normal respiration rate is between 30 - 60 breaths / min.

Heart Rate

Your baby's heart rate is also faster than an adults'. In a newborn, a normal heart rate is between 100 and 160 beats / min.

Weight

It is expected for your baby to lose weight in the first 3 - 5 days; they should start to gain weight after this. Your baby will be weighed at birth; then if you are seen on day 3, he / she may also be weighed.

He / she will normally be weighed again on days 5 and 10.

Your health visitor will continue assessing your baby's growth as he / she gets older. Most babies double their birth weight by four to five months and treble their birth weight by one year.

Tone (muscle tone - activity and reflexes)

Your midwife will check to see that your baby can move both arms and legs. In the early days and weeks your baby will have some involuntary movements which are called reflexes.

These include:

- **The root reflex** which begins when the baby's cheek is stroked or touched. The baby will turn his / her head and open his / her mouth to follow and "root" in the direction of the stroking. This helps the baby find the breast or bottle and begin feeding. Babies are born with the ability to suck and during the first few days they learn to coordinate their sucking and breathing.
- **The startle reflex** occurs when a baby is startled by a loud sound or movement. The baby throws back its head, extends out the arms and legs, cries, then pulls the arms and legs back in. A baby's own cry can startle him / her and begin this reflex.

They can also grasp things like your finger with either their hands or feet and they will make stepping movements if they are held upright on a flat surface.

All these responses, except sucking, will be lost within a few months and your baby will begin to make controlled movements instead.

Colour

Your midwife will check your baby's skin to make sure they look healthy. Yellow skin may mean your baby has jaundice (see below).

Eyes

Your baby's eyes are observed for any signs of stickiness, redness or discharge. Cleaning of your baby's eyes is not required unless your baby develops an infection. This can occur for no apparent reason and appears as a yellow discharge in one or both eyes. If this happens, your midwife may take a swab or arrange for your GP to prescribe treatment. Your midwife will also show you how to clean the eyes properly. It is common for a newborn to have poor control of their eyes and appear cross-eyed at times, but this should decrease as the eye muscles strengthen. The eyes usually look blue-grey or brown. In general, your baby's permanent eye colour will be apparent within 6 to 12 months.

Mouth

Your baby's mouth is checked for redness, white spots or a white coating, which does not disappear between feeds. Your midwife will discuss with you if they have any concerns.

Cord

The stump of the cord will drop off between 7 - 10 days following the birth. It usually does not require any special attention, other than careful washing and drying at bath time. It is very common for the stump to bleed slightly as it separates and your midwife will advise you how to care for this. Usually all that is required is to ensure the nappy does not rub on the area. If there is any heavy bleeding, discharge, redness, or bad smell around the cord stump you should contact your midwife or health visitor.

Skin

Your baby's skin is very sensitive in the early weeks. Your midwife will check your baby's skin for any spots, rashes or dryness.

After your baby is born it may have small amounts of vernix left in the skin folds, such as under the arms. This is the white creamy substance that protects their skin whilst inside your uterus. It is not harmful to your baby and in fact will help moisturise your baby's skin. It will disappear over the next few days so there is no need to try to remove it.

Some babies have dry skin in the first few weeks after birth; this is more common if your baby was born after the due date. Avoid using baby bath liquid or soap when bathing your baby. After washing, pat dry and make sure skin creases are dry. You may wish to rub some organic cold pressed sunflower oil onto your baby's skin (avoiding their face and hands).

Urine (wee)

You should expect your baby to have the following wet nappies:

Day	No. of wet nappies
1-2	at least 1-2
3-4	at least 3
7 onwards	at least 6

You may notice a red / orange / pink residue in your baby's nappy over the first 24 - 48 hours. These are called urates and are crystals from your baby's kidneys. They should disappear after a couple of days. This will be helped by regular feeding.

Bowels (poo)

The first stools are sticky, greenish-black and are called meconium. Over the next few days, the colour of your baby's stool will change as follows:

Day	No. per 24hrs	Colour of stools
1 - 2	at least 1	meconium
3 - 4	at least 2	changing stools, greeny-brown
5 onwards	at least 2	mustard yellow, 'seedy'

If this doesn't happen, please inform your midwife, health visitor or GP.

Breastfed babies will have soft, loose yellow stools that do not smell, while a formula fed baby will have stools that are more formed, darker and smellier. All babies should pass at least two soft stools per day for the first six weeks regardless of feeding method. If you are on antibiotics after the birth and breastfeeding your baby, you may notice that they have looser stools. This is normal and not harmful to your baby.

