



Postnatal care and support



Contents

Postnatal care	3
Registering your baby	4
Revisiting the birth experience.....	5
Maternity Voice Partnership	5
Postnatal care and the coronavirus.....	5
Postnatal care at home	5
Contraception	10
Maternal physical wellbeing and health concerns ...	14
Activity and exercise	22
Emotional wellbeing and mental health.....	23
Dads and partners	26
Infant feeding.....	27
The newborn blood spot test.....	33
Baby cares and wellbeing	34
Coping with crying	38
Safe sleeping	39
Emotional and mental health support	44
Local contact numbers	45

Postnatal care

This information booklet is designed for women who are going home from hospital, following the birth of their baby in West Yorkshire and Harrogate, and for women who birth at home. Partners and family members may also find some of the information useful. We recommend you read this booklet before you leave hospital, or as soon as possible after your birth at home.

We recommend you read this booklet before you leave hospital.

This should be given to you by your midwives, along with any relevant information and contact numbers you may need.

Postnatal care is the care and support you receive following the birth of your baby. Postnatal care starts immediately after the birth of your baby. After your baby is born you will be cared for by your midwife for a short time (10 to 28 days) and then a health visitor. The number of visits that you receive will depend on your circumstances and needs and will be agreed with you.

For you: During your postnatal period, maternity staff:

- Support you in your return to physical health
- Follow up any complications from pregnancy or birth
- Advise you on your contraceptive choices
- Ensure there are clear pathways for referrals/follow up when issues are identified
- Support you to successfully feed your baby
- Assess your emotional wellbeing
- Transfer your care to health visiting and general practice.

For your baby: During the postnatal period your baby will:

- Be offered Vitamin K. This helps their blood to clot. They can have it by an injection or medicine
- Have a newborn examination (NIPE). This is usually within hospital before you go home, but can be done in your home.

- Have a hearing test: This is usually within hospital before you go home, if not you will be invited to a clinic
- Some babies need a BCG injection if they have a parent or grandparent who was born in a country where there's a high rate of TB (Tuberculosis). The midwife will discuss this with you
- Weigh your baby. This is done at birth and then repeated at home depending on your baby's needs
- Offer advice and support on bonding with your baby.

Birth registration

Following the arrival of your baby, the birth needs to be registered **within six weeks/42 days** at your local registry office. It is through this process that you will obtain a birth certificate. The registration should be done in the town/city you gave birth in. You may register the birth in a different area if this is more convenient, however your details will need to be sent to the town/city in which you gave birth in order for them to generate a valid birth certificate. The service is normally provided by appointment only, but this may vary from one area to the next. Please take the Personal Child Health Record (red book) and your baby's NHS number with you, as the Registrar may ask to see it.

Registering with a GP

You will need to register your newborn baby at your GP surgery as soon as you have a birth certificate. It is important to do this as early as possible so that you have access to care if and when you need it. However, do not delay accessing your GP, if required urgently, even if you have not yet registered your baby - the registration process can be done at the appointment. You need to make an appointment to see your GP 6 to 8 weeks following birth. This appointment is for you and your newborn baby, and is an opportunity to check how you are after birth. Your GP will also conduct some routine checks on your newborn.

If you were due to have a smear test just before or during your pregnancy, this needs to be scheduled for at least 12 weeks after birth.

Revisiting the birth experience

A number of women find that being able to revisit their birth experience helps with their emotional wellbeing, especially if it did not go according to expectations. You may want to discuss this before you go home from hospital, or it may be several months before you have fully processed your experience and feel ready to talk about it. You will be provided with details before you are discharged on how to access an appointment if you later decide you want to discuss your birth experience.

Maternity Voice Partnerships (MVP)

Ask your midwife or health visitor about your local Maternity Voices Partnership group. These groups consist of new mums, midwives, doctors and other allied health professionals who meet to discuss, learn and help share ideas for improved services across West Yorkshire and Harrogate. MVPs want to hear about your experience of maternity care. You can find your local MVP here: www.maternityvoices.co.uk

Postnatal care and the Coronavirus

Arrangements for visiting are restricted due to the coronavirus and are reviewed and amended locally depending on the national advice. Birth partners/visitors should not attend if they have symptoms of coronavirus. You may notice that midwives and the maternity team caring for you are wearing protective clothing such as aprons, masks or eye protection PPE. These are all measures to protect you and your baby, the staff caring for you and reduce the risk of spreading infection.





Taking your baby home

If you and your baby are well you will be discharged home as quickly as possible. Your postnatal care will be discussed with you when you are discharged, but be reassured that you will get the support and care you need from your maternity team.

During the perinatal period (during pregnancy and a year after birth) many parents can feel overwhelmed with the lifestyle changes and caring for a new baby.

They may also be dealing with feelings of anxiety, stress or depression. The effects of social distancing due to coronavirus may also increase mental health issues and without the right support, this can make it difficult for parents to care for and connect with their baby. Please refer to the emotional wellbeing (page 23) for support and advice.

Postnatal contacts at home

Your postnatal care will be individualised according to you and your baby's needs. You may also prefer to be seen in a clinic or health centre. Please speak to your midwife about your options

The minimum recommended number of a contacts by a midwife or midwife support worker is 3 but may be increased depending on your needs. Since this coronavirus outbreak this will be a combination of face to face contacts, telephone or Skype/online.

First contact

This will be the day following your discharge from hospital.

Women and babies will be contacted and triaged to see if they require a face to face contact.

Day 5

Face to face contact.
Heel Prick Test and baby weighing.

Day 10

Face to face or telephone contact depending on your needs.

Discharged from maternity services and transfer to health visitor if appropriate.

Is my baby at risk of Coronavirus?

Newborns do not appear to be at high risk of becoming seriously unwell with the virus. However, close observation of hygiene is important, particularly with family members who live in the house.

Reduce your baby's risk of catching coronavirus by:

- Washing your hands before touching your baby, breast pump or bottles
- Avoid coughing or sneezing on your baby
- Follow recommendations for cleaning breast pump (if used) and other feeding equipment after each use
- Follow the government advice on social distancing when allowing visitors.

