

NHS No. 1 0 0 1 0 0 1 0 0 0

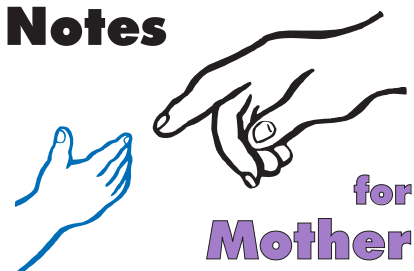
Maternity Unit A H O S P I T A L

**CONFIDENTIAL**

These notes should be kept safe by the mother during the postnatal period. If found, please return immediately to the owner, or her midwife or maternity unit.



**Postnatal Notes**



for **Mother**

First name  Surname

Address

Postcode  ☎

Date of birth  Unit No.

**Place of birth**

**Mother's contact numbers**

☎

☎

**Communication**

Assistance required No  Yes  Details  Your preferred name

Do you speak English No  Yes  What is your first language

Preferred language  Interpreter  ☎

**Lead professionals**

Midwife  Consultant

**Maternity contacts**

Named midwife  ☎

Team midwives  ☎

9am - 5pm contact ☎  24 hr contact ☎

Community office ☎  Postnatal ward ☎

**Primary care contacts**

Centre  ☎  Other(s)

Initial  Surname  ☎

GP   ☎

Postcode (GP)  ☎

Health Visitor/ Family Nurse Practitioner  ☎

**Next of kin**

Name

Address

☎  Relation

**Emergency contact**

Name

Address

☎  ☎

## Previous history

<b>Personal &amp; Family History</b> i.e Social care involvement  Nil of note	<b>Past Medical History</b>  Nil of note	<b>Past Obstetric History</b>  1 previous vaginal birth 1 spontaneous misc 10/40
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## Social assessment (Record any referrals on page 5 - management plan)

Needs help understanding Postnatal Notes	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>
Do you have support from partner / family / friend	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any household member had/has social services support	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Have appropriate housing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
How long have you lived at your current address?	<input type="text" value="10 yrs"/>	How many people live in your household? <input type="text" value="3"/>
Name of social worker(s)/ Other multi-agency professionals <input type="text"/>		

## The Postnatal Notes

**These are your Postnatal Notes.** They are a guide to your options in the postnatal period and are intended to help you make informed choices. This is to promote care which is safe and personalised to you. However the explanations in these notes are a general guide only and not everything will be relevant to you. Please feel free to ask if you have any questions. Additional information may be available in leaflets which you may be given as and when needed.

Some of the information in these notes, about you and your baby will be recorded electronically, this is to help your health professionals provide the best possible care.

The National Health Service (NHS) also wishes to collect some of this information about you and your baby, to help it to:

- monitor health trends
- increase our understanding of adverse outcomes
- strive towards the highest standards
- make recommendations for improving maternity care.

The NHS has very strict confidentiality and data security procedures in place to ensure that personal information is not given to unauthorised persons. The data is recorded and identified by NHS number, and your name and address is removed to safeguard confidentiality. Other information such as date of birth and postcode are included to help understand the influences of age and geography. In some cases, details of the care are looked at by independent experts working for the NHS, as part of special investigations (confidential enquiries), but only after the records have been completely anonymised. While it is important to collect data to improve the standard and quality of the care of all mothers and babies, you can 'opt out' and have information about you or your baby excluded. This will not in any way affect the standard of care you receive. For further details, please ask your lead professional (see page 1).

However your information may be shared with other agencies such as safeguarding teams where there are concerns for you or your child's safety. In these cases information will be shared without your consent.

**Data collection and record keeping discussed**  Date       Signed\* Care Provider

## Smoking Record further details on the Management plan (page 5)

Have you smoked in the last 12 months <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No. per day <input type="text"/> Did you smoke at the beginning of pregnancy <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="text"/> Did you smoke at the end of pregnancy <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="text"/> When did you give up <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> Does anyone else in your home smoke <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/>	Have you tried to stop smoking in the last 12 months <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Were you referred to a smoking cessation advisor <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> CO screening (if carried out) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Result <input type="text"/> Smoking cessation referral No <input type="checkbox"/> Yes <input type="checkbox"/> Declined <input type="checkbox"/>
Any drug or alcohol concerns in the home No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Details <input type="text"/>	

## Investigations/immunisations Including antibodies, hepatitis B, syphilis, HIV, sickle cell, thalassaemia, if NOT done antenatally.

Antenatal Serology Screening Yes  No  Postnatal follow-up required Yes  No  Signed\*

Test	Explained	Accepted by mother Yes No	Date taken/ Date given	Results/Actions/Comments	Signed *
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>			

# Postnatal venous thromboembolism (VTE) assessment

- to be completed immediately after birth. Complete management plan page 5 as required

Any previous VTE <input type="checkbox"/> Anyone requiring antenatal LMWH <input type="checkbox"/> High-risk thrombophilia <input type="checkbox"/> Low-risk thrombophilia + family history <input type="checkbox"/>	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>High risk</b> At least 6 weeks postnatal prophylactic LMWH
Caesarean section in labour <input type="checkbox"/> BMI ≥ 40 <input type="checkbox"/> Readmission or prolonged admission (≥ 3 days) in the puerperium <input type="checkbox"/> Any surgical procedure in the puerperium except immediate repair of the perineum <input type="checkbox"/> Medical comorbidities e.g. cancer, heart failure, active SLE, IBD or inflammatory polyarthropathy; nephrotic syndrome, type 1 DM with nephropathy, sickle cell disease, current IVDU <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Intermediate risk</b> At least 10 days' postnatal prophylactic LMWH Note: if persisting or > 3 risk factors, consider extending thromboprophylaxis with LMWH
Age > 35 years <input type="checkbox"/> BMI ≥ 30 <input type="checkbox"/> Parity ≥ 3 <input type="checkbox"/> Smoker <input type="checkbox"/> Elective caesarean section <input type="checkbox"/> Family history of VTE <input type="checkbox"/> Low-risk thrombophilia <input type="checkbox"/> Gross varicose veins <input type="checkbox"/> Current systemic infection <input type="checkbox"/> Immobility, e.g. paraplegia, PGP, long distance travel <input type="checkbox"/> Current pre-eclampsia <input type="checkbox"/> Multiple pregnancy <input type="checkbox"/> Preterm delivery in this pregnancy (<37 weeks) <input type="checkbox"/> Stillbirth in this pregnancy <input type="checkbox"/> Mid cavity rotational or operative delivery <input type="checkbox"/> Prolonged labour (>24 hours) <input type="checkbox"/> PPH > 1 litre or blood transfusion <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2 or more risk factors ↑ Fewer than 2 risk factors ↓ <b>Lower risk</b> Early mobilisation and avoidance of dehydration
Signature* A Midwife A MIDWIFE		No risks identified <input checked="" type="checkbox"/>
Date 10 4 0 1 1 6		

## Mother alerts

Part of the assessment at each postnatal contact is to identify any additional needs you may have. The alerts below can be used by your care team to help identify your risk of developing problems. The aim is to monitor your health and to check that you are well and progressing normally after the birth. The management of any problems or special features can be documented on page 5.

