

Postnatal information for patients



Obstetrics & Gynaecology

patient**information**

NHS

The Rotherham
NHS Foundation Trust

Bring your medicines when you come into hospital

Prescription medicines

Medicines you have bought

Alternative & herbal medicines

Inhalers



Hearing about your experience of our services is very important as it means we can pass compliments on to our staff and make improvements where necessary. Tell us what you think by emailing us at: your.experience@nhs.net

Slovak

Ak vy alebo niekto koho poznáte potrebujete pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Slovensky

Kurdish Sorani

کوردی سۆرانی
نەگەر تۆ یان کەسێک کە تۆ دەناسی پێویستی بەیارمەتی هەبێت یۆ نەو دی لێم بەلگەنامە بە تێبگات یان بێخوێنتێتەو، تکایە پەیوەندیمان پێوە بکە لەسەر نەو ژمارەیهی سەرەودا یان بەو نێمەیلە.

Arabic

عربي
إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

اُردو
اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی
اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille, audio or easyread format, please ask our healthcare providers*

*Note to healthcare providers:

Translated / easyread healthcare information can be sourced via the **Easyread websites** listed at the back of this leaflet or via contacting our translation service which can be accessed through the Hub.

Symptoms in mum that need urgent medical attention

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Symptoms in mum that need urgent medical attention

See GP or Midwife today if mum has:

- A fever, shivering, abdominal pain or offensive vaginal loss
- Calf pain (one-sided), any redness or swelling
- Headaches alongside any nausea, vomiting or visual disturbances within the first few days
- Faintness, dizziness or palpitations
- Puerperal psychosis

Call 999 if mum has:

- Shortness of breath or chest pain
- Sudden or extreme blood loss
- A sudden collapse
- Severe headache

Additional information

- If you are unable to contact your GP or Midwife for a priority appointment the same day, use your out of hours GP service or attend the Urgent and Emergency Care Centre at Rotherham Hospital
- If you are unable to be seen within the next 4 hours contact Wharnccliffe ward for advice

Lochia (vaginal loss)

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Lochia (vaginal loss)

This can continue for a number of weeks following childbirth

- Expect a bright red, heavy flow for the first few days. This then tapers off and becomes dark red, brown, watery pink, yellow then white
- Gently increase activity

Contact your GP or Midwife if:

- You have heavy vaginal bleeding
- Your discharge has a foul odour
- You have a a temperature over 38°C (100.4F)
- You have shivering or flu like symptoms

Additional information

- It can be normal to pass small clots. Clots should be no bigger than a 50 pence coin. If the clots are larger than this contact your Midwife as soon as possible

If any clots are passed

- Check your loss is normal
- If normal, carry on as usual
- If heavy blood loss, rest and if bleeding continues contact your GP or Midwife

Hygiene care after birth

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Hygiene care after birth

Hygiene is really important

- Wash your hands before and after changing pads
- Change sanitary pads frequently
- Bathe or shower daily

Additional information

- Maternity pads are best for first few days then change to lighter pads
- Avoid the use of tampons as these can cause infection
- Use plain water for washing around your vaginal/perineal area for the first few days as scented products may cause irritation
- Avoid using salt

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Perineal care after normal, ventouse or forceps birth

Vaginal soreness is normal. What can help:

- Use of cold compress for no more than 30 minutes with a break of at least an hour in first couple of days
- Lavender oil can be used in the bath to help with healing. Use by dissolving 3 drops in the bathwater before bathing. If you find the oil sits on the surface of the bath water, adding the 3 drops to a small amount (approx. an eggcup full) of full fat milk prior to putting it in the bath helps it to dissolve evenly.
- Use analgesia/painkillers e.g. paracetamol. Speak with you midwife or GP if you are unsure of the correct dose.
- Remember to do pelvic floor exercises regularly

Rotherham Hospital Perineal clinic

- Open alternate Tuesdays 9.00 - 5.00pm
- Your GP or a Midwife can refer you
- Ring Greenoaks for an appointment

Contact your GP or Midwife if:

- Your perineum becomes extremely painful
- You have any wound break down or wound discharge