The soft spot (fontanelle)

When born, a baby's skull is not fully fused together in order to help it pass through the birth canal. This leaves a diamond shaped patch on the top of your baby's head near the front called the fontanelle or "soft spot". It will probably be a year or more before the bones close over it. You may notice it moving as your baby breathes. You don't need to worry about touching it as there is a tough layer of membrane under the skin.

Your midwife will check that this is not sunken which can be a sign that your baby is dehydrated.

Feeding your baby

Responsive feeding

Keep your baby close to you so that you start to recognise feeding and comfort cues. Responding to these cues will make your baby feel safe.

Breastfeeding:

CHINS is a helpful acronym to remember key points for getting a good latch while breastfeeding. Here's how it works:

C - Close: Make sure your baby is close to you, with their chest pressed against yours, so they don't have to turn their head to reach your breast. Being close helps them latch more deeply and comfortably.

H - Head free: Support your baby's neck and shoulders so they can tilt their head back slightly. Allowing them to move their head freely makes it easier for them to latch on properly.

I - In line: Keep your baby's head, shoulders, and hips in a straight line. This alignment makes it more comfortable for your baby to swallow and helps them stay latched.

N - Nose to nipple: Position your baby so their nose is level with your nipple. This encourages them to open their mouth wide and reach up to latch, which helps achieve a deep and effective latch.

S - Sustainable: Ensure that both you and your baby are in a comfortable position that you can maintain for the duration of the feed. Use pillows or supports if needed, and check that your baby's latch feels gentle and doesn't cause pain.

Breastfed babies cannot be overfed so you can use breastfeeding to soothe your baby and as a way of spending time together, or having a rest whenever you both want.

Formula feeding:

When bottle feeding, it's important to prioritise cleanliness and proper preparation to keep your baby safe. Always wash your hands before preparing a bottle, and ensure all bottles and teats are thoroughly cleaned and sterilised before each use. Follow the instructions on formula packaging carefully, using the correct amount of water to avoid under- or over-diluting. When feeding, hold your baby close and in an upright position, keeping the bottle angled so the teat is filled with milk to prevent your baby from swallowing air. Discard any unused milk after an hour of feeding, as bacteria can grow quickly. By following these steps, you can help ensure bottle feeding is safe and enjoyable for your baby.

Expressing / pumping for your baby in community

Expressing breastmilk with a pump can be a way to provide milk for your baby when you're apart. To get started, choose a comfortable, quiet space where you can relax, as this can help with milk flow. Begin by placing the pump's flange over your breast, ensuring it fits well to create a gentle, effective suction. Start with a low suction setting, gradually increasing it as you become comfortable. Many people find it helpful to massage their breast gently before and during pumping to stimulate milk flow. Aim to pump for about 10-15 minutes on each side, or until the milk flow slows. Remember to store the expressed milk safely—use clean containers and ask the officers to take it to the freezer on MBU promptly to preserve its nutrients.

Skin-to-skin time

Holding your baby against your bare chest is called skin-to-skin. It helps baby feel calm, stay warm, breathe well, and helps with feeding. Skin to skin is recommended as often as possible with your baby, and can also be done by your birth partner.

Keeping baby close

New babies have a strong need to be close to their caregiver, as this helps them to feel secure and loved. When babies feel secure they release a hormone called oxytocin, which helps their brains to grow and helps them to be happy babies and more confident children and adults. Holding, smiling and talking to your baby also releases oxytocin in you, which helps you to feel calm and happy.

Common things to see in newborns

Bumps and bruises

It is quite common for a newborn baby to have some swelling and bruises on the head, and perhaps to have bloodshot eyes, particularly if you had an instrumental delivery. This is the result of the squeezing and pushing that is part of being born and will soon disappear.

Birthmarks and spots

Marks or spots that you may notice mainly on the head and face of your baby usually fade away eventually. Most common are the little pink or red marks some people call stork marks. These v-shaped marks on the forehead, upper eyelids and nape of the neck gradually fade, though it may be some months before they disappear completely. Strawberry marks are also very common. They are dark red and slightly raised, appearing a few days after the birth, sometimes getting bigger. These too will disappear eventually.

Some babies will have Blue Spots which look like bruises - often found at the base of the back, on the buttocks and lower limbs. These are more common in babies of darker skinned ethnicities and normally fade in time.