We encourage you to continue breast feeding even if you have suspected or confirmed coronavirus infection. But if you feel too unwell to breastfeed, you could express your milk and ask someone else who is well to give your expressed milk to your baby.

www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0441-maternity-leaflets-cv19-parent-information.pdf

Many babies with the virus will not show signs of illness and will recover fully.

Some can develop an unstable temperature and/or a cough. Babies with infections do not always develop a fever.

If your baby has a cough, fever or feels unusually hot or cold, but otherwise well, then call NHS 111. If your baby shows any signs which concern you in relation to their breathing, colour or movement, then call 999 straight away.

A guide to contraception after having a baby

Contraception is an important part of your postnatal care even if it is the last thing on your mind at the moment. Many unplanned pregnancies occur within the first few months after having a baby so it is best to be prepared.

Frequently asked questions

How soon can I have sex again?

As soon as you and your partner feel ready. It may be some time before you want to as you may have stitches or bruising which may make sex uncomfortable. Any concerns you may have can be discussed with your GP, midwife or health visitor.

When will my periods start?

If you choose to formula feed or mixed feed your period could start as early as 5-6 weeks after birth. If you are exclusively breastfeeding your period may not start until you have stopped.

How soon do I need to use contraception?

You will need to start your method of contraception from 3 weeks (21 days) after birth. You are able to conceive before your period returns.

Will breastfeeding act as contraception?

Exclusively breastfeeding can delay the ovulation (release of the egg) and prevent periods for up to 6 months. If used correctly breastfeeding can be used as contraception as it is 98% effective in preventing pregnancy for up to six months.

Short acting methods of contraception

These are reversible meaning that once you stop using them the effects wear off quickly and fertility returns.

Progesterone only pill (POP)



POP can be started immediately after birth 99% effective if used correctly.

Male or female condoms



Can be 95-98% effective.
Can be used safely after birth.

Natural family planning



Can be 99% effective when used correctly and can be started straight after giving birth.

Contraceptive patch and vaginal ring



The same rules would apply as with COCP however these methods can reduce milk production and is therefore not recommended when breastfeeding.

Combined oral contraceptive pill (COCP)



Contains both oestrogen and progesterone. Those with no risk factors for developing blood clots can start COCP at 21 days post birth. Those with risk factors should wait at least 6 weeks before starting. If you are unsure please discuss with your GP or Midwife.

Diaphragm or cap



Advisable to wait 6 weeks post birth before using. Make sure that the size is reviewed by a doctor or nurse as your cervix and vagina change shape during pregnancy and birth.

Long acting contraception

These methods are more effective than the short acting methods. They last longer so you do not need to remember to take/use them every day.

Contraceptive implant



Can be started straight away. It lasts three years and may be available on the postnatal ward.

The contraceptive injection



Can be started immediately but cause irregular or heavier bleeding if started before 6 weeks post birth.
Lasts for 12 weeks.

Male and female sterilisation



It is advised that you make this decision when you and your partner do not want any more children as these methods are non-reversible.

Female: involves cutting or clipping your fallopian tubes. This can be completed at an elective caesarean if opted for.

Failure rate is 1:200

Male: more effective than female sterilisation. Can be done in many GP surgeries under local anaesthetic.

Failure rate is 1:2000

Intrauterine contraception (IUC):



Includes both copper (non-hormonal) and mirena (progesterone). Can be inserted up to 48 hours after vaginal or caesarean delivery. Following this it would be advisable to wait until 4 weeks after giving birth. Depending on the type can last between 5-10 years but can be removed earlier.

Physical health and wellbeing

Pregnancy and birth makes many changes to your body and it may take weeks or months to physically feel the way you did pre-pregnancy. Your midwife will ask you about your wellbeing at each contact. Below is a list of common conditions and what you can do to relieve the symptoms and when to seek more help from your GP or Midwife.

What to expect	What you can do	When to seek help
Care of stitches and perineum You may experience discomfort or stinging especially in the first few days after giving birth, even if you do not have stitches.	Wash your hands before and after going to the toilet and change your sanitary pads regularly. Daily bathing or showering to keep the perineum clean. Cold treatments, such as crushed ice or gel pads. Analgesia - Paracetamol.	Pain or discomfort is worsening. Signs of infection (offensive smelling). Pain during intercourse.
Headache You may experience mild headaches due to many factors, such as feeling tired, that is often relieved with analgesia or rest.	Analgesia such as Paracetamol. Rest and relaxation.	Headache that worsens when standing or sitting (if you have had a spinal or epidural). Other symptoms of pre-eclampsia (see page 17).
Backache This could be due to hormones, to how you have been laid during labour, poor posture.	Make sure you have good posture and support your back. Be careful how you lift objects.	If worsens and not relieved with analgesia. Other symptoms such as numbness or strange sensation in your legs.

What to expect	What you can do	When to seek help
Constipation It may be a couple of days before you have opened your bowels. Certain medications may cause constipation or loose stools.	Don't try and avoid going to the toilet, this may make it worse. Drink plenty of fluids. Eat fruit, vegetables and fibre. Gentle laxatives may be recommended (speak with your midwife).	If you have not opened your bowels for longer than 3 days or experiencing incontinence (no control over your bowels)
Piles (haemorrhoids) These are lumps inside and around your bottom (anus). They may feel painful and/or itchy. Sometimes you may notice a small amount of fresh blood loss especially if straining when you open your bowels.	Drink lots of fluid and eat plenty of fibre to keep your poo soft. Take paracetamol if piles hurt. A warm bath may ease itching and pain. Use an ice pack wrapped in a towel to ease discomfort. Your pharmacist may recommend creams.	If you are experiencing severe, swollen or prolapsed haemorrhoid or any rectal bleeding.
After a Caesarean When you have had a cesarean section the outside skin edges of your wound should start to heal after about two days but the internal healing of muscle and other tissue below the surface go on for many months. It is normal to experience some discomfort that should gradually ease.	Take your regular analgesia. Follow the instructions regarding your dressing. Always wash your hands before touching. Keep the wound clean (showering is preferable to bathing). Do not rub soap, shower gels, or talc directly onto the wound. Pat the wound dry with a clean towel. Wear loose-fitting clothes to prevent rubbing.	You have more pain in the wound or your wound is getting worse and not relieved with pain killers. The wound is red, swollen or hot. Your wound has green or yellow weeping discharge. You have unpleasant/offensive vaginal discharge. You feel feverish or have a high temperature.

