

Going home after your baby is born



Information for mothers and their partners

This booklet explains the process for going home after your baby's birth. There is also advice on how to care for yourself and your baby, including tips on getting back into shape and breastfeeding.

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.

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Congratulations on the birth of your baby

We believe that having a baby is one of life's most treasured events. The care and support that you receive after your baby's birth is very important to us. Our aim is to provide a high-quality service, planned to meet your family's needs, including effective communication and continuity of care.

Going home from hospital

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

- If there are no concerns about you or your baby.
- If you have good support at home that can provide you with the right care and rest to recover from the birth.
- If your baby was born between 37-42 weeks and is an appropriate weight for their age.
- If your baby has had their newborn check-up, and has been offered a hearing check and a BCG vaccination to protect them against tuberculosis (TB).

Why might I have to stay in hospital longer than expected after the birth?

You will need to stay longer if:

- you had any medical complications that involved a doctors input
- you lost more blood at birth than normally expected
- you had an epidural and urinary catheter
- you had a forceps, ventouse or caesarean section birth
- either you or your baby need intravenous (IV) antibiotics
- your baby needs extra monitoring or observations
- you and your baby need extra support with feeding.



What do I need to bring for leaving the hospital?

For your baby:

- suitable clothing including a vest, a baby grow and a hat
- a blanket
- a new-born baby car seat.

For you:

- suitable clothing depending on the weather and the time of day you are going home.

We fully understand your need to return home and settle in with your new baby. We aim to discharge you and your baby as soon as you are ready. But there are sometimes unavoidable delays, so we would appreciate your patience.

Community midwifery care

What happens after I leave hospital?

Community midwives will take over your care after you go home, usually the same team as you saw during your pregnancy. A community midwife will visit you by 4pm, the day after you are discharged from hospital

Please call the hospital if you have any concerns about your health or that of your baby after you have gone home – do not wait for the community midwife's visit.

If you have not had a visit from the community midwife by 4pm on the day after you are discharged from hospital, contact the community midwives' office (see page one for the phone number).

Your midwifery care will continue for 10 to 28 days after the birth of your baby. You and your baby will then be discharged into the care of your Health Visitor and GP.



If you live outside of King's catchment area, we will arrange for a community midwife who works in your area to visit you at home. We will give you their contact details before you leave hospital.

Taking care of yourself after birth

Blood clots

During pregnancy and after birth you are at a greater risk of developing blood clots in your veins (venous thromboembolism/VT). It is important you can recognise and do something about the symptoms because early treatment will reduce your risks of more serious medical problems. If you have any concerns, please contact the maternity unit (see page one for contact details).

Signs and symptoms

- Pain, tenderness and swelling in your leg.
- Discolouration of your leg, such as redness, a pale blue or a reddish-purple colour.
- Chest pain.
- Breathlessness.
- A sudden cough that will not go away.
- An area on your leg that is hot to touch.

Pain relief

You may need pain relief for a caesarean or perineal wound. You can take two paracetamol 500mg tablets (a total of 1g) every four – six hours, up to a maximum of eight tablets (a total of 4g) in 24 hours.

You can take ibuprofen tablets to ease the pain alongside paracetamol if required. These come in two dose sizes: 200mg and 400mg. You can take 400mg every four to eight hours, up to a maximum of 1,200mg in 24 hours. Ibuprofen must be taken with or after food to avoid an upset tummy.



Do not take these medications if you are allergic to them and always read the instructions leaflet supplied with the medication.

Wound care

If you leave the hospital with a wound dressing your midwife will explain how to care for your dressing.

Please try to keep your wound as clean and dry as possible. Wash it every day using fresh running water and dry it well. Always wash your hands before and after touching your wound or changing your sanitary pads.

Change your sanitary pads regularly and do not use tampons for at least six weeks.

How long the wound takes to heal varies from person to person. It usually takes at least six – eight weeks, sometimes longer.

During this time your wound may be slightly red, itchy, have patches of numbness and may be a little uncomfortable.

If it looks inflamed, has an offensive smell, or has any oozing or pus, please contact your GP or your nearest Maternity Assessment Unit.

