You and Your Baby

Directorate of Women's, Perinatal & Sexual Health Services

Information for Patients

Congratulations on the birth of your baby

University Hospitals of Leicester NHS
NHS Trust

Caring at its best

You and Your Baby

Having a baby is an exciting time bringing many changes. This information booklet gives you detailed information about you and your baby and should be kept with your postnatal notes. Information about registering your baby's birth and important telephone numbers can be found on the front sheet of your postnatal notes, which will have been given to you by your midwife.

Section One: Your Baby's Health

Introduction

Looking after a new baby can be daunting. You will be looking out for reassuring signs that your baby is thriving and anxious about signs of discomfort or illness. This information will help you learn about the comfort and health of your baby in the early days so that you are better informed about when to talk to your midwife or doctor and when there is no cause for concern.

This information applies to healthy term babies. If your baby has been on the Neonatal Unit the staff may have given you different advice to the information in this leaflet. If this is the case, please follow the guidance given by the Neonatal Team.

Jaundice

Jaundice is very common in newborn babies; especially breast fed babies and commonly occurs 2 to 3 days after birth. Jaundice is not a reason to stop breast feeding.

You baby's skin will look slightly yellow and the whites of the eyes may also look yellow. In babies with darker skin the soles of the feet and palms of the hands will appear yellow. Jaundice usually starts on the head and face and may spread to the chest and stomach. Other signs of jaundice may be the colour of your baby's urine and stools (poo). Normally your baby's urine should be colourless and the stools should not be pale. If your baby appears jaundiced he/she may be sleeping more than normal and appear disinterested in feeding. It is important that your baby feeds more frequently.

If your baby looks jaundiced before he/she is 24 hours old you need to see your GP immediately.

If jaundice continues for more than 2 weeks you will need to see your GP, who will arrange further tests if necessary.

Feeding

How much and how often your baby feeds may vary from day to day. Newborn babies need only be fed breast milk or formula feeds. Most newborn babies' breastfeed eight to twelve times a day (every 2 to 3 hours). Bottle fed babies usually feed every 3 to 4 hours although they may become hungry after a couple of hours. If you are breastfeeding make sure you wear a well fitting cotton bra. Some women experience problems with tender breasts, a build up of milk and mastitis if they wear a bra that is too tight and prefer to get the help of a trained bra fitter when buying their nursing bras.

Feeding (continued)

Your baby will be weighed by the midwife and health visitor. It is not unusual for a baby to lose weight during the first week. After this time, if your baby is gaining weight steadily this is a good indication that they are feeding well. A reliable guide to how well your baby is feeding is the amount of urine he/she produces. If your baby does not have a wet nappy on 3 to 4 changes in a row, call your GP for advice. (Disposable nappies can absorb a lot of urine without feeling wet so a better guide is to feel how heavy the nappy feels). If your baby isn't interested in feeding and seems lethargic this may be an indication that they are unwell. Please see your GP.

Vomiting

Babies often bring up some of their milk without a burp after a feed. This is called possetting and is normal, and can happen a lot in the early weeks. Your baby should not vomit repeatedly and in a violent manner – this is called projectile vomiting and your baby must be seen by your GP. If your baby's vomit is green or if you are concerned that your baby's vomit is "different" to normal, contact your GP.

Temperature

A high or low temperature may be one of the first signs your baby is unwell. To check your baby's temperature place a digital thermometer under his/her armpit. If it is less that 36°C or above 37.2°C please seek further advice from your GP.

Breathing

Newborn babies have "periodic breathing". They may pause for up to 5 seconds, or even more, then start up again with progressively deeper breaths. This is normal and will change into a more mature pattern of breathing, with occasional sighs or snuffles, within the first few months. To reassure yourself that your baby's breathing is ok, here are 3 quick ways to check:

Listen: Put your ear next to your baby's mouth and nose and listen for breath sounds.

Look: Bend or kneel down so that your eyes are level with your baby's chest, then watch for the movements of breathing.

Feel: Put your cheek next to your baby's mouth and nose and feel the breaths against your skin.

Babies' skin

There are a number of things you may notice:

Rash

A rash that begins in the first few days after birth which leads to a small blotchy red area with a yellow or white centre is called Erythema Toxicum. As long as your baby is otherwise well this is usually nothing to worry about and may continue for a few weeks and then disappear without treatment.

