

Post Natal Booklet



Please scan this and check out Flying Start information
<https://www.bsuh.nhs.uk/maternity/you-and-your-baby/flying-start/>

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Postnatal Information

If you have concerns about yourself or your baby, please call Maternity Telephone Triage on: 01903 285269.

In a real emergency you should call 999 and ask for an ambulance.

At University Hospitals Sussex we celebrate inclusivity and diversity and support all parents and families to make informed decisions around feeding. This leaflet predominantly uses the term

'breastfeeding' and 'breasts'; however, we appreciate that not all birthing people identify as 'women' and may prefer to use terms such as 'chest feeding' and 'birthing person'. We are here to support all women and people using our service, so please speak with your midwives about your choices and your preferred language. For more specific information for non-binary and transgender parents please visit:

www.nhs.uk/pregnancy/having-a-baby-if-you-are-lgbt-plus

Congratulations on the birth of your baby

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 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 will help to address any worries you may have about yourself or your baby. If you have any concerns, please phone Maternity Triage on **01903 285269**

During this period you may have some concerns about your health or that of your baby.

It is important that you speak to a member of your healthcare team (such as your midwife, health visitor, GP or maternity support worker (MSW) if you have any concerns or questions.

You and your family are encouraged to ask for help whenever you need it.

When reading this booklet, you will see the word 'postnatal' many times. This may be a new word for you. We just want to reassure you that it simply means afterbirth, referring to everything that happens to you and your baby after you have given birth.

Care and communication

How can I contact your team?

You will be provided with a link to your personal Badgernotes App. This will be completed by the health professionals providing your care and will be filled in during every contact you have with a member of your healthcare team.

What will be included in my care plan?

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

This information and any discussion you have with your healthcare team should include explanations about the care you receive. You can ask any questions you want and can always change your mind. Your own preference is important and your healthcare team should support your choice of care wherever possible.

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

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

NICE (National Institute for Health and Clinical Excellence) has recommended that all health services caring for women and their babies ensure they put into practice a programme that encourages breastfeeding.

Postnatal care in the community

When should I expect to be visited by a midwife?

We try to accommodate your individual and family needs following the birth of your baby. You will receive a visit from a community midwife the first day following your discharge from hospital. This is to plan your individual post-natal (afterbirth) care needs. We will not be able to give you a specific time for this first visit, it will be between 9am and 5pm.

If you and your baby are well and are happy with everything a midwife or a MSW will come again five days after the birth of your baby. At this appointment, with your permission, we will do the New Born Blood Spot Test. (See [Screening tests in pregnancy - NHS \(www.nhs.uk\)](#)).

From day 10 after the birth of your baby, if you and your baby are fit and well, we will discharge you from midwifery care and hand you over to the Health Visitors. Discharge visits take place in a community clinic or at home.

Due to the unpredictable nature of our work, our schedules and workloads can change daily. We may need to call you on short notice to reschedule your visit.

What happens if I need any extra support at home?

If at any point you need more support for any reason, a midwife or MSW will come and see you more often. The main reason for extra visits is usually for breastfeeding support. If this is the case you are more likely to be visited by an MSW.

The role of the MSW is to support you in learning good breastfeeding techniques and help you gain confidence when feeding your new baby.

The MSWs are trained in breastfeeding support and will also weight your baby when they visit to make sure the feeding is successful.

If necessary, the MSW may refer back to the midwife for any concerns which are not related to feeding or they may discuss the feeding with one of our breastfeeding specialists in order that you can continue successful feeding.

If you have any medical concerns during your visit from the MSW please feel free to mention these. It will, however, be necessary for them to refer back to the midwife.

You may also be referred to one of the local breastfeeding support groups for additional help. If you have any concerns or queries with regards to your postnatal visit, please contact:

Maternity Telephone Triage:

01903 285269

Brighton Community midwives office:

01273 664794

Worthing Infant Feeding line:

07808 099816

St Richards Infant Feeding line:

07808 099829

Out of hours service

If you have any concerns or questions about yourself or your baby overnight then please call triage **01903 285269** where staff will be able to advise you about any issues with regards to your health, care of your baby or breastfeeding support.

Postnatal care for mum

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 tasks 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!

Breast changes

When the milk comes in, usually around three to four 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 frequently may ease the discomfort.

Some women find it helps to take mild painkillers such as paracetamol and/or ibuprofen. Speak to your midwife if you are having problems with engorged breasts or difficulty feeding your baby.

If bottle feeding, it may take a couple of days for the breasts to soften. Wear a soft bra, day and night and take regular pain relief if necessary.

Bleeding

After your baby is born you will have some vaginal bleeding, called lochia. To start with, the bleeding may be slightly heavier than the first day of a period. 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 blood as tampons can introduce infection.

Over the next few days, the bleeding 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 two to six weeks after the delivery and it is normal. You should change sanitary pads at least every four hours.

If your lochia becomes heavier, you start passing clots or your loss becomes foul smelling, you should contact your community midwife for advice.

Bowel care

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

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 later childbirth. A mild painkiller like paracetamol or ibuprofen may help. These are safe to take even if you are breastfeeding.

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.

Your health

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

Please see the table below for symptoms to watch out for.

