



Your
**Pregnancy
Journey**

antenatal care

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fact sheets

Enclosed in pocket at back:

Fetal monitoring in labour
Perineal care after childbirth
Vitamin K prophylaxis



Congratulations

on your pregnancy



PREGNANT

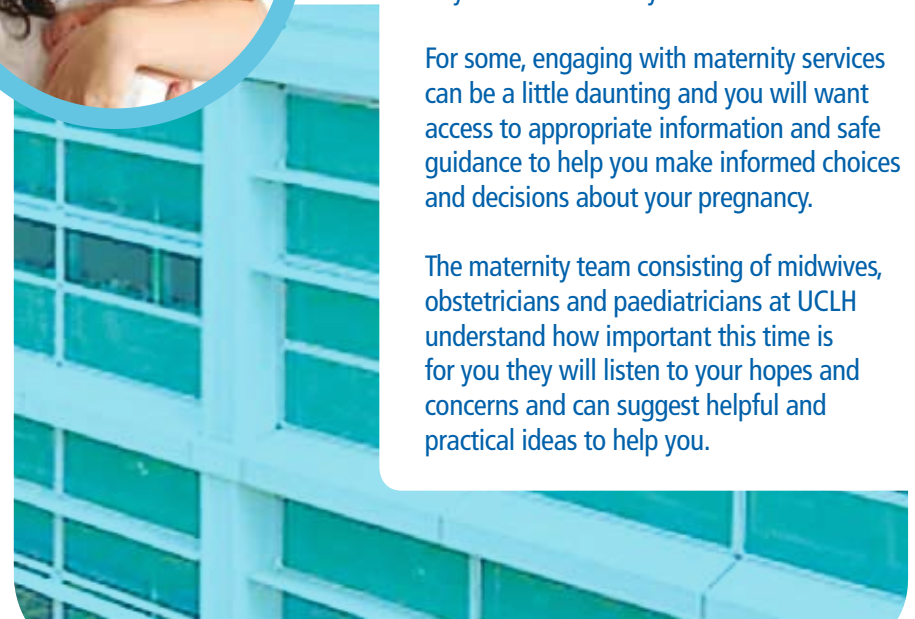


We are delighted that you have chosen UCL Hospitals to care for you during this exciting time.

We understand that having a baby is one of the most important experiences of your life. You will have particular expectations of your birth that are important to you: where you want your baby to be born, who will be with you and the type of care you get, when you first hold your baby, your first spoken words to your newborn baby.

For some, engaging with maternity services can be a little daunting and you will want access to appropriate information and safe guidance to help you make informed choices and decisions about your pregnancy.

The maternity team consisting of midwives, obstetricians and paediatricians at UCLH understand how important this time is for you they will listen to your hopes and concerns and can suggest helpful and practical ideas to help you.



When does

antenatal care start?

Your antenatal care should start as soon as you know you are pregnant. Ideally you should have made contact with a midwife as soon as possible and at the latest by the 10th week of your pregnancy, although if for any reason you have not managed to do this it is very important that you contact maternity services as soon as possible. At UCLH you have a choice: you can make direct contact with a midwife by calling the hospital directly on **020 7380 9400** or you can go through your GP who will contact a midwife for you.

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You don't have to go to the hospital for routine antenatal care.

If you have a low risk of complications, your main carer will be your midwife and you will have a wide choice of where to go for your antenatal care. Most women receive their antenatal care locally from a midwife either at a health clinic, a Children's Centre, GP's surgery or at home.

Your midwife will make an appointment to see you at the start of your pregnancy this is known as the 'booking' appointment. At this appointment you will be asked about your pregnancy and birth choices. Your midwife will ask you about your medical and obstetric history and offer you information on the variety of screening tests available to you.

This first visit should allow you plenty of time to ask questions and discuss ideas about your baby's birth with the midwife or doctor. If you are worried about the possibility of miscarriage or any other problems, do not hesitate to share your concerns.

If you have complications that might put you or your baby at risk your main carer will be your obstetrician who will share your care with your midwife. You may need to receive your antenatal care at our hospital clinic if this is indicated. Your doctor and midwife will advise if this is required and talk to you about the appointments.



Where

will you have your baby?

At your first visit to UCLH your midwife will advise you of your different options for where you would like to have your baby taking into account previous pregnancy history and medical history. If there are no problems you will be given the option of having your baby at home or in our midwifery led birth centre. If your midwife or doctor thinks you need additional care to have your baby on our Labour ward, where you will have access to the full range of obstetric, anaesthetic and midwifery care.

If you are finding it difficult to choose where to have your baby you can delay deciding until late in pregnancy. If you are considering a home birth, please discuss this with your midwife early in your pregnancy so that we can ensure coordination with the appropriate community midwife team is undertaken. So if you live in an area where a different hospital provides the home birth service we would need to help you transfer care to them.





Having a baby is generally very safe for the majority of women in the UK, which is why it is important that you are offered a choice of where to have your baby.

At UCLH you can choose to have your baby

- At home
- In our midwifery led birth centre
- On our labour ward.

However there are important factors that need to be considered when you are deciding which is the best choice for you and your baby.

- To help you fully understand the differences between these choices in relation to your own personal circumstances ask your midwife or doctor to explain the benefits, risks and alternatives of place of birth as they apply to you and your baby.
- It is important that you choose a place to have your baby which makes you feel safe, comfortable and in control of your choices as these factors can make a difference to your overall birth experience.
- It is important to know that once you make a decision, you can always change your mind at any time during your pregnancy.

Home birth

A home birth is chosen by women who want to give birth in surroundings that are familiar to them. Being at home may help you feel more in control and relaxed. Feelings of control are linked to better emotional outcomes for women.

Home birth is an option considered safer for women who are low risk – that is where there are no pre-existing problems and the pregnancy is uncomplicated.

In addition women who choose to have a home birth are less likely to have interventions during their labour, such as an intravenous infusion (drip) and continuous electronic monitoring, they are also less likely to need pain relief and so are more likely to have a normal birth.

If you choose to have a home birth a midwife will come to your home and care for you in labour and as labour progresses a second midwife will come to your home to help with the birth of your baby. Your midwife will encourage you to explore a range of options to help you through your labour including: natural remedies, acupuncture, use of water for pain relief such as a bath or birth pool. The midwife will also have available entonox (gas and air) should you wish to use it. You will need to be transferred to hospital if you want stronger analgesia such as an epidural.

When making the decision to have a home birth, women and their birth partner should consider the length of time it will take to transfer to the nearest hospital should a problem develop during labour. This may not be UCLH. If you do not live within reasonable access to UCLH your midwife will advise you on the local home birth service near to where you live.

In the UCLH midwives area approximately 4% of our local women give birth at home. Many women do not realise that this choice is not only available to you but is recommended by the National Institute for Clinical Evidence which advises on best practices in health care.

