

# Going home after your baby is born



## Information for mothers

This booklet explains the process for going home after their baby's birth.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

<b>Contents</b>	<b>Page</b>
Going home from hospital	3
Community midwives	5
Taking care of yourself after birth	7
Wound care	7
Diet	8
Alcohol	9
Getting back into shape: pelvic floor and stomach exercises	9
Breastfeeding: reasons to be proud	12
Feeding your baby	14
Support for breastfeeding	14
Health problems	15
Sex and contraception	15
Reducing the risk of cot death	18
Baby skin and cord care	19
Common problems for newborn babies	20
Registering your baby's birth	24
Useful contacts	26



Many mums prefer to go home from the Nightingale Birth Centre as soon as possible after their baby's birth. If you have a normal birth you should be able to leave with your baby within two – three hours.

## Going home from hospital

### **When is it ok for me to go home soon after the birth?**

- If your midwives have no concerns for you and your baby.
- If you have good family support at home. This is important as you need to have the right care and rest to recover from the birth.
- If your baby was born at full term (37 – 42 weeks) and is an appropriate weight for their age.

### **When is it best for me to stay in hospital after the birth?**

You will need to stay in for longer if:

- you lose more blood than is normally expected
- you have an epidural
- you have a forceps or ventouse delivery
- you have a caesarean section – usually for one or two days
- your baby passes meconium before they are born. This is when they open their bowels while they are still in your womb. We ask you to stay in hospital for at least four hours after birth if this happens
- your baby has any feeding or breathing difficulties.

If you are concerned during your pregnancy about how long you will need to stay in hospital after birth, please discuss this with your midwife. They will advise you on how long you are likely to have to remain at King's after your baby is born.

### **What happens after I leave hospital?**

We will make sure you have the contact number for a midwife in case you need any advice before the community midwife visits you. A community midwife or group practice midwife normally visits you the day after you go home.



## Do I need to bring any extra things if I want to go home shortly after the birth?

Please bring the following:

### For your baby:

- suitable clothing, such as a vest, babygro and hat
- baby blankets
- a baby car seat for the journey home.

### For you:

- warm clothing as you may be going home during the night if your baby was born late in the day.

## What about the newborn screening check for my baby?

If you go straight home from the Nightingale Birth Centre one of our community midwives will arrange your baby's full newborn examination. This is usually carried out by a specially trained midwife or by your GP. Ideally, it should happen within 72 hours of birth.

If you do not live in King's catchment area, it is often carried out before you leave hospital and should be followed up by your GP at home.

## Newborn hearing screen

We routinely offer all newborn babies a hearing screen because one – two babies in every 1,000 in the UK every year are born with hearing loss in one or both ears. Finding this out as soon as possible is important for the development of babies with hearing loss. It also means we can provide you with support and information at an early stage.

If your baby has not had their newborn hearing screen before you are discharged, you should receive an appointment to attend your local screening centre by the time your baby is four weeks old. If you have not received an appointment by this time, please contact the clinic on **020 3049 8582** to arrange an appointment.



If there have been no complications with you or your baby you will usually be discharged home straight from the Nightingale Birth Centre.

## Community midwives

A community midwife will usually visit you at home the day after you leave King's. They will discuss with you their future visits to fit your needs. This care will continue for at least 10 days and longer, if necessary. The midwife in the hospital will arrange for a community midwife to visit you if you live out of the area. If you have not been visited by 4pm on the day after you go home, please contact the Community Midwives' office on **020 3299 3548**.

For advice out of hours, call Nightingale Birth Centre (Labour Ward), on **020 3299 3222**.

In an emergency, call the Labour Ward on **020 3299 3222** or go to your nearest Emergency Department (ED).

## Postnatal GP check-up

So you can be sure all is well and your body is recovering after having your baby, you can have a postnatal check-up at six weeks. If you are going to have this at your GP practice, you must make the appointment yourself. If you need to be seen here at the hospital, we will send you an appointment.

## Cervical smear test

If you have not had a cervical smear in the past three years it is a good idea to have one three months after you have had your baby. You will need to book this yourself at your GP practice.



## Baby check-up

Your baby will also need to have an appointment at six – eight weeks, again to check they are well. You will need to make this appointment with your GP.