Forceps marks or bruises

These will only be seen if your baby has been born with the aid of forceps or ventouse. They are usually seen around the head and face. There is no cause for concern and the bruises will disappear.

Babies' skin (continued)

Meningitis

A typical rash with meningitis is red or purple with small spots that grow to become blotchy. Meningitis can be very dangerous and may develop very quickly. If your baby gets a rash, do the Tumbler Test. Place a clear glass tumbler firmly on one of the spots or blotches. If the spot does not fade and you can still see it through the glass, get medical help immediately.

Milia

These are small pinpoint spots on his/her nose or chin. You baby may have these spots for a number of weeks. No treatment is required. Do not apply any proprietary creams or lotions.

Nappies

Your baby's first nappy.

For the first 24 hours after birth, your baby's poo will look dark and sticky and is called "meconium". If your baby does not pass any meconium within the first 24 hours of being born, contact your GP.

Constipation

Constipation is a condition where your baby's poo becomes firmer and harder. Breast fed babies rarely get constipation because breast milk is easily digested. Bottle fed babies may become constipated as formula milk is harder to digest. So they may not poo as often as a breast fed baby.

Constipation (continued)

If your baby has firm, hard pellet-like stools that seem to hurt him/her, check that the formula is made up correctly. Do not add extra scoops of milk powder to bottles. If you think your baby is constipated tell your health visitor or GP. They may advise you to give small amounts of cooled boiled water to provide extra fluids.

Diarrhoea

Breast fed babies' poo is mainly fluid and is quite soft. If you notice your baby is pooing more often and that it has become more runny and quite watery this may be diarrhoea. Diarrhoea in babies can lead to dehydration. Babies with diarrhoea often do not feel very well. They may pass less urine, get a high temperature and may be very sleepy or irritable. If you think your baby has diarrhoea consult your GP.

Thrush

Oral thrush is a fungal infection which mostly occurs in babies around 4 weeks old, but it can be earlier. One of the first signs of oral thrush is that your baby does not want to feed. There may be one or more white patches in your baby's mouth that looks a bit like curd or cottage cheese. These patches can also join together to make larger ones. You may see these patches on your baby's gum, on the roof of their mouth or inside the cheeks. See your GP if you think your baby has oral thrush as they may prescribe treatment. Babies can also get thrush on their bottoms or genitals. It will look red and sore. This could be confused with nappy rash so always make sure you discuss any concerns with your health visitor.

Nappy rash

Do not use baby wipes. Nappy rash is very common. A wet or dirty nappy that has been left touching the skin is the most common cause. If it is mild, part of your baby's nappy area will be covered in a pink rash which is usually made up of small spots or blotches. It will help if you change your baby's nappy more often using only warm water to clean the skin, drying carefully with soft material. A barrier cream will help to protect the skin. If the rash is not settling after a few days, talk to your midwife or health visitor. If your baby also has a temperature, see your GP immediately.

Crying babies

All babies cry. It is your baby's way of letting you know that they are hungry, tired, cold, or in need of a nappy change. Sometimes babies cry for no obvious reason, even though they are well-fed, clean and warm. Holding your baby close to you and gently rocking may help them to settle.

Colic

Colic is very common in newborn babies. Colic starts a few weeks after birth and may continue for the first 3 to 4 months. Your baby may cry intensely, have a red face and may clench his/her fists and draw up his/her knees. Although you may worry that your baby is in distress, colic is not harmful and your baby will continue to feed and gain weight normally. If you suspect your baby is unwell, or if you are worried that the symptoms may be something other than colic, it is important to see your GP.

Cord care

The cord clamp stays on your baby's cord until the cord falls off. Keep the stump clean and dry and outside of the nappy. After a few days the cord stump will darken and dry up. Occasionally you may see a small amount of blood on the nappy when the cords starts to separate. It will fall off sometime between 5 and 15 days, leaving a small area that may take a few days to heal. Never try to pull the cord off. If the surrounding area becomes red or swollen or if the cord stump itself becomes swollen and smelly, take your baby to see your GP.

Nail bed infection (Paronychia)

Redness and inflammation of the nail fold (Paronychia) is quite common in babies. This may be made worse by the baby sucking his/her fingers or by trimming the baby's fingernails. Occasionally the Paronychia may become infected. If this happens the infection can be treated with antibiotics.

Breast enlargement in newborn babies

Breast enlargement can happen in both boys and girls and is usually noticed by the third day after birth. It is short-lived and should go away by the second week. Do not squeeze or massage the breasts. You may notice some discharge from the nipples. This is also common but is not a cause for concern and will stop within 2 weeks.