Additional information

- Avoid the use of 'donut' rings
- Try to wear loose clothing (no tight jeans or 'thongs')
- Rest lying down when able (this can relieve the pressure from your perineum)
- Expose your perineum to air after drying following a bath or shower.
- See pelvic floor exercise page

Wound care following caesarean section

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Wound care following caesarean section

- Keep your wound clean and dry
- Bathe or shower daily
- Use a separate cloth/wash puff for your wound
- Dry well and lift tummy up and air if need be
- Wash hands before and after changing pads

Note and report any signs of infection to your GP or Midwife. Signs of infection include:

- Redness around the wound
- Skin around the wound being warm to touch
- Swelling around the wound
- Weeping around the wound
- Gaping around the wound
- Any fever, shivering or temperature

Additional information

- If you have any fever, shivering or a high temperature (more than 38°C) contact your GP or Midwife urgently as you may need treatment. Triage or 111 should be contacted through the night.
- Most women buy over the counter analgesia such as paracetamol and ibuprofen if further analgesia is needed after hospital prescription medicines run out
- If you need stronger analgesia contact your GP or Midwife

Pelvic floor exercises

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Pelvic floor exercises

Pelvic floor exercises strengthen the muscles around your bladder, vagina and back passage. This can help to stop incontinence, treat prolapse and make sex better too.

- You can do this exercise lying down, sitting or standing
- With practice, it can be done anywhere and at any time - even while you're watching TV
- Squeeze and draw in your back passage as if you're holding in wind
- Squeeze around your vagina and bladder tube (urethra) as if you're stopping the flow of urine
- Now relax. This is a short squeeze. Rest for a second, then repeat these squeezes until you feel the muscles get tired.
- After a short rest, squeeze again as above. This time hold the squeeze for as long as you can (but not for more than 10 seconds) then relax
- It's important to keep breathing normally while you do these exercises.
- Make sure you don't pull in your stomach or squeeze your buttocks when you squeeze
- Aim to build up to 10 repeats of each exercise, four to six times a day

In the past, women were taught to practice these squeezes while urinating (having a wee). This isn't the best way to do these exercises because you may not empty your bladder completely.

Contraception

Have contraception in place before you need it

- Contraception is free on the NHS
- Contraception can be arranged by contacting your GP or the Integrated Sexual Health Department at Rotheham Hospital on Level C opposite the Chapel. For an appointment at the Integrated Sexual Health Department please telephone 01709 427777
- There are 13 different methods (Some can start 3 weeks after birth)
- Choose a method that suits you
- Breastfeeding is NOT a form of contraception
- Resume sexual relations when you feel comfortable

Additional information

- Take time to enjoy your new baby. They need your love and attention
- Your body needs to recuperate after birth
- Sexual intercourse after birth may not becomfortable. If it is painful, stop and try again at a later date
- If problems persist contact your GP or the Integrated Sexual Health Department on telephone 01709 427777

Blood clots

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Blood clots - reducing your risk

- A Deep Vein Thrombosis (DVT) is a blood clot that commonly forms in the veins of the lower leg or calf.
- The blood clot may break away and travel to the lungs (Pulmonary Embolus or PE) or the brain and this is very dangerous.

Risk factors include:

- Surgery
- Previous DVT
- Being overweight
- Dehydration
- Smoking
- Immobility
- Blood disorders
- Contraception
- Pregnancy and birth
- Increasing age (>35yrs)

Help reduce your risk by:

- Keeping mobile
- Drinking plenty and keep hydrated
- Ankle exercise when immobile

If you have multiple risk factors further treatment may include:

- Blood thinning injections
- Anti-embolic (compression) stockings

Signs of a DVT/PE require urgent medical attention:

- Calf pain (one-sided), any redness or swelling
- Shortness of breath
- Pain in chest or upper back

Medication on discharge from hospital

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Medication on discharge from hospital

It is important that any medication prescribed and given to you is taken correctly and the course completed.