What to expect	What you can do	When to seek help
Fatigue It is natural that you are going to feel more tired than usual as your body is recovering.	Eat a good balanced diet. Take some gentle exercise. Take some time to relax. Ask friends, your partner or relatives to help.	If you are on tablets for anaemia and have other symptoms (feeling dizzy and headaches). Feeling low in mood and experiencing trouble sleeping (see page 23).
Passing urine You may be afraid to pass urine after birth especially if you have stitches in case it may sting. It is important that you do not stop yourself from passing urine.	Passing urine in the bath or shower. Drink plenty of water. Start your pelvic floor exercises.	You have no control (leaking or incontinence) Finding it difficult to pass urine (retention)

In the instance that you experience any of the symptoms above we would advise that you seek advice from your GP as these are concerns that may be dealt with at a more local level and supported by your community midwife.

Health concerns for newly birthed mothers

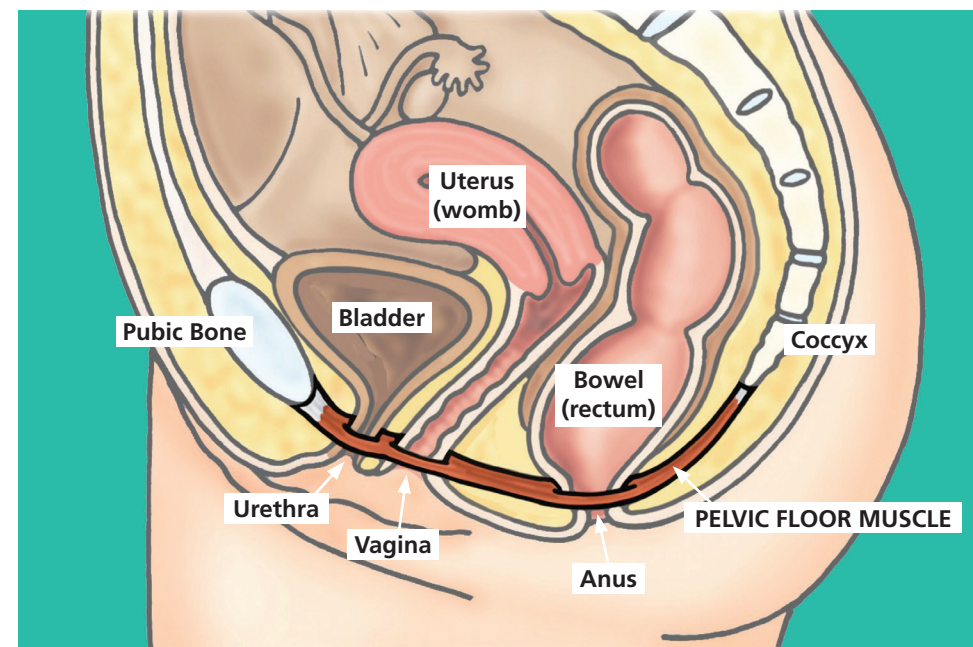
After having a baby there are certain signs and symptoms that can develop. It is vital that if you experience any of these you alert a healthcare professional. Whilst some symptoms maybe expected as a normal occurrence following birth some may indicate a more serious concern.

Symptom	How this presents	What this could mean
Abnormal bleeding	Sudden heavy blood loss and signs of shock e.g. faintness, dizziness, rapid pulse or palpitations.	Haemorrhage
Feeling generally unwell	Fever, shivering, abdominal pain, offensive smelling discharge from wound or birth canal.	Sepsis
Headache	Normally presents with one of the following symptoms: changes in vision, nausea and vomiting, heart burn type pain or unable to tolerate light.	Pre-eclampsia/ eclampsia/pregnancy induced hypertension
Leg pain	Pain, swelling or redness in the calf muscle.	Blood clot (deep vein thrombosis)
Breathing problems	Difficulties in breathing, short of breath or chest pain.	Blood clot (Pulmonary embolism)
Breast redness	Tenderness, high temperature, red area.	Mastitis
Low iron levels	Persistent tiredness, dizziness, tingling in fingers and toes.	Anaemia
Retained products of conception	Fever, heavy bleeding, abdominal cramps, smelly discharge.	Retained products of conception

If you experience any of the above we would advise to seek urgent emergency medical attention by calling your maternity unit or 999.

Pelvic floor muscle exercises

The pelvic floor, as its name suggests, is the floor of the pelvis. It is layers of muscle, rather like a hammock which is attached at the front to your pubic bone, and at the back to the bottom end of your spine (coccyx).



What do the pelvic floor muscles do?

- They support the pelvic organs - the bladder, uterus and bowel - especially when there is an increase in abdominal pressure such as when lifting, bending and straining.
- They work to keep the bladder opening (urethra) and bowel opening (anus) closed to prevent unwanted leakage (incontinence) and help to control sensations or urgency to reach a toilet.
- They relax to allow easy bladder and bowel emptying.
- They can improve vaginal sensation and orgasm during sex.
- They are important in supporting good posture by working together with abdominal and spinal muscles.

What weakens the pelvic floor muscle?

- Pregnancy and child birth
- Hormonal changes during the menopause and whilst you are pre-menstrual
- Long term constipation
- Chronic cough/smoking
- Being overweight
- Being generally unfit
- Heavy lifting
- Pelvic surgery
- Some medical conditions

Pelvic floor muscle weakness can lead to leakage when coughing, sneezing, lifting and with physical activity, or leaking before you get to the toilet. Weakness can also result in a pelvic organ prolapse. This is the downward movement of a pelvic organ into the vagina. A prolapse of the bladder, bowel or womb can result in feelings of 'fullness' or 'heaviness' in the vagina, or a feeling of something 'coming down'.

Pelvic Floor Muscles should be kept strong and active just like any other muscle in your body. Strengthening the pelvic floor muscles, by doing regular pelvic floor muscle exercises can greatly reduce leakage and improve other symptoms.

