



Welcome to the postnatal ward

Congratulations on the birth of your baby

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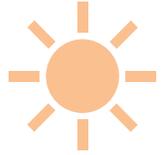


whittington health maternity voices
listening to parents:
change through partnership

Schedule of care on the postnatal ward

6-10AM

- Main lights switched on
You can keep your individual light off
- Jug of fresh water replaced
- Medication and blood tests (if required)
- Removal of catheter (if required)



8-8:30 AM

- Staff and midwife change
Have you met your midwife this morning?



8-9AM

- Cleaning of communal areas and your area
- Breakfast served at your bedside
- Lunch and dinner orders
Have you made your order?



9:30-10:30AM

- **Going home with your baby:**
Information about what to expect
One time only during your stay



Throughout the day

- Several blood pressure checks (if required)
- Several midwife visits
- Obstetric team's visit
- Neonatology visit for transitional care babies



Throughout the day - *One time only*

- Baby check clinic (NIPE)
Was your baby examined within 48h of birth?
- Mother and baby checklist
- Newborn hearing screening
- BCG Vaccination for babies
Have you signed the consent forms by 11am?



12-1PM

- Lunch served at your bedside
- Medication and blood tests (if required)



12PM onwards

- Breastfeeding volunteers visit (if present that day)
If you would like some support feeding your baby, have you asked your midwife?



1-3PM: **Rest period**

- You can take time for yourself, to **rest and bond** with your baby.
- This is a good time for birth partners to go home and relax.

3-7PM: **Visiting time**

- Maximum of 2 persons in total, including any partner.
- No children allowed, except for siblings of the newborn baby/babies. Pushchairs are not permitted on the ward, they can be parked outside at the owner's risk.
- There is zero tolerance of abuse to NHS staff.

6-7PM

- Dinner served at your bedside
- Medication and blood tests (if required)



7PM: Overnight stay

- **One** person can stay overnight, your partner or someone else.
- They will be required to sign a register agreeing to the terms and conditions for their overnight stay.
- They are not permitted to leave the ward after 10PM (exceptions apply for babies admitted to neonatal unit).

8:30PM

- Staff and midwife change
Have you met your midwife tonight?



10-11PM

- Medication and blood tests (if required)
- Main lights switched off
You can keep your individual light on



Throughout the night

- Ongoing care and support whenever necessary
You can use the call button to ask for a visit



Please keep the noise to a minimum and turn mobile phones to silent. If phone calls must be taken during this period, we ask you to do so quietly so not to disturb others.



Health care professionals involved in your care

“Hello, my name is...”

Breastfeeding peer supporters (volunteers)

There is a small but active network of volunteers across the maternity department. They are not medically trained but are excellent supporters in many aspects of care and feeding your baby the way you want to.



Discharge coordinator

The discharge coordinator ensures that everything is ready for you to go home, including checking all your contact details.



Examination of Newborn Midwife

The specially trained midwife (or neonatal doctor) gives your baby a ‘head to toe’ examination within 48 hours of birth. They will ask a neonatal doctor to review your baby if they have a concern and will arrange follow up as needed.



Immunisation midwives

The immunisation midwife gives your baby the BCG vaccine.



Maternity Support Workers and Health Care Assistant

They work alongside the other professionals to provide care.



Midwives

You have a named midwife, who cares for you and your baby. The team assesses and plans your care with you, and ensures your infant feeding decision is supported. They are your first port of call if you have any questions about yourself or your baby.



Neonatologists

Neonatal doctors will review your baby if needed, for example if your baby requires antibiotics, phototherapy for jaundice or if the midwife or nursery nurse is concerned.



Newborn Hearing Screeners

They provide hearing tests for all babies on the ward before going home. If this cannot be done before you go home, they will follow up your baby in their community clinics.



Nursery Nurse

Nursery nurses support the midwife in caring for your baby and provide support for those babies who need additional medical care.



Obstetricians

Obstetric doctors review you as often as needed depending on your health needs. If you have had a complication during the pregnancy or birth you can expect at least one review.

Ward sister, manager, and matron

They run the ward and organise and support the staff. Talk to them if you have any concern about your or your baby's care.



Women's Health Physiotherapists

The physiotherapist reviews women who have had complications, for example third degree tears. Your midwife will advise you if you need to see a physiotherapist, please ask if you are unsure.



What to expect after your baby is born

If you are worried, talk to your midwife, health visitor or GP

Breasts

Your breasts will change in the postnatal period while breastfeeding is settling down. On the third or fourth day of breastfeeding, they might feel full, tight and tender as they start to produce mature milk instead of colostrum.

Talk to your health professional if you have painful nipples or lumps on your breasts, or very uncomfortable breasts.

Eating and drinking

Your carers will offer you food and fluids (a drink) within 6 hours of birth. Try to keep to a healthy diet throughout the postnatal period. Plenty of water when you are thirsty, and fresh fruit, vegetables, salad and wholegrain cereals and bread will help with constipation.

Talk to your health professional if you have difficulties eating or are vomiting, or if you need support in keeping a healthy diet.



Emotional well-being

The early days and weeks with a new baby can be very tiring and challenging as there are so many changes to deal with.

Talk to your health professional if you are finding it hard to cope. Do ask for help, from family, friends and your health care providers.



Heart

Talk to your health professional if you are feeling dizzy/faint or have rapid heartbeat.

