

Generic Hospital Messages



Antenatal Care

Antenatal care is the care you get from health professionals during your pregnancy to ensure you and your baby are as well as possible. Sometimes it's called pregnancy or maternity care.



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Antenatal Care

Antenatal care is essential because it:

- Monitors your physical and emotional well-being.
- Monitors your baby's development, growth and health.
- Identifies any potential risks or complications.
- Promotes a positive birthing experience.

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Antenatal Care

Antenatal care should start as soon as you find you are pregnant. You can either self refer for antenatal care or your GP can do so for you.



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Antenatal Care

Your appointments can take place at:

- Your home.
- A children's centre.
- A hospital.

Pregnancy scans will usually take place at the hospital.

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Antenatal Care

Your midwife will inquire about you and your family's health and preferences during antenatal appointments. It's an opportunity to communicate if you're vulnerable or need extra support.



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Antenatal Care

Midwives conduct initial checks like urine tests and blood pressure assessments. After 24 weeks, visits become more frequent and include tummy checks, womb measurements, and monitoring the baby's heartbeat.

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Antenatal Care

Your midwife will provide guidance on various aspects including diet and nutrition, exercise, mental health and well-being, baby's development, screening tests, breastfeeding, antenatal classes, maternity benefits, and options for where to have your baby.

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Antenatal Care

First-time expectant parents typically have up to 10 antenatal appointments. If you've had a baby before, it's around 7, but this may vary, especially if there's a medical condition.



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Pain Relief

Various pain relief options are available to help individuals manage labour and birth. These options aim to alleviate pain, enhance relaxation, and support a positive birthing experience.

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Pain Relief

NATURAL TECHNIQUES:

Deep breathing, hypnobirthing, relaxation, massage, changing positions, and hydrotherapy (using water) Aiming to enhance relaxation to cope with contractions.



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Pain Relief

ENTONOX (GAS AND AIR):

Entonox is a mixture of nitrous oxide and oxygen inhaled through a mask or mouthpiece. It provides mild pain relief and can help take the edge off contractions.



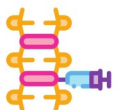
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Pain Relief

EPIDURAL:

An epidural is an injection of anaesthesia into the spine's epidural space. It offers effective pain relief by numbing the lower body but requires constant monitoring and restricts mobility.



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Pain Relief

OPIOID PAIN RELIEF:

Pethidine or diamorphine can be given by injection to provide pain relief during labour. They may cause drowsiness and can affect the baby's breathing if given close to birth.

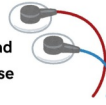


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Pain Relief

TENS MACHINE:

A TENS machine is a handheld device delivering electrical impulses via skin pad electrodes, stimulating endorphin release for pain relief and labour distraction.

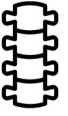


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Pain Relief

SPINAL BLOCK:

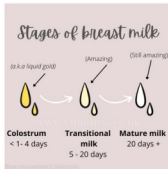
Anaesthesia injected around the spinal cord offers quick pain relief, primarily for c-sections or assisted vaginal deliveries, and differs from an epidural as it's a single injection.



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Colostrum

Colostrum is the first milk your breasts produce during pregnancy and in the first few days following birth.



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Colostrum

Colostrum contains antibodies, immunoglobulins and hormones which promote gut growth, as well as being the perfect nutrition for your baby. It is concentrated so only produced in small amounts.

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Colostrum

Antenatal colostrum expressing is the hand expression and collection of colostrum during the later weeks of pregnancy (from 37 weeks gestation).



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Colostrum

For some, collecting colostrum in your pregnancy helps to feel more familiar with your breasts and feel more confident hand expressing and breastfeeding once baby arrives.



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Colostrum

If your baby breastfeeds promptly after birth, expressed colostrum might not be needed, but it can be beneficial for babies with specific feeding pathways or with time-sensitive needs, for example if you have diabetes.

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Colostrum

It can also be used for babies who may have feeding difficulties in the first few days whilst you establish feeding.



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Colostrum

Colostrum harvesting is not recommended if you're at higher risk of premature labour, have a short cervix or cervical suture, you are carrying multiples before 36 weeks, experienced bleeding during pregnancy, or have a low-lying placenta

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Colostrum

ALWAYS check with your midwife before you start harvesting colostrum. If you would like to know more about harvesting colostrum, please speak to your midwife or infant feeding team.



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Responsive Feeding

Responsive feeding builds a loving bond by anticipating and responding to your baby's needs, preventing distress before crying begins.



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Responsive Feeding

Feed your baby when hungry, avoiding a rigid schedule. This "responsive" or "baby-led" approach offers comfort and reassurance.



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Responsive Feeding

Avoid making your baby wait for food; pick them up and feed when signs of hunger appear. Latching is easier when baby is calm, not distressed.



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Responsive Feeding

Initially, you may feed every couple of hours, day and night. As your baby grows, feeds become more efficient, and intervals lengthen.