Diet

Try to make eating well a priority. It will make you feel better, and healthy eating is important for the whole family.

Aim to eat at least five portions of fruit and vegetables a day. The first six weeks after your baby is born is not the time to begin a strict diet because your body needs nutrients to recover from the physical stresses of pregnancy, labour and birth.



It is important to eat and drink well when you are breastfeeding. It is also a good idea to have a drink by your side before settling down to breastfeed.

You should aim to drink at least six – eight glasses (1-2 litres) of fluid every day. Feeling thirsty or dark urine with a strong smell are signs that you are dehydrated and need to drink more.

Alcohol

We advise you not to drink alcohol immediately after the birth of your baby because:

- alcohol can pass from your breast milk to your baby. It can alter the taste of your breast milk, reduce how much you make, make it harder for your baby to digest, and make them too sleepy to feed or prevent them from sleeping
- the smell of alcohol can confuse and upset your baby and make bottle feeding difficult
- if you share your bed with your baby and you have drunk any alcohol, it greatly increases the risk of sudden infant death syndrome (SIDS).

Rest and relaxation

It is important that you take enough time to rest and recover after the birth of your baby. Relaxation techniques can help with this. Try to take time to sleep while your baby sleeps.

Lying on your side with a pillow between your legs can be especially comfortable if you have had stitches in your tummy or perineal area, or you have piles.

If you have a perineal tear or an episiotomy you may find sitting directly on a seat uncomfortable. Try rolling a towel into the shape of a ring and placing it on the seat or bed.



How to start exercising

Regular movements help to ease ankle swelling and circulation problems. Try to avoid sitting, lying or standing in the same position for too long.

Your ligaments become more supple during pregnancy and this lasts for several weeks after birth, so try not to do too much lifting and twisting in these first few weeks.

Starting to do a few simple and safe exercises can help make you less likely to have postnatal depression. Choose an exercise that you enjoy and eases stress. Taking your baby out for a walk is a good way for you both to get some exercise and fresh air.

Good ways of getting fit again are low-impact activities such as swimming, walking, postnatal yoga and pilates.

It is usually a good idea to wait until after your six-week postnatal check before you start any high-impact exercise such as aerobics or running.

Tummy (abdominal) muscle exercises

Your tummy muscles form a natural corset which supports your back and internal organs. These muscles stretch during pregnancy to allow your uterus (womb) to grow. They can be weakened so they need to be strengthened. Exercising them will help you to regain your muscle tone and prevent or ease backache.

Start doing these exercises in the position you find most comfortable, such as lying on your back or side with your knees bent, or sitting in a supportive chair.

- Relax your tummy muscles allowing your tummy to sag.
- Place one or both hands on your lower tummy, below your belly button.



- Breathe in through your nose and – as you breathe out – gently draw in your lower tummy, away from your hands, towards your lower back.
- Hold for a few seconds, then relax.
- Try not to hold your breath. You should be able to draw in your tummy muscles and breathe.
- Start by doing this about five – 10 times.
- Also, gradually increase how long you hold your tummy in, until you can do it for 10 seconds at a time.
- Once you have learnt this exercise, do it while standing up.
- Try to get into the habit of using these deep tummy muscles before and during any activity which needs effort, such as lifting or changing your baby.

If your postnatal bleeding (lochia) gets heavier or changes colour (becomes pink or red) after activity, you could be overdoing it. You are also likely to feel very tired.

Listen to your body. Pace yourself and make sure you get plenty of rest, too.

Pelvic floor exercises

Your pelvic floor muscles are at the bottom of your pelvis and help to 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 to exercise them so they continue to support these organs in later life.

Strengthening your pelvic floor muscles with specific exercises will:

- help to ease swelling and soreness
- maintain/improve your bladder and bowel control
- prevent prolapse of your pelvic organs
- stabilise the joints of your pelvis and lower back
- make sex more enjoyable for you and your partner.



Pelvic floor exercises are quick and simple; you can do them anywhere as long as you are comfortable. They will help to reduce leaking of urine when you cough, sneeze, laugh or run and enable you to control your bowel movements and wind.

