



Patient Information

Postnatal Community Care

Postnatal Care

While in hospital the Midwives will carry out postnatal checks on you and your baby. They will offer and organise the newborn examination (within 72 hours of baby's birth) and the hearing screen for baby. The Midwives will provide further information about the BCG vaccine if applicable.

When you are discharged home, we will provide you with any medications you need, but we advise you have some simple pain relief prepared at home (Paracetamol and Ibuprofen) as we do not provide this.

After you have been discharged from the hospital, Community Midwives and Maternity Support Workers will provide you with postnatal care. All service users will have a visit at home the day after discharge and your pattern of care will be discussed with you.

Some postnatal checks are completed in clinics and will be arranged with you.

When you are discharged home, you will be given printed notes for you and your baby, which includes your baby's Personal Child Health Record (red book), please have these with you at every contact with maternity services in the postnatal period.

Pattern of care

1st visit: The day after discharge from the hospital a Midwife will visit you at home, usually between 9am-4pm, and offer a postnatal check for you and your baby. If you have not seen a Midwife by 5pm please contact maternity triage.

Day 3 after birth: This appointment is to weigh your baby; support with feeding and answer any questions you have.

Day 5 after birth: On day 5 we complete the Newborn blood spot test on baby if you consent to this. We may also weigh baby again and perform all routine checks.

Day 10 after birth: Your baby will be weighed and if all is well with you and your baby, we will discharge you and your baby to the care of the GP and the Health Visitor. If it is not appropriate to discharge you at this point, we will make a plan with you for ongoing care.

Health visitors will contact you when your baby is around 14 days old. They will explain the plan for your ongoing care and provide you information on where to attend baby clinics. They will also give you information on local postnatal groups.

Baby's Weight

It is normal for a baby to lose a small amount of weight in the first few days. Depending on this weight loss a care plan will be made with you, to ensure your baby feeds well and gains weight.

Baby's Feeding

You will be offered ongoing support feeding your baby to ensure weight gain and development; however you are feeding your baby. If you experience any difficulties, please do not hesitate to contact us.

The Newborn Blood Spot Test

We offer a Newborn Blood Spot Test (NBBS) for all babies. Further information about this test can be found within the screening information given to you at your booking appointment and can be found online at:

<https://www.gov.uk/government/publications/screening-tests-for-you-and-your-baby>

Post Caesarean-Section Care

We advise that while you recover from your operation you take things easy, however we encourage mobilising to reduce the risk of blood clots (deep vein thrombosis). The midwives will check your wound and redress it when necessary. You may have a stitch for removal, and this should be explained to you prior to discharge. This is usually removed 10 days after your caesarean section. If you have any concerns about your wound, please contact maternity triage.

Important symptoms to look out for

If you have any concerns about yourself or your baby do not hesitate to contact the maternity triage. If you have a temperature, fever, or generally feel unwell or if you pass blood clots or have unusually heavy or offensive smelling bleeding, you should contact maternity triage immediately.

Postnatal Depression

It is common to feel low following the birth of a baby however if this is ongoing it is important to talk to a Midwife, health visitor or GP for support.

Important telephone numbers

Emergency 999

Maternity Triage 01908 996483 (24/7)

Community Midwives' Office 01908 996484

This number is not answered 24 hours but you can leave a voicemail and we will get back to.

Useful telephone numbers

- Breastfeeding network: 0300 100 0210
www.breastfeedingnetwork.org.uk
- Health Visitors Hub: 01908 725100
- La Leche League: 00345 120 2918
- MKUH Professional Midwifery Advocate (PMA) Birth Reflections service, please see additional leaflet for their details.
- PANDAS gives support for people coping with Pre and Postnatal Mental illness.
www.pandasfoundation.org.uk



Patient Information

Physiotherapy

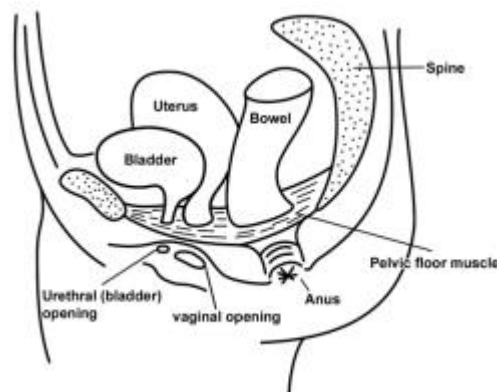
Improving your pelvic health and fitness after pregnancy.

This leaflet will explain the importance of ensuring good pelvic health including what the pelvic floor muscles do and how to exercise them, what symptoms to look out for after having a baby and how to access help and support if things 'aren't right'. It also gives guidance on how and when to start exercise safely after having your baby.

You will want to give your baby lots of attention following delivery, but it is also important to take time for yourself to allow your body to recover. It is likely that your physical recovery will take time, but there are gentle exercises that you can start to help get yourself back into shape. You can start these exercises from day 1 if you feel ready, but it is important to start gently and build up slowly. By regaining your fitness you may notice that you have more energy, and this can also help to prevent future health problems.

This leaflet gives advice and information on exercises that will help you get back into shape after the birth of your baby.

The Pelvic Floor:



The pelvic floor is a group of muscles, which lie like a hammock at the base of the pelvis, running from the pubic bone at the front to the tailbone at the back.

These muscles support the pelvic organs (bladder, uterus/womb and bowels) and help control the bladder and bowels. They work with the abdominal muscles to help support the spine and may also help with sex.

Both the abdominal and pelvic floor muscles can become weaker during pregnancy, so it is important to strengthen them after delivery to prevent symptoms of pelvic floor dysfunction.

Symptoms to look out for:

- Leaking urine (wee) on coughing, sneezing, lifting or running (even small amounts)
- Sudden urgent or frequent need to pass urine (wee)
- Feeling 'something coming down' or a 'dragging sensation' in the vagina - (prolapse)
- Being unable to control leakage of wind or 'poo' from the bowel
- Lack of sensation with sex
- Pain with sex

If you have a catheter, wait until it has been removed before you start your pelvic floor exercises.

If you have stitches, you can still do these exercises as they will help with the healing and reduce swelling in the area, but it is important to start gently in the first few days after delivery.

How do I find my pelvic floor muscles?

It is important to know you are exercising the right pelvic floor muscles.

Find a comfortable position sitting upright with your feet flat on the floor or alternatively lying on your back or side with your knees bent.

Imagine that you are trying to stop yourself passing wind and urine at the same time, drawing the muscles upwards and forwards starting from the back passage.

It is important not to hold your breath.

Try not to clench/squeeze the buttock muscles or hold your breath.

How to exercise the pelvic floor muscles

Pelvic floor exercises should include long squeezes as well as short, quick squeezes, making sure you let go/relax the muscle between each squeeze. Aim to complete both long and short squeezes 3 times a day.

Don't try to stop and start the flow of urine whilst on the toilet – this can interfere with normal bladder function.

Long Squeezes

To begin, aim to hold the squeeze for 5 seconds. Let go. Relax for a few seconds. Repeat 5 times.

As the muscle gets stronger, aim to hold for up to 10 seconds and up to 10 repetitions.

Short, quick squeezes

Quickly squeeze the pelvic floor and then let go immediately.

To begin with, aim to repeat 5 short squeezes. Make sure you relax the pelvic floor between each squeeze. As the muscle gets stronger, aim for 10 short squeezes.

Exercises for your abdominal (tummy) muscles

The transverse abdominals are the deepest abdominal muscles, and these help to support your back and help with your posture. There is a simple exercise that you can start doing to engage these muscles.



Lie on your back with your knees bent up, feet on the floor and your hand on the lower part of your tummy. Gently breathe in so you can see and feel your tummy rise, and as you breath out, draw the lower part of your tummy in towards your spine. Hold this for 3-4 seconds, making sure not to hold your

breath, and then relax fully. Repeat this 5 times, aiming to gradually increase the time you hold the muscles in.



Knee Rolls: Lie on your back with your knees bent up and feet flat on the bed/floor. Draw in your Transverse Abdominals, keep your knees and feet together and allow your knees to roll to the right as far as is comfortable. Return to the middle and relax, before repeating the exercise to the left. Try 3 times to each side.

Pelvic Tilts: Draw in your lower tummy muscles (transverse abdominals) and contract your pelvic floor muscles at the same time. Hollow your tummy, allowing your back to flatten into the bed and your pelvis to tilt. Hold this position for 3 seconds whilst breathing normally, and gently release. Repeat this up to 10 times. Pelvic tilts are helpful to reduce any lower back pain and also increase the strength of your abdominal muscles.

Avoid full sit-ups until your tummy muscles are fully recovered and back to your usual strength. If you see or feel a central bulge in your tummy when you sit up from lying down, ask your midwife or GP to refer you to the Pelvic Health Physiotherapy service.

General Advice

For healthy bladder, bowel and pelvic floor muscles

- If you are doing these exercises after delivery and you have a catheter (a tube to empty your bladder) make sure you wait for the catheter to be removed before starting pelvic floor exercises
- Pelvic floor exercises can be started gently on the first day after you have your baby – whether the birth was vaginal or by c-section – unless you are told otherwise
- Try to tighten your pelvic floor muscles prior to any activity that requires effort (e.g coughing, sneezing, lifting – washing/hooovers or your baby!) to prevent leakage of urine and vaginal prolapse
- Ensure each pelvic floor contraction is fully relaxed before doing the next
- Avoid caffeinated drinks (e.g. tea, green, tea, coke, energy drinks) and fizzy drinks as they can irritate the bladder
- Try to drink 1.5-2 litres of fluids a day but remember if it is very hot or you are breastfeeding you must increase the amount of fluid you drink
- Download the NHS Squeezy App available on all smartphones and mobile devices to help you to do the exercises – remember to reduce the pre-set programme to the programme overleaf

- Avoid constipation by drinking adequate fluids, taking regular exercise (just walking helps) and eating a good, varied diet containing fruit, vegetables and wholegrains (e.g brown rice/porridge). Speak to your GP if it is a long-standing problem

For back pain and general fitness

- It can take up to 6 months for your pelvic joints to recover post-delivery and in this time it can be easy to strain your back, particularly if you are doing lots of lifting.
- Backache can be common in new mothers, so it is important to pay attention to your feeding position (breast or bottle feeding), making sure that your back is well supported.
- It is important to continue to work on the strength of your abdominal and pelvic floor muscles, as these are important in protecting your back from injury.
- Make sure that you engage your abdominal and pelvic floor muscles when doing activities such as lifting, bending, or standing for a long period of time.
- Walking for a short distance every day will help to improve your strength and fitness, and you should try to increase the pace and distance achieved as you feel able.

For some mothers, return to formal exercise is important for both physical and mental health while others want to start something new, however it is also essential to allow your postnatal body to recover fully before starting higher load or demanding exercise (e.g running, HIIT, zumba and weights) to prevent long term damage to your pelvic floor.

More guidance is available with the 'Return to running guidelines' downloadable for free from [\(PDF\) Returning to running postnatal – guidelines for medical, health and fitness professionals managing this population \(researchgate.net\)](#) . It incorporates a structured pathway for safe progression of exercises for those that have no concerns regarding pelvic floor dysfunction – symptoms described above.

For more information on returning to exercise visit: www.thepogp.co.uk and their information booklet '**Fit for the Future**'.

When to get help?

