



Going home:

Our guide to postnatal care at home



We hope you have enjoyed your experience with us at Whittington Health and wish you every success on your journey into parenthood.

This booklet aims to give you information about what to do and what to expect now that you are going home. We hope this helps you in the first few weeks with your new baby.

Please do not hesitate to ask your midwife any questions you and your partner may have.

If a midwife has not contacted you the day *after* going home, please call the community midwife team you were discharged to.

Useful telephone numbers

Switchboard Whittington Health: 020 7272 3070

Community Midwifery:

Mon-Fri 9am-4pm 020 7288 3482

Out of Hours 020 7288 5111

Postnatal Ward (Cellier): 020 7288 5504

Neonatal Unit: **Ext:** 5530

Mother unwell: **Maternity Triage:** 020 7288 5880

Baby unwell: **Urgent:** 999

Less Urgent: 111



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Going Home with Your Baby

We want you to go home understanding everything that has happened during your pregnancy and birth. Please feel free to ask any questions.

If you would like to go through your birth in more detail, ask about 'Birth Reflections'.

Home visits

A community midwife will visit you at home. If you live outside our area it will be a midwife from another hospital.

The purpose of home visits is to monitor your recovery from childbirth, assess the wellbeing of your baby and offer screening tests.

Postnatal checks

- The day after your discharge (this may be a phone call).
- Day 5-8 to weigh baby and carry out baby's blood spot screening test.
- Day 10-14 to transfer your care to the health visitor.



If needed, the midwife can provide care for up to 28 days following your baby's birth.

Taking care of yourself

Feeling unwell

If you have any of the following symptoms, contact triage:

- headaches
- temperature (over 38°C)
- fast breathing
- pain, swelling, redness in breasts
- if your bleeding becomes heavy and start passing clots
- wound (caesarean/stitches) bruised, infected, oozing
- smelly/ green vaginal discharge
- vomiting and / or diarrhoea
- abdominal pain
- leg pain with lumps, that are hot/swollen

Perineal Care (area between vagina and anus)

Your stitches may feel tight for a few days but should improve. They usually take around two weeks to dissolve and the wound to heal.

The following might help:

- Pouring a cup of warm tap water whilst passing urine, to reduce the stinging
- Pain relief: Paracetamol and ibuprofen are safe to breastfeed with (Codeine may cause constipation).
- Pelvic floor exercises; promote healing by encouraging blood flow
- Keep your stitches clean and dry, to prevent infection
- Changing your sanitary pads regularly

If you had a third or fourth degree tear, you will have physiotherapy organised and a follow up with the doctor.

Blood loss (lochia)

Why does bleeding happen after birth giving birth?

Bleeding is normal after having a baby and lasts between 2 to 6 weeks. It is how womb heals after birth.

For the first week, your bleeding may be heavy and bright red. It will gradually change to pink then brown and eventually to yellow-white.

Do I need to do anything about the bleeding?

Not really, just stock up on two or three packs of maternity pads. Do not use tampons or menstrual cups for 6 weeks as they can bring bacteria into your womb, causing an infection. Always wash your hands before and after changing your pad. You may need to change your pad every two hours to start with.

Why do I have cramps?

You may feel 'period-like' pains as the womb moves back into place (called afterpains). The cramps and bleeding can be heavier when you breastfeed. This is because breastfeeding hormones are getting your uterus back to its pre-pregnancy shape.

When will my periods start again?

If you bottle feed your baby or combine bottle with breastfeeding, your first period could start from 6 weeks after birth. If you fully breastfeed, it can be anytime during your breastfeeding journey.

Going to the Toilet

Constipation

It can take 3-5 days to open your bowels after giving birth.

- Eat foods high in fibre, such as fresh fruit, vegetables, wholegrain cereals and bread.
- Aim for 5+ portions of fruit/veg per day.
- Drink when you're thirsty, and if you are breastfeeding aim for about 3 litres in 24 hours.
- If this is not enough, your GP/Local pharmacy can give you medicine to soften your poo.

Piles (haemorrhoids)

Piles are swollen lumps inside and around your bottom (anus). They are painful and uncomfortable when going to the toilet. These are very common after giving birth and usually disappear within a few days.

Piles can be managed by avoiding constipation, using good hygiene, preparatory creams, stool softeners and pain relief medication if needed. These can be bought over the counter at a pharmacy.

Passing Urine

The first few times it might sting. If you find yourself leaking urine, 'pelvic floor exercises' will help strengthen your muscles and stop accidents, you can start gently after birth.

