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CONGRATULATIONS

Having a baby can be one of the most exciting things that can happen to you however if you are unsure or unhappy about your pregnancy, please discuss this with your midwife who can offer advice and support.

This pregnancy book aims to give you some information and advice about your pregnancy. It is taken from the Department of Health NHS Choices on Pregnancy advice website. This site can be accessed online at [www.nhschoices/pregnancy](http://www.nhschoices/pregnancy) for up to date information and a complete guide to a healthy pregnancy, labour and childbirth and the first weeks with your new baby. You can also sign up for weekly email and text updates.

Advice can also be sought from your Midwife or your General Practitioner.

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Speak with a Midwife to answer any questions you may have about pregnancy, birth or your newborn baby.

Edie the e-midwife is available to answer non urgent pregnancy related queries 24 hours a day. [lg.e-midwife@nhs.net](mailto:lg.e-midwife@nhs.net)

All emails will be responded to within 48 hours

Information can also be accessed on our main website – [www.lewishamandgreenwich.nhs.uk](http://www.lewishamandgreenwich.nhs.uk)
Have a healthy diet in pregnancy

A healthy diet is an important part of a healthy lifestyle at any time, but especially vital if you’re pregnant or planning a pregnancy. Eating healthily during pregnancy will help your baby to develop and grow, and will keep you fit and well.

You don’t need to go on a special diet, but it’s important to eat a variety of different foods every day. You should also avoid certain foods in pregnancy. You will probably find that you are more hungry than usual, but you don’t need to ‘eat for two’ – even if you are expecting twins or triplets.

Fruit and vegetables

Eat plenty of fruit and vegetables because these provide vitamins and minerals, as well as fibre, which help digestion and prevent constipation. Eat at least five portions of fruit and vegetables a day – these can be fresh, frozen, canned, dried or juiced. Always wash them carefully. Cook vegetables lightly in a little water, or eat them raw but well washed, to get the benefit of the nutrients they contain.

Starchy foods (carbohydrates)

Starchy foods are an important source of vitamins and fibre, and are satisfying without containing too many calories. They include bread, potatoes, some breakfast cereals, rice, pasta, noodles, maize, millet, oats, sweet potatoes, yams and cornmeal. These foods should be the important part of every meal. Eat wholemeal instead of processed (white) varieties when you can.

Protein

Sources of protein include meat (but avoid liver as it contains vitamin A which should be avoided in pregnancy), fish, poultry, eggs, beans, pulses and nuts. Eat some protein every day. Choose lean meat, remove the skin from poultry, and cook it using only a little fat.

Make sure eggs, poultry, pork, burgers and sausages are cooked all the way through. Check that there is no pink meat, and that juices have no pink or red in them. Try to eat two portions of fish a week, one of which should be oily fish such as sardines or mackerel. There are some types of fish you should avoid in pregnancy (see Foods to Avoid on page 6).
Dairy

Dairy foods such as milk, cheese, fromage-frais and yoghurt are important because they contain calcium and other nutrients that your baby needs. Choose low-fat varieties wherever possible. For example, semi-skimmed or skimmed milk and half-fat hard cheese. Aim for two to three portions a day. There are some cheeses to avoid (page 6).

Foods that are high in sugar or fat

This includes all spreading fats (such as butter), oils, salad dressings, cream, chocolate, crisps, biscuits, pastries, ice cream, cake, puddings and fizzy drinks. You should eat only a small amount of these foods.

Healthy snacks

If you get hungry between meals, avoid snacks that are high in fat and/or sugar, such as sweets, biscuits, crisps or chocolate.

Instead, choose from the following nutritious snacks:

• sandwiches or pitta bread filled with grated cheese, lean ham, mashed tuna, salmon or sardines and salad
• salad vegetables, such as carrot, celery or cucumber or fresh fruit
• yoghurt or fromage-frais
• vegetable and bean soups
• hummus with bread or vegetable sticks
• unsweetened breakfast cereals, or porridge, with milk
• baked beans on toast or a baked potato

Healthy drinks

• Water
• 200ml fruit juice
• Fruit teas
Foods to avoid

There are some foods to avoid or take care with when you’re pregnant because they might make you ill or harm your baby. Make sure you know the important facts about which foods you should avoid or take precautions with when you’re pregnant. See the table below for quick reference.

Some types of cheese: Don’t eat soft cheeses with white rinds, such as brie, camembert and chevre (a type of goats’ cheese). You should also avoid soft blue-veined cheeses such as Danish blue or gorgonzola unless they are cooked. These types of cheese are made with mould and they can contain listeria, a type of bacteria that can harm your unborn baby. Although infection with listeria (listeriosis) is rare, it is important to take special precautions in pregnancy because even a mild form of the illness in a pregnant woman can lead to miscarriage, stillbirth or severe illness in a newborn baby.

You can eat hard cheeses such as cheddar, parmesan and stilton, even if they’re made with unpasteurised milk. Many other types of cheese are OK to eat, but make sure they’re made from pasteurised milk. This includes cottage cheese, mozzarella, feta, cream cheese, paneer, ricotta, halloumi, goats’ cheese and processed cheeses such as cheese spreads.

Avoid all types of pâté, including vegetable pâtés, as they can contain listeria. Avoid raw and undercooked eggs and foods that contain them, such as homemade mayonnaise. If you wish to have dishes that contain raw or partially cooked eggs, consider using pasteurised liquid egg.

Try not to eat rare meat because of the potential risk of toxoplasmosis. Toxoplasmosis is an infection caused by a parasite found in meat, soil, cat faeces and untreated water – tap water is safe to drink. If you are pregnant, the infection can damage your baby, but it’s important to remember toxoplasmosis in pregnancy is very rare.

Don’t take high-dose multivitamin supplements, fish liver oil supplements, or any supplements containing vitamin A. High levels of caffeine can result in babies having a low birth weight, which can increase the risk of health problems in later life. Too much caffeine can also cause miscarriage.

Caffeine is naturally found in lots of foods, such as coffee, tea and chocolate, and is added to some soft drinks and energy drinks. Some cold and flu remedies also contain caffeine. Talk to your midwife, doctor or pharmacist before taking these remedies. There is little information on the safety of herbal and green teas in pregnancy, so it’s best to drink them in moderation.

You should avoid:

- Do not eat shark, swordfish or marlin, also only eat the following amounts of tuna:
  - no more than two tuna steaks a week (about 140g cooked), or
  - four medium-sized cans of tuna a week (about 140g when drained)
- You should check the packets of cold cured meats such as salami, Parma ham, chorizo and pepperoni as some are ready to eat or need cooking.
  - For ready to eat meats, freezing for 4 days before eating will reduce the risk of parasites
- Raw or partially cooked egg
- Unpasteurised milk
- Foods with soil on them – wash fruit, vegetables and all traces of visible soil and dirt
- Caffeine – You don’t need to cut out caffeine completely but don’t have more than 200mg a day
- Raw shellfish
- Liver
- Raw or undercooked meat
- Supplements containing vitamin A
- Pate

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Caffeine – You don’t need to cut out caffeine completely but don’t have more than 200mg a day

Raw shellfish

Liver

Raw or undercooked meat

Supplements containing vitamin A

Pate
Preparing food safely

- Wash fruit, vegetables and salads to remove all traces of soil, which may contain toxoplasma, a parasite that can cause toxoplasmosis which can harm your unborn baby
- Wash all surfaces and utensils, and your hands, after preparing raw meat – this will help to avoid toxoplasmosis
- Use a separate chopping board for raw meats
- Make sure that raw foods are stored separately from ready-to-eat foods, otherwise there’s a risk of contamination – this is to avoid other types of food poisoning from meat (such as salmonella, campylobacter and E.coli)
- Heat ready meals until they’re piping hot all the way through – this is especially important for meals containing poultry

You also need to make sure that some foods, such as eggs and sausages, are cooked very thoroughly.

Peanuts: If you would like to eat peanuts or food containing peanuts (such as peanut butter) during pregnancy, you can choose to do so as part of a healthy balanced diet, unless you are allergic to them or your health professional advises you not to.

Vitamins and minerals

Vitamin supplements

It is best to get vitamins and minerals from the food you eat, but when you are pregnant you will need to take some supplements as well.
- 10 micrograms of vitamin D each day throughout your pregnancy and if you breastfeed
- 400 micrograms of folic acid each day – ideally you should take this from before you are pregnant until you are 12 weeks pregnant however you can continue to take Healthy Start vitamins even though they contain folic acid. This will not harm you or your baby.

Do not take vitamin A supplements, or any supplements containing vitamin A, as too much could harm your baby.

Folic acid

Folic acid is important for pregnancy as it can help prevent birth defects known as neural tube defects, which can cause conditions such as spina bifida.

Vitamin D

Pregnant women need extra vitamin D to protect their bones and build up their baby’s store of vitamin D. This helps protect their baby from developing rickets after birth which affects the way bones develop and grow. The bones of a child with rickets are unable to sufficiently support their body weight, resulting in bowed legs. Babies with severe vitamin D deficiency can also get muscle
cramps, seizures and breathing difficulties. Vitamin D helps you and your baby to absorb calcium, which is needed for the healthy development of strong bones and teeth.

Vitamin D deficiency is a very common problem in the UK. The most important source of vitamin D is sunlight on your skin but the UK sun is not strong enough all year round. It is difficult to get enough vitamin D from food alone no matter how healthy your diet is.

Healthy Start women’s tablets have the recommended daily amount of vitamin D required in pregnancy. We are able to give these free of charge to pregnant women in Greenwich. If you live in Bexley, these can be given by your Health Visitor. In Lewisham, all pregnant women, new mums and children under 4 can get free vitamins as part of the FreeD scheme. Please visit [www.lewisham.gov.uk/FreeD](http://www.lewisham.gov.uk/FreeD)

Exclusively breastfed babies should be given a daily supplement of 8.5-10 micrograms of Vitamin D from birth. Formula fed babies, or those who are mixed feeding need Vitamin D once they are receiving less than 500mls of formula milk per day. This is because formula milk already has Vitamin D added to it.

**Iron**

If you are short of iron, you’ll probably get very tired and may suffer from anaemia. Lean meat, green leafy vegetables, dried fruit and nuts contain iron. Many breakfast cereals have iron added. If the iron level in your blood becomes low, your GP or midwife will advise you to take iron supplements.