Jaundice (yellow colour)

On about two to three days after birth, some babies develop a yellow colour to their skin and whites of the eyes due to mild jaundice. It is caused by a substance known as bilirubin, which builds up in baby's blood as a result of fast breakdown of red blood cells. This is a normal process and does no harm. The jaundice usually fades within 10 days or so, but it may last for up to two weeks.

If your baby is jaundiced and very sleepy with green or pale stools, this could be a sign that the level of their jaundice is more serious. A blood test (SBR) may be recommended to determine what the level of jaundice is. If treatment is indicated this is done using phototherapy. The undressed baby is placed under a very bright light, usually with a soft mask over the eyes. This may continue for several days before the jaundice clears up. You will be advised according to your individual circumstances.

Breasts and genitals

It's normal for baby's breasts and private parts to look swollen. Baby girls may have a small bleed. This is from hormones and goes away soon.

Nappy rash

The skin on a baby's bottom is sensitive and prolonged contact with urine or stools can cause burning or reddening of the skin. Nappies should be changed frequently, either before or after feeds to prevent this.

There are many possible causes of nappy rash, for example poor hygiene and skin care, infection, sensitivity to detergents, fabric softeners or other products that have been in contact with the skin. If the skin does become sore, it is better to use warm water and cotton wool rather than wipes or lotions to clean your baby. Cream can be used, but if the rash does not improve advice should be sought from your GP.

Colic

Some babies cry a lot and are hard to comfort, especially in the evening. They might pull their knees up to their tummy or arch their back. This could be colic. If you notice this, talk to your midwife or doctor. They will check if anything else is causing the crying and help you know what to do.

Healthcare professionals who may help care for you and your baby

Midwives

Your midwife is usually the main care provider throughout the early postnatal period. They will ensure that your care is tailored to meet your individual needs and will work in partnership with you to ensure you can make informed decisions about your care. Visits are conducted either on the houseblock or on MBU with your baby. Care is provided by your midwife for up to 28 days following the birth. The frequency and location of visits will be decided between you and your midwife.

You are still able to access the 24hr maternity triage number for up to 6 weeks after the birth if you have any concerns or questions in between your midwife visits.

Health visitor

Health visitors work within the NHS. All are qualified nurses or midwives who have done additional training in family and child health, health promotion and public health development work. They work as part of a team alongside your GP and other community nurses such as practice nurses, school nurses, as well as midwives. Your health visitor will visit you on MBU, around 10 - 14 days after you have had your baby. They work with families and young children and all have special expertise in the everyday challenges of parenthood.

Family doctor / General Practitioner (GP)

GPs are responsible for medical care, so you will need to register your baby as soon as possible after the birth. Baby's are registered at a GP in community and you will accompany them to any appointments they may have. Your baby's GP will follow your baby's development closely through regular assessments in partnership with the midwife and health visitor. The immunisation programme which begins at 6 to 8 weeks, usually takes place at the surgery and your health visitor can give you more information about this.

Looking after your baby

Early development

Newborn babies can use all their senses. From birth your baby will focus on and follow your face when you are close in front of them. They will enjoy gentle touch and the sound of a soothing voice and will react to bright light and be startled by sudden, loud noises.

By two weeks of age, babies begin to recognise their parents and by 4 to 6 weeks start to smile. Interacting with your baby through talking, smiling and singing to them are all ways of helping your baby feel loved and secure.

Safe sleep

To prevent Sudden Infant Death Syndrome (SIDS), your baby should be placed on a firm, flat mattress with a waterproof cover. Baby's feet need to be touching the bottom of the cot; this is known as the 'feet to foot' position. The cot should be clear; bumpers, toys, pods and nests increase the risk of SIDS. Blankets should be tucked under your baby's armpits and use breathable blankets to avoid your baby overheating. If you smoke before or after baby is born, risks of SIDS increase. Breastfeeding can reduce the risk of SIDS.

Some parents choose to share a bed with their baby but MBU have strict rules against this for your baby's safety. You must also never sleep on a sofa or armchair with your baby, as this too increases the risks of SIDS.

Caring for your baby at night- safe sleep guidance

For the first 6 months the safest place for your baby to sleep is in a cot by the side of your bed. This means you can hear your baby and respond to their needs before they start crying or becoming distressed, and reach them easily without having to get up. It is both normal and essential for your baby to feed during the night. Babies grow quickly in the early weeks and months of their lives and have very small stomachs. Therefore they need to feed around the clock to meet their needs.

