

Previous history

Personal & Family History
i.e. Social care involvement

Past Medical History

Past Obstetric History

Social assessment (Record any referrals on page 5 - management plan)

Needs help understanding Postnatal Notes No Yes

Do you have support from partner / family / friend No Yes

Which health or social care professionals have been involved in the past with you or anyone in your household? or currently to support you or anyone in your household? E.g. social services contact, hospital appointments

Have appropriate housing? No Yes

How long have you lived at your current address? How many people live in your household?

Name of social worker(s)/ Other multi-agency professionals

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 healthcare team 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 are removed to safeguard confidentiality. Other information such as date of birth and postcode are included to help understand the influences of age and geography.

If there are concerns for you or your child's safety, the relevant information will be shared with other agencies such as safeguarding teams. 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 Personalised care plan (page 5)

Have you smoked in the last 12 months No Yes

Did you smoke at the beginning of pregnancy No Yes

Did you smoke at the end of pregnancy No Yes

When did you give up

Does anyone else in your home smoke No Yes

Have you tried to stop smoking in the last 12 months No Yes

Were you referred to a smoking cessation advisor No Yes

CO screening (if carried out) No Yes

Result

Smoking cessation referral No Yes Declined

Any drug or alcohol concerns in the home No Yes Details

Substance misuse referral No Yes Declined

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 personalised care plan page 5 as required

Any previous VTE Anyone requiring antenatal LMWH High-risk thrombophilia Low-risk thrombophilia + family history	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	High risk At least 6 weeks postnatal prophylactic LMWH
Caesarean section in labour BMI ≥ 40 Readmission or prolonged admission (≥ 3 days) in the puerperium Any surgical procedure in the puerperium except immediate repair of the perineum 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"/>	Intermediate risk At least 10 days' postnatal prophylactic LMWH Note: if persisting or > 3 risk factors, consider extending thromboprophylaxis with LMWH
Age > 35 years BMI ≥ 30 Parity ≥ 3 Smoker Elective caesarean section Family history of VTE Low-risk thrombophilia Gross varicose veins Current systemic infection Immobility, e.g. paraplegia, PGP, long distance travel Current pre-eclampsia Multiple pregnancy Preterm delivery in this pregnancy (<37 weeks) Stillbirth in this pregnancy Mid cavity rotational or operative delivery Prolonged labour (>24 hours) 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"/>	2 or more risk factors ↑ Fewer than 2 risk factors ↓ Lower risk Early mobilisation and avoidance of dehydration
Signature* <input style="width: 300px;" type="text"/>		Date <input style="width: 100px;" type="text"/>
		No risks identified <input type="checkbox"/>

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

1 Age > 35 2 Para > 3 3 BMI > 30 4 Pregnancy induced hypertension / Pre-eclampsia 5 Prolonged rupture of membranes 6 Pushing > 1.5 hours 7 Ventouse or forceps 8 Caesarean section 9 Incomplete placenta or membranes 10 Baby weight > 90th centile 11 High temperature / unwell 12 Episiotomy / 2nd degree tear 13 3rd / 4th degree tear	14 No spontaneous urinary void > 3 hours 15 Single catheter drainage > 500 ml 16 Indwelling catheter > 24 hours 17 Lack of support 18 Current mental health problems 19 Previous mental health problems 20 Family history of severe perinatal mental health 21 Excessive blood loss 22 Smoker 23 Antenatal anti-coagulation therapy 24 Thrombophilia 25 Difficult / Traumatic birth <input type="checkbox"/> 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	5	8	9	11	12	13	14	15	16	21	22
Abnormal bleeding	2	4	9	11	23	24					
Hypertensive disorders	1	3	4								
Urinary urgency or incontinence	2	6	7	10	12	13	14	15	16		
Faecal urgency or incontinence											
Psychological well being	17	18	19	20	25						

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	<input style="width: 250px;" type="text"/>
Unit No/ NHS No	<input style="width: 250px;" type="text"/>