Should you continue to have bladder (wee) leakage during pregnancy or after having your baby you can find further advice and resources or refer yourself to the pelvic health physiotherapy team via www.mkuh.nhs.uk/therapy-services/pelvic-health or call the physiotherapy department direct on 01908 995432 and request a self-referral form.

Alternatively, with symptoms of prolapse, bowel urgency or leakage (wind or poo) or pain from your stitches (after 6 weeks) or with sex you can ask your GP, health visitor or midwife to refer you to our service.

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

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Patient Information

Birth Reflections



What is Birth Reflections?

- Birth Reflections is a service where you can reflect on your birth experience, regardless of the type of delivery you had and whether you had any obstetric complications or emergencies. If you have experienced obstetric complications or emergencies, you will ideally be offered a consultant debrief for six weeks post-delivery. If you have had a consultant debrief you can request a Birth Reflections appointment at any point, there is no time limit on the service.
- For some people, the way they feel about their birth experience can affect the way they feel about themselves, their baby, their partner, family and may even affect future pregnancies. Birth Reflections can provide a safe space to process these feelings.
- The Birth Reflections service is an opportunity to explore your birth experiences with a qualified healthcare professional, this will most often be a midwife.
- You may have unanswered questions about your experience of labour and birth. It may not have been what you expected or planned, and it can sometimes be difficult to understand what happened without information “to fill in the gaps”. Birth Reflections may be able to provide some of the answers to these questions.
- It is not always easy to take in all the information given at the time or just after birth and sometimes events can be difficult to understand. Birth Reflections allows you time to process your experience and reflect on what you need from the appointment.

Birth Reflections offers:

- A private and open discussion where you can ask any questions which may help you understand your experience better.
- The opportunity to review your maternity records.

The aims of the service

- To help you explore and understand your experience of labour and birth.
- To support you to reflect and discuss any issues that your birth experience may have highlighted.
- To explore the reasons why certain decisions were made during your labour and birth.
- To help you feel heard and supported in the way you feel about your experience.
- Birth reflections is not a complaints or counselling service, midwives are not trained counsellors, but we are able to listen, help you to reflect, and can direct you to other services if needed.
- Occasionally we may not be able to provide all the answers to your questions, but we will do our best to give you as much information and clarity as we can. Please ask your midwife, GP or Health Visitor if you need help to access more information about these services.

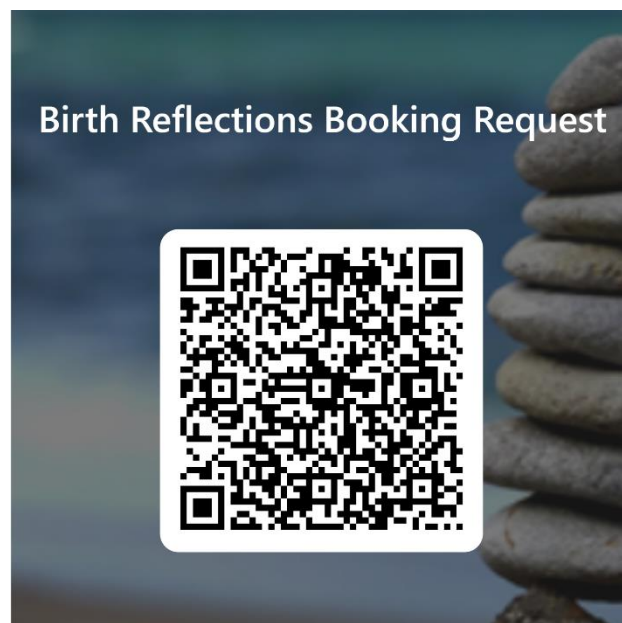
When can I book an appointment?

- A Birth Reflections appointment can be arranged soon after the birth of your baby, but we would advise that your appointment does not take place until at least six weeks after the birth. This is to give you time to process your thoughts and feelings about your birth.
- You may feel that Birth Reflections is not right for you at this moment, there is no time limit for access to the Birth Reflections service and you can contact us at any time.
- If you are expecting another baby and feel that you would benefit from a Birth Reflections appointment regarding your previous delivery you can request an appointment.

We are committed to your wellbeing, and we value your suggestions and comments about your experience.

To arrange a Birth Reflections appointment please:

- Fill out a Birth Reflections booking request form, scan the QR code below to access this. It can also be found on the MKUH Birth Reflections webpage.
- If you cannot make your appointment or there are any barriers to you accessing Birth Reflections, please contact the Professional Midwifery Advocate of the week Monday-Friday (9am-5pm) via the hospital switchboard (01908 660033) or email the Birth Reflections team on mkbirthreflections@mkuh.nhs.uk



Other Useful Numbers:

- Milton Keynes Talking Therapies – 01908 725099
- Maternity trauma and loss care service 01908 724362
- Milton Keynes Pregnancy Crisis Centre – 01908 230508
- Baby Basics MK – 01908 968488
- City Counselling – 01908 231131
- The Samaritans – 0845 7909090 or 01908 667777
- Brook Counselling (under 24s only) 01908 669215
- Relate – 01908 310010

24/7 Mental Health Crisis Line – 0800 0234 650

Your GP or Health Visitor may also be able to advise and support you.

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

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Share the ICON message!

It isn't just parents who get frustrated at a baby's cry. Think very carefully about who you ask to look after your baby.

Share the ICON message with anyone who may look after your baby.

Check that caregivers understand about how to cope with crying before you decide to leave your baby with them and share this ICON leaflet with them.

Reminder about Safe Sleeping:

- The safest place for your baby to sleep is a separate cot or Moses basket in the same room as you for the first 6 months, even during the day.
- When putting your baby down for a sleep, place them on their back, with their feet at the foot end of the cot.
- Don't let them get too hot – 16-20 degrees celsius is comfortable.
- It is dangerous to sleep with a baby on a sofa or in an armchair, never do this.
- Make sure that your baby is not exposed to cigarette smoke, as this increases their risk of cot death.

You can talk to your Midwife or Health Visitor about all aspects of crying and safe sleeping.

Further information and support:

Midwife _____

Health Visitor _____

GP _____

Who I can go to for help with crying?

What will I do if I need a few minutes to myself?
What makes me feel better?

CRY-SIS National Help Line: 08451 228669

Lines open 7 days a week, 9am-10pm

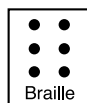
Remember – if you are concerned that your baby may be unwell, contact your GP or NHS 111 (go to 111.nhs.uk or call 111- the service is available 24 hours a day, 7 days a week).

In an emergency, ring **999**.

For a translation of this document,
an interpreter or a version in

large
print

or



or



Please send requests to ICON Website at:
iconcope.org

	Website: iconcope.org
	Facebook: ICONCOPE
	Twitter: ICON_COPE



Infant crying and how to cope



Information for
parents and carers

ICON
Babies Cry, You Can Cope!

BABIES CRY! Infant crying is normal and it will stop

A baby's cry can be upsetting and frustrating. It is designed to get your attention and you may be worried that something is wrong with your baby.

Your baby may start to cry more frequently at about 2 weeks of age.

The crying may get more frequent and last longer during the next few weeks, hitting a peak at about 6 to 8 weeks.

Every baby is different, but after about 8 weeks, babies start to cry less and less each week.

What can I do to help my baby?

Comfort methods can sometimes soothe the baby and the crying will stop.

Babies can cry for reasons such as if they are hungry, tired, wet/dirty or if they are unwell.

Check these basic needs and try some simple calming techniques:

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

These techniques may not always work. It may take a combination or more than one attempt to soothe your baby.

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

The crying won't stop, what can I do now?

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

Don't get angry with your baby or yourself. Instead, put your baby in a safe place and walk away so that you can calm yourself down by doing something that takes your mind off the crying. Try:

- Listening to music, doing some exercises or doing something that calms you.
- Call a relative or friend – they may be able to help you calm or may be able to watch your baby.

After a few minutes when you are calm, go back and check on the baby.

It's normal for parents to get stressed, especially by crying. Put some time aside for yourself and take care of your needs as well as your baby's to help you cope.

What not to do...

Handling a baby roughly will make them more upset. Shouting or getting angry with your baby will make things worse.

Sometimes parents and people looking after babies get so angry and frustrated with a baby's cry they lose control.

They act on impulse and shake their baby.

Shaking or losing your temper with a baby is very dangerous and can cause:

- Blindness
- Learning disabilities
- Seizures
- Physical disabilities
- Death

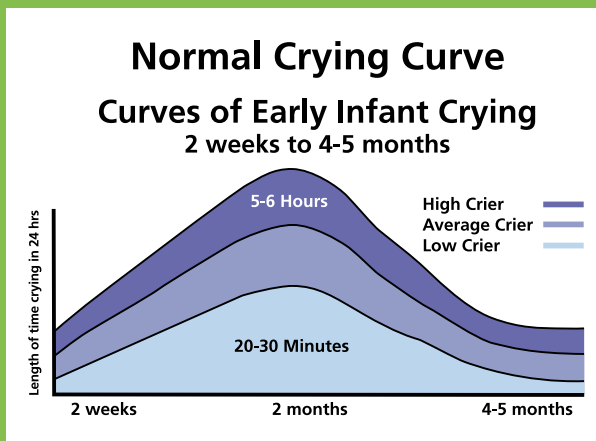
**Remember:
Never ever
shake or
hurt a baby**



Remember – This phase will stop! Be an ICON for your baby and cope with their crying.

Babies Cry, You Can Cope!

- I** Infant crying is normal and it will stop
- C** Comfort methods can sometimes soothe the baby and the crying will stop
- O** It's OK to walk away if you have checked the baby is safe and the crying is getting to you
- N** Never ever shake or hurt a baby



Barr RG. The normal crying curve: what do we really know?
Developmental Medicine and Child Neurology 1990;32(4):356-362.

**Better
Health**

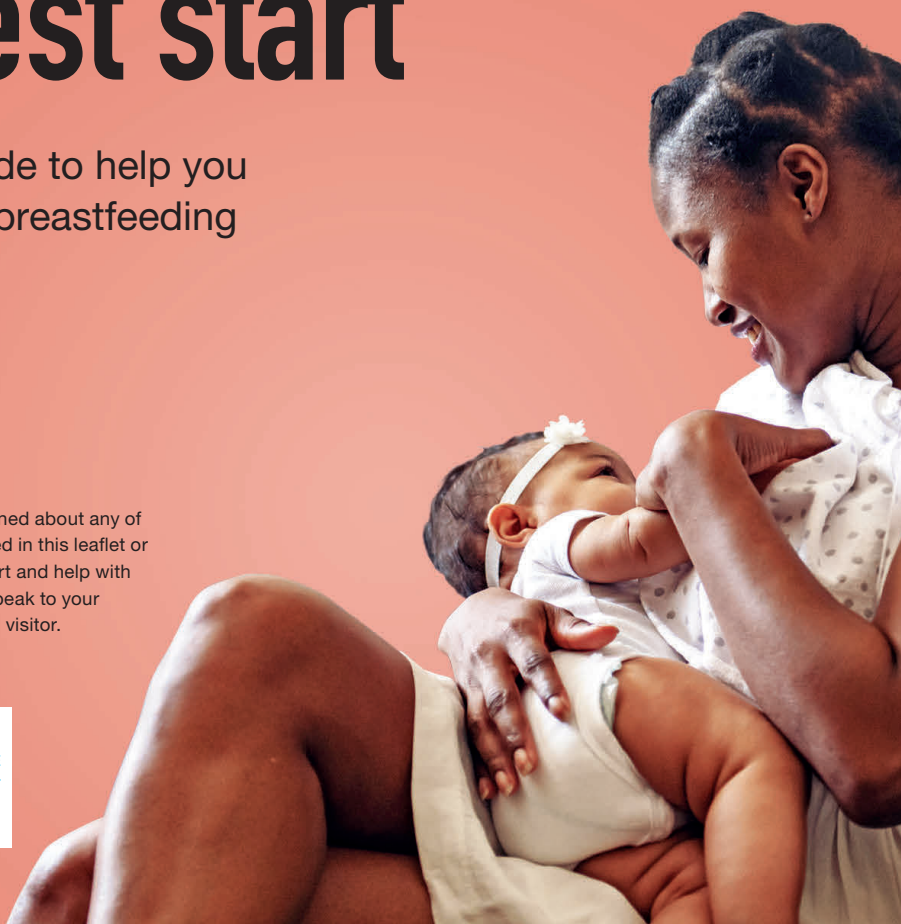
**Start
for Life**

NHS

Off to the best start

A guide to help you
start breastfeeding

If you are concerned about any of the points covered in this leaflet or would like support and help with breastfeeding, speak to your midwife or health visitor.