It is important to acknowledge that sometimes you may fall asleep with your baby during the night while feeding and comforting, whether you intend to or not.

Therefore it is very important to consider the following points:

- Keep your baby away from the pillows.
- Make sure your baby cannot fall out of bed or become trapped between the mattress and wall.
- Make sure the duvet cannot cover your baby's face or head.
- Don't leave your baby alone in the bed, as even very young babies can wriggle into a dangerous position.

BEWARE it is not safe to share your bed with your baby if:

- Your baby was born very small or preterm.
- When you have been drinking any alcohol or taking drugs that may cause drowsiness (legal or illegal).
- If you or anyone else sharing the bed is a smoker.

Ways to wake a sleepy baby

If there are concerns about how long your baby has slept, gently rouse your baby by providing tactile stimulation, such as changing their nappy, massaging hands and feet, rubbing their back or walking your fingers up and down his or her spine. Your baby can also be placed in skin-to-skin contact.

Kangaroo care

Similar to skin to skin, dressed only in a nappy, the baby is held against your chest between your breasts, snug inside your clothing, often for hours. Advantages include more stable breathing, heart rate and temperature; less crying; better weight gain; and increased milk supply.

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Comfort methods can sometimes soothe the baby and the crying will stop.

Babies can cry for different reasons like when they are hungry, wet/dirty or if they are unwell. Sometimes babies can cry for no particular reason.

Check these basic needs and try some simple calming techniques. Some of these will work for your baby, some may not work and some may increase the crying. Something that worked for your baby yesterday, may not work today. It can be so frustrating but it really is just about staying calm, knowing your baby, understanding this is normal and you are not a bad parent, and that this is a phase that will pass.

TRY THESE

Talk calmly to your baby. Stroke them gently. Try placing your baby face down on your lap, or hold them against you and try stroking their back rhythmically.

Hum or sing to your baby. Let them hear a repeating, constant and soothing sound. Classical music, including piano and guitar, can sometimes soothe some babies.

Hold them close – skin to skin.

Go outside with your baby and walk them in a pram or in a baby sling. The rocking motion can be very soothing for a baby. If you can't go outside try a gentle rocking motion inside. Walk around whilst gently rocking your baby.

Sucking can help relieve a baby's distress. If offering the breast is not possible, a dummy can soothe a baby and can be given from 4 weeks onward for babies where breastfeeding is established or at any time if the baby is formula fed.

Try giving them a warm bath.

When should you worry about a baby's crying?

Medical professionals will always be prepared to see your baby if you have serious concerns. You should seek professional or medical help if you notice your baby has any of the following:

- A fit (seizure or convulsion);
- A cry that doesn't sound normal, like a very high-pitched cry;
- Breathing is a struggle or noisy or unusually fast;
- Skin is greyish, mottled, blue or unusually pale;
- When you check their temperature it is high:
  - Babies UNDER 3 months: 38° C/ 100.4° F;
  - Babies BETWEEN 3 – 6 months: 39° C/ 102.2° F;
- A rash that does not fade when you press a glass against it.

More information can be found here:

https://www.rcpch.ac.uk/sites/default/files/2020-04/covid19_advice_for_parents_when_child_unwell_or_injured_poster.pdf

Not all of these will work all of the time but remember, that's OK.

Stay calm, this phase will pass.

Safety with a newborn baby

Taking your baby out safely

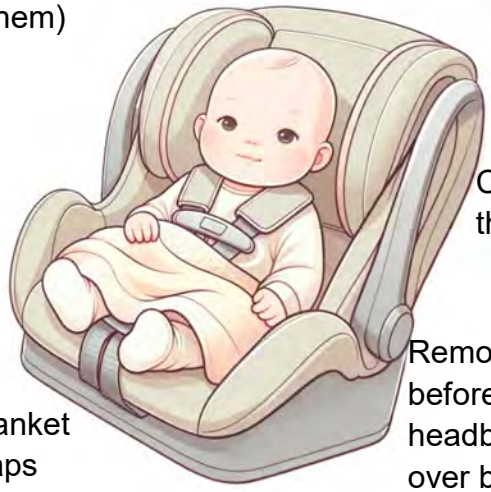
Your baby is ready to go out as soon as you feel fit enough to go out yourself. Walking is good for both of you. It may be easiest to take a young baby in a sling. If you use a buggy, make sure your baby can lie flat on his / her back.