Please discuss this with **your** midwife or doctor if you wish any further information.

The UCLH Birth Centre

The birth centre is an option available to all women with normal pregnancies who do not wish to give birth at home but would like to give birth in a comfortable environment. As with a home birth, women are more likely to have a normal birth with less intervention.

The philosophy of the Birth Centre is based on the belief that birth is a natural event for most women and that 'all pregnancies are normal unless proven otherwise'.

There is strong evidence that immersion in water is a good form of pain relief in labour. The birth centre has two large birthpools which can be used during labour. It is up to you whether you get out for the birth or stay in the pool as our midwives will happily support you to have a waterbirth (baby born in water) if you choose to and there are no complications.

In addition, analgesia is available to you during labour including entonox (a mix of oxygen and nitrus oxide gas that you breathe in during contractions) and diamorphine.

Epidurals are not offered here, but if you feel you would like an epidural the midwives can arrange transfer to the labour ward one floor below where there is a 24 hour epidural service provided by skilled anaesthetists and supported by midwives and the obstetric team.

The rooms on the Birth Centre are all en suite, brightly designed with the option of controlled lighting. Each room is equipped to support you during your labour including a birthing ball, mats and birthing stools.



The Labour Ward

Women who develop complications during their labour will require transfer to our labour ward. The most common reasons for transfer are when there is slow progress in labour, or women deciding they would like an epidural or because the baby requires closer monitoring. Transfer to the labour ward can be completed in minutes.

Following the birth of your baby, you will be invited to stay on the birth centre for a period of about six hours prior to transfer home.

Early transfer enables you and your family to be together and get to know your new baby. You will be supported by the community midwifery team and we will arrange for them to visit you on the day after you are transferred home.

If you or your baby require extra care and support following birth you may be transferred to our postnatal ward.

You can speak to your midwife if you require further information on having your baby on the Birth centre.

Labour ward is primarily for women at high risk of complications and require more specialist care and input from obstetricians because of underlying medical problems or problems that develop during the course of their labour. You may choose to have an epidural from the beginning of your labour, in this case you will be admitted straight to Labour ward.

Midwives provide care for all women on the labour ward. The labour rooms have more specialist equipment in them to facilitate closer monitoring of the women and babies during labour. However, we have ensured that there is still a homely feel to the rooms. You can still choose to use birthing balls and be mobile during your labour, although the use of continuous electronic heart rate monitoring for your baby will mean that you will need to stay close to the monitor.



Where will you have your baby?

The midwife caring for you can suggest a range of options and positions that you can adopt to during your labour and birth. All labour rooms offer complete privacy and have en suite toilet and shower facilities.

The Labour Ward offers the full range of pain relief options, including Entonox (gas and air), opiates such as diamorphine injections and a 24 hour epidural service.

Length of stay

After your baby is born you will be transferred from the labour ward to the postnatal ward. If there have been no complications you will usually stay with us for a period of about 6 to 24 hours, depending on your individual need.



We do know that both women and babies do better at home, we would advise that where possible you have someone at home to support you, this may be your partner or close member of your family.

If you have an instrumental birth, (ventouse or forceps) it is anticipated that you will stay approximately 24 hours although you may choose to go home before this if both you and your baby are well.

If you have a caesarean section, it is anticipated that you would stay in hospital for about 24 to 48 hours. This is the advice provided by the National Institute of Clinical evidence.



Meet the maternity team



During your pregnancy you will meet a midwife, a GP and an ultrasound practitioner. If there are concerns about the health of you or your baby then your midwife or doctor may refer you to see an obstetrician, paediatrician or anaesthetist.

10 11 12 13 14

The midwife

Midwives are specially trained to provide advice, care and support for you and your family, before, during and after childbirth. They will help you make informed decisions regarding your care throughout your pregnancy. Midwives will provide advice and parenting support for you and your newborn baby. Midwives are experts in normal pregnancy and birth and will refer you to an obstetrician should you need this. Currently approximately 75% of babies in the United Kingdom are delivered by midwives.

All midwives are required by law to have a supervisor of midwives. This is a very experienced midwife who will ensure that every midwife is safe to practice.

Supervision is a statutory (required by law) mechanism for support and guidance to every practising midwife in the United Kingdom.



The purpose of Supervision is to promote excellence in midwifery care, by supporting midwives to practise with confidence, and therefore prevent poor practice.

Supervisors of Midwives have a duty to promote childbirth as a normal physiological event and work in partnership with women; creating opportunities for them to engage actively with maternity services.

Supervisors of Midwives are available to offer guidance and support to all women accessing a midwifery service that is evidence based in the provision of women centred care.

- Supervisors of Midwives are available 24 hours per day
- To contact a Supervisor of Midwives email Lola.daranjihoh@uclh.nhs.uk or call UCLH main switchboard **0845 155 5000** Ext: **9719**
- Out of office hours contact UCLH main switchboard **0845 155 5000** and ask for labour ward via the switch board operator who will be able to put you in contact with the on call Supervisor of Midwives.

Midwives work in both hospital and in community settings. Women can directly refer themselves to a midwife by phoning **020 7380 9400** or by dropping into their local children centre.

General Practitioners (GPs)

A general practitioner (GP) is a doctor who has full responsibility for your general medical care outside hospital before, during and after pregnancy. Women who choose to have shared care will have their maternity care shared between their GP and midwife or hospital doctor. GPs are not usually present for the birth of your baby however they will see you 6 weeks after your baby is born. Your midwife may ask you to visit your GP if you need any medication prescribed during your pregnancy.

Obstetrician

An obstetrician is a hospital doctor with specialist training in the care of women in pregnancy and labour. They have specialist knowledge in the management of pregnancy complications. You will encounter obstetricians with different levels of experience known as speciality registrars and house officers. A consultant obstetrician is the most senior doctor and is on call 24 hours a day to oversee the safety of your birth.

Neonatologist/Paediatrician

A neonatologist is a paediatrician (a doctor) with specialist training in the care of newborn babies. In addition to providing support for babies on the postnatal wards, neonatologists oversee the care of very ill babies on the neonatal intensive care unit.

Psychologist

A psychologist offers a range of coping strategies to women who have psychological difficulties like anxiety, pre and post-natal depression and other psychological difficulties that may be causing concern at this time. Support can be offered on an individual or group basis.

Anaesthetist

An anaesthetist is a doctor based on the labour ward with specialist training. They provide Epidurals for pain relief during labour, and an anaesthetic service to women that require a caesarean section or other emergency situations. They work closely with obstetricians offering advice and support in the care of women with complications or ill women.

Ultrasound Practitioners

Ultrasound practitioners are trained to perform ultrasound scans. All women choosing to have their baby at UCH will be offered an ultrasound scan at 11-13 weeks gestation and a further scan at 22 weeks. If you choose to have a scan it will be used to confirm the baby's expected date of birth and to screen for fetal abnormality's and pregnancy complications. For further information on ultrasound scans please ask your midwife or visit www.uclh.nhs.uk.

