



Oxford University Hospitals NHS Trust

# You and your baby

2012/13





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# Born to Swim

Watching your precious newborn, probably the last thing you're thinking is that soon they'll need to start exercising. But, just as it's important for you to begin a gentle programme soon after giving birth, it's equally important you allow your little one to start flexing their developing muscles too.

Water Babies have been running classes across Oxfordshire for over two years. 'They have been an amazing experience for Harry,' comments his mum, Julie. 'We started lessons when he was just a few weeks old and haven't looked back! It's been fantastic watching his confidence develop. Out of all the activities we've taken part in, this is the one we wouldn't give up!'

It's never too early to get them in a pool - as long as the water's warm enough. Generally, however, babies start swimming at around six weeks, when their mums feel able to bring them.

Normally, there's no need for your baby to have had their immunisations beforehand (see the NHS website: [www.immunisations.org.uk](http://www.immunisations.org.uk)) but if your baby was premature, or you have any other medical concerns, check with your doctor first.

The award-winning Water Babies course teaches using voice commands, and learning to respond to these is excellent for your baby's mental development. Lessons last about half an hour and despite looking very gentle, provide a complete physical work out - exercising and strengthening muscles they'd never even find on land!

Swimming is also excellent for enhancing the bond between the two of you. Lots of mums (and dads) find that becoming confident in water makes them more confident on land. Others say the best thing is finding an activity that they and their baby both adore. With a clear emphasis on having fun, lessons are generally very sociable.

The other obvious benefit is water safety. Sadly, drowning is still the third highest cause of accidental death among children in the UK. With progressive training, babies can be taught life saving skills such as turning onto their backs or swimming to the nearest solid object following a sudden submersion.

'At Water Babies, we have the wealth of knowledge to ensure our parents and babies experience something truly extraordinary,' says Saz Sunthareswaran, who runs classes locally. 'As parents ourselves, we appreciate that this is one of the most magical times in people's lives so work incredibly hard to enhance it.'

**Water Babies is the UK's leading baby swim school. For more information visit [www.waterbabies.co.uk](http://www.waterbabies.co.uk) or call Saz on 01869 325 499.**



Photography courtesy of Water Babies

teach your baby to swim!



hey there, let's go swimming!

it's my favourite thing to do

I'm so happy in the water

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# *Congratulations on your pregnancy*

Having a baby and becoming a parent is a major event in the lives of women and their families. Becoming a parent is usually accompanied by changes to your home life, social life and relationships. Discovering you are pregnant and giving birth is an emotional journey and parents of a new baby experience a variety of feelings after the birth. You may feel happy and proud of yourself, or just relieved that the birth is over.

It is impossible to prepare for the changes that pregnancy and becoming a parent brings. It can be difficult to find time for yourself, your partner or your family when you have the 24 hour demands of a new baby to deal with. We hope that the following information will help you in adjusting to your new life together and if you have any worries about yourself or your baby.



## General information

Please discuss visiting hours with the staff in your unit. These may vary in different departments. If these times are difficult for your partner, you can make special arrangements with the ward staff. Please do not bring any child or adult into the hospital with rubella (German measles), chicken pox or active herpes on the face or in the form of shingles; these are potentially dangerous to pregnant women and newborn infants.

Whilst we welcome visitors we must also ensure that your clinical care is not interrupted and that your safety and wellbeing, including the risk of infection to you and other babies, are considered.

- Alcohol gel is available at ward entrances and by the bedside for hand cleaning. Visitors are asked to gel their hands upon arrival to, and departure from, the ward.
- Visitors may be asked to wait if you or your baby are receiving treatment.
- Only your own children will be admitted to the ward area.
- No more than 2 visitors should be present at any one time due to space restriction and noise.
- We ask that visitors do not sit on beds and use chairs provided.
- Visitors are asked to be mindful of other women and keep noise to a minimum. This includes turning mobile phones onto silent or vibrate and leaving the ward to take calls.

- For security reasons the hospital uses a buzzer / intercom system. We ask visitors to be patient whilst waiting to enter the ward area as staff could be busy providing clinical care or checking medication.

We ask you to help us with security by asking your visitors to respect the visiting hours and use the security buzzer to identify themselves and the person that they wish to visit. This will allow us to ensure that only appropriate visitors are entering the ward areas at all times.

## Visiting hours

### John Radcliffe

Partners only: 9am – 9pm  
Other visitors: 3pm – 9pm

### Horton

Partners only: 10am – 8pm  
Other visitors: 2pm – 3pm  
and 7pm – 8pm

### Wallingford

Partners only: 7pm – 9pm  
Other visitors: 10.30am – 11.30am  
and 3.30pm – 5.30pm

## **Babies should not be left unattended**

Never leave your baby unattended. Your baby should not be carried around the wards and corridors in mothers' or relatives' arms. Slips could occur if floors are wet due to spillage or cleaning.

## **Staff**

The multidisciplinary team that will be providing you with care is formed by midwives, nurses, doctors, nursery nurses, maternity care assistants, physiotherapist, research staff and students.

Our hospitals are training hospitals for midwives, nurses and medical students. If you do not wish to have students involved in your care, please let the staff know. However, students need the experience of caring for mothers and babies in order to be confident and competent practitioners, so we would encourage them to be involved in your care. They are under the constant supervision of trained doctors and midwives.

