## Your pregnancy guide

**Information for patients**

**Maternity Services**

<table>
<thead>
<tr>
<th>Your name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed Estimated Date of Delivery (EDD)</td>
<td></td>
</tr>
<tr>
<td>Your named midwife*</td>
<td></td>
</tr>
<tr>
<td>Appointments with your named midwife will usually be at*</td>
<td></td>
</tr>
<tr>
<td>Your GP</td>
<td></td>
</tr>
<tr>
<td>Before 20 weeks or for medical concerns</td>
<td></td>
</tr>
<tr>
<td>Telephone Triage at the Jessop Wing</td>
<td>0114 226 8091 or 0114 271 2982</td>
</tr>
<tr>
<td>For urgent midwifery problems after 20 weeks of pregnancy</td>
<td></td>
</tr>
<tr>
<td>For general health queries please also refer to advice on pages 11 - 28</td>
<td></td>
</tr>
</tbody>
</table>

*Please note that we work as a team and aim to provide continuity of midwifery care throughout your pregnancy, however you may sometimes be asked to see another midwife at a different venue.

**We look forward to caring for you in your pregnancy.**

**The Jessop Wing is a Smokefree Site.**
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact details</td>
<td>1</td>
</tr>
<tr>
<td>A note from the Head of Midwifery</td>
<td>3</td>
</tr>
<tr>
<td>Antenatal visits plan</td>
<td>4</td>
</tr>
<tr>
<td>Your carers</td>
<td>7</td>
</tr>
<tr>
<td>Having your baby in Sheffield</td>
<td>8</td>
</tr>
<tr>
<td>Routine tests in pregnancy</td>
<td>11</td>
</tr>
<tr>
<td>Assessing your baby’s growth</td>
<td>13</td>
</tr>
<tr>
<td>Infection during pregnancy - prevention</td>
<td>13</td>
</tr>
<tr>
<td>Staying healthy in pregnancy - emotional well-being</td>
<td>14</td>
</tr>
<tr>
<td>Healthy eating and staying active</td>
<td>16</td>
</tr>
<tr>
<td>Common questions about healthy eating</td>
<td>18</td>
</tr>
<tr>
<td>Anaemia in pregnancy</td>
<td>19</td>
</tr>
<tr>
<td>Oral health during pregnancy</td>
<td>22</td>
</tr>
<tr>
<td>Contact with infectious illnesses</td>
<td>23</td>
</tr>
<tr>
<td>Problems to tell your midwife or doctor about</td>
<td>24</td>
</tr>
<tr>
<td>General information</td>
<td>26</td>
</tr>
<tr>
<td>Smoking during pregnancy and beyond</td>
<td>28</td>
</tr>
<tr>
<td>Looking after your skin and avoiding pressure ulcers</td>
<td>29</td>
</tr>
<tr>
<td>Looking after your joints and muscles</td>
<td>30</td>
</tr>
<tr>
<td>Your baby's movements</td>
<td>32</td>
</tr>
<tr>
<td>Your choices for birth</td>
<td>34</td>
</tr>
<tr>
<td>Preparing for labour</td>
<td>35</td>
</tr>
<tr>
<td>What usually happens to the placenta and cord</td>
<td>37</td>
</tr>
<tr>
<td>Preparing for feeding and caring for your baby</td>
<td>38</td>
</tr>
<tr>
<td>Feeding, comforting and getting to know your baby</td>
<td>39</td>
</tr>
<tr>
<td>Visiting times</td>
<td>41</td>
</tr>
<tr>
<td>Advice for your postnatal recovery</td>
<td>42</td>
</tr>
<tr>
<td>Going home following birth</td>
<td>43</td>
</tr>
<tr>
<td>Contraceptive choices after having a baby</td>
<td>45</td>
</tr>
<tr>
<td>Keeping your baby safe at home</td>
<td>46</td>
</tr>
<tr>
<td>Jessop Wing Community postnatal care</td>
<td>48</td>
</tr>
</tbody>
</table>
Dear Mum to be

Congratulations on your pregnancy. On behalf of the maternity team at the Jessop Wing I would like to offer you a warm welcome to our service. It is our aim that you have all the information you need to make the important choices about your pregnancy care, birth and parenthood. We hope that you will find the information in this booklet useful and that you can use it to think about the different options on offer to you.

Each woman and her family are unique, each with different hopes and expectations for the journey ahead. We want you to receive personalised care, so please discuss your needs with a member of the maternity care team, to plan together for the pathway that is right for you.

With warm regards

Mrs Paula Schofield
Head of Midwifery and Nurse Director
Jessop Wing, Sheffield
**Antenatal Visits Plan**

If this is your first baby you will usually have 10 appointments up to your expected date of birth, subsequent pregnancies will usually have 9 appointments. The lead professional for your maternity care will plan your schedule of visits according to your needs. If complications arise as you progress through your pregnancy this may change.

### Weeks of pregnancy

<table>
<thead>
<tr>
<th>Weeks of pregnancy</th>
<th>Task Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 - 9 weeks</td>
<td>Comprehensive history taken, booking notes completed. Antenatal screening test discussed and leaflet given. Antenatal care and place of birth discussion. Baseline blood pressure (BP), urinalysis, Mid Stream Urine specimen (MSU - see page 9), carbon monoxide (CO) monitoring. Referral to specialist stop smoking midwife if required. Routine booking bloods and consent for nuchal/dating scan performed. Safeguarding assessment. Healthy Start - 2 bottles of vitamins.</td>
</tr>
<tr>
<td>11 - 13 weeks</td>
<td>1st trimester Down’s screening / dating scan. Body Mass Index (BMI) measurement. CO monitoring. If rhesus negative (RhD) discuss Anti D pathway and offer cffDNA.</td>
</tr>
<tr>
<td>15 – 18 weeks</td>
<td>Community Midwife – blood results, option for 2nd trimester Down’s screening. Body Mass Index (BMI) measurement. CO monitoring. If rhesus negative (RhD) discuss Anti D pathway and offer cffDNA.</td>
</tr>
<tr>
<td>18 - 20 weeks</td>
<td>Fetal anomaly scan (scan only for most women, some women may have an appointment with an obstetrician following the scan).</td>
</tr>
<tr>
<td>25 - 26 weeks</td>
<td>BP, urinalysis, CO monitoring. Discuss choice of place of birth. Symphysis fundal measurement (SFH) from 26/40 weeks. Discussion about fetal movements. Whooping cough discussion and reminder. MATB1 Form provided. Additional visit for first time mums</td>
</tr>
<tr>
<td>28 weeks</td>
<td>BP, urinalysis, measure SFH, CO monitoring. Full blood count and red cell antibody screen. Offer prophylactic Anti D to women with predicted babies RhD positive. Discussion about fetal movements. Healthy Start - 1 bottle of vitamins.</td>
</tr>
<tr>
<td>31 weeks</td>
<td>BP, urinalysis, measure SFH, CO monitoring. MRSA screening for high risk women. Discussion about fetal movements.</td>
</tr>
<tr>
<td>34 weeks</td>
<td>BP, urinalysis, measure SFH, CO monitoring. Complete keeping your baby safe at home assessment / birth plan. Ensure infant feeding checklist is complete. Discussion about fetal movements. Discuss perineal massage.</td>
</tr>
<tr>
<td>38 weeks</td>
<td>BP, urinalysis, measure SFH, CO monitoring. Discussion about fetal movements.</td>
</tr>
<tr>
<td>40 weeks</td>
<td>BP, urinalysis, measure SFH, CO monitoring. Offer membrane sweep, and assessment of the neck of the womb (Bishop Score). Discussion regarding fetal movements.</td>
</tr>
<tr>
<td>41 weeks</td>
<td>BP, urinalysis, measure SFH, CO monitoring. Induction of labour discussion, offer membrane sweep, offer date for induction of labour. Complete Bishop Score. Discussion about fetal movements.</td>
</tr>
</tbody>
</table>
For all antenatal care / scan appointments please come to the Main Entrance located within the main Jessop Wing car park. Parking is limited so do plan to arrive early to ensure you get parked in time for your appointment. Please note the payment machine does not accept cards or notes. As an alternative you may wish to use the Indigo Parking App on your phone to pay; for further information email customersupport.uk@parkindigo.com or telephone 0330 123 5247.

A cafe is located at the rear of Level 1 which is open 8am - 6pm daily. Outside of these times the main Hallamshire Building has a cafe located on D Floor. Vending machines which offer cold drinks are located on Level 1, 2 and 3 and all accept card payment.

If you are disabled in any way you may find it useful to visit www.disabledgo.com which contains useful information about our facilities.

**Friends and Family Test**

As part of our commitment to improve standards of care within our maternity services you will be provided with "Friends and Family Test" postcards. These cards enable you to tell us what you think of the service you have received and if you would recommend our service to your friends and family. You will be given a postcard at the following times:

- 35 - 36 weeks of pregnancy
- Immediately following the birth of your baby / babies
- When you leave the post natal ward, if applicable
- When you are discharged from the care of your community midwife

Your comments are very important to us and therefore we would encourage you to complete each "Friends and Family Test" postcard you receive.
Confidentiality

Confidentiality - Sharing your information

Some of the information in these notes, about you and your baby will be recorded electronically. By recording your details in this way we can help provide you with the best possible care. We may look at your GP records for information about your medical history.

In order to provide appropriate on-going care your details will be shared with infant feeding peer supporters and health visitors. The National Health Service (NHS) also wishes to collect some of this information about you and your baby, to help:

- Monitor health trends
- Increase understanding of adverse outcomes
- Strive towards the highest standards
- Make recommendations for improving maternity care

At the Jessop Wing we take part in a range of audit activities to help improve our services. Audit monitors the standard of care received by patients. It’s a regular process of looking at the care provided and asks:

- What should we be doing?
- Are we doing it?
- How can we improve?