## Vaccinations for baby

All babies prior to discharge will soon be offered a BCG vaccination on the postnatal ward. This is to ensure that all babies are vaccinated against tuberculosis in line with the National Screening Programme.

## Taking care of yourself after birth

Looking after yourself is just as important as looking after your baby. Here we give you some handy advice about common concerns.

## Blood clots

During pregnancy and after birth you are at greater risk of developing blood clots in your veins (venous thromboembolism) because of changes in your blood which affect your circulation. It is important that you can recognise and respond to the symptoms of a blood clot quickly. Early treatment and prevention will reduce your risk of more serious medical problems.

### **Seek medical advice if you have any of these signs or symptoms:**

- pain, tenderness and swelling in your leg
- discoloration of your leg – redness, pale blue, or a reddish-purple colouring
- chest pain
- breathlessness
- a cough
- higher temperature – either just in your leg or your whole body.



## Wound care – caesarean and perineum

If you need pain relief, you can take paracetamol every four – six hours up to a maximum of eight in 24 hours. If you are on any other medication, please check that you can take paracetamol as well. You can also use cold compresses, such as gel pads, to relieve caesarean and perineal pain.

Please try to keep your wound as clean and dry as possible. Wash it daily using plain water and gently dry the area. Change your sanitary pads regularly and do not use tampons for at least six weeks after birth to reduce your risk of a uterine infection. Always wash your hands before and after touching your wound.

The length of time it takes wounds to heal varies from person to person. It usually takes at least six – eight weeks, sometimes longer. During this time it is normal for your wound to be red, and you may have other symptoms such as numbness, itchiness and some pain. If your wound looks inflamed, has oozing or pus, or smells bad, contact your midwife or GP for advice.

## Diet

Remember it is normal for your body to store some fat while you are pregnant. The most sensible way to lose the excess weight you may have gained is to quickly get back into a routine of healthy eating and regular moderate exercise.

It is important, especially if you are breastfeeding, to eat well. The first six weeks after your baby is born is not the time to go on a strict diet. Your body needs nutrients to recover from the physical stresses of pregnancy, labour and delivery.



To establish breastfeeding you will need to ensure you keep up your calorie and fluid intake and have a daily rest by lying down to make up for the loss of sleep. Daily activities will use up essential calories for breastfeeding.

It's a good idea to have a drink by your side before you settle down to breastfeed. Try to drink at least six – eight glasses (one – two litres) of fluid every day. When you are breastfeeding you need to drink even more than this.

Water, milk and unsweetened fruit juices are all good choices. If you feel thirsty, this means you are already dehydrated. If your urine is dark and has a strong smell, this is also a sign that you are not drinking enough.

## Alcohol

After your baby is born, you should still be careful about how much you drink because it can affect them.

If you are breastfeeding, alcohol can pass from your breast to your baby, making them too sleepy to feed, or making your milk taste or smell different so your baby does not want to drink it. It can also reduce the amount of breast milk you produce. Your baby may also have difficulties with digestion and problems sleeping.

Even if you are feeding your baby using infant formula milk, the smell of alcohol can confuse or upset your baby and make feeding difficult.





# Getting back into shape

Now you have given birth, you may be wondering how to start exercising safely to help get your body back to how it was before pregnancy.

It is important that you continue to take good care of yourself. Restarting a few simple exercises early on can increase your energy levels and help to improve your fitness. But start gently with a few safe exercises and only do what feels comfortable. For example, taking your baby out for a walk in the pram is a good way for you both to get some exercise and fresh air.

During pregnancy your ligaments become more supple and pliable, so you can make back problems worse by doing too much twisting. This effect continues for several weeks after birth and if you start doing high impact or inappropriate exercise you can put your body at unnecessary risk of injury. It is a good idea to leave any type of high-impact exercise such as running until at least five months after birth. Try low-impact activities such as swimming, walking or cycling, and the pelvic floor and stomach muscles exercises we recommend in this booklet.

## Pelvic floor exercises

Your pelvic floor muscles support your bladder, bowel and womb. They are affected both by your pregnancy and the delivery, regardless of how your baby was born.

It is important that you exercise these muscles after birth so they continue to support these organs in later life.

If you have strong pelvic floor muscles you are less likely to suffer from prolapse or bladder or bowel leakage. By toning these muscles, in the short term you can also reduce swelling and soreness.



