NHS
Maidstone and Tunbridge Wells NHS Trust

MTW

POSTNATAL WARD A-Z HANDBOOK

YOU ARE IN ROOM.....

LEVEL 3,
GREEN ZONE

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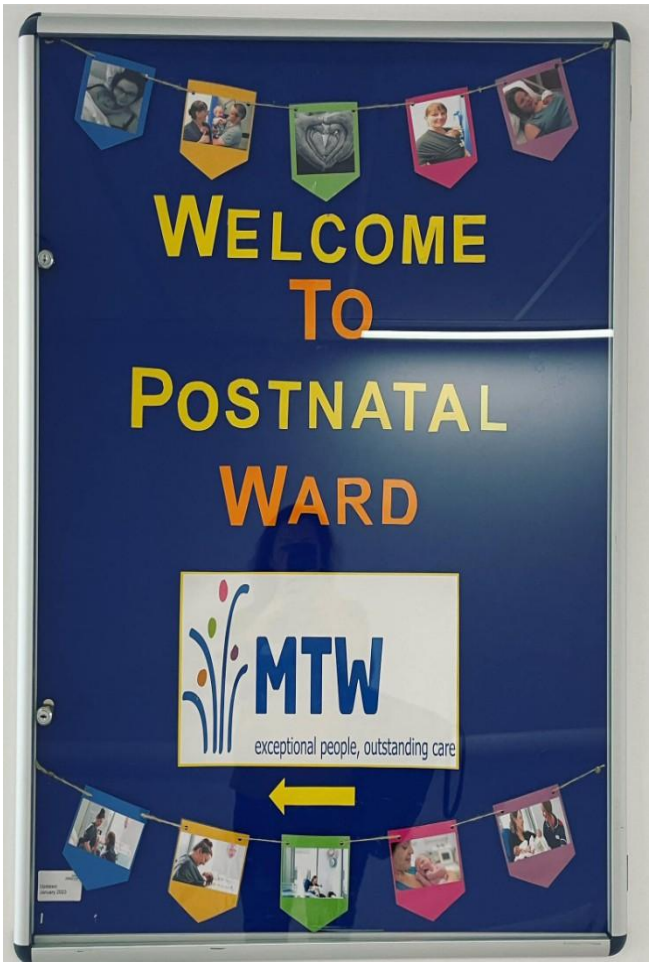
Welcome to the Postnatal Ward



This handbook contains useful information about the facilities and services available to you on the Postnatal Ward.

We encourage you to take a few minutes to read through it.

Please note, this is not an exhaustive list of services or information. We are committed to providing care that's tailored to you. This means working with you to ensure your postnatal care aligns with your medical history, preferences, and any additional support you may need.

If you have any questions or concerns about your health or your baby's health, please don't hesitate to speak with a member of our staff.

A

Anaemia: This means you don't have enough iron in your blood, which can make you feel tired and unwell. It is common and easy to treat. If your iron levels are low we may offer you iron tablets, an iron infusion, or a blood transfusion to help you to feel better. Eating healthy foods like leafy green vegetables can also help.

Anti-embolism stockings: During your stay, we may offer you special stockings to wear on your legs. We will measure your legs to make sure the stockings fit you properly. These stockings help reduce the risk of getting a blood clot. If you have any questions, please speak to a midwife.

Anti D: If you have a negative blood group (like A, B, or O Negative) and your baby has a positive blood group, you will be offered an Anti- D injection before you go home. This is the same injection you may have had at around 28 weeks.

B

Belongings: Please ensure that you are mindful about the amount of personal belongings that you bring into the hospital. While we want you to be as comfortable as possible during your stay, there is limited storage in the rooms. Due to infection control, we ask not to bring flowers on to the ward. Once you have been discharged please take all your belongings with you. While every care will be taken, MTW does not accept responsibility for any loss or damage to personal property.

Blood transfusion: You might be offered a blood transfusion if your iron levels are low (see anaemia). A doctor or midwife will explain why and talk to you about the risks, benefits, and other treatments you could have instead. You can ask all the questions you need so that you understand why you're being offered a transfusion.

Bonding: Babies like to be close to their parents to feel safe and secure which helps them grow and develop. Skin-to-skin means placing your baby on your chest, with their bare skin touching yours, lay a blanket over you both to keep warm. Skin-to-skin helps to regulate your baby's temperature, breathing and heart rate, boost your milk supply and stimulate your babies feeding instincts, helps you bond with your baby, and releases the hormone oxytocin – your body's natural feel-good chemical. Skin-to-skin also helps build your baby's immunity to infections. It's important to try not to fall asleep during skin-to-skin time (see 'S' for safe sleeping).