The results of these audit activities are used to make improvements to the care that is provided to mothers and babies during pregnancy, birth and during the post natal period. Individual women are not identified.

The NHS has very strict confidentiality and data security procedures in place to ensure that personal information is not given to unauthorised persons. The data is recorded and identified by NHS number and your name and address are removed to safeguard confidentiality. Other information such as date of birth and postcode are included to help understand the influences of age and geography. In some cases, details of the care are looked at by independent experts working for the NHS, as part of special investigations (Confidential Enquiries), but only after the records have been completely anonymised.

Sharing contact details with other health supporting agencies

With your permission, we would also share only your contact details (no personal details) with services that can provide you with extra support as you become parents:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant feeding peer support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokefree Mums, Time for Me</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Data collection and record keeping discussed

Signature: .......................................................... Care Provider: ............................................
Date: ....................................................
Your Carers

Midwife
Midwives are the lead professional for women experiencing a straightforward pregnancy and birth. They provide care and support for women and their families during pregnancy, childbirth and the early days after the birth. They will work in partnership with you and your family to ensure you can make informed decisions about your care. Your midwives will arrange to see you at clinic in the local community. If you need to contact your midwife please refer to the telephone numbers on page 1 of this booklet.

Obstetrician
Obstetricians are doctors and the lead professional for women experiencing complications in pregnancy and/or birth. You may be referred to an obstetrician at the beginning of your pregnancy if you already have a medical problem or during pregnancy if there are any concerns about your health or the health of your baby. They will discuss with you a plan of care.

Health Visitors (HV)
Health Visitors will make contact with you before your baby is born and will visit you in your home shortly after the birth. Health visitors offer support around babies feeding, growth and development. They are also available to listen and to support your emotional wellbeing. They will provide information on local support networks, early detection of minor ailments and ill health. They help families to make health choices and identify where additional support may be needed for specific issues using an approach called the Antenatal and Postnatal Promotional Guide. For more information visit: https://www.sheffieldchildrens.nhs.uk/services/health-visiting

General Practitioner (GP)
GPs are doctors who work in the community providing care for all aspects of health for you and your family throughout your lifetime.

Specialist Professionals
If you have any specific medical problems such as diabetes you may need to be referred to a specialist service for additional care during pregnancy. This may be at the same clinic where you see the obstetric team, though it may be that you need extra visits. Specialist care may continue to be provided for you after you have had your baby.
Having Your Baby in Sheffield

Choosing where to have your baby is an important part of your pregnancy journey and you will have plenty of opportunities to discuss this with your midwife.

In Sheffield you have the following choices:

- Homebirth
- Midwife Led Unit - located at the Jessop Wing
- Obstetric Unit - located at the Jessop Wing

**At home** you will have 1-1 care from a midwife in your home throughout labour and birth. Many women and their families feel more relaxed at home which helps labour to progress well. You can also hire a birthing pool from the Jessop Wing for a small charge.

If you have had a straightforward birth before, having your baby at home is particularly suitable. It does not pose any additional risk to your baby, you are less likely to need intervention (for instance forceps/caesarean). Ask your midwife for the leaflet 'Having my Baby at Home (PIL2448)'


In the **Midwife Led Unit** we promote active birth and you may choose to use the range of equipment available to you. This includes birthballs, mats, birthing stools and birthing pools. Following birth, if you and your baby are both well, you will be able to go home a few hours later.

If your pregnancy is not straightforward or you have any existing medical conditions we may recommend you give birth on the **Obstetric Unit** at the Jessop Wing. Your care will be led by a team of doctors and midwives, and you will continue to be involved in making choices about your care.

If you feel your choice for where you want to have your baby doesn't fit in with the above please discuss further with your midwife. Your wishes about place of birth and plans for labour and birth are important.

For more detailed information on place of birth, including a ‘virtual tour’ see the Jessop Wing website: [http://www.sth.nhs.uk/services/a-z-of-services?id=171](http://www.sth.nhs.uk/services/a-z-of-services?id=171)

**Parent Education**

There are a number of parent education sessions on offer. Expectant mothers who attend a group for birth and parenthood often find that it helps them prepare better. The sessions also give you the information to make your own personal choices.

For more details please refer to [http://jessopwing.eventbrite.co.uk](http://jessopwing.eventbrite.co.uk)

If you need any further help please speak to your midwife.
### Sheffield: Place of Birth Choices

<table>
<thead>
<tr>
<th>Options available</th>
<th>Home</th>
<th>Alongside Midwifery Led Unit (MLU)</th>
<th>Obstetric Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1 midwifery care in first stage of active labour</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>More chance of normal birth</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Less likely to have interventions, such as forceps, episiotomy, caesarean</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Pool available</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Enjoy comforts of own home, bed and bathroom</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relaxing surroundings</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Gas and air available</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Injection for pain relief</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Epidural for pain relief</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Intermittent fetal monitoring</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Continuous fetal monitoring</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Medical expertise for care where mum or baby need close monitoring / treatments</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Quick access to assisted birth or caesarean section</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Quick access to neonatal team</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>More chance of returning to home environment soon after birth</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

I have thought about the options for place of birth and my thoughts are:
My Personalised Pregnancy Plan

My hopes, wishes and choices for pregnancy:

With the support of my maternity care team I will achieve this by:

I will know I am making progress because:

How to access an NHS Personal Maternity Care Budget (where available), advocacy and interpreting have been discussed.

Date:                                                    Signed:
Routine Tests in Pregnancy

When you first see your midwife you will be given the NHS Public Health England booklet called ‘Screening Tests for You and Your Baby’. This booklet lists all of the tests offered in pregnancy and for the baby after he/she is born. Please keep this booklet to refer to.

During pregnancy you will be offered several tests to check on the health of you and your baby. The routine tests are listed below. Your midwife will give you more information at the time and you can ask her any questions. It is your choice whether to have these tests.

Full Blood Count

- To look for anaemia - this is usually due to a shortage of iron
- Occasionally detects other problems which may need more investigation
- Repeated at 28 weeks or sooner if a problem is found
- Ask your midwife about foods which contain plenty of iron to help you avoid anaemia

Blood Group and Red Cell Antibody Screen

Knowing your blood group is important:

- In case you need a blood transfusion
- To find out if you have made any antibodies to red blood cells. This can happen if you have had a blood transfusion or if blood cells from this baby or a previous baby have crossed into your blood.
- To find out if you are ‘D’ negative (also called ‘Rhesus’ negative)

If you are ‘D’ negative you can have a blood test to predict your baby’s Rhesus status. If your baby is predicted to be “D” positive or you do not have the test you will be advised to have an injection of Anti-D at 28-30 weeks. If you bleed or have a knock to your womb during pregnancy or experience significant abdominal pain you will also be advised to have Anti D. You will be offered an Anti D injection shortly following the birth of your baby. If your baby is predicted to be “D” negative you do not require Anti D injections. The red cell antibody blood test will be repeated at 28 weeks of pregnancy.

Urine Testing

At your first meeting with your midwife you will be asked to give a sample of urine (midstream specimen of urine - MSU). The aim is to obtain a sample (specimen) of urine from the middle of your bladder. Urine does not normally have any germs (bacteria) in it (urine should be sterile). If bacteria are found in the sample, it means that the urine is infected. A midstream sample is best, as the first bit of urine that you pass may be contaminated with bacteria from the skin. Before doing an MSU, wash your hands and ideally your genitals as well. Then without stopping the flow of urine, catch some urine in a clean (sterile) bottle. Once you have enough urine in the bottle, finish off passing the rest of your urine into the toilet. This sample is then sent to the laboratory to look for infection.

At every antenatal contact, you will always be asked to give a urine sample. This is to look for protein (which may be a sign of infection or high blood pressure) and sugar (which may be a sign of diabetes).
Scans

All women are offered two scans. If any problems are suspected you may have additional scans.

1. **Dating Scan with or without nuchal translucency (NT) measurement - (the fluid at the back of your baby's neck)**
   - To confirm the due date
   - To determine the number of babies you are expecting
   - To measure the fluid at the back of the baby's neck (NT) if you have opted to have Down’s Syndrome screening and if you are the right stage of pregnancy
   - To look for some abnormalities

2. **Mid-Trimester Scan (also called anomaly or detailed scan)**
   - To look for abnormalities - you will be told if any problems are suspected
   - To check the position of the placenta
   - It may be possible to tell you the sex of the baby if you wish to know

**Carbon Monoxide (breath) Testing**

You will be offered a carbon monoxide (CO) breath test at every antenatal visit. This is an opportunity for you to see if you are breathing in carbon monoxide, a poisonous gas that you can’t smell, by just blowing down a tube. You will get the results straight away.

**Glucose Tolerance Test (GTT)**

Offered to women at greater risk of developing high blood sugar levels in pregnancy (gestational diabetes):
   - Women from certain ethnic groups (Middle Eastern, Black Caribbean or South Asian)
   - If you are overweight
   - Have a family history of diabetes
   - Have had a baby over 4.5 kg in the past
   - To find out if you have developed high blood sugar levels in pregnancy (gestational diabetes)

This is usually done at 24 - 26 weeks of pregnancy.
Assessing Your Baby's Growth

Customised Growth Chart

The growth of your baby is assessed using a personal customised growth chart. This chart will be individually adjusted for you and your baby.

The chart is usually printed after your expected date of delivery has been determined by ultrasound scan (preferably) or by your last menstrual period.