Common health concerns for women who have recently given birth

Symptoms to watch out for	What this could mean	What should happen
Not being about to pass urine within six hours of giving birth	Urine retention	Advise you to take a shower. Recommend use of catheter if this doesn't work.
Difficulty or inability to pass stools	Constipation	Advise you on your diet and fluid intake. You may be offered a gentle laxative if changes in diet don't help.
Leaking urine when you don't mean to	Urinary incontinence	Advise you on how to strengthen your pelvic floor muscles with exercises. Advise you to complete a self-referral form to physiotherapy if symptoms persist or are impacting your quality of life: https://sussexlmns.org/forms/pelvic-health-physiotherapy-referral/
Low mood, anxiety, restlessness, tearfulness, fatigue	Baby blues, postnatal depression	Encourage you to take gentle exercise, take time to rest, get help with caring for your baby and talk to someone and ensure you have access to social support networks. If you have experienced symptoms of the baby blues which have not improved after 10-14 days you should be assessed to see if you have postnatal depression.
Rectal pain or bleeding	Haemorrhoids	Advise you to increase the amount of fluid and fibre in your diet to help avoid constipation. Offer to check your rectal area and offer treatments or further evaluation if needed.
Passing stools when you don't mean to	Faecal incontinence	Assess how severe the problem is and ask how long it has been happening for. Refer you for further checks if this doesn't get better
Persistent tiredness	Anaemia (not enough iron in your blood)	Ask you about your general well-being and offer you advice on diet and exercise. Check for any physical, psychological or social causes. You may be offered iron supplements.
Backache	Musculoskeletal problem	Advise you on basic back care and exclude red flags. Advise you to complete a self-referral form to physiotherapy if symptoms persist or are impacting your quality of life. https://sussexlmns.org/forms/pelvic-health-physiotherapy-referral/

Pain relief

Please discuss taking paracetamol or ibuprofen (if you normally take these and have no allergies) with your GP if needed.

The perineum is the area of skin between your vaginal opening and your back passage (anus). Some women give birth without injury to the perineum, however, injuries or tears can occur at the time of vaginal delivery.

Wellbeing & Exercise in Pregnancy Programme (WEPP)

As well as providing free, online resources and exercise videos for use during your pregnancy, WEPP can also support you after the birth of your baby. The postnatal



Your baby's health

What signs should I pay attention to after I leave the hospital with my baby?

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

At every contact you should be offered information to help you care for your baby's health and recognise potential concerns (see table below). This information should help you to identify if your baby is unwell and when you need to contact your health professional. If you are worried about your baby's health or have any questions you should be encouraged to talk to your healthcare professional or ring the advice line number.

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.

exercise videos are suitable after 6-8 weeks as long as you are medically fit and well.

Please click on link to access the website:

<https://sussexlmns.org/wepp>

When might I need to seek further advice?

You should ask your Midwife, Health visitor or GP for advice if you have any of the problems below:

- Persistent pain in back, pelvis, pubic bone, groin or stomach.
- Any problems with loss of bladder or bowel control such as wetting, soiling or having to rush to the toilet.

They may then refer you for physiotherapy treatment.

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. The cord stump will dry and fall off between five and twelve 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.

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.



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.

You can find further information on coping with a crying baby (ICON) on this link: **Home - ICON Cope** <https://iconcope.org/>

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 six 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.

Safe Sleeping - Key advice

- Lie your baby on their back at the foot of the cot
- Keep the cot clear
- Use a firm, flat, waterproof mattress
- Keep your baby smoke-free
- Avoid your baby overheating
- Sleep your baby in the same room as you for at least the first six months

Please also see for further information:

www.unicef.org.uk/babyfriendly/baby-friendly-resources/sleep-and-night-time-resources/caring-for-your-baby-at-night/

<https://www.lullabytrust.org.uk/safer-sleep-advice/>

Why my baby is vomiting (being sick)?

Information and helpful advice on vomiting babies

Most babies vomit small amounts from time to time and bring up some milk when they burp. This is known as possetting and is usually nothing to worry about. You can tell when your baby is vomiting rather than possetting because there will be a lot more coming out.

Vomiting is also very common (up to half of all babies) and in most cases will improve with time. Although it might look like they are vomiting a lot, most babies continue to grow normally and do not look particularly distressed by it.

As long as your baby seems otherwise healthy and continues to gain weight, there's usually no need to worry or seek further help.

However, vomiting can occasionally be a sign of an underlying problem such as severe reflux, milk allergy, pyloric stenosis, a stomach bug, or infection. Below are some signs to look out for if you are worried.

When should I worry and what should I do?



Call 999 or go to A&E now if your child:

- Has green vomit (like the colour of spinach or peas).
- Becomes pale, mottled and feels abnormally cold to touch.
- Has pauses in their breathing lasting more than 10 seconds, is grunting or is going blue around the lips.
- Is stiff or rigid or makes repeated, jerky movements of arms or legs that don't stop when you hold them (a fit or seizure).
- Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake).
- Develops a rash that does not disappear with pressure (the 'Glass Test').
- Is under 3 months of age with a temperature of 38°C / 100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features).



Call 111 or ask for an urgent GP appointment if your child:

- Vomits forcefully (shoots across the cot or the room).
- Not interested in feeding and/or looks dehydrated.
- Is becoming drowsy (excessively sleepy) or irritable.
- Has trouble putting on weight or is constantly arching their back and crying when feeding.
- Ongoing vomiting with blood in the poo.
- Is getting worse or you are worried.



Your child does not seem to have any symptoms of serious illness or injury

- Your child does not seem to have any symptoms of serious illness or injury.
- You can get general advice on the NHS conditions or from your local pharmacy.