Pseudomenstruation

Baby girls sometimes have a vaginal discharge called 'Pseudomenstruation'. It is usually white but occasionally it is tinged with blood. This condition is common, there is no cause for concern and it should not last beyond the first week of life. If this discharge is present you should continue to clean your baby at every nappy change as usual. A little light pink, orange or even red stain on the nappy is seen occasionally with both boys and girls and is usually nothing to worry about if your baby is otherwise well. If your baby seems unwell or is not feeding well, contact your midwife, health visitor or GP.

Sticky eyes

'Sticky eyes' in babies is common. You can use cooled boiled water to clean your baby's eyes. Prepare a small bowl of boiled water and allow to cool. Wash your hands thoroughly, dip a piece of clean gauze, squeeze it, and then gently wipe your baby's eye from the nose outwards. Repeat on the other side using a fresh piece of gauze. If the eye becomes inflamed, angry or red or if there is persistent green discharge, see your GP for advice.

Care of Your perineum

It is very common to experience tears when you give birth. Most women (8-9 in 10, or 85%) tear. This section tells you what to expect, what your midwife and doctor will do to help you recover and how you can look after yourself.

Tears during childbirth

Most tears occur in the perineum, the area between the vaginal opening and the anus (back passage). Tears can also occur inside the vagina and in the labia (lips of the vagina):

- First degree tears are small skin-deep tears which heal naturally.
- Second degree tears are deeper tears affecting the muscle of the perineum as well as the skin. These usually require stitches.

There are two further types of tears called third and fourth degree tears. These are discussed in more detail further on in this leaflet.

Episiotomy

An episiotomy is a cut made through the vaginal wall and perineum to make more space to deliver the baby. Reasons for having an episiotomy include:

- A forceps or ventouse delivery
- If your baby had become distressed during the birth

Prevent tearing (if there are signs you might tear badly)

Stitches

Stitches are also called sutures. You may have had only one or two stitches, many stitches or one long stitch. The stitch material is dissolvable and looks like thick thread; they take about ten to fourteen days to start to dissolve and for your wound to start to heal. The stitches can take up to six weeks to completely dissolve. You may find pieces of the stitch when you go to the toilet or when bathing; this is normal.

Having your bowels open

You may worry about your stitches when you have your bowels open for the first time after the birth, but it won't cause any damage. For the first few times hold a clean pad against your perineum to protect your stitches and help you feel confident your stitches won't split.

- If you feel that you can't have your bowels open discuss this with your midwife who can give you some medicine to soften your stools making it easier to have your bowels open.
- To avoid constipation drink plenty of fluids and eat a healthy diet. This will help your digestive system work well and keep your bowels regular.

Caring for your perineum

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

- Take regular pain relief such as Paracetamol. Stronger pain relief can be given in hospital if needed.

Caring for your perineum (continued)

- Avoid touching the area.
- Change your sanitary towel at least every four hours. Ensure it is secured in place so it doesn't move around and cause further irritation.
- Reduce stinging from the wound by drinking plenty of water.
- Pour warm water on your perineum when you pass urine. The warm water will dilute the urine so it doesn't sting the wound.
- Always pat the area dry from front to back, to avoid introducing germs from the rectum into the vaginal area.
- Begin doing pelvic floor exercises as soon as you can after the birth. This will help increase the blood supply to the area and help the healing process, as well as helping your pelvic floor regain its tone and control.
- Frequent short baths or bidets are soothing. Staying too long in the bath can make the area soggy, so it may take longer to heal. Avoid standing or sitting for long periods. Ensure you are comfortable when sitting to feed your baby. Alternatively, try lying on your side to feed.
- Avoid wearing tight trousers or jeans.
- When you get home, you may find relief by lying in bed without a sanitary towel and letting your perineum 'air dry'.

Your Midwife will examine your perineum each time she visits you but if you have any concerns in between your Midwife visits about how your perineum is healing or suspect that you may be developing an infection please tell your midwife, health visitor or GP so that they can examine it for you.

What about sex?

Your stitches should heal by three to four weeks after the birth. If the stitches have not healed or continue to be uncomfortable, seek help from your midwife or doctor. It is quite safe have sex when you feel ready, but remember the need to use contraception. The first few times you have sex use a lubricating jelly and try out positions to find one that is comfortable for you. Don't be surprised if it feels different. The physical relationship with your baby is very intense. In the first few weeks and even months after the birth you may not have any desire for sex at all. This is completely normal.