It is important not to hold your breath while doing them – you should be able to talk while squeezing your pelvic floor.

Exercise one

- Imagine you are trying to stop a bowel movement and a trickle of urine at the same time.
- Squeeze and lift your pelvic floor muscles closing your front and back passage and drawing towards your belly button.
- Start gently. You may not feel much is happening at first but keep trying.
- Hold each squeeze for a few seconds, then relax for a few seconds.
- Gradually increase how long time you hold each squeeze. Aim to hold for a few seconds to begin with, then increase up to 10 seconds. Do this exercise 10 times.

Exercise two

- Next try to do short, fast squeezes and quickly let them go.
- At first aim to do 10 and do more over time.

Try to repeat these two exercises three – six times every day. You can set an alarm to help remind you or do them while feeding your baby.

Do not

- hold your breath
- stop a stream of urine because this can lead to urine infections
- tighten your tummy muscles too much
- tighten your buttocks
- squeeze your legs together.



If you have pain that will not go away, find it difficult to control your bladder or bowel or find sexual intercourse painful, please see your GP who can refer you to the appropriate healthcare professional.

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 one. It is possible to get pregnant before your first period after having your baby, so it is good to be prepared and have contraception available if you need it.

How soon can I have sex again?

You can have sex as soon you and your partner are ready to. But having a baby can cause many physical and emotional changes for both of you, and it may take some time to 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.

When will my periods start?

If you are bottle feeding, or combining bottle and breastfeeding, your first period could start as early as five – six weeks after the birth. If you are breastfeeding only, your periods may not start again until you stop.

We advise you **not** to use breast feeding as a contraceptive because it is not 100% effective – you can be fertile before your first period.



Which type of contraception is suitable for me?

You can use male/female condoms as soon as you want. Ask your local Family Planning Clinic (FPC) or your GP for advice about other types of contraceptive.

You will be offered three main types:

1. hormonal methods such as oral contraceptive pill, patches, implants and injections
2. barrier methods, such as the diaphragm and condoms
3. intrauterine contraceptive devices (IUCDs).

The NHS website has a guide to contraception at

www.nhs.uk/conditions/contraception

Can I still use emergency contraception?

Yes. If you have unprotected sex you can use emergency contraception. It will not affect your baby or your breast milk. Please ask your GP, pharmacist or FPC for advice.

Postnatal depression

It is normal to feel a bit down, tearful or anxious in the first week after giving birth. This is the 'baby blues' and should not last more than two weeks.

If your symptoms last longer – or they start later – you may have postnatal depression. This is common and affects more than one in every 10 mums within a year of giving birth.

Do not struggle alone hoping that the problem will go away – there is help and support available to you.

If you think you may be depressed, speak to your GP or health visitor.



Sharing your birth experience: support after birth

Would you like to talk to someone about your experience of giving birth?

You might find it helpful, especially if your 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, or 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 need support later on – weeks or even months later – you can refer yourself to a listening clinic by visiting our website and sending us an email with your details. Please leave your name and contact details, plus a summary of the concerns regarding your birth experience that you would like to discuss.

Email: kch-tr.listeningclinic@nhs.net

Taking care of your baby

Breastfeeding tips

- When you are breastfeeding, make sure you sit in a chair with good support and have your feet flat and resting on the floor
- Place a small pillow or folded towel behind your lower back as this can help to ease backache.
- Sit back and relax your shoulders as you feed.
- Placing a pillow on your lap will help to bring your baby nearer to the level of your breasts for a more comfortable feeding position.
- You can also lie on your side to breastfeed, using pillows for comfort.



Benefits of breastfeeding

The longer you breastfeed, the greater the benefits for you and your baby. This chart shows you some of the ways breastfeeding make a difference to you both.