If your child develops any of the symptoms in the boxes above, follow the advice for that box.

What about if my baby is healthy but is still vomiting?

If you are breastfeeding, seek advice from a breastfeeding specialist, either a specially trained health visitor or a breastfeeding counsellor. It is possible that your baby is not latching on properly.

If you are bottle feeding, ensure your baby is in the right position (sitting almost upright) and that you use the recommended amount of powder (it is quite easy to use too much if you have changed product, or using a different scoop than the one provided in the tin).

It is also quite easy to give your baby too much milk when you are bottle feeding. Their stomach is only small, and most babies need little and often: 6 to 7 feeds per day is the norm, including at night. Your health visitor can help review how much milk your baby should need and the timing of the feeds.

However, if after two weeks you are still concerned, seek advice from your health visitor or GP.

Common health concerns in newborn babies

Concerns	What should happen
Jaundice (yellowish colouring of the eyes and skin) or pale stools	Contact your healthcare professional.
Jaundice in the first 24 hours after birth	You should get emergency medical attention for your baby.
Jaundice in babies aged 24 hours or older	Your baby's wellbeing and health should be monitored.
Jaundice in babies aged 7-14 days	Your baby should be assessed by your healthcare professional.
Jaundice in breastfeeding babies	You should be advised to feed your baby often and wake your baby to feed if necessary. You should not be advised to top up with formula milk, water or dextrose (sugar water).
Nappy Rash	Your healthcare professional will advise on how to reduce nappy rash (e.g. avoid bubble baths, medicated wipes and harsh detergents. Use mild detergents and fabric softeners).

Persistent nappy rash that is painful	You may be offered antifungal cream or gel to treat your baby.
Thrush (common fungal infection) in the mouth or on the bottom	You should be advised about relevant hygiene practices. If thrush is causing feeding problems or you or your baby are in pain, you should be given antifungal cream or gel.
If a newborn baby hasn't passed meconium (the first stool of newborn babies) within 24 hours of being born	You should get emergency medical attention for your baby.
Constipation in bottle-fed babies	Your healthcare professional should check the preparation quantity, frequency and composition of feeds.
Diarrhoea	Your healthcare professional should check your baby and give advice.
Excessive and inconsolable crying	Your healthcare professional should check for causes of crying including colic.

Is my baby unwell?

If you think your baby may be unwell, you can use the Baby check: Is your baby really ill? to assess your baby. However, you should discuss any concerns with your community midwife or Maternity Telephone Triage **01903 285269**, or **in an emergency call 999**.

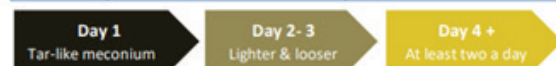
Feeding your baby

Your baby will have a variable feeding pattern, this should be responsively between 8 to 12 feeds in 24 hours. Initially they will take small amounts of colostrum, then increasing amounts as the milk comes in around day 3 to 4. 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 should be fed responsively, ask to be shown how to sterilise equipment and make up feeds safely if bottle feeding.

Breastfeeding is going well when:	Talk to your midwife/health visitor if:
Your baby has 8-12 feeds in 24 hours	Your baby is sleepy and has less than 8 feeds in 24 hours
Your baby feeds for between 5 and 40 minutes	Your baby falls asleep before the feed is finished or stays of for over 40 minutes
Your baby has normal skin colour	Your baby appears jaundiced (yellow discolouration of the skin)
Your baby is calm and relaxed whilst feeding and is content after most feeds	Your baby comes on and off the breast frequently during the feed/ appears agitated
Your baby has wet and dirty nappies appropriate for its' age (see below)	Your baby is not having nappies appropriate for its age (see chart)
Breastfeeding is comfortable	You are having pain throughout a feed and/or your nipple is pinched or flattened
From Day 3, you can hear swallows with most sucks	You cannot hear swallows when your baby feeds from day 3
	You are worried your baby is not getting enough milk
	You feel you need to give your baby formula milk or use a dummy to settle your baby between feeds

Baby's age	Wet nappies	Dirty nappies
1-2 days old	1-2 or more Urates may be present (dark pink/red substance)	1 or more, 'tar-like', called meconium.
3-4 days old	3 or more Nappies feel heavier.	At least 2.
5-6 days old	5 or more Heavy wet	At least 2, may be quite watery.
7-28 days old	6 or more Heavy wet	At least 2, yellow and watery, 'seedy' appearance.



If your baby does not poo for 24-48 hours, please speak with your midwife or health visitor as this may mean they aren't getting enough milk.

If your baby is breastfeeding

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

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

During the first week

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

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

Your healthcare professional should work with you to help you breastfeed successfully. Speak to a midwife if your baby does not poo at least twice every day or if the poo hasn't turned yellow by day 5. This can be a sign that your baby isn't getting enough milk.

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.

Please see [guide to bottle feeding](#) for further information.

Breastfeeding in the first few days

Establishing breast feeding can be challenging. Your baby may want to feed very frequently and this can feel hard especially when you are very tired, during the night and if your nipples are sore. We are here to help support you during this time to establish breastfeeding, both on the post natal wards and at home. This leaflet offers some useful tips and practical advice about breastfeeding in the first few days that we hope you will find useful.