Pelvic floor exercises are quick and simple and you can do them anywhere as long as you are comfortable. They will help to reduce leaking urine when you cough, sneeze or laugh. If you do have any problems with your bladder, please consult your GP.

- Imagine that you are trying to stop your flow of urine or stopping yourself from passing wind. You should feel a gentle lift and squeeze around your front and back passages. This is the basic exercise that will tone these muscles.
- Every woman is different and it is important that you do not strain yourself. Start gently by holding this 'squeeze' for five seconds.
- Rest and repeat the exercise up to 10 times.
- Gradually increase the length of time you can hold it (up to a maximum of 10 seconds) as your muscles become stronger.
- Next try to squeeze and lift more quickly and release immediately (up to 10 times).

**Do not:**

- hold your breath
- tighten your tummy excessively
- tighten your buttocks
- squeeze your legs together.

**Remember:**

- Start gently and increase the strength and frequency of the exercises, when you feel comfortable.
- Try to repeat these exercises four – six times every day.



## Stomach exercises

The muscles deep in your stomach are the most important stomach muscles to exercise in the first six weeks after your baby is born.

They help to support your spine and pelvis and exercising them will help to flatten your tummy.

- Lie on your side with a pillow or cushion between your legs and your knees slightly bent.
- Relax and let your tummy sag, then breathe in gently.
- As you breathe out again, gently pull in the lower part of your tummy and your pelvic floor at the same time, then release.
- Rest for a few seconds.

## General advice

- Make sure you are very careful during your first few weeks at home.
- Avoid lifting anything heavier than your baby as much as possible.
- Avoid leaning down to pick objects up off the floor. Instead, bend your knees and keep your back straight. As you pick things up tighten your pelvic floor and stomach muscles to help you.

## Feeding your baby

- Sit in a supportive chair with your back straight.
- Use a pillow or footstool underneath your feet if you need one.
- Put a pillow under your baby to help support them and to make yourself more comfortable.



## Breastfeeding: reasons to be proud

Below are some of the ways breastfeeding makes a difference to both mothers and babies.

Time	Benefits for your baby
First feed	It helps to stabilise their blood sugars and protect their gut
1 day	The antibodies in your colostrum provide natural immunity
2-3 days	Sticky black meconium is cleared more readily from their bowel
1 week	Makes it easier for them to get used to the world outside your womb
2 weeks	Their food and drink is always ready at the right temperature
4 weeks	Premature babies have a lower risk of heart disease in later life
6 weeks	Their risk of chest infections now and up to seven years old is halved
2 months	Their risk of having a food allergy at three years old is lower if they are breastfed only
3 months	They are five times less likely to get diarrhoea now and the risk is reduced for the whole year
4 months	Their risk of ear infections is halved; they have less risk of asthma now and this protection continues up to the age of six
5 months	They are five times less likely to get urinary tract infections
6 months	Lower risk of eczema now and up to three years old
1 year	Three times less likely to become obese by the age of six and a lower risk of heart disease as an adult
2 years	Likely to have higher average scores on intelligence tests; expect fewer visits to orthodontist when your baby is a teenager





**NCT Breastfeeding Line**  
**0300 330 0700**  
**Open 8am-midnight every day**

## **Benefits for you**

A great opportunity for the first skin-to-skin cuddle

Helps your womb to contract back towards its normal size

Instant relief for hot, swollen breasts when your milk comes in

Frequent feeds mean you get some time to sit or lie down with your baby and get to know each other

Hormones released by breastfeeding help you to get back to sleep after night feeds

You do not have to spend time sterilising and making up bottles

Breastfeeding is likely to be easier now so more enjoyable and you can go out and about without taking bottle feeding equipment with you

Lower risk of ovarian cancer in later life

Fewer visits to GP because your baby is ill less often

Feeling the empowerment of having been solely responsible for growing your baby to four months

A lovely way to reconnect with your baby at the end of the day if you go to work

Lower risk of osteoporosis in later life

No need to buy formula milk at all, saving at least £450 a year

Your risk of breast cancer is reduced by 8%



# Support for breastfeeding

## **Association of Breastfeeding Mothers**

Helpline: 0300 330 5453

[www.abm.me.uk](http://www.abm.me.uk)

## **The Breastfeeding Network**

National Breastfeeding

Helpline: 0300 100 0212

BfN Supporterline: 0300 100 0210

[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

## **La Leche League**

Helpline: 0845 120 2918

[www.laleche.org.uk](http://www.laleche.org.uk)

## **National Childbirth Trust (NCT)**

Helpline: 0300 330 0700

[www.nct.org.uk](http://www.nct.org.uk)

## **King's Specialist Midwives for Infant Feeding**

Tel: 020 3299 3833 or 3299 9000, ext 2659

## **Human Milk Bank**

Neonatal Unit, King's College Hospital.