B

Bottle feeding: If you are bottle feeding your baby, a midwife, nursery nurse or maternity support worker can show you how to responsively bottle-feed. It's a good idea to use your own bottles so you know your baby will feed well at home. Please do not hesitate to ask for support or advice. Check Appendix A and B below for helpful tips on bottle feeding and how to prepare feeds safely.

Breastfeeding: It can take time for you and your baby to get used to breastfeeding. Midwives, nursery nurses or maternity support worker are always available to give you breastfeeding support or advice, please do not hesitate to ask. Please see the CHINS chart in Appendix C or visit the Beside You Kent website for more tips.

Birth partners: You are welcome to have two birth partners; both will be given a pink wristband. These two support partners can take turns, ensuring you always have someone with you during non-visiting times. Your support partner is encouraged to help with nappy changing, feeding and soothing your baby.

Please help us maintain a respectful environment by being mindful of the privacy and dignity of staff and other families. We ask you remain appropriately dressed and wear footwear when in the corridors.

We kindly ask partners not to sleep on the beds for infection control reasons. If partners haven't brought something to sleep on, we have a limited number of portable or blow-up beds that might be available. Please ask a staff member.

C

Call bell: The call bell is above your bed and in the bathroom. Please use it if you need support or have any questions or worries. If you feel able to, you are also welcome to leave your room to speak to a member of staff.

Car seat: Please have your car seat ready for when you are discharged home. If you are unsure how to strap your baby into the car seat, please ask a member of staff to help you.

Cord care: Keeping your baby's cord clamp area clean and dry will help it heal faster. If needed, you can gently clean the area with cotton wool and water. The cord should fall off in about a week. If you notice redness, swelling, oozing, or a bad smell, let a midwife know.

C

Crying: Crying is normal and your baby's way of telling you they need comfort and care but usually it's because babies are hungry, uncomfortable or tired. If you are unsure why your baby is crying or have any concerns please speak to a member of staff if you need any support.

Please visit the NHS.uk website for more information.

D

Discharge information: Please see **G** for getting ready to go home. Discharge information is also available on our website.

Dress code: Please help us maintain a respectful environment by being mindful of the privacy and dignity of staff and other families. We ask you remain appropriately dressed, or wear a dressing gown and appropriate footwear, when in the corridors.

E

Exercise: Being active might feel hard when you're tired or in pain, but moving gently after birth can help your body heal and make you feel more energetic (see **M** for more information on mobilizing). If you need help moving around, ask a member of staff.

When you feel ready you should do pelvic floor exercises to strengthen the muscles around your bladder, vagina, and anus (see **P** for pelvic health).

Expressed breast milk (EBM): You can express breast milk by hand or with a breast pump. To learn more about hand expression watch our video. A midwife, nursery nurse, or support worker can help you, so please ask if you need support. If you want to use a breast pump while on the ward, talk to a member of staff for more information.

F

Food: You can help yourself to tea and coffee from the trolley in the corridor at any time. There is a cold water fountain in the milk kitchen. The water in your room is NOT suitable for drinking.
Breakfast is served between 8:00 and 9:00 am.
Lunch is served between 12:30 and 1:00 pm.
Dinner is served between 5:30 and 6:00 pm.

For lunch and dinner, catering staff will knock on your door when the food is ready. Please come and choose what you'd like from the trolley. If you have any dietary needs, please tell a member of staff, and we'll do our best to help.

Unfortunately, we are unable to provide food for partners or visitors, but you are welcome to bring in your own. A fridge and microwave are available for your use in the kitchen, and Costa Coffee and WH Smith offer a variety of refreshments. There is an M&S and a variety of fast food outlets on the Longfield Estate (approx. five minutes' drive away). You are also welcome to arrange for any food delivery services to the main entrance.


F

Fire alarms: Our hospital fire alarms are tested every Friday at 9.30 am as part of a routine. Please do not use aerosol deodorant in your room or bathrooms, as it could set off the fire alarm. Also, please do not smoke or use a vape anywhere in the hospital.

Fragmin: After you have had your baby it may be recommended you have blood thinning injections to reduce your risk of a blood clot. A midwife or doctor will advise you if these are required and for how long. You will be provided with a box of injections and a sharps box to go home with. A midwife will show you how to inject yourself safely when you go home.