<ul style="list-style-type: none"> <li><b>1</b> Age &gt; 35</li> <li><b>2</b> Para &gt; 3</li> <li><b>3</b> BMI &gt; 30</li> <li><b>4</b> Pregnancy induced hypertension / Pre-eclampsia</li> <li><b>5</b> Prolonged rupture of membranes</li> <li><b>6</b> Pushing &gt; 1.5 hours</li> <li><b>7</b> Ventouse or forceps</li> <li><b>8</b> Caesarean section</li> <li><b>9</b> Incomplete placenta or membranes</li> <li><b>10</b> Baby weight &gt; 90th centile</li> <li><b>11</b> High temperature / unwell</li> <li><b>12</b> Episiotomy / 2nd degree tear</li> </ul>	<ul style="list-style-type: none"> <li><b>13</b> 3rd / 4th degree tear</li> <li><b>14</b> No spontaneous urinary void &gt; 3 hours</li> <li><b>15</b> Single catheter drainage &gt; 500 ml</li> <li><b>16</b> Indwelling catheter &gt; 24 hours</li> <li><b>17</b> Lack of support</li> <li><b>18</b> Current mental health problems</li> <li><b>19</b> Previous mental health problems</li> <li><b>20</b> Family history of severe perinatal mental health</li> <li><b>21</b> Excessive blood loss</li> <li><b>22</b> Smoker</li> <li><b>23</b> Antenatal anti-coagulation therapy</li> <li><b>24</b> Thrombophilia <input checked="" type="checkbox"/></li> </ul> None identified at delivery
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## Key to risk

If you have one or more risk factors for any of the conditions below, it does not necessarily mean that you will develop a problem. These are merely prompts for your carers to initiate further investigations, treatment or referral.

Infection	<b>5</b>	<b>8</b>	<b>9</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>21</b>	<b>22</b>
Abnormal bleeding	<b>2</b>	<b>4</b>	<b>9</b>	<b>11</b>	<b>23</b>	<b>24</b>					
Hypertensive disorders	<b>1</b>	<b>3</b>	<b>4</b>								
Urinary urgency or incontinence	<b>2</b>	<b>6</b>	<b>7</b>	<b>10</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>		
Faecal urgency or incontinence	<b>2</b>	<b>6</b>	<b>7</b>	<b>10</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>		
Psychological well being	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>							

For more information on what to do if you start to feel unwell, see pages 6, 7, 13, 15 and 17.

**Key to abbreviations:** BMI = Body Mass Index;  
 DM - Diabetes Mellitus IBD = Inflammatory Bowel Disease  
 IVDU = Intravenous Drug User LMWH = Low Molecular Weight Heparin  
 SLE = Systemic Lupus Erythematosus  
 PGP = Pelvic Girdle Pain

Name	Anna Sample						
Unit No/ NHS No	A	1	2	3	4	5	6

**First postnatal assessment** To be completed prior to: leaving a home birth, early transfer home, or on admission to postnatal ward.

Date	1 4 0 1 1 6	Time	1 6 3 0	Where seen	Delivery suite
Are there any concerns about the following:		<b>No</b>	<b>Yes</b>	<b>Comments/Actions</b>	
A. Temperature, pulse, respirations and blood pressure Infection, fever, chills, headache, visual disturbances		<input checked="" type="checkbox"/>	<input type="checkbox"/>	MEOWS chart commenced <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
B. Breasts and nipples Redness, pain, cracked, sore, bruised nipples		<input checked="" type="checkbox"/>	<input type="checkbox"/>	A = T. 36.7c P. 70bpm Resps. 18 BP 120/68	
C. Uterus Abdominal tenderness, subinvolution		<input checked="" type="checkbox"/>	<input type="checkbox"/>	I = Perineum inspected and analgesia offered. Advised re regular analgesia and hygiene.	
D. Vaginal loss Clots, offensive smell, return to heavy loss		<input checked="" type="checkbox"/>	<input type="checkbox"/>	M = Pelvic floor exercises discussed ( see page 13)	
E. Legs DVT, redness, swelling, pain, varicose veins, cramps		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
F. Bladder Pain on passing urine, leakage, urgency		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
G. Bowels Constipation, haemorrhoids, leakage, urgency		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
H. Wound Suture removal, healing, infection		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
I. Perineum Soreness, bruising, swelling, sutures, infection		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
J. Pain Headache, backache, abdominal		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
K. Fatigue Unable to sleep, restless sleep, extreme tiredness		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
L. Mental health and wellbeing Feeling down, low in mood, worried or anxious		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
M. Postnatal exercises Pelvic floor, abdominal, legs, deep breathing, relaxation		<input type="checkbox"/>	<input checked="" type="checkbox"/>		
N. Tissue viability assessment completed Risk of developing a pressure ulcer		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Infant feeding method		Breast		Key to risk reviewed (page 3) <input checked="" type="checkbox"/> Yes	
				Management plan initiated <input checked="" type="checkbox"/> Yes	
Signature* A Midwife A MIDWIFE		Date/Time		1 4 0 1 1 6 1 7 0 0	

DVT = Deep Vein Thrombosis

**Orientation to ward** Explanation of ward routine and layout (if applicable)

Introductions <input checked="" type="checkbox"/>	Call system <input checked="" type="checkbox"/>	Security system <input checked="" type="checkbox"/>	Ward layout <input checked="" type="checkbox"/>	Visiting details <input checked="" type="checkbox"/>	Meals/drinks <input checked="" type="checkbox"/>	Information leaflets <input checked="" type="checkbox"/>	Expected date of discharge <input checked="" type="checkbox"/>
Date	1 4 0 1 1 6	Time	1 7 0 0	Signature*	A Midwife A MIDWIFE		

**Special features**

Booking B/P  
110 68

Booking BMI  
23. 9

Age  
3 1

Blood group  
A +

Para  
2 + 1

Last Hb and Date  
118g/l 2 2 1 0 1 5

**Key points** (i.e. specific antenatal/intrapartum/postnatal events) | **1st urinary void** Date 14.01.16 | Time 12.40 | Amount (ml) 300mls

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Medications None | Allergies Elastoplast

**Management plan**

To deal with special issues after your birth, a personalised management plan will outline specific treatment and care agreed between you and your care providers, including specialists. The aim is to keep you well, and to ensure that everyone involved in your care is aware of your individual circumstances. If any special issues have been identified from the alerts on page 3, which require further consideration they will be recorded below. This plan will be updated and amended to reflect your changing needs.

Date/Time	Risk factor / Special features	Personalised management plan	Referred to	Signed *
1 4 0 1 1 6	1st degree tear	Keep area as clean as possible. Change sanitary pads		A Midwife
1 2 3 0		regularly. Observe for signs of infection e.g. fever, rapid pulse, feeling unwell, increased pain in perineum.		A MIDWIFE
		Encourage Anna to perform pelvic floor exercises (page 13).		
		Healthy eating discussed - encourage to eat fibre and increase fluids to avoid constipation.		