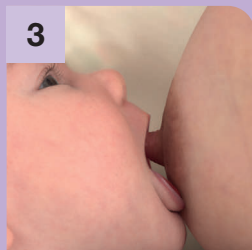
Breastfeeding is good news for baby and you

- Breastmilk is tailor-made for your baby. It boosts your baby's ability to fight illness and infection - babies who are not breastfed are more likely to get diarrhoea and chest infections.
- Exclusive breastfeeding is recommended for around the first 6 months and alongside solid foods thereafter.
- Breastfeeding also lowers a mother's risk of breast cancer and may reduce the risk of ovarian cancer too.
- Keeping your baby close will help you to respond to their need for food, love and comfort.



How to breastfeed

Breastfeeding is something you and your baby learn together, and, like anything new, you need to get the hang of it. Here's how:



For more information on breastfeeding positions, visit: nhs.uk/start4life

1. Hold your baby's whole body close with their nose level with your nipple. Make sure their head and body are in a line and facing you, so they are not twisting their head or body awkwardly. Support your baby along their back and shoulders rather than their head so they can move their head freely to attach to your breast.

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

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

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

Signs that your baby is feeding well

- Your baby has a large mouthful of breast.
- It doesn't hurt you when your baby feeds (although the first few sucks may feel strong).
- Your baby rhythmically takes long sucks and swallows.
- Your baby finishes the feed, appears content and satisfied after feeds and comes off the breast on their own. Your breasts and nipples should not be sore.

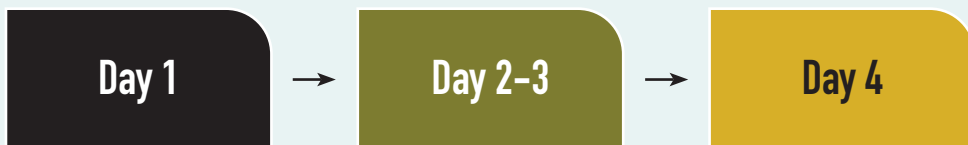
Vitamin D

- Breastfed babies up to 12 months old should be given a daily supplement of 8.5 to 10mcg of vitamin D (340-400 IU/d).
- It is recommended that all breastfeeding women take a daily supplement of 10mcg of Vitamin D (400 IU/d).

How do I know my baby is getting enough milk?

- Lots of mums wonder if their baby's feeding well and getting enough - especially in the first few days, but it's very rare that mums don't make enough breastmilk for their babies. It may just take a bit of time before you feel confident that you are providing enough milk.
- Generally, your baby will let you know if they are not getting what they want; wet and dirty nappies are also a good indication, as is hearing your baby swallow.
- Your baby should be back to birth weight by two weeks and then continue to gain weight.
- Let your baby guide you as to how often to feed. Responsive breastfeeding recognises that feeds are not just for nutrition, but also for love, comfort and reassurance between baby and mother. It is not possible to overfeed a breastfed baby.

Your baby's nappies



- In the first 48 hours, your baby is likely to have only 2 or 3 wet nappies. Wet nappies should then start to become more frequent, with at least 6 every 24 hours from day 5 onwards.
- At the beginning, your baby will pass a black tar-like poo (called meconium).
- By day 3, this should be changing to a lighter, loose, greenish poo.
- From day 4 and for the first 4 – 6 weeks, your baby should pass at least 2 yellow poos a day.
- If your baby has not pooped in the last 24-48 hours, speak to your midwife or health visitor as this may mean they aren't getting enough milk.

Support services

The following can provide support and can help you find a peer supporter:

National Breastfeeding Helpline
0300 100 0212* available 9.30am to 9.30pm
365 days a year
nationalbreastfeedinghelpline.org.uk

The helpline supports voice calls, web chat and social media enquiries. All support is provided by highly trained volunteer peer supporters.

National Childbirth Trust Helpline
0300 330 0700* nct.org.uk

La Leche League
0345 120 2918* laleche.org.uk

If you have specific questions about medications or treatments, please message the Drugs in Breastmilk information service Facebook page or email druginformation@breastfeedingnetwork.org.uk

Useful resources

Breastfeeding resources
unicef.uk/breastfeedingresources

Breastfeeding assessment tool for mothers
unicef.uk/bf-assessment-tools

Building a happy baby leaflet
unicef.uk/happybaby

Caring for your baby at night leaflet
unicef.uk/caringatnight

Breastfeeding and relationships
in the early days video
unicef.uk/breastfeedingearlydays

Hand expression video
unicef.uk/handexpression

Join our Start for Life baby club

Sign up for weekly emails for trusted NHS advice, videos and tips on your pregnancy, birth and parenthood:
nhs.uk/start4life/signups

24/7 help with breastfeeding

Talk to the Breastfeeding Friend from Start for Life on



Google Assistant



Amazon Alexa



and Facebook Messenger

for more NHS approved advice and tips.

For lots more helpful information visit: nhs.uk/better-health/start-for-life

*Calls to 03 numbers cost no more than a national rate call to an 01 or 02 number and must count towards any inclusive minutes in the same way as 01 and 02 calls.

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Produced for Department of Health and Social Care

**Better
Health**

**Start
for Life**

NHS

Guide to bottle feeding

How to prepare
infant formula and
sterilise bottles



**THE BABY
FRIENDLY
INITIATIVE**

unicef 
UNITED KINGDOM

Contents

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The information in this booklet comes from Department of Health and Social Care and the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative. It will help you bottle feed your baby responsively and as safely as possible. If you need more information about feeding your baby, speak to your midwife, health visitor or GP.

What infant formula should I choose?

Use a **first infant formula** throughout the first year. It doesn't matter which brand you choose as they are all very similar. Talk to your midwife or health visitor if you have any concerns.

How long do I need to use first infant formula for?

Stick to a **first infant formula** throughout the first year. When your baby is six months old, it's okay when cooking and preparing foods to use small amounts of pasteurised whole cows' milk. Tap water is fine for infants over six months of age.

When your baby is one year old, they will be getting more of their energy, vitamins and minerals from food, and then full fat cows' milk can be their main milk drink. There is no need for follow-on formula.

What do you need for formula feeding?

You need to make sure you **clean and sterilise all equipment** to prevent your baby from getting infections and stomach upsets. You'll need:



Bottles with teats and bottle covers



Bottle brush and teat brush



Sterilising equipment (such as a cold-water steriliser, microwave or steam steriliser)



Infant formula powder or ready-to-feed liquid formula

How to sterilise feeding equipment

The following instructions apply to all feeding equipment you use for your baby, whether you are using **expressed breastmilk** or **first infant formula**.



First, wash your hands well with soap and water.



Clean the work surfaces with hot, soapy water.



Check that the bottle and teat are not damaged, then clean the bottle and teat in hot, soapy water using a clean bottle brush – a dishwasher will clean the bottle feeding equipment but won't sterilise it.



Rinse all your equipment in clean, cold running water before sterilising.

How to make up a feed

Use fresh water from the cold tap to fill your kettle every time you make up infant formula. Do not use water that has been previously boiled or artificially softened water. Bottled water is not recommended to make up a feed as it is not sterile and may contain too much salt (sodium) or sulphate.

1



Fill the kettle with at least 1 litre of fresh tap water from the cold tap (don't use water that has been boiled before).

2



Boil the water. Then leave the water to cool in the kettle for no more than 30 minutes so that it remains at a temperature of at least 70°C.

3



Clean and disinfect the surface you are going to use. It's really important that you wash your hands to stop bacteria spreading.

4

If you are using a cold-water steriliser, shake off any excess solution from the bottle and the teat, or rinse the bottle with cooled boiled water from the kettle (not the tap).

5



Keep the teat and cap on the upturned lid of the steriliser. Avoid putting them on the work surface.

6

Follow the manufacturer's instructions and **pour the correct amount of water into the bottle first.** Double check that the water level is correct.

7



Loosely fill the supplied scoop with the infant formula and level it off using either the flat edge of a clean, dry knife or the leveller provided. Follow the manufacturer's instructions and only put the suggested number of scoops in the bottle.

8



Holding the edge of the retaining ring, put it on the bottle and screw it in. Cover the teat with the cap and shake the bottle until the powder is dissolved.

9



It is really important to cool the infant formula so it is not too hot to drink. Cool the formula by holding the bottom half of the bottle under cold running water. Move the bottle about under the tap to ensure even cooling.

10



Test the temperature of the infant formula on the inside of your wrist before giving it to your baby. It should be body temperature, which means it should feel warm or cool, but not hot.

11

If there is any made-up infant formula left in the bottle after a feed, throw it away.

12

To reduce the risk of infection, make up feeds as your baby needs them. One at a time.



Sterilising methods

Steam sterilising – electric steriliser or microwave



It is important to closely follow manufacturer's instructions and guidance, as there are many models and pieces of equipment on the market to choose from.

Cold-water sterilising

1

Follow the manufacturer's instructions.

2

Change the sterilising solution every 24 hours.

3

Leave feeding equipment in the sterilising solution for at least 30 minutes.

4

Make sure that there is no air trapped in the bottles or teats when putting them in the sterilising solution.

5



Keep all the equipment under the solution with a floating cover.



Sterilising by boiling

1

Never leave hot pans and liquids unattended.

2

Make sure that whatever you sterilise in this way is safe to boil.

3

Boil the feeding equipment in water for at least 10 minutes, making sure that all items stay under the surface of the water. You may need to use a small plate to keep the bottles under the water.

4

Remember that teats tend to get damaged faster with this method.

Ready-to-feed liquid infant formula

Ready-to-feed liquid infant formula is sterile until opened. All feeding equipment will still need to be sterilised. Once opened, any unused liquid infant formula that remains in the carton needs to be stored at the back of the fridge on the top shelf with the cut corner turned down, for no longer than 24 hours.

Using feeds

A feed should be freshly made up when it is needed to reduce the risk of making your baby ill. If you have no choice and need to store a feed, please speak to your health visitor about the best way to do this. Leftover infant formula should be discarded at the end of a feed. Unused bottles of infant formula should be discarded if they have been kept at room temperature for over 2 hours.