How do I do pelvic floor muscle exercises?

When you try this for the first time, find a quiet place so you can concentrate on finding the correct muscles. Initially sit comfortably, or lie down with your knees bent and follow these instructions.

To contract the muscle:

- Squeeze the muscles around the bowel opening (anus) as if you are trying to stop wind escaping, continue forward to tighten around the walls of the vagina and the opening of the bladder (urethra). You can imagine you are closing up a zip from back to front.
- You should feel a squeeze and lift/a drawing up inside.

There are two types of exercises:

1 Long contractions

Try to pull up the pelvic floor muscles and hold for as long as you can, up to 10 seconds. Allow a few seconds for the muscles to completely relax after each contraction. Repeat 10 times.

2 Short contractions

Tighten the pelvic floor muscle quickly and strongly but do not hold the contraction. Allow a few seconds for the muscles to completely relax and then tighten quickly again. Repeat as many times as you can, up to 10.

Do your long and short contractions 3 times every day. They can be done in any position. Once you feel able, try to do your exercises in standing at least once a day.

How to remember

Put a sticker in a place to catch your eye to remind you, link it to a regular activity e.g. brushing your teeth or put a reminder on your computer or phone. Apps are also available for smartphones e.g. Squeazy.

Remember! When lifting the pelvic floor muscles:

- Breathe normally - try not to hold your breath. Counting out loud may help you with this.
- Do not push down.
- Try not to tighten your buttocks or your thighs.
- You may feel the lower part of your tummy tightening when you contract your pelvic floor muscles. This is normal but do not bulge your tummy outwards, or pull it in strongly.

Once you have learned a correct pelvic floor contraction you can use the muscles to prevent or reduce urine leakage, and to help support your pelvic organs. Tighten your pelvic floor muscles before you cough, sneeze, laugh, jump or lift a heavy object. Also tighten the muscles if you are worried you may leak before you reach the toilet.



Squeeze before you sneeze. Hold the squeeze until after the sneeze!

Don't give up. It can take at least 12-16 weeks to strengthen weak muscles. Once you notice an improvement, do not stop exercising. If you stop it may get worse again. Try to make your pelvic floor exercises a habit for life.

If you are not sure that you are doing the exercise correctly, ask your doctor or midwife to refer you to a specialist pelvic health physiotherapist who will be able to examine you vaginally to test the muscles and make sure you are exercising them in the right way.

General activity and return to exercise

When you are feeling tired after your baby is born you may not feel like being active, but it is very important that you keep moving. Even if you do not feel ready to exercise then keeping active will reduce the risks of blood clots, back pain and chest infections. Other benefits of exercise include helping you to feel more energetic, improving mood, facilitating relaxation and better sleep.

You can start gentle exercises as soon as you feel up to it. This could include walking, gentle stretches and pelvic floor exercises. If you have had a more complicated delivery, you can still start gentle pelvic floor muscle exercises, however, if you want to start high impact exercises such as aerobics or running, you may need to wait a little longer and discuss this with your midwife, GP or **specialist pelvic health physiotherapist** to ensure it is safe to do so.

For other essential advice and exercises following childbirth then please visit the specialist website of the Pelvic, Obstetric & Gynaecological Physiotherapists at www.thepogg.co.uk and search for the "Fit for the Future" booklet. This will guide you through a safe set of exercises and some practical advice to aid your recovery, including:

- Being comfortable following your delivery
- Moving easily around the ward and at home with your baby
- Exercising the abdominal and pelvic floor muscles
- Starting to get back to normal and finding your previous level of fitness.

Emotional wellbeing

Baby blues

It is natural for parents to feel a little overwhelmed and anxious when you have had your baby. Around 80% of women experience baby blues. As with so many postpartum issues, the baby blues mostly comes down to hormones. This happens after the sudden drop in your hormone (oestrogen). Symptoms are mild and usually pass within 10 to 14 days. Some emotions are normal but it is a good idea to note how you are feeling and seek help if you are worried.

You might feel:

- Emotional
- Irrational
- Overwhelmed
- Tearful (without knowing why)
- Irritable
- Moody
- 'Down'
- Anxious

What you can do:

Breathing deeply can help
Try to take some time out for you
Listen to your favourite music
Relax with a book
Sleep when you get chance
Exercise
Talk to a friend or relative
Eat a well-balanced diet

Postnatal depression

Mental health problems are relatively common at a time of significant change in life. Depression and anxiety affect 15-20% of women in the first year after childbirth. It usually comes on within six weeks of giving birth although it can emerge up to a year after your baby is born.

What are postnatal depression symptoms?

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Trouble falling or staying asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling worthless or negative
- Feeling fidgety or restless
- Inability to concentrate
- Suicidal thoughts or thoughts of harming yourself.

What you can do

Note how often you feel like this and discuss it with your midwife, health visitor or GP.

You can also contact self-refer to Adult Improving Access to Psychological Therapies programme IAPT services to support you, the numbers are included in this leaflet on page 44.

Postpartum psychosis

Postpartum psychosis, which is also called puerperal psychosis, is extremely rare. Only 1 or 2 mothers in 1,000 develop a severe psychiatric illness that requires medical or hospital treatment after the birth of a baby.

This illness can develop within hours of childbirth and is very serious, needing urgent attention. Other people usually notice it first as the mother often acts strangely. It is more likely to happen if you have a severe mental illness, a past history of severe mental illness or a family history of perinatal mental illness. Specialist mother and baby units can provide expert treatment without separating you from your baby.

Most women make a complete recovery, although this may take a few weeks or months.

Signs of potential postpartum psychosis

- Significant changes in mental health or emergence of new symptoms
- New thoughts or acts of violent self-harm
- New persistent expressions of incompetency as a mother or estrangement from the infant.