Talk to your midwife if you have difficulty/pain when peeing, your pee smells unpleasant or if pelvic floor exercises aren't helping.



Legs (thrombosis)

All pregnant women are slightly more likely to develop blood clots in the legs (deep vein thrombosis) during pregnancy and in the first few weeks after birth. This risk is increased if you are over 35 years, overweight, had an operative birth, are a smoker or have a family history.

Your legs may be 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 both recovery and constipation. To help blood flow, you can do regular ankle exercises. If given compression stockings (socks) to help with circulation, especially after a cesarean birth, continue wearing them until you are active again. Some women are sent home with daily injections to thin the blood. It is very important to complete the course of these injections.

Call triage if you notice:

- In your legs: pain, redness, swelling or lumps
- Pain in your chest, or sometimes in the back or shoulders

In rare situations, blood clots can move from the legs and into the lungs.

You should seek immediate medical help if breathing is difficult or you're coughing up blood.

This may be a sign of pulmonary embolism (blood clot in the lung).



Emotional wellbeing

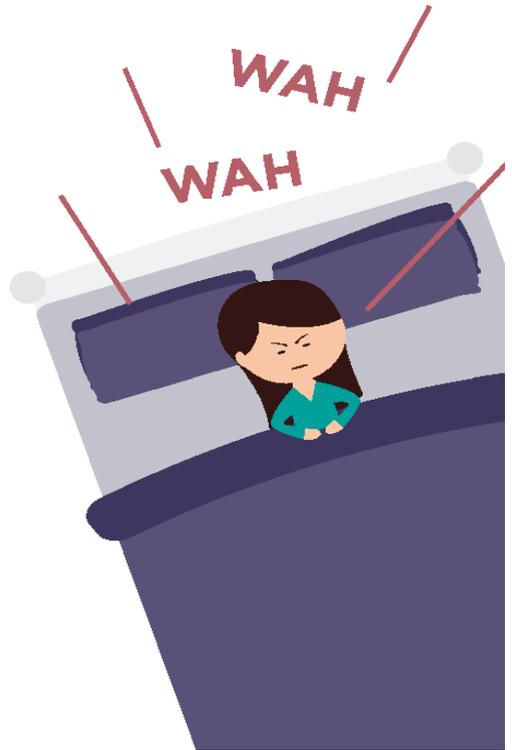
Baby blues

Many mothers will experience the “baby blues” after childbirth. Baby blues are a normal response to your changing hormones along with lack of sleep and adjusting to new life with your baby.

Symptoms of the baby blues can include;

- Feeling emotional or irrational
- Bursting into tears for no reason
- Feeling irritable or touchy
- Feeling low
- Feeling restless or anxious

All these symptoms are normal and usually last for a few days.



Postnatal depression

Postnatal depression affects more than 1 in 10 new mothers. It can start at any time during the first year after childbirth.

Symptoms include;

- A persistent feeling of sadness or low mood
- Lack of enjoyment and loss of interest in things that would usually make you happy
- Lack of energy and feeling tired all the time
- Feeling irritable
- Loss of appetite or eating too much (comfort eating)
- Trouble sleeping
- Difficulty in bonding with your baby or not enjoying your time together
- Withdrawing from your partner, friends or family
- Finding it difficult to concentrate or make decisions
- Frightening thoughts, for example, about hurting your baby
- Thinking about suicide or self-harm

A lot of women find it difficult to know that they have postnatal depression because it can develop very slowly.

How are you, partner?

It is important to understand that partners can also experience postnatal depression. It isn't clear why this happens, but is thought that;

- First time partners are more likely to experience symptoms
- Hormonal changes can play a part in causing depression
- Postnatal depression in partners is more likely if the mother is experiencing depression
- Other issues such as money problems, new responsibilities or worrying about your baby can cause postnatal depression

Postpartum Psychosis

Sometimes new mothers experience severe mental illness called Postpartum Psychosis. This is an **emergency situation**, which requires immediate medical help.

Symptoms include;

- Confusion or racing thoughts
- Feeling unusually elated, frightened or tearful
- Unable to sleep
- Beliefs that are unusual or concerning to others
- Seeing, hearing or sensing things that other people can't

How to get help

There is support available if either you or your partner are worried. Please make sure that your partner, friends and family are aware of the signs of postnatal depression and postpartum psychosis so they can support you.

Please speak to your midwife, health visitor or GP as soon as possible to refer you to our specialist perinatal mental health service.