Feeding your baby

The early days with your baby are a great time to get to know and love each other. This can be done by keeping your baby close to you, enjoying skin contact and feeding according to these tips. Babies will feel more secure if most feeds are given by parents or main caregivers, especially in the early weeks, as this will really help you bond with each other.

Feed your baby when they show signs of being hungry - look out for cues (moving head and mouth around, sucking on fingers). Crying is the last sign of wanting to feed, so try and feed your baby before they cry.



Hold baby close in a semi-upright position so you can see their face and reassure them by looking into their eyes and talking to them during the feed. Begin by inviting baby to open their mouth - gently rub the teat against their top lip.



Gently insert the teat into baby's mouth keeping the bottle in a horizontal position (just slightly tipped) to prevent milk from flowing too fast.



Watch your baby and follow the cues for when they need a break; these signs will be different from one baby to the next. They may splay their fingers and toes, spill milk out of their mouth, stop sucking, turn their head away or push the bottle away. Gently remove the teat or bring the bottle downwards to cut off the flow of milk.

4



5

If the teat becomes flattened while you are feeding, pull gently on the corner of your baby's mouth to release the vacuum.

Your baby may need short breaks during the feed and may need to burp sometimes. When your baby does not want any more feed, hold them upright and gently rub or pat their back to bring up any wind.

6



7

Never use a prop for the bottle or leave your baby alone with a bottle as there is a risk they might choke.

8

Your baby will know how much feed they need. Forcing your baby to finish a feed will be distressing and can mean your baby is overfed.

How do I know if my baby is getting enough infant formula?

Your baby's weight gain and the number of wet and dirty nappies will help to tell you if your baby is getting enough infant formula.

A few days after the birth, your baby should be producing around six wet nappies a day. These nappies should be heavy with clear or pale yellow urine.

Your baby's nappies



In the first day or two after the birth, your baby will pass dark, sticky poos (known as meconium). Over the next few days the colour will change. Within the first week, your baby should be passing pale yellow or yellowish-brown poo.

Your baby should have at least six wet nappies a day, and at least one soft poo a day. If you are concerned your baby is not getting enough milk, speak to your midwife or health visitor.

Breastfeeding and giving infant formula

If you are combining both breastfeeding and formula feeding and would like to discuss any changes, such as increasing your milk supply, remember to talk to your midwife or health visitor. You can also call the National Breastfeeding Helpline on **0300 100 0212** to speak to someone, often local, about breastfeeding your baby.



Choosing to restart breastfeeding

If you decide not to breastfeed or have stopped breastfeeding, it is possible to restart. This can be difficult because your milk supply will naturally reduce once you are not breastfeeding, but it can increase again to meet your baby's needs. Giving infant formula to a breastfed baby will reduce your breastmilk supply. If you need more information about bottle feeding or breastfeeding your baby, speak to your midwife, health visitor or GP.

More information is also available on [nhs.uk/better-health/start-for-life/](https://www.nhs.uk/better-health/start-for-life/) or from the **National Breastfeeding Helpline on 0300 100 0212**.



The information in this booklet was prepared in consultation with Department of Health and Social Care and the UK Committee for UNICEF (UNICEF UK) Baby Friendly Initiative

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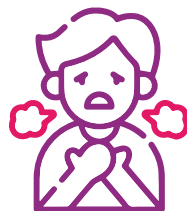


Milton Keynes
University Hospital
NHS Foundation Trust

Bronchiolitis and Respiratory syncytial virus (RSV)

A guide for parents

What is bronchiolitis?



Bronchiolitis is an infection of the tiniest airways in your child's lungs causing them to become swollen, which can make it difficult for them to breathe. It's more common in babies and small children up to 2 years old and is typically caused by the respiratory syncytial virus (RSV) which is normally seen in the winter months from October to March, peaking in December and January.

Usually, bronchiolitis only causes mild cold-like symptoms, such as a runny nose and cough, with most children getting better on their own.

Further symptoms can develop and some children, especially young ones under 6 months, children born prematurely, or those with long-term lung and other pre-existing medical conditions can develop more severe symptoms and may need to be admitted into hospital for further treatment.

Preventing bronchiolitis

It is difficult to prevent bronchiolitis, which can be spread by coughs and sneezes, but there are steps you can take to reduce your child's risk of catching it and help prevent spreading.

You should:

- Wash your hands and your child's hands frequently.
- Wash or wipe toys and surfaces regularly.
- Keep your child at home until their symptoms improve.
- Keep newborn babies away from people with colds and flu.
- Make sure your child is never exposed to tobacco smoke as it can seriously damage your child's health and make breathing problems like bronchiolitis worse.



What are the symptoms

- Your child may have a runny nose, cough and sometimes a temperature.
- After a few days, your child's cough may become worse.
- Your child's breathing may become faster than normal and may become noisy.
- In young children it may cause brief pauses in their breathing (Apnoeic episodes).
- Sometimes it may take more effort for your child to breath, and they may not be able to take their usual amount of milk.
- Your child may be sick after feeds and become irritable.
- You may notice fewer wet nappies than usual.

Please use QR code to review clips of abnormal signs in babies.



How can I help my child at home?

- Offer smaller feeds more frequently to help prevent your child getting tired.
- If you feel your child is in discomfort you may want to use Paracetamol and Ibuprofen to take away any aches and pains. We recommend not given these medicines at the same time, but to spread them out through the day. (Please never exceed the dose written on the bottle).
- Holding your baby's head more upright will help them breathe easier when feeding.
- Try saline nose drops to keep the nostrils clear (These can be purchased at your local pharmacy).
- If your child is already taking medicines or inhalers, please continue to give these.

Red flags

If your child has any one of these below

Becomes pale, mottled, and feels abnormally cold to touch.
Has pauses in their breathing lasting more than 10 seconds, makes a grunting noise every time they breathe out or has blue lips.

Is stiff or rigid or makes repeated, jerky movements of arms or legs that doesn't stop when you hold them (a fit or seizure).
Becomes extremely agitated (crying inconsolably despite distraction), confused or very lethargic (difficult to wake)
Develops a rash that does not disappear with pressure (the 'Glass Test').

Is under 3 months of age with a temperature of 38°C/100.4°F or above (unless fever in the 48 hours following vaccinations and no other red or amber features).

You need **EMERGENCY** help Call 999 or go straight to the nearest Hospital Emergency (A&E) Department.
Try to remember to bring your child's Red Book with you.

If your child has any one of these below

Difficulty breathing, including breathing fast all of the time; widening their nostrils or pulling in of the muscles below the ribs when breathing.

Not interested in feeding and/or looks dehydrated (dry mouth, sunken eyes, no tears, drowsy, no wet nappies in the last 8 hours or sunken fontanelle (soft spot on the head).

Is becoming drowsy (excessively sleepy) or irritable (unable to settle them with toys, TV, food or picking up) – especially if they remain drowsy or irritable despite their fever coming down.

Is 3-6 months of age with a temperature of 39°C/102.2°F or above (but fever is common in babies up to 2 days after they receive vaccinations) or continues to have a fever of 38.0°C or above for more than 5 days.

Is getting worse or if you are worried.

You need to contact a nurse or doctor today Please ring your GP surgery during the day or when your GP surgery is closed, please call NHS 111, or attend the urgent care centre
Try to remember to bring your child's Red Book with you.

We recognise that during peak times, access to a health care professional may be delayed. If symptoms persist for 4 hours or more and you have not been able to speak to either a member of staff from your GP practice or to NHS 111 staff, recheck that your child has not developed any red features.

If none of the features in the red or amber boxes above are present.

Refer to self-care found on this leaflet – How you can care for your child at home.

If you feel you need advice, please contact your Health Visitor or GP Surgery or your local pharmacy (follow the links at www.nhs.uk) You can also call NHS 111

With many thanks to
ASKSNIFF for providing the
clips of the abnormal signs.



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www.mkhcharity.org.uk



Illness in newborn babies

After babies are born they have to breathe, suck, feed, wee, poo and stay warm. This leaflet will tell you how to keep your baby safe and healthy. Do not delay seeking help if you have any concerns.

What is Jaundice?

Jaundice is caused by rising levels of a natural chemical in the blood after birth. It causes a yellowing of the skin, whites of the eyes and the gums (see images on right).

Most babies will not be affected, but a small number require treatment. Most only need monitoring, some require light-treatment, a few require specialist support.

If your baby has signs of jaundice contact your maternity department during the day or night. They will perform a painless and quick bilirubin test. Some babies may need a blood test. Sunshine is not a treatment so please do not place your baby in direct sunlight. Regular feeding can help.

Early signs of illness in the newborn baby

Picture 1 shows yellowing of the whites of the eyes



Picture 2 shows yellowing of the skin

Breathing, colour and movement



If your baby has any of the following call 999 immediately:

- Any change in colour (very pale, blue or dusky)
- Difficulty breathing (noisy grunts, rapid breaths, ineffective breathing, frequent pauses or working hard to breathe)
- Regular jerking of the arms and legs like a fit

If you are concerned about your baby's health contact your midwife, health visitor or GP.

In an emergency dial 999, during the day or night.

Make sure you have a contact number for your midwife or the hospital before you head home.

Illness in newborn babies

Feeding

The following shows how many times your baby should feed and have a wet or dirty nappy in a 24hr period for the first five days of life.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
FEEDS	3-5	8-12	8-12	8-12	8-12
DIRTY NAPPIES	Black, sticky, tar-like at least once	Can be like Day 1 or changing to Day 3	At least 3-4 yellow stools which may be seedy	At least 3-4 yellow stools which may be seedy	At least 3-4 yellow stools which may be seedy
WET NAPPIES	2-3	2-3	3 or more	3 or more	6 or more

Midwife contact details



For any non-emergency concerns, you can also call NHS 111 if you are unable to contact your midwife.

For more information, please visit www.nhs.uk and search 'illness in a baby'



Patient Information

Jaundice in Newborn Babies

What is jaundice?

Jaundice is the name given to the yellowing of the skin and the whites of the eyes in newborn babies. Jaundice is very common, usually harmless and clears up on its own after 10–14 days in the majority of newborns. For some babies this may continue beyond 14 days and this is known as prolonged jaundice.

Newborn babies produce large quantities of the pigment bilirubin. This is the substance that gives the yellow colour to the skin and whites of the eyes. Bilirubin forms after the red blood cells break down. It is normally processed by the liver and passed out of the body through the bowels in stools (faeces). The skin and eyes turn yellow in jaundice because there is an increased amount of bilirubin in the body.

Most babies who develop jaundice do not need treatment or extra monitoring. However, a few babies will develop very high levels of bilirubin, which can be harmful if not treated. In rare cases, it can cause brain damage.

Which babies are more likely to need treatment?

The following babies are more likely to develop jaundice that needs treatment:

- babies who were born early (at less than 38 weeks of pregnancy)
- babies who have a brother or sister who had jaundice that needed treatment
- babies whose mothers' intend to breastfeed exclusively
- babies who have signs of jaundice in the first 24 hours after birth
 - Babies with significant bruising
 - Babies born to mothers with blood group incompatibility or other risk factors of haemolysis

Your newborn baby should be checked for signs of jaundice at every opportunity, especially in the first 72 hours. This will include looking at the colour of your baby's skin in natural light to see if they appear yellow.

If your baby is at risk of developing high levels of jaundice soon after birth, the Doctor or Midwife should examine your baby to check for jaundice during the first 48 hours.