Third and fourth degree tears

Some tears (between 1 and 9 in 100, or 1-9%) are more extensive:

- A third degree tear extends downwards from the vaginal wall and perineum to the anal sphincter, the muscle that contracts the anus.
- A fourth degree tear extends to the anal canal (further into the anus).

Can a third or fourth degree tear be predicted?

It is not always possible to predict or prevent these types of tears. There are some factors that may indicate when a third or fourth degree tear is more likely for example:

- You first vaginal delivery
- Having a large baby (over 4kgs)
- A forceps or ventouse birth.

Can anything be done to prevent it?

A third or fourth degree tear cannot be prevented in most situations because it cannot be anticipated. Research has shown that although an episiotomy makes more space for the baby to be born it does not always prevent a third or fourth degree tear from occurring. If your midwife or obstetrician suspects a third or fourth degree tear, or you had an episiotomy, your vagina and anus will be examined carefully. The obstetrician will confirm the extent of the tear, and tell you about surgery and treatment. An anaesthetic (usually an epidural or spinal, but sometimes a general anaesthetic) is recommended to allow the obstetrician to stitch (suture) the damaged anal sphincter and tear in an operating theatre.

What treatment will I be offered after surgery?

A drip in your arm will give you fluids until you feel able to eat or drink. A catheter (tube) in your bladder will collect urine, until you feel able to walk to the toilet:

Antibiotics

- To reduce the risk of infection because the stitches are very close to the anus.

Pain relieving drugs

- To relieve pain (Paracetamol, Ibuprofen or Diclofenac).

Laxatives

- To make it easier and more comfortable to open your bowels.

None of these treatments will prevent you from breast feeding.

What are the long term effects of a third or fourth degree tear?

Most women make a good recovery, particularly if the tear is recognised and repaired at the time. During recovery, some women may have:

- Pain or soreness in the perineum
- A feeling that they need to rush to the toilet to open their bowels urgently
- Fears and apprehension about having sex.

Very rarely you may have a fistula (hole) between your anus an vagina after the tear has healed. This can be repaired by further surgery.

You should contact your midwife or GP if:

- Your stitches become more painful or smell offensive (signs of infection).
- You cannot control your bowels or flatus (passing wind).
- You have faecal urgency (feeling a need to rush to the toilet to open your bowels).
- You have any other worries or concerns.

Your follow-up appointment

You should be offered a follow-up appointment 6 to 12 weeks after birth. You should have an examination and your obstetrician/specialist physiotherapist will check that your stitches have healed properly. You will be asked questions specifically about your urine and bowel functions. If there are any complications you may be referred to a specialist for further assessment.

Your follow-up appointment (continued)

This appointment also offers you the opportunity to discuss any concerns that you may have, such as sexual intercourse.

Can I have a vaginal birth in the future?

This depends on a number of factors. Your obstetrician will discuss these with you at your follow-up appointment or early in your next pregnancy. If you continue to experience symptoms from the third or fourth degree tear, you may want to consider a caesarean delivery. If your tear has healed completely and you do not have any symptoms, then you should be able to have a vaginal birth.

Section Three: Your Emotional Wellbeing

Introduction

Having a baby and becoming a parent is a major life event, bringing changes to your home life, social life and relationships. Parents of a new baby experience a variety of feelings after the birth; you may feel happy and proud of yourself, or just relieved that the birth is over.

This information should help you decide if the emotions you (or your partner) are experiencing after having your baby are usual or whether you may need to seek some extra support.

Introduction (continued)

At the end of this information is a list of useful support groups and organisations for parents. It is impossible to prepare for the changes that pregnancy and becoming a parent brings. It can be difficult to find time for yourself, your partner or your family when you have to deal with the non-stop demands of a new baby. Meeting your baby's needs can be rewarding, but can also feel stressful.

Try not to expect too much of yourself or your partner.

It is likely that during the first few weeks and months of parenthood you will feel a mixture of emotions.

It is important that you talk honestly to your partner, friends or family about how you feel.

In reality becoming a parent means constantly experiencing new events and learning new skills.

No one knows automatically how to be a parent.

This information focuses upon postnatal depression and outlines some symptoms and possible treatments. In addition, it offers advice to the mother, her partner and family and friends.

