Welcome to Swan Ward

At South Warwickshire NHS Foundation Trust we are fully committed to quality and diversity, both as an employer and as a service provider. We have a policy statement in our Equality Strategy that clearly outlines our commitment to equality for service users, patients and staff:

- You and your family have the right to be treated fairly and be routinely involved in decisions about your treatment and care. You can expect to be treated with dignity and respect. You will not be discriminated against on any grounds including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

- You have a responsibility to treat other service users, patients and or staff with dignity and respect.

Our information for patients can also be made available in other languages, Braille, audio tape, disc or in large print.

PALS
We offer a Patient Advice Liaison Service (PALS). This is a confidential service for families to help with any questions or concerns about local health services. You can contact the service by the direct telephone line on 01926 600054, by email: Pals@swft.nhs.uk or by calling in person to the PALS office which is located in the Lakin Road entrance to the hospital.

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Welcome to the postnatal ward. This is where mums and their babies are cared for until they are ready to go home. Once at home, care will be continued by a community midwife, health visitor and GP.

Swan Ward is generally a busy place with care provided by different health care professionals. Each day you have personal, postnatal checks which are carried out by the Midwife caring for you. Support with feeding, bath demonstrations and baby care is also provided by the Midwives and Healthcare Support Workers. If you are being cared for by an obstetric team you will also be seen by a doctor on the ward.

As this is a teaching hospital there will also be student healthcare professionals working on the ward who are mentored by the qualified staff. If you prefer not to be seen by students, please just inform a member of staff, this will not affect your care in any way.

How long will I stay in Hospital?

**Vaginal birth**

After you have had a normal, vaginal delivery you may be able to leave hospital about 6 hours after the birth, if all is well with you and your baby.

**Caesarean section**

After a caesarean birth you may be able to go home after approximately 24 hours, if all is well with you and your baby. However the length of your stay in hospital will depend on individual circumstances. Information regarding your individualised discharge time and plan will be discussed with you by your midwife.

Congratulations on your new arrival

Our core functions are:

- Gather views and experiences
- Make these views known, both locally and nationally as appropriate
- Promote and support involvement in commissioning of health services and provision of care services.
- Where appropriate, recommend investigation or special review of services via Healthwatch England to the CQ
- Provide or signpost to advice and information re access to services
- Enable access to NHS Complaints Advocacy Services

Please leave your feedback here and let’s join together to build and maintain a local maternity service that we are all proud of: http://www.healthwatchwarwickshire.co.uk/content/speak-out

Maternity Partnership

The Maternity Partnership is a forum where parents and professionals work together to support our local maternity services. The aim is to improve service users’ experience and choice of their local maternity services.

Our key objectives are to gather feedback from parents through local community networks and groups from all areas of South Warwickshire. Regular feedback from people who have recently used the maternity services is really helpful in order that the design and delivery of services is centred on the needs of parents using them. We work closely with Healthwatch in reviewing your feedback.

The Maternity Partnership also helps to support fundraising projects for improvements to our maternity service.

If you have any feedback on the antenatal care, antenatal classes, being in labour, care after birth, and how you are supported in feeding and caring for your baby both in hospital and at home please let us know. If you would like to know more about what we do or if you are interested in becoming a member of the group please email maternity.feedback@swft.nhs.uk
Feedback

Friends and Family Feedback Form

On discharge from Swan Ward you will be offered an opportunity to complete a Friends and Family Feedback Forms. This gives you an opportunity to give direct feedback to the ward staff and effect change in the ward area.

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Healthwatch Warwickshire

Healthwatch Warwickshire represents the views of service users, patients, carers and the general public on health and social care issues.

We have a seat on the Health and Wellbeing board set up by local authorities, and we will report concerns about the quality of health care to the Overview and Scrutiny Committee or Healthwatch England where appropriate, which can then recommend that the Care Quality Commission (CQC) take action.

Swan Ward Information

Whilst you are on Swan Ward your meals are available at the following times:

- Breakfast 7.30am-9.00am (served in the Mothers Room)
- Lunch arriving between 12.30 and 1.00pm
- Evening meal arriving between 6.00 – 6.30pm

Meals are served at the Midwives’ desk but if you are not able to collect your meal please ask staff for help.

There are also snacks and drinks available throughout the day in the mother’s room (located through Room 1). Please ask a member of staff for directions.

Visitors are able to buy food and drinks at the hospital canteen which can be found on the ground floor.

Visiting times on Swan Ward

Swan Ward has strict visiting times due to the intimate and personal nature of having given birth; the care involved, feeding your baby and the examinations that take place before going home.