**Calcium**

Calcium is vital for making your baby’s bones and teeth. Dairy products such as milk, cheese and yoghurt and fish with edible bones – such as sardines – are rich in calcium. Breakfast cereals, dried fruit – such as figs and apricots – bread, almonds, tofu (a vegetable protein made from soya beans) and green leafy vegetables – such as watercress, broccoli and curly kale – are other good sources of calcium.

**Vegetarian, vegan and special diets**

A varied and balanced vegetarian diet should give enough nutrients for you and your baby during pregnancy. However, you might find it hard to get enough iron and vitamin B12.

Talk to your midwife or doctor about how to make sure you are getting enough of these important nutrients.

You need vitamin C as it protects cells and helps keep them healthy. A balanced diet containing fruit and vegetables, including broccoli, citrus fruits, tomatoes, bell peppers, and blackcurrants, can provide all the vitamin C you need. Vitamin C may help you to absorb iron from vegetarian sources of food therefore if your iron levels are low, it may help to drink orange juice with an iron-rich meal.

If you are vegan (i.e. you cut out all animal products from your diet), or you follow another type of restricted diet, such as gluten free, because of food intolerance (e.g. coeliac disease) or for religious reasons, talk to your maternity team. Ask to be referred to a dietitian for advice on how to make sure you are getting all the nutrients you need for you and your baby.
Healthy Start

What is Healthy Start?
Healthy Start is a national scheme which helps to give you and your family the very best start in life. With Healthy Start, every week you get FREE vouchers to spend on milk, fruit, veg and infant formula milk. You also get FREE vitamins for you and your child.

Do I qualify?
You qualify for Healthy Start if you’re pregnant or have a child under the age of four and if you or your family receive the following benefits:
• Income support or
• Income-based Jobseeker’s Allowance or
• Income related Employment and Support Allowance or
• Child Tax Credit (but not Working Tax Credit unless your family is receiving Working Tax credit run-on only) AND an annual income of £16,190 or less in 2014/15

You also qualify if you’re under 18 and pregnant, whether you’re receiving benefits or not.

What vouchers do I get and how?
If you qualify you get vouchers worth £3.10 a week if you are pregnant and for any children aged one to four. If you have a baby under the age of one, you’ll get two vouchers a week worth a total of £6.20.

Healthy Start Vitamins
You’ll also get vitamin tablets for you and vitamin drops for your child, helping to make sure you both get all the essential nutrients you need to keep you both healthy and strong.

What can I buy with my vouchers and where?
You can use your vouchers at local shops, supermarkets and pharmacists to buy cow’s milk, fresh and frozen fruit and veg and infant formula milk.

You can exchange your coupons for vitamins at all Children’s Centre and some Health Centres and baby clinics too. Visit www.healthystart.nhs.uk or call the Healthy Start Helpline on 084 5607 6823 to find your participating outlets.

How do I apply?
To get onto the scheme you’ll need to fill in an application form. These are available from your local Children’s Centre or a member of your local midwifery or health visiting team. Alternatively, you can download a copy at www.healthystart.nhs.uk.

Once you’re on the scheme you’ll start receiving vouchers regularly so the sooner you can apply the better.
Smoking in pregnancy

Protecting your baby from tobacco smoke is one of the best things you can do to give your child a healthy start in life. It’s never too late to stop smoking. Every cigarette you smoke in pregnancy harms your unborn baby. Cigarettes restrict the essential oxygen supply to your baby, so their heart has to beat harder every time you smoke. Cigarettes also contain over 4,000 chemicals.

If you stop smoking now

- You will have less morning sickness and fewer complications in pregnancy
- You are more likely to have a healthier pregnancy and a healthier baby
- You will reduce the risk of stillbirth
- You will cope better with the birth
- Your baby will cope better with any birth complications
- Your baby is less likely to be born too early and have to face the additional breathing, feeding and health problems which often go with being premature
- Your baby is less likely to be born underweight and have a problem keeping warm: babies of women who smoke are, on average, 200g (about 8oz) lighter than other babies, and may have problems during and after labour and are more prone to infection
- You will reduce the risk of cot death, also called sudden infant death

Second-hand smoke

If your partner or anyone else who lives with you smokes, their smoke can affect you and the baby both before and after birth. You may also find it more difficult to quit if someone around you smokes.

Getting help with stopping smoking

The Smokefree Pregnancy Support DVD will show you all the free NHS support available to help you stop smoking for good. To order your free DVD, call the NHS Pregnancy Smoking Helpline on 080 0169 9169.

You can also order a copy through the smokefree website, where you can also find useful information on the dangers of smoking during pregnancy and advice on how to stop. www.smokefree.nhs.uk.

The NHS Pregnancy Smoking Helpline is open from 9am to 8pm Monday to Friday, and from 11am to 5pm at weekends. The helpline offers free help, support and advice on stopping smoking when you’re pregnant, including details of local support services. You can also sign up to receive ongoing advice and support at a time that suits you.

Both Lewisham and QEH have dedicated staff on site to help you with stopping smoking.
Alcohol and drugs during pregnancy

Alcohol - zero tolerance

The recommendation is not to drink alcohol at all in pregnancy or when trying to conceive. When you drink, alcohol passes from your blood through the placenta and to your baby. A baby's liver is one of the last organs to develop fully and does not mature until the last half of pregnancy.

Experts still aren’t sure about the precise amount of alcohol that is safe to drink in pregnancy, but they do know that drinking even moderate amounts can be harmful. Drinking heavily during pregnancy increases the risk of Foetal Alcohol Spectrum Disorder (FASD). So, you might decide that the safest option for you is to avoid alcohol completely for nine months. It may not be as difficult as you think, as many women go off the taste of alcohol early in pregnancy.

If you do decide to drink when you’re pregnant – and remember the official NHS advice is to stick to one or two units once or twice a week – it’s important that you know what a unit of alcohol actually is (see below).

This is one unit of alcohol…

![Diagram showing one unit of alcohol]

…and each of these is more than one unit

![Diagram showing multiple units of alcohol]
You can also find out how many units there are in different types and brands of drinks at the Drinkaware website www.drinkaware.co.uk/check-the-facts/what-is-alcohol/units-in-common-drinks. There is also an app on the website and information in your pregnancy health record.

FASD is a term for a range of disabilities which include Foetal Alcohol Syndrome (FAS), Alcohol Related Neurodevelopmental Disorders (ARND), Alcohol Related Birth Defects (ARBD), Foetal Alcohol Effects (FAE) and partial Foetal Alcohol Syndrome (pFAS). FAS is the only one of the five disabilities which displays the full set of the unique facial features.

The effects can range from mild to severe, ranging from subtle changes in behaviour, reduced intellectual ability and attention deficit disorder, to physical defects such as heart problems and distinct facial features. It could also cause miscarriage and increase the risk of sudden infant death. Many children experience serious behavioural and social difficulties which can last a lifetime.

Although alcohol can affect the development of organs and cells, the brain and nervous system are particularly vulnerable. We can’t always see the brain damage but there a number of invisible characteristics in babies born with FASD including:

- Hyperactivity
- Difficulty with abstract concepts (e.g. maths, time and money)
- Poor problem-solving skills
- Difficulty learning from consequences
- Confused social skills.

There are also a number of possible physical effects, including:

- Restricted growth
- Smaller head circumference
- Heart problems
- Limb damage
- Kidney damage
- Damage to the structure of the brain
- Eye problems
- Hearing problems
- Specific facial characteristics / abnormalities

The above information has been provided by the National Organisation of Foetal Alcohol Syndrome UK (NOFAS-UK) and further information is available via their website www.nofas-uk.org, email help@nofas-uk.org or their helpline 020 8458 5951.

**Illegal drugs / Recreational / Non-prescript drugs/ Street drugs / Legal & illegal highs**

Illegal drugs, such as cannabis, ecstasy, cocaine and heroin can harm you and your baby. If you use any of these drugs, it’s important to talk to your maternity team straight away so they can give you advice and support to help you stop. They can also refer you to additional support. For example, some dependent drug users need medication to stabilise or come off illegal drugs to keep the baby safe. For more information on drug support organisations, see FRANK (www.talktofrank.com).
Herbal and homeopathic remedies and aromatherapy

Not all "natural" remedies are safe in pregnancy. If you decide to use herbal or homeopathic remedies or aromatherapy, contact the Institute for Complementary Medicine to make sure that your practitioner is qualified. Tell the practitioner that you are pregnant, and tell your pharmacist and midwife or doctor which herbal, homeopathic or aromatherapy remedies you are using.

Keeping active

The more active and fit you are in pregnancy, the easier it will be to cope with labour and get back into shape after the birth. Keep up your normal daily physical activity and exercise for as long as you feel comfortable. If in doubt, consult your maternity team. As a general rule, you should be able to hold a conversation as you exercise. If you become breathless as you talk, then you’re probably exercising too strenuously.

If you weren’t active before you got pregnant, don’t suddenly take up strenuous exercise. Remember that exercise doesn’t have to be strenuous to be beneficial.

Exercise tips when you’re pregnant:

- Always warm up before exercising, and cool down afterwards
- Try to keep active on a daily basis: half an hour of walking each day can be enough, but if you can’t manage that, any amount is better for your health
- Avoid any strenuous exercise in hot weather
- Drink plenty of water and other fluids
- If you go to exercise classes, make sure your teacher is qualified, and knows that you’re pregnant and how many weeks pregnant you are
- You might like to try swimming because the water will support your increased weight - some local swimming pools provide aquanatal classes with qualified instructors

Exercises to avoid

- Don’t lie flat on your back, particularly after 16 weeks, as this causes the weight of your bump to press on the big blood vessels and can make you feel faint
- Don’t take part in contact sports where there’s a risk of being hit

Looking after your pelvic floor

There is strong evidence to show that if you practice pelvic floor muscle exercises during pregnancy you will be less likely to suffer stress urinary incontinence (bladder leakage) after you have given birth. During pregnancy the muscles in your pelvic floor have to work harder and they are going to be weaker following delivery. It is therefore extremely important that you practice pelvic floor muscle exercises regularly, before and after childbirth, to help the muscles recover their strength.