Postnatal mood changes

Baby blues

The 'baby blues' are experienced by as many as 8 out of 10 women and normally begin with a few days of the baby's birth. Bursting into tears for no obvious reason, or feeling on top of the world one minute and miserable the next are common feelings that may coincide with your milk production (whether you are breast feeding or not).

Remember that having a baby can turn your world upside down. In the first few weeks and months you may feel emotionally and physically drained. Becoming a parent for the first time can feel like an overwhelming responsibility. You may expect to love your baby immediately, but this can take a while and is not always instinctive. Not loving your baby straight away does not mean that you are not a 'good' or 'natural' mother. Don't be too hard on yourself. We all learn to be a parent when we actually have a baby, not before. Give yourself plenty of time to adjust to your new life and find time to rest and eat a good diet as this will help you stay physically and emotionally healthy. Talk to someone you can trust about how you are feeling, like your partner, your mum, a friend, or your midwife or health visitor. Confiding in someone can help and they can give you the support you feel you need. If you think you are becoming more unhappy or upset, or if the low mood lasts for more than one week, you are probably experiencing something other than the baby blues. Talk to your midwife, health visitor or doctor – help from these healthcare professionals should be sought, especially if you have experienced depression before.

Postnatal depression (PND)

Postnatal depression affects 1 in 10 women following the birth of their babies. This illness usually begins in the first six months after childbirth, although for some women, the depression may begin during pregnancy. Postnatal depression can occur at any time within the first year of the birth of your baby, but can last for longer than a year if help is not sought and treatment received. Untreated postnatal depression can lead to the breakdown of relationships with partners and children. However, early diagnosis and treatment of postnatal depression will result in a faster recovery. Quite often a close family friend or perhaps your partner may recognise something is wrong before you do.

Symptoms of postnatal depression

If you feel any of the following please talk to someone you feel you can trust about them. If this person is not your midwife, health visitor or GP then please speak to them as soon as possible. They will be able to help you get well again. The symptoms of postnatal depression are different for each individual. There are many symptoms of depression; feelings some women may experience include:

Anxiety

You may feel very anxious; or become obsessed with unjustified fears about your baby, yourself or your partner. You may only feel safe if someone is with you at all times.

Panic attacks

These can occur at any time, but they are most common in unpredictable situations. You may feel your heart beating faster, the palms of your hands becoming sweaty, feeling sick and even as though you are going to faint.

Tension

Appetite disturbances, lethargy, headaches, blurred vision and stomach pains can all be signs of tension and your body's way of saying something does not feel right; they can make it difficult to unwind and relax.

Irritability

You may lose your temper with your children, partner and others who cannot understand what they have done to trigger your anger.

Depression

Feeling depressed can vary from feeling low, sad or as severe as if your whole world is an empty place and you are unable to look forward to things anymore. Your thoughts may be negative and focus on your failures and have no interest in everyday life. Going out might be difficult for you and you may even find talking to people is too much for you to do. You may experience some mixed emotions about your baby, and this can cause you some distress. You might even feel that your baby or partner would be better off without you.

Exhaustion

You may feel constantly tired, unable to cope with daily tasks and feel uninterested in your appearance and surroundings. You might have difficulty sleeping. Conversely you might want to sleep all the time no matter how much you have.

Lack of concentration

You may feel confused, finding it difficult to read or watch TV.

Inability to make decisions

Making simple decisions such as what to wear may seem impossible.

Strange thoughts

For example you may believe that if you do not walk on the cracks in the pavement that your baby will sleep through the night, or that if you do walk on the cracks in the pavement that your baby will die – this is known as 'magical thinking'. These thoughts can be very frightening and can make you scared to tell anyone how you feel and you may think that your baby will be taken from you.

Lack of interest in sex

For most women it takes some time for them to be interested in sex after their baby is born. They may need time to heal after the birth and may be too tired in the early weeks following the birth. However, with postnatal depression it may take longer to regain an interest in a sexual relationship and this can become another source of stress.

Guilt, shame and blame

One of the many emotions women describe is an overwhelming sense of guilt. They may feel that they should be 'grateful for their baby' and that they should just 'pull themselves together'. It is difficult because sometimes the people who are nearest to you may be saying these things and then you may feel ashamed and blame yourself. This is one of the most common feelings associated with depression and it is difficult to admit to feeling this way. It is not your fault; these are real emotions and have happened because you have postnatal depression

YOU WILL GET BETTER

If you think you could be depressed, talk to your health care professional as soon as you can. Postnatal depression is an illness. It is not your fault. You would not expect a broken arm to get better without the help of health professional. Don't expect your feelings to get better without their help either. If you do not feel able to cope with explaining how you feel to them on your own ask someone that you trust to be with you. You can ask your midwife, health visitor or GP to come and see you at home if you prefer. There are lots of different ways you can be helped.