Infection During Pregnancy

Pregnant women and women who have just had a baby are at risk of developing genital tract infections (infection in the vaginal area). In some cases these infections can be very serious and even life threatening.

Bacteria such as Streptococcus A that can cause sore throats and respiratory (airway) infections can be spread from the throat and mouth and transferred to the vagina and perineum via the hands.

Prevention:

Genital tract infections can be prevented very easily, simply by having good personal hygiene and through careful hand washing.

This is particularly important if either you or a member of your family have had a sore throat or a respiratory (airway) infection.

To prevent the transfer of infection from mouth to the genital area, it is strongly advised that you remember to wash your hands thoroughly before and after:

- Using the toilet
- Changing your sanitary towels
- Changing your baby’s nappy

Cytomegalovirus (CMV) is an infection that may not give any symptoms in the mother but can lead to serious physical and developmental problems in babies whose mother caught CMV in pregnancy.

It can be transmitted via saliva, tears and urine of an infected person, most usually young children, therefore it is important to wash hands carefully after changing babies nappies and not ‘clean’ dummies by putting them in your mouth.

Toxoplasmosis is an infection that if caught in pregnancy can lead to miscarriage, stillbirth or organ damage. It can be transmitted via contaminated meat, cat litter or gardening. Careful hand washing can help prevent this.

Signs of Infection:

Contact your GP or Midwife for advice if you develop signs of an infection. For example:

- Sore throat
- Fever
- Shivering
- Fast heart rate
- Abdominal pain
- Unpleasant vaginal discharge
Staying Healthy In Pregnancy

Looking after your mental health and wellbeing as a parent is important.
Emotional Wellbeing

It is not unusual for women to have some worries or fears about the birth or about becoming a mother. This is a huge change in a woman’s life and it is natural to have some worries about the future. Talk to your midwife or partner and friends. Share your concerns as there may be a simple way of putting your mind at rest.

If you begin to feel overwhelmed by anxiety or have feelings of continued low mood, talk to your midwife or GP. It is important that you have the right support and there are options to help you.

Becoming parents affects different people in different ways.

You are likely to be feeling a whole mix of emotions about becoming a parent – happy, excited, anxious, scared, exhausted, elated and blooming. Not all parents experience an instant bond with their baby. Some parents experience high levels of anxiety and/or depression and can feel very overwhelmed by their emotions – if you think your feelings are getting out of control and stopping you from getting on with your normal life style then please let your midwife know.

Research now tells us that parental mental health is important for babies’ wellbeing so it is important to look after yourself. If you are experiencing high levels of stress for any reason, please talk to your midwife. For example we know that domestic abuse may start or get worse in pregnancy.

All parents want the best for their child. Difficult issues from the past can be hard to ignore when you are planning for a new life. Talking and making sense of these difficulties can help parents to process these concerns and open up the possibility of a fresh start with this new baby. Sometimes if we try and ignore difficult, distressing issues they can interfere with our relationship with our new baby.

It helps if you have someone to talk to about how you are feeling, someone to help you plan and get your head around becoming a parent. We know that parents who feel isolated may struggle more with their mental health. It’s important to keep up your social networks and your midwife is here to listen to any concerns you may want to raise.

Your baby learns about the world from you, even during pregnancy

- Take time to tune in and connect with your baby – it’s good for their development. When you feel your baby move you can stroke your tummy and talk to your baby
- Singing and talking to your unborn baby helps them to recognise your voice which can be soothing
- From around 20 weeks your unborn baby can recognise different voices

Unborn babies suck their thumb and swallow, yawn, exercise and sleep.

Babies thrive on feeling loved and cared for.

Skin to skin contact soon after birth can be very soothing for you and your baby.

Skin to skin contact can help get breastfeeding off to a great start. Read your “Mothers and Others Guide” for more information about feeding and caring for your baby.

Attachment theory teaches us that when a baby feels loved and cared for the more resilient they will be when they get older.
Domestic Abuse

1 in 4 women experience domestic abuse at some point in their lives and many cases start during pregnancy. It can take many forms including physical, sexual, financial control, mental or emotional abuse. Where abuse already exists, it has been shown that it may worsen during pregnancy and after the birth. Domestic abuse can lead to serious complications which affect you and your baby.

You can speak in confidence to your healthcare team who can offer help and support or you may prefer to contact a support agency such as The National Domestic Violence Helpline on 0808 2000 247 or the local helpline number 0808 0808 2241.

Healthy Eating and Staying Active in Pregnancy

Eating well and staying active before and during pregnancy will benefit both you and your baby. You can then follow the same basic guidelines after the baby is born. If you take moderate exercise this will not harm your baby and will help you prepare for parenthood. It is recommended that you have about 30 minutes of moderate exercise each day, such as going for a brisk walk or swimming.

When you are pregnant, there is no need to ‘eat for two’ or drink full fat milk. In fact there is no need to increase your calorie intake until the seventh month of pregnancy and then by only 200 calories per day.

Eat regularly – about three meals a day – choosing a varied diet from the following food groups.

Bread, rice, potatoes, pasta and other starchy foods including yam, chapatti - these foods give you energy and should make up the main part of each meal. Choose wholegrain options.

Fruit and vegetables - these provide vitamins, minerals and fibre. Aim to eat five or more portions per day. Fresh, frozen, tinned, dried and juiced all count.

Meat, fish, eggs, beans and other non-dairy sources of protein such as nuts, pulses and dhal, quorn, tofu - many of these also provide iron. Include foods from this group twice a day. No more than two portions of oily fish per week.

Milk and dairy foods - these give you calcium. Aim to have 3 portions of these foods per day. One portion is provided by 180ml (1/3 pint) milk, 150g yoghurt, 245g cheese.

Choose low fat dairy products unless you are underweight. If you eat soya alternatives check they have calcium added. Other non-dairy foods containing some calcium include green leafy vegetables, broccoli, tofu, beans, dahl, sardines, almonds, dried fruit.

Foods high in fat and/or sugar - keep foods from this food group such as cakes, biscuits, chocolate to a minimum to prevent gaining too much weight.

If you would like support with healthy eating during your pregnancy, please contact the Why Weight Team on 0114 321 1253 or visit their website

www.whyweightsheffield.co.uk for more information.
Physical activity for pregnant women

Helps to control weight gain
Helps reduce high blood pressure problems
Helps to prevent diabetes of pregnancy
Improves fitness
Improves sleep
Improves mood

Not active?
Start gradually

Already active?
Keep going

Throughout pregnancy
aim for at least
150 minutes
of moderate intensity activity
every week

Home

Out and about
Do muscle strengthening activities twice a week

Leisure
Every activity counts, in bouts of at least 10 minutes

No evidence of harm
Listen to your body and adapt
Don’t bump the bump

UK Chief Medical Officers Recommendations 2017: Physical Activity in Pregnancy.
bit.ly/startactiveinfo
Common Questions About Healthy Eating

Do I need to take healthy start vitamins?

Pregnant women, women with a baby under one year old and children from six months old to their fourth birthday are entitled to Healthy Start Vitamins.

Healthy Start women’s vitamin tablets contain:

- **Folic acid** - Reduces the chance of your baby having spina bifida, a birth defect where the spine doesn’t form properly
- **Vitamin C** - Helps maintain healthy tissue in the body
- **Vitamin D** - Helps your body absorb calcium and so supports your baby's bones to develop properly

Your midwife will provide you with your vitamins in pregnancy and the health visitor will supply any baby drops required.

How much weight should I be gaining over the whole pregnancy?

There is no clear evidence about the right amount of weight to gain in pregnancy. However, most women gain 10-12kg, putting on most of this weight after 20 weeks of pregnancy. Gaining too much weight or too little weight during pregnancy can lead to health problems for your baby. You should not try to lose weight until after your baby is born.

How can I prevent constipation?

Eat wholemeal bread, high fibre breakfast cereal, fruit and vegetables each day. Drink plenty of water daily and stay active.

How can I stop feeling sick?

Eat little and often throughout the day choosing mainly starchy foods such as toast and crackers. Drink fluids little and often through the day, to prevent dehydration. You may find ginger-rich foods or drinks or wrist acupressure travel bands help. For most women this should have eased by 16-20 weeks. If problems persist discuss with your midwife or GP.

How can I prevent heartburn?

Try eating small regular meals and snacks and avoid large meals. Avoid fatty, fried and spicy foods. If the problem persists discuss with your midwife.
Anaemia in Pregnancy

What is Anaemia?

During pregnancy the amount of blood circulating in your body increases. The body therefore needs **more iron and vitamins** to make more **red blood cells**. Haemoglobin (Hb) is the protein in red blood cells that carries oxygen to the other cells in the body.

**Some pregnant women become mildly anaemic**, because they had low iron stores before they became pregnant (e.g. had heavy periods) or have a low iron content in their diet. Some women become very anaemic and further testing is undertaken to find out why.

<table>
<thead>
<tr>
<th>Anaemia in pregnancy is defined by Haemoglobin (Hb) below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>110g/L in first trimester (weeks 1 – 13)</td>
</tr>
<tr>
<td>105g/L in second and third trimester (weeks 14 – 26 and 27 – 40)</td>
</tr>
<tr>
<td>and 100g/L postnatally</td>
</tr>
</tbody>
</table>

What are the symptoms of anaemia?

The haemoglobin (Hb) in red blood cells carry oxygen around the body to the muscles, tissues and skin. Women who don’t have enough Hb may be:

- Tired
- Breathless
- Unable to concentrate
- Headachy
- Dizzy

Additionally, in pregnancy, as the body prepares for the birth, you also need to ensure that it is well equipped to deal with the oxygen demands of labour, birth and parenthood.