Getting ready to go home: When you and your baby are ready to go home, a midwife or the discharge coordinators will complete your paperwork, prepare any medicine you need, and explain what to expect and what will happen with your care at home. While they do this, please pack your bags and check you have everything. We would appreciate it if you are ready to leave once the paperwork is done, which usually takes 30 minutes to an hour, as it helps us keep the maternity unit running smoothly.

More information about going home is on our website.

H

Handover: During the following times, staff may be busy handing over to the next shift, so there might be a very short delay in answering your call bells:

- Morning: 7.15 – 7.45 am
- Afternoon: 1.15 – 1.30 pm
- Evening: 8 – 8.15 pm

If possible, please allow staff to finish their handovers. It is very important that the next staff member caring for you knows your history.

Hearing screen: Before you go home, your baby will be offered a hearing test by one of our hearing screening coordinators. They will explain the test to you before doing it. If the test can't be done before you leave, we will send you an appointment in the post.

I

Infant Feeding team: The team are here to support you with feeding your baby. They are available Monday to Friday, 9am to 5pm. During these hours, the team also run feeding classes, staff training sessions and breastfeeding cafes at the birth centres. As a result, they may not always be immediately available to offer support. However, our midwives, nursery nurses, and maternity support workers are always on hand to assist you, please do not hesitate to ask.

(See **L** for information on local feeding support)

Iron infusion: You may be offered an iron intravenous infusion if your iron levels are low. A doctor may suggest an iron infusion if iron tablets haven't worked or if you can't take them. It's important to understand why the infusion is needed and to ask any questions you may have. (See **A** for anaemia)

J

Jaundice: Jaundice is when your baby's skin and the whites of their eyes look yellow. It is common in newborns, usually harmless, and often goes away on its own within 10-14 days. On the Postnatal Ward, midwives and nursery nurses will check your baby for early signs of jaundice. They will look at your baby's skin colour and ask about feeding. It's normal to need help when starting breastfeeding, so don't hesitate to ask a member of staff for support. If they notice signs of jaundice, further tests may be offered.

If you're worried about your baby's skin colour, speak to a midwife or nursery nurse (also see **P** for information about phototherapy).

(A transcutaneous bilirubin reader is a quick and painless test used to check for jaundice by measuring the level of bilirubin in your baby's skin. It works by shining a special light on the skin. This method helps us determine if further tests or treatment are needed.)

K

Kangaroo care: "Kangaroo care" means placing your baby skin to skin on your chest. This helps keep your baby warm and allows you to be close and bond, as well as helping with breastfeeding. We have a few kangawraps available, with priority given to babies in Transitional Care. If you have any questions or need help using a wrap, please ask a member of staff. Our kangaroo care patient information leaflet has more details.

Lighting: You can control the lights in your room using the switches by the door. There are also buttons on the board above your bed to adjust the dimmer lights. Press and hold the 'up light' or 'down light' button to make the lights brighter or dimmer. There is also a light bulb button on your call bell that controls the light on the back panel.

Local feeding support groups:

- Community midwives
- Crowborough Breastfeeding Café: Thursday, 9am - 12pm at Crowborough War Memorial Hospital, Crowborough, TN6 1HB
- Maidstone Newborn Café: Every Tuesday 9am – 12.30pm at Maidstone Birth Centre, Hermitage Lane, Maidstone ME16 9QQ
- La Leche

Web resources

- The National Breastfeeding Helpline offers friendly, non-judgmental, independent, evidence based breastfeeding support and information to anyone in the UK who needs it.
- Beside You supports families on their breastfeeding journey, offering trusted NHS advice, information on local support services, and real-life experiences from local families.
- La Leche League provide friendly breastfeeding support from pregnancy onwards
- The Unicef UK Baby Friendly Initiative supports breastfeeding and parent infant relationships by working with public services to improve standards of care.
- Baby Umbrella support new families with breastfeeding, bottle feeding, baby sleep patterns, new mums social and peer support and physical and mental wellbeing
- Kent Family has been developed colleagues in the Health Visiting, School Health and Immunisation Services teams at Kent Community Health NHS Foundation Trust.

M

Main doors: For the safety of you and your baby, the main doors to the Postnatal Ward are locked at all times. A staff member will need to let you in and out. If the ward is busy, there may be a short wait, so it may be easier to combine your trips in and out of the ward. Our patient information leaflet has more information on the measures we have in place to keep your baby safe on the Postnatal Ward:

Medication: Midwives will provide pain relief and medication at around 8am, 2pm, 6pm, and 10pm. If you need extra pain relief or medication at a different time, please let a midwife know. If you had a planned cesarean birth, you may be given your own pain relief. Your midwife will explain how to use it.