Causes of postnatal depression

Each circumstance is unique, one or a combination of the following may cause you depression:

- Feeling that you have no–one to confide in
- Relationship problems
- Living away from your family or feeling isolated
- The death of someone close to you
- You or your partner losing your job or other financial worries
- Housing problems
- Difficult pregnancy
- Difficult birth
- Feeling depressed in your pregnancy
- Illness of the baby or a family member
- Unrealistic expectations of parenthood
- A previous or family history of depression
- Experiencing violence in the home or any other abuse, past or present

It is difficult to predict just who will experience postnatal depression. However, it is possible not to have any of the above factors but still find yourself with the illness.

Treatment options for postnatal depression

Early detection of postnatal depression is important for recovery. The first and most important step is that you, your partner and your family accept that this illness is temporary and that given time you will recover. The most helpful methods of treatment are talking therapies such as counselling and psychotherapy, and medication in the form of antidepressants. These treatments can be combined.

Counselling and psychotherapy

These therapies involve talking to someone; your doctor may be able to recommend you to a trained professional. Professional counselling can be a great help if you are depressed and local GP practices often have access to a counselling or psychotherapy service. One form of psychotherapy, Cognitive Behavioural Therapy (CBT) has been shown to be as effective as antidepressants. CBT involves looking at how you think about things, confronting negative thoughts and focusing your attention on positive thoughts and actions.

Medication

They are generally NOT addictive and work for many people. Your doctor will advise which is suitable for you and will take into consideration such things as whether you are breast feeding and wish to continue breast feeding.

Hospital-based care

About 1 in 4 women suffering from PND develop more severe symptoms such as feeling suicidal and therefore need more specialised help. Your GP, midwife or health visitor will refer you to a psychiatrist if necessary. Although you may receive psychiatric treatment to help you recover, this must form part of an overall strategy of support and practical help involving partners, family and friends. In-patient care is rare unless you have severe depression. In Leicester there is a special mother and baby facility so that mothers needing extra help do not have to be separated from their babies. You will need a lot of support around you during your hospital stay and when you go home. Voluntary support, for example Home-start, can sometimes be arranged for you.

Self help

There are a number of ways you can help yourself get better:

Rest and relax each day

Use the relaxation techniques taught antenatally, or contact leisure centres for postnatal exercise groups or yoga (crèche facilities may be available).

Do gentle exercise

Just getting out of the house and going for a walk can help you feel better.

Take life one day at a time

Try to focus on the positive in things. Not everything in your life is always negative, even if it feels like it at the moment. Let yourself and your partner be intimate. A kiss and a cuddle can be a source of great comfort and reassurance, even if you don't feel like having sex.

Self help (continued)

Eat a balanced diet

Mothers often are so busy looking after their babies that they forget about themselves. Women are often keen to lose the weight they have gained in pregnancy and start to diet soon after the baby is born. Remember you need time to recover and a good diet and exercise will help you regain your health and vitality. A lot of women experience low iron levels (anaemia) in late pregnancy and after the birth, leaving them feeling tired or exhausted. You may be offered a blood test after the birth to check your iron levels and, if low, you will be prescribed iron tablets and given dietary advice to help bring your iron levels back to normal

Be open about your feelings and worries

This will help others understand what you need. Talk to your midwife, health visitor or GP – no question is ever too small or too silly, or join a postnatal group. These groups are a good way of meeting with other mothers, exchanging information, relaxing and building up confidence. You can also find some PND support groups in some areas which have proved very helpful in sharing feelings with other women about coping with PND.

How your partner and your family can help

Living with a depressed woman can be very difficult and frustrating. It might be useful to think of the baby's arrival as a crisis that will pass.

Give support, encouragement and hope. Be patient and understanding. Your help at this time of crisis is absolutely invaluable.