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Responsive Feeding

Responsive feeding prevents breast discomfort and engorgement. Breast milk operates on a supply and demand basis, with each suck stimulating milk production for your baby's needs.



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Responsive Feeding

The "responsive" method ensures you meet your baby's hunger promptly, promoting calm feedings and a nurturing bond.



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Responsive Feeding

As your baby grows, feeding intervals extend, creating an effective and harmonious breastfeeding routine tailored to your baby's needs.



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Postnatal Recovery

Your healthcare providers know how important it is to have support and the right care during the postnatal period whilst you're adjusting both physically and emotionally to parenthood.



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Postnatal Recovery

The physical recovery after birth varies from person to person. If you had a vaginal birth, you may be healing from perineal tears or episiotomies, if you had a c-section, recovery involves healing the surgical incision.



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Postnatal Recovery

Pelvic floor exercises are recommended post-birth to strengthen pelvic floor muscles. Midwives can assist you with any issues such as urinary incontinence.

GEN_0503_w

Postnatal Recovery

New parents may experience emotional changes, including 'baby blues' shortly after birth. It's vital to seek support if your emotional well-being or that of your family is impacted.



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Postnatal Recovery

You'll get ongoing baby feeding support until you're confidence grows. Midwives, along with breastfeeding supporters and lactation consultants, are available for extra help if needed.



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Postnatal Recovery

Postnatal check-ups are important for monitoring both yours and your baby's physical and emotional health, addressing birth control options, and assisting with any concerns you may have.



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SIDS

Sudden infant death syndrome (SIDS) is the sudden, unexpected, and unexplained death of an apparently healthy baby.

It is also sometimes known as "cot death" or 'sudden unexpected death in infancy' (SUDI)

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SIDS

We do not know what causes SIDS, but experts believe SIDS can happen due to a combination of factors that affect some babies at a vulnerable stage of their development, which leads them to die suddenly and unexpectedly.

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SIDS

What we do know is that you can significantly reduce the chance of SIDS happening by following advice to reduce the risk.

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SIDS

Experts advise that placing a baby to sleep on their back reduces the risk, and exposing a baby to cigarette smoke or allowing them to overheat increases the risk.

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SIDS (Safer Sleep)

- Baby is on their back.
- Feet to foot position.
- Head uncovered.
- Room temperature 16-20°C.
- Keep the cot clear.
- Use a firm, flat, waterproof mattress.
- Baby is in the same room as you.



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SIDS

Do not smoke when you're pregnant or around your baby after they're born, and do not let anyone smoke in the same room as your baby.



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SIDS

If wearing your baby in a sling or carrier, do not cover their head with the sling material or with a muslin.



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SIDS

NEVER sleep with your baby on a sofa or armchair as it significantly raises the risk of SIDS. There is also a danger of accidental suffocation as babies can easily become trapped and unable to breathe.

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SIDS

If you choose to co-sleep with your baby keep pillows and adult bedding away from your baby or any other items that could cover their head or cause them to overheat.



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SIDS

DO NOT co-sleep with your baby if:

- Your baby was born prematurely (before 37 weeks).
- Anyone in the bed has recently drunk any alcohol.
- Anyone in the bed has taken any drugs or medication that cause drowsiness.
- You or anyone in the bed smokes.

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Birth Positions

Upright positions such as standing, walking, or swaying on a birthing ball allow gravity to assist in bringing baby down the birth canal and enhance pelvic opening.



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Birth Positions

Upright positions can help relieve pressure on the spine, promote better foetal positioning and make contractions more effective.



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Birth Positions

Squatting is a natural birthing position, it can help widen the pelvis and create more space for the baby to move through the birth canal.



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Birth Positions

Squatting encourages baby's head to engage in the pelvis. Squatting bars or stools are often available to support this position.



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Birth Positions

Being on hands and knees can alleviate back pain during labour. It can also help rotate the baby into an optimal position for birth.



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Birth Positions

The all four position is particularly helpful if the baby is in a posterior position, where their back is against the mother's spine.



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Group B Strep

Group B strep is a type of bacteria called streptococcal bacteria that usually lives in the bottom (rectum) or vagina, and can affect 2 to 4 women in 10. Group B strep is normally harmless and most people will not realise they have it.

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Group B Strep

Group B Strep is common in pregnancy. It's not routinely tested for, but may be found during tests carried out for another reason, such as a urine test or vaginal swab.



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Group B Strep

If tests find GBS, or you've had a baby that's been affected by it before, you may be advised on care in labour and where to give birth due to GBS.



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Group B Strep

If you have group B strep during pregnancy, there's a risk it could spread to baby and make them very ill soon after birth. Taking antibiotics during labour will reduce this risk.

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Group B Strep

Your baby may be monitored in hospital for up to 12 hours to check for any problems. They'll be given antibiotics into a vein if they develop symptoms.