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





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 need to carry around less equipment when going out

Lower risk of ovarian cancer in later life

Fewer visits to GP because your baby is ill less often

Lower risk of osteoporosis in later life

It is cheaper and you can save at least £450 a year

Your risk of breast cancer is reduced by 8%



Breastfeeding support

Association of Breastfeeding Mothers

Helpline: **0300 330 5453**

www.abm.me.uk

The Breastfeeding Network

National breastfeeding Helpline: **0300 100 0212**

www.breastfeedingnetwork.org.uk

Le Leche League

Helpline: **0345 120 2918**

www.laleche.org.uk

National Childbirth Trust (NCT)

Support line: 0300 330 0700

www.nct.org.uk

King's Specialist Team for Infant Feeding

Denmark Hill: **020 3299 2659**

Princess Royal University Hospital: **07866 927594**

Feeding your baby formula milk

If you decide to feed your baby formula milk, please read UNICEF's 'Guide to bottle feeding'. You should be given this leaflet as part of your discharge paperwork – make sure you have it before leaving the hospital. You can also download the leaflet at: www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2008/02/start4life_guide_to_bottle_feeding.pdf



Reducing the risk of cot death

It is important to make sure that your baby is a comfortable temperature – not too hot or too cold. The chance of SIDS is higher in babies who get too hot.

A room temperature of 16-20°C – with light bedding or a lightweight, well-fitting baby sleep bag – is comfortable and safe for sleeping babies.

How to check if your baby is too hot or too cold

Every baby is different and our advice on room temperature is intended as a guide. So while it's important to be informed about overheating, you need to check your baby regularly to see if they are too hot.

Feel your baby's chest or the back of their neck (your baby's hands and feet will usually be cooler, which is normal). If your baby's skin is hot or sweaty, remove one or more layers of bedclothes or bedding.

Safe sleeping

Babies need a lot of sleep during the first few months of their lives, so it is important that they sleep as safely as possible.

Here we explain how you can greatly reduce the risk of sudden infant death syndrome (SIDS) – also known as cot death – whether your baby is sleeping during the day or night. It can give you peace of mind when putting your baby down to sleep.

Things to do

- ✓ Always place your baby on their back to sleep.
- ✓ Place them in their cot or crib so their feet are at the bottom.
- ✓ Ideally breastfeed your baby.
- ✓ Place your baby to sleep in a separate cot or crib in the same room as you for the first six months.



- ✓ Use a new, firm, flat, waterproof mattress.
- ✓ Use blankets that are firmly tucked in and do not bring them up above your baby's shoulders.

Things to avoid

- ✗ Do not smoke during pregnancy and after birth.
- ✗ Never sleep on a sofa or in an armchair with your baby.
- ✗ Do not sleep in the same bed as your baby if you smoke, drink, take drugs or are extremely tired, or if your baby was born prematurely or had a low birth weight.
- ✗ Avoid letting your baby get too hot. The room temperature needs to be between 16°C and 20°C. Always check your baby's body, never their hands or feet.
- ✗ Do not cover your baby's face or head while they are sleeping.
- ✗ Avoid using soft or bulky bedding
- ✗ Firmly tucked in sheets and blankets (not above shoulder height) or a baby sleep bag are safe for a baby to sleep in. Be sure to remove any soft toys from the cot before each sleep period.
- ✗ Do not use cot bumpers or place teddies or toys in with your baby.
- ✗ Do not put hats on your baby when they are indoors.
- ✗ Do not use pods, nests or sleep positioners.

Your baby's skin and cord care

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

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



If you use a fabric conditioner, try to use one that does not have any colour and perfume.

We recommend you change your baby's nappy as regularly as necessary to keep the skin clean and dry. Clean and dry their nappy area at each change. Using things like nappy cream can make the nappy less able to soak up fluid and keep your baby's skin dry. Your midwife/GP will advise when you need to use a cream.

It can take up to a month after birth for your baby's cord to fall off. The cord has no nerves so this should not cause your baby any pain. It is best to leave the cord alone to dry out as this will improve healing.

Try to keep your baby's nappy below the cord because this will help the cord to dry out. If you need to clean the area around the cord, use plain water only and dry it well. If you think the cord area might be infected, take your baby to see your GP.

Bathing and changing your baby

Make sure the surface on which you are changing your baby is waist height. This means you will not have to bend or strain your back. Try kneeling down to bathe your baby. Or your partner can pass your baby to you while you are in the bath.