**A good oxygen supply is needed for:**

- The muscle in the womb to help it contract, both during the birth and afterwards
- The skin, so that any tears (around the vagina) or scars (if a caesarean was needed) heal well
- The milk producing cells in the breast, to help get breastfeeding off to a good start
- The energy demands of being a busy new parent!

**Women who have good iron stores are:**

- Less likely to bleed heavily after the birth
- Less likely to need a blood transfusion
- Less likely to get a wound infection
- Less likely to give up breastfeeding earlier than they wanted to
- Less likely to have postnatal depression
What can I do to prevent anaemia?

Eat well. Iron rich foods include:

- Dark green leafy vegetables
- Nuts and seeds
- Fish
- Eggs
- Cereals
- Beans and pulses
- Meat
- Tofu
- Dried fruit

The following can reduce the absorption of iron in the diet if you are taking iron tablets:

- Tea / coffee
- Diary products, such as milk
- Antacids

Take action so that you and your baby can be happy and healthy
Are there any foods I should avoid or be careful with?

During pregnancy you have to take extra care with some foods due to their possible risk to the unborn baby. The table below lists these. More information is available from www.eatwell.gov.uk.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Avoid</th>
<th>Take Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salmonella</strong></td>
<td>Raw shellfish. Raw and uncooked meats and chicken. Ice cream from machines.</td>
<td>Always wash your hands after handling raw meats and poultry. Store raw foods separately from cooked foods. Lion Code eggs are considered very low risk for salmonella, and safe for pregnant women to eat raw or partially cooked. So you can eat raw hen eggs or food containing lightly cooked hen eggs (such as soft boiled eggs, mousses, souffles, and fresh mayonnaise) provided that the eggs are produced under the Lion Code. If they are not Lion Code, make sure eggs are thoroughly cooked until the whites and yolks are solid to prevent the risk of salmonella food poisoning. Non hen eggs such as duck, goose and quail eggs should always be cooked thoroughly.</td>
</tr>
<tr>
<td><strong>Listeria</strong></td>
<td>Soft ripened cheeses including Brie, Camembert, some goat cheeses. Blue veined cheeses e.g. Stilton, Danish Blue. All unpasteurised dairy products. All types of paté including vegetable.</td>
<td>Takeaway and cook-chill ready meals - ensure they are heated thoroughly and piping hot. Chilled food should be stored at the correct temperature (below 5°C). Foods should not be eaten after their “use by” date.</td>
</tr>
<tr>
<td><strong>Contaminents</strong></td>
<td>Shark, Marlin, Swordfish</td>
<td>Limit fresh tuna steaks to twice/week. Limit canned tuna to 4 medium cans/week. Eat oily fish e.g. salmon, mackerel, sardines, no more than twice/week.</td>
</tr>
<tr>
<td>e.g. mercury, dioxins</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vitamin A</strong></td>
<td>Multivitamin supplements containing excess retinol a form of vitamin A. Fish liver oils containing more than 700mg/day. Liver and liver products e.g. paté, faggots</td>
<td></td>
</tr>
</tbody>
</table>
Where can I find further information on a healthy diet during my pregnancy?

There is a lot of information about diet during pregnancy on the internet, both good and bad. Always check that you are looking at information from a reputable source. For trusted information on diet and exercise you may find the following websites a helpful starting point.

- www.nhschoices.co.uk
- The Bounty app downloadable to your phone

### Oral Health During Pregnancy

Hormonal changes during pregnancy make women more prone to changes in their oral health especially the gums. Plaque bacteria builds up on gums and teeth. During pregnancy, the body’s defence to plaque is very low. If plaque is not removed effectively, irritation of the gums by plaque causes gum disease (pregnancy gingivitis) causing gums to bleed, appear swollen and inflamed.

Therefore, it is essential to practice good oral hygiene methods to keep gums plaque free.

- Brush teeth and gums thoroughly twice daily for 2 minutes with a fluoride toothpaste. Teeth should be brushed at night and on one other occasion.
- After brushing, spit out the excess toothpaste and avoid rinsing with lots of water.
- Use floss or interdental brushes to clean between teeth just before brushing.
- Use a mouthwash at a separate time of brushing.
- Use a small headed toothbrush, preferably electric, with soft-medium bristles and brush with gentle pressure and small movements.
- If suffering from morning sickness, it is recommended that you avoid brushing your teeth for at least an hour after vomiting. You can however, rinse your mouth with water or a fluoride mouthwash.
- Registration with the dentist for routine dental care is also recommended. All NHS dental treatment is free during pregnancy and one year after giving birth provided a maternity exemption certificate can be produced. Local NHS dentists can be found by calling the Dental Helpline on 0114 305 1510.

<table>
<thead>
<tr>
<th>Caffeine</th>
<th>Have no more than 200mg caffeine daily. Take care with coffee, tea, cola, high energy drinks and chocolate. The daily limit would be two mugs of coffee or three cups of tea.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>It is unknown what level of alchohol is safe in pregnancy. Alcohol is best avoided in pregnancy.</td>
</tr>
</tbody>
</table>
Contact with Infectious Illnesses

Some infectious illnesses can cause problems for pregnant women. The following should be discussed with your midwife or GP.

Seasonal Flu

If you are pregnant in between the months of October until the end of March, you will be advised to have a flu vaccination. This is safe for you and your baby at any stage of pregnancy and could prevent this serious infection. Ask your midwife for details of where you can have this.

Whooping Cough (Pertusis)

Whooping cough is a serious infection, especially for young babies. Pregnant women will be advised to have the vaccination ideally between 16 - 32 weeks. You can have the vaccine after 32 weeks but the earlier you have it the better the transfer of immunity to your baby.

Chicken Pox

If you have had chicken pox you do not need to worry about contact, but if you are not sure about having had chicken pox, or have not had it you may be at risk. If you are in contact with someone who has chicken pox or who develops chicken pox 1 to 2 days after you were with them you should report this by phone to your midwife or doctor or ring the hospital as soon as you are able to. You will need a test to find out if you are immune. This can often be done on the blood you had taken earlier in pregnancy. If you are not immune preventative treatment may be offered.

Parvo Virus (slapped cheek)

If you are in contact with someone who has this infection or who develops the rash a few days after you were in contact with them you should report this by phone to your midwife or doctor, or ring the hospital. A test to see if you are immune to this infection can be done, as the same for chicken pox and a plan for further investigations put in place if you are not immune.

Group B streptococcus (GBS) Infection

GBS is a common bacterium (bug) which is carried in the vagina and rectum of 2 - 4 in 10 women (20 - 40%) in the UK. GBS is not a sexually transmitted disease and most women carrying GBS will have no symptoms. Carrying GBS is not harmful to you but it can affect your baby around the time of birth. GBS can occasionally cause serious infection in newborn babies, and, very rarely, during pregnancy and before labour. More information can be obtained from the RCOG GBS leaflet given in your booking pack or visit:

http://publicdocuments.sth.nhs.uk/pd9185.pdf

Please do not attend any appointment if you believe you may be infectious please ring 0114 226 8091 or 0114 271 2982 to re-arrange your appointment
Problems to Tell Your Midwife or Doctor About

During your pregnancy you may experience some complications which may need investigating. It is important that you tell your midwife or doctor about these.

Nausea and Vomiting in Early Pregnancy

In most cases nausea and vomiting in pregnancy will wear off naturally within 16–20 weeks of pregnancy. If you would like help and support with this common symptom of pregnancy please discuss this with your midwife. You may wish to discuss the following as they appear to be effective in reducing symptoms.

- **Natural options** - Wrist acupressure travel bands
- **Medication** - Anti emetics

If it does not resolve or is severe please do not hesitate to contact your doctor or midwife.

Vomiting

Any vomiting that starts after 20 weeks of pregnancy is not normal. If this is because you have a tummy bug then it is likely that this will start to get better after 24-48 hours. Make sure you drink plenty and take extra care when washing your hands after going to the toilet. If the vomiting continues and/or you get a headache, pain or visual disturbance, contact the Jessop Wing without delay.

Bleeding

If you have any bleeding from the vagina you should report this straight away to your midwife or GP (contact details on page 1).

- Less than 20 weeks, contact your GP
- More than 20 weeks, contact The Jessop Wing (see page 1)

If you are D (Rh) negative (and you have had a blood test to predict your baby's rhesus status), and your baby's status is not known you will be offered an Anti D injection.

Itching

If you have itching, especially if it occurs on your hands and feet, you should report this to your midwife or GP the same day as it may be a symptom of a condition called Obstetric Cholestasis. This is a complication of pregnancy which affects the liver and may require treatment. You can have a blood test which will help to diagnose this.

Pain / Swelling in Your Legs or Chest Pain

Some swelling of your ankles is normal in pregnancy and usually goes down whilst you are in bed overnight.

If you have swelling or pain in your leg whilst you are pregnant or in the first weeks after the baby is born you should report this to your midwife or doctor. This is because there is a slightly higher chance of developing Venous Thrombosis (blood clots) at these times.

If you have pain in your chest or cough up blood you should report this immediately to your GP.
High Blood Pressure

A rise in blood pressure can be the first sign of a condition known as pre-eclampsia or pregnancy induced hypertension. Your blood pressure will be regularly checked during your pregnancy. You need to tell your midwife or doctor or maternity unit if you experience:

- Bad headaches
- Blurred vision
- Spots before your eyes
- Severe pain below your ribs
- Vomiting

These can be signs that your blood pressure has risen sharply. If there is also protein in your urine, you may have pre-eclampsia which in it’s severe form can cause blood clotting problems and fits. It is often linked to problems for baby such as restricted growth.