It is not unusual for women to experience lower back or pelvic girdle pain during their pregnancy or following delivery. If your symptoms are severe please speak to your midwife or GP as you might need to be referred to a physiotherapist experienced in Women’s Health.
Guidance on exercises and information is available on the website for the Association of Chartered Physiotherapists in Women’s Health at www.pogp.csp.org.uk/publications.

- Pelvic Floor Muscle Exercises for Women - how to exercise and strengthen these important muscles.
- Pregnancy-Related Pelvic Girdle Pain - Guidance for Mothers-to-be and New Mothers. This is a comprehensive leaflet full of information and advice about how to deal with back and pelvic girdle pain.
- Fit for Pregnancy - how to cope with the physical demands of pregnancy.
- Fit and Safe – Exercise in the Childbearing Year. This is a guide to exercising safely during the childbearing year.
- Fit for Birth - exercises and advice to help you cope with labour.
- Fit for the Future - essential exercises and advice following childbirth.
- The Mitchell Method of Simple Relaxation - a technique for relaxing the whole or part of your body.
- Exercise and Advice for after the stillbirth or death of your baby.

**Reducing the risk of blood clots (venous thrombosis) in pregnancy and after birth**

**What is venous thrombosis?**

Thrombosis is a blood clot in a blood vessel (a vein or an artery). Venous thrombosis occurs in a vein. Veins are the blood vessels that take blood towards the heart and lungs; arteries take the blood away. A deep vein thrombosis (DVT) is a blood clot that forms in a deep vein of the leg, calf or pelvis.

**Who is at risk of venous thrombosis?**

Venous thrombosis is uncommon in pregnancy or in the first 6 weeks after the birth of your baby. However the risk for venous thrombosis for this group of women is 1 in 500, which is ten times more likely than for women who are the same age but not pregnant. You are at highest risk of getting a DVT just after you have had your baby. However, it can occur at any time during your pregnancy including the first three months, so it is important to see your midwife early in pregnancy.

You are at increased risk if any of the following apply to you. If you;

- Are over 35 years of age
- Have already had 3 or more babies
- Have had a previous venous thrombosis
- Have a mother, father, brother or sister who has had a venous thrombosis
- Have a thrombophilia - a condition which makes a blood clot more likely
- Have a medical condition such as heart disease, lung disease or arthritis.
- Have severe varicose veins (if they are painful or above the knee with redness/swelling)
- Are a wheelchair user
- Are obese and have a body mass index over 30 (BMI)
- Are a smoker
- Use intravenous drugs
How can I reduce my risk of getting a DVT or PE?
There are steps you can take to reduce your risk of getting of a DVT or PE, such as:
• staying as active as you can
• wearing special stockings (graduated elastic compression stockings) to help prevent blood clots (if advised)
• keeping hydrated by drinking normal amounts of fluids
• stopping smoking
• losing weight before pregnancy if you are overweight

Why is a DVT serious?
A DVT is serious because the blood clot may break off and travel in the blood stream until it gets stuck in another part of the body, such as in the lung (known as pulmonary embolism or PE). This is potentially life threatening, although dying from a PE is very rare in women who are pregnant or who have just had a baby.

• sudden unexplained difficulty in breathing
• tightness in the chest or chest pain
• coughing up blood (haemoptysis)
• feeling very unwell or collapsing

Seek help immediately if you experience any of these symptoms. Diagnosing and treating a DVT reduces the risk of developing a pulmonary embolus.

You may be advised to start treatment with injections of heparin (an anticoagulant) to ‘thin the blood’. For most women, the benefits of heparin are that it reduces the risk of a venous thrombosis or a PE developing.

What does heparin treatment involve?
Heparin is given as an injection under the skin (subcutaneous) at the same time every day (sometimes twice daily). You may be on a low dose or a high dose regimen. You (or a family member) will be shown how and where in your body to give the injections. You will be provided with the needles and syringes (already made up) and will be given advice on how to store and dispose of these.

Can I breastfeed?
Yes. Heparin and Warfarin are safe to take when breastfeeding. For more information on your risk please refer to: www.rcog.org.uk/womens-health/clinical-guidance/reducing-risk-venous-thrombosis-what-you-need-know
Infections

You’ll be offered tests for:
• Susceptibility to rubella (German measles).
• Syphilis.
• Hepatitis B
• HIV (human immunodeficiency virus).

The following tests may also be offered, if you are at an increased risk
• Hepatitis C – if you are at an increased risk e.g. HIV positive or intravenous drug user
• Chlamydia – if you are aged between 16 and 25 and have not previously been screened

If you have any reason to believe that you or your partner may have a sexually transmitted infection (STI), you are strongly advised to go for a check-up as soon as possible. Your confidentiality is guaranteed and you can ask your GP or midwife for basic STI screening. If you prefer, you can go to a genito-urinary medicine (GUM) clinic or sexual health clinic.

If you are 16-24 years old, you can also visit a Brook centre for free, confidential advice, or you can contact the National Chlamydia Screening Programme for a free, confidential test. There is also useful information and home screening kits at www.checkurself.org.uk/

If you live, study or work in Greenwich, find your local Sexual Health Clinic on our website: www.greenwichsexualhealth.org

As well as your local sexual health clinics you can find out about free chlamydia screening for under 25s and our free condom service.

If you live in Royal Greenwich and are 18 or over, you can order a free STI Home testing kit. This will be sent discretely to you by post and you can test for HIV, Chlamydia, Gonorrhea, Syphilis and Hep B and Hep C.

Be aware that you can still catch all these infections during pregnancy, after you’ve had a negative test result. This includes STIs such as HIV, hepatitis B and syphilis, if you or your sexual partner takes risks, such as needle sharing or having unprotected sex. Your midwife or doctor can discuss this with you.

Group B streptococcus

Group B streptococcus (GBS or group B strep) is a bacterium carried by up to 30% of people but causes no harm or symptoms. In women it’s found in the intestine and vagina but causes no problem in most pregnancies. In a small number of pregnancies, it infects the baby, usually just before or during labour, leading to serious illness.

If you’ve already had a baby who had a GBS infection, or you have a swab or urine infection showing GBS in this pregnancy, you will be offered antibiotics during labour to reduce the chances of your new baby getting the infection.
Antenatal care is the care you receive from healthcare professionals during your pregnancy. You will be offered a series of appointments with a midwife, or sometimes with a doctor who specialises in pregnancy and birth (an obstetrician). They will check that you and your baby are well, give you useful information about being pregnant, and answer any questions you may have.

**Getting started**

During pregnancy, your baby’s brain is growing very quickly and you can help this growth by taking some time out to relax and talk to him, to stroke your bump and maybe play some music to him.

### Antenatal appointments

At your booking appointment (your first antenatal appointment with the midwife), your maternity team will enter your details in a record book and will add to them at each visit. You will be asked to keep your maternity notes at home and to bring them along to all your antenatal appointments. Take your notes with you wherever you go in case you need medical attention while you’re away.

To give you the best pregnancy care, your midwife will ask you many questions about your health, your family’s health and your preferences. Your midwife will do some checks and tests, some of which will be done throughout your pregnancy. The results of these tests may affect your choices later in pregnancy, so it’s important not to miss them. Also the midwife will record:

- Your weight and height
- Urine test
- Blood pressure
- Blood test results including your blood group
- Rhesus status

Your midwife will also ask about any other social care support you may have or need, such as support from social workers or family liaison officers.

At booking, 28 and 36 weeks pregnancy you will be asked about, female genital mutilation (FGM), domestic abuse, mental health, partner’s mental health, physical and learning disabilities, previous children no longer in your care, previous children subject to child protection plan, immigration status. You will also have an opportunity for a discussion about feeding your baby, and recognising and responding to your baby’s needs.

At the booking appointment you will be asked to be seen alone for 15 minutes and again at the 28 week appointment.

At each antenatal appointment from 24 weeks of pregnancy, your midwife or doctor will check your baby’s growth. It is very important that you attend your antenatal appointments regularly so we can make sure you and your baby are well. Your midwife will explain how often that will be and the ‘schedule’ of appointments for your pregnancy at booking.
You should always contact a midwife if you are worried about your baby's movements, if you have any bleeding, if you think your waters have broken or you are feeling unwell – please see the contact numbers at the front of this book – staff in the unit will advise you whether you need to come in to be assessed or if you should see your GP.

Antenatal classes (sometimes called parentcraft classes) can help you to prepare for your baby’s birth and learn to look after and feed your baby.

Speak to your midwife about the flu and whooping cough vaccinations.

Pregnancy Evenings
To find out more about services available in the hospital including meeting our midwives, having a tour of the hospital and finding out what services are offered in the borough where you live, drop in to our pregnancy evenings. These are held monthly in the Antenatal Clinic and start at 7pm. There is no need to book, just drop in and see us:
• University Hospital Lewisham - 1st Wednesday of the month
• Queen Elizabeth Hospital - 3rd Wednesday of the month

Antenatal screening: checks and tests
During your pregnancy, you’ll be offered a range of tests, including blood tests and ultrasound baby scans. These tests are designed to help make your pregnancy safer, to check and assess the development and well-being of you and your baby, or to screen for particular conditions.

You don’t have to have any tests. However, it’s important to understand the purpose of all tests so that you can make an informed decision about whether to have them. Discuss this with your maternity team. You’ll be given written information about the screening tests offered. This is also available online at the UK National Screening Committee website. Find out about amniocentesis, screening for Down’s syndrome and the anomaly scan.

Ultrasound scans of your baby
You will be offered two ultrasound scans during your pregnancy. The first is usually at around 11–14 weeks and is sometimes called the dating scan because it will help to determine when the baby is due. The second scan usually takes place between 18 weeks and 20 weeks + 1 day and is called the anomaly scan because it checks for structural abnormalities in the baby.

You will not have any further scans unless your midwife or doctor advises that you need one, for example, if they are not sure which way your baby is lying or to check your baby’s growth.

Downs Syndrome screening
Downs Syndrome screening is offered between 11 weeks and 20 weeks of pregnancy. A combined test is offered between 11 and 14 weeks or alternatively if you book late, a quadruple test which is offered between 14 weeks + 1 day and 20 weeks.