Frequency of Feeding

Babies vary in the frequency of their feeding in the first 48 hours. Many feed frequently for short periods, whilst others may not feed very much in the first 24 hours and then want to feed a lot. A baby's stomach at birth is tiny (about the size of a hazelnut) and it does not need much to fill it. Even though you may think that you are producing only small amounts it matches the size of the baby's stomach. After the first 24-48 hours your baby should be feeding between 8-12 times in 24 hours, including at night. If your baby is breastfeeding less than 8 times in 24 hours, you can start expressing. This will help your milk supply and provide your baby a little extra milk. Speak with a midwife about this.

Night feeds

Night time feeds are particularly valuable because the milk-producing hormone Prolactin is present in larger quantities at night. Thus night feeds are really important for building up your milk supply. Surprisingly, night feeds also have a relaxing effect; the quality of sleep improves due to the breastfeeding hormones produced. It has been proven that women who breastfeed have a better quality of sleep and get back to sleep quicker than mothers who bottle feed. If it is your first baby, and the baby has fed a lot at night, have a lie in the following morning.

Sore Nipples

Sore nipples are caused by the baby being incorrectly attached to the breast, rather than suckling itself. When positioning and latch are corrected, feeding will immediately become more comfortable, and even very tender nipples will heal quickly.

'Reading' your baby

Babies have many ways of letting you know they need food.

They only begin to cry to be fed once the other signals they have given have not been recognised. Some newborn babies will not have the energy to cry and may just go back to sleep if the feeding cues are not responded to.

Infant feeding cues

- Rapid eye movements seen under closed eyelids
- Flexing of arms while still asleep
- Making sighing noises
- Lip sucking
- Mouth gaping
- Rooting and putting hand to mouth
- Following their hand with gaping mouth
- Waking and making quiet eye contact.

This sequence of non-verbal cues lasts for approximately fifteen minutes. If the above body language is not responded to, most babies will cry. Some, however, will simply go back to sleep to conserve energy.

It is recommended that you respond to the early cues. Babies that are learning to breastfeed, often feed better when, they are coming out of a sleep, rather than very hungry and upset. This is called responsive feeding and allows for babies to find comfort as well as food at the breast.

We now know that keeping our babies close and responding to their cues for food, comfort and love is important for their brain growth and this closeness helps to foster close family relationships, which are good for long term health and wellbeing. Breastfed can be used to comfort babies and breastfed babies cannot be overfed.

How does artificial feed affect breastfeeding

Breastfeeding works on a supply/demand basis. The more the baby feeds the more milk is produced. If a baby is given an artificial feed it will take longer to digest and she/he will not want to suckle for some time. This affects this natural balance of supply/demand and thus less milk is produced.

If the baby does not breastfeed often enough, your breasts may become full. This can be

painful and may make it difficult for the baby to attach correctly.

Artificial feeds alter the bacteria in the baby's gut. This may increase the risk of your baby developing infections.

Artificial feeds may potentially increase the risk of asthma, diabetes obesity and allergies, particularly if there is a family history.

A baby uses the tongue, jaws and mouth differently when sucking on a bottle. If a baby is given a bottle at this early stage, she/he may find it more difficult to learn to suckle at the breast as a very different technique is practised when bottle feeding.

How much breast milk does my baby need?

Your baby's tummy is tiny at birth with a stomach capacity of around 5 to 7mls: about the size of a hazelnut. This increases over the first few days to 22 to 27 mls at 3 to 5 days. By 10 to 12 days the capacity expands to 60 to 85 mls (about the size of a walnut!).

Milk is made on a supply or demand basis. The more milk that is removed, the more milk you make. The early days are crucial to success. Do not worry about your milk production. If your baby is fed regularly at the breast, or you are expressing 8 to 10 times a day, your milk supply will increase to match your baby's growing appetite.

How can I tell if my baby is getting enough milk through nappy output?

Your baby should be producing at least two on day two, three on day three, four on day four and at least six wet nappies a day thereafter. The volume of urine in the nappy should increase along with the increase in number of wet nappies. Note the colour of dirty nappies. The stool should be changing from the sticky, dark meconium by day three, be brown by day four and become a yellow colour by the fifth day. Your baby should poo at least twice a day, many babies poo more frequently than this. It is a good sign that your baby is getting enough milk.

If your baby does not have a dirty nappy for more than 24 hours or the stools are not changing colour in the first five days, ask your midwife advice.

Can I practice expressing colostrum (first milk)?

You can practice the technique of expressing colostrum (first milk), toward the end of your pregnancy from 36 weeks, so that you feel comfortable with it.

Start again as soon as possible after your baby is born, while you are on labour ward, during skin to skin.

How can hand expressing colostrum benefit my baby?

This may stimulate your baby to feed and if not, provide valuable colostrum, you can express onto baby's lips. Every drop is precious. We suggest hand expressing a little colostrum every 2-3 hours for all babies until your milk comes in.

Hand expressing is really useful when you have a sleepy baby who needs colostrum in the first 24 to 48 hours but is not established feeding.

It is also helpful when your baby has been admitted to Special Care at the PRH or the Neonatal Unit at the RSCH. By hand expressing you can stimulate your milk supply and your colostrum will be given to your baby. When the baby is well enough to breastfeed, you will have a ready supply. If your baby is born premature it is recommended that you start hand expressing within 2 hours of birth and continue to do so between 8 to 10 times every 24 hours, including at night.

What can I do to increase expressing milk?