M

Mental wellbeing: It's normal to feel a bit down, tearful, or anxious during the first week after giving birth. However, if these feelings start later or last for more than two weeks, they might be signs of postnatal depression, anxiety, or birth trauma. These are common, and help is available. If you feel depressed or anxious while on the Postnatal Ward, please speak to a midwife or staff member as soon as possible. After you've been discharged, contact your GP or health visitor for support. For a list of available support services, see Appendix E.

Milk kitchen: In the middle of the ward, there is a milk kitchen with a fridge to store expressed breast milk and formula. All milk must be labelled with your name, room number and time/date it was opened or expressed. You can find the labels next to the fridge. The fridge is locked, so please ask a staff member to help you. In the milk kitchen, you can also clean your used bottles before sterilizing (see **S** for more information on sterilizing).

There is a cold-water fountain here for drinking. The water in your room is NOT suitable for drinking.

Mobilising: If you have had an epidural or spinal, you will be offered help to get out of bed when it is safe and when you feel ready. Your midwife will discuss your care plan during your time on the Postnatal Ward and give advice on how to continue moving safely once you're at home.

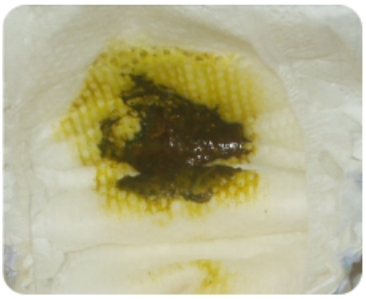
N

Nappy changing: Please change your baby in the cot, not on your bed. If you need help with changing your baby's nappy, please ask a member of staff.

On days 1-2

Wees: Two or more per day.

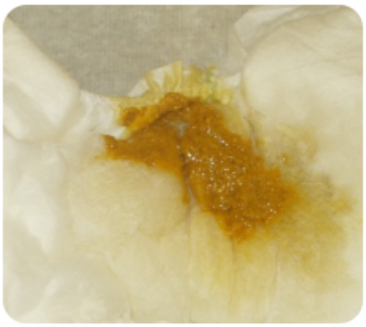
Poos: One or more per day. Poo at this stage is called meconium. It's very dark green/brown/black and sticky, and it's already in the bowel at the time of birth.



On days 3-4

Wees: Three or more per day. The amount of wee increases, and the nappies feel heavier than before.

Poos: Two or more per day, at least the size of a £2 coin. The colour changes and looks more green. These poos are called 'changing stools' and they change because your baby has taken in more milk.

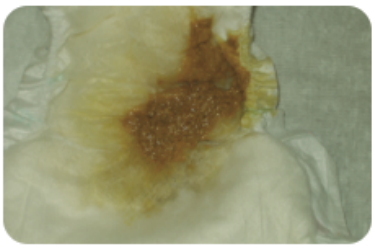


On days 5-6

Wees: Five or more heavy nappies per day.

Poos: At least two soft, yellow poos per day, at least the size of a £2 coin. They're yellow, because there is no more meconium in the bowel. Some babies get to this stage before now, and that means they are feeding very effectively.

A formula-fed baby's poos may be firmer, a darker brown and less frequent, compared with a breastfed baby of the same age. They might also smell more strongly.



Day 7 onwards

Wees: Six or more heavy nappies per day.

Poos: At least two soft yellow poos per day, bigger than the size of a £2 coin – not just 'skid marks.' You might notice little seedy particles in it, which is fine.

N

NIPE (Newborn and infant Physical Examination): After birth, your baby will be offered a NIPE before you go home. This is a screening check that will be explained to you. It is done within the first 72 hours after birth and is a head-to-toe check of your baby. You will be given a copy of the NIPE before you go home.

NBBS (Newborn blood spot): On day five after birth, all babies are offered the NBBS as a screening test for nine different conditions. Your midwife will explain these to you. Early detection allows appropriate care plans to support your baby. If you are still on the Postnatal Ward on day five, a midwife will offer this test; if you have been discharged home by day five your community midwife will carry this out at your home. It involves pricking your baby's heel to collect drops of blood that will be sent for analysis and you will receive the results in the post.

N

Neonatal Unit (NNU): If your baby is in the NNU, it can feel like a very difficult and unsettling time. The staff are here to support you throughout your stay. On the Postnatal Ward and the NNU, you will get help with your chosen way of feeding your baby. Please let the staff know if you need support or advice.