In a multiple pregnancy, there is a higher risk of Down’s syndrome also the blood test is not as accurate as it is for women with only one baby, and may give an incorrect positive result. If this should be the case, further tests would be offered to you. It is not possible to screen for Down’s syndrome after 14 weeks.
Multiple Pregnancy

Around 12,000 sets of twins and 130 sets of triplets are born in the UK every year. About one in every 65 pregnancies in the UK today is a twin pregnancy, which means that about one in 32 babies born is a twin.

**Identical twins**

Identical (monozygotic) twins happen when a single egg (zygote) is fertilised. The egg then divides into two, creating identical twins who share the same genes as one another. Identical twins are always the same sex, so if your twins are identical you’ll have two girls or two boys, and they’ll look very alike.

**Non-identical twins**

Non-identical (dizygotic) twins happen when two separate eggs are fertilised and then implant into the woman’s womb (uterus). These non-identical twins are no more alike than any other two siblings. Non-identical twins are more common. The babies may be of the same sex or different sexes. One-third of all twins will be identical and two-thirds non-identical.

**The Twins & Multiple Births Association (Tamba)** has produced The Healthy Multiple Pregnancy Guide, which should be given to all women expecting twins or more by their antenatal care team. If you register with Tamba on their website, you can also download it free.

It provides in-depth information on multiple pregnancy, including common health problems, complications, keeping healthy, rights and benefits, preparing for the birth and the birth itself.

**Risks to you in a multiple pregnancy**

While most multiple pregnancies are healthy and result in healthy babies, there are more risks to be aware of when you are pregnant with two or more babies. Make sure you go to all your antenatal appointments so that any problems can be picked up early and treated appropriately.
Choosing to have your care with Lewisham and Greenwich NHS Trust means you have real choices open to you regarding your place of birth.

Giving birth is generally safe wherever you choose to have your baby. If you are healthy and have a straightforward pregnancy, you should be offered a choice of birth setting.

Your choice will depend on several factors such as your medical history, your health and that of your unborn baby during this pregnancy. It also depends on your wishes and those of your birthing partner(s).

Remember that your planned place of birth at booking may change due to you changing your preference or for unforeseen circumstances so please do look carefully at the options.

Women who give birth in a unit run by midwives or at home are less likely to need assistance, such as through the use of forceps or ventouse (sometimes called instrumental delivery).

How to choose your place of birth

Investigate the different venues, their distance from your home and what is offered with regard to the available pain relief, midwifery and medical support.

Discuss your choice with your midwife / obstetrician / GP at the earliest opportunity.

Chat to friends, relatives and neighbours of their experiences.

Attend available parent education classes to learn more about labour, birth and what will happen to you and your new family after the birth.

What’s on offer?

Home Birth

Home birth is available in all areas of Lewisham, Greenwich and Bexley. It is when you labour and give birth in the comfort on your own home with the support of community midwives.

Women may choose this option if they feel more in control and relaxed in their own environment. Prior to the birth you should expect a visit from your community midwife to discuss your plans, and advise about preparations.

Homebirth may not be recommended if you have any pre-existing medical problems or there have been any concerns during your pregnancy, or if any transfer to hospital may be difficult.

Your midwife is trained to manage emergency situations and carries appropriate equipment. More first-time mums will transfer into hospital for additional pain relief or monitoring than
women who have given birth before. If you do need to transfer to hospital, the midwife will discuss this fully with you and your partner and will normally come with you in an ambulance to the hospital delivery suite.

**Midwifery Led Birthing Unit**

Midwifery led units or birth centres are run by midwives for women who would like to be cared for in a home from home environment. Because most women can give birth without needing medical assistance, these units can be a good choice.

At Lewisham and Greenwich NHS Trust we have a midwifery led birthing unit on each site. Not all women will be suitable to use the birth centres due to medical history or personal choice. You will be invited to an assessment towards the end of the pregnancy if you would like to choose this option.

Our midwifery led units are situated on the same site as our Obstetric-led units so have access to obstetric, neonatal or anaesthetic care on site if required in an emergency, although women may need to be physically transferred to the obstetric-led unit if they need obstetric care.

**Obstetric-led Units – Delivery Suite**

For women with some medical conditions, it is safest to give birth in hospital because specialists are available if you need extra help during labour.

Our obstetric-led units provide direct access to obstetricians, neonatologists and anaesthetists. Obstetric-led units are suitable for women who require obstetric (medical) input or who request to birth in an obstetric-led unit.

We have obstetric-led units on both the Lewisham University Hospital site and the Queen Elizabeth Hospital site.

**Vaginal birth after caesarean (VBAC)**

Having a baby by caesarean section, does not necessarily mean that any baby you have in the future will have to be born by caesarean. Most women who have had a caesarean section can have a vaginal delivery for their next baby although this can depend on the reason why a caesarean section was performed. Success rates are higher for women who go into labour themselves and for women who have had a previous vaginal birth.

Some women may be advised to have a planned repeat caesarean section with subsequent pregnancies and the obstetrician will normally advise them of this.

*At Lewisham and Greenwich NHS Trust we do not perform caesarean sections for non-medical reasons.*
What you’ll need for labour and birth

**Important numbers**

Wherever you’re planning to give birth, keep a list of important numbers in your handbag or near the phone. You need to include:

- the delivery suite, birth centre or your midwife’s phone number
- your partner or birth partner’s phone number
- your own hospital reference number (it will be on your notes): you will be asked for this when you phone in

Whether you’re planning to have your baby at home, in a midwifery led unit or an obstetric-led unit, you should get a few things ready at least two weeks before your due date. Your maternity notes include a list of what you will need to pack.

**Location of the hospitals**

Many of you will have your antenatal care in a community setting such as a Children’s Centre, GP surgery, Community Centre or satellite clinic. If you are planning to have your baby at the Queen Elizabeth Hospital or University Hospital Lewisham, please make sure that you are familiar with their locations and how long it will take to get there.

**Valuables**

The maternity unit cannot be held responsible for personal and valuable items. Please do not bring them to the hospital or else ensure a family member is responsible for them.

**Transport**

Work out how you’ll get to the hospital or midwifery unit because you could need to go there at any time of the day or night. If you’re planning to go by car, make sure it’s running well and that there’s always enough petrol in the tank. If a neighbour has said they will take you, make an alternative arrangement just in case they’re not in.

If you haven’t got a car, you could call a taxi. Or call your maternity unit for advice.

**Signs of labour**

The main signs of labour starting are strong, regular contractions (a ‘show’ – when the plug of mucus sealing your cervix comes away is not a sign of labour). Other signs that you are going into labour can include your waters breaking, backache, vomiting or nausea, diarrhoea, and an urge to go to the toilet caused by your baby’s head pressing in your bowel.

**Regular contractions**

When you are having regular, painful contractions that feel stronger and last more than 30 seconds, labour may have started. Your contractions will become longer, stronger and more frequent.
During a contraction, the muscles in your womb contract and the pain increases. If you put your hand on your abdomen, you can feel it getting harder. When the muscles relax, the pain fades and your hand will feel the hardness ease.

**Your waters breaking**

Your unborn baby develops and grows inside a bag of fluid called the amniotic sac. Most women’s waters break during labour, but it can also happen before labour starts.

You may feel a slow trickle, or a sudden gush of water that you cannot control.

Amniotic fluid is clear and a pale straw colour. When it comes out, it may be a little blood-stained to start with. Tell your midwife at once if the waters are smelly or coloured or if you are losing blood, as this could mean you and your baby need urgent attention.

If your waters break before labour starts, phone your midwife or the hospital for advice. Without amniotic fluid, your baby is no longer protected and there is a risk of infection.

**Coping at the beginning of labour**

- You can be up and moving about if you feel like it.
- You can drink fluids and may find isotonic drinks (sports drinks) help keep your energy levels up.
- You can also snack, although many women don’t feel very hungry and some feel sick.
- As the contractions get stronger and more painful, you can try relaxation and breathing exercises – your birth partner can help by doing them with you.
- Your birth partner can rub your back as it may help relieve the pain.

**Types of pain relief**

It’s important to learn about all the ways that you can cope with your labour contractions. It’s also helpful for whoever is going to be with you during your labour to know about the different options, as well as how they can support you. Ask your midwife or doctor to explain what’s available so that you can decide what’s best for you.

You may find that you want more pain relief than you’d planned, or your doctor or midwife may suggest other methods of pain relief to help the birth. Different ways of relieving the pain are listed below:

- Self-help
- Hydrotherapy (being in water)
- Gas and air (Entonox)
- Injections
- TENS
- Epidural anaesthesia
- Alternative methods of pain relief
Hydrotherapy (being in water)

Water can help you relax and make the contractions seem less painful. Ask if you can have a bath or use a birth pool. The water will be kept at a comfortable temperature but it won’t be above 37.5°C, and your temperature will be monitored. National guidance (NICE) recommends immersion in water as an effective way of coping with pain.

Gas and air

(Entonox) This is a mixture of oxygen and nitrous oxide gas. Gas and air won’t remove all the pain but it can help to reduce it and make it more bearable. Many women like it because it’s easy to use and they control it themselves.

Injection

Another form of pain relief is the intramuscular injection (into the muscle of your thigh or buttock) of a drug, such as pethidine or diamorphine. This can help you to relax, which can lessen the pain.

Epidural anaesthesia

An epidural is a special type of local anaesthetic. It numbs the nerves that carry the pain from the birth canal to the brain. For most women, an epidural gives complete pain relief. It can be helpful for women who are having a long or particularly painful labour, or who are becoming distressed. Epidural anaesthesia cannot be administered on the birth centre.

Stages of labour

There are three stages to labour:

- the first stage, when the cervix gradually opens up (dilates)
- the second stage, when they baby is pushed down the vagina and is born
- the third stage, when the placenta comes away from the wall of the womb and is also pushed out of the vagina

The first stage of labour – dilation

The cervix needs to open about 10cm for a baby to pass through. This is called ‘fully dilated’. Contractions at the start of labour help to soften the cervix so that it gradually opens.