Some women will need medication that lowers high blood pressure. Occasionally, this may be a reason for you to have your baby early. The decision on how this is best managed will be discussed with you by an obstetrician.

Waters Breaking (membranes rupturing)

Rupture of the membranes around the baby will result in some of the amniotic fluid (waters) being lost. This may be a gush or just a trickle of fluid. You should contact Telephone Triage (see page 1) and you will be advised to come in. Wear a sanitary pad, as this forms part of the assessment by the midwife when you arrive at the hospital. If you are not in labour you will have swabs taken to check for infection. Labour often starts within a day of the membranes rupturing. If labour does not start, a plan of care will be discussed with you.

Falls or Accidents

If you have a fall and land on or hurt your bump contact your midwife for advice. You should also tell the midwife or ring the hospital if you are in a road traffic accident.

Seat belts should be worn when you are in a car, wear it with the lap belt underneath your bump.
## General Information

### Air Travel

Air travel is associated with an increased risk of venous thrombosis (blood clots). Consideration should be given to wearing correctly fitted compression stockings and keeping well hydrated during the flight. Please discuss travel vaccinations and insurance with your midwife and GP before travelling. Contact your airline for their specific guidance on flying when pregnant.

See RCOG advice:

### MAT B1 Forms

The Maternity Certificate (MAT B1) enables a pregnant woman to claim:

- Statutory maternity pay (SMP) from her employer
- Maternity allowance (MA) from Jobcentre Plus

The certificate shows the following:

- Verifies the pregnancy
- Confirms the date of the expected week of confinement (EWC)
- Confirms the actual date of birth when completed after confinement

You will be able to get your MAT B1 from 20 weeks into your pregnancy, no earlier.

Your community midwife will routinely provide you with your MAT B1 certificate at your 25 or 28 week appointment. If for some reason you need your MAT B1 before this time, please telephone your GP receptionists at your GP or Children’s Centre to leave a message for the midwife. The receptionist will then let you know when the MAT B1 is ready to be collected (usually within a week, although it can be up to 2 weeks).

### Sleep Positions during Pregnancy

Research has shown that, if all pregnancy women in the UK went to sleep on their side in the third trimester, there would be a 3.7% decrease in stillbirth, saving around 130 babies lives a year. The advice to pregnant women is to go to sleep on their side for any episode of sleep in the third trimester (from 28 weeks of pregnancy) including:

- going to sleep at night
- returning to sleep after any night wakenings
- day time naps
- As the going-to-sleep position is the one held longest during the night, women should not be concerned if they wake up on their back, but should simply roll back onto their side.

Tommy’s campaign recommends that women can go to sleep on either side.

For more information see:
https://www.tommys.org/pregnancy-information/sleep-side-pregnancy-campaign
Pregnancy and Substance Misuse

If you are pregnant and using substances you may be feeling guilty or worried that these may be harming your baby. Using tobacco, alcohol or drugs when you are pregnant increases the chance that problems may arise. If you are using substances, there is a lot you can do to improve the health of your baby.

Eating a healthy diet, not smoking or drinking alcohol, attending antenatal clinic and getting drug or alcohol treatment can have a positive effect on your pregnancy. The healthier habits you develop during pregnancy can also improve your long term health and wellbeing when you become a parent.

You may feel reluctant to tell professionals about your use. You may be worried about being judged or that your baby will be taken into care. Remember that midwives and doctors are there to help you. Telling them about the substances you are using means they can give you and your baby special care.

Drug or alcohol use in itself is not a reason to involve Social Services or for them to assume you can’t look after your baby. If Social Workers are involved, remember they are there to support you in parenting your child effectively.

Alcohol is a substance which should be avoided as there is no agreed safe limit for your unborn baby. Heavy drinking and binge-drinking during pregnancy and whilst breastfeeding your baby can be harmful. There is a risk that your baby could have learning difficulties or other abnormalities. If you feel you may have difficulty stopping, ask your GP or Community Midwife for advice. They will also be able to put you in touch with a Specialist Midwife who can assess your needs and access specialist support should you need it. The Specialist Midwife can also provide support throughout your pregnancy and after your baby is born.

Meeting your midwife or doctor early and regularly during pregnancy increases your chances of having a normal pregnancy and a healthy baby.

If you have not made contact with local substance use services before, this may be the time to do it. Don’t wait until there is a crisis.

If you do not have difficulty with drug or alcohol but you are worried about your partners substance misuse then please also use this time to ask your GP or midwife for advice. A Specialist Midwife will be more than happy to offer them advice and onward referral for support should they need it.

Substance Misuse Service

0114 305 0500

Fitzwilliam Centre, 143-145 Fitzwilliam Street, Sheffield S1 4JP

http://www.shsc.nhs.uk
Smoking During Pregnancy and Beyond

If you or those you live with smoke, expecting a new baby is an ideal time to QUIT. Smoking in pregnancy is also associated with an increased risk of:

- Miscarriage and premature birth
- Having a baby who is smaller than he/she should be
- Stillbirth and sudden infant death (SIDS)

If you would like to stop smoking, you will be four times more likely to succeed if you have professional help. Ask your midwife to refer you to a stop smoking specialist midwife for one to one advice and support. It is never too late to stop.

Stopping smoking will improve the health of you, your baby and everyone around you. Please ring 0114 226 5627 to talk to a specialist stop smoking midwife. Support can also be offered for partners and family members who smoke.

Carbon Monoxide (CO) Monitoring and Nicotine Replacement Therapy

You will be offered CO monitoring throughout your pregnancy. CO is a poisonous gas that can reduce the oxygen your baby gets. When you see the specialist stop smoking midwife she will help you plan the best way for you to QUIT. This individualised care involves using Nicotine Replacement Therapy and monitoring CO levels which will fall quickly if you QUIT. She will also be able to advise you about the current advice surrounding the use of e-cigarettes in pregnancy.

Protecting Children from Second Hand Smoke

Second hand smoke is especially dangerous for children as they are growing up:

- **Sudden Infant Death** is twice as likely in babies where the family smokes
- Smoking near children is a cause of **serious respiratory illness**, such as bronchitis and pneumonia
- There is an increased risk of **meningitis** for children who are exposed to second hand smoke, which can lead to brain damage, amputations or death
- Babies and children exposed to second hand smoke are more likely to get coughs and colds, as well as middle ear disease which can cause **deafness**
- **Smoking in cars** - It is now illegal to smoke in any vehicle with someone who is under the age of 18 years.

The Jessop Wing is a Smoke Free Site.

Smoking is not permitted in any part of the grounds or buildings of the Jessop Wing; this restriction applies to both patients and any visitors.

Vaping is permitted in the grounds so long as it is away from windows and doors. Electronic cigarettes must not be charged in the building as this poses a fire hazard.

If you would like help to stop smoking please speak to a midwife; we can offer a range of ways to support you, including nicotine replacement therapy (NRT) during your stay.

Remember to keep your home and car smoke free
Looking After Your Skin and Avoiding Pressure Ulcers

What are pressure ulcers?
Pressure ulcers are also commonly known as "pressure sores". A pressure ulcer is an area of damage to the skin and the surrounding soft tissues.

Pressure ulcers can affect anybody of any age who has had a prolonged period of immobility, incontinence or poor diet.

Pressure ulcers can occur anywhere in the body however they are more common over bony areas such as the bottom of the spine and heels.

Signs and Symptoms to look out for?
- Pain and / or discomfort over a "key pressure point" e.g. sacrum, hip, heel, shoulder, elbow, ankle, ear, knee, back of head
- Redness and / or bruising
- Broken skin

What causes pressure ulcers?
Pressure ulcers are caused by:
- Pressure - weight of the body pressing on the skin. This can come from sitting / lying in one position for long periods of time
- Friction - slipping down the bed or chair
- Shearing - pulling of the skin from slipping down the bed or chair. Restlessness in bed (from pain) can result in friction and shearing of the skin
- Moisture - similar to nappy rash. Moisture can occur when your waters break. After your baby is born you will have blood loss (lochia) for a few weeks

Other things can also add to the risk of developing pressure ulcers. These include:
- Illness
- Lack of movement (certain procedures in pregnancy and labour such as having a urinary catheter, continuous monitoring of the baby’s heart rate having a caesarean section)
- Not eating enough
- Not drinking enough
- Loss of sensation (certain types of pain relief e.g. epidural or spinal)

How can I help prevent pressure ulcers?
Pressure ulcers can be prevented by various means, including:
- Enabling the midwifery and nursing staff to look at your skin regularly
- Moving around regularly to relieve pressure
- Eating a well balanced diet (if allowed)
- Drinking more fluids (if allowed)
- Telling the midwifery or nursing staff if you have problems with your bladder or bowels
During labour - you should also:

- Change your position every 2 - 4 hours (the midwives and nursing staff will help you to do this if you have an epidural)
- Change wet pads / sheets regularly (the midwives and nursing staff will help you to do this)

After your baby is born - you should also:

- Change your position at least every 2 - 4 hours until you are mobile (the midwives and nursing staff will help you)
- Get out of bed as soon as possible. If you have a drip or urinary catheter you do not need to stay in bed
- If you have a catheter make sure it goes over your leg not underneath it

Very few women develop pressure ulcers but certain procedures and activities during pregnancy, labour and birth increase your risk.

Antenatal Perineal Massage

Perineal massage during the last month of pregnancy has shown to help the perineum (skin between the vagina and anus) to stretch more easily during birth. Discuss how to do this with your midwife.