Your partners or a designated person and your own children can visit from 10am until 8.30pm.

Friends and other family members can visit from 3.30pm until 4.30pm and 7pm until 8pm.

There should only be two visitors per bedside. Please ask your visitors to observe visiting times and to be patient when waiting for the door to be answered as only staff members are permitted to open the door. Your visitors should not bring their children with them to visit, only the baby’s brothers and sisters are allowed to visit. This is to minimise the risk of infection to the newborn babies and to ensure maximum security of your baby and fire safety within the unit.

WIFI Access

You can access free WIFI through PatientWIFI during your stay.

Newborn examination

Before you go home your baby will be examined by a Paediatrician or a Midwife trained in the examination of newborns. The examination involves a full head to toe examination and usually takes place in the neonatal room behind the midwives station. Babies on the ward are also offered a hearing test which is performed at the bedside by a Newborn Hearing Screener.
If your baby is born early or requires additional medical or nursing care, he/she will be cared for in the Special Care Baby Unit (SCBU). There are no restrictions on visiting time for parents and we encourage you to spend as much time with your baby as possible.

Visiting for other family members is restricted to siblings and grandparents only, accompanied by a parent. This is between 3.30-4.30pm and 6.30-7.30pm.

Although we appreciate it is very difficult to leave the hospital while your baby is still being cared for in SBCU, once you are medically well enough you will be discharged home.

Care of your perineum following birth

(the area between your vagina and anus)
During a ‘normal’ vaginal birth studies show, up to nine in ten (90%) of women have a tear to their perineum to some extent

Most tears occur in the perineum, they may be:
- First degree tears - small, skin deep tears which usually heal naturally
- Second degree tears and episiotomies – which affect the muscle of the perineum as well as the skin, these usually require stitches.

If you have been advised that the tear to your perineum is a 3rd or 4th degree tear you will receive further information about that from your Midwife.

Healing advice for tears to the perineum

Here are some tips to help your perineum to heal and to help you to feel more comfortable.

1. Take pain relief such as paracetamol and / or ibuprofen (unless you have medical condition which makes this medication unsuitable). Do not wait until you are in pain but take this on a regular basis for the first few days.

References and Useful information

**Birth Experience Listening Service** – 01926 495321 ext 4613
This is a confidential answer phone and a Supervisor of Midwives will call you back to arrange an appointment.

**National Breastfeeding Helpline** – 0300 1000212
www.nationalbreastfeedinghelpline.org.uk

**National Childbirth Trust** – www.nct.org.uk

**General enquiries** – 0300 330 0770 – office hours

**Breastfeeding line** – 0300 330 0771 – 8am-10pm daily

**Postnatal Line** – 0300 330 0773 – 9am-1pm weekdays

**Royal College of Obstetrics and Gynaecology** - www.rcog.org.uk

**NHS Choices** www.nhs.uk/planners/pregnancycareplanner/pages/Postnatal-check.aspx

**Family Planning Association** - www.fpa.org.uk

**The Lullaby Trust** - www.lullabytrust.org.uk/

**United Nation Children's Fund** – www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/

If you have difficulty accessing any of this information, please ask your midwife to print it out for you.
2. Drink plenty of water to keep your urine dilute. This will help to reduce the stinging when you pass urine.
3. You can pour lukewarm water on your perineum when you pass urine. The warm water will dilute your urine so it does not sting the wound. This may be particularly helpful for labial tears.
4. Regular baths can be soothing. Sit in a bath for five to ten minutes twice daily. Avoid staying in the bath for too long it may make the area soggy and prevent healing. There is no evidence to suggest salt baths will improve healing, but using a mild soap will maintain hygiene.
5. Change your sanitary towel at least every 4 hours. Washing your hands both before and after going to the toilet or changing your sanitary towel will help to prevent infection.
6. Pain and swelling can be relieved by cold therapy. Some women find maternity cooling gel pads (which can be purchased from pharmacies) very helpful.
7. Avoid standing or sitting for long periods. Ensure you are sitting comfortably when feeding your baby.
8. Avoid wearing tight trousers, jeans or tights.
9. Eating a healthy balanced diet will help the healing process and prevent constipation.

**Occasionally, tears to the perineum can become infected.** Signs to look out for which might suggest an infection are:-

- Increased pain
- Increased redness or swelling
- An offensive odour
- Generally feeling unwell and a raised temperature

Contact your midwife or GP if your stitches become more painful or smell offensive or you develop a fever, these may be signs of infection. If you have been advised that the tear to your perineum is a 3rd or 4th degree tear then you will be given further information.