Legs

You might be a bit sore if you have been sitting or lying down for a long time. Try to move around as much as possible, standing up and walking will help with recovery and constipation. You might be given compression stockings to help with circulation, that you can take home with you. ***Talk to your health professional if you have painful areas, palpable lumps (lumps that you can see and feel), red/hot areas or excessive swelling.***



Lochia (bleeding from the vagina)

There will be a discharge from your vagina for 2 or 3 weeks after the birth. Bleeding can be quite heavy at first. You'll need to wear super-absorbent maternity pads during this time. Cotton pads are better, because synthetic pads can disagree with stitches. Avoid using tampons until your 6 weeks check, because they increase the risk of infection. The discharge will be red for 1-4 days, pink until day 10-14, and then white/yellow. ***Talk to your health professional if you have a persistent or excessive loss, large clots, offensive (smelly) loss or a sudden heavy loss.***



Uterus (womb)

Your midwife will palpate (feel) your uterus to check its descent, position and tone. It should be central, firm and not tender. You may feel cramps like period pain as the uterus moves back into place (called afterpains). You may notice that the cramps and bleeding are heavier when you breastfeed. This is because breastfeeding hormones are getting your uterus back to its pre-pregnancy shape. ***Talk to your health professional if you have fever, or a sore and tender tummy.***

Piles (haemorrhoids)

Piles are very common after birth and usually disappear within a few days. Try not to push or strain when you poo, it makes the piles worse.



Talk to your health professional if you are very uncomfortable.

Pooing

You might not open the bowels for 3-5 days following birth. If you had stitches, it's very unlikely you'll break them, or open the wound again. It might feel better if you hold a pad over the stitches when pooing. You might experience more trapped wind than usual.

Talk to your health professional if pooing isn't back to normal after 5 days, poo is leaking or you're pooing when you don't mean to.

Weeing

The first few times might be uncomfortable and a bit frightening. Try to go for a wee within 6 hours of birth or removal of your catheter. Drinking water when you're thirsty can help because it dilutes your urine. It's common to leak a bit of wee if you laugh, cough or move suddenly. Pelvic floor exercises help, you can start gently exercising right after labour.

Talk to your health professional if you have great difficulty or pain when weeing, unpleasant smell; or if pelvic floor exercises aren't helping with leaking.

Wound - Caesarean and perineum

If you had stitches, bathe them every day to reduce the risk of infection. Use plain warm water and carefully pat yourself dry. Stitches usually dissolve by themselves by the time the wound has healed, otherwise they can be taken out.



Talk to your health professional if you have sore or uncomfortable stitches, swelling, bruising, or an unpleasant smell.

What our words mean

A-Z terminology

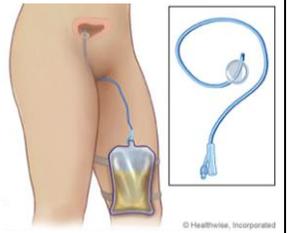
- **Assisted delivery/Instrumental birth:** When the baby is born with the help of surgical instruments. **Forceps** or a **ventouse** (also called vacuum or kiwi cup) hold baby's head so the baby can be pulled out during a contraction.
- **Breech baby:** An unborn baby lying with its bottom or feet downwards.

- **Caesarean birth:** An operation to allow your baby to be born through a cut in your tummy. You may be in hospital for a few days after a caesarean birth and may need to take things easy for several weeks.



- **Catchment area:** The local area for which the hospital provides its services. If you don't live within this area, you might be referred to as 'out of area'.

- **Catheter:** A urinary catheter is a thin, flexible tube gently inserted into your bladder along the path which urine travels down. Wee comes out of your bladder and is collected in a bag, so you don't need to go to the loo. It's usually put in place when you have an epidural.



- **Episiotomy:** A surgical cut made just before the baby is born, widening the opening of the vagina to allow the baby to be born more quickly.

- **Latching on:** When a baby puts its mouth around the mother's nipple and begins to feed. Your baby needs to be able to take a large mouthful of breast and feed effectively without causing you any discomfort.



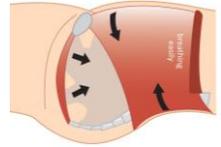
- **Mastitis:** A condition which causes breast tissue to become painful and inflamed, usually affecting women within the first three months after giving birth.

- **Meconium:** The first poo of a newborn infant. It is sticky and greenish-black. Babies may do this kind of poo in the first 48 hours.



- **NICU:** A neonatal intensive care unit provides special care for newborn babies in the local area and for critically ill babies from the surrounding area who need the highest level of nursing and medical care.

- **Pelvic floor:** Pelvic floor muscles are the layer of muscles that the bladder, bowel and uterus lie on. To strengthen your pelvic floor muscles, sit comfortably and squeeze the muscles.



- **Perineum:** The area between the vagina and the anus. It sometimes tears as the baby is born, or a cut might be made in it (episiotomy) to help the baby be born more quickly.
- **Placenta:** Also called the afterbirth, this is the organ which provides the baby with food and oxygen throughout the pregnancy through the umbilical cord.
- **Postnatal/Postpartum:** The time after your baby is born.
- **Postnatal depression:** A type of depression affecting one in ten women within a year of giving birth. With the right support most women make a full recovery.
- **Postnatal ward:** The ward within the maternity unit that you will be moved to after giving birth. You'll stay there until you're ready to go home.

- **Skin-to-skin contact:** When the baby is placed naked on the mother's bare chest after birth. Skin-to-skin contact has been proven to be beneficial for newborns and their parents. Skin-to-skin contact can take place any time a baby needs comforting or calming and to help boost a mother's milk supply.



- **Umbilical cord:** The long flexible tube that connects an unborn baby to its mother.

From (follow link for more): <https://www.which.co.uk/birth-choice/glossary>



Please leave this booklet in the hospital!

You can find a copy on the website of the maternity services
<https://maternity.whittington.nhs.uk/>



whittington health maternity voices
listening to parents:
change through partnership