Antenatal screening tests

You are advised to read the [National Screening Committee's information leaflet on screening tests in pregnancy](#). You can get a copy from your midwife or by visiting www.uclh.nhs.uk



Care after

the birth

of your baby



Congratulations

The period following the birth of your baby is referred to as the postnatal period.

During this period midwives will be responsible for the care of you and your baby for no less than 10 days and until you and your baby no longer require their services. At this point the midwife will transfer the care of you and your baby to the health visitor.

Following your birth on the Birth Centre or the Labour Ward, you and your partner will have an opportunity to spend time alone with your new baby. During this time we encourage skin to skin contact between you and your baby this will help your baby adapt to life by helping to regulate your babies breathing and keeping your baby warm. Skin to skin contact also promotes bonding between mother and baby and enhances breastfeeding. The midwife caring for you will show you how to do this. If for any reason the new mother cannot or is unable to undertake skin to skin contact fathers or other significant birth partners can do this, so please ask if you would like to discuss this further.

We also encourage skin to skin contact in theatre following caesarean section when mother and baby are well enough to do this. Skin to Skin contact following caesarean section has all the benefits to mother and baby described above but in addition following caesarean section it reduces the amount of drugs needed for pain relief for the woman and enables her to get to know her baby as soon as possible.

If you have any questions which are not answered by this booklet, please ask your midwife for further information.



Your

postnatal stay

with us in the hospital



As stated earlier in the booklet if you have a normal birth (spontaneous vaginal birth with no complications), you and your baby will stay in hospital between 6 and 24 hours. This will depend on the time that you give birth.

If your baby is born on the birth centre, you will be transferred home directly from the Birth Centre. However, if the Birth Centre becomes busy, and the room that you are in is needed by a woman in labour you maybe moved to the transfer lounge or in the Maternity Care Area. If this is the case you and your baby will be cared for by a named midwife.

If you have had a Caesarean section your stay in hospital will be between 24 and 48 hours. Your care will then be transferred to care of the community midwives.

At night time, partners are not allowed to stay in the four bedded bay ward areas as this will disturb other women and babies, and may compromise their privacy overnight. Single rooms on maternity care are provided on the basis of clinical need. However there are some amenity rooms available which incur a charge. The amenity rooms cannot be booked in advance and you need to ask if one is available once you have had your baby. You and your baby will still be transferred to community care 6 hours following a normal birth and 24 to 48 hour after a caesarean section. The availability of an amenity room cannot be guaranteed.

While you are in hospital, and also once you go home, help and support is available 24 hours a day from midwives and the wider maternity care team. On the postnatal ward staff are made up of a team of doctors, midwives, nurses, maternity care assistants, nursery nurses and student midwives. Once home you will be visited by midwives together with student midwives and maternity care assistants. They are all there to assist you and your family adapt and enjoy your new life together and to help you become confident in caring for your new baby.

In hospital the safety of you and your baby is paramount to us, your baby will have two labels and a security tag. It is very important for your baby's security and safety that they are present. Please inform a member of staff if these become loose. Security is extremely important and these must be replaced when they fall off. If you notice any other security problems or suspicious behaviour from anyone please inform a member of staff.

During your stay you may find it useful to bring in the following:

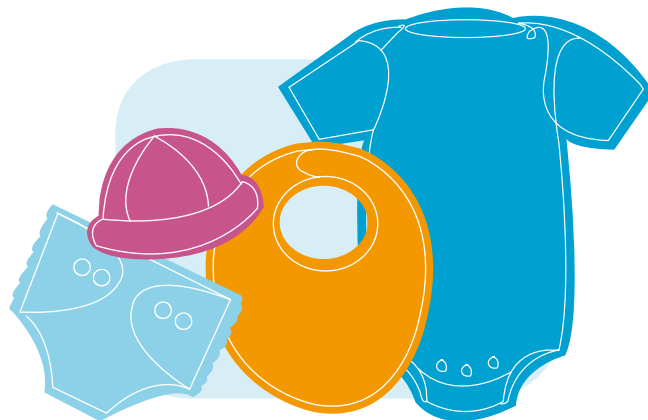
FOR MOTHER

- Nightdress
- Dressing gown
- Slippers
- Bath towel
- Toiletries
- Sanitary towels
- Disposable or old underwear
- Feeding bra
- Breast pads

Please do not bring anything valuable into hospital.

FOR BABY

- Baby vests
- Baby grows
- Cardigans
- Hat
- Nappies
- Cotton wool



Meal times

At the hospital we have protected meal times. This means we do not allow any hospital procedure or visitors to disturb your meal time as we realise that it is very important that you have time to eat during your stay in hospital. However your partner can help you with your meal by caring for your baby during this time.

Visiting hours

Visiting times are restricted as we know that new mothers and fathers need time together to get to know their new baby.

We would appreciate it if you let your relatives know the following information:

- Your partner will be allowed to visit from **8.30am until 8.00pm** (excluding **12.00pm – 2.00pm** when **NO** visitors are allowed on the ward except as above).
- Visitors maybe asked to wait if it is not a convenient time to visit when they arrive.
- Please do not to bring any babies or children to the hospital unless they are brothers or sisters of the new baby as newborn babies are vulnerable to infection.
- Only two visitors (in addition to your partner) will be allowed at a time.



- Please ensure your visitors observe hand hygiene measures when entering and leaving the ward. This is to protect the new mothers and babies. Hand gel is provided at the entrance and exit to the ward to clean hands.
- Visitors may be asked to wait if it is not convenient for the mother and baby to visit when they arrive.

Transfer home

On the day that you and your baby are transferred home we will endeavour to do this during the morning, ideally before 11.00am. Sometimes this can be delayed so you may be required to wait in the transfer lounge, which is situated in the Maternity Care area.

When you are going home you will be given:

- Transfer papers for the community midwife
- Transfer papers for the health visitor
- A child health record book
- Information leaflets.

Mother

and baby

health checks



Postnatal checks

Your temperature, pulse and blood pressure will be checked at least once during your stay and possibly more depending on the type of birth you have had, and how long you are required to stay.

The midwife will talk to you during the postnatal check to ensure you are happy with feeding your baby. Please ask her about anything you may not be sure of.

The midwife will feel your abdomen daily to ensure your uterus (womb) is contracted and is returning back to the normal position. The blood loss you experience following delivery is often described as a very heavy period. During the first 24 hours you may have to use two maternity pads at a time. If you have sudden profuse blood loss, feel faint, dizzy or have palpitations please tell a member of staff immediately. If you pass any blood clots please save these and inform your midwife.

Once you go home you will notice that your blood loss reduces over time and goes a darker colour. If this loss changes and becomes heavy or bright red in colour or develops an offensive smell please inform your midwife, as this could be a sign of an infection.