Insert continuation sheets here, and number them 5.1, 5.2 etc

Having a baby is an intense experience for both parents that can result in a wide range of feelings and behaviours such as :- happiness, expectation and excitement, tiredness, worrying and feeling tearful. Most women will experience some mild temporary mood changes as part of the normal adjustment to motherhood known as "baby blues". These feelings can impact on your experience of becoming a new parent and on your relationship with your partner and your baby. The range of mental health problems that women may experience or develop following the birth of a baby, are the same as at other times in her life. 1 in 5 women experience feeling worried and anxious or low in mood.

Women who have a current mental health problem, or have had a previous mental health problem, may experience a return or increase in the severity of their symptoms. Mental health problems are an illness like any other, so please talk to your midwife, health visitor or GP if you have any of these feelings. There is a wide range of help, support and treatment available to you. Treatment options may include "talking therapies", medication, self-help materials and exercise. Some women who have a mental health problem stop taking their medication when their baby is born without seeking medical advice. This can result in a return or worsening of the symptoms they experience. You should not alter your medication without first seeking medical advice. There are medications that you can take whilst breast feeding. Please speak to your GP, midwife, mental health team or health visitor for advice. Women with a current severe mental illness such as schizophrenia, schizoaffective disorder, bipolar disorders or women who have had a previous psychotic illness, can experience a worsening or recurrence of symptoms after their birth. This will require urgent treatment. These women will receive close monitoring and support from a care co-ordinator either from a specialist perinatal mental health team or a community mental health team.

You will be asked about your emotional wellbeing at each contact after the birth of your baby with your midwife. These questions are asked to every new mother. The maternity team supporting you may identify that you are at risk of developing a mental health problem. If this happens they will discuss with you options for support and treatment. You may be offered a referral to a mental health team/specialist midwife/GP/health visitor. **If you are concerned about your thoughts, feelings or behaviour, you should seek help and advice.**

Further information can be found about mental health including medication and breastfeeding via: [www.sps.nhs.uk](http://www.sps.nhs.uk)

**1st Assessment. Have you ever been diagnosed with any of the following:**

- |   | No                                  | Yes                      |
|---|-------------------------------------|--------------------------|
| Psychotic illness, bipolar disorders, schizophrenia, schizoaffective disorder, post-partum psychosis  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Depression  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Generalised anxiety disorder, OCD, panic disorder, social anxiety, PTSD   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Eating disorder e.g. anorexia nervosa, bulimia nervosa or binge eating disorder   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Personality disorder  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Self-harm   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Is there anything in your life (past/present) which might make the changes to becoming a mother difficult?<br>e.g. previous traumatic birth, childhood sexual abuse, sexual assault | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**Help received (current or previous):**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| GP/Midwife/Health visitor support               | <input type="checkbox"/> | <input type="checkbox"/> |
| Counselling/cognitive behavioural therapy (CBT) | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialist perinatal mental health team         | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital or community based mental health team  | <input type="checkbox"/> | <input type="checkbox"/> |

Inpatient (hospital name)  Date(s)

Psychiatrist  Psychiatric nurse/care coordinator

**Medication (list current or previous) drug name, dose and frequency**

**Partner**

Does your partner have any history of mental health illness?  No  Yes

**Family History**

Has anyone in your family had a severe perinatal mental illness? (first degree relative e.g. mother, sister)  No  Yes

**Depression identification questions**

- |  | No                                  | Yes                      |
|--|-------------------------------------|--------------------------|
| During the past month, have you often been bothered by feeling down, depressed or hopeless?                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| During the past month, have you often been bothered by having little interest or pleasure in doing things? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**If yes to either of these questions, consider offering self-reporting tools e.g. PHQ 9**

**Anxiety identification questions**

- |  | No                                  | Yes                      |
|--|-------------------------------------|--------------------------|
| During the past 2 weeks, have you been bothered by feeling nervous, anxious or on edge?        | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| During the past 2 weeks, have you been bothered by not being able to stop or control worrying? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do you find yourself avoiding places or activities and does this cause you problems?           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**If yes to any of these questions, consider offering self-reporting tool e.g. GAD 7**





The health care team that will provide care after the birth of your baby includes: midwives, student midwives, midwifery support workers, health visitors, doctors/specialists, physiotherapists and your GP (family doctor). The midwifery team will offer support and advice and work with you to develop an individual plan including your choices/decisions about your care. They may visit you at home or arrange for you to attend a postnatal clinic. These can be based at your GP surgery or local children's centres. At each postnatal assessment, your midwife will check to see if you have any problems or symptoms which may affect you after the birth. Please discuss any worries or questions that you may have with your midwife/GP/obstetrician/specialist or health visitor.

**Infection.** The midwife will check your temperature, pulse, blood pressure and breathing rates as required, depending on the type of birth you have had. A high temperature, rapid pulse and increased breathing rate may be a sign of infection. This is more likely if you are experiencing other symptoms such as pain on passing urine, diarrhoea and vomiting, rash on your body, a painful perineum (see below) or abdominal wound, and/or abdominal tenderness. It is important that you try to reduce the risk of infection by: good personal hygiene, washing your hands properly before and after preparing food, using the toilet, sneezing/blowing your nose. If you feel unwell, have a sore throat, develop a cough with mucous or respiratory infection contact your GP/midwife **immediately** for advice. You may need treatment with antibiotics.

**Blood pressure (hypertension).** Pregnancy induced hypertension or pre-eclampsia is usually considered a disease of the second half of pregnancy but it can occur for the first time after birth. It usually disappears after the baby is born, but in some women, it can take longer for the blood pressure to return to normal. High blood pressure may cause severe headaches, blurred vision/spots before your eyes, nausea and vomiting. This is rare, but if any of these symptoms occur you need to inform your midwife or GP **immediately**. Your blood pressure will be checked after the birth and may need to be monitored closely if required. If your blood pressure is raised after birth, you may need to stay in hospital longer for your health care team to monitor you closely. Some women need treatment/medication to lower their blood pressure.

**Breasts.** All new mothers produce milk in their breasts whether they choose to breast or bottle feed. After two to three days the breasts may become full and tender but this generally resolves spontaneously. However, if it worsens or you develop flu-like symptoms and the breasts are hard and have a red mottled appearance, this is breast engorgement and you should contact your midwife/breastfeeding specialist for advice. If you are breastfeeding, you will need to feed your baby more often to relieve the symptoms. Your midwife will check that your baby is attached effectively. Wearing a well-fitting bra will help to support your breasts. Whether you are breast or bottle feeding your midwife will advise you on how to relieve the discomfort.