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

Date	<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"/>	Time	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value="M"/> <input type="text" value="M"/>	Where seen	<input style="width:90%;" type="text"/>
VTE assessment required		No <input type="checkbox"/>	Yes <input type="checkbox"/>	VTE pathway initiated	
		No <input type="checkbox"/>	Yes <input type="checkbox"/>		
Are there any concerns about the following:		No <input type="checkbox"/> Yes <input type="checkbox"/>		Comments/Actions	
A. Temperature, pulse, respirations and blood pressure Infection, fever, chills, headache, visual disturbances, fast pulse, severe breathlessness		<input type="checkbox"/>	<input type="checkbox"/>	MEOWS chart commenced <input type="checkbox"/> No <input type="checkbox"/> Yes	
B. Breasts and nipples Redness, pain, cracked, sore, bruised nipples		<input type="checkbox"/>	<input type="checkbox"/>		
C. Uterus Abdominal tenderness, subinvolution		<input type="checkbox"/>	<input type="checkbox"/>		
D. Vaginal loss Clots, offensive smell, return to heavy loss		<input type="checkbox"/>	<input type="checkbox"/>		
E. Legs DVT, redness, swelling, pain, varicose veins, cramps		<input type="checkbox"/>	<input type="checkbox"/>		
F. Prescribed thromboprophylaxis (anti clotting medication) Taking correct dose, side effects, safe sharps disposal, importance of completing prescribed course		<input type="checkbox"/>	<input type="checkbox"/>		
G. Bladder Pain on passing urine, leakage, urgency		<input type="checkbox"/>	<input type="checkbox"/>		
H. Bowels Constipation, haemorrhoids, leakage, urgency		<input type="checkbox"/>	<input type="checkbox"/>		
I. Wound Suture removal, healing, infection		<input type="checkbox"/>	<input type="checkbox"/>		
J. Perineum Soreness, bruising, swelling, sutures, infection		<input type="checkbox"/>	<input type="checkbox"/>		
K. Fatigue Unable to sleep, restless sleep, extreme tiredness		<input type="checkbox"/>	<input type="checkbox"/>		
L. Pain Headache, backache, abdominal, severe chest pain spreading to your jaw, arm or back		<input type="checkbox"/>	<input type="checkbox"/>		
M. Mental health and wellbeing Feeling down, low in mood, worried or anxious		<input type="checkbox"/>	<input type="checkbox"/>		
N. Postnatal exercises - discussed Pelvic floor, abdominal, legs, deep breathing, relaxation		<input type="checkbox"/>	<input type="checkbox"/>		
O. Tissue viability assessment completed Risk of developing a pressure ulcer		<input type="checkbox"/>	<input type="checkbox"/>		
Infant feeding method			Key to risk reviewed (page 3) <input type="checkbox"/> Yes		
			Personalised care plan initiated <input type="checkbox"/> Yes		
Signature*		Date/Time			
		<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"/> <input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value="M"/> <input type="text" value="M"/>			

DVT = Deep Vein Thrombosis

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

Introductions <input type="checkbox"/>	Call system <input type="checkbox"/>	Security system <input type="checkbox"/>	Ward layout <input type="checkbox"/>	Visiting details <input type="checkbox"/>	Meals/drinks <input type="checkbox"/>	Information leaflets <input type="checkbox"/>	Expected date of discharge <input type="checkbox"/>
Date	<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"/>	Time	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value="M"/> <input type="text" value="M"/>	Signature* <input style="width:80%;" type="text"/>			

Name
Unit No/ NHS No

The healthcare team that 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/advice and work with you to develop a personalised care plan including your choices/decisions about your care. They may visit you at home or arrange for you to attend a community hub/clinic. 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/questions 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.

Contact your midwife/GP immediately if you are unwell and are experiencing any of the following symptoms: pain on passing urine, sore throat or respiratory infection, diarrhoea and sickness, rash on your body, a painful perineum (see below) or abdominal wound, and/or abdominal tenderness. You may need treatment with antibiotics. 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. Wherever possible keep away from people with an infection e.g. diarrhoea and sickness, cold/flu or any rash illness.

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 **contact your midwife/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 healthcare 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 formula 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 formula 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. Your midwife may check this recovery process by gently feeling your abdomen. 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 **contact 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 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 **contact your midwife/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 postnatal check-up at your GP surgery. Inserting a tampon can increase the chance of you 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 **contact 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 **contact your GP/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, haemorrhoid 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 pain relief e.g. 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 website: www.nhs.uk

Caesarean section. After your caesarean section your blood pressure, pulse, temperature, breathing rates and pain level 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 will be offered regular pain-relieving medication either in a tablet/liquid form or suppository. 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. 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 how to prevent it getting infected. They will regularly check your wound for signs of infection.

Symptoms of infection are:

- Redness, heat and swelling around the wound.
- Increased pain.
- The wound starts to open.
- 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 whilst in hospital, let staff looking after you know **immediately**. If these symptoms happen when you are discharged home contact your **midwife/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 healthcare team. 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/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 provider 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

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 birth, 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) 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

Keeping healthy

If you think you need to lose weight, talk to your GP/midwife/health visitor or practice nurse. 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. Being overweight (i.e. BMI over 30) has a risk for long term health. Risks include developing diabetes, high blood pressure and heart disease.