Stitches

During the birth you may have needed a cut (episiotomy) or sustained a tear which required stitches. Even if you have not had stitches, pain and discomfort around your birth canal is common, (this is due to the bruising and swelling).

There are things that you can do to help the discomfort. Firstly you must tell your midwife or doctor, so that they can check that everything is alright and you do not have an infection or a haematoma "swelling of blood" (this is rare).

You must try to keep this area as clean and dry as possible, you can do this by changing your maternity pads regularly and after going to the toilet pat your stitches dry with a clean piece of soft tissue paper. Do not use powder or ointments on your stitches.

The midwife will give you regular pain relief, paracetamol is a good form of pain relief in the post natal period. However remember not to take more than eight tablets in 24 hours. Do not worry if you are breastfeeding as this will not affect your baby or your milk supply.

To avoid constipation try to make sure that you drink plenty of water (at least 8 glasses) and fruit juice. Also try to eat food with plenty of fibre (including fresh fruit, vegetables, salads, brown bread and wholegrain cereals).

You may find that you have piles (haemorrhoids). These often occur during the (second stage of labour) pushing stage of labour. You need to avoid straining when you go to the toilet as they will become worse. Should these occur ask your midwife for advice.

The first time you pass urine, you may find this difficult or it stings. This is normal and you should not worry. Drink plenty of fluids, this will make the urine less concentrated and less strong it is the easier it is to pass.

If you had a Caesarean section, your postnatal check is the same. In addition, your wound is checked daily however the plastic 'opsite' dressing is left on to prevent infection and ensure that your wound heals. Also if you had a Caesarean section you will be seen the next day by the anaesthetist to discuss your anaesthetic, and check you have no problems.

If your recovery is straight forward you may not see a doctor during your stay in hospital. However, if the midwife has any concerns about you, a doctor will be asked to see you. If you would like to discuss anything with a doctor please tell the midwife who will arrange this for you.

Transitional Care (TC)

Transitional Care is an integral part of the postnatal area. Midwives, neonatal nurses and nursery nurses work collaboratively to provide care for mothers and babies who need extra support before transfer to community care.

Caesarean Section

If you had a Caesarean section your bed will usually be in one of the four bedded bays. This allows the staff to observe you and your baby closely during the initial recovery period. You will have a catheter (a tube into your bladder) which allows urine to drain into a bag. This is usually removed 12 hours after your operation. This can be slightly uncomfortable.



You should try to drink plenty of water. This should be still water as fizzy drinks are not advisable after your operation due to the gases, it can make your tummy more uncomfortable. Your wound will be covered with a dressing which will be checked to ensure that there are no signs of bleeding, if you have any discomfort please tell your midwife. The large dressing will be removed after 24 hours and the small dressing will stay in place to ensure the proper healing of your wound.

You will need to wear elastic stockings following your operation. These help to prevent a deep vein thrombosis (blood clot) developing in your legs. Once you are fully up and about the staff will take these off. Whilst you are in bed try to move your ankles and feet frequently. This will help with the circulation and also help prevent the formation of blood clots in your legs. If at anytime experience pain in your calves or they become red, or swollen, or you experience shortness of breath or chest pain, you must tell a member of staff immediately.

If you had an emergency Caesarean section a doctor will discuss the reasons for this with you before you go home. Please inform staff if you have any concerns.

Baby checks

Staff will check your baby at least daily whilst you are in hospital to ensure your baby is well. Your baby's skin and colour will be observed for signs of jaundice. You will be asked if your baby is having both wet and dirty nappies.

Babies often become jaundiced around day 3 or 4, but providing your baby is waking for feeds and appears alert this is quite normal. This is referred to as physiological jaundice. However if you baby is very sleepy, not waking for feeds and not feeding well please inform a midwife or doctor.

The midwife will check your baby's mouth for signs of thrush which is a coating of white different from milk because it is not easily removed. They will check your baby's eyes to ensure they are not infected. Many babies suffer with sticky eyes but most resolve without antibiotic treatment. Very occasionally, if it persists, the midwife may take a swab and treatment may be necessary.

The midwife will check your baby's cord to ensure it is drying up adequately and there are no signs of infection. If you notice any redness developing around the skin close to your baby's abdomen close to the cord or if the cord becomes sticky or smelly it is important to tell the midwife as it maybe a sign of infection.

You will be shown how to look after the cord, which should be kept clean and dry. When changing your baby try to fold the nappy down and expose the cord and plastic cord clip. This will help the cord dry and fall off quicker. The clip is left on and will come off when the cord falls off. Some women prefer to hold the plastic clip when cleaning the cord.

The baby will be thoroughly examined by a paediatrician or midwife or neonatal nurse skilled in examination of the newborn infants, to ensure that there are no unexpected problems and your baby has adapted to life well. This usually happens before you leave the hospital and is done in the baby clinic on the ward. If you choose to go home before your baby is examined you will be given a time to return to the hospital to have your baby examined, this should normally occur within 72 hours of birth.

If you need advice about your baby when you are transferred home please contact any of the following:

- Your Community Midwife (the telephone number will be given to you on transfer, as you may not live in the UCLH catchment area, in this case the number of your local maternity unit will be given to you as they will be the midwives who visit you at home).
- Your GP
- NHS Direct **0845 4647**

Babies who are unwell might appear overly sleepy and lethargic, pale and may not be feeding well. If for any reason you suspect your baby is unwell, please call your GP or ring 999.

Admission to the Neonatal Unit



Some babies when they are born require additional support and they may require admission to the neonatal unit. If this becomes necessary, you will be consulted at length about the reasons for the admission and other details of the unit such as visiting times. Whilst your baby is in the unit you will still be able to breast feed your baby and staff are available to support you to do this.

On your first visit you will be given information about the Neonatal Unit, including visiting arrangements, and why your baby has been admitted and the opportunity to ask questions.

Common problems in newborn babies

Jaundice

Jaundice, a yellowish discolouration of the baby's skin and eyes, is a common problem. It results from the breakdown of the baby's red blood cells which is part of the normal adaptation process in the newborn and is not a sign that the baby is ill.

However, jaundice may be associated with other problems which the midwife or doctor will discuss with you. Jaundice usually appears when a baby is three to four days old and fades on its own in about ten days. In breastfeeding babies, jaundice may last slightly longer. You may notice that your baby is more sleepy than normal. If the doctor or midwife thinks that the level of jaundice is high he/she may take a blood test to see if the baby needs treatment. Some babies may require special light treatment (phototherapy) to help reduce the jaundice level.



Your baby's skin

Your baby's skin will continue to mature after birth. The skin may appear dry, blotchy and you may notice spots or areas of discolouration. The majority of these are very common and disappear within the first few weeks and do not require any treatment. As your baby's skin is immature, we do not recommend using any skin care products in the first few weeks. If your baby's skin is cracked, the midwife will advise on the appropriate treatment. Do not worry if your baby's skin is dry, as it will be rapidly replaced with new skin.