We encourage you to spend as much time with your baby as you want. If you are not on the ward during drug rounds, observation rounds, or meal times, please let the staff know.

More information about the Neonatal Unit is available on our website.

Observations: During your stay on the Postnatal Ward, staff will check your observations, such as your blood pressure, pulse, and temperature. Depending on your care plan, these checks will be done either twice a day or more often (every four hours).

Midwives will also check how you're recovering after the birth. They may ask to feel your tummy to make sure your womb is shrinking back to its normal size. They may also ask to check your vaginal bleeding and look at your cesarean section wound or vaginal tears if you have them. If you feel unwell or have any worries, please tell the staff.

Sometimes, we may suggest checking your baby's observations every 2-4 hours. This may include taking their temperature, heart rate, oxygen levels, and breathing rate. A midwife will explain this to you if we think it is necessary.

Parking (car): For up-to-date information on car parking please visit www.mtw.nhs.uk/car-parking

Pelvic health: Your pelvic floor muscles have given you support throughout your pregnancy but may now be weaker after the extra effort and weight carried during pregnancy and labour. It is important pelvic floor exercises are completed regardless of how the baby was born. By exercising these muscles, you can help prevent future weakness which can lead to incontinence and prolapse. Try and start your pelvic floor exercises as soon as you can after birth but you must only do so within comfort, so they must not cause you any pain.

A short video on pelvic floor exercises and further information is available from the Chartered Society of Physioherapy.

Phototherapy: If your baby has jaundice and needs treatment, they may be placed under a special phototherapy light in your room. Your baby will wear only a nappy and an eye mask while under the light. Their observations will be checked every four hours, and regular blood tests will be offered to see if the jaundice is getting better. Feeding your baby regularly helps reduce jaundice, so please make sure they are fed often. If you have any questions or concerns about your baby during this time, please speak to a member of staff.

Questions about your birth: If you have any questions about your birth, please ask a midwife or doctor while you are on the Postnatal Ward. They are here to help and can explain anything you are unsure about.

When you get home, you can also talk about your birth experience with your community midwife. They can answer your questions, as well as give you advice, and support you as you recover. Don't hesitate to ask about anything you are worried about or curious about - it's important to feel informed and supported.

Quiet time: In the evenings, remember others might be resting or sleeping. Try not to leave the ward too often and be respectful of everyone staying on the ward.

R

‘Red book’: Before you are discharged home, you'll be given a personal child health record (PCHR). This usually has a red cover and is known as the ‘red book’. It's a good idea to take your baby's red book with you every time you visit the baby clinic or GP. They will use it to record your child's weight and height, vaccinations and other important information.

You can also add information to the red book yourself. You may want to record any illnesses or accidents your baby has, or any medicines they take. You'll find it helpful to keep the developmental milestones section of the red book up to date too. Please let staff know if you have not been given one of these.

Research team: We have a research team, working to improve care for all women and babies. They may reach out to you during your stay on the Postnatal Ward to provide information about research studies that you or your baby might be eligible to participate in. More details about current research studies are on our website. Please inform staff if you wish to opt out of this.

R

Refreshment trolley: There are two refreshment trolleys in the corridor on the ward where you can find tea, coffee, hot chocolate, and squash. Feel free to help yourself at any time. If there are no cups or cutlery, just ask a member of staff. There is also a cold-water fountain in the milk kitchen.

Please note, the water in your room is NOT suitable to drink.

Registering your baby's birth: You have 42 days from the day your baby is born to register the birth. More information is available on our website.

Once you have your baby's birth certificate, you can register them with your GP surgery. If your baby gets sick before you have their birth certificate, you might be able to use their NHS number. Ask your GP surgery for advice.

Rest: Having a baby can be stressful and tiring, especially while you recover from giving birth. It's important to rest whenever you can, as your recovery is just as important as caring for your baby. Your birth partner and the staff on the ward are here to help you if you need support. We have DO NOT DISTURB signs that can go on your door if you feel you are being disturbed too frequently.

Rooms: The Postnatal Ward has 26 rooms, each with its own bathroom. The staff are often caring for several patients and babies. They will check on you during their rounds and regular welfare checks to make sure you are okay, but may not always come to your room. This gives you time to rest, recover, and bond with your baby. A staff member is **always** available to help. If you need support, don't hesitate to press your call bell or speak to someone on the ward.