We urgently require donors for the Human Milk Bank. If you can help, please call 020 3299 3038 or 020 3299 3833.

**Please ask your midwife for the latest 'Support for breastfeeding' leaflet which has details of local breastfeeding cafes, groups and drop-ins.**



## Health problems

If you have any persistent pain, find it hard to control your bladder or bowel or have difficulties with sexual intercourse, please contact your GP who may refer you to a physiotherapist.

Our midwives run a postnatal exercise class. Come along to meet other mothers with babies of the same age. You will probably find you have much in common. The class can be a great way to meet others and make new friends.

If you cannot get to it, you can check for a convenient postnatal class in your area on The Guild of Pregnancy and Postnatal Exercise Instructors' website, <http://postnatalexercise.co.uk>.

## Sex and contraception

Contraception may be the last thing on your mind when you have just had a baby, but it is something you need to think about if you want to delay or avoid another pregnancy soon after this baby.

A lot of unplanned pregnancies happen in the first few months after childbirth, so even if you are not interested in sex at the moment, it is better to be prepared.

### **How soon can I have sex again?**

You can have sex as soon as you and your partner want to. However, having a baby causes many physical and emotional changes for both partners, and it may take some time before you feel ready to have sex again. It is common to feel nervous, but there is usually no reason why you should not enjoy sex just as much as before. It can help for you and your partner to talk about any worries you have.



If you have any discomfort which might affect your enjoyment of sex, such as stitches which have not healed, discuss this with your midwife, GP, practice nurse or health visitor.

### **When will my periods start again?**

If you bottle feed, or combine bottle and breastfeeding, your first period could start as early as five – six weeks after the birth. If you are breastfeeding, your periods may not come back until you stop.

However, you can be fertile before you get your first period. This is because you ovulate (release an egg) about two weeks before a period, so you are able to become pregnant without having had a period.

### **How soon do I need to use contraception?**

You can become pregnant again quickly after the birth, whether you are breast or bottle feeding, so you must use contraception every time you have sex. Do not wait for your periods to return or until you have your postnatal check before you use contraception because you could become pregnant again before then.

### **When can I start using contraception?**

You can use male and female condoms as soon as you want to. Please discuss other types of contraception with your GP.

### **Which type of contraceptive is suitable for me?**

This depends on what you and your partner prefer, your medical history, any problems you had during your pregnancy and if you are breastfeeding. Your GP should be able to advise you on this.





There are three main types of contraception:

- Hormonal methods, such as oral contraceptive pills, patches, implants and injections.
- Barrier methods, including the diaphragm and condoms. Male and female condoms are simple over-the-counter choices.
- An intrauterine contraceptive device (IUD).

## **Will breastfeeding act as a contraceptive?**

Breastfeeding is not 100% effective in preventing pregnancy.

## **Can I use emergency contraception after the birth?**

Yes. If you have unprotected sex you can use emergency contraception. If you are breastfeeding, using the emergency pill will not harm your baby or affect your breast milk. Your GP or pharmacist can give you more information.

## **Where can I get advice?**

You and your partner can visit your GP, practice nurse, family planning clinic or sexual health clinic for advice.

## **Will contraception protect me from sexually transmitted infections (STIs)?**

Most types of contraception do not protect you from sexually transmitted infections. Male and female condoms, if you use them correctly and consistently, can help protect against STIs. Diaphragms and caps may also give you some protection.



# Reducing the risk of cot death

In a small number of cases, babies die suddenly for no apparent reason from what is called cot death or Sudden Infant Death Syndrome (SIDS). There are certain factors which are associated with SIDS, so there are a number of things you can do to help reduce the risk to your baby.