Hair brushing and shoulder massage before and during your expressing will relax you and increase Oxytocin levels. Massage your breasts for a few minutes. Use flat of fingers, and gently move around the breast, gradually work your way

towards the nipple and areola. Do not drag your fingers over your skin. About five minutes of massage will help the milk to flow. Some women make a fist and gently knead the breast, do not drag the skin, move around the breast in circular movements, gradually working down to the areola. Rolling your nipple between your finger and thumb stimulates Prolactin output.

When you are ready to start expressing, place your thumb on top of your breast approximately 2cms away from the base of the nipple, place your index finger the same distance away from the base of the nipple, underneath your breast.

Push back into breast tissue a little, and then gently compress the breast. You can move finger and thumb, around the breast so that you express all areas. Ask a member of staff to talk you through it.

Do not be concerned if you do not see anything at first, just keep trying and it will come. To establish your milk supply, if your baby is not feeding in the first 24-48 hours try to hand express for about 100 minutes in 24 hours. This sounds a lot, but if you hand express for five minutes every hour, you will be doing fine, and if you were able to do more, so much the better.

The trick is not to be put off if you do not see anything at first, the repeated hand expression will trigger the production of colostrum as the day goes on, and in the course of a day you can go from nothing, to a few beads by lunchtime to collecting colostrum into a syringe for baby by late afternoon!

Babies only need small amounts of colostrum in the first day and even tiny beads of colostrum are packed with components which reduce risk of infection; increase baby's ability to use alternative energy stores in the first two days, and help protect against future illness.

Common breastfeeding concerns

Concerns	What should your healthcare professional do?
Cracked or painful nipples.	Assess attachment and positioning of you and your baby.
Full, painful, tender breasts.	Advise frequent unlimited breastfeeding, hand expression, cool flannels and Paracetamol.
Mastitis (flu like symptoms: red, tender and painful breasts).	Offer help with attachment and position and advise continued breastfeeding and/or hand expressing, gentle breast massage, Paracetamol and cool flannels on your breasts. You should be advised to contact your healthcare professional again if the symptoms last more than a few hours. You may be offered antibiotics.
Inverted nipples (this does not mean you cannot breastfeed your baby, but you may need more help and support to get you started).	Provide reassurance and extra breastfeeding support.
Difficulty feeding you baby after help with attachment and positioning.	Provide extra help with attachment and positioning, try laid back feeding. If feeding doesn't improve, your baby should be checked for a tongue tie.
Feeling you don't have enough breast milk to feed your baby.	Observe a breastfeed, help with attachment and positioning and check your baby's health.
Sleepy baby.	Advise skin-to-skin contact or massaging of the baby's feet to wake the baby for feeding. Your baby should be checked if he or she continues to be sleepy. Continue to offer colostrum every 2-3 hours.

Please also see NHS breastfeeding for the latest information and advice on breastfeeding including lots of really useful videos and tips for successful feeding. Please visit our infant feeding pages and visit our Padlet where you will find lots more useful information and videos.

Further help:

Infant feeding email helpline for Princess Royal, Royal Sussex, St Richards & Worthing hospitals: uhsussex.infantfeeding@nhs.net

Breastfeeding drop-ins in Brighton & Hove and West Sussex

There are daily breastfeeding drop in- clinics for Brighton and Hove and West Sussex.

For the most updated information follow these links.

Brighton and Hove:

 www.sussexcommunity.nhs.uk/services/servicedetails.htm?directoryID=16280

West Sussex:

 www.sussexcommunity.nhs.uk/services/breastfeeding/milk-breastfeeding

Infant Feeding Line for St Richards Hospital: **07808 099829**

Infant Feeding Line for Worthing Hospital: **07808 099816**

Health Visitor teams West Sussex: **01273 242004**

Registration of baby's birth

Your baby's birth needs to be registered in the registration district where it took place within 42 days (six weeks) of the date of birth.

If your baby was born in **Brighton & Hove** to make an appointment go to www.brighton-hove.gov.uk or telephone **01273 292016**

- **Brighton and Hove Register Office**
Bartholomew Square, Brighton, BN1 1JA
Opening times: Monday, Tuesday, Thursday and Friday 9:30 am to 5:00 pm,
Wednesday 10:00 am to 5:00 pm

If your baby was born in **Haywards Heath** to make an appointment telephone **01243 642122**

- **Haywards Heath Register Office**
Haywards Heath Library, 34 Boltro Road,
Haywards Heath, RH16 1BN

If your baby was born in **Worthing** or **Chichester** to make an appointment go to www.westsussex.gov.uk or telephone **01243 642122**

West Sussex Registration Offices are open Monday to Friday - by appointment only

- **Chichester Register Office**
West Sussex Record Office, 3 Orchard Street, Chichester, PO19 1DD
- **Bognor Register Office**
Durban House, South Bersted Business Park, Durban Road, Bognor Regis, PO22 9RE
- **Horsham Register Office**
Park House, North Street, Horsham, RH12 9SB
- **Littlehampton Register Office**
Littlehampton Library, Maltravers Road, Littlehampton, BN17 5NA
- **Midhurst Register Office**
The Grange, Bepton Road, Midhurst, GU29 9HD
- **Storrington Register Office**
Storrington Library, Ryecroft Lane, Storrington, RH20 4PA
- **Worthing Register Office**
Worthing Library, Richmond Road, Worthing, BN11 1HD

Who can register my baby's birth?