Most importantly, be prepared to seek help, both for her and for yourself if you feel you need it. There are a number of things you can do to help:

- **Be patient.** Remember that depression is an illness.
- **Let her explain her true feelings.** It may not be easy to hear what she has to say. Treat her fears and feelings seriously.
- **Be sympathetic.** It will have taken great courage to admit these feelings to herself and saying them aloud to you will have taken a great deal more courage.
- **Offer help** with practical childcare arrangements and offer to do the cleaning/washing/ironing whilst she spends some time relaxing and getting to know your baby.
- **Find out more** about depression and PND.

As the depressed mother's partner, you are perhaps the most important person in terms of helping her to recover. Whilst this may seem very flattering, it may also feel like a burden at times. Try and remember that she does not want to be a burden to you or be ill.

As well as the previous suggestions the following will be of help:

- **Frequently reassure** her that her illness is temporary and that she will get well.
- **Reassure her of your love and support.**
- **Ensure that she gets enough food and rest.**
- **Encourage her to be active.** Going for a short walk together will help you to feel better too.
- **Draw her attention to any small improvements** you notice in her well-being. Praising her will reinforce the behaviour that has lead to that improvement and give her the hope and courage to continue.

How your partner and your family can help (continued)

- **Make time for yourselves** as a couple without your children.
- **Look after yourself.** Get help if you need it-don't keep it to yourselves.

Depression after the birth of a baby threatens the mother and father's health, marriage, friendships and career, as well as the baby's and children's welfare. Dealing with it on a day-to-day basis can be a huge challenge for family and friends. With support and patience, together you can help the depressed mother to recover.

'Emotional wellbeing' information originally produced by the Emotional Transition to Parenthood Sub-Group of the Maternity Service Liaison Committee for Leicester and Leicestershire.

Postnatal post-traumatic stress disorder (PTSD)

PTSD symptoms may appear soon after the birth or may be delayed for some months. The reasons women develop this are unclear but often women describe feeling 'out of control' and very afraid during the birth. Emergency deliveries or being separated from the baby, and past history of trauma in childhood or domestic abuse / violence are also associated with this condition.

How does it affect you?

This problem is usually noticed when women say they are having difficulty with:

- Flashbacks
- Nightmares
- Panic attacks

Postnatal post-traumatic stress disorder (PTSD) (continued)

- Sleeping problems
- Irritability and anger
- Irrational behaviour
- Difficulty bonding.

You need to talk to someone about how you are feeling: your midwife, GP or health visitor will be able to advise you where to get help.

Puerperal psychosis

This is a rare condition affecting only about 1 in 500 new mothers. Women with a family history of mental illness or who have suffered from puerperal psychosis in previous pregnancies are a higher risk. Symptoms include hallucinations (seeing or hearing things that others do not), delusions (incredible beliefs such as thinking you must save the world) and mania (extremely energetic and bizarre activity like washing clothes in the middle of the night). The symptoms can be severe and sometimes very frightening for you, your partner and your family. In fact your partner may be the first to know that you are unwell. It is important that your partner or someone close to you knows the symptoms to look out for. These symptoms will appear suddenly, often within the first two weeks following the birth. It will be very obvious that medical help is needed and it should be sought immediately from your GP or from the Emergency Services. Seeking help quickly will make sure that you recover quickly. Women with this illness are often treated in hospital with specialist care and will usually make a full recovery.

Pregnancy, Birth and Postnatal Support and Advice

Birth Reflections

A listening and information service with an opportunity to talk, in private, with a midwife about issues around labour and birth.

Tel: 0116 258 4857
(leave a message and a midwife will call you back)

Birth Trauma Association

Support for women who have had a traumatic birth experience.

Website: www.birthtraumaassociation.org.uk

Bridges

Supporting young children, parents and families, including a directory of services.

Tel: 0116 305 8730

Website: www.irtbridges.org.uk

Breastfeeding Support and Advice

La Leche League

Information and support for breastfeeding mothers.

Tel: 0845 120 2918

Website: www.llli.org

Breastfeeding Support and Advice

National Childbirth trust (NCT)

Run by local parents, the Leicester branch offer support, information and friendship to new parents and parents-to-be.

Website: www.nct.org.uk

TAMBA Twin Line

Support for parents of twins, triplets or more.
Staffed from 10:00 - 13:00 and 19:00 - 22:00.

Tel: 0800 138 0509

Health and Medical Advice

NHS Direct

Tel: 0845 46 47

Association of Breastfeeding Mothers

Fully trained volunteer breasfeeding counsellors taking calls in their own homes. All our volunteers have breasfed their own baby and completed extensive training in breastfeeding matters.