- Place your baby on their back to sleep. This is the safest position for them to sleep in.
- Never sleep with them on an armchair or sofa. It is safer for your baby to sleep in their cot and not with you in bed. Following feeding or comforting of your baby, you should place baby back in his/her cot.
- Do not let anyone smoke in the same room as your baby. Better still, do not allow any smoking in the house. Ideally, encourage smokers to give it up.
- When you check your baby, if they are sweating or their tummy feels hot to the touch, take off some of the bedding. Do not worry if their hands or feet feel cool – this is normal.
- Keep their head uncovered. Place them with their feet to the foot of the cot, to prevent them wriggling down under the covers.
- Use lightweight blankets. If your baby feels too warm, take off a few layers. Do not use a duvet, quilt or pillow for babies under 12 months.
- They should never sleep with a hot water bottle or an electric blanket, next to a radiator, heater or fire, or in direct sunshine.
- Remove their hat and extra clothing as soon as you come indoors or enter a warm bus, train or shop, even if it means waking your baby.
- Do not share a bed with your baby if you have been drinking alcohol, have taken drugs, are very tired or you smoke.
- Do not let your baby get too hot or too cold. Ideally, the room temperature should be between 16 and 20°C (see bedding guidelines table).



## Baby skin and cord care

When caring for your baby, always wash your hands before and after. Babies are born with very delicate skin and it is important to maintain its natural protective barrier. To do this you should use **water only** for baby skincare for at least their first month.

Babies are less able to cope with the sensitising effects of modern detergents. Use non-biological laundry detergent – powder, liquid or gel – and make sure you thoroughly rinse your baby's clothes. One way of ensuring clothes is rinsed well is to not overload your washing machine.

If you use a fabric conditioner, try to use one that does not have any colour and perfume. You may be considering using cloth nappies for your baby. They are just as efficient as disposable ones and do not make you baby more likely to have nappy rash. They are also kinder to the environment.

You may also be concerned about your baby having dry skin. You can use vegetable based oils which do not have any minerals, perfume or colours. Do not use nut oils.

Your baby's cord will dry and fall off between five and ten days after birth. The cord has no nerves so this should not cause your baby any pain. There are some basic rules to follow to reduce the risk of problems:

- Wash your hands before and after all baby care.
- Leave the cord open to the air or cover it with clean, loose clothing.
- Fold your baby's nappy down below the cord until it falls off.
- Leave the cord alone unless it gets poo (faeces) or urine on it.
- Clean it, if necessary, with plain water.
- Keep an eye out for signs of infection, such as redness or an offensive smell.



**Contact your healthcare professional if you have any concerns about your baby's cord and the area around it.**

## Common problems for newborn babies

From time to time your baby may have some common problems or illnesses. As a new parent it can be hard to know when it is just something small or when it is something more serious. If you are worried, please speak to your midwife, GP or health visitor.

### **Consult your GP if your baby:**

- is not feeding as regularly as usual
- seems much more sleepy than normal
- grunts when breathing, or has difficulty breathing
- has a bluish colour around their lips at any time
- has a fit
- screams for long periods
- has a bump to the head
- has a rash and is irritable
- has projectile vomiting, or green or bloody vomit
- has green and watery diarrhoea for more than one day
- has a fever.

### Bedding guidelines for babies wearing a nappy, vest and babygro.

Room temp	Amount of bedding
12°C	sheet plus 4 or more layers of blankets
14°C	sheet plus 3 or 4 layers of blankets
16°C	sheet plus 3 layers of blankets
18°C	sheet plus 2 layers of blankets
20°C	sheet plus 1 or 2 layers of blankets
22°C	sheet plus 1 layer of blankets or sheet only
24°C	sheet only



## Jaundice

Jaundice is common in newborn babies and causes their skin to have a yellow tinge. It happens because your baby is adapting to the normal changes that happen after birth. Generally, low-level jaundice is not a problem, but your midwife will monitor it closely to ensure it does not get worse. Sometimes they arrange for your baby to have a blood test or phototherapy (light treatment) to monitor and control the level of jaundice.

You can help your baby by ensuring they feed regularly and spend some time in natural light. Particularly look out for your baby being sleepier and not interested in feeding. If you are concerned, speak to your midwife, health visitor or GP. Jaundice should start fading by the time your baby is about two weeks old.

## Eye problems

Some babies can have sticky eyes from time to time. Clean their eyes using a clean cotton wool ball dipped in breast milk, salt water or cooled boiled water. Wipe from the inside corner of their eye, sweep across to the outside corner and then throw away the cotton wool ball. Use a clean ball for each eye to avoid spreading potential infection. If the problem does not go away, or if their eyes look red and sore, see your doctor.