We ask partners not to sleep on the beds for infection control reasons. If partners haven't brought something to sleep on, we have a limited number of portable or blow-up beds that might be available. Please ask a staff member.

Please help us maintain a respectful environment by being mindful of the privacy and dignity of staff and other families. We ask you remain appropriately dressed and wear footwear when in the corridors.

Safe sleeping: To keep your baby safe, always place them on their back to sleep in the cot with their feet at the bottom of the cot. Make sure their head is uncovered, and the blanket is tucked in no higher than their armpits. There should be **no teddies or toys** in the cot. If you feel tired or are going to sleep, always put your baby in the cot to keep them safe. More information can be found on the [Lullaby Trust website](#).

S

Smoking: Smoking during pregnancy or after birth can increase the risk of Sudden Infant Death Syndrome (SIDS). Our hospital is a **smoke-free site,** so smoking is not allowed. Once you are at home keep your baby away from smoke and do not let anyone smoke near them. Make sure places like your home, car, and anywhere your baby spends time are smoke-free.

If you or your partner smoke, do not share a bed with your baby, as this can increase the risk of SIDS, even if you don't smoke in the bedroom. If you need help to stop smoking, please speak to a member of staff.

Staff members: On the Postnatal Ward, most of your care will be provided by midwives, maternity support workers (MSWs) and nursery nurses (NNs). There are also other staff on the ward, such as maternity nurses, neonatal and obstetric doctors, students, the infant feeding team, hearing screening coordinators, catering staff, ward clerks, and cleaning staff.

Please see **U** for a list of commonly-worn uniforms on the ward to help you identify staff. All staff will wear a yellow name badge and will introduce themselves to you. If you're unsure about someone's role, feel free to ask.

Sterilisers: Sterilising your baby's bottles is an important part of safely bottle feeding your baby. We provide cold water sterilisers if required and these are changed daily by ward staff. Please see Appendix D for step by step process of how to sterilise.

T

Televisions: Each room has a television, but many of them unfortunately do not work and there are no funds to replace these. We apologise for the inconvenience. However, MTW public Wi-Fi works well and can connect to phones and tablets.

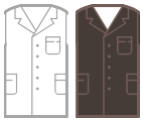
Temperature (keeping your baby warm): When babies are born, they leave the warm womb and enter a much colder environment. This means they can lose heat quickly, so it's important to keep them warm. Holding your baby skin-to-skin, adding one or two more layers than adults when they're in the cot, and keeping them away from open windows or fans can help. You can find more information on the poster in your room. To check your baby's temperature, feel the back of their neck or chest. If you need help or have any concerns, please ask a member of staff.

Transitional Care: Transitional Care (TC) is a part of the Postnatal Ward. Your baby may need TC if they need a little extra care but don't need to go to the Neonatal Unit. A midwife will explain TC to you, and you can find more a patient information leaflet on our website.

U

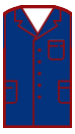
Uniforms - Here is a list of the uniforms you will commonly see on the ward, to help you identify staff members

Midwives – grey with blue trim, blue or purple scrubs



Maternity support workers (MSWs) – white or brown

Nursery nurses – pink



Ward manager – navy with red trim

Matron – red with black trim

Transitional Care Lead/Infant Feeding Lead – blue with white spots

Doctors – blue/purple scrubs or own clothes

Student midwives – grey with white trim

Domestics – purple uniform or polo shirt

Catering – black or white polo shirts

U

Urine: After your baby is born, we ask you to provide two urine samples. We need to measure them to make sure you aren't having any problems passing urine. A staff member will give you two urine pots, and your midwife will tell you when you should provide the samples. If you have any questions, please ask your midwife.

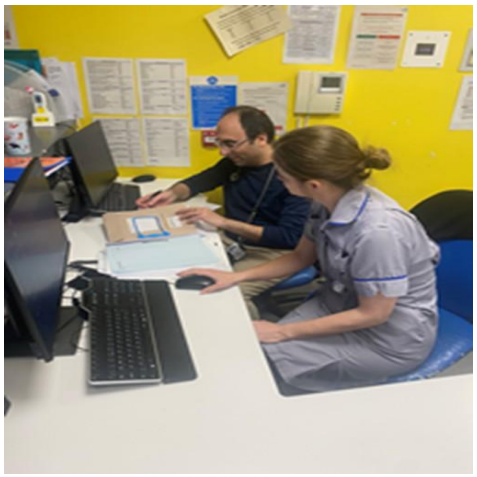
See **N** (nappy changing) for advice on your baby's urine. If you are worried about how much urine your baby is passing or if you are unsure if they have passed urine, please let the staff know.