## **Postnatal stay**

It is anticipated that most women who have had an uncomplicated vaginal or instrumental delivery will be able to go home soon after the birth of their baby. The usual length of stay in hospital is between 6 and 24 hours. The anticipated stay for women who have had caesarean sections could be up to three days. If your pregnancy has been complicated

by medical problems, individualised care packages will be discussed with you; the length of stay will depend on your progress.

The Horton Maternity Unit and Women's Centre in Oxford have maternity wards offering four-bedded bays and side rooms that can accommodate women with their babies. The side rooms and family rooms are available for mothers requiring additional medical or midwifery care.

The Oxford Spires Midwifery-led Unit which is located on Level 7 of the Women's Centre provides single postnatal rooms. The Midwifery-led units at Chipping Norton and Wantage provide a domino service only, while Wallingford offers short stay postnatal accommodation.

## **Amenity and private facilities**

We are able to offer a range of amenity and private rooms for women who want to be cared for under the NHS but would like to pay for extra 'creature comforts'. Following the birth of your baby in the John Radcliffe Women's Centre you have the option to pay for a private or an amenity bed.

***The following rooms are available, but only a private room can be pre-booked.***

Some amenity facilities are available at the Horton Maternity Unit.

### **Level 7 private room:**

£478 per night (April 2010)

- Single en-suite room
- Coordinated soft furnishings and towels
- Partners can stay (however, we are unable to provide meals for partners)
- Fridge
- Tea / coffee making facilities
- A la carte menu
- Nappies / maternity pads / cotton wool provided
- Can be pre-booked

### **Level 7 Amenity 2:**

£255 (April 2010)

- Single en-suite room
- Coordinated soft furnishings
- Fridge
- Please request following delivery

### **Level 7 Amenity 1:**

£145 (April 2010)

- Standard NHS single en-suite room
- Please request following delivery

### **Level 5/6 Basic Amenity:**

£112 (April 2010)

- Single NHS room without en-suite
- Please request following delivery

**Contact Beverley Clark: 01865 221663**

**Email: [beverley.clark@ouh.nhs.uk](mailto:beverley.clark@ouh.nhs.uk)**

### **Personal belongings**

Space is limited in the ward area. We therefore request that you keep personal belongings to a minimum. Please ask your partner / relative to take anything that you do not need home.

### **Bathroom and toilet facilities**

The showers, bathrooms and toilets are in constant use and we therefore request your assistance in helping to keep them clean and tidy. Please do not place sanitary towels down the toilet or on the floor. Alcohol wipes are available if you should wish to clean the toilet prior to use. If you are unhappy with the toilet facilities, please inform a member of staff.

### **Hospedia**

There is a TV and telephone system by each bedside which operates using a card which can be purchased within the maternity unit.

### **Car parking**

All John Radcliffe car parks operate a controlled 'Pay on Foot' parking system. This means you pay at the machine in the car park when you are ready to leave. Change is given. At the Horton it is Pay and Display. The car parks are run by the Trust and not as a commercial operation. All money raised is invested in supporting patient and visitor services.

### **Security**

We aim to provide a safe and secure environment for mothers and babies. All staff employed by the Trust wear identity badges with their photographs on them. If it is not visible please ask the member of staff to show it to you.

You are asked not to bring any valuables such as jewellery or money with you to



the hospital. However, if this unavoidable, please ensure that you hand these to your midwife on your admission. Your property will be then kept in a safe place. All property will be returned to you on your discharge from the hospital. Please note: the Oxford University Hospitals NHS Trust cannot accept responsibility for property that is lost or stolen unless handed over for safekeeping.

Mothers should let a member of staff know when they leave the ward for whatever reason. Never leave your baby unattended. Do not give your baby to any person you do not recognise or a member of staff who is not wearing an identity badge. If you are unsure, please check with your midwife.

All the maternity units are equipped with internal and external security cameras. The ward doors have a security locking system in operation.

## Mum

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### **Bleeding**

After your baby is born you will have some vaginal bleeding, called lochia. The bleeding will be slightly heavier than the first day of a period; you may need to change your sanitary pad every 2-4 hours. It may also be heavier when you breastfeed your baby as breastfeeding causes the womb to contract and empty its contents. You must only use sanitary towels to catch the flow as tampons can introduce infection.

### **Stitches and tears**

If your baby was born vaginally, you may have experienced some tearing or an episiotomy that required some stitches, which are also called sutures. The stitch material is dissolvable and looks like thick thread. You may find that your perineum is tender and it may be uncomfortable to sit down.

It is important to keep your stitches as dry and clean as possible to help them heal properly. You can help this by washing the area with plain water after passing urine and changing your sanitary pads regularly.

### **After pains**

After the birth of your baby, your womb will continue to contract back to its normal size. As a result you may feel pain or cramps in your lower abdomen. These can be particularly troublesome after a second or subsequent childbirth. A mild painkiller like paracetamol or ibuprofen may help. This is safe to take even if you are breastfeeding.