For *urgent help*, please come to your nearest A&E or contact your local CRISIS team immediately:

Camden & Islington	020 3317 6333
Haringey	020 8702 6700
Barnet	020 8702 4040
Enfield	020 8702 3800

Domestic abuse

One in four women experience domestic abuse at some point in their lives. Pregnancy can be a trigger for domestic abuse. Also, existing abuse can get worse either during pregnancy or after your baby is born.

Domestic abuse can be physical, sexual, emotional, psychological or financial and is often a combination of different types.

Domestic abuse puts you and your baby in danger and can cause you to experience emotional and mental health problems.

Getting help

For immediate danger, dial 999 and ask for the Police.

If you are not in immediate danger, dial 101 to report domestic abuse.

If you are experiencing domestic abuse, you can also speak to your midwife, health visitor or GP.

Getting support:

- National Domestic Abuse Helpline
(24hours) 0808 2000 247
-free confidential advice
- www.refuge.org.uk
- www.womensaid.org.uk



Islington: Solace Women's Aid 080 880 5565
advice@solacewomensaid.org

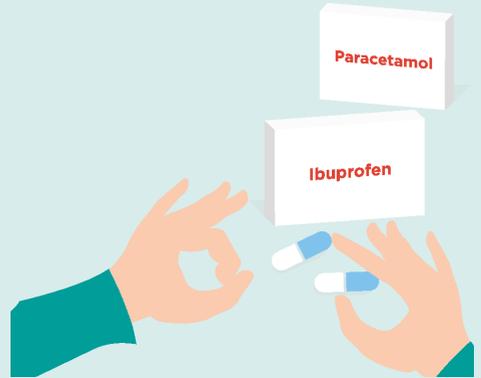
Haringey: Hearthstone 020 8888 5362

Barnet: Solace Women's Aid 020 3874 5003
barnet.advocacy@solacewomensaid.org

Enfield: Solace Women's Aid 020 3795 5068

Recovery after a caesarean birth

As a caesarean is an abdominal operation and will take time to heal. Allow your body time to recover. There are several layers of stitches in your lower abdomen that will take time to heal so increase your activities gradually.



A few key points to help you recovery:

- Take regular pain relief.
- Always wash your hands before touching your wound or dressing.
- Keep your skin clean and wash regularly, especially in your groin area.
- Wash your wound regularly with plain water, no soaps, until healed and pat it dry.
- Your dressing can be removed on day 5 after the operation, your midwife will do this and check your wound.
- If your wound becomes hot, swollen or there is a smelly discharge, please inform your midwife/GP.
- If you need to cough, sneeze or laugh, lean forwards, supporting your wound, use your hands or a small towel.
- If breastfeeding, try lying down on your side as it takes the pressure off your incision.
- Try to avoid any activity that causes strain for the first 6 weeks like carrying heavy shopping or lifting your toddler.
- Try not to lift anything heavier than your baby for at least 6 weeks.
- Prepare a table by your bed or chair that has everything you need on it. Look after yourself as well as your baby.

Before driving again:

Check with your insurance company that you are covered: this will normally be 4 - 6 week and some companies require your GP to certify you are fit to drive. This is because you have to be able to perform an emergency stop safely without discomfort.

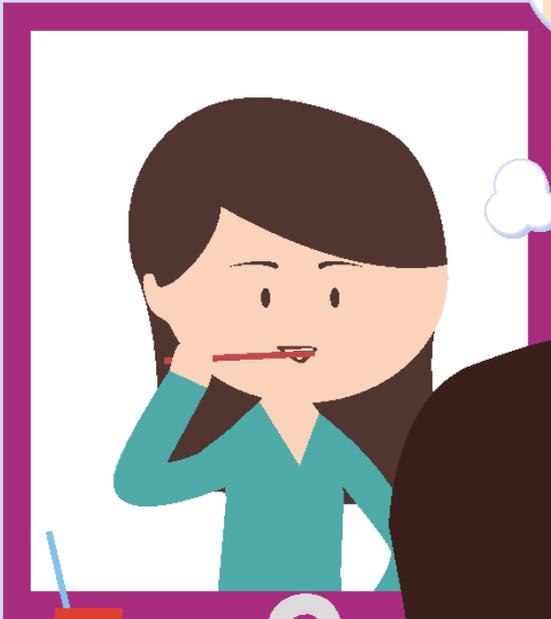
If you have had a delivery by caesarean section, it may not mean you will have to have a caesarean again. You can discuss future options with your obstetrician or GP.