Quitting smoking for you and your family. The best thing you can do for you and your family's health is 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. 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 including high blood pressure, cancer and liver problems. It's recommended that women do not drink more than 14 units a week on a regular basis and avoid binge drinking. For further information including examples of what 1 unit of alcohol is visit: www.drinkaware.co.uk. 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. Blood loss during and after the birth affects women in different ways. If you begin to develop symptoms including palpitations (more aware of your own heartbeat), dizziness, a rapid pulse, weakness, sweating and restlessness following or during a heavy blood loss, you should **contact your midwife/GP immediately** for advice. You may need treatment/medication.

Infection. A high temperature, rapid pulse and increased breathing rate are signs of an infection. This is more likely if you are experiencing other symptoms such as pain on passing urine, diarrhoea and/or vomiting, rash on your body, a painful perineum 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.

Sepsis (also known as blood poisoning) is the immune system's overreaction to an infection or injury. This is a rare but serious condition which can initially look like flu, gastroenteritis (sickness and/or diarrhoea) or a chest infection. If not treated immediately, sepsis can result in organ failure and death. With an early diagnosis, it can be treated with antibiotics. **Seek urgent medical help** if you experience signs of sepsis -

- slurred speech or confusion
- extreme shivering or muscle pain
- passing no urine (in a day)
- severe breathlessness
- you feel like you are going to die
- your skin is mottled or discoloured.

Headache. Some women suffer from tension headaches and/or migraines after the birth. These usually resolve with mild pain relief and rest. If, however you have the onset of a sudden 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 your blood pressure. 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 **contact your midwife/GP immediately** for advice. You may also experience nausea and vomiting and ringing in the ears.

Chest pain spreading to your jaw, arm or back, shortness of breath, increased heart rate. Some women can experience symptoms of coronary heart disease for the first time following the birth of their baby. The risk of heart disease is increased if you smoke, have high blood pressure, have high cholesterol, overweight/obese or have diabetes. Therefore, it's essential that if you develop any of the following symptoms you **seek urgent medical attention** by calling 999:

- Severe chest pain spreading to your jaw, arm or back
- Your heart is persistently racing
- You are severely breathless when resting, especially when lying down
- Your experience fainting while exercising

Red, painful area on the breast. This is 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 and you may need 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 thrush, 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.

Persistent tiredness, fainting, 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 pain killers 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. Water based lubricant gel may ease the soreness. 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 website: www.nhs.uk

SUMMARY of BIRTH

To be completed by midwife present at birth

Para +

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Unit No. <input type="text"/> NHS No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<table border="1"> <thead> <tr> <th></th> <th>Baby 1</th> <th>Baby 2</th> </tr> </thead> <tbody> <tr><td>Name</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Unit no.</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>NHS no.</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>DOB</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Time</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Sex</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Gestation</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Birth weight</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Birth weight centile</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Mode of delivery</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Outcome</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Apgars</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Duration of labour</td><td><input type="text"/> h</td><td><input type="text"/> m</td></tr> </tbody> </table>			Baby 1	Baby 2	Name	<input type="text"/>	<input type="text"/>	Unit no.	<input type="text"/>	<input type="text"/>	NHS no.	<input type="text"/>	<input type="text"/>	DOB	<input type="text"/>	<input type="text"/>	Time	<input type="text"/>	<input type="text"/>	Sex	<input type="text"/>	<input type="text"/>	Gestation	<input type="text"/>	<input type="text"/>	Birth weight	<input type="text"/>	<input type="text"/>	Birth weight centile	<input type="text"/>	<input type="text"/>	Mode of delivery	<input type="text"/>	<input type="text"/>	Outcome	<input type="text"/>	<input type="text"/>	Apgars	<input type="text"/>	<input type="text"/>	Duration of labour	<input type="text"/> h	<input type="text"/> m
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MATERNAL DISCHARGE SUMMARY from Midwifery Care

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

Blood test results Blood group <input type="text"/> Last Hb <input type="text"/> Investigations / immunisations <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><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	BN	Site	Date / Signed*	Anti D <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	Mental health During the last month have you often been bothered by: Feeling down, depressed or hopeless <input type="checkbox"/> No <input type="checkbox"/> Yes Having little interest or pleasure in doing things <input type="checkbox"/> No <input type="checkbox"/> Yes During the last 2 weeks have you often been bothered by: Feeling worried, nervous or on edge <input type="checkbox"/> No <input type="checkbox"/> Yes Not able to stop or control worrying <input type="checkbox"/> No <input type="checkbox"/> Yes Avoiding places or activities and does this cause you problems? <input type="checkbox"/> No <input type="checkbox"/> Yes																											
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Mental health comments <input type="text"/> Perineum <input type="text"/> Contraception Not discussed <input type="checkbox"/> Leaflet given <input type="checkbox"/> Chosen method: <input type="text"/>	Details of any postnatal problems 6-8 week postnatal check arranged <input type="checkbox"/> Yes <input type="checkbox"/> No Venue <input type="text"/> Appointment date/time <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																	
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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 water based 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 and 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 advice. For further information please visit 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 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) of 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: - pre-existing 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 5mg dose is only available on prescription from your doctor. For further information please visit www.fpa.org.uk/preparing-pregnancy