Vending machines: Vending machines offering a variety of food and drinks are on Level 2, outside the Delivery Suite; on Level 1, by the large lifts; and outside the restaurant on Level -1.

Visitors: Visiting times on the ward are 2.30 – 5.30pm. Visitors must be 18 years or older, except for the baby's siblings, who can visit between 8am – 8pm.

We kindly ask you to limit visitors to two adults in your room at one time. This does not include your birthing partner or your children.

Ward round: From Monday to Friday, a doctor is available on the Postnatal Ward from 9am to 5pm. You may not need to see a doctor; the midwife caring for you will tell you if you need to. At weekends, on-call doctors cover the ward and other areas of the maternity unit. There may be delays in seeing a doctor because of emergencies, but your care will not be affected if you need to see a doctor urgently.



What to expect when you go home: Your community midwife will visit you the day after you are discharged (including weekends). During this visit, your care plan at home will be discussed.

After discharge, you will be under the care of your community midwife at home, but you will have access to 24/7 emergency care and advice via Maternity Triage at 01892 633500. More information is available in our Early Days patient information leaflet.

Appendix A

How to make up a formula bottle feed

Making up a feed

Use fresh water from the cold tap to fill your kettle every time you make up formula. Do not use water that has been previously boiled or artificially softened water.

Bottled water is not recommended to make up a feed as it is not sterile and may contain too much salt (sodium) or sulphate. To reduce the risk of infection, make up feeds as your baby needs them, one at a time.

1. Fill the kettle with at least 1 litre of fresh tap water from the cold tap (do not use water that has been boiled before).

2. Boil the water. Then leave the water to cool in the kettle for no more than 30 minutes so that it remains at a temperature of at least 70C.

Appendix A

3. Clean and disinfect the surface you are going to use. It's really important that you wash your hands to stop bacteria spreading.

If you're using a cold-water steriliser, shake off any excess solution from the bottle and the teat, or rinse the bottle with cooled boiled water from the kettle (not the tap).

4. Keep the teat and cap on the upturned lid of the steriliser. Avoid putting them on the work surface.

5. Follow the manufacturer's instructions and pour the correct amount of water into the bottle first. Double-check the water level is correct.

Appendix A

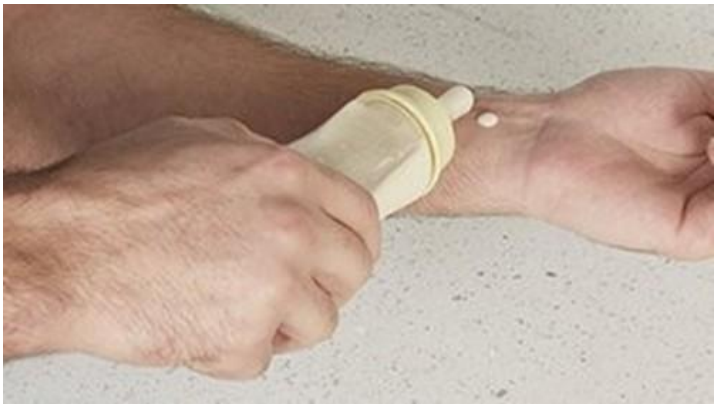
5. Loosely fill the supplied scoop with the formula and level it off using either the flat edge of a clean, dry knife or the leveller provided. Follow the manufacturer's instructions and only put the suggested number of scoops in the bottle.

6. Holding the edge of the retaining ring, put it on the bottle and screw it in. Cover the teat with the cap and shake the bottle until the powder is dissolved.

7. It is really important to cool the formula so it is not too hot to drink. Cool the formula by holding the bottom half of the bottle under cold running water. Move the bottle about under the tap to ensure even cooling.

Appendix A

8. Test the temperature of the infant formula on the inside of your wrist before giving it to your baby. It should be body temperature, which means it should feel warm or cool, but not hot.



If there is any made-up infant formula left in the bottle after a feed, throw it away.