See link for further information:
https://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/episiotomy.aspx#Preventing

Looking After Your Joints and Muscles in Pregnancy

Womens Health Physiotherapy Team

At the Jessop Wing we have a team of specialist physiotherapists who provide treatment to antenatal and postnatal women who have pelvic girdle pain (sometimes called SPD), backpain, abdominal separation, carpal tunnel pain, pelvic floor muscle problems and urinary incontinence.

Clinics are held every day Monday to Friday, either group or individual sessions are available depending on your problem. Please discuss with your midwife if you feel that you would benefit from a referral.

If you would like to find out more about how physiotherapy can help your problem, leaflets, early advice and information is available from:
www.sth.nhs.uk/services/physiotherapy/womenshealthphysiotherapy
Looking After Your Pelvic Floor Muscles

Breathe out and imagine you are trying to stop yourself from passing urine or wind. You should feel a gentle lift up within your vagina. This is your pelvic floor muscle working.

The muscles you are tightening are the pelvic floor muscles.

There are two different kinds of exercises. You should always practice both kinds of exercises. Try to do these exercises 3 - 4 times a day.

**Gentle long holds:**
- Lie or sit in a comfortable position.
- Relax and breath in. As you breathe out, gently pull in the pelvic floor muscles
- Hold the muscle for a few seconds and then release the muscle fully.
- Repeat this 5 times
- You may not feel much happening at first but keep trying
- Build up to a 10 second gentle hold and repeat 10 times, rest for 5 seconds between each squeeze

**Quick, short squeeze:**
- Pull up the pelvic floor muscle as quickly and strongly as you can and then let go immediately
- Rest for 2 seconds and then do it again
- Repeat this 10 times

Later on you should be able to practice both these exercises when you are in a standing position. Remember it is important to do pelvic floor exercises for the rest of your life

Do them as often as you can every day during pregnancy and also after the birth of your baby.
Your Baby’s Movements in Pregnancy

Feeling your baby move is a sign that they are well

Most women usually begin to feel their baby move between 16 and 24 weeks of pregnancy. A baby’s movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses.

How often should my baby move?

There is no set number of normal movements. Your baby will have their own pattern of movements that you should get to know. From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.

Why are my baby’s movements important?

A reduction in a baby’s movements can sometimes be an important warning sign that a baby is unwell. Around half of women who had a stillbirth noticed that their baby’s movements had slowed down or stopped.

Do not use any hand-held monitors, Dopplers or phone apps to check your baby’s heartbeat. Even if you detect a heartbeat, this does not mean your baby is well.

You must NOT WAIT until the next day to seek advice if you are worried about your baby’s movements

If you think your baby’s movements have slowed down or stopped, contact your midwife or maternity unit immediately (it is staffed 24 hrs, 7 days a week).

- **DO NOT** put off calling until the next day to see what happens.
- **Do not** worry about phoning, it is important for your doctors and midwives to know if your baby’s movements have slowed down or stopped.

What if my baby’s movements are reduced again?

If, after your check up, you are still not happy with your baby’s movement, you must contact either your midwife or maternity unit straight away, even if everything was normal last time. NEVER HESITATE to contact your midwife or the maternity unit for advice, no matter how many times this happens.

Telephone Triage number: 0114 226 8091 or 0114 271 2982

Do not delay - phone today; we are here 24/7
Most women feel their baby moving when they are about 18 - 20 weeks pregnant. If this is your first pregnancy, you may not feel your baby move until you are more than 20 weeks pregnant. If you have been pregnant before, you may feel movements as early as 16 weeks.

As your baby develops, both the number and type of movements will change with your baby's activity pattern. During both day and night, your baby has sleep periods that mostly last between 20 and 40 minutes, and are rarely longer than 90 minutes. Your baby will usually not move during these sleep periods.

The number of movements tends to increase until 32 weeks of pregnancy and then stay about the same, however how you feel the movements may change as you get nearer to your due date. Babies’ movements can be described as a kick, flutter, swish or roll. Importantly, you should continue to feel your baby move right up to the time you go into labour. Your baby should move during labour too.

How many movements are enough?

There is no set number of movements which is normal. During your pregnancy, you need to be aware of your baby's individual pattern of movements. Fewer movements or a sudden change in your baby’s movement pattern is what is important.

Why are my unborn baby's movements important?

During your pregnancy, feeling your baby move in it's usual way helps you know he or she is well. If you notice your baby is moving less than usual it may be the first sign that your baby is unwell and therefore it is essential that you contact your midwife or local maternity unit immediately so that your baby’s wellbeing can be assessed.

What can cause my baby to move less?

There could be several causes that make babies move less than usual. Some of these reasons are nothing to worry about however, in some cases, a baby may move less because he or she is unwell. If you have any concerns that your baby is moving less than usual, always contact a midwife without delay for advice.

Should I use a chart to count my baby's movements?

No you shouldn’t. There is not enough evidence to recommend the routine use of a movement chart. It is more important for you to be aware of your baby’s individual pattern of movements throughout your pregnancy and you should seek immediate help if you feel your baby's pattern of movements has changed.
Your Choices for Birth

You and your partner's name:

We want to support you in the best way we can, understanding you and your wishes and choices for labour and birth will help us to provide individualised care to you and your partner.

Tell us about you and your partner/other children

Everyone’s labour is different and that’s ok. Your expectations about labour will already be shaped by your family, friends, media, internet and healthcare professionals. Everyone comes with different expectations and needs, so to support you it’s important we know how you want to be care for in labour and what is important to you and your partner.

Wishes and/or fears for labour - tell us what is important to you

Where possible we will encourage you to be mobile in your labour, this is important to help labour progress. We will aim to make the room as calming as we can by dimming lights and providing birth balls and mats. We also have music/radios available or you might like to bring your own.

Is there anything else that you would like or prefer in the birth room

Sometimes the course of labour will take an unexpected turn, but that’s ok. We will keep you safe and always aim to keep you informed about what is happening.

Other things to discuss with your community midwife

- Delivering your placenta / cutting cord ..............................................................
- Keeping baby warm ............................................................................................
- Skin to skin ...........................................................................................................
- Vitamin K ............................................................................................................
Preparing for Labour

What will happen if I reach my due date and labour has not started?

5% of babies arrive on their actual due date, most women will go into labour sometime between 37 and 42 weeks.

To reduce the need for your labour to be artificially induced in hospital we recommend a membrane sweep from 40 weeks.

What is a membrane sweep?

Firstly an internal examination will be performed to assess you cervix (neck of womb). If the cervix is soft and has started to open a membrane sweep can be performed. This involves your midwife or doctor placing their finger just inside your cervix and making a circular, sweeping movement to separate the membranes (bag of waters) from the cervix. If the cervix is closed it can be massaged to encourage softening and opening.

You may find the internal examination uncomfortable and you may experience some bleeding similar to a ‘show’ following the procedure. This is normal and will not cause any harm to your baby.

Research shows that performing a membrane sweep increases your chance of labour starting naturally within 48 hours.

At 41 weeks the process can be repeated and the midwife will talk to you about having your labour induced. This will normally occur 12 to 14 days past your due date.

Early labour (latent phase)

If this is your first baby it is quite common to experience a slow build up to active labour. Whilst this can be tiring you should feel positive that your body is preparing for labour. During this time your contractions work by slowly changing the shape of the cervix (neck of the womb): it then starts to thin out and open slightly.

What will happen?

The muscles in the womb start to tighten (called a contraction) and then relax. These contractions tend to be mild in the early stage of labour, most women describe them as ‘period type pains’ and are happy to stay at home during this time. For some women the contractions can be difficult to cope with, with a lot of backache and you may need to ask for help from a midwife. Each labour is very different; if you are unsure about what is happening, ring your triage team for support and advice (see page 1).

Contractions can be regular for a short time and then fizzle out, or they may come and go in no fixed pattern. This is normal. Depending on the time of day, try and continue with what you usually do. If at night, and if possible make use of any chance to lie down and rest.

You may have a mucousy loss from your vagina that is tinged with blood (known as a ‘show’). You can have a ‘show’ a week or so before you go into labour, so on its own, with no contractions, you don’t need to do anything. If you start losing fresh blood that is not mucousy you need to ring the Telephone Triage team for advice.
Your waters may break, this can be a sudden gush or a slow trickle, if you suspect your waters have broken, ring the Telephone Triage team.

You may also feel more pelvic pressure as the baby’s head moves down.

**How long does labour last?**

Labour can last anything up to 2-3 days. If this is your first baby don’t be surprised if the early stage lasts a long time. This is completely normal.

**What can help?**

- Being with a calm supportive person
- Try a warm bath
- Distract yourself with music, TV, go for a walk, make a meal
- Have lots of high carbohydrate snacks to boost your energy levels, this is really important to help you throughout your labour
- Drink plenty of fluids and go to the toilet regularly
- You can take some paracetamol to help ease the discomfort (please follow recommended dosage)
- Try to remain upright, maybe get your partner to massage your back
- If the contractions fade, don’t worry, use the time to rest

Staying relaxed is really important. When you are anxious or fearful during this time your body stops producing its own oxytocin which is the hormone needed for labour to progress. This is why we encourage you to stay at home in a relaxed, familiar environment for as long as possible.