Latent Phase

Sometimes the process of softening can take many hours before you’re in what midwives call ‘established labour’. Established labour is when your cervix has dilated to at least 4cm. If you go into hospital or your midwifery unit before labour is established, you may be asked if you’d prefer to go home again for a while rather than spending many extra hours in hospital or the midwifery unit. If you go home, you should make sure you eat and drink, as you’ll need the energy.

At night, try to get comfortable and relaxed. If you can, try to sleep. A warm bath or shower may help you to relax. During the day, keep upright and gently active. This helps the baby to move down into the pelvis and helps the cervix to dilate.
Once labour is established, you will receive 1:1 care from a qualified midwife who may be working with a student. The midwife will check you from time to time to see how you are progressing. In a first labour; the expected time from the start of established labour to full dilation is usually between 6 and 12 hours. It may take longer in some women and the midwife (and possibly doctors) may discuss ways to speed up the labour which include the “breaking of waters”. It is often quicker for subsequent pregnancies.

The second stage of labour

The second stage of labour comprises of two distinct parts: the passive and the active stage. The former can last between 1–2 hours and it is the time when the baby is allowed to descend in the birth canal before the mother starts to push. Some women experience an uncontrollable urge to push within this time, and begin to do so involuntarily (cannot stop the urge to bear down or push). The pushing aspect is the active phase. This active phase lasts a maximum of 2–3 hours; this depends on whether you are having your first baby, or a subsequent baby.

Speeding up labour

Your labour may be slower than expected if your contractions are not frequent or strong enough or because your baby is in an awkward position. If this is the case, your doctor or midwife will explain why they think labour should be sped up and may recommend the following techniques to get things moving:

• Breaking your waters (if this has not already happened) during a vaginal examination – this is often enough to get things moving

• If this doesn’t work, you may be given a drip containing a hormone, which is fed into a vein in your arm to encourage contractions – you may want some pain relief before the drip is started

• After the drip is attached, your contractions and your baby’s heartbeat will be continuously monitored

Monitoring your baby’s heart

Your baby’s heart will be monitored (listened to) throughout labour. Your midwife will ensure that your baby’s heart rate remains in the normal range for your baby. If the midwife detects any subtle changes or anything of concern, s/he will escalate this to the most appropriate person, a senior midwife or an obstetrician. There are different ways to listen to your baby’s heartbeat.

• Your midwife may listen to your baby’s heart beat initially with a pinard stethoscope. This looks like a trumpet and is very good way of confirming where your baby’s back lies. Behind the baby’s back is where the best sound can he heard.

• To enable you to also hear the heartbeat, your midwife may listen to your baby using a handheld ultrasound monitor (like the one used in your antenatal check-ups). This is done for a whole minute after a contraction at the frequency of every fifteen minutes in the first stage of labour. This changes to five minutes in the second stage of labour.

• Your baby’s heartbeat and the contractions you are having may also be monitored using a machine called a cardiotocograph (CTG). The monitor heads are strapped to your abdomen using belts. It is still possible to move about i.e. sit on a birthing ball, or stand and sway (or dance) within the confines of the length of the leads from the CTG.
• If a CTG is being used to monitor your baby’s heartbeat, a different midwife or doctor to the one caring for you will come every 1-2 hours to cast a pair of “fresh eyes” on your baby’s heart rate to ensure maximum well-being.

• A few CTG machines are wireless i.e. no leads connecting to the machine, and these enable more freedom to be active, and for you to also use water as therapy where it is possible to do so.

• In a few instances, your midwife or doctors may recommend that a clip is attached to your baby’s head to monitor his/ her heart rate. This is put on during a vaginal examination and your waters will be broken if they have not already done so.

The birth

During the second stage, the baby’s head moves down until it can be seen. When the head is visible, the midwife will ask you to stop pushing, and to pant or puff a couple of quick short breaths, blowing out through your mouth. This is so that your baby’s head can be born slowly and gently, giving the skin and muscles of the perineum (the area between your vagina and anus) time to stretch without tearing.

The skin of the perineum usually stretches well, but it may tear. Sometimes, to avoid an extensive tear or to speed up delivery if your baby becomes distressed, the midwife or doctor will inject local anaesthetic and cut an episiotomy. Afterwards, the cut or tear is stitched up again to assist and promote healing.

Once your baby’s head is born, most of the hard work is over. With one more gentle push the body is born quite quickly and easily. You can have your baby lifted straight onto you. If all is well with you and your baby, the midwife or doctor will usually wait a while before clamping the cord so that your baby can receive and benefit from an extra delivery of blood coming through the placenta. The cord can then be cut by your midwife or birth partner.

At birth (or as soon as possible after), having skin to skin contact during a long cuddle for up to an hour, calms both mum and baby. It regulates baby’s heart rate and temperature, and stimulates mothering hormones which helps to form a close bond and make breastmilk. Baby’s immediate needs are to feel safe and secure, and to be able to feed whenever hungry. Holding your baby close to feed, and responding to your baby’s needs and feeding cues, encourages healthy brain connections. Most of this brain development will occur within the first two years.

Assisted birth - forceps or vacuum delivery

About one woman in eight has an assisted birth, where forceps or a ventouse suction cup is used to help the baby out of the vagina. This can be because:

• Your baby is distressed

• Your baby is in an awkward position

• You have been pushing in the active stage and your baby is still not born and the doctors make a decision to give you some assistance
Both ventouse and forceps are safe and only used when necessary for you and your baby. A local anaesthetic is usually given to numb the vagina if you haven’t already had an epidural. If your obstetrician has any concerns, you may be moved to an operating theatre so that a caesarean section can be carried out if needed. A paediatrician will be present to check your baby at birth and assess his or her health.

Caesarean section

There are situations where the safest option for you or your baby, or both of you, is to have a caesarean section. As a caesarean section involves major surgery, it is only performed when there is a real clinical need for this type of delivery.

If you ask for a caesarean when there aren’t medical reasons, your doctor or midwife should explain the overall risks and benefits of caesarean section compared with vaginal birth. You should also be able to talk to other members of your healthcare team, such as the obstetrician, to make sure you have accurate information.

If you ask for a caesarean section because you are anxious about giving birth, your midwife or doctor should offer you the chance to discuss your anxiety with a healthcare professional who can offer support during your pregnancy and labour.

As a Trust, we do not offer or perform what is referred to as a maternal request (i.e. non-medically indicated) caesarean section. In accordance with national recommendations, a request for a caesarean section without a clinical indication is followed up in an agreed pathway to ensure that the safety and wellbeing of the mother and her baby remain the main focus.

We now have a successful enhanced recovery programme for all elective caesareans. This involves decreasing the time you go without food and drink, early mobilisation, early reintroduction of food and drink. This leads to a faster recovery and home the following day.

The third stage of labour – the placenta

There are two ways to deliver the placenta; this is either a physiological third stage or a managed/active third stage.

A physiological third stage means you wait for the placenta to be delivered naturally. After the birth of your baby, your midwife will delay clamping the umbilical cord to allow oxygenated blood to pulse from the placenta to your baby.

Your uterus (womb) will contract, and the placenta will peel away from the wall of your uterus. The placenta will then drop down into your vagina, ready for you to push it out.

Your baby’s cord is usually clamped and cut after the placenta has been delivered, or when the cord has stopped pulsating. Your midwife will check the placenta and membranes to ensure they are complete and that no part has been left behind.

A managed third stage is when a midwife or doctor gives you an injection in your thigh which helps your womb to contract strongly. This can reduce the length of the third stage and the risk of bleeding. A managed third stage is recommended at this Trust however the risks and benefits of both methods will be discussed in the antenatal period and if you would prefer a physiological third stage, your decision will be respected and supported.
A little bit of science

New babies have a strong need to be close to their parents, as this helps them to feel secure and loved. When babies feel secure they release a hormone called oxytocin, which helps their brains to grow and helps them to be happy babies and more confident children and adults. Holding, smiling and talking to your baby also releases oxytocin in you, which helps you to feel calm and happy.

When babies’ needs for love and comfort are met, they will be calmer and grow up to be more confident.

Vitamin K: Why we offer vitamin K to a parent’s newborn baby

Vitamin K is necessary for the production of blood clotting factors and for proteins that are needed to help bone growth.

Vitamin K is found in the following foods: spinach, cabbage, broccoli, cereals, avocado, bananas, dairy products, olive oil and liver

Why babies are given vitamin K:

At birth babies are born with low stores of vitamin K. As the baby establishes milk feeding it builds up its own stores of vitamin K. This is one of the reasons for encouraging baby-led feeding.

While waiting for the stores to build up the baby can be vulnerable to vitamin K deficiency bleeding (VKDB). The Chief Medical Officer, the Chief Nursing Officer and the Department of Health have recommended that all newborn babies receive vitamin K to prevent VDKB.

What is VKDB?

When a baby has VKDB there can be unexplained bruising, or bleeding from the nose or umbilical cord. Bleeding can also occur in the brain causing brain damage. Rarely, this condition can be fatal.

VKDB may occur within the first week following birth, but can occur up to six months after birth. If it occurs later than the first week, this may indicate a liver problem or a condition where the baby finds it difficult to absorb vitamin K from its food.

VKDB occurs in 1:10,000 births

Which babies are most at risk?

This can be difficult to predict but VKDB is more common in the following situations:

a) If a mother is taking drugs to prevent fits (anticonvulsants), bleeding can occur within 24hrs after birth
b) If the baby is premature
c) After a forceps delivery or traumatic birth
d) If the baby finds it hard to absorb milk
How is VKDB prevented and treated?
VKDB is prevented by giving the baby vitamin K. This is the only known prevention and treatment for VKDB.

How is vitamin K given to the baby?
There are two methods:
• By mouth (orally)
• By injection (intra-muscularly)

Which way is best?
Both way are effective but there are variations in the advised course.

By injection:
We advocate this method as the vitamin K is given in a single dose of 1mg, without the need for further doses. This lessens the risk of it not being absorbed. It also lessens the chance of the next dose being forgotten. However this may not be your preference and we are happy to support your choice.

By mouth:
If breast fed: babies need three doses of 2mgs each. Two doses are given within the first week and the third dose is given at 4 weeks.

It is difficult to measure the amount of vitamin K in breast milk so the baby requires extra doses.

If bottle fed: babies need two doses within the first week only.

Vitamin K is added to formula milk and the third dose is therefore not required.