Caring for the umbilical cord

The cord stump will dry and fall off between day 5 and day 12. As part of normal skin care we recommend that you clean around the stump with tap water only and dry the cord. Powders or other lotions are not recommended any more.

Bowel function and frequency of wet nappies

Your baby should have opened his/her bowels within the first 24 hours. The first motion is called meconium, which looks tarry and sticky. Over a period of three to five days, the colour of your baby's motion changes to a yellowish colour.

Breastfed babies' motions are more liquid than bottle-fed babies. Babies have frequent bowel movements in the first two weeks of life.

Babies should pass urine in the first 24 hours of life, however, it is often difficult to tell if this has occurred as the amount of urine produced is very small. Once feeding is established (day three to day four), you should notice that your baby has frequent wet nappies.

To reduce the risk of your baby getting nappy rash, it is important to change your baby's nappies frequently and to clean the area with water and dry it well. No barrier creams or baby wipes should be used. If you feel your baby has nappy rash, speak to your midwife, doctor or health visitor. Signs of nappy rash include redness and inflammation of the skin around the buttock region.

Crying

All babies cry and some babies cry a lot. Sometimes you will know the reason; perhaps your baby needs a nappy change, a feed or a cuddle, or is not feeling well. However, sometimes parents can try everything to stop their baby crying and nothing seems to work. This can be very distressing for parents.

There are many things you can do to comfort a crying baby: letting your baby suckle at your breast (if you are breastfeeding), holding a baby close to you, rocking, swaying, singing and stroking them. Rocking your baby to and fro in the pram or taking your baby for a drive in the car may be of help. Find things for your baby to look at and listen to. Massaging your baby or giving him/her a warm bath may also be of benefit. If your baby's crying is upsetting you, talk to your midwife, health visitor or GP about it. You could also contact Cry-Sis, who will put you in touch with other parents who have been in the same situation.

Colic

Some babies can get trapped wind and many people refer to this as colic. Babies who have colic can have difficulty settling and appear distressed. Speak to your midwife or health visitor.

Your Community Midwife and Health Visitor

The Community Midwife will visit you the day after you have been discharged from the hospital, between 9.00am and 5.30pm. If they do not visit by 4.00pm please ring the ward on **0845 1555 000** Ext: **76321**. Please ensure you provide us the correct address (and contact number) where you plan to go home to, as you leave hospital so that we can arrange for a midwife from the correct hospital to visit you.

The community midwife will discuss the frequency and timing of visits with you. The midwife will also leave an emergency number should you need advice between visits.

If you need to go out please let your midwife know so your visit can be rearranged. Midwives and Health Visitors all wear Identification badges.

If anyone calls to see you asking to see your baby and you do not know them or are uncertain ask for identification and do not let them in until you are satisfied. If you are still uncertain ask for their name and contact details, do not let them in and call the hospital to check. Midwives and health visitors will not mind you doing this to keep your baby safe.

Your community midwife will perform the same postnatal checks on you and your baby as in the hospital. The midwife can also assist with any problems you may have, by giving practical advice and offering support in the first few weeks of adjustment to life with your new baby. You may wish to make a note of any problems or questions so you can discuss these when your midwife arrives.

It can be quite an anxious time being at home in the first few days and weeks with your new baby, and there are some important signs and symptoms for you to be aware of which indicate there maybe some serious complications developing for you. Please see table below if you develop any of these please call your doctor or midwife immediately. If any of the signs or symptoms are extreme please dial 999 for an ambulance.

The Health Visitor and midwife work together. Midwives often hand over care at about ten days after your birth to the Health Visitor. The Health Visitor will usually visit you at home around the 12th – 14th day, although in some circumstances the midwife may also still continue to visit.

Signs and symptoms of potentially life-threatening conditions in postnatal women

SIGNS AND SYMPTOMS	CONDITION
Sudden and profuse blood loss or persistent increased blood loss Faintness, dizziness or palpitations/tachycardia	Postpartum haemorrhage
Fever, shivering, abdominal pain and/or offensive vaginal loss	Infection
Headaches accompanied by one or more of the following symptoms within the first 72 hours after birth: visual disturbances or nausea / vomiting	Pre-eclampsia / eclampsia
Unilateral calf pain, redness or swelling Shortness of breath or chest pain	Thromboembolism Pulmonary Embolism Blood clots in legs or lungs

Your health visitor is an expert in the care of babies and children and will advise you about your baby's development, immunisations and baby clinics. Your baby will be checked at regular intervals by the health visitor. You will be given a red book which you should take with you to any appointments.



The first

weeks

with your baby



The first weeks with your baby

How to know if your baby is feeding well

The contents of your baby's nappy will help you to know if feeding is going well.

DAY 1-2

The usual is 2 or more wet nappies and 1 or more dirty nappy per day. A baby's first stool (poo) is called meconium and is dark green/black and very sticky. Some nappies are extremely absorbant if you are unsure whether your baby is passing urine put a cotton wool ball or piece of tissue in the nappy to check. Do not do this routinely just when you are unsure if all is well.

DAY 3-4

The usual is 3 or more wet nappies per day, which will feel heavier, and 2 or more dirty nappies per day. This is called a "changing stool" and is now a softer greeny/brown colour.

DAY 5-6

If you baby's stool remains green or returns to a green colour please consult your midwife or health visitor. Your baby is feeding well if:

- He or she is satisfied after feeds
- You experience no pain in your breast during feeding
- By day 3 your baby is waking regularly for feeds and settling after feeds
- By day 3 your baby's stools have started to change.

During your stay in hospital we have infant feeding advisors who are also available to help you with feeding your baby. If you are concerned when you are transferred home you can seek help from from your midwife or health visitor or peer support.

There are breastfeeding support services in the community these will be dependent on where you live, there is a list of contact numbers at the back of this book.

Exclusive breastfeeding

Exclusive breastfeeding is recommended for the first six months of a baby's life as it provides all the necessary nutrients for your baby and has health benefits for you and your baby.



Breastfeeding

The midwives and staff caring for you have been trained to help support you to breastfeed. You may also receive assistance from trained volunteers called "Peer Supporters". A parent's guide to our breastfeeding policy is displayed on the ward. The NHS breastfeeding booklet "Off to the Best Start" is available for your guidance. There is a breastfeeding DVD called best beginnings available which is given out antenatally, if you have not received this please ask.

Breastfeeding is a learned skill and takes time, patience and practice, do ask for help if you need it.