**Pain Relief for the Perineum**

If you have pain in your perineal area after birth some of these ideas may help relieve the discomfort:

**Ice:** Using ice can reduce inflammation and pain around your perineum. You can use an ice pack wrapped in a towel. Place over the tender and swollen part of your perineum for 10 minutes. Repeat this process 3-4 times for the first few days.

**Cold Shallow Baths:** Taking a cold shallow bath can also help reduce inflammation, pain and keep the area clean.
Positioning: Sitting can sometimes be uncomfortable. It is wise to sit on soft surfaces or pillows. Sitting on a towel that has been rolled up into an upside down ‘U’ shape can help. This redirects the weight through your bottom bones rather than your perineum.

In the first few weeks following childbirth most women will recover well and their bodies will return to normal.

Approximately 6 weeks after childbirth you should:
- Be in full control of your bladder
- Be in full control of your bowel
- Have no pain or discomfort during sexual intercourse

But this does vary from woman to woman - if you think you need help, ask yourself these questions: Do I:-
- Leak when I cough, sneeze, or exert myself?
- Have an urgent need to pass urine?
- Have an urgent need to open your bowels?
- Have difficulty controlling wind?
- Leak from my bowel?
- Have pain during sexual intercourse?
- Have any other problems?

If you answered ‘yes’ to any of these questions we would like to invite you to our postnatal classes run by a women’s health physiotherapist.

Bowel and Bladder Advice

In the first few days after giving birth some women can experience problems with bladder and bowel control and/or pain. It is important you have passed urine within six hours after birth or after the removal of a urine catheter.

If you experience stinging when you pass urine, pouring water over your perineum as you urinate may help reduce the stinging sensation. Empty your bladder regularly but if you cannot control or pass urine as normal please let your midwife know as soon as possible.

Try to avoid becoming constipated. Eat fresh fruit and vegetables and drink plenty of water. This will help you to soften and pass stools more easily.

It may feel uncomfortable when you open your bowels, especially if you have had stitches but it is unlikely that you will break the stitches or open up any cuts or tears. However it may feel easier if you hold a clean sanitary towel over the stiches or against your perineum (the area between your vagina and anus) when you are opening your bowels, to provide a little extra support.

Position yourself on the toilet so that your knees are raised higher than your hips using a small stool or books, try and bend forwards from the hips resting your forearms on your knees, this may help you open your bowels more easily.

Do not strain, and breathe out slowly when you go to the toilet.

Contraception continued

If you are thinking of having another baby in the next year or so you might want to use one of these methods.

- The combined pill
- The contraceptive patch
- The contraceptive vaginal ring
- The progesterone only pill
- Male and female condoms
- Diaphragm or cap with spermicide
- Natural family planning

These are effective methods of contraception if used according to the instructions. You have to use and think about them regularly or at each time you have sexual intercourse.

If you are breastfeeding it is recommended you use a progesterone only method of contraception, as oestrogen in some contraception can decrease the milk supply.

If you used a diaphragm or cap before becoming pregnant it is important to be discussed with your doctor if you do not want to have any more children.

Permanent methods of contraception by male or female sterilisation should be discussed with your doctor if you do not want to have any more children.
GP Examination

Once the birth certificate has been issued, you can then register your baby with your GP practice. Six weeks after the birth of your baby, you will both require a post natal examination. Please telephone your GP practice and make an appointment.

This is an opportunity to check that you are making a good recovery after the birth of your baby and discuss any concerns that you have. If you are due a smear test, this can be done three months after the birth of your baby. You can also organise your contraception if you haven’t already done so, below discusses the contraceptive options available.

Contraception

Contraception may be the last thing on your mind after having a baby, but it is important to decide how you want to delay or avoid another pregnancy. Many unplanned pregnancies happen in the first few months after childbirth. It is better to be prepared even if you are not interested in sexual intercourse at the moment.

You can have sexual intercourse as soon as you and your partner want to. It may take time to feel comfortable or ready to become sexually active, as having a baby causes many physical and emotional changes for both partners.

It is important not to feel pressured or worry about when it is normal to resume sex, everyone is different. It is important to discuss any concerns you might have with your partner.

If you are not breastfeeding your periods can return six weeks after the birth of your baby and you will be able to conceive again.

If you are breastfeeding exclusively your periods may not return for several months but if you are breast and bottle feeding they may return after six weeks and you may ovulate.

You may need to start using contraception from three weeks after the birth of your baby. You do not need to wait for the return of your periods or until you have had a postnatal check.

Contraception methods depend on your preference, medical history, and any pregnancy problems you have had and if you are breastfeeding.