**Uterus (womb).** After the birth your uterus should gradually return to its non-pregnant size. This can take about 10 days. By gently feeling your abdomen your midwife can check this recovery process. Sometimes it may take longer, which in most cases is normal. Occasionally this may be a sign of retained blood or fragments of the placenta or membranes. Often this problem resolves spontaneously, however if you have any heavy bleeding, abdominal pain or a high temperature inform your midwife/GP **immediately**. You may need treatment with antibiotics/medication.

**Blood loss (lochia).** Some vaginal bleeding straight after birth is normal. Your midwife will measure this and record it as estimated blood loss in your notes. Vaginal discharge after childbirth is called lochia – a mix of blood and other products from inside the uterus. At first it is bright red, and then becomes a pinkish/brown, turning to cream. It can be quite heavy at first, requiring several changes of sanitary pads a day. After the first week, it slows down, but you may find it lasts three or four weeks before finally disappearing. If you start to lose fresh red blood or clots, have abdominal pain or notice an offensive smell, or develop a high temperature inform your midwife or GP **immediately**. You may need to be treated with medication/antibiotics. However, some fresh red blood loss is normal after a breastfeed. The use of tampons is not recommended until you have had your 6 week post natal check-up at your GP surgery. Inserting a tampon can increase your chance of developing an infection.

**Legs (thrombosis).** All pregnant women are at a slightly increased risk of developing blood clots (thrombosis) during pregnancy and in the first weeks after the birth. This risk increases if you are over 35, overweight (BMI >30), a smoker or have a family history of thrombosis. You are advised to seek advice from your midwife/GP **immediately** if you have any pain, redness or swelling in your legs. This may be a sign of DVT (deep vein thrombosis). If you have pain in your chest, with shortness of breath or coughing up blood, this may be a sign of pulmonary embolism (blood clot in the lung) and you should inform your GP or midwife **immediately**. You will need an urgent medical assessment.

**Bladder (passing urine).** Soreness after the birth can make passing urine painful initially, but it should resolve quickly. Drinking plenty of fluids to keep the urine diluted helps. If you have problems passing urine after the birth then a warm bath or shower might also help, but if it persists your midwife will refer you for medical advice. Sometimes leakage of urine may occur on coughing or sneezing, this is known as stress incontinence. It is advisable for you to perform pelvic floor exercises to strengthen your pelvic floor muscles. (see page 13). If you are experiencing this, speak to your midwife/GP who can refer you to a specialist, once other underlying causes such as infection have been excluded.

**Bowels (passing faeces/motions).** Constipation is very common after childbirth. This can be made worse by haemorrhoids (piles). Piles can be treated using good hygiene, Anusol cream, lactulose and pain relief. A high fibre diet including fresh fruit and vegetables and drinking plenty of fluids can help to prevent constipation. It may feel more comfortable if a clean sanitary pad is held against the perineum when having your bowels open. Occasionally women may have urgency, both of wind and motions or have difficulty getting to the toilet in time. This is not normal and you can get help. Your midwife/GP can refer you to a specialist if any of these problems occur.

**Perineum (area between vagina and anus).** Your midwife may check your perineum to see it is healing especially if you have had a tear or stitches. The stitches usually take about two weeks to dissolve and throughout that time your perineum should continue to heal. Regular pain relief will help with any discomfort, try to avoid constipation. It may be easier to lie on your side rather than on your back, especially when you are breast feeding. The perineum is a common area for infection and should be kept as clean and dry as possible.

**Pain.** It is not unusual to have some pain following the birth. This can be because of the type of birth you have had. It can vary from minor discomfort which is eased by bathing and paracetamol, to post operative pain requiring prescribed pain relief by your doctor. If you develop any type of pain, always tell your midwife and she will advise you on what to do to ease the pain.

**Sleep.** As your nights will be disturbed caring for your baby, it is important to catch up on sleep when you can as your body is still recovering from the birth. Try and rest when your baby is asleep. It may be tempting to use this time to catch up with housework but rest is very important. Ask friends/family to help with housework/shopping or looking after your baby whilst you have a nap/rest.

**Key to abbreviation:**

GP = General Practitioner



Feel free to ask your midwife or doctor – or look at NHS Choices: [www.nhs.uk](http://www.nhs.uk)

Date/Time	Notes	Signed*																																																																																				
1 4 0 1 1 6	Staying on delivery suite as Anna wishes to go home later today.																																																																																					
1 2 3 0	Assisted Anna to the bathroom, passed urine prior to getting in the shower - 300mls.	A Midwife																																																																																				
12.50 hrs	Anna out of the shower, wishes to sleep for a while.	A Midwife																																																																																				
15.00 hrs	Called to see, about to feed baby, attached well to breast. Feed observed no problems identified. Anna breast-fed her first child and feels confident.	A Midwife																																																																																				
16.00 hrs	Postnatal assessment undertaken prior to transfer home. No problems identified. Postnatal visits discussed, community midwife to visit Anna and Ruby tomorrow at home, has contact numbers.	A Midwife A MIDWIFE																																																																																				
15.01.16	<i>Home visit - Anna had a good first night - managed to sleep fairly well. Ruby fed 3 times overnight.</i>	B Midwife B MIDWIFE																																																																																				
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	<i>Schedule of visits discussed with Anna. Next visit planned for 18.01.16 at postnatal clinic. Safe sleeping discussed and assessment carried out. Ruby's cot is in Anna and Peter's bedroom. Moses basket is in the living room when Ruby is asleep during the daytime. Anna has cot death leaflet, important symptoms discussed. NSC leaflet given and discussed neonatal blood spot test on day 5. Perineum inspected - clean and healing. Risk of infection discussed and Anna referred to information on page 15 and 13 for pelvic floor exercises. Anna and Peter going to registry office tomorrow to register Ruby's birth and to register Ruby at GP surgery. Emergency contact numbers highlighted on the front of this booklet. Discussed "drop in" clinics at Park Medical Centre, times and days of the week when held.</i>	B Midwife B MIDWIFE																																																																																				