There are different options available:

- If the baby's mother and father were married to each other at the time of the birth, either parent may register.
- If the mother and father were not married at the time of the birth, the mother may register alone, but the father's details can only be entered if they attend to register together.
- If this is difficult the mother or father may make a statutory declaration using a prescribed form (please contact the register office for further details), or the father's details can be added by re-registering the child at a later date.

Other people may register the birth in exceptional circumstances.

Please contact the register office for further information.

What about if we are a same sex couple?

Same sex couples can now become equal legal partners of children they conceive together or conceive through a surrogate.

Lesbian couples who are:

- Civil partners or married at the time of the conception and conceive a child through artificial insemination will both automatically be treated as their child's legal parents.
- Not civil partners or married at the time of conception but who conceive together through a fertility clinic in the UK licensed by the Human Fertilisation and Embryology Authority may also be treated as legal parents.

Different options are available to gay men depending on their specific circumstances.

For further information please contact the Register office.

What information will the registrar ask for?

Baby

- Date and place of birth.
- Whether the baby is a boy or a girl.
- The full name and surname in which the baby is to be brought up.
- Proof of your baby's NHS number (infant discharge summary).

Mother

- Full names and surname.
- Date and place of birth.
- Address at the time of the birth.
- Her occupation.

Father or co-parent (if his/her details are to be entered in the register)

- Full names and surname.
- Date and place of birth.
- His/her occupation.

You should bring at least one form of identification when you go to the register office.

You can bring:

- Passport.
- Birth certificate.
- Deed poll.
- Driving license.
- Proof of address (eg, utility bill).
- Council Tax bill.
- Marriage or civil partnership certificate.

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 (needed to obtain a passport) which is a complete copy of the entry in the register is also available for a fee.

Further short and full birth certificates can be purchased at the time of registration or at any time afterwards.

Registering your baby with a General Practitioner

You will need to register your baby with a General Practitioner (GP) as soon as possible. To do this you will need to complete a form GMS1 which is available from all GP practices. Your baby/babies has/have been allocated an NHS number at birth. This can be found either in your baby's NIPE report, newborn blood spot stickers on your Badgernotes. The NHS number of your baby/babies must be entered on to form GMS1 to register your baby/babies with a GP.

The transition to parenthood, mood changes, postnatal depression and post traumatic stress disorder

Childbirth can be one of the most challenging and rewarding experiences in any woman's life. The creation of a new life is a very personal experience which brings enormous pride, pleasure and responsibility. While it is a very exciting time, new mums can and do feel tired, stressed and sometime overwhelmed by their new circumstances; these feelings are natural, and a period of adjustment is to be expected.

Postnatal depression affects about 10 per cent of women who have just had a baby. It is a reaction to a life event which can be split up into three categories. Baby blues a few days after delivery, postnatal depression which can continue for months, and postnatal psychosis.

The information below has been written to try to explain the changes that can occur in the early months after you have given birth to your baby, and to help women who are suffering from these very common problems to talk about them and seek the help they need.

Baby blues

Around the third or fourth day after giving birth, 50-80% of women go through what is known as the 'baby blues'. It is not known why it happens, but it is quite normal and very common and may last up to a week:

You may be feeling:

- Upset and cry for no reason.
- Tired and weary.
- Feeling useless.
- Anxious (stressed out).
- Unable to sleep.
- Cross and cranky.
- Not eating properly.

What can you do to help yourself?

- Rest, rest and more rest. Take naps when you can and as often as you can.
- Do not be too hard on yourself. You do not have to be super woman. Accept help around the house from family and friends.
- Eat a healthy diet, a little and often if your appetite is poor. Take plenty of drinks especially if breastfeeding.

- Talk about your feelings to your partner and friends and allow yourself to have a good cry if you feel upset.
- Treat yourself and try to organise time for yourself and your partner.
- Remember – please do not be afraid to talk to your midwife, health visitor or GP. They are there to help you.

What can partners/family/friends do to help?

- Be aware that most new mothers go through the 'baby blues'. Be patient and willing to help with the baby and the housework.
- Give the new mother time out to rest and relax.

What is postnatal depression?

Postnatal depression is a term used to cover feelings of depression after having a baby and affects about 10% of new mothers. It usually begins between one month and three months after giving birth.

At first many women are tired, feel unsure and are not able to cope when they come home from hospital. This normally passes within a couple of weeks. However, for some mothers with postnatal depression, things do not improve.

Any new mother can get postnatal depression, but some women seem to be at higher risk than others. If you have the following 'risk factors' then you might be more at risk of postnatal depression than other women, but the chance of this is still low and it does not automatically mean that you will get depressed.

Risk factors for postnatal depression

- Being depressed before, particularly previous postnatal depression.
- Having a psychiatric illness (disorder) already.
- Being alone or isolated with few friends and poor social support.
- A poor relationship with your partner.
- A recent stressful event, e.g. bereavement, moving house.
- Severe/unresolved postnatal blues.

You may not know what is wrong with you and do not want anybody else to know your feelings about yourself and your baby. This makes it difficult to look for help, but by doing so, you can get the support and help you need to make a speedy recovery and prevent the possible consequences of untreated postnatal depression. Delay may affect your ability to bond with and stimulate your new baby which will have a detrimental effect on the baby's development.

What are the main symptoms to look for?

- A lack of interest in yourself or the baby.
- Unable to cope, finding everything is an effort.
- Feeling that you are a bad mother, guilty and ashamed.
- Fear of being left alone with your baby.
- Feeling angry, confused and unable to concentrate.
- Feelings of panic, anxiety, dizziness, fast heart beat, sick in your stomach and sweating.
- Feeling exhausted yet unable to sleep properly (finding it hard to get to sleep and/or waking up very early in the morning).
- Over-eating or no interest in food.
- No interest in sexual relations.
- Feelings of hopelessness.