Care of your caesarean section wound

Following your caesarean section a dressing will be placed over your wound, this dressing will be removed on day two following the birth of your baby, unless it is an Aquacel dressing and this will be removed between day 5 & 7. If you notice the dressing is heavily soiled or becoming unstuck before this time then please inform a member of staff and if necessary they will replace it.

Whilst you have your dressing in place and after it has been removed it is safe to take a shower but try to keep the surrounding skin folds clean and dry. There is no need to use lotions or creams on the wound or surrounding area. To stop the dressing rubbing on your clothes it is helpful to wear large maternity pants, disposable or something similar such as a cotton equivalent which will cover the wound and dressing.

Let your midwife or GP know if you notice -
- If you have fluid leaking from your wound
- An increased amount of pain from the wound
- An unusual smell
- An increase in redness or warmth around the wound

To reduce the risk of wound infections try to eat well. Wound healing needs extra protein and calories to build new tissue.

Try to indulge within your diet:
- A lot of protein such as eggs, meat, cheese, milk, nuts, seeds, soya and tofu.
- Eat plenty of fresh fruit and vegetables
- Increase your calorie intake with pasta, rice, bread
- Drink plenty of fluids so your body is fully hydrated
- Take gentle exercise with periods of rest

Pelvic floor exercises

The pelvic floor muscles are at the bottom of your pelvis, supporting the pelvic organs. These muscles have been stretched by your pregnancy and birth. The hormones in pregnancy also soften these muscles. Performing pelvic floor exercises will improve muscle strength to control your bladder and bowel and help prevent prolapse of the pelvic organs.

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Pelvic floor exercises continued

Try to begin pelvic floor exercises as soon as possible after the birth of your baby, however if you have a urinary catheter in place, wait until this has been removed. You should be passing urine normally before starting pelvic floor exercises. If you have had stitches after the birth of your baby, performing pelvic floor exercises will not cause any problems. Exercising your pelvic floor muscles increases the blood supply to the area and helps the healing process.

It can take several months for the pelvic muscles to return to their previous strength. Try to perform pelvic floor exercises in different positions, such as lying, sitting and standing.

Lying on your side is often the most comfortable at first. Imagine you are trying to stop yourself passing urine or wind, squeeze and lift the three passages, starting gently and rhythmically. Hold the squeeze for up to ten seconds, do not hold your breath while you squeeze. Gradually you will be able to hold the squeeze for longer and repeat the exercise up to ten times.

The pelvic floor muscles need to react quickly and strongly when you cough, sneeze, laugh or shout to prevent urine leakage. Tighten the muscles quickly and strongly then relax, repeat this ten times, try to establish a routine for example do the exercise every time you feed your baby. To be effective this should be repeated at least three times a day.

Postnatal Physiotherapy

Women who have had complications at delivery such as a forceps delivery or a tear are more likely to suffer with problems such as incontinence either after the birth or in later life. If you have a forceps delivery and have concerns controlling either your bladder or bowel please speak to your midwife who will refer you on to physiotherapy. You will then be seen as an outpatient at six weeks postnatal to check your bladder and bowel function.

Registering the birth continued

Nuneaton Birth Registration
0300 555 0255
Riversley Park
Coton Road, Nuneaton, CV11 5HA
Monday to Friday 9am to 4pm

Daventry Birth Registration
0300 126 1000
Council Offices
Lodge Road, Daventry
Northamptonshire NN11 5AF

Please telephone for an appointment.

Redditch Birth Registration
0845 603 2859
29 Easemore Road
Redditch
Worcestershire
registeroffice@worcestershire.gov.uk

Appointments can also be booked online
http://web1.zipporah.co.uk/Registrars.Worcestershire/

Solihull Birth Registration
0121 704 8002
Library Square Ground Floor
Library Square
Solihull
B91 3RG
Registering the birth

It is a legal requirement that you register the birth of your baby within 42 days in England and Wales. You will need to make an appointment at your local registry office.

If you are married at the time of your baby’s birth you can register the birth together or by just one parent.

If you are not married and the father’s details are to be on the birth certificate it is important that both parents attend the registry office together. (If only one parent goes to register the birth they will need to give to the registrar a statutory declaration form that has been completed by the absent parent.)

A short birth certificate will be issued free of charge, there is a charge for a full birth certificate.

Please telephone your registry office for an appointment.

If you have delivered your baby at Warwick Hospital but live out of the area then you can either register your baby’s birth at the Warwick Registry office or you can go to your local registry office where you will need to complete a registration by declaration form. Your baby’s birth certificate will then be forwarded to your home address.