How can I tell if my baby has jaundice?

If your baby is jaundiced, their skin may appear more yellow than normal. Often, Jaundice can be detected more easily by pressing lightly on the skin. If you gently press the tip of your baby's nose for a few seconds and then release, you may see a yellow colour visible beneath the skin. A yellowing of the whites of the eyes and the gums are also helpful indicators of jaundice, particularly in babies with darker skin tones.

What should I do if I think my baby has jaundice?

You must contact Maternity Triage on 01908 996483 (24/7)

- You think your baby is jaundiced, especially if the jaundice has developed **in the first 24 hours of life**.
- You are concerned that your baby is jaundiced and is **unwell** e.g. lethargic, not feeding well, 'floppy'

- You are concerned that your baby has **pale, chalky stools and/or dark urine**

Testing for jaundice

If it looks like your baby has jaundice, it is important to measure the level of bilirubin as this will determine whether any treatment is required. The amount of jaundice does not correlate with bilirubin levels, which is why a formal test is needed to measure bilirubin levels.

Babies in the first 24 hours

If your baby looks jaundiced in the first 24 hours after birth, your baby will need a blood test. If you are at home, you will need to be admitted to the postnatal ward for review by a Paediatrician. The blood test measures the level of bilirubin in the blood to see if the jaundice needs to be treated. Once the Doctor or Midwife knows the results of the blood test, more tests may need to be done to see if there is an underlying condition causing the jaundice.

Babies older than 24 hours

If your baby looks jaundiced and is older than 24 hours, the Doctor or Midwife will need to measure your baby's bilirubin level. This can usually be done using a special handheld device placed briefly on the skin (a 'bilirubinometer'). It won't hurt your baby. If a bilirubinometer is not available, the reading is high or in certain clinical situations, the bilirubin levels will be measured using a blood test.

Treating jaundice

The Doctor or Midwife will use a table or chart to decide whether your baby's bilirubin level will need treating and what kind of treatment would be best. If your baby needs treatment for jaundice, this will be done in hospital. The Doctor or Midwife should give you appropriate information about the treatment available for your baby.

The information should include:

- what the treatment involves
- how long the treatment is likely to last
- how you can hold, touch and feed your baby during their treatment

Phototherapy treatment for jaundice

If the Doctor or Midwife decides that treatment is needed because your baby's bilirubin level is higher than expected, your baby will usually be treated using phototherapy.

This will involve placing your baby on a mat that has a light, and/or in a cot under a special light. Your baby will need to be undressed and in just a nappy whilst having the light therapy, to allow the body to break down the bilirubin and pass it out of the body in their stools. Your baby's eyes will be protected with a small mask, their temperature, Heart rate and breathing will be monitored every 4 hours and your baby should be checked to make sure he or she stays hydrated (has enough fluid in their body).

Whilst on the light mat, you can lift your baby out of the cot and still feed them whilst they continue to receive treatment. *(updated as we now use bilisofts not just*

overhead lights) You should be given help to ensure your baby is feeding effectively.

Checking to see if phototherapy is working

The level of bilirubin in your baby's blood will need to be checked 4-6 hours after starting phototherapy to see if the treatment is working. Then the bloods will be checked every 6–12 hours as the levels begin to stabilise or fall. When your baby's jaundice gets better, phototherapy can be stopped but your baby will need another blood test 12-14 hours later to make sure the jaundice has not returned to a level that would need further treatment. *(Changed in line with our guideline)*

Intensified phototherapy treatment

If your baby's bilirubin level is very high, rising quickly or if your baby's jaundice does not improve after phototherapy, your baby's treatment should be stepped up. The healthcare team should offer 'intensified' phototherapy. This may either be carried out on Ward 9/10 or the Neonatal Unit depending on the level of treatment. This involves increasing the amount of light used in phototherapy. The phototherapy lamp may be turned up or another light source added to give more light. During intensified phototherapy, the treatment should not be stopped for breaks. If you are breastfeeding, you may need to temporarily express breastmilk. Your baby can continue to breastfeed normally again after phototherapy is stopped, and you will be offered extra help with this.

Depending on their exact circumstances, some treatments may not be suitable for your baby or additional treatments may be required. If you have questions about specific treatments/options, please talk to a member of your baby's healthcare team.

Prolonged jaundice

Most jaundice resolves by 14 days of age. Jaundice that lasts longer is usually harmless but is occasionally caused by an underlying clinical condition. Babies who are jaundiced after 14 days of age are referred to the Prolonged Jaundice Clinic for further investigations.

References

NICE (2010) Jaundice in newborn babies under 28 days.

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

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Patient Information

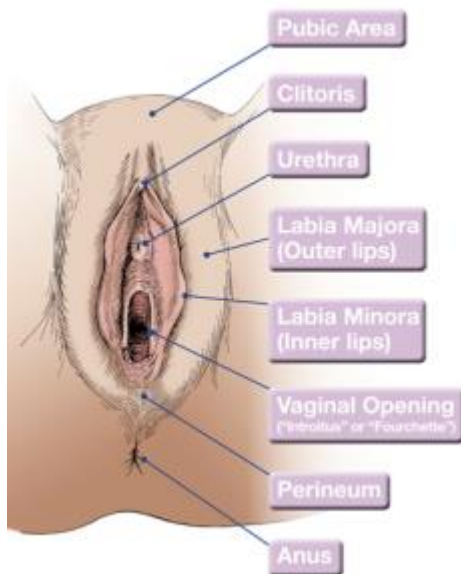
Care of your perineum after the birth
of your baby



This leaflet has been produced to give you general information about your perineal tear. It is not intended to replace the discussion between you and your midwife or doctor. If you have any concerns about the healing of your tear or require further information, please discuss this with your midwife or doctor.

What is a perineal tear or episiotomy?

The skin and/or muscle of the perineum which is the area between your vagina and anus (back passage) may be torn as it stretches during the birth of your baby. A tear may also occur in the labia (lips of the vagina). It is also common to experience bruising in these areas.



An episiotomy is a surgical cut in the perineum to make more space for your baby to be born. Your midwife or doctor will talk you through this procedure and ask for your consent before undertaking this procedure.

You may need an episiotomy for one of three reasons:

1. If you have an assisted birth with forceps or ventouse
2. If your baby becomes distressed during the birth
3. If your Midwife thinks your perineum would tear badly

How will I know if I have a tear?

After the birth of your baby, your midwife or doctor will check your perineum to assess if you have torn. If you have had an episiotomy, they will check if there are any other tears. Your midwife or doctor will also ask for your consent to also examine your rectum (back passage) to assess for any trauma to this area. Following this check, you will be told the type of tear that you have (see below), and you will be advised if you require any sutures (stitches).

- A first degree tear is a superficial tear to the skin of your perineum
- A second degree tear is deeper, affecting both the skin and muscles of the perineum
- Third and fourth degree tears are less common and involves the muscles around the rectum and anal sphincter
- Labial tears are tears to the lips of the vagina

How is the tear repaired?

Some tears require suturing to stop bleeding and promote healing by joining the skin and muscle together again. A second-degree tear or an episiotomy require suturing, and this can usually be undertaken under local anaesthetic in the room you have given birth in by your midwife or doctor. Third and fourth- degree tears require suturing under stronger pain relief such as a spinal or epidural and will need to be undertaken in theatre by a doctor. First degree and labial tears do not always require suturing and your midwife or doctor will advise you on this.

The number of stitches you have will depend on the location and severity of your tear. However, the stitches are dissolvable, so they are not counted as they do not need to be removed.

The stitches start to dissolve after 10-14 days and have usually completely disappeared by six weeks. It is normal to find small pieces of stitch material when you are bathing, or you go to the toilet.

Will my perineum be painful?

Tears and episiotomies will cause some pain and discomfort following birth; however, you should experience continual improvement as the days go by and expect to be pain free by day 14.

Your Midwife will ask to see your perineum as part of your postnatal check on the ward, and when she visits you at home. We strongly advise that you consent to this check as the Midwife will be looking for signs of healing or infection. It is important that any concerns with healing are identified early to ensure that you are given any additional treatment if required.

Please ask for help if:

- Your perineal area becomes hot, swollen, weepy, smelly, or very painful
- Tears which have been repaired feel like they have opened
- You develop a temperature and/or flu-like symptoms

These can all be signs of an infection or that your wound is not healing as expected. If you have any immediate concerns, please contact a midwife via Maternity Triage. For less urgent enquiries, contact the community midwifery team to leave an answerphone message.

Maternity Triage – 01908 996 481

Labour Ward – 01980 996 480

Community Midwifery Team – 01908 996 484

Caring for your perineum

Keep your perineum clean

- To reduce the risk of infection, it is important to ensure you wash your hands before and after changing pads, touching your perineum, or going to the toilet.
- Some minor infections such as a sore throat can be transferred to your wound if you do not wash your hands often which can cause a serious infection.
- Change your sanitary pad at least every four hours. Ensure it is secured so it doesn't move around and cause irritation
- To reduce the chance of infection, try to have a bath or shower at least once a day. Clean the area gently with water only avoiding soaps, bubble bath and shower gel directly contacting the area.

How to help with discomfort in your perineum

- Drink plenty of water to keep your urine diluted to reduce the chance of urine stinging the tear
- Pour warm water on your perineum when you pass urine. This will dilute the urine so that it doesn't sting as much and will help keep the area clean.
- Avoid wearing tight trousers or jeans.
- Take regular pain relief for the first few days. Paracetamol and ibuprofen can both be effective in reducing discomfort and swelling and both are safe if you are breastfeeding your baby. Please read and ensure you understand the information provided by the manufacturer of these medicines before taking.
- Taking a short warm bath can bring some relief for many women.
- Cold therapy such as ice/cool packs can be used to reduce swelling and ease discomfort. Apply the pack for up to five minutes at a time, ideally whilst lying on your side to reduce pressure in the area. Allow at least an hour between applications. Never place the ice pack in direct contact with your skin, as this can cause painful ice burns, wrap in a clean damp cloth or flannel first.

Using air-filled valley cushions or rubber rings to relieve the pressure of sitting on your perineum should be done with caution. Sitting on these devices for long periods (over 30 minutes) can restrict your circulation, leading to swelling and longer-term discomfort.

When you are at home and have some privacy, you may find relief by lying in bed without a sanitary towel and letting the perineum 'air dry'. Never use a hair dryer or fan to dry the area, this increases the risk of getting an infection and may cause tissue damage.

Opening your bowels

You can safely open your bowels without any damage occurring to your perineum or stitches after the birth of your baby. Stitches can often feel nearer the back passage than they are and will not fall out when you open your bowels.

- Always wash your perineum with water after opening your bowels to prevent cross infection and pat clean dry from front to back with a clean towel or toilet tissues to avoid introducing germs from your rectum into your vagina.
- When opening your bowels, you may find it comfortable to hold a clean sanitary towel against your stitches so that you do not feel like your stitches are splitting.
- Eat a high fibre diet (fruit, vegetables, brown bread, pulses) and drink plenty of water to keep your poo soft and avoid putting any strain on your stitches when opening your bowels.
- If you are finding it difficult to open your bowels, you may need some medicine to soften your poo. You can get advice on this from your midwife, GP or local pharmacist.