Measles, Mumps and Rubella vaccination. (MMR) It's a good idea to check you're fully protected against measles, mumps and rubella (German Measles) before getting pregnant again. Rubella infection in pregnancy can lead to serious birth defects and miscarriage. If you are not sure if you've had 2 doses of the MMR vaccine, ask your GP surgery to check for you. The vaccine is given in 2 separate doses, the 2nd injection is recommended to be given 1 month after the first. You are strongly advised to avoid getting pregnant for 1 month after an MMR vaccination. In the event that you find out you are pregnant within 1 month of an MMR vaccine, or you suspect you were pregnant when you received the MMR vaccination, please contact your midwife/GP for urgent advice.

General information

Screening. If you did not have screening tests 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 healthcare team looking after you will discuss this with you.

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/practice nurse 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 need's 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, mental or emotional abuse, stalking and harassment, online or digital abuse or financial control. 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

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 information about how to get an exemption certificate. If you have private dental care, you will need to discuss this with your dental practice.

Work and benefits. The Money Advice Service has developed lots of helpful information on all financial aspects of the arrival of a new baby including budgeting, benefits and work options. You can access information online: www.moneyadviceservice.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 midwifery team discharge you from their care. For more information about the programme visit www.england.nhs.uk/fft



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 type="checkbox"/>	Health visitor <input type="checkbox"/>	GP <input type="checkbox"/>	Other <input type="checkbox"/>
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	Yes	No		Yes	No
Discharge address checked	<input type="checkbox"/>	<input type="checkbox"/>	Prescription given if necessary	<input type="checkbox"/>	<input type="checkbox"/>
Contact number <input style="width:100%;" type="text"/>			Urinary/faecal incontinence referral	<input type="checkbox"/>	<input type="checkbox"/>
Contact numbers given	<input type="checkbox"/>	<input type="checkbox"/>	Breast self-awareness explained	<input type="checkbox"/>	<input type="checkbox"/>
Pattern of postnatal visits explained	<input type="checkbox"/>	<input type="checkbox"/>	Cervical smear explained	<input type="checkbox"/>	<input type="checkbox"/>
Support at home discussed	<input type="checkbox"/>	<input type="checkbox"/>	Serology results checked	<input type="checkbox"/>	<input type="checkbox"/>
Out-patient appointment (if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	Anti D given	<input type="checkbox"/>	<input type="checkbox"/>
6-8 weeks postnatal exam appointment	<input type="checkbox"/>	<input type="checkbox"/>	MMR vaccine given	<input type="checkbox"/>	<input type="checkbox"/>
Handover of care tool (as per Trust guideline)	<input type="checkbox"/>	<input type="checkbox"/>	Full blood count	<input type="checkbox"/>	<input type="checkbox"/>
Family and Friends test discussed	<input type="checkbox"/>	<input type="checkbox"/>	Contraception discussed	<input type="checkbox"/>	<input type="checkbox"/>

Relevant details

Date	<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"/>	Time	<input type="text" value="H"/> <input type="text" value="H"/> <input type="text" value="M"/> <input type="text" value="M"/>	Signature*	<input style="width:100%;" type="text"/>
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Appointments

Date	Time	Where	With	Reason
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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*

Support groups/additional information

Alcohol concern	020 3901 8480	
Bladder and bowel foundation	help@bladderandbowel.org	
BLISS family support line	020 7378 1122	
Childline	0800 1111	
Citizens Advice Bureau (CAB)	03444 111 444	
Contact a Family (Disability)	0808 808 3555	
Frank About Drugs	0300 123 6600	
Group B Strep Support Group	0330 120 0796	
Gingerbread	0207 428 5400	
La Leche League GB (Breastfeeding)	0345 120 2918	
Maternity Action Advice Line	0808 802 0029	
MIND – for better mental health	0300 123 3393	
National Breastfeeding helpline	0300 100 0212	
National Childbirth Trust (NCT)	0300 330 0700	
National Domestic Violence helpline	0808 200 0247	
NHS Choices	www.nhs.uk	
NHS Non-Emergencies	111	
NHS Information Service for Parents	www.nhs.uk/start4life	
NHS Smoking Helpline	0300 123 1044	
Parentline Plus	0808 800 2222	
Samaritans	116 123	
Tax credit information	www.gov.uk/working-tax-credit	
Working Families (rights and benefits)	0300 012 0312	