Name	Anna Sample						
Unit No/ NHS No	A	1	2	3	4	5	6

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1 8 0 1 1 6	Anna attended postnatal clinic today. Anna is complaining of backache when feeding Ruby (advice documented on page 14). Lactation more established, breasts feel comfortable and Anna wearing a supportive bra. Agrees for Ruby to have neonatal blood spot test. No problems identified today. Next visit planned at home 23.01.16 = day 10. Anna has support at home from Peter and family. Reiterated emergency contact numbers.	B Midwife B MIDWIFE																																																																				
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Backache settled, Anna is trying different positions to breast feed Ruby.</p> <table border="1"> <tr> <td colspan="2"><b>Assessment of maternal well-being</b></td> <td>Day No. <b>10</b></td> <td>Where seen <b>home</b></td> </tr> <tr> <td colspan="2"><b>Are there any concerns about the following:</b></td> <td><b>No</b></td> <td><b>Yes</b></td> </tr> <tr> <td colspan="2">Temperature, pulse, respirations and blood pressure Infection, fever, chills, headache, visual disturbances</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Breasts and nipples</b> Redness, pain, cracked, sore, bruised nipples</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Uterus</b> Abdominal tenderness, subinvolution</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Vaginal loss</b> Clots, offensive smell, return to heavy loss</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Legs</b> DVT, redness, swelling, pain, varicose veins, cramps</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Bladder</b> Pain on passing urine, leakage, urgency</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Bowels</b> Constipation, haemorrhoids, leakage, urgency</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Wound</b> Suture removal, healing, infection</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Perineum</b> Soreness, bruising, swelling, sutures, infection</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Pain</b> Headache, backache, abdominal</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Fatigue</b> Unable to sleep, restless sleep, extreme tiredness</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Mental health and wellbeing</b> Feeling down, low in mood, worried or anxious</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Postnatal exercises</b> Pelvic floor, abdominal, legs, deep breathing, relaxation</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><b>Additional support required:</b> <input type="checkbox"/> No Specific to individual need, including referrals to social care, mental health, health visitor</td> <td colspan="2" rowspan="3"> <div style="border: 1px solid black; 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<b>Bowels</b> Constipation, haemorrhoids, leakage, urgency		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																													
<b>Wound</b> Suture removal, healing, infection		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																													
<b>Perineum</b> Soreness, bruising, swelling, sutures, infection		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																													
<b>Pain</b> Headache, backache, abdominal		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																													
<b>Fatigue</b> Unable to sleep, restless sleep, extreme tiredness		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																													
<b>Mental health and wellbeing</b> Feeling down, low in mood, worried or anxious		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																													
<b>Postnatal exercises</b> Pelvic floor, abdominal, legs, deep breathing, relaxation		<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																													
<b>Additional support required:</b> <input type="checkbox"/> No Specific to individual need, including referrals to social care, mental health, health visitor		<div style="border: 1px solid black; width: 100%; height: 100%;"></div>																																																																														
<b>Key to risk reviewed</b>				<input checked="" type="checkbox"/> Yes																																																																												
<b>Management plan reviewed/revised</b>				<input checked="" type="checkbox"/> Yes																																																																												
		Signature* <b>B Midwife</b>																																																																														
		Date/Time <b>23.01.16 14.30hrs</b>																																																																														
	<p>Anna is fit to be discharged today from midwifery care. Discussed the importance of a postnatal follow up with GP in 6-8 weeks. Post natal notes removed for filing at the maternity unit. Contact numbers left with Anna. Contraception discussed = condoms initially. Health visitor due to visit 25.01.16</p>	<p>B Midwife B MIDWIFE</p>																																																																														





**Caesarean section.** After your caesarean section your blood pressure, pulse, temperature and breathing rates will be monitored frequently. This is to check you are recovering from your anaesthetic and the birth. If you are well and have no problems, you should be able to eat and drink. If you are hungry or thirsty, your midwife will advise you when it is safe to do so. You may have a drain in the wound to allow fluids to drain away to help with healing. It usually remains in place for 24-48 hours and will gently be removed. Some women experience numbness around the wound and even in their abdomen for some time after the operation. This is normal as the nerves and muscles need time to heal. The midwives looking after you will discuss with you how to look after your wound and will regularly check your wound for signs of infection. Symptoms of infection are: -

- Redness and swelling around the wound.
- Increased pain.
- Foul smelling discharge or pus from the wound.

This can be accompanied by feeling unwell and having a high temperature. If you develop any of these symptoms contact your midwife or GP **immediately** for advice. You may need to have medication/treatment. It is important to complete any prescribed antibiotics and to take regular pain relief as recommended by your health care team. A tube which keeps your bladder empty (catheter) will be removed usually within 24-48 hours after your operation, usually when you are out of bed and mobilising. Have a bath or shower daily, ensuring your wound is carefully washed and dried. If you notice any bleeding from your wound, contact your midwife or GP for **immediately** for advice. You may need to have medication/treatment. There is no need to apply a dressing unless instructed to do so, dressings will be supplied to you if needed. Wear loose, comfortable clothing and cotton underwear to help keep your wound area from getting too hot and sweaty. You will have stitches in your wound, they will either be dissolvable or need to be removed. If they need to be removed, the midwives looking after you will discuss when this will happen.

**Going home after a caesarean section.** Women usually stay in hospital for 2-3 days after the birth. If you and the baby are well, you may be able to go home earlier than this. When you go home, you should continue to take regular pain killers. There may be some things you can't do straight after the birth, such as driving a car, lifting heavy things and some exercises. Speak to your healthcare team who will be able to offer advice. Check with your car insurance cover about driving after a caesarean section. Some insurance companies require your GP to certify you are fit to drive. You will need to have a 6 week postnatal check to ensure that your body has recovered from your operation. This is usually with your GP.

Most women who have had a caesarean section can safely have a vaginal delivery for their next baby, known as vaginal birth after caesarean (VBAC). However, you may need some extra monitoring during labour just to make sure everything is progressing well. Some women may be advised to have another caesarean if they have another baby. This depends on whether a caesarean is still the safest option for them and their baby.

## Care of the pelvic floor and perineum

The pelvic floor is made up of the deep muscles that cover the bottom of your pelvis. They support the womb (uterus) and help to control the bladder and bowel. Throughout pregnancy, your baby is supported in the pelvis by your pelvic floor muscles. During delivery, the same muscles become very stretched, which can then cause many common pelvic floor problems including loss of bladder and/or bowel control, pelvic organ prolapse and reduced sensation or satisfaction during sex.

Exercising the pelvic floor muscles during pregnancy and after the birth of your baby can help to prevent problems happening. Pelvic floor muscle exercises are easy to perform and can be done anywhere.

**How to exercise your pelvic floor.** It's important to concentrate on the right group of muscles when exercising your pelvic floor. You shouldn't be working the muscles in your legs, buttocks or above your tummy button and you mustn't hold your breath. Feeling some slight tension in your lower abdominal muscles is normal. Tighten the muscles around your back passage (as if trying to stop yourself passing wind) and draw them up and forwards. At the same time, tighten the muscles around your front passage (as if trying to stop passing urine). You should feel a 'lift and squeeze' inside. Once you have found the right muscles, try and see what they can do.

Work towards being able to complete the following routine:

- Squeeze and lift your pelvic floor muscles as hard as you can.
- Hold for a count of 10 seconds. If your muscles feel too weak to hold for 10 seconds, aim to build up the time slowly.
- Repeat this exercise up to 10 times. Tighten and lift your pelvic floor muscles as quickly and as strongly as you can, then relax.
- Do this up to 10 times.

Aim to perform these exercises three times a day, every day. Try to squeeze and lift your pelvic floor muscles each time you pick up anything heavy (e.g. your baby, car seats) and before you cough, or sneeze. This helps your pelvic floor muscles to support the downward pressure on your body.