For more information visit:

www.whittington.nhs.uk/default.asp?c=40778



Postnatal physiotherapy exercises and advice



Back care

During pregnancy, the ligaments of your body soften and stretch to make room for your baby.

These ligaments remain soft for up to five months after the baby is born. It is therefore important to protect your back in your day-to-day life.

Getting out of bed: Bend your knees, roll on to your side and use your arms to push yourself into a sitting position.

Sitting: Sit with your bottom back in the chair to support your lower back. When feeding your baby, you may put the baby on a pillow so you are in a comfortable position.

Standing: Stand upright and tuck your bottom in. Always stand and walk tall with your tummy drawn in. When changing your baby, make sure your back is straight. If you are changing your baby on a low table or bed, kneel on the floor, keeping your back straight.

Lifting: When you lift your baby (or anything else), make sure you bend your knees and keep your back straight. Do not twist when lifting.

Pelvic floor exercises

The pelvic floor consists of layers of muscles supporting the pelvis. The muscles attach to the pubic bone at the front and to the base of the spine at the back, forming a supportive 'bowl' between your legs.

What do the pelvic floor muscles do?

The pelvic floor muscles support the bladder, uterus (womb) and bowel. They prevent the leakage of urine when you cough, sneeze, laugh or run. They control the three openings – the anus (back passage), vagina (birth canal) and urethra (bladder opening). They increase pleasure during sexual intercourse.

How to do the pelvic floor exercise

Pelvic floor exercises can be performed in any position and no-one will know you are doing them:

- Tighten the muscle around your back passage, as if trying to stop the passing of wind.
- At the same time, tighten around your front passages (vagina and bladder), as if trying to stop the flow of water.
- Your buttocks, legs and tummy should not move.
- Do these exercises every day. Starting with four or five gentle squeezes, resting between each one, build up to six to ten times a day. Progress to quick, strong squeezes.

Associating these exercises with a regular activity like brushing your teeth, when feeding your baby will help you to remember to do it!

Abdominal muscles

During pregnancy, the abdominal (tummy) muscles are stretched and elongated, which weakens them. In the later stages of pregnancy, the muscles separate to allow the baby to grow, creating a gap. When your baby is born, this gap may still be present.

Deep abdominal exercise

It is important to help support and close the gap:

- Lie on your side or on your back and let your tummy relax.
- As you breathe out, gently draw in the lowest part of your tummy towards your spine.
- Hold this for a few seconds and then let go.
- Repeat 4-5 times, resting between each one.
- Aim to hold for 10second and to repeat 10 times.
- Once confident, try tightening the pelvic floor at the same time.

Pelvic tilt

Once you can do the deep abdominal exercise, move onto this:

- Lie on your back with knees bent.
- As you breathe out, draw in your tummy as before and tilt your pelvis backwards by gently squeezing your buttocks. You should feel your back flatten onto the floor or mattress.
- Hold this position for five seconds, and then relax.
- Repeat this four to five times (increase the hold to a 10 second hold, repeating 10 times).
- You may also like to try this lying on your side.



When can I start exercising?

When you feel ready!

Start gently by walking with 10 minutes a day and increase the time and distance as you feel able.

After your 6 week check, exercises such as swimming or classes can slowly be resumed.

Quit Smoking

Every cigarette harms your baby.
Do not smoke in the house.

Babies and children exposed to a smoky atmosphere are:

- **4 x** increased risk of cot death
- **2 x** more likely to have asthma attacks and chest infections
- More likely to need hospital care in their first year of life, contributing to over 9,500 hospital admissions



We suggest that any smokers; parents or visitors:

- Always smoke outside away from baby.
- Remove any outside clothes on entering your home.
- Wash your hands before handling baby.
- Do not smoke in a car with under 18's as it is illegal.

For support you can either:

Call **SmokeFree on 0300 123 1044**

Visit www.nhs.uk/smokefree

Ask your GP

Sex and Contraception

It is important to wait until you feel ready. Talk to your partner so they understand how you are feeling. It is best to wait until after the bleeding has stopped for a few days. This allows for healing to take place and helps to prevent infection.

It is possible to get pregnant again even before you have your first period as you ovulate two weeks before you get your period, so you may want to think about your contraception options.

Which method will be suitable for me?

This depends on

- What you and your partner prefer
- Your medical history
- Any problems during your pregnancy
- If you are breastfeeding



Short-acting - if you may want to have another baby soon:

- Combined pill or progesterone only pill
- Contraceptive patch
- Comdoms- Male or female
- Diaphragm or cap with spermicide

These are all effective methods if used correctly. Condoms and the progesterone only pill can be started straight away and if you are breastfeeding.