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Group B Strep

Most babies with a GBS infection fully recover if treated, however some babies may develop serious problems like sepsis or meningitis. This can cause lasting problems like loss of hearing or vision.

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Group B Strep

If you're worried, speak to your midwife or GP. Talk to them about the risks to your baby and ask their advice about whether to get tested.



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Movements Matter

Most women will feel their baby moving between 18-20 weeks. If this is your first pregnancy, you may not become aware of movements until you are more than 20 weeks pregnant.

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Movements Matter

Baby's movements may feel like a kick, flutter, swish or roll. As your baby grows, both the number and type of movements will change with your baby's activity pattern.



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Movements Matter

It's not true that babies move less towards the end of pregnancy. You should feel your baby move right up to the time you go into labour and while you're in labour too.



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Movements Matter

If you notice your baby is moving less than usual or you notice a change in the pattern of movements, it may be a sign that baby is unwell.



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Movements Matter

It is essential that you contact your midwife or local maternity unit immediately if you notice a change in your baby's movements so that your baby's wellbeing can be assessed.



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Movements Matter

Don't wait until the next day - call immediately, even if it's the middle of the night. Maternity units are staffed 24hours a day, 7 days a week so please don't be put off or worry about calling.

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Postnatal Depression

Postnatal depression (PND) is a form of depression after giving birth. Symptoms include persistent sadness, anxiety, and overwhelming despair.



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Postnatal Depression

PND can affect both mothers and fathers, although it is more commonly associated with new mothers. PND is a treatable condition, seeking help is crucial for the well-being of both the parent and baby.

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Postnatal Depression

Several factors can increase the risk of developing PND, including a history of depression or anxiety, a lack of support, difficult life circumstances, and hormonal changes that occur after childbirth.



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Postnatal Depression

Signs of PND include persistent feelings of:

- A lack of interest or pleasure in activities
- Changes in appetite and sleep
- Difficulty bonding with the baby
- Guilt or worthlessness

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Postnatal Depression

Signs of PND include persistent feelings of:

- Agitated or irritable towards your family
- Lack of energy/feeling tired all the time
- Anxiety about baby's safety
- Sad, low in mood or tearful much of the time

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Postnatal Depression

Seek help ASAP; symptoms may persist or worsen, affecting you, your baby, and your family. Early support is crucial. Encourage your partner to seek help if you think they might be having problems.

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Postnatal Depression

Don't struggle alone, there is a range of help and support available to you. Being depressed doesn't mean you're a bad parent, depression is an illness like any other.



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Sleep on the side

It can be difficult finding a comfortable position to sleep in when pregnant. However, it is important that from 28 weeks onwards you sleep on your side and avoid sleeping on your back.



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Sleep on the side

Lying on your back in the third trimester puts pressure on large blood vessels that carry nutrients and oxygen to your baby, and may slightly increase the risk of a stillbirth.



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Sleep on the side

Sleeping on your side is a safer position for late pregnancy as it ensures good blood flow to the baby.



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Sleep on the side

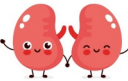
Side sleeping advice applies to all rest periods, including:

- Going to sleep at night
- Returning to sleep after any night waking
- Day time naps
- During exercise such as yoga

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Sleep on the side

Sleeping on your left side helps your kidneys filter waste and excess fluids, this is important during pregnancy as your body is producing more blood and fluids to support you and baby.



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Sleep on the side

Sleeping on the left side can also aid digestion by preventing your uterus from pressing on your stomach and other digestive organs, reducing the likelihood of acid reflux and heartburn.



GEN_1106_w

Sleep on the side

If you wake up on your back, don't worry, simply roll over onto your side and continue sleeping. If you are finding it hard to sleep ask your midwife for support.



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The Pelvic Floor

Pelvic floor muscles play a crucial role in supporting organs within the pelvis.



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The Pelvic Floor

Pregnancy and childbirth can strain the pelvic floor muscles, potentially leading to issues like urinary incontinence and prolapse.



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The Pelvic Floor

Pelvic floor exercises in pregnancy prepare muscles for childbirth, offering better support to the growing uterus and potentially preventing excessive stretching of these muscles during labour.



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The Pelvic Floor

Pelvic floor exercises are discreet and can be done almost anywhere. Simply contract the muscles you would use to stop the flow of urine, hold the contraction for a few seconds, then release.



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The Pelvic Floor

After childbirth, pelvic floor exercises can help restore muscle tone and function. Strengthening these muscles can aid in recovery from perineal tears or episiotomies.



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The Pelvic Floor

Pelvic floor muscles work in conjunction with other core muscles, so strengthening the pelvic floor can also enhance core stability, which is essential for good posture, spinal support, and preventing back pain during pregnancy and beyond.

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The Pelvic Floor

Pelvic floor exercises are generally safe and beneficial, it's important to consult a healthcare provider, such as a midwife or physiotherapist before starting any new exercise routine during pregnancy or after childbirth.

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