Warwick Birth Registration 0300 5550255 PO Box 9, Shire Hall, Warwick, CV34 4RR (for sat nav. use CV34 4SA) Monday to Friday 9am-4pm

Rugby Birth Registration 0300 555 0255 5 Bloxham Place, Rugby, CV21 3DS Monday to Friday 9am - 4pm

Coventry Birth Registration 024 7683 3141 Cheylesmore Manor House, Manor House Drive, Coventry, CV1 2ND, Appointments: 8am - 8pm Monday to Friday 9.30am - 1.30pm Saturdays and Bank Holidays

Women who have sustained either a third or fourth degree tear will be seen at six weeks postnatal in the physiotherapy outpatient department to check bladder and bowel function.
If you have any questions, please contact the department on:
Tel: 01926 608068 (Mon-Fri 8am–5pm)

Your emotional wellbeing

Adjusting to caring for a new baby, pain/discomfort, loss of sleep and hormonal changes can all have an impact on your emotions. Baby blues are experienced by approximately 80% of new mothers. It can cause tearfulness in the first three or four days after birth but usually passes after a few days. Approximately half of new mothers go through spells of feeling depressed and these feelings are normal after just giving birth. The symptoms are usually mild:
• Feeling of anxiety
• Loss of confidence
• Difficulty coping with day to day tasks
• Dissatisfaction with the quality of relationships
• Varying degree of tearfulness and irritability
• Loss of interest in yourself or your baby
• Feeling better in company or feeling worse alone
• Feeling of loneliness or isolation

10 – 15% of new mothers experience postnatal depression and men can also experience postnatal depression. It is important to talk to someone about how you or your partner feels, such as each other, a friend or family member. Your Midwife, Health Visitor or GP can give further advice on what help and support is available in your area. If you feel that it would be helpful to talk to someone about your birth experience, we provide a Birth Listening Service at Warwick Hospital with a Supervisor of Midwives (see details at the end of the leaflet)

Caring for your baby

The ward has a policy of rooming in babies and mothers (this means that the baby stays with you at all times) and there is not a separate nursery for the babies. Staff will give demonstrations of nappy changing and bathing your baby if you would like them to. It is advisable to avoid using baby wipes and bath products for the first six weeks as babies have very sensitive skin. Warm water and cotton wool is much
kinder to their skin at this age. It is quite common for babies to get a rash when they are newborn.

Whether you choose to breast or bottle feed your baby, the staff will support and advise you. You will be given a feeding diary to fill in while you are on the ward, this helps to keep track of the times your baby feeds and how often your baby has wet and dirty nappies.

If you choose to breastfeed then you will be given information about positioning and correct attachment, how to hand express milk, feeding cues and how to know when your baby is feeding correctly. You will also receive a UNICEF “Off to the best start” leaflet.

If you choose to bottle feed your baby with formula milk, then you will be given information on how to sterilise feeding equipment, how to make up a formula feed and how to feed your baby safely. Please ask a member of staff and they will provide you with the formula of your choice and sterile teats.


**Newborn Jaundice**

Jaundice is the name given to yellowing of the skin and the whites of the eyes. Jaundice in newborn babies is very common, it is usually harmless, and usually clears up on its own after 10–14 days. If your baby starts to appear yellow and is not feeding as regularly then please inform your midwife.

For further information regarding jaundice please see the link below. http://www.nice.org.uk/guidance/CG98/InformationForPublic

**Safe sleep for your baby**

Before you go home you will receive an information leaflet about reducing the risk of Sudden Infant Death Syndrome, also known as cot death. With the information and advice provided there has been a 70% reduction in the number of babies dying.

The leaflet advises:

- Do sleep baby in a cot in your room until 6 months of age
- Do place baby on his or her back to sleep every time
- Do place baby’s feet to the foot of the cot
- Do keep the room temperature between 16 – 20 °C
- Do seek medical advice if your baby is unwell
- Don’t allow anyone to smoke near your baby
- Don’t let your baby get too hot
- Don’t share a bed with your baby if you have been drinking alcohol, taken drugs or medications, are a smoker, or you are very tired.

**Going home**

Once you and your baby are ready and well enough to go home your midwife needs to complete your discharge paperwork. Copies of this information are sent to your GP and your Community Midwife to ensure you receive postnatal care once you are home.

Community midwives work weekdays, weekends and bank holidays and you will receive a primary visit the day after you leave hospital.

This should be between 9.00am and 5.00pm. If you have not received a visit, or if you have any concerns please contact the community office or Swan Ward. At your first visit your midwife will talk to you about follow on visits and how often they will happen (Contact details can be found at the end of this information).