It is safe to gently restart your exercises even if you feel a bit sore, or have stitches. If you have had a catheter (tube to drain urine from your bladder), then wait until this is removed and you are passing urine normally. Initially you may find it difficult to feel your pelvic floor muscles working. It takes some weeks to build their strength back up. Take the exercises slowly at first but do keep trying because you will soon be aware of the pelvic floor muscles contracting and relaxing. Remember to include these exercises as part of your daily routine. Find times that work for you, perhaps in the bath, when resting in bed, or whilst feeding or cuddling your baby. It will take weeks of regular exercise to improve your pelvic floor muscles and perhaps several months to regain their previous strength. If you do your exercises three times a day, you should notice a difference after about six weeks. You can then reduce to doing the exercises to once a day. You need to do these exercises, every day, for the rest of your life. If you find the exercises difficult and they don't seem to be working after six weeks, talk to your midwife/health visitor or GP. They can refer you to a women's health physiotherapist for extra help. Chartered women's health physiotherapists, along with physiotherapists are experts in pelvic floor muscle exercise and training. Further information can be found via [www.csp.org.uk](http://www.csp.org.uk)



Backache when I am breast feeding

*Backache discussed with Anna, only occurs when sitting on the sofa. Positions for breast feeding discussed. Advised trying to lie Ruby on a pillow when feeding to prevent Anna stooping over as much. Anna to try breast feeding sitting in an armchair with her back well supported. Analgesia discussed.*

B Midwife B MIDWIFE 18.01.16 11.45am

**Reflections on your birth experience** (Completed during the postnatal period, at appropriate times)

You may find it helpful to discuss aspects of your pregnancy, birth and postnatal experience with your care givers. This can take place at any time and your midwife may wish to record the details below.

	Details	Signature*/Date/Time
Pregnancy	<i>Uneventful antenatal period, no concerns</i>	<i>B Midwife B MIDWIFE 18.01.16 11.30am</i>
Birth	<i>Discussed birth event. Anna pleased how labour progressed and really glad to have the opportunity to use the pool as pain relief</i>	<i>B Midwife B MIDWIFE 18.01.16 11.30am</i>
Postnatal	<i>Anna happy with postnatal care, liked early transfer home</i>	<i>B Midwife B MIDWIFE 18.01.16 11.30am</i>

## Keeping healthy

If you think you need to lose weight, talk to your GP/midwife/health visitor or practice nurse. If you are overweight, the best way to lose weight healthily is by eating a well-balanced diet and taking regular moderate exercise e.g. a brisk walk for 30 minutes 5 times per week. If you had a straightforward birth you can start exercising as soon as you feel ok to do so. If you had a complicated birth e.g. caesarean section, discuss with your midwife before starting any strenuous exercise. Activity can relax you, it can help your body recover after childbirth and increase your energy levels. Local postnatal classes may be run in your area. Ask your midwife or health visitor if they know of any. Being overweight (i.e. BMI over 30) has a risk for long term health. You will more at risk of developing diabetes and heart disease if you are overweight.

**Quitting smoking for you and your family.** The best thing you can do for you and your family's health is to stop smoking. It is never too late to stop smoking and now is a very good time. Tobacco smoke contains over 4000 harmful chemicals. Babies and children breathe faster than adults, and these chemicals can easily pass into their lungs. Their immune systems are less developed than adults and this makes them more likely to develop a serious illness. e.g. asthma, glue ear, chest infections. Babies are at an increased risk of Sudden Infant Death Syndrome (SIDS/cot death) if they are exposed to cigarette smoke. Your midwife or health visitor will be able to tell you about local "Stop Smoking" groups, or you can access information via [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree). Even if you do not smoke but other adults do in your household, ask them to smoke outside. Never smoke in the car with your baby or children. Smokers increase the risk of housefire by 40%. Smoke detectors and fire safety checks are provided for free from your local fire station.

**Alcohol/street or illegal drugs.** Drinking too much alcohol can cause a variety of health problems e.g. high blood pressure, cancer and liver problems. The latest recommendations from the UK's Chief Medical Officer is for women and men not to drink more than 14 units a week on a regular basis. Spread your drinking over 3 or more days if you drink as much as 14 units a week. Avoid binge drinking. For further information including examples of what 1 unit of alcohol is visit: [www.nhs.uk/Change4Life/Pages/alcohol-lower-risk-guidelines-units.aspx](http://www.nhs.uk/Change4Life/Pages/alcohol-lower-risk-guidelines-units.aspx)  
If you or your partner use street or illegal drugs, there is support and help available to you. Speak to your midwife/health visitor/GP who will be able to refer you for specialist support services.

## Important symptoms

**Abnormal vaginal bleeding.** Varying amounts of blood loss during and after the delivery affect women in different ways. If you begin to develop symptoms including palpitations (more aware of your own heart beat), dizziness, a rapid pulse, weakness, sweating and restlessness following or during a heavy blood loss, you should contact your midwife or GP **immediately** for advice. You may need treatment/medication.

**Infection.** The midwife will check your temperature, pulse and breathing rates as required, depending on the type of birth you have had. A high temperature, rapid pulse and increased breathing rate may be a sign of infection. This is more likely if you are experiencing other symptoms such as pain on passing urine, diarrhoea and vomiting, rash on your body, a painful perineum (see below) or abdominal wound, and/or abdominal tenderness. It is important that you try to reduce the risk of infection by: good personal hygiene, washing your hands properly before and after preparing food, using the toilet, sneezing/blowing your nose. If you feel unwell, have a sore throat, cough with mucous or respiratory infection contact your GP/midwife **immediately** for advice. You may need treatment with antibiotics.

**Headache.** Some women suffer from tension headaches and/or migraines after the birth. These usually resolve with mild pain relief e.g. paracetamol and rest. Relaxation exercises may also help to get rid of tension. If, however you have a sudden onset severe headache with neck stiffness and a high temperature, contact your midwife/GP **immediately** for advice. If the severe headache occurs within 3 days of the birth and is accompanied with heartburn-type pain, blurred vision/spots before your eyes, nausea or vomiting, you should also contact your midwife/GP **immediately** as this may indicate a sudden rise in blood pressure. This may require treatment/medication. If you had an epidural and then develop a headache, which gets worse when you are standing or sitting up but is relieved when you lie down, it could be a symptom of epidural complications and you should speak to your midwife or GP **immediately** for advice. You may experience nausea and vomiting and ringing in the ears.

**Red, painful area on the breast.** This is most common in women who are breast feeding and maybe due to infective or non-infective mastitis. Symptoms are a high temperature, feeling generally unwell and flu-like symptoms. Non-infective mastitis is usually caused by blocked milk ducts. It is relieved by frequent feeding and effective attachment. If the symptoms persist after a couple of feeds, there may be an infection present, especially if you have cracked nipples. You may need antibiotic treatment. Neither is a reason to stop breastfeeding, as this helps to keep the milk flowing and relieve symptoms. Your midwife will check that your baby is attached correctly, and will show you how to relieve the symptoms by massaging your breast and how to hand express milk between feeds. Pain killers will help to relieve the symptoms and it is important to rest and drink plenty of fluids.