The following 3 medications need to be completed to avoid complications:

1. Antibiotics - these are given to you if you have any infection.
2. Antihypertensives - these are given to you if you have been diagnosed with high blood pressure.
3. Blood thinning injections known as Tinzaparin - these are given to prevent blood clots in your brain, lungs and legs, which can be very dangerous or even fatal.
 - You will be shown how to give the injection prior to discharge. Either yourself or a family member can do this.
 - You will also be given TED stockings to wear for the same duration as your Tinzaparin. We give you a spare pair to go home with
 - You will go home with a sharps bin and instructions on its collection from Rotherham Borough Council

How might I feel after birth

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How might I feel after birth?

In the first few weeks after birth you may find that you think about what happened during labour and birth again and again to try to make sense of it all.

Sometimes remembering things that happened can be distressing and you may experience unusual feelings, flashbacks and nightmares. This is quite normal as your body and mind adjust after childbirth and these feelings usually fade away within 4-6 weeks.

You may find it helpful to talk to family, friends, or your Community Midwife or Health Visitor, about your birth. These conversations help to naturally process in your mind what has happened and people often find this is enough to help them make sense of their experience.

If symptoms like flashbacks are not stopping, or you have any unanswered questions or unresolved feelings following your birth experience, please speak with one of our specialist Midwives.

You can contact the service directly by emailing **rgh-tr.birthinmindservice@nhs.net** or by leaving a message on the voicemail service on **01709 427123** and someone from the team will contact you.

Or you can speak to your GP or Health Visitor who can refer you to this service on your behalf.

Baby blues

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Baby blues

This can start from day 3 and can last for up to 2 weeks.

What does this look like?

- Feeling emotional, irrational or irritable
- Bursting into tears for no apparent reason
- Feeling depressed or anxious
- These symptoms can be normal

Things that will help:

- Get plenty of rest
- Eat well
- Limit visitors and trips out
- Sleep/nap when your baby does

If baby blues doesn't seem to be lifting after 2 weeks, or you are feeling concerned about your mental wellbeing, speak to your Midwife, Health Visitor or GP.

Additional information

The baby blues is not an illness and should settle without any treatment.

Postnatal depression

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Postnatal depression

This affects 1 in 10 women; occurs 2-8 weeks after birth and lasts longer than 2 weeks. It is an illness

Symptoms include:

- Anxiety
- Feelings of not being able to cope
- Panic attacks
- Struggling to sleep
- Not able to stop crying
- Extreme tiredness
- Loss of appetite
- Aches and pains
- Feelings of hopelessness
- Feeling generally unwell
- Not being able to enjoy things you normally would
unable to concentrate
- Memory loss
- Loss of interest in their baby
- Excessive anxiety about their baby

Ask your midwife about local support groups. Speak to your GP about your symptoms as it is easily treated with talking therapies/medicines.

Puerperal psychosis

This is an emergency and needs urgent referral to a specialist

- New feelings and thoughts which you've never had before
- New thoughts of violent self harm
- Sudden onset or rapidly worsening mental symptoms
- Persistent feelings of estrangement from their baby

Symptoms in baby that need urgent medical attention

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Symptoms in baby that need urgent medical attention

See your GP or Midwife today if your baby:

- Has a high pitched continuous cry
- Starts to refuse feeds
- Seems more sleepy or is not waking for feeds
- Has reduced wet nappies
- Vomits green bile
- Passes blood in stools
- Has Thrush - sore buttocks / white coating on the tongue which does not clear (usually found in bottle-fed babies or with dummy use)

Call 999 if your baby:

- Is floppy, unresponsive or has glazed eyes
- Stops breathing
- Turns blue, mottled or very pale
- Has a fit (febrile convulsion)
- Has a high temperature (over 38°C)
- Has difficulty breathing, is breathing fast or is grunting whilst breathing
- Has a spotty purple, red rash anywhere on their body

Additional information

- Babies feed frequently. The first sign of an unwell baby is a baby who will not wake for feeds or refuses to feed
- Rashes in babies are very common and come and go. If the rash persists or a rash is noted and baby is unwell seek medical advice

Babies and jaundice

Jaundice causes baby's skin and the whites of their eyes to become yellow. This is due to a breakdown of excess red blood cells that the baby does not need.