### **Pain relief and medication**

The midwives usually bring medication to your bedside at set intervals throughout the day. If you require additional pain relief medication or feel that you are due any medications please inform your midwife. If you have been given pain relief medication to take yourself, you are expected to take it only as directed and to keep it safely stored in your locker. If

you bring any medication from home please give this to a member of staff. If you are allergic or sensitive to any medication please inform your midwife. If you have any queries regarding your medication please speak to a midwife or doctor.

### **Bladder care**

You should aim to empty your bladder every 2 hours during the day. You should also drink plenty of water, especially when breastfeeding. If you have difficulty emptying your bladder or if it is painful, contact the midwife.

### **Tiredness**

After having your baby you may feel very tired, so rest as much as you can and try to sleep when your baby sleeps. Gently walk around the ward or your house. If you suffer from a mild or tension headache you may take paracetamol or ibuprofen and drink plenty of fluids.

## *Baby*

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### **Skin-to-skin**

Uninterrupted skin-to-skin contact for the first hour after birth has many benefits for the baby to help it adjust to life outside the womb, whether you are breast or bottle feeding. It is beneficial as this will help your baby learn to recognise you by sight, smell and sound very quickly. Use it any time as a special bonding experience with your baby. It makes your baby feel safe!

### **Colour**

Your baby's lips should be pink and his/her skin warm; the baby's hands and feet might feel cooler and slightly pale but this will improve within 24 hours. There may be some bruising on the baby's head. If the baby appears slightly yellow (jaundiced) within the first 24 hours you should contact the midwife.

### *Contact a midwife urgently if you:*

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- **Pass clots** or your bleeding is very heavy
- **Feel faint**, dizzy, have chest pain, palpitations or shortness of breath
- **Have a fever**, constant abdominal pain or feel shivery
- Have **offensive smelling** vaginal discharge
- Have a severe or **persistent headache**
- Have **muscle pain** in your calf or if your leg is hot and swollen

## Feeding your baby

One of the most important decisions of all is how you will feed your baby. However you choose to feed your baby, the maternity staff will support your informed decision and assist you to do so safely.

## Breastfeeding

After your baby is born you may be concerned that there is not enough milk, as your breasts do not immediately change. This is normal. This first food that your baby gets from the breast is called colostrum. Colostrum often looks thick and yellow and it is produced in very small amounts (tea spoon). It is very concentrated in nutrients and your baby needs to feed little and often. A breast fed baby may suckle for 10-30 minutes.

Many new mothers can experience difficulties with breastfeeding in the initial postnatal period and require support and help with latching baby to the breast. Our midwives and maternity care assistants will provide you with the necessary guidance; do not be afraid to ask for help. For further information please visit [www.ouh.nhs.uk/infantfeeding](http://www.ouh.nhs.uk/infantfeeding)

## Bottle feeding

If you are bottle feeding, you will be shown how to sterilise equipment and make up a formula feed. Guidance about making up feeds has recently been changed, so please make sure you speak

to a midwife or maternity care assistant about making up feeds and that you receive written information on how to do this safely.

## Umbilical cord

Your baby's umbilical cord will be securely clamped. The cord should be kept clean and dry, and outside the nappy area. There is no need to use wipes or put powder on it.

## Nappies

For the first 24 hours after birth, your baby's stool will look dark and sticky. This is normal and it is called 'meconium'. Babies also pass very little urine in the first 24 hours. The baby's skin is very sensitive and delicate and we would recommend using cotton wool and water to clean the nappy area. Small amounts of orange/red discolouration are common in the urine and may appear in the nappy in the first 24 hours.

### *Call a midwife urgently if:*

- Your baby has not had a feed after 8 hours
- Your baby appears a slightly yellow colour within the first 24 hours

## Registration of baby's birth

If your baby was born at the Women's Centre at the John Radcliffe Hospital, you may register your baby at room 5152 on Level 5. You do not need an appointment for this and the office is usually open Monday – Friday, 9am – 12 noon (subject to staffing availability).

It is not always possible to register the birth while you are in hospital, or you may have had your baby at home. In any of these cases you can register the birth at the local Registrar's office. First you will need to telephone the helpdesk for an appointment on **0845 129 5900** (for Abingdon, Banbury, Bicester, Didcot, Henley, Wantage, Witney and Oxford).

## Who can register a birth?

Either parent may register if the parents are married to each other, but if they are not married and the father's details are to be included in the birth entry, both parents must attend together.

### *What information will the Registrar ask for?*

- The date and place of birth of your baby
- The sex of your baby
- Your baby's full names and surname
- The dates and places of birth of the parents
- The parents' occupations
- The date of the parents' marriage (if applicable) and the mother's maiden name
- Where the parents are living

Please bring your baby's red book or maternity discharge sheet, if available, when you register since the Registrar will need the baby's weight and if possible the baby's NHS number.

***Please remember that you have a legal duty to register the birth within 42 days. If you need further information or advice, you can call Parentline Plus on 0808 800 2222 or obtain legal advice.***

### *What certificates will I be issued with?*

After the birth has been registered you will be given a short birth certificate which is issued free of charge. A full birth certificate which is a complete copy of the entry in the register is also available. Further short birth certificates and full birth certificates can be purchased at the time of registration or at any time afterwards.