**Breast feeding and thrush.** Some women develop thrush in their breasts. This may happen if you have been given antibiotics or because of cracked nipples. You and your baby may have no signs of infection, but if you develop nipple pain or shooting pains deep in your breasts during feeding, which continues after the feed, contact your midwife/breastfeeding specialist or GP, as you may need treatment for thrush.

**Persistent fatigue/tiredness, faintness, dizziness, pale complexion, heart palpitations.** These are all symptoms of anaemia, which is caused by too little haemoglobin (Hb) in the red blood cells. This can be treated with iron supplements and dietary advice. If you are concerned, discuss this with your midwife or GP.

**Backache.** This is common after childbirth and is likely to improve with mild pain relief and normal activity. Your midwife will advise you on your posture when handling, lifting and feeding your baby. If you experience pain radiating down one or both legs, this could be nerve root pain (sciatica) and you should see your GP for advice.

**Painful intercourse (dyspareunia).** After childbirth, it is not unusual for intercourse to be uncomfortable initially and may be one of the reasons why many couples find enthusiasm for sex reduced for a while. Lubricant gel may ease the soreness and effective contraception may relieve the added concern of another pregnancy. However, if the pain persists see your GP, who can assess whether you may need to be referred to a specialist.

BMI = Body Mass Index



Feel free to ask your midwife or doctor – or look at NHS Choices: [www.nhs.uk](http://www.nhs.uk)

# SUMMARY of BIRTH

To be completed by midwife present at birth

Para 2 + 1

<b>Name</b> Anna Sample		Unit /Place of birth A Hospital	
<b>Address</b> 75 Harbourne Road, Edgbaston, Birmingham		GP Dr B Doctor	
Postcode B 1 5 3 B U		Date of birth 3 0 0 7 8 5	
Unit No. A123456		NHS No. 1 0 0 1 0 0 1 0 0 0	
Health visitor H Visitor			

	Baby 1	Baby 2
Name	Ruby	
Unit no.	A987654	
NHS no.	20020020000	
DOB	14.01.16	
Time	11.38am	
Sex	female	
Gestation	40 weeks	
Birth weight	3.800grams	
Birth weight centile	68	
Mode of delivery	vaginal	
Outcome	livebirth	
Apgars	9@ 1 min 9@ 5min	
Duration of labour	7 h 22 m	

<b>Third stage management</b> active	<b>EBL</b> 150mls	<b>Perineum</b> 1st degree tear
<b>Comments</b> e.g. labour onset, prolonged rupture of membranes		

<b>Date</b> 1 4 0 1 1 6	<b>Signature*</b> A Midwife A MIDWIFE	<b>Title</b> Midwife band 6
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## MATERNAL DISCHARGE SUMMARY from Midwifery Care

To be completed by midwife at discharge to Health Visitor/ GP.

<b>Blood test results</b> Blood group A POS Last Hb 118g/l	<b>Mental health</b> During the last month have you often been bothered by:									
<b>Investigations / immunisations</b> <table border="1"> <thead> <tr> <th>BN</th> <th>Site</th> <th>Date / Signed*</th> </tr> </thead> <tbody> <tr> <td>Anti D <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>MMR <input type="checkbox"/></td> <td></td> <td></td> </tr> </tbody> </table>	BN	Site	Date / Signed*	Anti D <input type="checkbox"/>			MMR <input type="checkbox"/>			Feeling down, depressed or hopeless <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Having little interest or pleasure in doing things <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
BN	Site	Date / Signed*								
Anti D <input type="checkbox"/>										
MMR <input type="checkbox"/>										
<b>Mental health comments</b> No concerns	During the last 2 weeks have you often been bothered by:									
<b>Perineum</b> healed	Feeling worried, nervous or on edge <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Not able to stop or control worrying <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Avoiding places or activities and does this cause you problems? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes									
<b>Contraception</b> Not discussed <input type="checkbox"/> Leaflet given <input checked="" type="checkbox"/> Chosen method: condoms	<b>Details of any postnatal problems</b> 6-8 week postnatal check arranged <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Venue Gp surgery Appointment date/time 0 1 0 3 1 6 1 0 0 0									
Method of feeding at discharge Discharge weight (g)	<b>Comments</b> Mother and baby well.									
Smoke free household <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Referral to smoking cessation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Family and Friends test discussed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Blood spot test <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No BCG vaccine given <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Initial safe sleeping assessment carried out <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Date</b> 2 3 0 1 1 6	<b>Signature*</b> B Midwife B MIDWIFE	<b>Title</b> midwife band 7								

## Planning for next time

There are no rules about when to start having sex again after you have given birth to your baby. It is advisable though to wait until after the bleeding has stopped for a few days and you feel ready. This allows time for healing to take place and to prevent infection. It may take longer depending on your own recovery and if you have had stitches or a caesarean section. You may want to use a lubricant gel e.g. KY Jelly, to begin with. Hormonal changes after the birth can make your vagina drier than usual. It is very common during the early months to experience a reduction in sexual desire, due to many factors such as tiredness and adjusting to your new role as a mother. Returning to normal sexual relations is very dependent on the individual. If you have any worries or concerns about this, speak to your midwife/health visitor or GP.

**Family Planning.** You can get pregnant as little as 3 weeks after the birth of your baby, even if you are breastfeeding. It's important to use contraception every time you have sex until you are ready to get pregnant again. There are many forms of contraception, ranging from natural family planning, barrier methods - male and female condoms, diaphragms, caps, hormonal contraception - pill and implants. Intra-uterine devices (coil) are also available. Permanent methods are tubal ligation for women and vasectomy for men. Your midwife, GP, practice nurse and family planning clinic can provide you with further information. You can access information via: [www.fpa.org.uk](http://www.fpa.org.uk). It is also important to be aware that most methods of contraception do not protect you from sexually transmitted infections.

**Folic acid.** Is a vitamin that's essential for the healthy development of a baby. It is a vitamin (B9), and is responsible for cell growth and development. This vitamin is vital to support the development of a baby's brain and spinal cord. When you are trying to get pregnant again, you should take 400 micrograms (mcg) folic acid daily. Start from the time you stop using contraception until the end of the 12th week of pregnancy. If you find out you are pregnant and have not started taking folic acid, start as soon as you have a positive pregnancy test. If you have: - diabetes, epilepsy treated with medication, coeliac disease, BMI over 30 or you or your family have a history of spinal defects, you will require a higher dose of 5mg. The 5mgs dose is only available on prescription from your doctor. For further information please visit [www.fpa.org.uk/planning-pregnancy/folic-acid](http://www.fpa.org.uk/planning-pregnancy/folic-acid)

## General information

**Screening.** If you did not have screening for your Hb, blood group, antibodies, hepatitis B, syphilis, HIV, sickle cell and Thalassaemia during your pregnancy, it is recommended to be done after your baby is born. The midwives looking after you will discuss this with you.

**Rubella (German Measles).** If you haven't been fully vaccinated against Rubella, you should ask for the vaccination after the birth of your baby. The first dose of the MMR vaccine can be given in the maternity unit before you go home or at your six-week postnatal check. The vaccine is given in 2 separate injections, the 2nd injection is recommended to be given 1 month after the first. Use an effective form of contraception as it's not recommended that you become pregnant for at least 4 weeks after the second dose of MMR vaccine is given. The vaccine is safe to be given if you are breastfeeding.