Tel: 0870 4017711 (24hour helpline)

Website: www.abm.me.uk

Association for Postnatal Illness (APNI)

Providing support to mothers suffering from post-natal illness.

Tel: 020 7386 0868

Website: www.apni.org

Home-start Schemes

Leicester regional office providing support and friendship for families.

Tel: 0116 270 9009

Website: www.home-start.org.uk

Leicester Focus Line

Telephone support service for anyone affected by mental health issues. 1700-1300 7 days a week.

Tel: 0800 027 2127

Mental Health Shop

Advocacy, information and support to adults with mental health problems and their carers. Priority is given to African, Caribbean and Asian people.

Tel: 0116 247 1525

MAMA Meet a Mum Association

Friendship and support to all mothers and mothers-to-be, especially those feeling lonely or isolated after the birth of a baby. Mon-Fri, 1900 - 2200.

Tel: 0800 120 6162

Website: www.mama.co.uk

PNI UK (Perinatal Illness)

For women and their families who have, or think they have any type of antenatal or postnatal depression or illness.

Tel: 01530 560645

Website: www.pni-uk.uk.com

Emotional Support, Advice and Befriending (continued)

The Samaritans

Confidential non-judgemental emotional support, 24 hours a day for people who are experiencing feelings of distress or despair.

Tel: 08457 90 90 90 Txt: 08457 90 91 92

The British Association for Counselling and Psychotherapy (BACP)

Tel: 0870 4435252

Website: www.bacp.co.uk

Relationship Support and Advice

Domestic Violence Helpline

Leicester: 0116 255 0004

National: 0808 2000 247

Relate

Tel: 0116 254 3011

Victim Support Line

Support for victims of sexual crimes, racial harassment and domestic violence.

09:00 - 21:00 Mon-Fri

09:00 - 19:00 Sat and Sun

09:00 - 17:00 Bank Holidays

Tel: 0116 254 3011

Parenting Support and Advice

Cry-sis

Support for families with excessively crying, sleepless and demanding babies. Open 7 days a week between 09:00 - 22:00.

Tel: 08451 228 669

Website: www.cry-sis.org.uk

Gingerbread

Support for lone parent/families and women facing pregnancy on their own.

Tel: 0800 018 4318

Website: www.gingerbread.org.uk

Childcare and Education

Childcare Link

Leicestershire-specific information.

Tel: 0116 265 6545

Website: www.childcarelink.gov.uk

Parentline

Confideintail freephone helpline for anyone caring for children.

Tel: 0800 800 2222

Website: www.parentlineplus.org.uk

Asian and Black Women's Centres

Belgrave Baheno: 0116 266 7673

Bhagini Centre: 0116 233 1066

Ajanin Women's Centre: 0116 251 4747

Ban Raksha Project: 0116 261 0860

Benefits and Money Advice

Leicester Money Advice

Tel: 0800 3891 1701

Any questions?

If you have any questions write them down here to remind you what to ask when you speak to your midwife or consultant.

If you would like this information in another language or format, please contact the service equality manager on 0116 258 8295

আপনি যদি এই লিফলেটের অনুবাদ - লিখিত বা অডিও টেপ'এ চান, তাহলে অনুগ্রহ করে সার্ভিস্ ইকুয়ালিটি ম্যানেজার ডেভ বেকার'এর সাথে 0116 258 8295 নাম্বারে যোগাযোগ করুন ।

यदि आप को इस लीफ़लिट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डैब बेकर, सर्विस ईक्वालिटी मैनेजर से 0116 258 8295 पर सम्पर्क कीजिए ।

જો તમને આ પત્રિકાનું લેખિત અથવા ટેઇપ ઉપર ભાષાંતર જોઇતું હોય તો મહેરબાની કરી ડેબ બેકર, સર્વિસ ઇક્વાલિટી મેનેજરનો 0116 258 8295 ઉપર સંપર્ક કરો.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xiriir, Maamulaha Adeegga Sinaanta 0116 258 8295.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫ਼ਲਿਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੈਬ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਆਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116, 258 8295 ਤੇ ਸੰਪਰਕ ਕਰੋ ।

Eğer bu broşürün (kitapçığın) yazılı veya kasetli açıklamasını isterseniz lütfen servis müdürüne 0116 258 8295 telefonundan ulaşabilirsiniz.

Produced: February 2012 Review: February 2014
(Goldson/Matthews)212736KR WPS081-0212