For information on who to contact in a crisis, please visit your local mental health services provider or dial 111:

Teesside, Esk and Wear Valleys NHS Foundation Trust (for Harrogate):
<https://www.tevv.nhs.uk/services/crisisadvice/>

Bradford District Care NHS Foundation Trust (for Bradford and Airedale):
www.bdct.nhs.uk/services/first-response

Leeds and York Partnership NHS Foundation Trust:
www.leedsandYorkpft.nhs.uk/advice-support/help-in-a-crisis

South West Yorkshire Partnership NHS Foundation Trust (for Wakefield, Calderdale and Kirklees):
www.southwestyorkshire.nhs.uk/service-users-and-carers/in-crisis

Postnatal post-traumatic stress disorder (PTSD)

Postnatal post-traumatic stress disorder (PTSD) is often the result of a traumatic birth, such as a long or painful labour, or an emergency or problematic birth. It can also develop after other types of trauma, such as:

- A fear of dying or your baby dying
- Life-threatening situations

The symptoms can develop straight after the birth or months afterwards.

It's extremely important to talk to someone about how you're feeling. Your midwife, GP or health visitor will be able help you as there are many effective treatments available. If your symptoms are less severe speaking about your experience 'debrief' may also be helpful.



Dads and partners

Dads and partners can also experience depression in the first year after birth.

First time parents are particularly vulnerable and it is estimated that around 1:10 will also become depressed during their partner's pregnancy. The peak time for postnatal depression in partners is three to six months after the birth.

Please contact your GP if you feel you need support. More information is available on the DadPad app that can be downloaded for free from Google Play or Apple App Store.

Breastfeeding

Just like any new skill, breastfeeding takes time and practice to work well. In the first few days, you and your baby will be getting to know each other and you may need a lot of support - this is normal. Close contact and holding your baby 'skin to skin' can really help with this.

Making milk

With each breastfeed your baby lets your body know how much milk it needs to produce. During the early days frequent feeds switch on milk-producing cells in your breasts. The earlier and more frequently your breasts are stimulated through touch and/or suckling the more milk cells are activated. This helps with long term milk production.

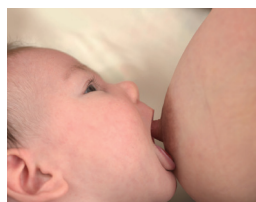
Latching



Hold your baby's whole body close with their nose level with your nipple.



Let your baby's head tip back a little so that their top lip can brush against your nipple. This should help your baby to make a wide, open mouth.



When your baby's mouth opens wide, their chin should be able to touch your breast first, with their head tipped back so that their tongue can reach as much breast as possible.



With your baby's chin firmly touching your breast and their nose clear, their mouth should be wide open. You should see much more of the darker nipple skin above your baby's top lip than below their bottom lip. Your baby's cheeks will look full and rounded as they feed.

Feeding cues

Your baby will let you know when he/she wants to feed by stirring or moving head and mouth around, sucking on fingers. Keeping your baby close will help you to recognise these early feeding cues. Feeding when your baby is just waking rather than waiting for crying makes it easier for both of you.

Responsive breastfeeding

As well as feeding your baby because he or she is hungry, feeding responsively recognises that feeds are also for love, comfort and reassurance between you and your baby. You can offer your breast if your baby is distressed, fractious, or just wants reassurance.

You can also **offer your breast to meet your needs**, for example before you go out, before bedtime or because you just want to sit down, rest and have a cuddle.

Your baby cannot be overfed or 'spoiled' by 'too much breastfeeding'.

Breastfeeding positions

There are a few different breastfeeding positions you can try, these are 3 of the most popular:



Cradle Hold



Rugby Ball/Clutch



Laying

Is my baby feeding often enough?

In the first 24 hours it is common for babies to only have 3 or 4 breastfeeds as they recover after birth. Keep your baby close and look for cues that your baby wants to feed. Skin to skin contact will help. After the first 24 hours your baby should be having at least 8 feeds in a 24 hour period, however they often feed much more than this. This is all helping to switch on your milk producing cells.

Breastfeeds can be long or short and at varying times during the day and night. It is fine for your baby to have some longer sleep periods.

Concerns that my baby isn't feeding?

If you are concerned that your baby is not feeding enough, undress your baby and place him or her in skin to skin contact, this can stimulate your baby to feed. If you are concerned that your baby is not waking for feeds and not having 8 feeds in a 24 hour period contact your midwife for advice.

It is normal for babies to have lost weight when the community midwife weighs them around day 3. From then on they should start to gain weight. Most babies regain their birth weight by around two weeks.

How do I know my baby is getting enough milk?

Lots of mums wonder if their baby's feeding well and getting enough - especially in the first few days, but it's very rare that mums don't make enough breast milk for their babies. It may just take a bit of time before you feel confident that you are providing enough milk.

Generally, your baby will let you know if they are not getting what they want; wet and dirty nappies are a good indication, as is hearing your baby swallow.

In the first 48 hours, your baby is likely to have only 2 or 3 wet nappies. Wet nappies should then start to become more frequent, with at least 6 every 24 hours from day 5 onwards.

Day
1

At the beginning, your baby will pass a black tar-like stool (poo) called meconium.

Day
2-3

By day 3, this should be changing to a lighter, loose, greenish poo.

Day
4

From day 4 and for the first 4 - 6 weeks your baby should pass at least 2 yellow stools (poos) a day.

(Most babies pass lots of stools and this is good sign).

If your baby has not pooped in the last 24 hours, speak to your GP or midwife or public health specialist nurse (health visitor) as this may mean he/she isn't getting enough milk.

Formula feeding

It is very important that you wash your hands, sterilise equipment and make the feeds up properly. You will receive information around sterilising equipment, preparing formula feeds and how to responsively bottle feed before you go home from hospital. More information is available at www.nhs.uk/conditions/pregnancy-and-baby/bottle-feeding-advice or <https://www.nhs.uk/conditions/pregnancy-and-baby/bottle-feeding-advice/ey-based>

First infant formula

First infant formula (whey based, often described as suitable for newborns) is the only formula your baby needs for the first year of life. When your baby is one-year-old, they can start to drink whole cows' milk. It doesn't matter which brand you use, they are all very similar. You can choose cows' or goats' milk based formula, but talk to your midwife or health visitor before choosing a soya based formula.

There is no evidence that formula milks on sale to help hungry babies, prevent colic, wind, reflux or allergies do any good and they might not be safe for your baby. Ask your midwife or public health specialist nurse (health visitor) if you think your baby needs a different milk.