## Special Care Baby Unit (SCBU)

If a baby needs special medical or nursing care, he/she will be looked after by specialist staff in the Special Care Nurseries within our maternity units. Parents are welcome to be with their baby in the nursery at any time. Mothers and fathers are encouraged to spend as much time as possible with their baby and to share his/her care. Babies born at the Horton who require intensive care will be transferred to the Special Care Baby Unit at the John Radcliffe Hospital.

## Going home

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### Before you leave

Plan for somebody to take you home, and let the midwife know when you wish to go so that she can ensure both you and baby are checked over and the paperwork is completed prior to you leaving the hospital. Please be aware that the discharge process can take some time.

Tell the midwife who is discharging you whether you are going to your home address or elsewhere. If staying elsewhere, make sure that a local midwife knows the address so that they can continue your care. Make sure you take home any medicines and information supplied by the hospital.

### Car seats for babies

When leaving the hospital you will need to provide your own transport. The law requires secure restraint in cars for children under the age of 12, or 135cm in height. This includes newborn babies, so you will need a special car seat for newborn babies that is held in place by the car seat belt.

### Postnatal care in the community

Your community midwife or one of the team will continue with your care. You can expect to have a postnatal contact on:

- First day after leaving hospital or giving birth at home

- About day 5
- About day 9-14 to be discharged to the Health Visitor Service

These are a minimum of contacts during the postnatal period. Contacts may be by telephone, at a local clinic or at home, by a midwife, maternity care assistant or senior midwifery student. Additional contacts will be arranged according to your needs.

## Mum

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### Tiredness

Many women report being excessively tired after the baby's birth as a result of the demands of a new baby. It is important not to fight the feeling; follow your instincts and let your body be your guide. Do not overexert yourself and take short periods of rest throughout the day. Do not be afraid to ask for help in your household chores if it is available. Just concentrate on resting and eating a healthy diet. In this way you will ease smoothly into your role of happy new mum!

### Baby blues

The 'baby blues' are experienced by as many as 8 out of 10 women and normally begin within a few days of the baby's birth.

Bursting into tears for no obvious reason, or feeling on top of the world one minute and miserable the next are



common feelings that may coincide with your milk production, whether you are breastfeeding or not. Give yourself plenty of time to adjust to your new life and find time to rest; eat a good diet as this will help you stay physically and emotionally healthy. Although the baby blues are distressing it is important to know that they clear up quickly, usually within a couple of weeks.

- Try not to expect too much of yourself or your partner
- No one knows automatically how to be a parent

### **Breast changes**

When the milk comes in, usually around 3-4 days, you may find that your breasts become hard, swollen and uncomfortable. You may also feel weepy and feverish. Be reassured that these changes are only temporary and will pass quickly. If you are breastfeeding, feeding your baby may ease the discomfort.

Some women find it helps to take mild painkillers such as paracetamol or ibuprofen and/or put warm flannels on the breasts for several minutes. It is also important to wear a good supportive bra, which has been fitted properly. If bottle feeding, it may take a couple of days for the breasts to soften. If breastfeeding you will receive breastfeeding support from the midwife or maternity care assistant.

### **Bleeding**

In the first couple of days, the bleeding will be heaviest and will gradually reduce in volume, becoming more like the end of a period in colour as the days pass – changing from bright red to pink or brown and then a clear discharge. This takes anything from 2 to 6 weeks after the delivery and it is normal. You should change sanitary pads at least every 4 hours.

### **Perineal care**

It is important to keep the perineal area clean (the area between your vagina and back passage that extends from your pubic region to behind your anus), especially if you have stitches. Gently rinse from front to back with plain water and dry carefully, especially after going to the toilet. Avoid sitting still for a long period; you may wish to try lying on your side to reduce discomfort. If it is tender try a bath and taking paracetamol; if it remains tender, talk to your midwife. Specific exercises for your pelvic floor and deep abdominal muscles are safe to do in the first few days as you feel able and will help the healing process (see pelvic floor exercises in section 3).

### **Bowel care**

You may worry about your stitches when you have your bowels open for the first time after the birth. You can safely open your bowels without any damage. Normally, your bowels would be opened within 3 days of birth. Try to avoid

getting constipated as it causes strain on the pelvic floor muscles and stitches. A healthy diet, including plenty of fruit, vegetables, brown bread, cereals and plenty of fluids will help you to return to a regular bowel habit.

### **Haemorrhoids (piles)**

Haemorrhoids are swollen veins around the rectum, which may itch, feel sore or bleed. If this is the case the midwife or GP will recommend some creams and ointments. This is due to hormonal changes in your body. It is very important to avoid being constipated as haemorrhoids are aggravated by constipation.

### **Wound site after a caesarean section**

If you have had a caesarean section your wound will be checked by the midwife. The community midwife will remove your stitch between 5-7 days. You are advised to keep that area as clean as possible by washing at least once a day with a mild non-perfumed soap and rinsing with clear water. If your wound becomes very painful, hot and red, please inform your midwife or see your GP.