Parents need to be aware of who will give their baby the third dose of Vitamin K. It may need to be prescribed by your GP and can be given by your health visitor. It is important to ensure that the baby receives the full course of vitamin K.

Can vitamin K be harmful?
There is little doubt that vitamin K is effective and significantly reduces the risk of VKDB.

Extensive research has been carried out to investigate whether vitamin K is harmful or can cause childhood cancer. The joint expert group of the Medicines Control Agency, the Committee on Safety of Medicines and the Department of Health concluded that the available data does not support a link between vitamin K and childhood cancer.

Recognising the warning signs of VKDB:
Minor bleeds from the skin, nose or mouth or bruising at any time in the first six months must be seen by your doctor urgently.

Picking up a problem early can prevent the more major problem of bleeding into the brain.

Babies who are jaundiced at two weeks need to be referred for prolonged jaundice screening.
YELLOW ALERT

Yellow alert promotes the early diagnosis and appropriate referral for liver disease in newborn babies.

Look out for ‘persistantly pale coloured stools.

• The stools of the newborn should be ‘English mustard yellow in bottle fed babies and daffodil yellow in breast fed babies’.
• A baby’s urine should be colourless.

If there are any of these signs especially in the presence of prolonged jaundice, the baby needs to be seen by a medical practitioner asap.

Further sources of information:
• www.infochoice.org

Visiting

*Partners/birth partners are able to stay the night on the antenatal and post natal wards*

We do appreciate that your family and friends will want to visit you in hospital, especially after you have had your baby but to ensure the safety of all new babies and yourself within our hospitals we need to take steps to reduce cross infection and the possibility of either of you catching anything.

Babies, in particular, are very susceptible to infection and for this reason we operate a strict visiting process and consider two visitors around the bedside to be sufficient at any one time. Only your own children are permitted to visit while you are in hospital.

All visitors, including your own children, should not visit if they are unwell; have diarrhoea, a runny nose, a rash, spots or a sore throat. If you are unsure please speak to a midwife.

Childcare

Your own children must remain under the supervision of a parent or designated family member or friend at all times within the hospital setting. Hospital staff do not undertake this role. Please ensure that you have made appropriate and adequate arrangements to have your other children cared for.

This is especially important when you go into labour. Labour can progress quicker than expected and it is vital that your arrangements include having someone, or a collection of people, living locally who can be called on at short notice.
FEEDING YOUR BABY

We aim to provide information and support to all mothers to suit each mother’s individual needs. For most mothers this will mean helping you to get breastfeeding off to a good start.

If you decide not to breastfeed or to stop breastfeeding, it is possible to restart. Any amount of breast milk is of benefit and even giving one breastfeed after birth will be good for your baby’s health and development.

You do not need to eat any special foods while breastfeeding, but it is a good idea for you, just like everyone else, to eat a healthy diet.

Breastmilk provides exactly the right mix of healthy ingredients and can help protect your baby from illness and allergies. You should allow your baby to feed as often as they want, for as long as they want. This will help you to produce and maintain a good milk supply. Breastfeeds can be long or short. Babies that are totally breastfed cannot be overfed or ‘spoiled’ by too much breastfeeding. Feeding your baby responsively will help ensure that your baby gets enough milk.

In support of this, Lewisham and Greenwich Maternity Units do not routinely provide formula milk except for babies who need it for medical reasons.

If you know now that you will not be breastfeeding your baby:

• **At Lewisham Hospital** - please bring in readymade formula that we can easily store for you when it is opened as there are no facilities for making up powdered formula feeds. You will be provided with sterilized bottles and teats.

• **At Queen Elizabeth Hospital** there are facilities for making up feeds with powdered formula.

If you are choosing to mix breast and bottle feeding, it is best to wait for a month before doing so. This is because it takes a month or so to establish your breast milk supply.

However you choose to feed your baby, it is important that your baby benefits from the closeness and comfort of a feed, which will help develop a trusting and loving bond.

**Responsive feeding**

Feeding is about more than food: breastfeeding can also be used as a way to calm and comfort your baby. Feeding in response to feeding cues provides regular closeness with your baby which helps you to bond with your baby, helps your baby’s brain development and helps you relax. You can also offer a feed when your breasts are feeling full, or when you just want to sit down and rest.

This means feeding:

• Whenever your baby shows feeding cues
• If your breasts feel full
• If baby is distressed and wants closeness/comfort
• You simply want to sit down and cuddle
Remember you cannot overfeed a breastfeeding baby, and you will not spoil them by picking them up when they cry.

**The Benefits of Breastfeeding**

Mums are less likely to have:
- Breast cancer
- Ovarian cancer
- Osteoporosis and hip fractures in later life
- Can also help with weight loss

Babies are less likely to have:
- Ear infections
- Chest infections
- Allergies such as asthma and eczema
- Gastroenteritis, diarrhoea and vomiting
- Urinary track infections
- Type 2 diabetes
- Obesity

**Size of baby’s stomach**

Babies have a very tiny stomach when they are born and breastmilk is absorbed very quickly, so in the early days your baby will instinctively feed very frequently. When you and your baby are close together, the hormone oxytocin increases and this helps you fall in love with your baby and helps your baby’s brain development. In the first 24 hours after birth, your baby will have a minimum of four feeds. This will increase to a minimum of 8 feeds in 24 hours.

You can see the size of the stomach increases as the volume of milk taken increases, you will note nappies need changing more often!

- **24 hours old (5–7ml)**
  - At least 3 feeds in the first 24 hours

- **3–5 days old (22–27ml)**
  - Your baby should be feeding a minimum of 8 feeds in 24 hours from day two

- **10–12 days old (60–85 ml)**

**Colostrum - your first milk**

Colostrum is the first milk you have. It is made in small amounts and very important for your baby.
- Colostrum is concentrated breast milk
- It can be yellow/gold in appearance
• It is rich in antibodies
• Clears meconium and helps to reduce jaundice
• Has a laxative effect, which helps your baby poo.

How do I know my baby is hungry?
These are all signs that baby is hungry.

Watch for early feeding signals
• Eye movements
• Sucking fingers
• Moving head from side to side
• Rooting
• Wriggling
• Opening and closing mouth

Crying is the last sign of hunger. Feed baby before she cries as this will make breastfeeding easier and she will be happier. If she is crying, calm her and then try to latch her.


Is my baby getting enough?
Reliable signs to look for:

Feed to feed
• Look at the sucking pattern - rapid sucks to start then rhythmic sucking and pauses.
• When your volumes of milk increase you may hear swallowing. Feeds usually last between 5–45 minutes.
• When your baby has come off one breast on their own, offer the second breast. However, your baby may feed from one side only depending on appetite.
• Feed at least 4 times in the first 24 hours. After 24 hours your baby should feed at least 8 times in 24 hours.

Day to day
• Baby is having wet and dirty nappies.
• In the first week the number of wet nappies should be at least the same number as the number of days old your baby is (i.e. at least 4 at 4 days old).
• As a minimum, 1 stool on birth day, then 2 stools every day after that. It will change from dark meconium to green and then to yellow when the milk is in.

Week to week
• Weight gain - however most babies’ lose weight in the first week and then steadily gain - back and beyond their birth weight.
**Positioning**

Hold your baby close to you with their head and body in line, and facing your breast.

Support your baby’s neck and shoulders, but keep the head free so it can tilt back easily which helps your baby to swallow milk.

Position your baby’s nose opposite the nipple so that when your baby’s head tilts back and they open their mouth wide, they will take more of your breast into their mouth.

Any position where you are comfortable will enable you to effectively attach and feed your baby. These are just some ideas to get you started.
Attaching your baby to the breast

Signs of effective attachment
- Mouth is wide open and chin is tucked in closely into the breast
- Your baby’s cheeks are full and rounded
- More areola is visible above the baby’s mouth than below
- Sucking pattern changes from rapid sucks to big deep sucks with pauses and swallows
- Suckling is not painful - if it is, put your little finger in baby’s mouth to take them off.

Why is Positioning and Attachment important?
- It prevents sore nipples
- You and your baby will feel comfortable during feeds
- Baby will be able to get the right amount
- Baby will be happy and satisfied after feeds
- Your breasts will keep making enough milk

Does giving my baby formula milk make a difference?
Yes it does
- Breastfeeding works on a supply and demand basis. If responsive breastfeeding is interrupted by giving formula your breasts may not make enough milk for your baby.
- Your breasts can become full and uncomfortable.
- If baby does not feed frequently it can be more difficult for baby to attach to the breast.
- Babies given large amounts of formula may be less satisfied with ongoing breastfeeds.
- Breast milk provides a protective coating in baby’s digestive tract and formula milk destroys this.
- Babies who suck on a bottle teat may find it more difficult to breastfeed. This is called nipple confusion.
- Offering formula as a night time feed will reduce your milk supply.

Sleepy, reluctant feeders
Wake your baby to feed
- Aim for 8 times in 24 hours
Skin to skin is very important
- Keep your baby in skin to skin contact - this will help increase your milk supply and encourage your baby to feed

Hand express every 2 hours
- You can hand express colostrum into a syringe and give it to your baby (see pages 46 and 48)
- This will encourage your baby to feed

**Expressing Breast milk**

If your baby is sleepy or if your baby is in the neonatal unit it is really important to start expressing your milk. This will make sure you have a good milk supply.

- In the first 2 to 3 days colostrum is produced in small amounts so it is easier to express by hand
- Collect colostrum in a syringe or a cup
- Start expressing within 6 hours of your baby being born
- Hand express at least 8 times in 24 hours including at night
- After the first 3 to 4 days you will have more milk and you can try using a pump.

**Hand expressing**

Massage your breast. Your midwife will help you with these steps which involve making a C-shape and rhythmically compressing and releasing the breast. If you are expressing colostrum, you will need a syringe due to small amounts. For breast milk you can express straight into a breast milk storage container as amounts are larger.

For more information please visit [www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression](http://www.unicef.org.uk/BabyFriendly/Resources/AudioVideo/Hand-expression)

**Expressing with Breast Pumps**

Breast pumps are used to help you express milk for your baby if you temporarily cannot breastfeed. Breast pumps are either manual or electric. You will have access to electric breast pumps in hospital if you need to use a breast pump. Your midwife will help you with instructions on how to use the pump.