Ensure that the water is warm but not hot, and that the room is warm. Check the water temperature with your wrist or elbow and ensure that it is well mixed. Before you bathe your baby, make sure you have towels and clothes nearby because babies get cold very quickly when wet.



Warning signs of illness in newborn babies

Newborn babies have underdeveloped immune systems so they can quickly become seriously ill.

Please contact the hospital if your baby has any of the following symptoms:

- their skin looks yellow and jaundiced
- they are lethargic or irritable
- they are not feeding regularly
- they have a high temperature (fever)
- they have a rash
- they have sores on the skin, eyes and inside the mouth.

Call 999 immediately if your baby:

- is listless and lacks energy
- is becoming floppy and unresponsive
- is difficult to wake up from sleep
- has breathing difficulties or starts grunting
- breathes rapidly
- has a blue tongue and skin (cyanosis)
- has projectile, heavily blood-stained, green or yellow vomit.

A baby can become unwell very quickly, so you need to act fast.

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 after birth. Generally, low-level jaundice is not a problem, but your midwife will monitor it closely to ensure it does not get worse. Your baby will be offered a screening test to check the level of jaundice and may need light treatment (phototherapy) if it is high.



You can help your baby by making sure they feed regularly. If they seem sleepy and not interested in feeding, contact the emergency numbers for advice (see page one for contact numbers). Jaundice should start fading by the time your baby is two weeks old.

Eye problems

Your baby might have sticky eyes from time to time. Clean their eyes using a clean cotton wool ball dipped in breast milk 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 possible infection. If the problem does not go away, or if their eyes look red and sore, see your doctor as it may need treatment.

Rashes

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

Milia, also known as milk spots, are small cream-coloured spots, usually on their nose. These are normal and do not need treatment.

Erythema toxicum is a blotchy red rash with pinhead-sized solid bumps (papules), particularly on your baby's body 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, and sometimes raw, moist and shiny. It can happen when their skin is in contact with a nappy soaked in wee or poo 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. Ask a healthcare professional for more advice on how to treat nappy rash.

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. If you suspect a meningitis rash and your baby has a fever or is unwell, or if you are concerned, call 999 or take your baby to your nearest Emergency Department (A&E).

Thrush (*candida albicans*) shows as white, creamy-coloured, 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. They need anti-fungal medicine to treat it. Ask your GP for advice.

Neonatal herpes is a herpes infection in a young baby. It can be very serious for a young baby because their immune system will not have fully developed to fight off the virus. It is caused by the herpes simplex virus, which is easily spread and causes cold sores and genital ulcers in adults. Babies are most at risk of getting a herpes infection in the first four weeks after birth.

The virus can be passed to your baby:

- through a cold sore if a person with a cold kisses them
- if you have a blister caused by herpes on your breast and you feed your baby with that breast or milk expressed from it.

Neonatal herpes is rare in the UK and can be prevented by following some simple advice:

- do not kiss your baby if you have a cold sore. Cold sores and other blisters caused by the herpes virus are at their most contagious



- when they burst. They remain infectious until they are fully healed.
- do not feed your baby if you have a blister caused by herpes on your breast and do not feed your baby with milk expressed from it.

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 to help ease your baby's cold. Colds usually get better in a few days but 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 24 hours after birth, and these may even be streaked with some blood. They may also vomit small amounts of milk back up after feeding which can be normal. But if your baby has started vomiting large amounts after several feeds in a row they need to be checked. If your baby is vomiting a lot, or you are concerned, ask your midwife, GP or health visitor for advice. If you have serious concerns, call 999, or take your baby to your nearest Emergency Department (A&E).

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 your GP sooner if your



baby is not feeding well. If you are concerned, call 999, or take your baby to your nearest Emergency Department (A&E).

Fever

Fever in young babies aged from birth to three months is usually caused by overheating, infection or dehydration. 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. Give your baby regular breast feeds or formula.