Medihoney Wound Gel

At Milton Keynes we advocate the use of Medihoney Wound Gel to aid the healing of perineal trauma. Using Medihoney Wound Gel after sustaining a perineal or labial tear can help to reduce the risk of infection and reduce inflammation. The plant-based wax can coat the exposed nerve endings, which can reduce the pain levels as well as repel fluids. Medihoney has been shown to be highly anti-microbial, anti-inflammatory, and anti-fungal. Please see below for advice on how to use.

- Wash your hands and use a finger (you may prefer to use a glove), to apply a thin layer of Medihoney Wound Gel (a pea-size amount) to the area your stitches are in.
- Ideally, you need to apply three times a day however In the first 24/48 hours, you may want to use Medihoney Wound Gel after each time you use the toilet.

Each tube is for single patient use, but it is valid for four months once opened. Medihoney is safe to use for Diabetic patients.

If you are vegan or allergic to any ingredients in medihoney, you can be given a tube of flaminol forte as an alternative which can be used in the same way.

Pelvic floor exercises

These muscles are important for bladder and bowel control. During birth and pregnancy, they may have been stretched and you may feel like you have less control over your bladder or bowel function. Please see our leaflet 'looking after your pelvic floor when you've had a baby' for information about how to do these exercises or talk to your Midwife or Physiotherapist.

Doing your pelvic floor exercises will increase the blood flow to the stretched perineal tissues, helping to speed up the healing process. They will also help to strengthen the pelvic floor after the stretch of delivery, preventing bladder and bowel weakness.

What about sex?

There is no right time for when you should feel ready to start having sex again and it may be weeks or months before you feel the time is right. Take things slowly and be prepared for it to be different. The first few times you have sex, use a lubricating gel and try out different positions to find one that is comfortable for you. If you continue to struggle with pain or discomfort, please ask your GP to refer you to our Women's Health Physiotherapists for more help.

If you feel that you need further advice on any of the information within this leaflet, please do not hesitate to contact your midwife or GP. If you have any immediate concerns, please contact a midwife via Maternity Triage. For less urgent enquiries, contact the community midwifery team to leave an answerphone message.

Maternity Triage – 01908 996 481

Labour Ward – 01980 996 480

Community Midwifery Team – 01908 996 484

**Authors: Natalie Lucas
Miss Erum Khan**

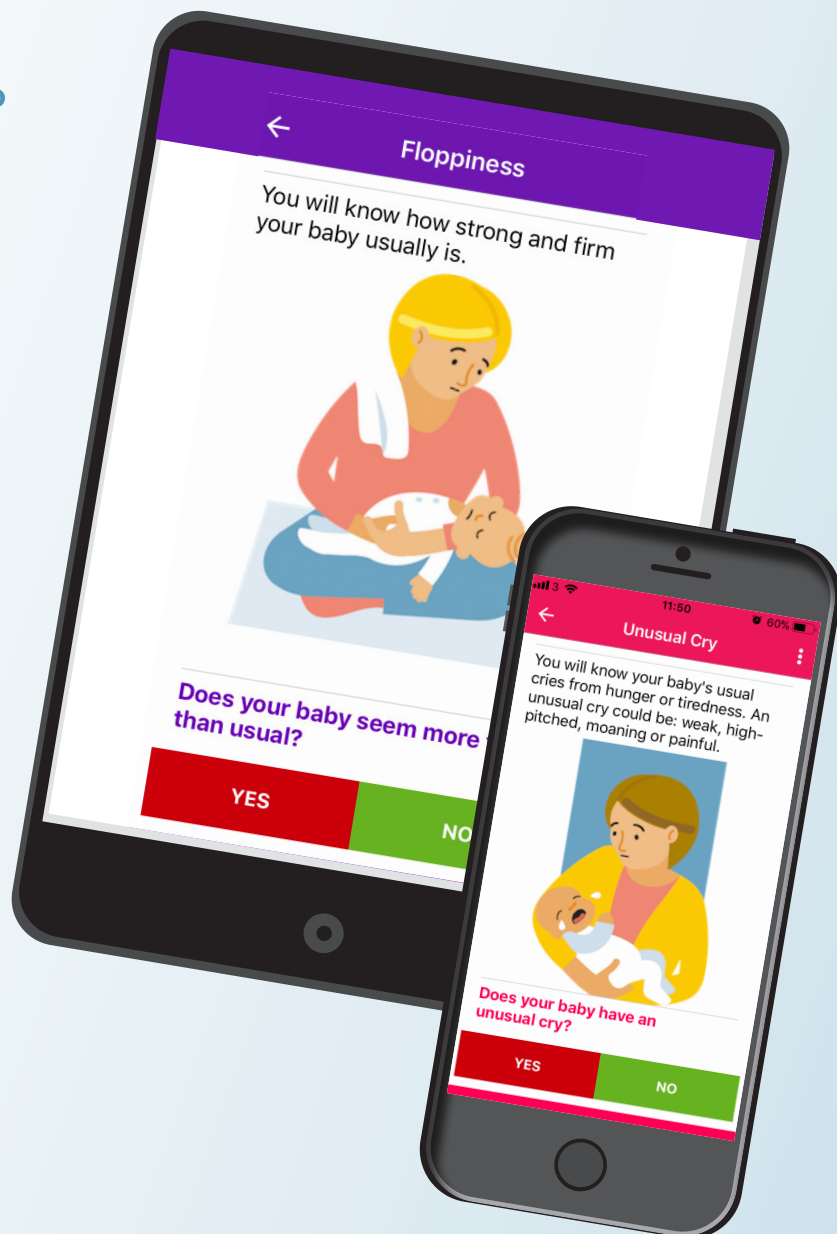
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Baby Check

- Is your baby very unwell?
- Does your baby need to see a doctor?
- **The FREE Baby Check App will help you decide**



**Download Baby Check App for free on
Google Play and in the App Store.**



Car Seat Factsheet



A car seat is an essential item for your baby, if you are going to travel in a vehicle with them, but remember:

Car seats are designed to keep babies safe while travelling, not as a main sleeping place.

Car seats should only be used for transport and not as an alternative for cots or high chairs. It's OK for your baby to fall asleep in a car seat when travelling, but they should be taken out as soon as you get home or to your destination, and placed onto a firm, flat surface to sleep.

The best place for your baby to sleep is in their own separate sleeping space such as a cot or Moses basket, in the same room as a parent or carer for the first six months.

How long can a baby travel in a car seat for?

There is no published evidence which sets out how long babies should be kept in a car seat when travelling. However, infant healthcare professionals, safety experts and most car manufacturers recommend that babies should not be in a car seat for longer than 2 hours at a time and they should be taken out frequently.

If your trip involves driving for long periods of time, you should stop for regular breaks. Not only will this allow you to stretch your own legs but you can check on your baby, take them out of the car seat and let them stretch and move around.

Ideally, a second adult should travel in the back of the car with your baby, or if travelling alone use a mirror to keep an eye on your baby.

If your baby changes their position and slumps forward, then you should immediately stop, take them out of the car seat and reposition them before continuing on your journey.

Are babies at a greater risk of SIDS in a car seat?

Avoid travelling in cars with pre-term and young babies for long distances. Research published in 2016 by the University of Bristol looked at the health impact on babies travelling in cars in infant car seats, and found pre-term and young babies may be at risk of breathing difficulties if travelling in an upright position in car seats for a long period of time.

You can read the findings of the research here <https://fn.bmj.com/content/102/2/F136>

My baby often falls asleep in their car seat – can I leave them in there?

It's OK for your baby to fall asleep in a car seat for a short amount of time when travelling, but they should be taken out of the car seat as soon as you get home or to your destination, and placed onto a firm, flat surface to sleep such as a cot or Moses basket.

Overheating

Babies that get too hot are at a greater risk of SIDS. We advise removing any hats or outdoor clothing such as snowsuits and coats once your baby is in the car. The best way to check your baby isn't getting too hot is to feel their tummy or back of their neck, if their skin feels clammy or sweaty they are too hot, so remove a layer of clothing, as young babies cannot regulate their temperature.

Car seats are essential for safety when travelling, but babies should not sleep in a car seat for long periods and should be moved to a clear sleep space when not travelling, such as a cot or Moses basket with a firm, flat mattress with a waterproof cover.

Car Seat Safety

Make sure you have a car seat which is suitable for your baby's weight and is correctly fitted according to the manufacturer's instructions (many shops will help with this).

Car seats must conform to safety standards - United Nations standard, ECE Regulation 44.04 (or R 44.03) or to the new i-size regulation, R129. Look for the 'E' mark label on the seat.

Do not buy or use a second-hand child seat as you cannot be certain of its history. It may have been involved in an accident and the damage may not be visible.

Follow all of our safer sleep advice to reduce the risks of SIDS

- 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
- Use a firm, flat, waterproof mattress in good condition



Patient Information

Perinatal Mental Health
Caring for your Mental Health and Wellbeing
Support available in Milton Keynes

What is Perinatal Mental Health?

The perinatal period is the time from conception, throughout your pregnancy, labour, birth and postnatal period, until your baby reaches one year of age.

How could my pregnancy affect my mental health?

Pregnancy and having a baby can be an exciting time, but not everyone feels this way. It can bring demands and challenges that you may find difficult.

During the perinatal period; one in five service users and one in ten partners will experience mental health concerns; including anxiety and depression.

Managing pre existing mental health conditions

If you have experienced a mental health concern or have a pre existing diagnosis of a mental health condition it is advisable to discuss this with your GP and Midwife, they will be able to advise you on wellbeing strategies as well as advise on any medication you may be prescribed.

It is not advised to stop medication abruptly once you find out you are pregnant, many medications for mental health conditions are safe to take in pregnancy and during breast feeding, your GP and Midwife will be able to refer you to a specialist for advice.

Signs and symptoms you may be experiencing

- Feeling low/unhappy
- Tearful
- Tired but unable to sleep
- Changes in appetite
- Anxious and/or irritable
- Wanting to be alone
- Numb or empty
- Low self esteem/feeling of inadequacy
- Thoughts of self harm
- Unwanted voices and/or images/Paranoia
- Experienced birth trauma

You are not alone, let us know how you are feeling

Help available

- Registered GP
- Midwife—09.00—17.00 contact 01908 996484
- Health Visitor—Monday—Friday 09.30—16.30 contact 01908 725100

- Milton Keynes Talking Therapies—Monday—Friday Contact 01908 725099
www.mktalkingtherapies.nhs.uk
- 111 for advice/support or 999 in an emergency
- Accident and Emergency department

Maintaining emotional wellbeing

- Gentle exercise every day—this could be a swim or a walk, what ever you enjoy.
- Eat a healthy balanced diet, reducing caffeine
- Have a sleep routine, reduce TV time prior to bed
- Avoid alcohol
- Avoid smoking
- Talk to your health professional about how you are feeling.
- Build a support network—walking group, Antenatal classes, Mum and baby groups, Childrens Centre

Other support and resources

- For out of area birthing persons, please speak to your community midwife for advice
- Milton Keynes Recovery and wellbeing College—Contact number 01908 725351
- Action for Postpartum Psychosis—www.app-network.org
- MIND—www.mind.org.uk
- Samaritans— 08457 90 90 90
- PANDAS—www.pandasfoundation.org.uk
- Tommy's Mental Wellbeing—www.tommy's.org/
- MKACT—www.mkact.com

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

**Author: E Payne
J Elliot**

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**Milton Keynes University Hospital NHS Foundation
Trust
Standing Way, Eaglestone, Milton Keynes, MK6 5LD**

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Signs of group B Strep infection in babies

Early treatment saves lives. If your baby shows signs consistent with group B Strep infection, seek urgent medical advice.