Postnatal depression usually lasts up to six months, but some symptoms may remain a year after the baby was born.

Some women may not feel depressed but suffer from an anxiety disorder or panic disorder instead. You may have symptoms of intense anxiety, rapid breathing and heart rate, shaking and dizziness.

Some women also suffer from obsessive compulsive disorder following birth. Symptoms include repetitive thoughts (possibly about harming the baby), avoiding the baby and anxiety.

What can be done to help?

Postnatal depression is treatable and is treated in much the same way as ordinary depression.

Talking about the problem with somebody, such as a midwife, health visitor or GP is very

important, and you should not delay in seeking professional help.

Getting extra support and help from family and friends with looking after the baby is also important.

Often simple measures like more rest and time out will be very beneficial. Joining a support group for women suffering from postnatal depression may also be helpful. Prescribed treatment may involve a combination of drug treatment and psychotherapy. The initial treatment can be counselling and may be carried out by health professional visiting the mother at home.

Where some women have more severe postnatal depression sometimes antidepressants are necessary. Although this can cause problems with breastfeeding, since some drugs get into the breast milk, there are drugs that are safe. You should remember that the most important thing both from the baby's and your point of view is to get better as quickly as possible.

In rare cases, women can become very severely depressed and may then need admission to hospital for their own safety and to receive specialist help.

What is postnatal psychosis?

This is a rare complication of childbirth occurring in 1 in every 500 women or so.

It is most likely to occur in mothers who have previously had an episode of serious mental illness or in those who had a strong family history of serious mental illness.

Symptoms of the disorder can be varied but usually include:

- A disturbance of mood, though this can be either an elevation of mood (mania) or depression.
- Having muddled thoughts.
- Loss of contact with reality.
- False ideas (delusions).
- Hearing voices or seeing things that are not there.
- Abnormal behaviour.

Symptoms appear from a couple of days to a couple of weeks after the birth and it is important for mothers with postnatal psychosis to receive treatment as soon as possible.

Postnatal psychosis requires treatment that will depend on the exact symptoms that you are suffering. The use of drug treatments may vary if you are breastfeeding. This will usually involve a psychiatrist.

The effects of a mother's postnatal depression on other family members and their subsequent needs should be considered and support offered as appropriate.

What is post-traumatic stress disorder?

A small percentage of women may find their birth experience traumatic and may suffer from anxiety or distress. Some may even find they have symptoms of post-traumatic stress disorder. If you are feeling traumatised by your birth experience and are experiencing any of the following symptoms:

- Nightmares.
- Flashbacks.
- Panic attacks.
- Numbed emotions.
- Sleeping difficulties.
- Problems with concentration.
- Irritability or anger.

Please speak to your GP, Midwife, a close friend or your family and tell them. You can also contact the Birth Trauma Association at their website:

www.birthtraumaassociation.org.uk.

Birth Stories gives you the opportunity to talk one-to-one with a midwife counsel through your birth experience, especially if you had a traumatic experience. Click on this link for details on how to access this service:

<https://www.uhsussex.nhs.uk/services/maternity/specialist-support/birth-stories/>

What does this mean for me?

If you think you are at risk of developing postnatal depression, it is very important that you seek advice for your own particular situation. It may be easier to contact someone you already know, this could be your midwife, GP or health visitor, or you may prefer to contact a self-help organisation.

We all expect to feel a gush of love for our new baby. This may not happen straight away for every mother. Skills will come with time and experience. Do not be afraid to look for help.

Are there any support groups?

For details on local support groups you will need to ask your midwife, health visitor, GP or ask at your children's centre or local health centre.

Contraception

There is no 'right time' to start having sex again after you have given birth.

It is important to listen to your body and start having sex when you feel you are ready.

You can get pregnant again as little as three weeks after having a baby even if you are breastfeeding and your periods haven't started again.

Make an appointment to see your family planning nurse or GP to discuss your contraception options.

Contraception Choices

The choice	Effectiveness & advantages	Main drawbacks
<p>Combined pills Tablets contain estrogen and progestogen (Many types available containing different combinations of estrogen and progestogen in different dosing regimens).</p>	<ul style="list-style-type: none"> At least 99% effective when taken correctly. Works mainly by preventing egg release. May be useful for young healthy women who can reliably take pills. 	<ul style="list-style-type: none"> Not suitable for women with conditions such as high blood pressure. Not suitable for women over 35 who smoke. Effectiveness can be affected by vomiting or diarrhoea.
<p>Progestogen-only pills Tablets contain only progestogen (Many different types available).</p>	<ul style="list-style-type: none"> 99% effective when used correctly. May be suitable for women who do not want to or cannot take estrogen. <p>2 main ways in which they work, one -</p> <ul style="list-style-type: none"> Works mainly by preventing egg release. In case of missed pill, can be taken up to 12 hours late. <p>whereas the other -</p> <ul style="list-style-type: none"> Works mainly by preventing sperm entering the womb. In case of missed pill, must be taken within 3 hours. 	<ul style="list-style-type: none"> Effectiveness can be affected by vomiting or diarrhoea. May not consistently prevent egg release. Women may have changes in menstrual pattern.
<p>Patch Patch containing estrogen and progestogen.</p>	<ul style="list-style-type: none"> At least 99% effective when used correctly. Applied once a week for 3 weeks each month. 	<ul style="list-style-type: none"> May be seen on the skin. Not suitable for women with conditions such as high blood pressure. Not suitable for women over 35 who smoke.