## Rashes

It is common for newborn babies to have various spots and rashes after birth:

**Milia**, also known as milk spots, are small cream spots, usually on their nose. These are normal and need no treatment.



**Erythema toxicum** is a blotchy red rash with pinhead solid bumps (papules), particularly on your baby's trunk and limbs. It often appears within the first week after birth and disappears within a day or two. No treatment is needed.

**Heat rash** shows as reddened areas which usually disappear quickly when your baby cools down.

**Nappy rash** is where skin on your baby's buttocks is reddened, occasionally raw, moist and shiny. It can happen when their skin is in contact with a nappy soaked in urine or poo (faeces) for a long time. It can be very uncomfortable for them. You can avoid it by changing their nappy often and cleaning their skin between changes. To treat nappy rash, put on nappy cream between changes, or leave their skin open to the air in a warm room.

**Meningitis rash** shows as red or purple spots which do not fade when you press a clear glass firmly against their skin. This can be serious and your baby needs urgent treatment.

**Please consult your GP if your baby has a rash and is feverish or unwell, or you are concerned.**

## Thrush (*candida albicans*)

Thrush shows as white, creamy, raised spots on the surface of your baby's tongue and mouth. Sometimes it can look like the remains of milk after a feed. Thrush can cause your baby some discomfort while they are feeding. To treat it, they need anti-fungal medicine. Consult your GP for advice.

## Coughs and colds

Most babies will catch a cold at some point in their first year. Sneezing in the first few days after birth is usually normal and not



caused by a cold. If your baby does catch a cold virus, they will have a blocked nose, mucous and coughing. Your doctor may prescribe saline (salt water) nose drops, but they will not usually give them antibiotics because these do not work on viruses. Comfort your baby lots and keep them warm, without making them overheat. Your GP can advise you on how to use paracetamol and other medicines, but colds usually get better in a few days. Always consult your GP if you are concerned.

## Vomiting

Before birth your baby may swallow fluid, blood, mucous or other material. It is normal for your baby to have watery or mucous vomits for the first day or two after birth, and these may even be streaked with some blood. They may also vomit some milk back up after feeding. If your baby is vomiting a lot, or you are concerned, ask your midwife, GP or health visitor for advice.

## Diarrhoea

It is normal for your newborn baby's poo to change colour and texture over the first week of life. At first it will be green-black and sticky and is called meconium. It will gradually change to a soft yellow colour. If your baby's poo later becomes green and watery and smells different for more than 24 hours, consult your GP. See them sooner if your baby is not drinking or if you are concerned.

## Fever

Fever in young babies is usually caused by overheating, infection or dehydration. If your baby has a fever of more than 37.7°C take them to your GP. Do not overwrap them, especially when they are in a warm room or a car. In particular, ensure they are not overwrapped when they are in bed (see page 14 for advice). If an older baby has a fever, but is otherwise well, watch them closely and consider consulting your GP if their condition gets worse. Give your



baby regular breast feeds or drinks, especially if they are off food. If you are concerned, or your baby appears unwell, consult your GP.

## Registering your baby's birth

When your baby is born, you must register their birth with the local registrar in the area where the birth took place within six weeks (42 days). Your midwife will also give you a list prior to discharge to inform you of children's centres where you can also register your baby's birth.

### What do I need to tell them?

To register the birth, you need to tell them:

- your baby's date of birth
- where they were born
- their full name
- the mother's full name and maiden name, if married
- her job
- her address
- her date and place of birth.

If you want the father's details to be included, they need to know:

- the father's full name
- his date and place of birth
- his job
- his address
- if the parents are married, they need to know the date of the marriage.

### What will I get when I register the birth?

The registrar will give you, free of charge, a short birth certificate, which will show your baby's full name, date of birth, sex and area of birth. For a small charge, you can get more copies of the short





certificate or a copy of the full certificate (with all the details you gave). They will also give you a form so you can register your baby's birth with a GP.

## **Who can register the birth?**

The baby's mother can register the birth. The baby's father can register the birth if he was married to the mother when the baby was born or at conception. If he was not, he can register the birth only by going to the Register Office at the same time as the mother.

In exceptional circumstances, someone who is not the baby's parent can register the birth, but they must contact the Register Office before attending.