### **Caring for your back**

Your joints are less stable immediately after pregnancy and because so much baby care involves bending and lifting, it is easy to cause problems if you are not careful. To avoid back ache:

- Ensure you are well supported when you are sitting, especially when holding or feeding your baby. Avoid slouching by raising baby to you on pillows.
- Stand tall when standing or walking: avoid stooping.
- Avoid working in a bent or twisted position, especially when bathing or changing your baby.
- As soon as you are able, try to use the pelvic floor and deep abdominal muscles in everyday activities such as lifting your baby equipment, carrying your baby and doing housework.

### *Contact a midwife if:*

- You or your family are worried about your emotions or behaviour
- A hot, red lump appears on your breast
- You have sore and painful nipples
- Vaginal discharge becomes offensive smelling
- There is heavy bleeding or clots
- You have a high fever and feel shivery
- You have difficulty passing urine, it is painful or you have little control

## Baby

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### Feeding

Your baby will have a variable feeding pattern, this can be as often as 2 to 3 times hourly, but should be at least 6 feeds in 24 hours. Initially they will take small amounts of colostrum, then increasing amounts as the milk comes in. A feed is successful if you can hear the baby swallowing and sucking rhythmically with pauses. Ask your midwife or care assistant for information on attachment, positioning, feeding patterns and breastfeeding support networks.

All babies are usually demand fed; ask to be shown how to sterilise equipment and make up feeds safely if bottle feeding.

### Colour

Your baby's lips should be pink and their body colour should be considered good for your baby's ethnic origin. Your baby's skin should have a pink tone and feel warm, but may have a slight yellow colour – jaundice. Mild jaundice is normal from day 3-7. Your baby should be alert and feeding well regularly during this period. If this is not the case please contact your midwife.

### Nappies

The baby will pass small amounts of urine at first, increasing every day until the nappies feel wet and heavy by the end of the first week. The black meconium stools will change to brown or green by

3-4 days, then the stools will become soft and yellow. There is a difference between the stools of breast and formula fed babies.

Babies who are breast fed will have watery stools containing seed-like particles looking like whole grain mustard. Bottle fed babies will have harder stools and they may be slightly more prone to constipation.

To reduce the risk of your baby getting a nappy rash, it is important to change your baby's nappies frequently and to clean the area with water and dry it well. If the baby gets a red nappy rash that does not improve with a simple cream, speak to your maternity care assistant, midwife or health visitor.

### Caring for the umbilical cord

The cord stump will dry and fall off between 5 and 12 days. As part of normal skin care we recommend that you clean around the stump with tap water only and dry the cord. Powders or other lotions are not recommended.

### Crying

All babies cry and some babies cry a lot. Sometimes you will know the reason; perhaps your baby needs a nappy change, a feed or a cuddle, or is not feeling well. However, sometimes parents can try everything to stop their baby crying and nothing seems to work. This can be very distressing for parents. There are many things you can do to

comfort a crying baby: skin-to-skin, letting your baby suckle at your breast, holding the baby close to you, rocking, swaying, singing and stroking them. Rocking your baby to and fro in the pram or taking your baby for a drive in the car may be of help. Massaging your baby or giving him/her a warm bath may also be of benefit. If your baby's crying is upsetting you, talk to your midwife, health visitor or GP about it.

### *Contact a midwife if:*

- Your baby is jaundiced and is sleepy, not feeding or the yellow colour is getting worse
- Your baby is sleepy and feeding less than 6 times in 24 hours
- Your baby's stool has turned from yellow to green
- Your baby's cord looks red and inflamed
- Your baby is disinterested in feeding and seems lethargic

### **Weight**

Your baby will be weighed regularly by the midwife or health visitor. It is usual for a baby to lose weight during the first week. After this time, if your baby is gaining weight steadily this is a good indicator that they are feeding well. Most babies will have regained their birth weight by 10-14 days.

### **Newborn physical examinations**

All babies are assessed immediately after birth by the midwife. You will be offered a more detailed physical examination of your baby within 72 hours of birth. This will be performed by a paediatrician, a midwife or advanced neonatal practitioner. This examination will be performed either in the hospital or community setting. This is an opportunity for you to ask any questions or raise any concerns you may have. The examination is carried out in your presence and the findings will be discussed with you.

If the medical examination has not been carried out in hospital, you will need to arrange for your GP to examine your baby if the community midwife is unable to perform the examination. You should contact your surgery or health centre to arrange the place and time for the GP to examine your baby.

### **Newborn hearing screening**

Whilst in the Horton or John Radcliffe Hospital, your baby will be offered a quick and harmless hearing test shortly after birth. An outpatient appointment will be sent to those families missed in hospital, or whose babies were born at home. Our contact numbers, if you do not receive an appointment, are Horton **01295 229840** and John Radcliffe **01865 222965**. You can also visit [www.ouh.nhs.uk/maternity](http://www.ouh.nhs.uk/maternity)

## **BCG Vaccine**

BCG is offered to newborn babies whose parents are from a country where tuberculosis is more common than in the general population. This vaccination is usually offered after the birth of your baby on the postnatal ward and is given before discharge from hospital. Please ask your midwife before you go home.

## **Newborn blood spot screening**

Newborn blood spot screening identifies babies who may have rare but serious conditions. Most babies screened will not have any of the conditions but, for the small number who do, the benefits of screening are enormous. Early treatment can improve their health and prevent severe disability or even death.