Long-acting reversible contraception- may suit you if you don't want to get pregnant from some time:

- Contraceptive progesterone implant - lasts for 3 years (Implanon or Nexplanon)
- Intra-uterine system (progesterone intrauterine coil, 'Mirena') – lasts for 5 years and can lighten /stop periods

- Intra-uterine device (copper coil) – lasts for 3 to 10 years
- Contraceptive progesterone injection – lasts for 12 weeks (Depo-Provera) or 8 weeks (Noristerat)

These methods are all very effective and can be easily removed if you decide you are ready for another baby. Implanon can be started straight away, and the Mirena coil can be inserted 6 weeks after having a baby. Both can be used if you are breastfeeding.

Permanent methods of contraception- If you are absolutely sure you never want any more children you may wish to consider female sterilisation or male sterilisation (vasectomy).

Lactational amenorrhoea method (LAM) – breastfeeding can be used a natural contraception.

This can be reliable if:

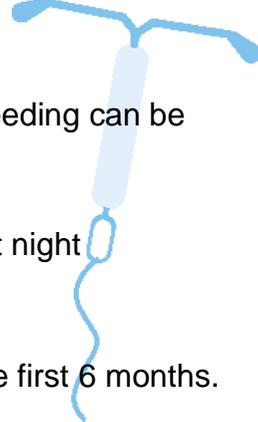
- You are exclusively breastfeeding including at night
- You are having no periods
- Your baby is less than 6 months old

1 in 200 women using this method get pregnant in the first 6 months.

Remember to use condoms to protect from sexually transmitted diseases, as the other options do not provide protection.

Archway Sexual Health Clinic (walk ins) Mon to Fri 9.30-12.30 for emergency contraception.

Your 6 week GP postnatal check is a good opportunity to discuss contraception, or you can speak to a practice nurse or sexual health clinic.



Knowing your baby

New babies have a strong need to be close to their parents, as this helps them to feel secure and loved. Responding to a baby's needs for comfort and food will help them feel secure. Holding babies more, helps them to feel loved and will help them to be calm and happy.



Unwell baby

Occasionally, babies can become unwell. You know your baby best, so if you are concerned contact for help sooner rather than later.

Symptom Checklist guide

Contact your midwife, GP or attend A&E if you are worried about:

- High pitched or weak cry
- Persistent crying
- Much less responsive or floppy
- Lethargic or less active
- Pale all over
- Makes a noise with each breath
- Not interested in feeding
- High fever or sweating
- Blood in stools
- Passes much less urine
- Vomits green fluid
- Persistent diarrhoea /vomiting

Seek **URGENT** help by dialing 999 if your baby:

- Stops breathing or goes blue
- Unresponsive
- Glazed eyes/ Cannot focus on anything
- Cannot be woken
- Has a seizure (uncontrolled movement)
- Has a rash that does not disappear under pressure

Common Concerns

It is common to have some swelling (caput) or bruises on the **head** or even bloodshot eyes. This is the result of the squeezing and pushing that is part of being born and will soon disappear.

Sticky **eyes** normally clear up on its own but you may have to clean regularly with damp cotton wool using cooled boiled water or breastmilk. Your midwife or GP can take a swab if it persists; observe for swelling, redness or yellow discharge.

The **cord** dries and falls off after 7–14 days. Fold the nappy below the cord so it does not rub. Slight bleeding is normal as it separates, wipe with plain water or breastmilk on cotton wool. Contact your GP: If there is any heavy bleeding, discharge, redness or a bad smell around the stump.

Mum's hormones pass across to the baby before birth. This can cause; swollen **breasts**, breast discharge, swollen genitals and in girl's small vaginal bleeding or cloudy discharge.



Skin will feel warm to touch and may have some white-cream 'vernix' from birth. It's a natural protective layer, rub it in. For dry skin, vegetable oils free from perfumes and minerals can help. Baby's **skin** is sensitive. Changing nappies frequently will prevent the reddening of baby's skin. If it becomes sore, it is better to use warm water and cotton wool rather than wipes, a barrier cream can be considered.

Delay **bathing** until baby is at least 5-7days old. Washing baby's face, neck, hands and bottom can be done regularly. Make sure the room is warm before starting. Avoid using baby bath liquid or soap. Baths can be done as often as your baby enjoys it. After washing pat dry and make sure the skin creases are dry.