Making your baby feel safe and secure

Try and give most of the feeds yourself so your baby feels safe and secure, this will help you build a close and loving relationship with your baby. Being fed by several different people can be stressful for a baby. Hold your baby close when you are feeding, making sure that baby is facing you. This is a great opportunity to talk/sing or read to your baby.

Feeding cues

- Your baby will let you know when he/she wants to feed by stirring or moving their head and mouth around, sucking on fingers.
- Keeping your baby close will help you to recognise these early feeding cues.
- Feed your baby responsively - you will be given information and tips on how to do this before you leave hospital.
- Your baby will know how much milk they need. Forcing your baby to finish a feed will be distressing, and can mean your baby is overfed.

Vitamin D

Vitamin D helps regulate the amount of calcium and phosphate in the body. These nutrients are needed to keep bones, teeth and muscles healthy.

Breastfed babies up to 12 months old should be given a daily supplement of 8.5 to 10mcg of vitamin D (340-400 IU/d).

It is also recommended that all breastfeeding women take a daily supplement of 10mcg of Vitamin D (400 IU/d).

Formula fed or mixed fed babies having less than 500mls of formula per day should be given a daily supplement of 8.5 to 10mcg of vitamin D (340-400 IU/d).

It is recommended that all women take a daily supplement of 10mcg of Vitamin D (400 IU/d) between October and early March as in these months we do not get enough vitamin D from sunlight.



Newborn blood spot screening

What are we testing for?

It is a non-invasive, simple heel prick test, where a spot of blood is collected to test for nine rare but serious health conditions.

Early treatment of these conditions can improve your baby's health and prevent severe disability or even death. It is important that if you, the baby's father or a family member has one of these conditions that you tell a health professional straight away.

All of these conditions are inherited, meaning it is caused by an alteration to their genes from their parents. There are circumstances where parents are carriers for the infection - this means they possess the gene but not the condition.

When and how is the test performed?

The test is performed when your baby is 5 days old. The test involves taking blood from your baby's heel and it is applied to a card that is then sent to laboratory for testing.

Sickle cell disease

Affects 1:2000 babies born.

Affects the haemoglobin carrying oxygen around the body. Babies with this condition do need specialist care throughout their lives.

Cystic fibrosis

Affects 1:2500 babies born.

Affects digestion and lungs. Babies may not gain weight well, and be prone to frequent chest infections. Children with CF may become very unwell but with early treatment can live longer, healthier lives.

Congenital Hypothyroidism

Affects 1:3000 babies born.

Babies with this condition do not have enough of the hormone thyroxine. This can affect their growth and development. Treated with thyroxine tablets allowing for normal development.

Phenylketonuria (PKU)

Affects 1:10000-1:150000.

Medium-Chain acyl-CoA dehydrogenase deficiency (MCADD)

All of these are inherited metabolic diseases. PKU and MCADD are more prevalent than the others.

Maple Syrup Urine Disease

Isovaleric acidaemia (IVA)

Glutaric Aciduria type 1 (GA1)

Homocystinuria (pyridoxine unresponsive) (HCU)

Babies with these conditions are unable to process certain substances in their food. Without treatment these can lead to life threatening symptoms and severe developmental problems.

They can all be treated with a managed diet.

Common health concerns for babies

Jaundice

This is a common health concern occurring in babies. It often presents as yellowing of the eyes, skin and/or pale coloured stools. It may occur at any time from birth and is concerning so you should seek medical advice for your baby particularly if it occurs within the first 24 hours since birth. Babies can develop jaundice at any time however it is most common up to 14 days of age.

How is it treated?

Jaundice can be treated at home if mild but in hospital if more moderate. Babies require regular feeds and monitoring. In the hospital the baby may be treated with phototherapy where the baby is kept under an ultraviolet light to help treat the jaundice if the jaundice reaches a certain level. If baby requires treatment then they will require blood tests to diagnose this.

Common causes of jaundice

Jaundice can be caused by various factors, the most common of these are: physiological - baby getting rid of extra blood cells he/she no longer needs; where Mum and baby blood groups differ; or where baby is not yet getting enough breast milk

Follow up

Babies treated for jaundice are closely monitored and will be assessed by a healthcare professional until jaundice has fully resolved.

Sticky eyes

1:5 babies experience 'sticky eyes' but usually this clears up without medication. Babies eyes should be cleaned separately and you should always wash your hands before and after treatment.

Eye care

Clean your baby's eyes regularly with cooled boiled water and cotton wool. Use a separate cotton wool ball each time you wipe the eye, wiping from the corner by the nose outwards.

Conjunctivitis

If your child is experiencing any symptoms of discharge, redness or swelling of the eye/s, please contact your midwife, GP or HV. It is not necessary to attend A&E.

Taking your newborn home from hospital can be an anxious time and below are some of the common health concerns that can be dealt with by advice from your GP, Community Midwife or Health Visitor.

Symptom	How this presents	What this could mean
Nappy rash	Redness or inflammation around baby's bottom.	May be painful when changing nappy.
Thrush	Common infection, appears as a white rash on baby's mouth or bottom.	May cause discomfort when feeding in which case medicine prescribed and information given on hygiene practices.
Bowels not opened 24 hours following birth	Baby may appear unsettled and in pain.	Contact GP.
Constipation in a formula fed baby	Baby may appear unsettled and in pain.	Advice given on making up bottles.

Bathing your baby safely

You don't need to bathe your baby every day, but if they really enjoy it there's no reason why you shouldn't.

It's best not to bathe your baby straight after a feed or when they're hungry or tired. Make sure the room you're bathing them in is warm.

The water should be warm, not hot. Check it with your wrist or elbow and mix well before gently placing your baby in.

Changing nappies

Babies need frequent nappy changes, but how often they need changing depends on how sensitive their skin is.

Some babies have very delicate skin and need changing as soon as they wet themselves, otherwise their skin becomes sore and red.

Other babies can wait to be changed until before or after every feed.

All babies need changing as soon as possible when they have done a poo (stool) to prevent nappy rash.

Young babies need changing as many as 10 or 12 times a day, while older babies need to be changed at least 6 to 8 times.