In a car

It is illegal for anyone to hold a baby while sitting in the back or front seat of a car. If you have a car with air bags in the front, your baby should not travel in the front seat (even facing backwards) because of the danger of suffocation if the bag inflates.

Harness straps should be snug (only just able to fit 2 fingers under them)

Adjust car seat angle so baby's head doesn't flop forward



Chest clip should be at the centre of baby's chest

Remove bulky coats before strapping in and headbands that could slip over baby's face

If it's cold, place a blanket on baby over the straps

In cold weather

Make sure your baby is wrapped up warm in cold weather because babies get cold very easily. Take the extra clothing off when you get into a warm place, including the car, so that your baby does not overheat, even if he / she is asleep.

Safety in the home

Children most at risk of a home accident are in the 0 - 4 age group. Speak to your health visitor for information on practical issues such as fitting smoke detectors and how to keep your baby safe generally. It is advised not to smoke within the home.

Vitamin D

It is recommended that all breast fed babies are offered vitamin D supplementation from birth. This will be prescribed by your baby's GP.

In hot weather

Babies and children are particularly vulnerable to the effects of the sun, as their skin is thinner and they may not be able to produce enough pigment called melanin to protect them from sunburn. The amount of sun your child is exposed to may increase his / her risk of skin cancer in later life. Keep babies under six months old out of the sun altogether, by making the most of the shade such as trees, or using a sunshade attached to the pram, and dressing them in loose baggy clothing. Let your child wear a floppy hat with a wide brim that shades the face and neck. During summer, cover exposed parts of skin with a sunscreen, even on cloudy or overcast days. Use one with a sun protection factor (SPF) 30 or above and which is effective against UVA and UVB. Re-apply often.

Screening of your baby

What is the physical examination of the newborn?

Right after birth, your midwife will do a quick check of your baby. A more detailed check will be done within the first 3 days by a trained midwife or doctor. They will look at your baby's eyes, heart, lungs, tummy, hips, and nervous system. You are welcome to be part of this and ask any questions.

Another full check will happen when your baby is 6 to 8 weeks old, usually by your GP or health visitor. If anything unusual is found at either check—or at any time in between—your baby may be referred to a baby specialist, like a paediatrician.

Every time your health visitor sees your baby, they will check how your baby is growing and developing. This helps spot any problems early so your baby can get the right care. Everything will be explained to you in detail.

Newborn hearing screen

A small number of babies (1 - 2 in every 1000) are born with hearing loss. A quick screening test can be done, usually before you leave the hospital, to identify those babies with hearing loss, so that support and information can be given to you at an early stage. Some babies will not pass this test initially due to fluid in their ears from being in the womb. In this case, the test may need to be repeated in the community children's centre..

Blood spot test

All babies are offered a simple blood test on day 5 to find the very few who may be affected by the following genetic and metabolic disorders:

- cystic fibrosis (CF)
- sickle cell disease (SCD)
- congenital hypothyroidism (CHT)
- phenylketonuria (PKU)
- medium-chain acyl-CoA dehydrogenase deficiency (MCADD)
- maple syrup urine disease (MSUD)
- isovaleric acidaemia (IVA)
- glutaric aciduria type 1 (GA1)
- homocystinuria (HCU)

Some health conditions can't be seen at birth, even with a full check by a doctor. But if found early, they can be treated to stop serious problems.

Your midwife will take a small blood sample from your baby's heel—usually on day 5 after birth. This is called the **heel prick test**. A few drops of blood are placed on a special card and sent to a lab. The test might hurt for a moment, but your baby will soon forget it. Sometimes the test needs to be repeated.

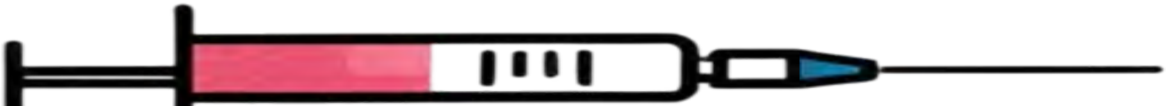
Most repeat tests are normal. If there's still a concern, your baby will be referred to a children's doctor (paediatrician) for more checks.

Obtaining the results

The results are usually ready within one working week and your midwife or health visitor will record them on your child's record.