You will be offered a blood spot screening test for your baby when he/she is 5 or 6 days old. A small blood sample is taken from your baby's heel and screened for phenylketonuria, hypothyroidism, cystic fibrosis, sickle cell disease and MCADD. For more information see the leaflet 'NHS screening tests for you and your baby'.

Screening your baby for all these conditions is strongly recommended, but it is not compulsory. If you do not want your baby screened for any of these conditions, discuss it with your midwife. All the decisions will be recorded in your notes.





## *New responsibilities*

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### **New baby, new responsibilities**

A baby means new responsibilities which, whatever your age, you may feel unready for. Your partner may have similar feelings. It is normal for both of you to feel like this. Having a baby is a very important event. It will change your life and change can be frightening, even if you have been looking forward to it.

### **Partners**

Loss of income, extra expenses for the baby and cost of childcare can worry you. Some partners feel left out; the mother's attention will be on the new baby and she may want you to pay a lot more attention to her needs than usual. You may not have realised how much you relied on her to make you feel cared for and now that her attention is elsewhere, you may feel lonely. Confide in your partner and friends who are already fathers and who will know what you are going through.

### **Supporting your partner**

Your partner may be used to doing most of the housework as well as going to work. If she continues to do all these things, she will tire herself out. Now is the time to start sharing the housework if you do not already do so. There are some areas where you can really help. Here are just some suggestions.

- Cooking
- Shopping

- Help with cleaning
- Attending to the baby
- Taking a few days paternity leave

## *Care in the community*

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### **Health visitor**

The midwives' care continues for 10-28 days depending on your needs. The health visitor will take over from the midwife and will contact you to arrange a visit when your baby is around 11 days old. You may have met her during your pregnancy; she is available to give you guidance and support regarding all aspects of family health.

### **Postnatal check**

At about 6-8 weeks after your baby is born you will need to make an appointment to have a check up with your GP. Your doctor will review your general health and anything about your delivery you wish to discuss.

If you have not already seen your GP about contraception, you may wish for some advice. Your doctor will always be interested in how you are adapting to life with your new baby and may ask you questions in order to assess if you are in good spirits or depressed. Your baby will be due another examination at this point so remember to take your baby's health record (red book). Babies always have a check up prior to planning their first vaccinations.

## Baby examination

Your baby will experience a lot of physical changes in the first 2 months of life and this is why the examination is repeated at 6-8 weeks. This is an opportunity for you to talk about the general care of your baby and aspects such as feeding, crying or sleeping and to discuss anything that might be worrying you.

## *Pelvic floor exercises*

### What is the pelvic floor?

The pelvic floor muscles form the base of your pelvis and help to keep your bowel, uterus and bladder in place, now and in later life. They sag in pregnancy and are very stretched during a vaginal delivery. They are involved in the control of passing urine and bowel motions and increase pleasure during sexual activity.

Slack pelvic floor muscles are one of the main reasons for stress incontinence that some women suffer from after pregnancy. Pelvic floor exercises help to strengthen these muscles. If incontinence persists you may need to be referred to a physiotherapist.

### Pelvic floor exercises

Squeeze and shut your back passage (as if holding back pooing), your vagina (as if gripping a tampon) and your urethra (as if stopping urine flow), and draw your pelvic floor muscles inwards and upwards. Hold each squeeze for as long as you can, then relax and pause for a few seconds between each squeeze.

You can exercise your pelvic floor muscles wherever you are or whatever you are doing: laying on your back, side or tummy, sitting (while you feed your baby), and standing up (at the sink, ironing or in queues at shops). Do the exercises every day for the rest of your life.

### Good exercise to take

Swimming can be started after your 6-8 weeks postnatal examination. Walking is the cheapest and easiest exercise, and can be done with your baby. For further information about postnatal exercise classes and parent groups and activities, please refer to the National Childbirth Trust (NCT) leaflet 'Postnatal support in Oxford'.

### *Contact your GP if:*

If you have any of the following problems see your GP for advice and, if necessary, they can refer you for physiotherapy.

- Bladder or bowel problems
- Persistent pain in your back, pelvis or coccyx
- A bulging, floppy tummy 6-8 weeks after having your baby
- Persistent painful stitches
- Difficulty or pain during sexual intercourse

## *What about sex?*

Your stitches should heal by 3 or 4 weeks after the birth. We strongly recommend waiting until you have stopped bleeding, due to risk of infection. It is quite safe to have sex when you feel ready, but remember the need to use contraception. The first few times you have sex use a lubricating jelly and try out positions to find one that is comfortable for you. Don't be surprised if it feels different.

The physical relationship with your baby is very intense. In the first weeks and even months after the birth you may have no desire for sex at all. This is completely normal.

### **Contraception**

#### *When will my periods start again?*

This varies considerably and can depend on how you feed your baby. If you are not breastfeeding, your period could start as early as 4-8 weeks after the birth. If you are breastfeeding exclusively, your periods may not come back until after you stop, or have started weaning. You may become pregnant before your periods return as ovulation (when the ovary releases an egg) occurs before you get a period.