- Babies under 24 hours old becoming jaundiced will require urgent medical attention
- Jaundice is common in newborn babies over 24 hrs old
- Babies over 24 hours old should be reviewed by Midwifery staff the same day
- It is important that babies with jaundice feed frequently

Additional information

- Midwifery staff assess babies for jaundice at each visit
- Any baby with jaundice over 24 hours old will have their level of jaundice checked with a machine. If the reading is high, baby will need a review in hospital by a paediatrician.
- We encourage you to feed your baby frequently.
- Feed your baby when they wake for feeds.
- In the first few days some babies may need to be woken for feeds.
- Feeding flushes out the bilirubin (from the breakdown of red blood cells that baby no longer needs). Bilirubin is passed out of the body in wee and poo
- If bilirubin is left to build up, it can cause baby to become sleepy and then baby could become ill
- If you are concerned about your babies colour, poor feeding or a sleepy baby then contact your Midwife

Safe sleeping

The safest place for your baby to sleep is in their own crib or cot

- Sleep baby in the same room as yourself (both day and night) for 6 months
- Always place your baby on their back to sleep
- Place baby's feet at the foot of the crib or cot
- Use a firm, flat well-fitting, waterproof mattress
- Do NOT use duvets, bumper sets or pillows
- Keep baby's face and head uncovered
- Avoid baby overheating
- Ensure baby's environment is smoke free
- Never sleep with your baby on a sofa or armchair

Additional information

- At home the Midwife or Midwifery Support Worker will undertake a safe sleeping assessment and will ask to be shown where your baby will be sleeping during the day and at night. (This is only to offer guidance on the safest way for your baby to sleep)
- Follow up assessments may be needed if any risks are identified. (These may be carried out by the Health Visitor or Midwife)

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Signs of good feeding

- Baby is settled during and after feeds
- They appear healthy and alert when they're awake
- In the first 48 hours, your baby is likely to have only two or three wet nappies.
- From day five onwards, wet nappies should start to become more frequent, with at least six heavy, wet nappies every 24 hours.
- From the fifth day **breast fed babies** should have at least two soft yellow poos the size of a £2 coin, every day for the first few weeks
- From the fifth day **formula feeding babies** should pass soft yellow poos which should remain soft and may vary in frequency
- Your baby gains weight steadily after the first two weeks - it's normal for babies to lose some of their birth weight in the first two weeks.

Additional information

- All breastfeeding mothers will have received information and support on how to position and attach baby to the breast, to always offer the second breast, to feed 8-12 times in 24 hours, how to express breast milk and about responsive feeding
- Formula feeding mothers will have received information and support on how to make up feeds, what type of formula to use, how to feed baby and responsive feeding
- All babies are weighed on day 3 and day 5 after birth and again a few days later before discharge from Midwifery services
- Babies are usually weighed on a monthly basis after they have gained their birth weight (more frequent if a problem is identified).

Calming a crying baby

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Calming a crying baby

Why do babies cry?

- Because they are hungry
- Because they are tired
- Because they feel uncomfortable and need winding
- Because they are overstimulated or bored
- Because they feel unwell
- Because they have a wet or dirty nappy
- Because they need a cuddle
- Because they are too hot or too cold
- Because they are in pain

How to calm baby

- Feed your baby
- Hold your baby close (skin to skin is best)
- Gently sway or dance with your baby
- Talk or sing to your baby
- Bathe with your baby
- Use motion by gently rocking your baby in their pram, go for a walk or drive
- Turn the radio on and lights on (during day)
- Take turns with your partner to settle your baby
- Seek information about infant massage classes

Additional information

- Babies are able to sense a mothers anxiousness, therefore your partner or mum may be able to settle your baby if your are stressed
- If settling through the night keep lights and sounds low so baby learns the difference between day and night
- Babies are often unsettled in the evenings
- If colic is going to develop, this usually starts within the first few weeks and stops around 4 months

Car seats

By law all children under the age of 12 or 135cms (whichever comes first) must travel in the correct child car seat even for short journeys.