A positive result

The vast majority of results are negative. However, if your baby has one of these disorders, arrangements will be made for you to see a specialist team experienced in managing these disorders. Your GP will also be contacted.



Which vaccines will my child receive?

8 Weeks old	12 Weeks old	16 Weeks old	12 Months old
DTaP/IPV/Hib/ HepB	DTaP/IPV/Hib/ HepB	DTaP/IPV/Hib/ HepB	Hib/MenC
MenB	Rotavirus	MenB	PCV
Rotavirus	PCV		MMR
			MenB booster

DTaP Diphtheria, Tetanus, Pertussis (whooping cough)

PCV Pneumococcal disease

MMR Measles, Mumps, Rubella

IPV Polio

HepB Hepatitis B

MenB/C Meningococcal disease

Hib Haemophilus influenza type b

Early immunisations

BCG (Bacillus Calmette-Guerin)

This is a vaccine offered to babies who may be at risk from contact with TB (tuberculosis). Those at higher than average risk are travellers and the homeless, but also people who have arrived in the UK from Asia, Africa, South and Central America and Eastern Europe.

TB is a potentially serious infection, which usually affects the lungs, but can also affect other parts of the body. The BCG vaccination is usually given to the baby early in the postnatal period. Ideally it should be given before the age of two months.

Hepatitis B

Some people carry the hepatitis B virus in their blood without actually having the disease itself. If you have hepatitis B, or catch it during pregnancy, you can pass it on to your baby. The baby may not be ill but has a high chance of becoming a carrier and developing liver disease in later life. Babies born to infected mothers should receive a course of vaccines. The first dose is given within 24 hours of birth, and two more doses are given at one and two months with a booster dose at twelve months old.

Fetal Development

First Trimester
0-12 weeks

Week 1-2: Although it's strange, the first two weeks of pregnancy are a "getting ready" period. Your body slowly releases more hormones and your womb prepares for a potential pregnancy. At the end of the second week, your ovary releases an egg (ovulation). If sperm meets an egg just after ovulation, the process to pregnancy continues.

Week 4: The tiny bundle of cells implant into your uterine lining. The beginning of what will become the placenta forms.

Week 6: Tiny buds that become arms and legs develop.

Week 8: All of the major organs and body systems are developing. Eyes become visible and ears begin to form. The umbilical cord is fully developed and helps to transport oxygen and blood to the embryo.

Week 10: The arms, hands, fingers, feet and toes are fully formed. Fingernails and toenails are beginning to develop and the external ears form.

Week 12: The circulatory, digestive and urinary systems are working and the liver produces bile. The fetus is drinking and peeing amniotic fluid.

Second Trimester
13-23 weeks

Week 13: Vocal cords form and the fetus's large head begins to grow proportionate to its body.

Week 15: Your baby still uses amniotic fluid to practice breathing, but its lungs are beginning to develop. Your baby begins to make more purposeful movements, like sucking its thumb or smiling.

Week 17: Your baby still has thin skin, but will start to put on fat. Its skin is covered with a whitish coating called vernix. This is thought to protect its skin from long-term exposure to amniotic fluid.

Week 19: Your baby is getting stronger and most people begin to feel kicks and punches. Your baby also has its own unique set of fingerprints and can hiccup.

Week 21: Limb movements are coordinated and frequent. Your baby has bone marrow that helps it produce blood cells.

Week 23: Your baby's lungs are fully developed, but not well enough to work outside your womb.

Third Trimester
24-42 weeks

Week 24: Your pregnancy is considered "viable" from now. This means that the baby has a chance of survival if they are born.

Week 27: Your baby can open its eyes and blink. It also has eyelashes.

Week 30: Your baby can control its own body heat. Its brain is maturing and growing rapidly.

Week 34: The vernix that protects your baby's skin starts to get thicker.

Week 36: Your baby's weight is increasing by about half a pound per week to get to its final size.