The first few days

The feeding patterns of newborn babies can vary from baby to baby. For example, on day 1 and 2 your baby may be sleepy and only feed a few times. This may increase to as many as 10-12 feeds through the day and night, this is normal and healthy. Follow your baby's lead and feed whenever he/she is hungry and, after a few days, you should produce plenty of milk to meet his/her needs. The more frequently you feed the more your milk production will increase. Night feeds are particularly important for increasing and maintaining your milk supply.

Immediately after birth and during the following days, you will be encouraged to hold your baby in skin to skin contact as this helps to calm babies and encourages breastfeeding and helps you develop a positive relationship with your baby.



Benefits of breastfeeding

Breastfeeding also allows you and your baby to get closer – physically and emotionally. So while your child is feeding, the bond between you can grow stronger.

Bottle feeding does not give your baby the same ingredients as breastmilk, which is designed to be easy for your baby to absorb and is perfect to help him grow and develop. Also, bottle feeding doesn't provide protection against infection and diseases.

Breastfeeding helps protect your baby against:

- Ear infections
- Gastro-intestinal infections
- Chest infections
- Urine infections
- Childhood diabetes
- Eczema
- Obesity
- Asthma.

Breastfeeding helps protect mothers against:

- Ovarian cancer
- Breast cancer
- Weak bones later in life.

Women who breastfeed return to their pre-pregnancy figure faster.

We do not advise giving your baby extra feeds or drinks unless there is a medical reason. This is because it reduces your milk supply and also the health benefits that exclusive breastfeeding gives.

Mothers who choose to supplement a breast fed baby will be advised of the importance of exclusively breastfeeding and offered help to continue exclusive breastfeeding as a first resort. If you still wish to introduce formula milk you will be asked to sign a consent form. This is to protect you and your baby, to ensure that your decision to give formula milk is an informed one. Whatever you decide we will continue to support you, however you choose to feed your baby.

Infant feeding coordinators are available for support and advice.

Formula Feeding

Breastfeeding is the healthiest way to feed your baby. If you are unable to, or choose not to breastfeed, we will support you in this decision. Advice and support is available from your midwife and health visitor. The NHS leaflet "Bottle Feeding" is available for your guidance.

Sharing a bed with your baby

Although sharing your room with your baby is recommended to prevent cot deaths, sharing your bed is not recommended. It is very easy to fall asleep whilst feeding your baby in bed at night and as a consequence some harm may befall your baby. It is important to get up to feed him or her during the night. To make sure that your baby is as safe as possible, we advise the following recommendations from the UNICEF baby friendly leaflet, as there is serious risk of sudden infant death syndrome (cot death) associated with them.

Never fall asleep with your baby on a sofa as:

- It's also unsafe to let your baby sleep alone in an adult bed, on a waterbed, beanbag or a sagging mattress.

You should never sleep with your baby, especially if:

- You or your partner smoke (no matter where or when you smoke).
- You or your partner have had an alcoholic drink.
- You or your partner have taken or are under the influence of drugs.
- You are really tired (to a point where you would find it difficult to respond to your baby).
- You are overweight.
- You or your partner have epilepsy.

Keeping the temperature right

- Make sure your baby does not get too warm.
- Your baby should not wear any more clothes than you.
- The best room temperature for a baby is 16 -18°C.
- You can get a simple room thermometer from most shops which sell baby equipment.
- It is best to use sheets with blankets that have air holes
- Avoid duvets and quilts.
- Keep baby's head uncovered. In hospital hats are often advised as baby adapts to life however once home your baby should not wear a hat indoors. If on returning home from a trip outside and your baby has a hat on it should be removed.

Baby's sleeping positions
Back to sleep: Feet to foot

When you put your baby in the cot, lie them on their back, with their feet at the bottom of the cot, however big the cot maybe. This will prevent your baby from wriggling under the blankets.

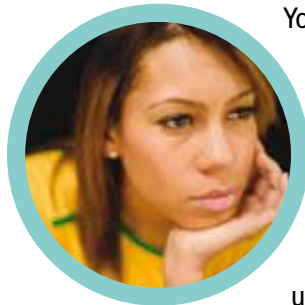
Protecting your baby against accidents in bed.

If, despite these recommendations, you do have your baby in bed with you:

- Your mattress should be firm and clean.
- Make sure your baby cannot fall out of bed (they might fall face down on pillow and suffocate) or get stuck between the mattress and the wall.
- Make sure your partner knows your baby is in the bed.
- Don't let pets share a bed with your baby.

Your feelings

You and your partner will probably feel exhausted but also elated following the birth. It is quite usual for your emotions to be a bit "up and down".



You may feel anxious and weepy (baby "blues") around the 3rd or 4th day after the birth, this usually subsides quite quickly.

You must talk to your partner and tell them how you are feeling and you must also tell them when you need help.

Give yourself time to settle into the new role of being a mother and recover from the birth or your baby. Babies can be very demanding and it is important that you look after yourself as well as the baby.

- Accept offers of help.
- Cut down on house cleaning.
- Rest when baby sleeps.
- Keep meals simple.
- Do not have too many visitors at any one time.

Over the first few weeks your confidence will grow and your emotions should settle. However, around 10% of mothers experience low mood for longer periods. If you feel like this, it is important that you do seek help. Contact your midwife, Health Visitor or GP. **They can help you.**



GP's postnatal check

You should make an appointment with your GP for 6 weeks after having your baby.

Some doctors have different arrangements, check with your surgery. At this appointment your doctor will check:

- Your weight
- Your urine
- Your blood pressure
- Your stitches have healed (if you had any)
- Your breasts
- Your rubella immunity
- Your GP will also ask if you have a vaginal discharge and whether you have had a period since the birth of your baby
- Offer you a cervical smear if you have not had one in the last 3-5 years
- Discuss contraception
- Ask how you are feeling – be honest

If you are having your period, telephone the doctor and change your appointment as you will not be able to have a cervical smear.

Baby check

The GP will examine your baby when he or she is 6-8 weeks old. This examination will include checking your baby's hips and spine. The first of the routine courses of immunisation may be offered at this time. It is also useful to discuss the immunisation programme with your health advisor.

Contraception

Having just given birth, contraception is possibly the last thing on your mind! It is however, very important that you bear in mind the following:

- You may ovulate (produce an egg) very soon after birth.
- You do not need to have 'a proper period' to be fertile.
- If you do not, therefore, plan to have another pregnancy straight away, be aware that you will need to start using contraception immediately.

The options include:

- The combined pill
- Progesterone only pill
- Injectable contraception (e.g. Depo-Provera)
- Intrauterine Contraceptive Device (IUCD)
- Male condom
- Female condom
- Diaphragm with Spermicide
- Female Sterilisation
- Male Sterilisation (Vasectomy)



Some of the options mentioned above may not be suitable for the immediate postnatal period or if you are breastfeeding. Do have a chat with your GP or the family planning doctor or nurse about what is appropriate for you. Male and female sterilisation are irreversible and it is important that you discuss this at length with your doctor and partner before choosing this option.