Pump each breast until the flow of milk stops, then you can do more hand massage and apply the pump again.

- You can express from both breasts at the same time (double pumping)
- Express at least 8 times in 24 hours
- If you need to produce more milk you can increase your milk supply by expressing after every feed for 24–48 hours.

**Storing Breast Milk at Home**

Ensure that the milk is placed at the back on the lower shelf of the fridge. Milk stored in the door will increase in temperature each time the door is opened, this can encourage bacteria. You can label the breast milk with a date and time. You can store expressed milk in the fridge for up to five days or 6 months in the freezer.
Cup and Syringe Feeding

If your baby needs to feed and won’t attach to the breast then cup feeding or syringe feeding can be recommended.

- You can hand express your colostrum into a 1 ml syringe and give it to your baby.
- These methods help to avoid confusion between nipple and teat.
- They are short term solutions only, if you are having difficulty with attaching baby to the breast in the early days.
- Please ask a member of staff to show you how to cup feed or syringe feed safely.

Teats and Dummies

Try not to use teat and dummies in the first 4–5 weeks of breastfeeding.

- They interfere with suckling
- Baby might find it more difficult to attach to the breast (sometimes called nipple confusion)
- Baby will suckle less at the breast which may mean you produce less
- It is more difficult to establish breastfeeding and breastfeeding is more likely to stop earlier
- You may have problems such as engorgement and mastitis.

Having Problems?

Are you experiencing sore nipples?

- Check positioning and attachment
- Seek support with attaching your baby to the breast
- Seek help

Is your baby having difficulty feeding?

- Check positioning and attachment
- Keep baby skin to skin
- Seek support from a health professional

Breasts engorged?

Engorged breasts are hot, hard and painful and difficult for baby to feed from:

- Check attachment
- Hand massage & express
- Hot flannels or a warm bath
- Feed baby frequently
- Seek help

Worried about mastitis or thrush?

Mastitis causes red patches, pain and may be infected

- Continue to breastfeed
- Seek medical advice
Thrush is itchy, sore, pink, shiny, burning or continually cracked nipples or breast pain
• Continue to breastfeed
• Seek medical advice

Most importantly get support from your midwife/Maternity Support Worker or local breastfeeding support group: [www.lewishamandgreenwich.nhs.uk/breastfeeding](http://www.lewishamandgreenwich.nhs.uk/breastfeeding)

**Drugs in Breastmilk**
If you are taking any medication, speak to your midwife/doctor to make sure it is safe to use when breastfeeding. If you are unsure or need further advice you can visit the Breastfeeding Networks dedicated pages at: [https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/](https://www.breastfeedingnetwork.org.uk/detailed-information/drugs-in-breastmilk/) or, call the Drugs in Breastmilk Helpline on 0844 412 4665

**Bottle feeding**
Some mothers may choose or need to give a feed via a bottle. This could be expressed breast milk or formula.

There are a few important guidelines to remember when feeding your baby using bottles, formula fed babies can develop infections (like Gastroenteritis) if feeds are not made up safely.

Feeds should be made up one at a time when your baby needs feeding.
• If using formula, feed your baby whenever they are hungry and let them stop when they want to even if the bottle is not empty
• Do not add sugar or baby cereals to the feed in the bottle

**Does giving my baby formula milk make a difference?**
Formula fed babies are more likely to develop diabetes, asthma and eczema and they can be more prone to becoming obese.

Some babies are allergic to cow’s milk and giving therefore giving a cow’s milk formula could trigger an allergic response.

**Key considerations**
Baby should be fed by only one or two people, ideally the mother. This helps babies feel secure and helps bonding.

• Hold baby close, making eye contact and talking to the baby at every feed.
• Tip the bottle slightly so the teat is full of milk.
• Stroke the top lip with the teat and wait for baby to open wide and take the teat using their tongue. Never force the teat into baby’s mouth.
• Allow baby to take their time. When they slow their sucking remove the teat so they can have a pause.
• Watch for signs that baby is full - moving or pushing the teat away - be guided by their appetite.
• They will vary the amount they take, use manufacturers’ instruction as a guide.
• After the feed, gently sit baby up or over your shoulder to wind them. They may posset some milk.

Infant formula is made from cow’s milk that has been treated to make it suitable for babies and is available in two forms:
• Ready-to-feed liquid infant formula, sold in cartons, which is sterile.
• Powdered infant formula which is not sterile.

Key Facts about formula
1. Make up feeds one at a time, as your baby needs them.
2. You can use first milks for the first year of your baby’s life. There is no need to change to a follow on milk as your baby gets older.
3. Always put the water in the bottle first, while it is still hot, before adding the powder.
4. Always use freshly boiled water.
5. Because ready-made formula is sterile it does not need to be heated. Powdered formula should be made up at 70°C as it is not sterile.
6. Never warm up formula in the microwave as it can heat the feed unevenly and burn.

Types of formula milk
Please ask staff for the Department of Health ‘Guide to Bottle Feeding’ leaflet if you are choosing to formula feed your baby. It is also available from www.nhs.uk/start4life/Documents/PDFs/start4life_guide_to_bottle_feeding.pdf

• There is no independent research which finds that any brand is better than another.
• It is important that you buy milk that is right for your baby’s age. Milk meant for an older baby can make your baby unwell.
• Formula is mostly whey based. ‘Hungry baby’ milk is casein based but there is no evidence this type of formula helps babies to settle.
• Follow-on formula should never be fed to a baby under 6 months old and research has shown it has no clear benefit.
• It is recommended that you use first or newborn milk for the first year. Babies can then be given cows milk
• Newborn formula is ideal for your baby’s first year of life.
• Because ready-made formula is sterile, it does not need to be heated. Powdered formula must be added to very hot water as it is not sterile.
• If baby does not want a full feed but remains unsettled they may want comforting with skin to skin.

Buying your feeding equipment
You will need a number of bottles and teats, as well as sterilising equipment. There is no evidence that one type of teat or bottle is better than any other. All feeding bottles are made of food-grade plastic, but some have shapes or patterns that make them difficult to clean thoroughly. A simple, easy-to-clean bottle is probably best.
Sterilise and safety check
Make sure your bottles and teats are sterilised. If you’re using infant formula, pay close attention to the instructions on the packet when you make up the feed. Freshly boiled tap water should be used to make up feeds; bottled mineral water should never be used.

Reasons for Good Hygiene
Powdered infant formula is not sterile
• Any milk left in a bottle after a baby has fed should be thrown away.
• Powdered formula can contain Salmonella or other bacteria which can cause life threatening illness.
• It is necessary to kill the harmful bacteria with heat of at least 70°C.
• Any unused made-up formula should be thrown away after 1 hour.

Ready Made formula in a carton is sterile until opened
• It must be used within 1 hour of opening if kept at room temperature
• It can be stored in the fridge for 24 hours with the cut corner turned down. After this time it should be thrown away
WHAT YOU’LL NEED FOR THE BABY

Baby clothes
Babies grow very quickly. All you need for the first few weeks are enough clothes to make sure that your baby will be warm and clean.

You’ll probably need:
- six stretch suits (all-in-ones) for both day and night, or four stretch suits and two nightdresses (nighties) for the night – use socks or bootees with the nightie if it’s cold
- two cardigans, wool or cotton rather than nylon, and light rather than heavy – several light layers of clothing are best for keeping your baby warm
- four vests
- a shawl or blanket to wrap your baby in
- a wool or cotton hat, mittens, and socks or bootees for going out if the weather is cold – it’s better to choose close-knitted patterns rather than those with a loose knit, so that your baby’s fingers and toes won’t get caught
- a sun hat for going out if it’s hot or the sun is bright

Bedding
For the first few months, you’ll need a crib, a carry cot or a Moses basket (a light, portable bassinet). Your baby needs to sleep somewhere that’s safe, warm and not too far from you.

Pillows and duvets
Don’t use pillows and duvets – they are not safe for babies who are less than a year old due to the risk of suffocation. Duvets can also make the baby too hot. Quilted sleeping bags and baby nests are not suitable for your baby to sleep in when you’re not there because of the danger of suffocation.

For more information you can also visit the website of the FSID (Foundation for the Study of Infant Death), which has lots of information on safe sleeping and answers some common questions.
Meeting and getting to know your baby is an extremely exciting and rewarding time. It’s also the beginning of a new relationship. Babies need a lot of sleep during the first few months of their lives so it’s important to ensure that they are sleeping as safely as possible.

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of a baby where no cause is found. While SIDS is rare, it can still happen and there are steps parents can take to help reduce the chance of this tragedy occurring.

**Quick tips for safer sleep**

Although we don’t yet know how to completely prevent SIDS, it is possible to significantly lower the chances of it happening by following this advice. You should try to follow the advice for all sleep periods where possible, not just at night.

**Things you can do:**
- Always place your baby on their back to sleep
- Keep your baby smoke free during pregnancy and after birth
- Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first 6 months
- Breastfeed your baby, if you can
- Use a firm, flat, waterproof mattress in good condition

**Things to avoid:**
- Never sleep on a sofa or in an armchair with your baby
- Don’t sleep in the same bed as your baby if you smoke, drink or take drugs or are extremely tired, if your baby was born prematurely or was of low birth-weight
- Avoid letting your baby get too hot
- Don’t cover your baby’s face or head while sleeping or use loose bedding

For more information and advice, refer to Infant Sleep Information Source (ISIS)
www.isisonline.org.uk – a sleep app is also available for free download.

The Lullaby Trust provides specialist support for bereaved families, promotes expert advice on safer baby sleep and raises awareness on sudden infant death.

www.lullabytrust.org.uk
It is very important that you have an awareness of this condition. Deaths and serious illness from pregnancy related sepsis are still very rare, however they do occur.

Pregnant and recently delivered women can be at risk as this is most often an infection acquired in the community. In particular women can become ill due to a sore throat caused by a ‘streptococcal infection’ which is one of the most common bacterial infections of childhood.

This is often because they work with or have young children or there is a history of recent sore throat or respiratory infection amongst other family members or friends.

There are other potential sources of infection for women following childbirth which could include caesarean section wounds, mastitis, urinary infections and infections of the genital tract.