Early-onset 0-6 days

Early-onset group B Strep infection occurs in the first six days of life. Most of these infections show signs within 12 hours of birth.

Early-onset group B Strep infection in babies usually presents as sepsis, pneumonia and meningitis.

Typical signs include:

- Grunting, noisy breathing, moaning, seems to be working hard to breathe when you look at the chest or tummy, or not breathing at all
- Being very sleepy and/or unresponsive
- Inconsolable crying
- Being unusually floppy
- Not feeding well or not keeping milk down
- A high or low temperature (if parents have a thermometer), and/or hot or cold to the touch
- Changes in their skin colour (including blotchy skin)
- An abnormally fast or slow heart rate or breathing rate
- Low blood pressure*
- Low blood sugar*

* Identified by tests done in hospital

Late-onset 7-90 days

Late-onset group B Strep infection occurs after a baby's first six days of life, is uncommon after a month and very rare after three months.

Late-onset group B Strep infection in babies usually presents as meningitis and sepsis.

Typical signs are similar to those of early-onset infection and may include signs associated with meningitis such as:

- Being irritable with a high pitched or whimpering cry, or moaning
- Blank, staring or trance-like expression
- Floppy, may dislike being handled, be fretful
- Tense or bulging fontanelle (soft spot on babies' heads)
- Turning away from bright light
- Involuntary stiff body or jerking movements
- Pale, blotchy skin



**Group B Strep
Support**

www.gbss.org.uk tel: 0330 120 0796

Find us on social media:

     #GBSaware

Registered charity number: 1112065 | Registered company number: 5587535
Date published: April 2022 to be reviewed: April 2025

Safer Sleep for babies

A guide for parents and carers



Basis
Baby sleep info source



Public Health
England



THE BABY
FRIENDLY
INITIATIVE

unicef
UNITED KINGDOM

Safer sleep for babies

The information in this booklet about safer sleep has saved many babies' lives. It is all backed by research that has shown how to reduce the chance of babies dying suddenly with no explanation (known as sudden infant death syndrome, SIDS, or cot death). To reduce the chance of SIDS, families should follow this key advice for baby sleep. It is important that all parents and anyone involved in the care of a baby are aware of this advice.

Put them on their BACK for every sleep

In a CLEAR, FLAT, SEPARATE SLEEP SPACE

Keep them SMOKE FREE day and night

Always place your baby on their back for sleep

- Put your baby down on their back – not their front or side – for every sleep
- No special equipment or products are needed to keep them on their back
- Once they start to roll from front to back by themselves, you can leave them to find their own position for sleep
- Tummy time while awake can help to strengthen the muscles they need for rolling

Reason: many more babies have died suddenly when placed to sleep on their front or side, rather than on their back. Since the Back to Sleep campaign in 1991 the rate of SIDS has dropped by 80%.

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

The safest place for a baby to sleep is in their own clear separate sleep space, such as a cot or Moses basket.

Whatever space you choose, follow these guidelines:

- A firm, flat mattress with no raised or cushioned areas
 - No pillows, duvets, bumpers or weighted bedding
 - No pods, nests or sleep positioners
 - Make sure your baby's head is kept uncovered so they don't get too hot. Try to keep the room temperature between 16 and 20 degrees so your baby does not get too hot or cold and make sure bedding is appropriate for the time of year
 - Place baby at the bottom of the cot so that they cannot wriggle under covers – this is called 'feet to foot'
- Ensure that the sleep space, is kept clear of all items and there is nothing within reach of the space e.g., blind cords, soft toys or nappy sacks
 - Babies should always be in the same room as you for the first six months for sleep, day and night. This doesn't mean you can't leave the room to make a cup of tea or go to the toilet, but for most of the time when they are sleeping they are safest if you are close by
 - Babies should not be allowed to sleep in bouncy chairs and babies should not be left sleeping in the car seat when not travelling in the car. Car seats are not to be used as sleep spaces in the house

Reason: soft or raised surfaces, pillows or quilts can increase the chance of SIDS by making it difficult for babies to breathe or cool down. The chance of SIDS is lower when babies sleep in a room with an adult than when they sleep alone.

Remember: if using a sleeping bag, no extra bedding is needed.



Keep your baby smoke free before and after birth

- Smoking in pregnancy greatly increases the chance of SIDS – all pregnant women should make every effort to take up the help to stop smoking provided locally
- You should also avoid being exposed to others' smoke when you are pregnant - if your partner smokes they can get help to quit too
- Keep your baby away from smoke in your home, car and out and about

Reason: babies who are exposed to tobacco smoke before or after birth have a much greater chance of SIDS than babies who are kept smoke-free.



Breastfeeding

- Breastmilk and breastfeeding provides all the nutrition your baby needs for the first six months and protects them against infections and diseases
- Breastfeeding lowers the chance of SIDS

If you need more help with breastfeeding talk to your midwife or health visitor or call the National Breastfeeding Helpline on 0300 100 0212

Reason: SIDS risk is halved in babies who are breastfed for at least two months.



Bedsharing more safely

Whether you choose to bedshare, or it is unplanned, there are some key risks you should avoid.

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

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

Things to remember if bedsharing

In these scenarios, it is always best to put baby in their own safe sleep space, such as a cot or a Moses basket. Keeping the cot or Moses basket next to the bed might make it easier to do this.

Reason: studies have found that bedsharing with your baby after drinking alcohol or using drugs has a very high risk of SIDS. Sleeping close to a smoker also greatly increases the chance of SIDS. Premature and very small babies have a greater chance of SIDS when they share a bed with an adult.

Keep pets away from the bed and do not have other children sharing the bed

Keep pillows and adult bedding away from baby

Try to make sure or check that baby cannot be trapped, wedged or fall out of bed or get trapped between the mattress and the wall

Follow the tips if you think you might fall asleep with your baby in the bed



Never sleep with your baby on a sofa or armchair

Sofas and armchairs are dangerous places to fall asleep with your baby – move somewhere safer if you might fall asleep.

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

Think Ahead

Babies need a sober carer to be able to respond to their needs. Sometimes alcohol and drugs like cannabis and even some medicines make this harder for carers to do. Planning ahead to have another adult like a close family member or a partner around to take care of the baby can be a good idea for those times. It's also really important to plan for babies to sleep in their own safe separate sleep space such as a cot or Moses basket if their carer has had any alcohol or drugs, or if they smoke.

Reason: Planning ahead means you can ensure your baby has a safe sleep place. Unplanned changes to routine can lead to increased risk to babies.



Any time you think you might fall asleep with your baby make sure they are on their back in a clear, flat, separate sleep space. If you are breastfeeding whilst lying down, make sure your baby cannot roll on their front. Try and keep your baby on their back, or move them onto their back once they have been fed.

If you follow the advice in this leaflet for every sleep, the chance of SIDS is very low. Do not worry alone – if you have a question ask your midwife or health visitor or contact The Lullaby Trust or Basis.

Please use these links for further information on the following:

When babies start to roll

lullabytrust.org.uk/sleepingposition

Premature babies

lullabytrust.org.uk/premature

Slings

rospa.com/home-safety/advice/product/baby-slings

For guidance on safe sleep for twins, triplets or more, visit:

twinstrust.org/safe-sleep-factsheet

Remember: if you think your baby is showing any signs of being unwell, always seek medical advice. The Lullaby Trust Baby Check app can help parents or carers determine how ill their baby is. Available free from Google Play or the App Store.

Produced with the kind support of Public Health England



Public Health
England



Basis
Baby sleep info source

The UK Committee for UNICEF (UNICEF UK)

Baby Friendly Initiative

www.unicef.org.uk/babyfriendly

T: 020 7375 6144

E: bfi@unicef.org.uk

Baby Sleep Information Source (Basis)

www.BasisOnline.org.uk

E: basis.online@dur.ac.uk

The Lullaby Trust

www.lullabytrust.org.uk

T: 020 7802 3200

Information line: 0808 802 6869 (Freephone)

Local Contact Details:



Registered charity no: 262191

Follow-up questionnaire for pain relief following Caesarean section

Please use the QR code below to tell us about your pain, this short questionnaire will help us to understand if we need to be doing more regarding pain management for mothers following a caesarean section.




Thank you for your feedback



Patient Information

Caring for your wound after having a caesarean
section



This leaflet provides information on how to care for your wound following a caesarean section operation to deliver your baby.

What can I expect after my operation?

A Caesarean section is a major operation. It will take some time for you to recover. The skin wound will seal after about 2 days, however the healing inside your abdomen and on your uterus goes on for many months. After your operation you may expect:

- Pain – even quite small movements such as moving in bed, coughing and laughing can be uncomfortable. Simple painkillers can help but if you don't feel the pain is controlled, speak to your midwife or GP.
- Vaginal discharge and bleeding.
- A surgical wound – in most cases the wound will be 10 - 15 cm long, following your bikini line. It may be closed with either a dissolvable stitch or one which will need removing on day 5- depending on the choice of your surgeon.

Suture/Stitches

Often, if the wound is closed without the stitches being visible; this means that you do not have to remove stitches (dissolvable). You may sometime see small pieces of stitch material poking out of the healing scar - do not be tempted to pull these.

If there are loose ends which are catching on clothing, seek the advice of your midwife or wait until they are removed or fall out on their own.

If there are white beads at the end of your stitches(non-dissolvable), you usually need them removed by your midwife after being assessed on day 7 to 10 after delivery.

Some patients may need staples to close their wound and half of these will be removed on day seven and the rest on day eight to nine.

PICO Dressing:

You may have a PICO dressing; this type may be selected if you are at risk of a wound infection due to a higher BMI or if you are at higher risk of infection.

PICO is negative pressure wound dressing. Using a negative pressure dressing places the two sides of the wound under pressure, decreasing tension, removes any moisture, increases blood flow to the wound site and overall helps to prevent infection.

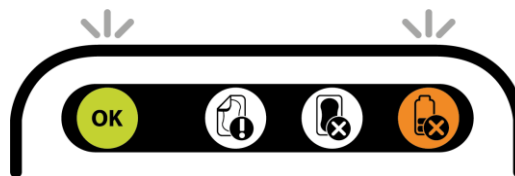
Your midwife will remove PICO on day seven after your delivery.

Please note: PICO pump contains removable 2 AA batteries; please be aware of this if children are around.

The PICO pump is NOT waterproof, although the dressing itself is. If you have a shower unscrew the box from the dressing and put in a safe place; after showering reconnect and press the orange play button.

Troubleshooting with PICO

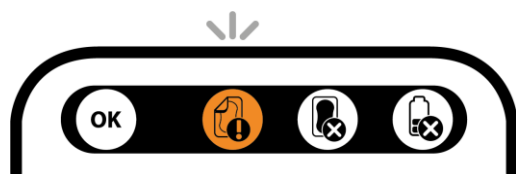
You should not have to do anything apart from unscrewing the box when you shower, however it is important that you keep an eye on the box to make sure you are receiving the negative therapy.



Green OK indicator – you are receiving negative pressure.

Orange battery low indicator will flash together when the batteries need changing.

Press the **Orange button** to pause the therapy. Slide the battery cover off from the top of the pump and replace with two new alkaline AA batteries. Put the cover back on and press the orange button to restart your therapy.