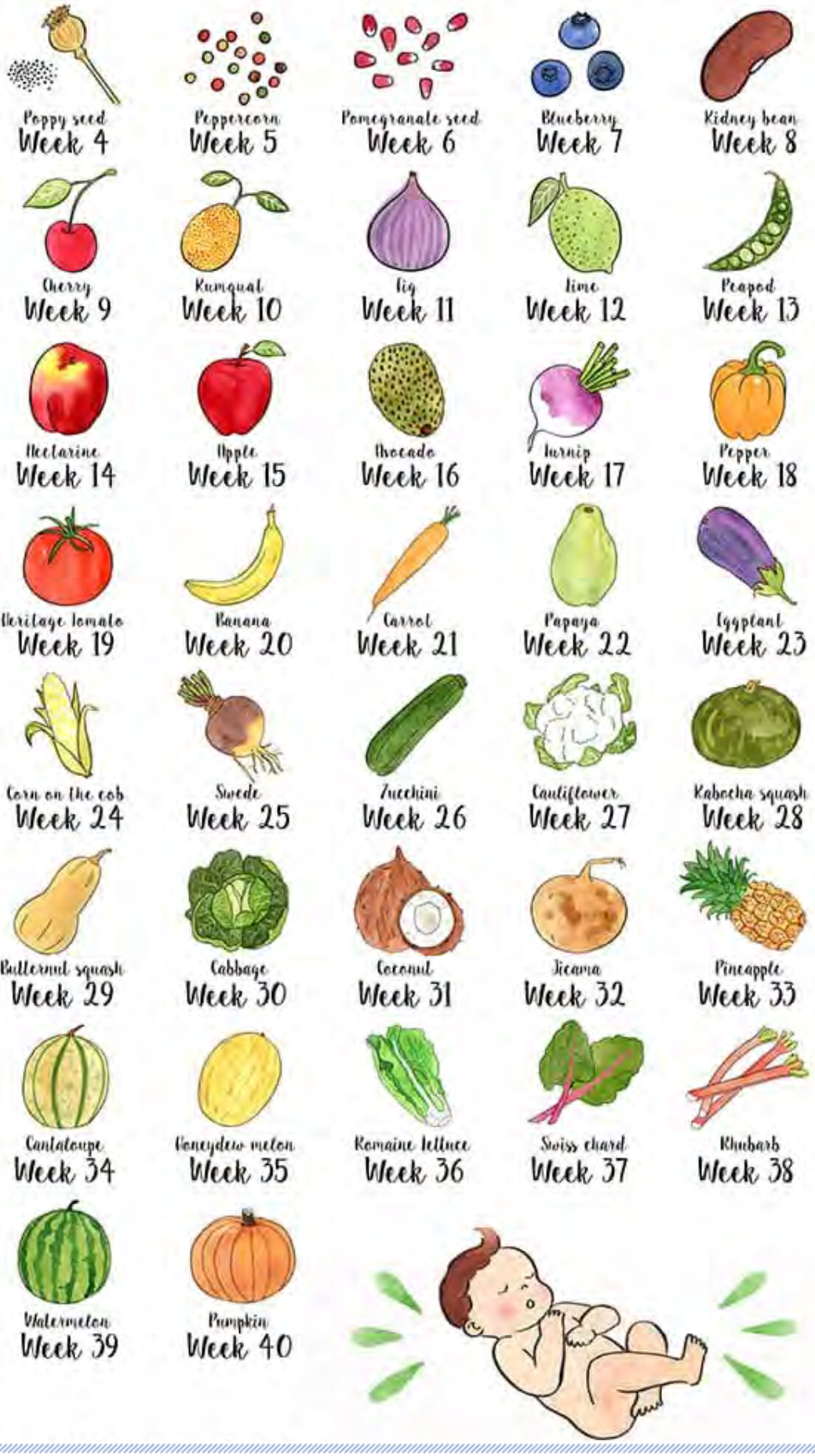
Week 37: Your pregnancy is now considered "full term". Your baby's toenails reach the end of its toes.

Week 38: Your baby's gut (digestive system) now contains meconium – the sticky green substance that will form your baby's first poo after birth. It may include bits of the lanugo (fine hair) that covered your baby earlier in pregnancy.

Week 39: You may start to feel your baby's head drop into your pelvis. When your baby's head moves down like this it is said to be "engaged".

Week 40: It's your due date week. The fine hair (lanugo) that covered your baby's body is now almost all gone, although some babies may have small patches of it when they're born. Labour usually starts a week either side of this date, but you might go overdue.

How big is my baby?



Notes

This leaflet is adapted from materials originally developed by Kingston Hospital NHS Foundation Trust. It has been modified for use by women and birth people in a detained setting but we appreciate Kingston Hospital's kind permission and expertise in creating the original resource.

Images used designed by Freepik

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 Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net.
If you remain concerned, the team can also advise upon how to make a formal complaint.