If you do not want to become pregnant again quickly after the birth, you will need to think about which method of contraception you are going to use

before you have sex again. Don't wait for your periods to return, or until you have your postnatal check before you use contraception, as you could get pregnant again before then. You may like to discuss the options with your midwife, GP, health visitor or at your family planning clinic.

#### *When can I start to use contraception?*

You can use male and female condoms as soon as you want to. You can start using the progesterone-only pill and the contraceptive implant from 3 weeks after the birth. If you are not breastfeeding then you can use the combined pill and the contraceptive patch from 3 weeks after the birth. It is usually recommended that you wait until 6 weeks after the birth to start the contraceptive injection because you might get heavy and irregular bleeding. A coil is usually fitted from 4 weeks after a vaginal or caesarean birth. You can start to use a diaphragm or cap around 6 weeks after giving birth.

If you are breastfeeding then it is usually recommended that you wait until the baby is 6 months old before starting the combined pill or the contraceptive patch. This is because these methods contain oestrogen which may reduce the milk flow.

### ***Will contraception affect the breast milk?***

If you are using a hormonal method of contraception a small amount of hormone will enter the milk, but **no** research has shown that this will harm your baby. Using the copper coil does **not** affect your milk, and copper from the device does not get into the milk.

### ***Postnatal depression (PND)***

At least one new mother in ten experiences PND, often when the baby is between 4 and 6 months old.

You may experience one or more of the following problems:

- Feeling very low, despondent, or that there is no hope
- Tired and very lethargic or have no interest in the outside world
- A sense of inadequacy
- Feeling guilty about not coping, or about not loving your baby enough
- Wanting to cry frequently / all the time
- Being unusually irritable, which makes the guilt worse
- Loss of appetite
- Difficulty sleeping
- Being hostile or indifferent to your husband or partner
- Losing interest in sex
- Having panic or anxiety attacks
- Difficulty in concentrating and/or making decisions
- Physical symptoms, such as stomach pains, headaches and blurred vision

- Obsessive fears about the baby's health
- Thoughts of death

### **What causes PND?**

PND can happen to any woman. There is no single cause for PND, but a number of possibilities have been put forward including becoming a mother, changed relationships, hormonal changes, lack of support and childhood experiences.

### **What can I do to help myself get better?**

PND usually resolves in time, although it may take up to a year. Love, support and nurture from family, friends and community are vital. Having someone to talk to is very important. A sympathetic listener, someone who can hear your feelings and worries without judging, can bring enormous relief. It could be a health visitor, a counsellor, your GP, a volunteer or your best friend.

***If you feel low or depressed, you must try to take care of yourself by ensuring that you:***

- Eat little and often
- Get into the routine of sleeping when your baby sleeps
- Get some exercise every day; this will help, as exercise is a natural antidepressant

### What are the treatments?

- Social support
- Counselling (referral is generally made by your GP or health visitor)
- Antidepressants (some are safe whilst breastfeeding)
- Complementary therapies
- A combination of all of these

### Puerperal psychosis

This is a very rare condition affecting 1 or 2 mothers in every 1000. It is noticeable in the early weeks following childbirth. A new mother may experience strange ideas and/or hallucinations. Those in contact with her will easily notice her mental disturbance. An immediate appointment with the GP is required.



### Maternity rights and benefits

Ask your midwife for a copy of 'The Parent's Guide to Money' from the Financial Services Authority (FSA). For further up-to-date information on maternity rights and benefits, check the Department for Work and Pensions website [www.dwp.gov.uk](http://www.dwp.gov.uk)

### Domestic violence

1 in 4 women is affected by domestic violence in their lifetime. It often increases in pregnancy. If you are concerned, talk to your midwife or call the national helpline **0808 200 0247**; in an emergency dial **999**.

### The Oxford Human Milk Bank

We are privileged to have a human milk bank in Oxford. Premature babies who receive no breast milk are up to 20 times more likely to suffer from a rare, but serious, condition of the gut known as necrotising enterocolitis (NEC). If all premature babies received breast milk it would prevent 100 deaths from NEC per year. If, for any reason, your breast fed baby temporarily needs more milk than you are able to provide (for example, your baby is born early or you are ill), you should be offered donor milk. Please ask for the sheet 'Donated Breast Milk' if you would like further details.

If you have spare milk, either because you drip milk (from the other breast) while your baby is feeding, or because you have been expressing and storing milk

for your baby who is now breastfeeding happily, we would love to have the surplus! Please ask your midwife for the breast milk donor form, or ring the breastfeeding clinic on **01865 221695**. The milk bank will provide you with sterile bottles – we are unable to accept milk stored in bags.

### Birth Afterthoughts

This service is available for any woman who wishes to talk about her birth experience. This will be provided by a local community midwife in your area unless you request to be seen at the hospital. There is no time limit. The contact number for this service is **01865 220605** (John Radcliffe) or **01295 229453** (Horton).

### Supervisor of midwives

Supervisors of midwives are experienced midwives who have undertaken further training and education for their role. The supervisor's role is to ensure you experience high standards of midwifery practice and high quality maternity services.

#### *How can the supervisor help you?*

You are central to the service we provide. The supervisor of midwives can listen and act on your experiences, views and ideas. The supervisor of midwives should not interfere with, or replace the relationship you have with your midwife. Neither should she replace the formal complaints system. However, it

may be useful to contact a supervisor if you have issues or concerns that need further clarification. If you would like to speak to a supervisor of midwives about any aspect of your care, please ring **01865 221696**.