- Use a rear facing car seat up until the child reaches 15 months then a forward facing seat can be used.
- Only use EU approved height based seats
- Make sure the seat is fitted properly in the car following the manufacturer's instruction
- Use the back seats for all under fives if you can
- Never leave your baby or toddler alone in the car

Additional Information

- The safest place for a baby seat is behind the driver
- It is dangerous and illegal, to carry a baby in a rear-facing baby seat in a front car seat that has an active airbag

The **T.I.C.K.S.** Rule for Safe Babywearing

Keep your baby close and keep your baby safe.

When you're wearing a sling or carrier, don't forget the **T.I.C.K.S.**



- ✓ **TIGHT**
- ✓ **IN VIEW AT ALL TIMES**
- ✓ **CLOSE ENOUGH TO KISS**
- ✓ **KEEP CHIN OFF THE CHEST**
- ✓ **SUPPORTED BACK**



TIGHT – slings and carriers should be tight enough to hug your baby close to you as this will be most comfortable for you both. Any slack/loose fabric will allow your baby to slump down in the carrier which can hinder their breathing and pull on your back.



IN VIEW AT ALL TIMES – you should always be able to see your baby's face by simply glancing down. The fabric of a sling or carrier should not close around them so you have to open it to check on them. In a cradle position your baby should face upwards not be turned in towards your body.



CLOSE ENOUGH TO KISS – your baby's head should be as close to your chin as is comfortable. By tipping your head forward you should be able to kiss your baby on the head or forehead.



KEEP CHIN OFF THE CHEST – a baby should never be curled so their chin is forced onto their chest as this can restrict their breathing. Ensure there is always a space of at least a finger width under your baby's chin.



SUPPORTED BACK – in an upright carry a baby should be held comfortably close to the wearer so their back is supported in its natural position and their tummy and chest are against you. If a sling is too loose they can slump which can partially close their airway. (This can be tested by placing a hand on your baby's back and pressing gently - they should not uncurl or move closer to you.) A baby in a cradle carry in a pouch or ring sling should be positioned carefully with their bottom in the deepest part so the sling does not fold them in half pressing their chin to their chest.

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Registering the birth

- Need an appointment at Riverside House. Mon - Fri
- You can either phone for appointment on 01709 823543 or book online at www.rotherham.gov.uk/births. You need to bring babies red book as well as other documentation - see website for details.

Additional information

- Child benefit forms can be found in the Bounty Pack
- Child tax credit office contact details:
Online or telephone 0345 300 3900
- Healthy Start Vouchers: Complete the form found in the booklet (See leaflet for inclusion criteria)
- A Community Midwife will visit the day after your discharge from hospital (9.00 - 5.00pm). If she has not attended by 4.00pm then ring 01709 424348
- A health visitor will see you at home from 10 days after the birth of your baby.

How to contact us

Wharnccliffe Ward 24 hours

Telephone 01709 424348

Labour Ward 24 hours

Telephone 01709 424491

Midwifery Triage 7am - 7pm

Telephone 01709 427700

Greenoaks

Monday to Friday 9am - 5pm

Telephone 01709 424513

Integrated Sexual Health Department

Telephone 01709 427777

Community Midwifery Office

Monday to Friday

9.00am to 4.00pm

Telephone 01709 424058

Switchboard

Telephone 01709 820000

Useful contact numbers

**If it's not an emergency,
please consider using a
Pharmacy or call NHS 111
before going to A&E.**

NHS 111 Service

Telephone 111

Stop Smoking Service

Telephone 01709 422444

A&E (UECC)

Telephone 01709 424455

For GP out of hours, contact your surgery

Useful websites

www.therotherhamft.nhs.uk

www.nhs.uk

www.gov.uk

www.patient.co.uk

Easyread websites

www.easyhealth.org.uk

www.friendlyresources.org.uk

www.easy-read-online.co.uk

We value your comments

If you have any comments or concerns about the services we have provided please let us know, or alternatively you can contact the Patient Experience Team.

Patient Experience Team

D Level

Rotherham Hospital

Moorgate Road

Rotherham

S60 2UD

Telephone: 01709 424461

Monday to Friday

9.00am until 4.00pm

Email: your.experience@nhs.net



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