Other information

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). If you gave birth at **King's College Hospital, Denmark Hill**, you must book an appointment by calling Lambeth Register Office, tel **020 7926 9420**
- If you gave birth at **Princess Royal University Hospital**, you must book an appointment by calling Bromley Register Office, tel **0300 3038667** or via email at registrars@bromley.gov.uk

What do I need to tell the registrar?

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 or in a civil partnership
- the mother's job, address, date and place of birth.

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

- the father's full name, date and place of birth, job and address
- if the parents are married, the date of the marriage or civil partnership.



If the parents are not married or in a civil partnership and both wish to be on the birth registration, then both will need to attend this appointment.

What will I get when I register the birth?

Once you have registered the birth, you will be able to buy copies of the birth certificate. The registrar will give you a form so you can register your baby with the GP.

Where can I register the birth?

If your baby was born in hospital, you should register their birth at the local register office. If you cannot go there, you can go to another register office. This will send your details to the original register office, which will send you the birth certificate and other documents by post. To find your nearest office, go to www.gov.uk/register-offices

Useful organisations

The Lullaby Trust

Information and advice: **0808 802 6869**

www.lullabytrust.org.uk

Smoke free

www.nhs.uk/smokefree

Association for Postnatal Illness

Helpline: **020 7386 0868**

apni.org

Twins Trust

twinstrust.org

Real Nappies for London

www.realnappiesforlondon.org.uk



Cry-sis

Helpline: **08451 228 669**

www.cry-sis.org.uk

National Childbirth Trust (NCT)

Support line: **0300 330 0700**

www.nct.org.uk

Medela breast pump hire

www.medela-rental.co.uk

Ameda Egnell breast pump hire

Tel: **01823 336 362**

Ardo Medical Ltd

Tel: **01823 336 362**

www.info@ardomedical.co.uk

Bladder & Bowel Foundation

Helpline **0845 345 0165**

www.bladderandbowelfoundation.org

King's Maternity Voice Partnership (MVP)

King's Maternity Voices Partnership (MVP) meets every two months – either at one of the hospitals or in a local children's centre – to discuss and improve maternity services at King's College Hospital NHS Foundation Trust sites. The group includes mums, midwives, doctors and other health professionals.

If you would like to get involved in the MVP, please ask your midwife for more information, or read the King's Maternity Voices leaflet on your BadgerNet app or the Maternity service page on the relevant website:



- King's College Hospital, Denmark Hill: www.kch.nhs.uk
- Princess Royal University site: www.pruh.kch.nhs.uk {on the pruh site you have info about Bromley Maternity Voices only, plus their facebook and Twitter pages – King's MVP is not mentioned. If you want this section rewritten to reflect the 2 different channels, let me know} I think this should be written to reflect the two different channels.

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 College Hospital is a teaching hospital where our students are mentored by qualified staff to get valuable experience by caring for 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) offers support, information and assistance to patients, relatives and visitors. We can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS:

Tel: **020 3299 3601**

Email kch-tr.palsdh@nhs.net



You can also contact us by using our online form at
www.kch.nhs.uk/contact/pals

PALS at Princess Royal University Hospital, Farnborough Common,
Orpington, Kent BR6 8ND

Tel: **01689 863252**

Email: kch-tr.palspruh@nhs.net

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



Notes



Useful phone numbers

King's College Hospital, Denmark Hill

- Maternal Assessment Unit (MAU), 8.30am – 6pm, Monday to Friday, tel: **020 3299 8197**
- Nightingale Birth Centre (labour ward), tel: **020 3299 3222**
- William Gilliatt Ward (antenatal and postnatal), tel: **020 3299 3402**
- Community Midwives Centre, 9am – 5pm, tel: **020 3299 3548**

Princess Royal University Hospital

- Maternity Assessment Unit (MAU), 24 hours a day, seven days a week, tel: **01689 863572**
- Delivery Suite (labour ward), tel: **01689 864839**
- Oasis Birth Centre, tel: **01689 864750**
- Maternity ward (antenatal and postnatal), tel: **01689 864918/9**
- Community Midwives Orpington base, 9am – 5pm, tel: **01689 864818**
- Community Midwives Queen Mary's base, 9am – 5pm, tel: **020 39107290**