**So what is Sepsis?**

Sepsis is a life-threatening illness caused by the body overreacting to an infection. The body’s immune system goes into overdrive, setting off a series of reactions that can lead to widespread inflammation (swelling) and blood clotting.

**Symptoms**

These usually develop quickly and include:

- A fever or high temperature over 38°C (100.4F)
- Chills (feeling very cold)
- A fast heartbeat
- Fast breathing

**What should you do?**

If you feel ill or have any of these symptoms during your pregnancy or following delivery seek urgent medical advice from your GP, maternity service or through A&E.

**Prevention**

*It is very important to maintain good personal and hand hygiene at all times.*

Hand hygiene is very important in reducing infection and preventing cross contamination. It is important to maintain good hand hygiene at all times but is of particular importance to you and your baby after the birth. Please remember to wash your hands and inform all visitors of the importance of washing their hands before handling the baby. *It is also okay to ask anyone caring for you whether they have washed their hands.*

Help prevent cross contamination if another family member is ill by adopting good hand hygiene, not sharing towels and disinfecting surfaces.
About one in eight babies will need extra care in hospital, sometimes on the ordinary postnatal ward and sometimes in a specialist newborn (neonatal) area.

**Why babies need special care**

Babies can be admitted to neonatal services for a number of reasons:

- They are born early – one in 10 babies are born early, and babies born before 34 weeks may need extra help with breathing, feeding and keeping warm
- They are very small and have a low birthweight
- They have an infection
- Their mother has diabetes
- The delivery was very difficult and they need to be kept under close observation for a time
- They have jaundice

If your baby is admitted to the Neonatal Unit, you can visit your baby when and for how long you want. When your baby is stable you can have unhurried skin to skin with you baby. If you choose to breast feed your baby you may need to express your breast milk until baby is able to feed and you will be given support to do this.

- It is best to have your baby with you when you do this as this starts your milk flowing
- If you can’t have baby with you keep a photo or item of baby’s clothing with you. Looking at these and thinking of your baby can help your milk flow.
- Ask staff for help with skin to skin contact with your baby. This will stimulate your milk supply.

**RIGHTS AND BENEFITS FOR PARENTS**

All employed pregnant women are entitled to 52 weeks (one year) of maternity leave, no matter how long they’ve worked for their employer. This is made up of 26 weeks of ordinary maternity leave and 26 weeks of additional maternity leave. You have a range of rights during this period and can also request that your employer provides flexible working arrangements if you decide to return to work at the end of your leave.

Directgov has an online tool that can give you personalised guidance on maternity rights.

**Paternity leave**

If you are a father-to-be or a pregnant woman’s partner – including same-sex partner – you could have the right to paternity leave. You may have the right to up to 26 weeks’ Additional Paternity Leave.

Directgov has an online tool that can give you personalised guidance on paternity rights at work.
Benefits

Working out what benefits and rights you’re entitled to and making claims isn’t always easy. You can get advice from the following organisations:

- Your local Jobcentre Plus, Citizens Advice Bureau, library or other advice centre.
- Children’s Centres can offer support and advice around a range of subjects including welfare rights and benefits.
- Some voluntary organisations offer information and advice on benefits and rights at work. Try Gingerbread and Working Families.
- For advice on rights at work, call ACAS on 084 5747 4747.
- The Money Advice Service is designed to help new parents plan their finances. Their website covers budgeting, state benefits, coping with the cost of bringing up children and childcare, maternity and paternity rights, savings and work. You can also call their telephone helpline on 030 0500 5000.
- If you’re working when you become pregnant, and you meet certain conditions, you have the right to receive Statutory Maternity Pay (SMP) when you have your baby.
- You may also qualify for benefits such as Child Benefit, Child Tax Credits or Working Tax Credits.

There are benefits and financial help for pregnant women, whether they are employed or not. This includes:

- Healthy Start
- Sure Start Maternity Grant
- Tax credits
- Income Support
- Jobseeker’s Allowance
- Maternity Allowance
- Statutory Paternity Pay
- Statutory Adoption Pay
- Dental care
## USEFUL ORGANISATIONS

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Information</th>
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| Active Birth Centre                               | 020 7281 6760  
www.activebirthcentre.com                        |
| Alcoholics Anonymous                              | 084 5769 7555  
www.alcoholics-anonymous.org.uk                  |
| Association of Breastfeeding Mothers (ABM)       | 084 4412 2949  
www.abm.me.uk                                      |
| Association of Chartered Physiotherapists in Women’s Health | www.pogp.csp.org.uk/publications                       |
| Brook (young parents)                             | 080 8802 1234  
www.brook.org.uk                                   |
| Child Death Helpline                              | 0800 282 986  
contact@childdeathhelpline.org                     |
|                                                    | www.childdeathhelpline.org.uk                           |
| Child Law Advice Line                             | 080 8802 0008  
www.childrenslegalcentre.com                      |
| Children’s Centres via councils                  | www.royalgreenwich.gov.uk                              |
|                                                    | www.bexley.gov.uk                                     |
|                                                    | www.lewisham.gov.uk                                   |
| Department of Health                              | www.dh.gov.uk                                         |
| Family Action                                     | 020 7254 6251  
www.family-action.org.uk                           |
| Family Nurse Partnership                          | Support young first time mothers (aged 19 years and under)  
020 3049 2444  
LH.FNP@nhs.net - Lewisham  
www.fnp.nhs.uk/about                              |
| FPA (Family Planning Association)                 | 084 5122 8690  
www.fpa.org.uk                                      |
| Female Genital Mutilation                         | Helpline 080 0028 3550  
Text on 079 8303 0488  
www.dofeve.org                                     |
| Greenwich Welfare Rights Service                  | The Woolwich Centre  
35 Wellington Street  
London SE18 6HQ  
Public Advice Line: 020 8921 6375                   |
| Greenwich Healthy Living Service                  | www.greenwichhealthyliving.nhs.uk                     |
| Lewisham Young Women’s Project                    | 020 8698 6675  
www.lywrp.com                                         |
| Life: Charity offering practical help for the pregnant woman and new mothers | 019 2642 1587  
www.lifecharity.org.uk }
<table>
<thead>
<tr>
<th><strong>Miscarriage Association</strong></th>
<th>019 2420 0799</th>
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<td><a href="mailto:info@miscarriageassociation.org.uk">info@miscarriageassociation.org.uk</a></td>
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<td><a href="http://www.miscarriageassociation.org.uk">www.miscarriageassociation.org.uk</a></td>
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<tr>
<td><strong>Narcotics Anonymous</strong></td>
<td>0300 999 1212</td>
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<td><a href="http://www.ukna.org">www.ukna.org</a></td>
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<td><strong>National Childbirth Trust</strong></td>
<td>030 0330 0700</td>
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<td><a href="http://www.nct.org.uk">www.nct.org.uk</a></td>
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<tr>
<td><strong>National Childminding Association (NCMA)</strong></td>
<td>084 5880 0044</td>
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<td><a href="mailto:info@ncma.org.uk">info@ncma.org.uk</a></td>
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<td><a href="http://www.ncma.org.uk">www.ncma.org.uk</a></td>
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<td><strong>National Domestic Violence Helpline</strong></td>
<td>080 8200 0247</td>
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<td><a href="mailto:helpline@womensaid.org.uk">helpline@womensaid.org.uk</a></td>
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<td><a href="http://www.refuge.org.uk">www.refuge.org.uk</a></td>
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<td><a href="http://www.womensaid.org.uk">www.womensaid.org.uk</a></td>
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<tr>
<td><strong>NHS Asian Tobacco Helpline</strong></td>
<td>080 0169 0885 (Bengali)</td>
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<td>080 0169 0884 (Gujarati)</td>
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<td>080 0169 0883 (Hindi)</td>
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<td>080 0169 0882 (Punjabi)</td>
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<td>080 0169 0881 (Urdu)</td>
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<td><strong>NHS Pregnancy Smoking Helpline</strong></td>
<td>080 0169 9169</td>
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<td><a href="http://www.gosmokefree.co.uk">www.gosmokefree.co.uk</a></td>
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<td><strong>Patient Advice and Liaison Service</strong></td>
<td>080 8800 5000</td>
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<td><a href="http://www.nspcc.org.uk">www.nspcc.org.uk</a></td>
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<tr>
<td><strong>One Parent Families/Gingerbread</strong></td>
<td>080 8802 0925</td>
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<td><a href="http://www.gingerbread.org.uk">www.gingerbread.org.uk</a></td>
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<tr>
<td><strong>Project 17</strong></td>
<td>(Charity support migrant children)</td>
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<td>079 6350 9044</td>
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<tr>
<td><strong>Rape Crisis</strong></td>
<td>080 8802 9999</td>
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<td><a href="http://www.rapecrisis.org.uk">www.rapecrisis.org.uk</a></td>
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<tr>
<td><strong>Samaritans</strong></td>
<td>084 5790 9090</td>
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<td><a href="http://www.samaritans.org">www.samaritans.org</a></td>
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<td><strong>Sexual Health Line</strong></td>
<td>080 0567 123</td>
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<tr>
<td><strong>TAMBA (Twins and Multiple Association)</strong></td>
<td>080 0138 0509</td>
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<td><a href="mailto:enquiries@tamba.org.uk">enquiries@tamba.org.uk</a></td>
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<td><a href="http://www.tamba.org.uk">www.tamba.org.uk</a></td>
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<tr>
<td><strong>Victim support</strong></td>
<td>084 5303 0900</td>
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<td><a href="http://www.victimsupport.org.uk">www.victimsupport.org.uk</a></td>
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</table>
Please use this space to write down any questions you would like to ask/any thoughts on your pregnancy/additional useful telephone numbers.

Additionally feel free to write down anything else which you believe is useful to you or your 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.

You should start to feel movements between 16-24 weeks. From 28 weeks if you notice a reduction in the number of movements you should come to the maternity unit.

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.

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. We always take reduced movements seriously. You should come to the maternity unit every time the baby’s movements reduce.

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.

For more information on baby movements talk to your midwife or contact your maternity unit on:

Queen Elizabeth Hospital: 020 8836 4522 / 4523
University Hospital Lewisham: 020 8333 3026