Helping your baby's brain to grow

New babies have a strong need to be close to their parents, as this helps them to feel secure and loved. When babies feel secure they release a hormone called oxytocin, which helps their brains to grow and helps them to be happy babies and more confident children and adults.

What happens during your baby's first 2 years lays the foundation for future physical health, learning potential, resilience and emotional wellbeing.

Holding, smiling and talking to your baby also releases oxytocin in you, which helps you to feel calm and happy.

Having a new baby can be challenging; however, as time goes by you will start to understand what your baby needs. This will help you settle into a rhythm that is right for you both.

Sometimes well-meaning friends and family may advise you to leave your baby to settle alone so that they learn to be independent. When babies are left alone they think they have been abandoned, and so become clingier and insecure when their parents return. Responding to your baby's needs for food and for comfort will help your baby feel secure, so your baby will cry less. Holding your baby when he/she is crying helps them to feel loved and secure, even if the crying doesn't stop straight away.

Babies cannot become spoilt or demanding if they are given too much attention. When babies' needs for love and comfort are met, they will be calmer and grow up to be more confident.

Do you know?

Babies love faces.

Babies are keen to copy you.

Babies are communicating with you from birth.

Babies love to hear your voice.

Babies love to feel close and secure.

You cannot 'spoil' a baby by picking them up.

What you can do

Talk to your baby, wait for a response - take turns with the conversation.

Use everyday routines to talk to your baby. This helps your baby learn simple words.

Stick your tongue out - your baby will try to copy you.

Touch is important to our health and wellbeing.

Place your baby on your chest with skin to skin contact.

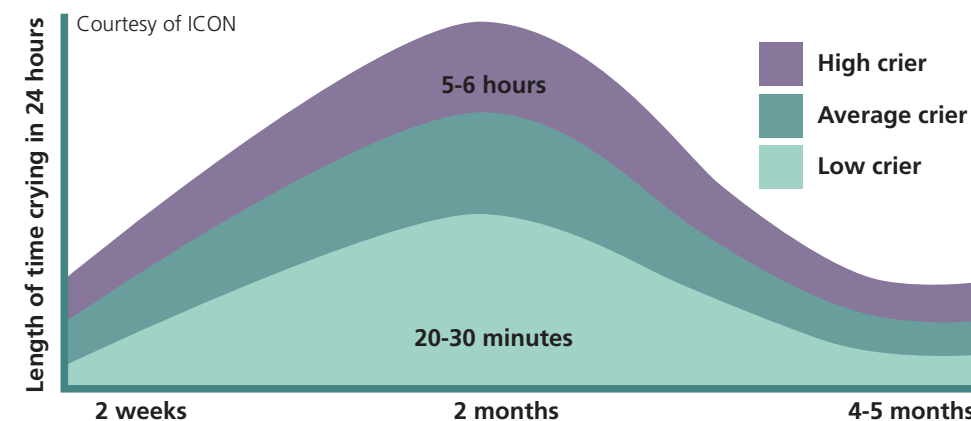
Babies cry - you can cope

A baby's cry can be upsetting and frustrating. It is designed to get your attention.

Your baby may start to cry more frequently from around 2 weeks of age. Every baby is different but after about 8 weeks, babies start to cry less and less each week.

Curves of early infant crying

2 weeks to 4-5 months



Comfort methods can sometimes soothe your baby

- Talk calmly, hum or sing to your baby
- Let them hear a repeating soothing sound
- Hold them close - skin to skin
- Go for a walk outside with your baby
- Give them a warm bath

It may take a combination of these techniques or more than one attempt.

The crying won't stop what can I do?

Not every baby is easy to calm but it doesn't mean you are doing anything wrong.

Don't get angry with your baby or yourself, instead,

- Put your baby in a safe place and walk away
- Calm yourself down
- After a few minutes when you are feeling calm, go back and check on your baby.

You are not a bad parent, this is a phase that will pass.

Never, ever shake or hurt a baby. It can cause lasting brain damage and death. For more information on how to calm your baby and how to cope please go to iconcope.org/parentsadvice/

If you think there is something wrong with your baby or the crying won't stop speak to your GP, Midwife or Health Visitor. If you are worried your baby is unwell call NHS 111.

Safer sleep for babies

The following information has been shown to reduce the chance of babies dying suddenly with no explanation (known as sudden infant death syndrome, SIDS, or cot death).

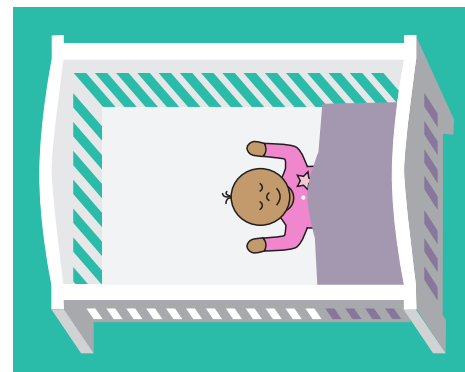
- Put your baby down on their back, not their front or side, for every sleep.
- No special equipment or products are needed to keep them on their back.

- Once they start to roll from front to back by themselves, you can leave them to find their own position for sleep.
- Tummy time while awake can help strengthen the muscles they need for rolling.

Always place your baby on their back for sleep

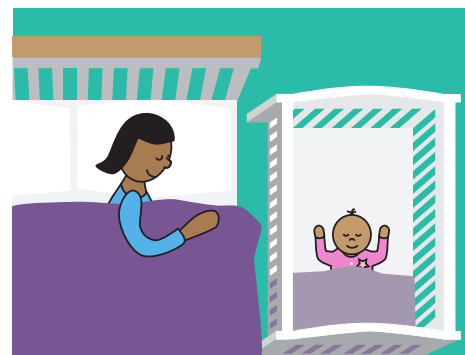
Since the back to sleep campaign in 1991 the rate of cot deaths has dropped by 79%.

Whatever space you choose, it needs to be:



- A firm flat mattress with no raised edges or cushioned areas.
- No pillows, quilts, duvets or bumpers.
- No pods, nests or sleep positioners.
- Make sure your baby's head is kept uncovered so they don't get too hot.