**When should I contact the Labour Ward?**

- If you have any concerns about the pattern of your baby's movements or have any general concerns about yourself or need some advice
- When the contractions are staying regular and close together and have increased in intensity
- When your waters break

**Which telephone number do I use for Telephone Triage?**

- 0114 226 8091

**Pain relief in Labour**

The following web site contains extremely useful information and is available in a number of languages:

- [http://nww.sth.nhs/STHContDocs/STH_PIM/ObsGynaeAndNeonatology/MaternityServices/pd9227.pdf](http://nww.sth.nhs/STHContDocs/STH_PIM/ObsGynaeAndNeonatology/MaternityServices/pd9227.pdf)

*When in labour please attend the Jessop Wing via the Labour Ward / Midwife Led Unit entrance.*

*This is accessed via a separate entrance on Tree Root Walk and not by the main car park.*
**What happens to the placenta and umbilical cord after birth?**

Shortly after the birth of your baby your placenta and umbilical cord (the after birth) will be checked by a midwife or a doctor.

Your placenta and / or umbilical cord may be used to educate medical and midwifery students in their training. The hospital will dispose of the placenta and umbilical cord in a lawful and respectful way by incineration, unless you tell us otherwise.

Please tell us if you wish to be responsible for the disposal of your placenta and/ or umbilical cord so that a midwife can talk to you about health and safety and infection advice.

**Examination**

We may recommend carrying out tests on your placenta and umbilical cord. There are two types of tests that we do:

**Pathological examination**

The doctor or midwife will inform you if your placenta is required for pathological examination and seek your consent. An appointment will be made for you to discuss the findings of the examination with your consultant (this is usually 6 weeks after the birth of your baby).

**Genetic testing**

This means studying the structure of genes and chromosomes which control the physical characteristics we inherit from our parents. Occasionally, we will advise parents to have genetic testing of the placenta. If we do suggest this, your doctor will discuss it with you.

We do not do any tests or store any tissue samples without your permission. Therefore, if you choose any of the above options, with the exception of incineration, we will ask you to complete and sign a consent form. It is important that you do not sign this until you are sure you understand what each of the options involves. So, please feel free to ask questions if you wish.
Preparing for Feeding and Caring for your Baby

You will be given ‘A mothers and others guide to feeding and caring for your new baby’. Please read this booklet and take it to all your antenatal appointments and into hospital when you have your baby. You will have opportunity to discuss feeding and caring for your baby with your midwife (and others) during your pregnancy.

Getting to know your baby before birth

- Imagine what it is like for your baby in the womb
- Talk to your baby
- Play music and see how your baby reacts
- Gently stroke your stomach when your baby kicks

Meeting your baby at birth

- Holding your baby in skin to skin contact after the birth will encourage a surge of mothering hormones which will help you to form a bond with your baby

Responding to your baby’s needs

- Babies need to feel secure and safe
- It is not good for babies to be left to cry and you cannot spoil your baby by responding to his/her needs for protection, closeness, comfort, love and food. This will encourage healthy brain development
- You will be able to respond to your baby’s needs for comfort and feeding if you keep your baby close, making life easier

Feeding

- Consider what are your feelings and expectations about breastfeeding?
- Breastfeeding is about protection, comfort and food
- Breastfeeding is the healthiest way to feed your baby
- If you are unsure about feeding, you do not need to make a decision until your baby is born and you will be offered help and support.

Infant Feeding Resources

For a range of really useful videos to support new parents in the early days after the birth please follow the link below:
https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/video

The Equality Act 2010 says that it is discrimination to treat a woman unfavourably because she is breastfeeding. It applies to anyone providing services, benefits, facilities and premises to the public, public bodies, further and higher education bodies and association. Service providers include most organisations that deal directly with the public. Service providers must not discriminate, harass or victimise a woman because she is breastfeeding. Discrimination includes refusing to provide a service, providing a lower standard of service or providing a service on different terms. Therefore, a cafe owner cannot ask you to stop breastfeeding or refuse to serve you.
Feeding, Comforting and Getting to Know your Baby

Whichever way you choose to feed your baby, we will support you to make the most of this important time together. Feeding a baby is so much more than providing food. It is a time to enjoy closeness, warmth and love as you both get to know each other. By keeping your baby close and watching what he does, you will be able to recognise and respond to comfort his needs for security and food.

Helen Baston
Baby Friendly Guardian

Responsive Feeding

I want you to know mum, I like to feel calm.
I feel safe when you feed me and keep me from harm.
It’s not always food that I want or I need
but I’m relaxed and feel loved when I’m offered a feed.

I don’t even mind if I go to your breast
when you feel a bit full or you’re needing a rest.
And when I am hungry I’ll start to tell you
by moving and wriggling, so watch what I do.

I may keep my eyes closed, I might move my lips
my eyes may be flickering, I may suck my fists.
This all means I’m ready, don’t leave me to lie.
Please feed me now so I don’t have to cry.

The place I like best is held close to your heart.
It's where I remember right back at the start.

by Sue Cooper
Infant Feeding Co-ordinator, Jessop Wing, Sheffield.
To find out more, have a look in your

Mothers and others Guide

or ask if you have any questions ask your midwife, Health Visitor or Peer Support worker
Visiting Times

If You Have A Home Birth

The midwife will stay with you for approximately 2 hours to ensure both you and your baby are safe and well.

You will be able to choose who visits and when.

The Jessop Wing General Visiting:

- 8am - 8pm

Can my partner stay after our baby is born?

Your partner will be able to stay with you while you are on Labour Ward. Once you are transferred to a post natal ward we will try to enable your partner to stay with you to give you time together as a family. Outside of normal visiting times we will try to support you in having an hour together on the post natal ward, but this will depend on how this effects the privacy and dignity of the other women on the ward.

Can I have visitors at any other time?

Any out of hours visiting is by prior arrangement with the ward manager.

Are children allowed to visit?

Your own children are welcome. They should be well behaved and supervised by an adult at all times.

Please do not bring a child to visit who is unwell or has an infectious rash.
Advice for your Postnatal Recovery:

Your breasts

Your breasts will make milk whether or not you are breastfeeding your baby. Two or three days after the birth you may notice a gradual increase in breast size, with some tenderness which usually goes without any treatment. If you are breastfeeding encourage the baby to feed more frequently and ask the midwife to check that the baby is latching and emptying the breasts correctly. If you are not breastfeeding then wear a tight bra to give you support and the milk will gradually reduce. Taking a mild painkiller such as paracetamol may relieve any discomfort. If you start to have flu-like symptoms or a high temperature contact your midwife urgently for advice.

Your uterus (womb)

Your uterus will gradually go back down to the size it was before you were pregnant. At first you can expect some mild contraction-like pains, these often become stronger the more pregnancies you have had. A mild pain killer such as paracetamol should help with this but if it does not and you experience increasing stomach pains then please contact your midwife urgently.

Your blood loss (lochia)

Your blood loss will be quite heavy straight after the birth, this is quite normal and you can expect to change your sanitary towel several times per day. For the first 3 days or so the blood loss will be red. This will gradually fade to pink and eventually to a creamy colour. This whole process can take 4-6 weeks. The blood loss should smell like a monthly period. Sometimes you may see small clots which can be normal. Your bleeding may become a little heavier after a breast feed. If you are concerned about your blood loss please contact Telephone Triage.

Your perineum (this is the layer of skin between your vagina and anus)

Your perineum may feel very tender for the first few days after birth as this is the area that has been stretched to allow the baby through. It is very important to keep this area clean, especially if you have had stitches there. Showering or bathing is advised at least daily, warm water not only cleans the area but you will also find it soothing. Pat the stitches dry and allow some air to circulate around the area to aid healing. A mild pain killer such as paracetamol will help with the discomfort and some people use ice packs which can also reduce any swelling. The stitches will be dissolvable and should dissolve after about 2 weeks. If you notice any increase in pain rather than gradually feeling better inform your midwife.

Passing urine

Passing urine may be uncomfortable after the birth. Drink plenty of water to dilute the urine. Pouring warm water over the area whilst passing urine or standing in a warm shower may also help. If the pain becomes worse please tell your midwife as she will need to rule out an infection. Women sometimes have urine leakage when coughing or sneezing. Do your pelvic floor exercises as often as possible and it should resolve after a few weeks; if it does not ask your GP to refer you to a physiotherapist.
**Bowel movements**

Bowel movements may sometimes take a few days to return to your normal pattern. Eat plenty of fruit and vegetables and drink plenty of fluids. You may feel nervous about your first bowel movement if you have had stitches. You could try holding a clean sanitary towel over the perineal area for support whilst trying to open your bowels. If you experience any problems with control of your wind or bowel motions try doing your pelvic floor exercises more often and ask the midwife or GP to refer you to the physiotherapist.

**Headaches**

If you have severe headaches and/or flashing lights in front of the eyes (visual disturbances) in the first few days after the birth, this can sometimes be a sign that your blood pressure is rising. If the headache is not relieved by a mild pain killer like paracetamol then contact your midwife as your blood pressure may need checking.

**Your legs**

Your legs may appear swollen for the first few days after the birth, this is quite normal. Elevate your legs on a stool etc when resting and do some gentle exercises like circling the ankles or get up and walk around every hour or so to help with your circulation. If you develop any pain in the calf of either leg or a hot swollen area then please inform your midwife as soon as possible.

**Paracetamol** always read the instructions and do not exceed the stated dose.

**Going Home following the Birth of your Baby**

Most women want to return home to their family soon after their baby is born. If your labour and birth has been normal and without complications it is not necessary to stay in hospital and it is perfectly normal and natural to return home soon after the birth.

Postnatal midwifery care will be provided by your community midwifery team in the local community. Your health visitor will usually visit you when your baby is 2 weeks old providing you with further on-going support.

**Experienced Mums**

If you are an experienced mother and everything has been straightforward with the birth and also with your baby’s first feed we would support you to return home straight from the Labour Ward, this is usually around 3–6 hours following birth.