<p>Vaginal ring Flexible ring which is placed inside the vagina Contains estrogen and progestogen</p>	<ul style="list-style-type: none"> • At least 99% effective when used correctly. • Only needs to be replaced once a month (one week following removal). • No need to remember a daily pill. 	<ul style="list-style-type: none"> • Need to learn how to insert. • Not suitable for women over 35 who smoke. • Not suitable for women with conditions such as high blood pressure.
<p>Condoms (male and female) Barrier method that the man or woman can use</p>	<ul style="list-style-type: none"> • When used correctly, around 98% effective for male condoms and 95% for female condoms. • May be useful for those who wish to avoid taking hormones or, as additional protection. • Offers protection against many sexually transmitted infections. 	<ul style="list-style-type: none"> • Putting them on can involve interruption of intercourse. • The male condom can split or rupture. • The female condom can be pushed aside.
<p>Diaphragms/caps Barrier methods that you fit inside the vagina to cover the cervix.</p>	<ul style="list-style-type: none"> • Effective in 92–96% of women when used with spermicide and used correctly. • May be useful for those who wish to avoid hormones. 	<ul style="list-style-type: none"> • Can take time to learn how to use it. • Involves forward planning or interruption of intercourse. • Can be messy as you need to use spermicide as well.
<p>Natural methods Recognising the fertile and infertile times of your cycle to plan when you should avoid intercourse.</p>	<ul style="list-style-type: none"> • May be useful for those who wish to avoid devices or hormones. • Can be used at all stages of reproductive life. 	<ul style="list-style-type: none"> • Can take up to 6 months to learn effectively. • Stress or illness can make the method unreliable. • Need to avoid intercourse at certain times of the month and be highly motivated.
Long Acting Contraception		
<p>Implant Small flexible rod which is placed just under the skin Contains progestogen..</p>	<ul style="list-style-type: none"> • Over 99% effective. • Lasts for up to 3 years. • Fertility returns to normal as soon as the implant is removed. • No need to remember a daily pill. 	<ul style="list-style-type: none"> • Women may have changes in menstrual patterns. • Insertion and removal must be performed by trained healthcare professionals.

IUD (the coil)

Intrauterine device that is fitted into the womb.

- 98–99% effective.
- Women who want longer-term contraception.
- or who do not want to take hormones.
- Fertility returns to normal as soon as the device is removed.
- No need to remember a daily pill.
- Periods may become heavier, longer or more painful.
- Insertion and removal must be performed by trained healthcare professionals.

IUS

Intrauterine system that is fitted into the womb
Contains progestogen.

- Over 99% effective.
- Lasts for up to 5 years.
- Fertility returns to normal as soon as the system is removed.
- No need to remember a daily pill.
- Women may have changes in menstrual patterns.
- Insertion and removal must be performed by trained healthcare professionals.

Progestogen injections

Injection containing progestogen injected every 8 or 12 weeks.

- Over 99% effective
- No need to remember a daily pill.
- Cannot be immediately reversed in event of side-effects.
- Women may have changes in menstrual patterns.
- Can take some time.
- for fertility to return to normal.

Sterilisation (male and female)

- Over 99% effective.
- Permanent method of contraception that involves no hormones.
- Cannot be easily reversed.
- Involves an operation / procedure.
- Sterilisation is not effective immediately.

Further Information

Maternity rights and benefits

For an up to date guide on help with managing your money before, during and after the birth of your baby please check the Money Advice Services website below:

www.moneyadvice.service.org.uk/en/categories/having-a-baby

For further up to date information on maternity right and benefits, check the Department for Work and Pensions website.

www.dwp.gov.uk

Domestic violence

One in four 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 24 hour national helpline **0808 200 0247**.

East Sussex Domestic Violence Advice

Victim Support is available in Brighton and Hove. More information can be found on this link:

<https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/>

West Sussex Domestic Violence Advice

WORTH Services is an Independent Domestic (IDVA) Service here to support people affected by domestic abuse in West Sussex. We are available seven days a week 9.00am - 5.00pm.

www.worthservices.org

Your Patient Advice and Liaison Service (PALS)

PALS provide confidential advice, information and support for patients, relatives and carers. PALS are available to assist with concerns and liaise with staff on your behalf, ensuring you receive a timely and appropriate response.

The PALS team will:

- **Actively listen and respond** to concerns, suggestions or queries to help make your experience as easy as possible.
- **Provide information** on NHS services.
- **Support** you through an anxious time as a patient, relative, friend or visitor.
- **Feedback** your views to the Chief Executive and Trust Board.
- **Offer advice** on the complaints service and provide information on how to seek independent advice if you wish to make a complaint.

Contact us

You can contact the PALS team by telephone between 10.00am and 4.00pm on:

For St Richard's Hospital:

01243 831822 between 10am-4pm or by email at uhsussex.palschichester@nhs.net

For Worthing Hospital:

01243 831822 between 10am-4pm or by email: uhsussex.palsworthing@nhs.net

For Royal Sussex County Hospital:

uhsussex.pals@nhs.net.

For Princess Royal Hospital:

01444 448678

or by email: uhsussex.pals@nhs.net.

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Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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