Jaundice

Jaundice is caused by too much 'bilirubin' in the blood. Bilirubin is made when red blood cells are broken down – this is a normal process in newborn babies. For most babies, it is mild and good feeding will help the jaundice to go away without any treatment after 10-14 days. Babies remove bilirubin in their pees and poos.

Signs of jaundice include:

- Yellow tinge to baby's skin - usually starts on the face and forehead spreading to the body, arms and legs
- The whites of baby's eyes look yellow
- Gums and roof of baby's mouth may look yellow
- When you gently press baby's skin you can see a yellow tinge
- Baby may become sleepy and less interested in feeding

High levels of bilirubin can be toxic and lead to long term brain damage if left untreated. If you think your baby has jaundice speak to a midwife or GP, who may advise you to bring your baby to the Emergency department.

Jaundice is tested by a small hand-held device that flashes a light on your baby or by taking a blood sample from your baby's heel. If the level of bilirubin is high, your baby may need light treatment 'phototherapy', which helps to break down bilirubin.

For most babies, jaundice clears up within a few days. Your baby might need further tests if:

- their urine is dark and/ or their poos are pale and chalky
- they are jaundiced for more than 2 weeks (or more than 3 weeks if your baby was premature)



Newborn baby behaviour

	First 24 hours	24 - 48 hours	48 - 72 hours	Days 3 - 5	Days 6 - 10
How many feeds will my baby have?	2-3 (or more) Some babies are not ready to feed yet	4-6 (or more)	At least 8 – 12 maybe more	At least 8 – 12 maybe more	At least 8 – 12 maybe more
How often will my baby feed?	THERE IS NO ROUTINE Baby give cues to tell you they are hungry/needing comfort/uncomfortable. Breastfeeds and cuddles will meet these needs in the best way for your baby – much better than a dummy in these early days.				
How will my breasts feel?	Soft	Soft	Feeling heavier and firmer	Full, firm, may be lumpy and tender	Heavy and full, softer after feeds
How will my baby behave?	Generally settled, sleepy	Becoming unsettled – wanting to be held and fed more	VERY UNSETTLED! “Cluster feeding” especially at night THIS IS NORMAL!	Becoming more settled	Generally more settled

	First 24 hours	24 - 48 hours	48 - 72 hours	Days 3 - 5	Days 6 - 10
What is the reason for this behaviour?	Recovering from birth, adjusting to surroundings	Bowel starting to work, filling with gas which can be uncomfortable	Baby starting to feel more hungry and needing more comfort and reassurance	Baby is getting more milk. Mothers getting more confident with breastfeeding	Baby getting milk. Needs being met by increasingly confident parents
What can I do to help with this?	If baby is not attaching, keep skin to skin and hand express frequently. Give dribbles of colostrum. Your baby wants to be close to you to feel safe and secure.	Lots of skin to skin. Provides comfort and frequent opportunities to feed.	Baby feeds for food and comfort. Breastfeed your baby as much as they need. Skin to skin and lots of cuddles. Partners and close family/friends can help with comforting baby.	Skin to skin and lots of cuddles. Baby wants to be close to parents.	Frequent feeds, skin to skin and keeping baby close.

Not all babies are the same and there will be some differences.
If you are concerned, ask your midwife/ Health Visitor or GP.

Nappies and knowing your baby is getting enough milk:

1

It is normal for your baby to **lose up to 10%** of its birthweight in the first 3 days and regain this weight in the first two weeks.



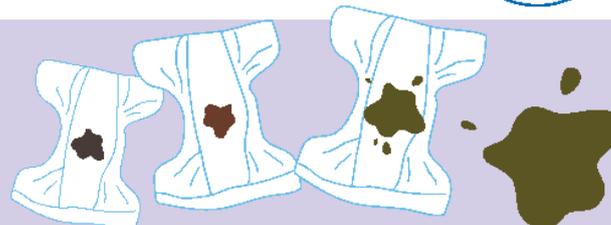
For the first 24 hours, your baby will pass **black tar-like stool (poo) called meconium.**

In the first **48hr** your baby is likely to have only **two or three wet nappies.**



2-3

By day three, your baby will be starting to have **more wet nappies...**



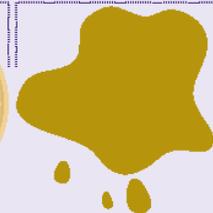
...and will pass **stools that are lighter and runnier.** They are often green in colour and easier to clean up.

4-6

Wet nappies should become more frequent with at least six every 24 hours from day five onwards.