Orange leak indicator will flash if high air leak has been detected. You will hear the pump make a buzzing sound as it tries to get to the right vacuum. Smooth down around the outside of your dressing including the strips with your hands to remove any creases. Ensure that the tube connectors have been twisted together securely. Press the orange button to restart your therapy. If the air leak remains, the orange leak indicator will flash again after approximately 60 seconds.

Please contact your community midwife or maternity triage if you have continuous issues with the flashing orange air leak light.



If the dressing is saturated or the filter is blocked, the **orange dressing full indicator** will flash. Please contact your community midwife or maternity triage to replace the dressing with a new one.

Am I likely to get a wound infection?

Surveillance undertaken by the Health Protection Agency has shown that approximately one in 10 women having a Caesarean section may develop a wound infection.

This is higher than other similar types of surgery and more research is being undertaken to try to understand this better. However, we know that the following things can increase the risk of wound infection:

- Being overweight
- Smoking
- Diabetes
- A poor diet without enough nutrients

It may not be possible to change these factors, especially if your operation was not planned. However, by following the advice below, we can aim to reduce the risk of infection occurring and ensure that any problems are spotted quickly.

What does the hospital do to reduce the risk of infection?

The hospital follows national guidelines on preventing wound infections, including:

- Taking swabs from you for MRSA (methicillin-resistant *Staphylococcus aureus*). You will be offered treatment to clear this if you are found to be carrying MRSA.
- Using sterile hair clippers rather than a razor to remove any hair at the operation site.
- Giving antibiotics immediately before the operation.
- Ensuring thorough handwashing during your care.
- Keeping a dressing on your wound for the first 48 hours.
- Providing evidence based wound care advice.

What can I do myself to prevent complications?

- If your Caesarean section is planned, have your MRSA swab taken at 34 weeks and at your pre-op appointment.
- Shower or bath on the day of your operation.
- It is not necessary to shave your bikini line before surgery. The tiny cuts that occur from using a razor can increase the risk of infection.
- Look after your wound as described above.
- Do not allow anyone to touch your wound unless they have washed their hands first.

Report any problems with your wound promptly to your midwife or GP.

How should I look after my wound?

For the first 48 hours in hospital your wound will be covered by a waterproof, absorbent dressing. This will be changed by the staff if there is any leakage from the wound.

We have specialist dressings and wound care products which may be used if needed. Your midwife will advise if a wound care plan is required.

- After 48 hours the midwife will remove the dressing and check your wound.

- The midwife may choose to apply another dressing to provide protection to the wound. This dressing can remain in place for up to three days as long as there is no leakage, or additional pain and tenderness in the wound.

If the dressing has not already been removed, you should remove the dressing on the fifth day after delivery

The following are the things you can do to help yourself:

- Always wash your hands before and after touching your wound or dressing.
- Showering or short baths are recommended. Soaking for long periods of time should be avoided.
- If you need to clean around the wound, use warm water and a small amount of non perfumed soap.
- Do not rub soap, shower gels, talc or any other 'wound healing' products eg witch hazel, bio oil directly onto the healing wound.
- Pat the wound dry with a clean towel kept just for this purpose or a piece of clean kitchen roll.
- Wear loose-fitting underwear to prevent rubbing the wound.

How do I look after my wound at home?

Once you are home you should continue to rest. However, gentle exercise such as walking will help recovery but avoid anything strenuous and ask for help when lifting heavy things. Take any prescribed medication that you have been given so that you can recover properly. The community midwife will visit you the day after you go home and will explain the routine of home visiting for you and your baby. She will ensure that you are healing well and are coping at home.

When can I resume normal activities?

You should avoid swimming or strenuous exercise until the skin has healed together completely. It is recommended you do not resume fitness training, heavy lifting or activities which would risk pulling or stretching your scar for six weeks or until you feel ready. You should also avoid driving until you feel you are able to complete an emergency stop safely.

**Authors: Melissa Coles
Aarti Batavia**

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Patient Information

Physiotherapy

Advice and exercises following Caesarean Section

These exercises and techniques are to help you get comfortable and recover after your caesarean section. A Caesarean section is a major operation, which involves an incision (cut) through the tummy muscles and womb. It may take up to 6-8 weeks to recover, for some women this may be longer, and it is important to allow yourself time to rest and recover.

It is common to experience pain/discomfort for the first few weeks when moving, getting in/out of bed or carrying out activities that cause strain on your tummy. Having anaesthetic can also cause you to feel more tired than usual and may cause sickness. However, it is important to start moving as soon as possible as it will help with your circulation, breathing and prevent your muscles and joints from getting too sore and stiff. You should be given pain relief after your caesarean to help you do this.

Advice following Caesarean Section surgery:

Breathing Exercises: You may benefit from deep breathing exercises to reduce the risk of developing a chest infection while you are not up and walking about frequently.

Start by bending your knees up a little if you are lying flat. Take a deep breath in through your nose, hold the breath for 2 seconds before gently breathing out through your mouth. Repeat 3-4 times.

Coughing: You may experience pain or discomfort along the incision with coughing or sneezing. This can be reduced by supporting your stitches with your hands, a rolled-up towel or a small pillow, whilst leaning forwards.

Circulation Exercises: It is important to perform exercises to help with your blood flow and circulation early after your caesarean section, particularly while you are not as active as usual. This is to prevent a clot forming.



Bend your feet up and down from the ankle 15 times. This can be followed by circular movements on the ankle.

Both the breathing and circulation exercises should be done every hour.

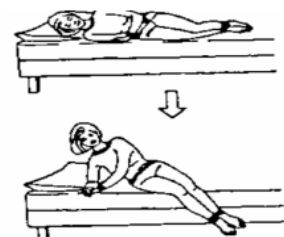
Abdominal Exercises: This exercise can be started in the first few days once you feel ready and able. While supporting the lower part of your stomach with your hands, draw the muscles in towards your spine a small amount. Hold this for 3 seconds, and then relax. Repeat this 5 times, gradually increasing the time you are holding the exercise for.

Turning over in bed: Before moving, bend your knees up, keeping both feet flat on the bed and draw the lower part of your stomach in a small amount to 'brace' the movement.

Reach your arm over in the direction you are rolling, at the same time you roll your knees over. You may find it comfortable to support your stomach with your hand following your caesarean.

Getting in and out of bed: When you get yourself in and out of bed it is important to avoid the 'sit-up' movement. This is to allow your stomach muscles to recover.

Roll on to your side as explained above. Push yourself up into sitting using the hand of your upper arm against the mattress, whilst straightening your legs off the edge of the bed, allowing your feet to go down to the floor.



When standing up, put your hands on the bed either side of your legs, draw in your lower tummy muscles, lean forwards and push yourself from the bed into standing. Make sure that you are 'standing tall' when you are walking.

Going to the toilet: You will have a catheter first to drain your bladder. Sometimes the normal bladder sensations take a little while to return to normal when this has been removed. Once your catheter has been removed, ensure you try to pass urine within 5-6 hours, to prevent your bladder from overfilling. You can begin to exercise your pelvic floor once your catheter has been removed.

Please tell your midwife if you are unable to pass urine.

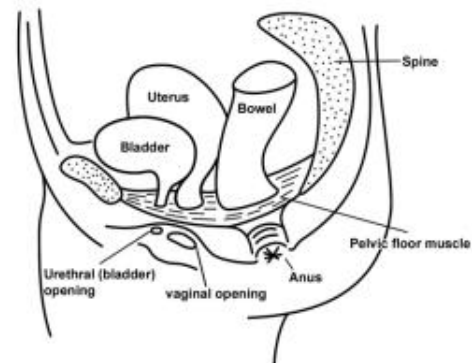
When your catheter has been removed and you have passed urine, you can start these exercises.

The Pelvic Floor:

Even though you have not had a vaginal delivery, the muscles of your pelvic floor have been supporting the weight of your baby during pregnancy, so it is important that you exercise them to help them regain their strength.

The pelvic floor is a group of muscles, which lie like a hammock at the base of the pelvis, running from the pubic bone at the front to the tailbone at the back.

These muscles support the pelvic organs (bladder, uterus/womb and bowels) and help control the bladder and bowels. They work with the abdominal muscles to help support the spine and may also help with sex.



How to exercise the pelvic floor muscles

Pelvic floor exercises should include long squeezes as well as short, quick squeezes, making sure you let go/relax the muscle between each squeeze. Aim to complete both long and short squeezes 3 times a day.

Start by sitting in a comfortable position, feet flat on the floor or lying on your back or side with your knees bent.

Imagine that you are trying to stop yourself passing wind. You want to feel the muscle around your back passage tightening and drawing upwards and forwards towards your tummy button. At the same time, if you can, think about trying to stop yourself passing urine 'wee'.

Try not to clench/squeeze the buttock muscles or hold your breath.

Don't try to stop and start the flow of urine whilst on the toilet – this can interfere with normal bladder function.

Long Squeezes

To begin, aim to hold the squeeze for 5 seconds. Let go. Relax for a few seconds. Repeat 5 times.

As the muscle gets stronger, aim to hold for up to 10 seconds and up to 10 repetitions.

Short, quick squeezes

Quickly squeeze the pelvic floor and then let go immediately.

To begin with, aim to repeat 5 short squeezes. Make sure you relax the pelvic floor between each squeeze. As the muscle gets stronger, aim for 10 short squeezes.

You can download the NHS Squeezy app to help remind you to do pelvic floor exercises. Once your pelvic floor has returned to full strength, it is important to do both the fast and slow exercises once a day to maintain strength.

Going home and returning to exercise:

You will need to rest at home, but it is important that you carry on with pelvic floor exercises, increasing the repetitions as you get stronger. Whilst your abdominal scar

will heal quickly, it is important that you exercise at a steady rate to allow your deeper muscles to recover. Please see the leaflet **'Improving your pelvic health and fitness after pregnancy'** for more exercises.

Walking for a short distance every day will help to improve your strength and fitness, and you should try to increase the pace and distance achieved as you feel able. For more information on returning to exercise visit: www.thepogp.co.uk and their information booklet **'Fit for the Future'**.

Try to avoid any heavy lifting until you are 6 weeks post-natal. Avoid any activities that causes strain for the first few weeks e.g. vacuuming, prolonged standing, carrying toddlers etc.

Occasionally some women may get a wound infection, so if your pain is not settling, the wound is red, hot or you notice some discharge from the wound please inform your midwife, health visitor or GP as soon as possible. Some women may also notice a numb sensation over the scar as it heals or increased tightness from the scar. This numbness is normal initially following your caesarean section, however, if it persists then please talk to your health visitor, GP or pelvic health physiotherapist.

If you experience any pain from your scar after 6 weeks, ask your GP to refer you to our Pelvic Health Physiotherapy team at MKUH.

If you would like further help please refer to our online resources and self-referral forms at www.mkuh.nhs.uk/therapy-services/pelvic-health or ask your GP/midwife or health visitor to refer you to our specialist Pelvic Health physiotherapist; or call the physiotherapy department direct on [01908 995432](tel:01908995432) and request a self-referral form.

We ask for information about you so that you can receive proper care and treatment. This information remains confidential and is stored securely by the Trust in accordance with the provisions of the Data Protection Act 2018/GDPR. Further guidance can be found within our privacy notice found on our Trust website: www.mkuh.nhs.uk

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