Resuming sex

There is no right or wrong time to resume your sex life. Be guided by how you feel, physically and emotionally and talk to your partner about this. If you are experiencing problems with resuming sex or experiencing difficulties having intercourse after three to four months seek advice from your GP.

Postnatal exercises

After your baby is born, it is important to follow a series of exercises to strengthen the muscles which have been stretched by pregnancy and birth. This will help to prevent backache, correct posture and help regain your figure more quickly. Your circulation and breathing will also benefit.

The physiotherapist or midwife will show you how to do your exercises and give you a leaflet to take home with you.

Pelvic floor and gentle deep tummy muscle exercises are vital and you should try to do them every day to encourage the muscle fibres to function normally again. This may take several months after birth. Physiotherapists are available in the morning and afternoon on the wards (Monday-Friday).

Pelvic Floor exercises

Tighten up your vagina (as though holding in a tampon), your urethra (as though stopping yourself passing urine) and tighten up your anus (as though stopping yourself passing wind). The feeling is one of 'squeeze and lift' closing and drawing up the front and back passages. Then relax it and you should feel your pelvic floor lower again.

To check you are doing the exercises correctly you can try and stop or slow urine flow towards the end of your stream, then relax again and finish emptying your bladder. This is a test only, it should not be done regularly as an exercise. If you put your fingers on your perineum (the area between the vagina and anus) you should feel an upward movement as you squeeze.

You should be able to tighten your pelvic floor without holding your breath or tightening your buttocks, legs or pulling in your tummy.

If your pelvic floor area is painful and/or swollen following the birth, gentle rhythmical small squeezes within your pain limits should help relieve the pain if done frequently for 30 seconds at a time. They will also increase blood flow to the area which is necessary for healing.

When the discomfort has improved, try squeezing up your pelvic floor as tight as you can for as many seconds as you can. This should be increased to at least 10 seconds. Release the contraction. Repeat the 'tighten, hold and release' as many times as you can (up to 10 repetitions). Do these exercises six times a day or more. As your pelvic floor strengthens you will be able to hold it tighter and for longer.

Pelvic Floor muscles

Looking after your pelvic floor is essential following the birth and throughout your life. The pelvic floor muscles lie at the base of your pelvis forming a 'sling' of muscle from front to back. They help keep your bladder, uterus and bowel in place and help control your bladder and bowel preventing you from leaking urine, faeces or wind.

It is also important for your pelvic floor muscles to be able to react quickly, for example, when you cough or sneeze. Try doing a number of quick sneezes in a row, pulling your pelvic floor up as tight as you can and then releasing. Do up to 10 and repeat these three times a day.



You can do these whatever you are doing!

Lying (on your back, side or tummy), sitting (while you feed your baby, when in the car or on the phone), while standing (when ironing or washing up).

It may take 3-6 months for the strength to improve but persevere, it will be well worth it.

Abdominal Muscles

Strengthening your abdominal muscle will reduce the strain on your back and pelvic floor. You can start to tone up your abdominal muscles as soon as you feel well enough. As your abdomen enlarges in pregnancy the muscles stretch and lengthen, leaving them weakened post-natally. The abdominal muscles often separate down the centre leaving a gap after birth.

These abdominal exercises will help close this gap and shorten and strengthen your elongated muscles.

Lie on your side comfortably. Let your tummy relax. Breathe in and as you breathe out, gently draw your lower abdomen in.

Pelvic Tilt

Once you can do the deep abdominal exercises, you can try this. It continues to restore your muscles to their normal length:

Lie on your back with both knees bent. Breathe in, as you breathe out draw in your abdominal muscles as in the previous exercise and tilt your pelvis by gently squeezing your buttocks so that your back flattens into the floor/bed.

Hold the position for 5 seconds, breathing out and then relax. Repeat 4-5 times.

Aim to build up to 10 second hold and repeat 10 times. Keep your stomach flat.

If it bulges out then it may be too soon to move on to this exercise and you should continue with the previous one. Once you can perform the pelvic tilt safely, you can try it while lifting your head, holding it for a few seconds and release it again. Once you feel confident with that you can increase it further by doing the pelvic tilt and lifting your head and shoulders off the floor/bed.

You should keep breathing throughout the exercise.

Gradually prolong the hold for up to 10 seconds. Again, if you notice your abdomen bulging go back to the previous exercise. It may take a long time for you to reach this stage.



General Exercise

Remember it is normal for the body to store some fat in pregnancy. The most sensible way for excess weight to be lost is to have a routine healthy eating and frequent, moderate exercise. Exercise will help tone your body and give you a sense of well being. Taking your baby for a walk at least once a day will be beneficial for both of you.

If you resume more vigorous exercise you must warm up before you start and cool down when you finish. After your 6 week check you may want to attend a gym or exercise class. It is wise to do low impact exercises such as walking, cycling and swimming. Begin gently and slowly, gradually increasing the time and speed. Swimming can be started once you stop bleeding and if your tummy has no signs of 'doming'.

Try to avoid high impact exercise where you are jumping or bouncing, such as jogging, for about six months, (longer if you are breastfeeding), to give your ligaments time to regain their normal strength and for your pelvic muscles to strengthen enough to be able to safely support your bladder so you do not leak urine when stretching or on impact.

There may be a local postnatal exercise, yoga or Pilates class near you. This is a good way to meet other mums.

Antenatal classes and birth support

Active Birth Centre
25 Bickerton Road
London N19 5JT
Telephone 020 7281 6760
Fax 020 7263 8098
Email info@activebirthcentre.com
www.activebirthcentre.com

NCT (National Childbirth Trust)
Alexandra House
Oldham Terrace
London W3 6NH
Telephone 0300 3300770
Pregnancy and birth line
0870 4448709
www.nct.org.uk

Benefits

Department of Social Security
Freephone benefit enquiry line for disabled people and carers only:
0800 88 2200
or textphone 0800 24 33 55
Other benefits specifically for women are dealt with by
Jobcentre Plus:
0800 055 6688 or
www.jobcentreplus.gov.uk
Health in Pregnancy Grant
www.direct.gov.uk/money4mum2be
0845 366 7885

Feeding

Camden Breastfeeding Peer Support Programme
0800 389 5789 or 0207 974 8961

Islington Breastfeeding and Weaning Peer Support Programme
020 7530 2956
or 07770 685 50130

NHS Islington Infant Feeding Co-ordinator
Rosemary Brown
020 7530 2115 or 07786 704879

National Breastfeeding Helpline
0844 20 909 20 (9.30am - 9.30pm)
NHS breastfeeding website
www.breastfeeding.nhs.uk

Local NHS / Primary Care Trusts

Camden Primary Care Trust (PCT)
St Pancras Hospital
4 St Pancras Way
London NW1 0PE
www.camdenpct.nhs.uk
PALS (Patient Advocacy and Liaison Service)
Telephone 020 7530 6315
Minicom 020 7530 3186
Email pals@camdenpct.nhs.uk