## **Where can I register the birth?**

If your baby was born in Lambeth, you should register your baby's birth at Lambeth Register Office. If you cannot go there, you can go to another Register Office. They will then send your details to Lambeth, which will send you the birth certificate and other documents in the post. To find your nearest office, search on the Directgov website, [www.direct.gov.uk](http://www.direct.gov.uk)

## **Do I need an appointment?**

Yes. Call Lambeth Register Office on 020 7926 9420 to make an appointment. It offers appointments from Monday to Friday, 9am – 4pm. The registrar will aim to see you within 10 minutes of your appointment time, if you arrive on time.



## Who can I contact about registering the birth?

Lambeth Register Office

Lambeth Town Hall

London SW2 1RW

Tel: 020 7926 9420

Email: [registeroffice@lambeth.gov.uk](mailto:registeroffice@lambeth.gov.uk)

[www.lambeth.gov.uk](http://www.lambeth.gov.uk)

## Useful contacts

### **Foundation for Sudden Infant Deaths**

Helpline: 0808 802 6868

[www.sids.org.uk](http://www.sids.org.uk)

### **Smoke free, [www.smokefree.nhs.uk](http://www.smokefree.nhs.uk)**

Family Planning Association

Helpline: 0845 122 8690

[www.fpa.org.uk](http://www.fpa.org.uk)

### **Association for Postnatal Illness**

Helpline: 020 7386 0868

[www.apni.org](http://www.apni.org)

### **Twins & Multiple Births Association (TAMBA)**

Twinline: 0800 138 0509

[www.tamba.org.uk](http://www.tamba.org.uk)

### **Real Nappies for London**

[www.realnappiesforlondon.org.uk](http://www.realnappiesforlondon.org.uk)

### **Cry-sis**

Helpline: 08451 228 669

[www.cry-sis.org.uk](http://www.cry-sis.org.uk)



## **National Childbirth Trust (NCT)**

Helpline: 0300 330 0700

[www.nct.org.uk](http://www.nct.org.uk)

## **Association of Breastfeeding Mothers**

Helpline: 08444 122949

[www.abm.me.uk](http://www.abm.me.uk)

## **La Leche League**

Helpline: 0845 120 2918

[www.laleche.org.uk](http://www.laleche.org.uk)

## **The Breastfeeding Network**

Helpline: 0300 100 0210

[www.breastfeedingnetwork.org.uk](http://www.breastfeedingnetwork.org.uk)

## **Medela breast pump hire**

[www.medela.com/UK/en/breastfeeding.html](http://www.medela.com/UK/en/breastfeeding.html)

## **Ameda Egnell breast pump hire**

Tel 01823 336 362

## **Bladder & Bowel Foundation**

Helpline 0845 345 0165

[www.bladderandbowelfoundation.org](http://www.bladderandbowelfoundation.org)



## Maternity Voices

The MV meets every two months in local children's centres. The time and venue for the meetings will be confirmed in advance. The group of maternity services users, midwives, doctors and other health professional meet, discuss and help share and improve maternity services at King's.

If you are interested in participating in the MV, please ask your midwife for further information or go to the website address.

For more information, go to King's College Hospital's website, [www.kch.nhs.uk](http://www.kch.nhs.uk).

For NICE clinical guidelines on routine postnatal care, go to: <http://publications.nice.org.uk/postnatal-care-cg37>

Remember there are always staff available at the maternity unit at King's who you can contact for advice and reassurance.

## Would you like to talk to someone about your birth?

Sometimes women can find it helpful to talk to someone about their birth. This is especially true if their labour and birth were difficult, or if something unexpected, like an emergency, happened. It is not unusual to be left with questions, possibly about why something happened or how it might affect future births.

You can speak to a midwife on the postnatal ward, a doctor, or a community midwife soon after you have gone home. They should be able to answer your questions and help you understand what happened. If you require support later on following the birth of your baby, and for some women this can often be weeks or even months later, you can contact one of our consultant midwives on 0203 299 3971 or 020 3299 1491.



## Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## Care provided by students

King's is a teaching hospital where our students get practical experience by treating patients. Please tell your doctor or midwife if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleden Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

Tel: **020 3299 3601**

Email: **[kch-tr.PALS@nhs.net](mailto:kch-tr.PALS@nhs.net)**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**