From day four and for the first five weeks your baby **should pass at least two yellow stools every day.** These stools should be at least the size of a £2 coin.



It is **normal** for **breastfed babies** to pass **loose stools.**

Infant Feeding

Virtual Breastfeeding Workshop (35mins)

<https://vimeo.com/showcase/7287154>



Includes:

- 10:00 Hand expressing
- 15:00 Feeding Cues and Good Attachment
- 21:00 Knowing baby is getting enough
- 22:40 Assessing Attachment
- 26:15 Seeking Help
- 27:27 Topping Up?
- 30:42 What to Expect

Support In Your Local Community

www.whittington.nhs.uk/default.asp?c=20248



Breastfeeding Challenges

All new mothers will make milk whether they are breastfeeding or not. After two or three days your breasts may become full and tender, but this should resolve by itself.

Blocked duct: a lumpy, tender area that comes on gradually and only affects one breast. It usually feels worse before a feed and less tender after. It is relieved by frequent feeding, effective attachment and hand expressing.



Mastitis: often starts as a blocked milk duct but with flu-like symptoms (fever, chills, aches and pains) and the area quickly becomes red and swollen. By acting quickly to drain the breast well by feeding baby more frequently and/or hand expressing a small volume of milk off between feeds. If symptoms persist, there may be infection, especially if you have cracked nipples.



You will need to contact your GP to treat this with antibiotics.

It is important not to stop breastfeeding as this helps to keep the milk flowing and relieve symptoms. Taking Ibuprofen will help to reduce the swelling and Paracetamol can help with the pain or fever. It is important to rest and drink plenty of fluids.

Safer Sleeping

The safest place for your baby to sleep in their first six months is in a clear cot or Moses basket in the same room as you. This means you can hear your baby easier and respond to their needs before they start crying. Without any soft toys, pillows or bumpers, to prevent any accidents.

Put your baby flat on their **BACK**
with baby's **FEET** at the **BOTTOM** of the cot.
Your baby does not need a hat, if indoors.
Tuck the blanket under your baby's arms

Ideal room temperature around 16-20 degrees, not too hot so your baby won't overheat.

Sudden Infant Death Syndrome (SIDS), is rare, and can happen for unknown reasons. You can reduce the chance of SIDS by:

- Not sleeping with your baby on a sofa or chair.
- Not smoking in the house (even if it is not in bedroom).
- Avoid sleeping with baby if you/your partner are drowsy from either drinking/taking medication.



www.basisonline.org.uk

www.lullabytrust.org.uk/safer-sleep-advice

Taking your baby out

Your baby is ready to go out once you feel ready. Walking is good for both of you.

You can use:

- A sling with baby facing you
- A buggy, with baby lying flat on their back. A parent facing buggy is best so that your baby can see you and feel more secure.



Car safety

It is illegal for anyone to hold a baby while sitting in a car.

The only safe way for your baby to travel is in:

- a properly secured
- backward facing
- baby seat, or carry cot
- with the cover on and secured with special straps

Never use a rear-facing seat in the front of a car when an airbag is fitted (unless it is turned off).

Inflatable bags are fitted to the seats of many cars to protect you in a car crash. However, airbags are considered dangerous for babies and small children.

Car seats should not be used for sleeping at home and when on a long journey stop often to allow your baby to be removed for a cuddles and stretch. A cramped position can mean that your baby cannot take a full breath. Children and babies must always be properly buckled or strapped in.



Newborn blood spot

This is a blood test (heel prick test) carried out when the baby is 5-7 days old. Tiny spots of blood are collected from a heel prick and tested for several serious, but rare conditions, which can be treated more effectively if detected early.

Your midwife will routinely carry out this test at home or in the hospital if you are still there. You will receive the results by a letter or healthcare professional by the time your baby is 6-8 weeks old. If there are any concerns you will be notified sooner.

www.nhs.uk/conditions/pregnancy-and-baby/newborn-blood-spot-test

Red Book

The Red Book is a way of keeping track of your baby's progress. Your baby's details at birth are recorded as well as the first examination. Your baby's weight and immunisations are recorded as well as other details about childhood illnesses and milestones.

Take it with you whenever you see anyone about your child's health. You can also add your own information such as when your child does something for the first time.



In this book you will find your baby's NHS number- a lifelong number that will be used across different NHS organisations.