### **Access to health records**

You have the right to access your own health record. If you would like to see this information, you will need to send a written request, called a Subject Access Request, to the health records manager for the Trust. You must tell us clearly who you are, how you can be contacted and what it is you wish to see.

There is a charge of £10 for a Subject Access Request. Further charges (up to a total of £50) are made for providing copies. When we receive your completed form and the fee, we have a maximum of 40 days in which to respond to the request.

### **Unmet expectations**

We encourage mothers and their families to speak to the most senior member of staff, or the most appropriate manager available at the time, if they encounter any difficulties during their pregnancy and hospital stay. We will strive to resolve your complaints quickly and effectively.

### **Patient Advice and Liaison Service (PALS)**

PALS provides an additional service that can work with patients, relatives and carers to try and solve areas of concern that affect any aspects of their use of the services we provide.

If you are worried about anything, please discuss the problem with a member of the midwifery staff. Very often they will be able to reassure you and resolve your problem, or if not they will support you to access the services of PALS.

### **Maternity Service Liaison Committee**

MSLC is a group of health professionals, maternity service commissioners and service users who meet regularly to monitor and shape maternity services. If you would like to get involved in this work please contact the MSLC via the Oxford University Hospitals website: [www.ouh.nhs.uk/maternity](http://www.ouh.nhs.uk/maternity)

### **Compliments and comments**

Additionally if you are pleased with the care that you have received please tell us. We will be delighted to receive your feedback. Email: [feedback@ouh.nhs.uk](mailto:feedback@ouh.nhs.uk)

### **Fundraising**

If you would like more information about fundraising at the Oxford University Hospitals, please visit: [www.ouh.nhs.uk/charity](http://www.ouh.nhs.uk/charity)



## *Breastfeeding support*

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If you need help while you are learning, feel free to contact any of the following:

### **JR Community Midwives**

Tel: **01865 221696**

### **Breastfeeding Clinic**

Tel: **01865 221695**

### **Abingdon Midwives**

Tel: **01235 205731/2** (24hrs)

### **Wantage Midwives**

Tel: **01235 764343** (24hrs)

### **Wallingford (St George's Ward)**

Tel: **01491 826037** (24hrs)

### **Chipping Norton**

Maternity Hospital

Tel: **01608 641682** (24hrs)

### **Banbury Midwives**

(Horton Maternity Unit)

Tel: **01295 229473**

### **The Baby Café**

[www.thebabycafe.co.uk](http://www.thebabycafe.co.uk)

### **Association of Breastfeeding Mothers**

Fully trained breastfeeding counsellors taking calls in their homes. All volunteers have breast fed their own baby and completed extensive training in breastfeeding matters.

Tel: **08444 122 949** [www.abm.me.uk](http://www.abm.me.uk)

### **La Leche League**

Information and support for breastfeeding mothers.

Tel: **0845 120 2918** [www.llli.org](http://www.llli.org)

### **Breastfeeding Network**

Tel: **0300 100 0212**

[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

## *Parenting support*

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### **National Childbirth Trust (NCT)**

[www.nct.org.uk](http://www.nct.org.uk)

### **Association of Postnatal Illness (APNI)**

Tel: **0207 386 0868** [www.apni.org](http://www.apni.org)

### **Birth Trauma Association**

Support for women who have had a traumatic birth experience.

[www.birthtraumaassociation.org.uk](http://www.birthtraumaassociation.org.uk)

### **CRY-sis**

Support for families with sleepless and demanding babies. 7 days a week  
9 am-10 pm

Tel: **08451 228 669** [www.cry-sis.org.uk](http://www.cry-sis.org.uk)

## **OXPIP**

### **Oxford Parent Infant Project**

[www.oxpip.org.uk](http://www.oxpip.org.uk)

## **Children's Centres for families in Oxfordshire**

Children's Centres are for you and your family. Please contact your local community midwife.

Tel: **08452 26 26 36**

[www.oxfordshire.gov.uk/childrenscentres](http://www.oxfordshire.gov.uk/childrenscentres)

## **The Samaritans**

Tel: **08457 90 90 90**

## **Home-start Schemes**

Support and friendship for families.

Tel: **0800 068 63 68**

[www.home-start.org.uk](http://www.home-start.org.uk)

## **MAMA (Meet a Mum Association)**

Tel: **0845 120 3746**

Mon-Fri 7pm -10pm [www.mama.co.uk](http://www.mama.co.uk)

## **NHS Direct**

Tel: **0845 46 47** [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

## **NHS Choices**

[www.nhs.uk](http://www.nhs.uk)

## **You and your baby**

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## *useful contacts*

Midwife's Name:

Midwife's Telephone:

Health Visitor's Name:

Health Visitor's Telephone:

GP's Name:

GP's Telephone:

Notes:

# Are you a new **parent** or **parent-to-be?**

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**National Helplines**

**Parenting courses**



For more information visit  
**[www.nct.org.uk](http://www.nct.org.uk)**

[www.bras4mums.co.uk](http://www.bras4mums.co.uk)

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