Give your baby a clear, safe sleep space, in the same room as you



For most babies a clear sleep space will mean a cot or Moses basket, but for some babies sharing an adult bed may be an alternative.

Soft or raised surfaces, pillows or quilts can increase the chance of SIDS by making it difficult for babies to breathe or cool down.

Babies should always be in the same room as you for the first six months for sleep, day and night. This doesn't mean you can't leave the room to make a cup of tea or go to the toilet, but for most of the time when they are sleeping they are safest if you are close by.

Keep your baby smoke free before and after birth

- Smoking in pregnancy greatly increases the chance of SIDS.
- You should also avoid being exposed to others' smoke when you are pregnant - if your partner smokes they can get help too.
- Keep your baby away from smoke in your home, car and out and about.

Breastfeeding

SIDS risk is halved in babies that are breastfed for at least 2 months. If you are breastfeeding when lying down, make sure your baby cannot roll on their front.

- Breastmilk and breastfeeding provides all the nutrition your baby needs for the first 6 months and protects them against infections and diseases.
- Breastfeeding lowers the chance of SIDS.
- Try and keep your baby on their back, or move them onto their back once they have been fed.
- If you need more help with breastfeeding talk to your midwife or public health specialist nurse (health visitor) or call the national helplines in this booklet.

Bed-sharing more safely

It is dangerous to share a bed with your baby if:



- You or anyone in the bed has recently drunk alcohol.
- You or anyone in the bed smokes.
- You or anyone in the bed has taken any drugs that may make you sleepy.
- Your baby was born prematurely (before 37 weeks of pregnancy) or weighed under 2.5kg or 5½lbs when they were born.

Studies have found that bed-sharing with your baby after drinking alcohol or using drugs has a very high risk of SIDS. Sleeping close to a smoker also greatly increases the chance of SIDS. Premature and very small babies have a greater chance of SIDS when they share an adult bed. In these scenarios, it is always best to put your baby in their own safe sleep space such as a cot or Moses basket.

Tips for safer bed-sharing

(When there are none of the dangers listed above).

- Keep pillows and adult bedding away from baby.
- Make sure baby won't fall out of bed or get trapped between the mattress and the wall.
- Keep pets away from the bed and do not have other children sharing the bed.
- Follow these tips if you think you might fall asleep with your baby in bed.

Never sleep with a baby on a sofa or armchair

The risk of SIDS is 50 times higher for babies when they sleep on a sofa or armchair with an adult. They are also at risk of accidental death as they can easily slip into a position where they are trapped and can't breathe.

Safer sleep in car seats

On long car journeys, stop for breaks so your baby isn't in their car seat for prolonged periods of time.

If you follow the advice above for every sleep, the chance of SIDS is very low. If you have any questions ask your midwife or public health specialist nurse (health visitor).

REMEMBER If you think your baby is showing any signs of being unwell, always seek medical advice.



Adult improving access to psychological therapies programme - emotional and mental health support

Wakefield: Turning Point

Tel: 01924 234 860

Email: wakefield.talking@turning-point.co.uk

gateway.mayden.co.uk/referral-v2/ec23d2e0-ba2d-4e0f-af63-d0a151c585dc

Leeds: Leeds Mental Wellbeing Service

Tel: 0113 843 4388

Email: leeds.mws@nhs.net

www.leedscommunityhealthcare.nhs.uk/our-services-a-z/leeds-mental-wellbeing-service/home/

Bradford and Airedale: Relate

Tel: 01274 726 096

Email: information@relatebradford.com

www.relate.org.uk/find-my-nearest-relate/centre/bradford-relate-centre

Calderdale: IAPT

Telephone: 01484 343700

Email: iapt.admin@swyt.nhs.uk

www.southwestyorkshire.nhs.uk/services/improving-access-to-psychological-therapies-iapt/

Kirklees

Tel: 01484 343700

Email: IAPT.Admin@swyt.nhs.uk

kirkleesiapt.co.uk/

Harrogate: IAPT

Tel: 01423 852137/852062

northyorkshireiapt.co.uk/

Department	Airedale	Bradford Teaching Hospitals NHS Foundation Trust, Women's and New-born unit	Calderdale & Huddersfield	Harrogate	Mid Yorks	Leeds
Triage	01535 292120	01274 364532/364531	MAC 24 hours a day 01422 224419 Huddersfield Community Maternity Advice Line 01484 355743 open 8.30am-4.30pm Monday-Friday	01423 557548/557531	01924 543002	SJUH 0113 206 5781 LGI 0113 392 6731
Postnatal Ward	01535 292211	Postnatal ward M4 01274 364539/364540	01422 224249	01423 553157	01924 541693	SJUH 0113 206 9105 LGI 0113 392 7436
Community Office	01535 292211/2	Postnatal, Antenatal & Induction Suite M3 01274 364536/364537	01484 355754	01423 553051	Wakefield: 01924 543424 Pontefract: 01977 747430/31 Dewsbury: 01924 319152	0113 206 3329
Debrief Clinics/	01535 292409	Via midwife, health visitor or GP	Maternity Reception (appointments) 01422 224125 Women's Health Reception (appointments) 01484 342666	Please speak to a member from the midwifery team of the midwifery team regarding a referral	01924 541118/541114	SJUH leedsth-tr.birthmatters@nhs.net LGI leedsth-tr.birthmattsteam@nhs.net
Feeding Support	01535 292383	01274 364583	01422 224925	01423 553157 or 01423 553051	Families and babies: 01924 851901 Auntie Pams: 01924 438316 add Midwife: 07824417802	0113 206 4360
Local Contraception/ Sexual Health	01535 607333	0303 3309500	0303 330 9981	01904 721111 www.yorsexualhealth.org.uk/clinics/heatherdene-centre-for-sexual-health/#	Kirklees: 0303 0303 9981 Wakefield: 01924 327586	Leeds Sexual Health 0113 392 0333

This information can be made available in alternative formats including Braille, easy read and community languages.

For more information:



01924 317659



westyorkshire.stp@nhs.net



If you are deaf you can text 07811 766006



www.wyhpартnership.co.uk



[@wyhpартnership](https://twitter.com/wyhpартnership)