Registering your baby's birth



CERTIFIED COPY OF AN ENTRY

Pursuant to the Births and

Deaths Registration Act 1953

You have a legal duty to register
within 42 days

**You should register the birth at the local
register's office**

Islington Town Hall
Upper Street
London
N1 2UD

Phone: 020 7527 6350

Fax: 020 7527 6308

[Email: registrars@islington.gov.uk](mailto:registrars@islington.gov.uk)

*All registration at Islington Town Hall are
strictly by appointment and can be booked
online at www.islington.gov.uk*

*Please arrive at least 10 minutes before your
appointment, or they may have to re-book for a
different day.*

Getting there

Bus: 4, 19, 30, 43

Tube: Highbury and Islington Station

Car: There is a small car park in front of the
Islington Town Hall. There is also limited
available in Upper Street.

If you prefer to go to another registrar's office in England or Wales, you can have the birth registered by declaration. Then any birth certificates will not be issued at the appointment but posted out.

Can my partner register the birth?

If you were married or in a civil-partnership at the time of the birth it is possible for them to register the birth. Otherwise, the details can only be entered into the register if:

- You and your partner attend together to register the birth.
- If your partner is unable to attend with you, it is possible for them to make a statutory declaration of parentage (this form can be found online).

Please note: If you are not married, you are not obliged to have your partners details included in the entry. It may be possible for this to be done at a later date.



For more information refer to:
www.gov.uk/register-birth

It is most important that the information recorded in the register should be correct. If any mistake is made it will give you some trouble to have it put right after you signed the register.

If English is not your first language and, you may wish to have a relative or friend accompany you. Please be aware that you must register the birth personally.

What certificates will I be issued with? After the birth has been registered you will be given a short birth certificate that is issued free of charge.

Discharge from midwifery care

Normally the midwife will discharge you and your baby when your baby is about 10-14 days old. At the last visit you may like further information on any or all of the following: feeding the baby, blood loss, sexual activity and contraception and follow up appointments for you or the baby.

The health visitor will contact you after discharge, advise you on further follow up of your baby's progress and your baby's immunisation programme. If the Health Visitor has not contacted you within a week you should inform your GP surgery.

If you have any serious concerns about your health, you can contact maternity out of hours or attend maternity triage up to 28 days post-delivery. If you or your baby are unwell after this, you should contact your GP or/and your local health visitor.



Community Midwives

If your community midwife has not contacted you since discharge, please call your local hospital to notify them that you have not been seen.

Homerton

Switchboard: 020 8510 555
Mon-Fri 9am-4pm: 020 8510 5761
Out of Hours: 020 8510 7351

North Middlesex

Switchboard: 020 8887 2000
Mon-Fri 9am-4pm: 020 8887 2581
Out of Hours: 020 887 2500

Royal London 020 3594 2557

Royal Free

Switchboard: 020 7794 0500
Mon-Fri 9am-4pm: 020 7830 2568
Out of Hours: 020 7830 2721

University College London

Switchboard: 020 3447 9400
Mon-Fri 9am-4pm: 020 3447 9400
Out of Hours: 020 7388 9563

Whipps Cross 020 8558 0234



Other Organisations

National Childbirth Trust:
0300 330 0700 www.nct.org.uk
Support and information on all
aspects of early parenting.

National Breastfeeding
Helpline: 0300 100 0212
www.nationalbreastfeedinghelpline.org.uk

Cry-sis: 08451 228669
www.cry-sis.org.uk Provides
self-help and support with
excessively crying,
sleepless and demanding
babies

Netmums:
www.netmums.com
Information on local
resources and support
groups

Pandas Foundation: 0843 28
98 401 (9am to 8 pm)
www.pandasfoundation.org.uk
Pre and Postnatal Depression
advice & support

Maternity Voice Partnership:
working to contribute to the
development of maternity care
www.whittington.nhs.uk/default.asp?c=29220

Support for Parents with Twins
and Multiple Births
www.twinstrust.org

NHS Choices Pregnancy and
baby: www.nhs.uk

Start4Life 0300 123 1021
www.nhs.uk/start4life
For help and advice about
parenthood

www.eatwell.gov.uk
Information on healthy eating
for you while breastfeeding

Family Planning Association:
www.fpa.org.uk
Information about contraception
choices.



Patient Advice and Liaison Service

If you have a compliment, complaint or concern please contact our PALS team on

Call: 020 7288 5551

Email: whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet, please email

whh-tr.patient-information@nhs.net.

We will try our best to meet your needs.

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Facebook.com/WhittingtonHealth



Whittington Health NHS Trust

Magdala Avenue

London

N19 5NF

Phone: 020 7272 3070

www.whittington.nhs.uk



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