NHS Islington
338-346 Goswell Road
London EC1V 7LQ
www.islington.nhs.uk
PALS (Patient Advocacy and Liaison Service)
Telephone 020 7527 1086/
020 7527 1087
Minicom 020 7527 1085
Email pals@islingtonpct.nhs.uk

Camden & Islington Maternity Services Liaison Committee (MSLC)
c/o Strategy & Commissioning Directorate
NHS Islington
338-346 Goswell Road
London EC1V 7LQ
Telephone 020 7527 1271
www.islington.nhs.uk

Children's Centres in Camden

1a Children's Centre
1a Rosebery Avenue
London EC1 4SR
Telephone 020 7974 7038

Acol Children's Centre
16 Acol Road
London NW6 3AG
Telephone 020 7624 2937

Brecknock Primary School
York Way
London N7 9QE
Telephone 020 7485 6334

Caversham Children's Centre
Vadnie Bish House
33-34 Caversham Road
London NW5 2DR
Telephone 020 7974 3373

Coram Fields Children's Centre
93 Guildford Street
London WC1N 1DN
Telephone 020 7837 6138

Edith Neville Children's Centre
174 Ossulston Street
London NW1 1DN
Telephone 020 7387 7158

Gospel Oak Children's Centre
Lismore Circus
London NW5 4RA
Telephone 020 7267 4517

Hampden Children's Centre
80 Polygon Road
London NW1 1HQ
Telephone 020 7387 1822

Harmood Children's Centre
1 Forge Place, off Ferdinand Street
London NW1 8DQ
Telephone 020 7974 8961

Kilburn Grange Health Centre
1 Palmerston Road
London NW6 2JL
Telephone 020 7974 5089

Konstam Children's Centre
75 Chester Road
London N19 5DH
Telephone 020 7272 3594

Langtry Children's Centre
11-29 Langtry Road
London NW8 0AJ
Telephone 020 7624 0963

Regent Park Children's Centre
Augustus Street
London NW1 3TJ
Telephone 020 7387 2382

Thomas Coram Centre
49 Mecklenburgh Square
London WC1N 2NY
Telephone 020 7520 0385

Children's Centres in Islington

**Margaret McMillan
Nursery School**
Hornsey Rise
London N19 3SF
Telephone 020 7281 2745

Archway Children's Centre
Vorley Road Archway
London N19 5HE
Telephone 020 7527 4827

**Hargrave Park
Community School**
51 Bredgar Road
London N19 5BS
Telephone 020 7272 3989

**Hornsey Road
Children's Centre**
8 Tiltman Square
260 Hornsey Road
London N7 7EN
Telephone 020 7263 7325

Willow Children's Centre
1a Holbrooke Court
London N7 OPE
Telephone 020 7527 1990

Ambler Children's Centre
Ambler Primary School
Blackstock Road
London N4 2DR
Telephone 020 7359 7628

**Paradise Park
Children's Centre**
164 Mackenzie Road
London N7 8SE
Telephone 020 7697 7330

Bemerton Children's Centre
1a Coatbridge House
Carnoustie Drive
London N1 ODX
Telephone 020 7527 4806

**Kate Greenway Nursery
School & Children's Centre**
York Way Court
Copenhagen Street
London N1 0UH
Telephone 020 7527 4850

**New River Green
Children's Centre**
23 Ramsay Walk
London N1 2SX
Telephone 020 7527 4813/7

**The Factory
Children's Centre**
107 Matthias Road
London N16 8NP
Telephone 020 7241 1520

**Golden Lane
Children's Centre**
Golden Lane Campus
Whitecross Street
London EC1Y 8JA
Telephone 020 7786 4800

**Hungerford / Goodinge
Children's Centre**
249 Hungerford Road
London N7 9LF
Telephone 020 7619 9149

Robert Blair Primary School
Brewery Road
London N7 9QJ
Telephone 020 7607 4115

**North Islington
Children's Centre**
110 -112 Tollington Park
London N4 3RB
Telephone 020 7527 4844
Until August 2009, North
Islington Children's Centre
is based at:
14 Conewood Street
London N5 1DL
Telephone 020 7527 4844

**Conewood Street/
Martineau Children's Centre**
14 Conewood Street
London N5 1DL
Telephone 020 7359 7628

**The New North Community
Children's Centre**
Popham Road
London N1 8SJ
Telephone 020 7704 3903

**Moreland and King Square
Children's Centre**
Moreland Community House
Moreland Street
London EC1V 8BB
Telephone 020 7336 8453

**Disability
Disabled Parents Network**
81 Melton Road
West Bridgford
Nottingham NG2 8EN
Telephone 0300 3300639
Email: Information@
disabledparentsnetwork.org.uk
www.disabledparentsnetwork.
org.uk

**Midwives
Independent Midwives
Association**
PO Box 539
Abingdon
OX14 9DF
Telephone 0845 4600 105
Email: information@
independentmidwives.org.uk
www.independentmidwives.
org.uk

**Local Supervisory
Authority (LSA)**
www.midwife.org.uk

Maternity Action
(replaced Maternity Alliance)
www.maternityaction.org.uk

**Other contacts
North Central London
Neonatal Network**
www.neonatal.org.uk

NHS Early Years Life Check
www.dh.gov.uk/lifecheck

NHS maternity website
www.nhs.uk/pregnancy



If you would like this document in another language or format, or if you require the services of an interpreter, contact Lola Daranjihoh on 0845 155 5000 ext. 9719.

Turkish

Bu belgenin Türkçe'sini edinmek ya da Türkçe bilen birisinin size yardımcı olmasını istiyorsanız, bize başvurabilirsiniz.

Bengali

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান অথবা যদি আপনার একজন ইন্টারপ্রেটারের প্রয়োজন হয়, তাহলে দয়া করে আমাদের সাথে যোগাযোগ করুন।

Cantonese

本文件可以翻譯為另一語文版本，或製作成另一格式，如有此需要，或需要傳譯員的協助，請與我們聯絡。

Polish

Jeżeli chcieliby Państwo otrzymać ten dokument w innym języku lub w innym formacie albo jeżeli potrzebna jest pomoc tłumacza, to prosimy o kontakt z nami.

Russian

Если вы хотели бы получить этот документ на другом языке или в другом формате, или если вам необходимо воспользоваться услугами переводчика, просим обращаться в администрацию.

Mandarin

本文件可以翻译为另一语文版本，或制作成另一格式，如有此需要，或需要传译员的协助，请与我们联系。

University College Hospital

Elizabeth Garrett
Anderson Wing

235 Euston Road
(entrance is on Grafton Way)

London NW1 2BU

Maternity Department
Telephone: 020 7380 9400

Hospital Switchboard:
0845 155 5000