**Healthy eating and drinking.** It is important to eat a healthy balanced diet containing bread, breakfast cereals, potatoes, pasta, and rice to give you energy, as well as fruit and vegetables. Lean meat, chicken, fish, eggs and pulses are good sources of protein. Dairy foods, such as milk, cheese and yoghurt contain calcium as well as protein. It is also important that you are a healthy weight for your height before you become pregnant again. If you have concerns about your weight, discuss this with your midwife/GP or health visitor. There may be a local weight management group or slimming group in your area. Your healthcare team will be able to give you information regarding this.

**General postnatal exercise.** Postnatal exercises are very important and should be adapted to your individual needs dependent on the type of birth you have had. They include abdominal, leg and breathing exercises as well as relaxation techniques. For pelvic floor exercises see page 13. If you had a straightforward birth, you can start gentle exercise as soon as you feel up to it. It is usually a good idea to wait until after your 6-week postnatal check before you start any high impact exercise e.g. running or aerobics. If you had a caesarean section, your recovery time may take longer. Please feel free to discuss this with your midwife/GP or health visitor.

**Domestic abuse.** 1 in 4 women experience domestic abuse at some point in their lives and many cases start or worsen during pregnancy or after the birth. It may take the form of physical, sexual, financial control, mental or emotional abuse. It can take place between couple relationships or between family members. Domestic abuse risks both your health and that of your baby. You can speak in confidence to your healthcare team who can offer help and support, or you can contact a support agency such as the National Domestic Violence Helpline (see page 18). The Survivors Handbook provides practical support and information for women experiencing domestic abuse, with some guidance on seeking support. For further information visit [www.womensaid.org.uk](http://www.womensaid.org.uk)

**Prescriptions and NHS dental treatment.** These are free for 12 months after you have given birth. Your child is also entitled to free prescriptions until the age of 16. To claim after your baby is born (if you did not claim whilst you were pregnant), ask your midwife / GP or health visitor for the appropriate form and you will be sent an exemption certificate (FW8). If you have private dental care, you will need to discuss this with your dental practice.

**Work and benefits.** The 'Parents Guide to Money' has been developed to give you information on all financial aspects of the arrival of a new baby including budgeting, benefits and work options. You can access information online: [www.moneyadvice.service.org.uk](http://www.moneyadvice.service.org.uk)

Your employer should provide information about your options regarding returning to work and maternity leave entitlements. Child benefit is also available for each child from birth until at least age 16 and can be claimed by the mother or the person responsible for the care of the child.

**Family and friends test.** This is an important opportunity for you to provide feedback on the services that provide your care and treatment. Your feedback will help NHS England to improve services for everyone. You can ask a member of staff for more information about how this information is used. Completion is voluntary, but if you do answer, your feedback will provide valuable information for your hospital to celebrate good practice, and identify opportunities to make improvements. You will be asked to complete this survey after the birth of your baby either before you leave the hospital/birthing unit or at home if you had a home birth. The survey will be repeated when the community midwives discharge you from their care. For more information about the programme visit [www.england.nhs.uk](http://www.england.nhs.uk)



# Checklist for transfer of care to community midwife

To be completed by midwife prior to mother leaving hospital after the birth or following a home birth

Professionals informed	Community midwife <input checked="" type="checkbox"/>	Health visitor <input checked="" type="checkbox"/>	GP <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	
	Yes No			Yes No	
Discharge address checked	<input checked="" type="checkbox"/> <input type="checkbox"/>			Prescription given if necessary	<input type="checkbox"/> <input checked="" type="checkbox"/>
Contact numbers given	<input checked="" type="checkbox"/> <input type="checkbox"/>			Urinary/faecal incontinence referral	<input type="checkbox"/> <input checked="" type="checkbox"/>
Pattern of postnatal visits explained	<input checked="" type="checkbox"/> <input type="checkbox"/>			Breast self-awareness explained	<input type="checkbox"/> <input checked="" type="checkbox"/>
Support at home discussed	<input checked="" type="checkbox"/> <input type="checkbox"/>			Cervical smear explained	<input type="checkbox"/> <input checked="" type="checkbox"/>
Out-patient appointment (if necessary)	<input type="checkbox"/> <input checked="" type="checkbox"/>			Serology results checked	<input checked="" type="checkbox"/> <input type="checkbox"/>
6-8 weeks postnatal exam appointment	<input checked="" type="checkbox"/> <input type="checkbox"/>			Anti D given	<input type="checkbox"/> <input checked="" type="checkbox"/>
Handover of care tool (as per Trust guideline)	<input checked="" type="checkbox"/> <input type="checkbox"/>			MMR vaccine given	<input type="checkbox"/> <input checked="" type="checkbox"/>
Family and Friends test discussed	<input checked="" type="checkbox"/> <input type="checkbox"/>				
Relevant details					
Date	1 4 0 1 1 6	Time	1 7 3 0	Signature* A Midwife A MIDWIFE	

## Appointments

Date	Time	Where	With	Reason
D D M M Y Y				

## Signatures

Anyone writing in these notes should record their name and signature here  
 Abbreviations: CMW = Community Midwife; MW = Midwife; StM = Student Midwife; HV = Health Visitor; MSW = Maternity Support Worker; Ph = Phlebotomist  
 GP = General Practitioner; Con = Consultant; ST = Specialist Trainee; FY = Foundation year doctor; US = Ultrasonographer

Name (print clearly)	Post	Signature*	Name (print clearly)	Post	Signature*
Amy Midwife	Midwife band 6	A MIDWIFE			
Brenda Midwife	Midwife band 7	B MIDWIFE			

## Support groups/additional information

Alcohol concern	0203 815 8920	National Breastfeeding helpline	0300 100 0212
Bladder and bowel foundation helpline	01926 357220	National Childbirth Trust (NCT)	0300 330 0700
BLISS family support line	0808 801 0322	National Domestic Violence helpline	0808 200 0247
Childline	0800 1111	NHS Choices	www.nhs.uk
Citizens Advice Bureau (CAB)	0345 404 0506	NHS Non-Emergencies	111
Contact a Family (Disability)	0808 808 3555	NHS Information Service for Parents	www.nhs.uk/start4life
Frank About Drugs	0300 123 6600	NHS Smoking Helpline	0300 123 1044
Group B Strep Support Group	www.gbss.org.uk	Parentline Plus	0808 800 2222
Gingerbread	0808 802 0925	RCM information for women	www.rcm.org.uk/resources-for-women
La Leche League GB (Breastfeeding)	0345 120 2918	Samaritans	116 123
Maternity Action Advice Line	0808 802 0029	Tax credit information	www.gov.uk/working-tax-credit
MIND – for better mental health	0300 123 3393	Working Families (rights and benefits)	0300 012 0312