**First Babies and Mums Breastfeeding for the First Time**

If it is your first baby and/or you are breastfeeding for the first time you will be given information to get breastfeeding off to a good start. You will have been shown how to hand express your breastmilk before you leave hospital. If you are bottle feeding you will be given information on how to make up bottles safely.

**Caesarean Births**

If your baby was born by caesarean section the usual length of stay is 24–48 hours, although depending on individual circumstances this may need to be longer.
Hearing Test

Your baby will be offered a hearing screening test after birth, either whilst in the hospital or at a later date via an appointment sent through the post. You may need to return for another hearing test later if your baby’s ears are still wet at the time of the test. Further information about this test can be found in the leaflet ‘Screening tests for you and your baby’.

Newborn Infant Physical Examination (NIPE)

You will be offered a Newborn Infant Physical Examination for your baby after birth. This is a screening test which can identify eye problems, heart murmurs, hip problems and undescended testes, all of which require treatment soon after birth. This may be completed in hospital prior to discharge home or in the community. This examination needs to take place within 72 hours of your baby’s birth. Further information about this test can be found in the leaflet ‘Screening tests for you and your baby’.

Planning Your Return Home

Although you don’t know when your baby will be born you need to plan your return home before you go into labour. The following points will help you:

- If you are going home by car make sure it is fitted with a baby car seat and you are aware of how to secure your baby safely.
- Never use a rear facing baby seat in the front of a car where an airbag is fitted.
- If using a front facing seat, position the car seat as far back as possible.
- If your car has airbags in the rear, check the manual to see if it has been tested for a car seat.
- When you go home from the Labour Ward the driver can park outside the Labour Ward Entrance (24 hour entrance). If you are going home from the ward then the driver will need to come to the Jessop Wing Main Entrance Level 1.
- Make sure that you have family and friends to support you during the first few weeks after you return home. Looking after a baby is tiring and you need people who can help you with jobs around the house as well as give you support and encouragement.

Parents should seek urgent medical attention if you notice that your baby has:

- Jaundice (yellow skin colour) in the first 24 hours
- Green vomit
- Abnormal movements
- Difficulty breathing

For further information about caring for your baby please read your Child Health Record "Red Book".
## Contraceptive choices - After having a baby

### Implant
- **Effectiveness:** Perfect and typical use: 99.9%
- **Advantages:** Works for three years but can be taken out sooner
- **Disadvantages:** Periods may stop, be irregular or last longer

### Contraceptive injection
- **Effectiveness:** Perfect use: over 99%
- **Typical use: around 94%
- **Advantages:** Lasts for eight to 13 weeks
- **Disadvantages:** If you use the injection within six weeks of giving birth you may be more likely to have heavy or irregular bleeding.

### Progestogen-only pill (POP)
- **Effectiveness:** Perfect use: over 99%
- **Typical use: around 91%
- **Advantages:** Can be used by smokers and over-35s.
- **Disadvantages:** Late pills, vomiting and severe diarrhoea can make it less effective.

### Male and female condoms
- **Effectiveness:** Perfect use: 69% (male) or 55% (female)
- **Typical use: 52% (male) or 73% (female)
- **Advantages:** The best protection against STIs
- **Disadvantages:** Male condoms can slip off or break.
- **Female condoms are not as widely available.

### Natural family planning
- **Effectiveness:** Perfect use: up to 99%
- **Typical use: around 79%
- **Advantages:** No physical side effects.
- **Disadvantages:** It may be difficult to identify fertility symptoms after you've given birth or while breastfeeding.

### Combined pill
- **Effectiveness:** Perfect use: over 99%
- **Typical use: around 91%
- **Advantages:** Helps reduce bleeding and period pain.
- **Disadvantages:** Missing a pill, vomiting or severe diarrhoea can make it less effective.

### Contraceptive patch
- **Effectiveness:** Perfect use: over 99%
- **Typical use: around 91%
- **Advantages:** Can make periods regular, lighter and less painful.
- **Disadvantages:** May be missed.
- **Causes skin irritation.

### Contraceptive vaginal ring
- **Effectiveness:** Perfect use: over 99%
- **Typical use: around 91%
- **Advantages:** Lasts in the three weeks. You don't have to think about contraception every day.
- **Disadvantages:** You must be comfortable with inserting and removing it.

### Breastfeeding as a contraceptive
Breastfeeding can help to delay when you start ovulating (releasing an egg) and having periods after the birth. This is known as lactational amenorrhoea (LAM) and it can be used as a contraceptive method.

- **LAM can be up to 99% effective in preventing pregnancy for up to six months after the birth.**
- **All of the following conditions must apply:**
  - You're fully or nearly fully breastfeeding. This means you're only giving your baby breast milk, or you're infrequently giving other liquids in addition to your breast milk.
  - Your baby is less than six months old.
  - You haven't had your first period since the birth.

The risk of pregnancy increases if any of these conditions apply:

- You start breastfeeding less often.
- There are long intervals between feeds – both day and night.
- You stop night feeds.
- You use supplement feeding.
- Your periods return.

Once your baby is over six months old you should use another contraceptive method.

For more information on contraception after baby go to: [fpa.org.uk/afterbaby](http://fpa.org.uk/afterbaby)

For more information on all contraception methods go to: [fpa.org.uk/contraception](http://fpa.org.uk/contraception)
Keeping Your Baby Safe at Home

Your midwife will discuss with you your home environment to ensure it is safe for you and your new baby. This is usually discussed by 34 weeks of pregnancy.

Safe sleep for your baby

**Breastfeeding protects your baby**

**Do not share a bed with your baby to sleep if you or your partner smokes, have taken alcohol, drugs or are over tired**

**Cot / crib in same room as parents for first 6 months, for all sleeps and naps**

**When indoors, keep baby’s head uncovered and take off outdoor clothes**

**Offer your baby a dummy for naps / sleep between 1 - 6 months, once breastfeeding established**

**Cot / crib has a clean, plastic-covered, well-fitting mattress**

**Use one or more lightweight blankets**

**Back to bed to sleep**

**Cot / crib not near the radiator or sunny window**

**Room temperature about 18°C**

**Never sleep with your baby on a sofa or arm chair, or leave in a car seat**

**Feet to the foot of the cot / crib**

**Where did baby sleep last night?**

Discussion between ................................................................................. (Parent(s) / Carer) and Midwife (PRINT) ........................................ (SIGN) ............................. on ...... / ...... / ......

Action points ....................................................................................................................

---

page 46 of 52
To reduce the risk of sudden infant death it is recommended that you:

- Breastfeed your baby.
- Place your baby on their back to sleep, in a crib or cot in a room with you.
- Place your baby in the ‘feet to foot’ position in a cot with a well fitting mattress.
- Do not smoke in pregnancy or let anyone smoke in the same room as your baby.
- Do not share a bed with your baby if you have been drinking alcohol, if you take drugs, if you are a smoker, or if your baby was born premature.
- Never sleep with your baby on a sofa or armchair.
- Choose lightweight blankets and clothing for sleep.
- It is possible that using a dummy at the start of any sleep period reduces the risk of sudden infant death. Do not begin to give a dummy until breastfeeding is well-established, usually when the baby is around one month old.
- If you are away from home with your baby ensure that there is a cot available and that all Safe Sleep recommendations are still followed.
- Do not let your baby get too hot - keep your baby’s head uncovered and room temperature about 18°C (65°F).

<table>
<thead>
<tr>
<th>°C</th>
<th>10</th>
<th>12</th>
<th>14</th>
<th>16</th>
<th>18</th>
<th>20</th>
<th>22</th>
<th>24</th>
<th>26</th>
<th>28</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Too cool</td>
<td>OK</td>
<td>Too hot</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A Safe Environment for Your Baby

It is important you think about the environment your baby is in. You should ensure that:

- There is adequate lighting so that you can see the colour of your baby when he/she is asleep
- You have smoke alarms fitted in your house
- You know how to fit your baby seat correctly if you have a car
- You never leave your baby or children alone in the same room as any pets

**Keeping your baby safe discussed:**

Signed: ..................................................          Care Provider: ..................................................

Date: .....................................................
Jessop Wing Community Postnatal Care

On your first day at home the midwife will:

- Take your blood pressure, pulse and temperature
- Perform a postnatal examination on mum/baby
- Record any findings on a neonatal body map
- Advise of signs of potential life threatening illnesses
- Discuss and complete the postnatal safe sleeping record
- Give you advice if you have QUIT smoking during pregnancy, encourage you to stay stopped, and keep your home smoke free
- Ensure an infant feeding care plan is completed and peer support numbers are given
- Offer a CO (carbon monoxide) measurement

- If available and appropriate: you will now be asked to access your local Children’s Centre or Community venues on an appointed day.

On day 3 the midwife will:

- Perform a postnatal examination on mum/baby
- Weigh your baby
- Ensure you understand the information in your postnatal leaflets
- Explain and provide information about the newborn blood spot screening
- Review your care plan

On days 5-8 the midwife will:

- Perform a postnatal examination on mum/baby
- If applicable remove your sutures and/or beads (Day 5)
- Weigh your baby
- Perform the newborn bloodspot screening with consent
- Provide advice on the method, timing and resumption of contraception
- Review your care plan

On days 8-11 / 11-14 the midwife will:

- Perform a postnatal examination on mum/baby
- Re-weigh baby
- Review your care plan
- If you have a raised BMI encourage you to manage your weight prior to next pregnancy

If there are no concerns or issues, you will be discharged and your care handed to your Health Visitor. The midwife will ensure you have the relevant contact numbers.

Midwives are able to offer advice until day 28.
Your Notes