Appendix B

Responsive bottle-feeding checklist

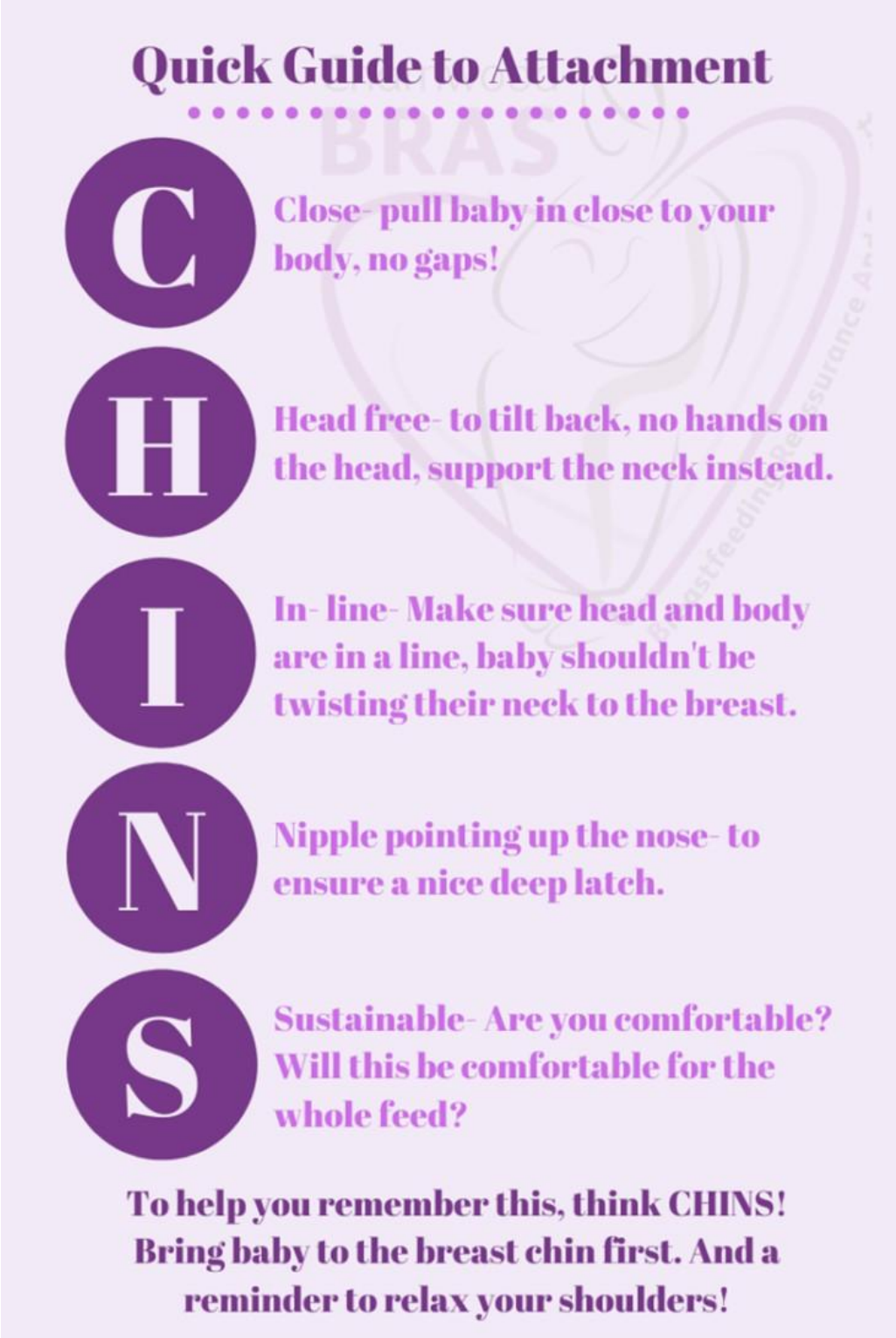
UNICEF UK BABY FRIENDLY INITIATIVE
BOTTLE FEEDING ASSESSMENT TOOL

How parents and midwives/health visitors can recognise that bottle feeding is going well				
What to look for/ask about	✓	✓	✓	✓
General health and wellbeing of the baby				
Around six heavy, wet nappies a day by day five				
At least one soft stool a day				
Appropriate weight gain/growth				
Is generally calm and relaxed when feeding and is content after most feeds				
Has a normal skin colour and is alert and waking for feeds				
Feed preparation				
Equipment washed and sterilised appropriately				
Parents know how to make up feeds as per manufacturer's guidelines				
Responsive bottle feeding				
Parents are giving most of the feeds and limiting the number of caregivers				
Parents recognise early feeding cues				
Parents hold their baby close and semi-upright and maintain eye contact				
Pacing the feed				
Bottle held horizontally allowing just enough milk to cover the teat				
Baby invited to take the teat				
Baby observed for signs of needing a break and teat removed or bottle lowered to cut off flow				
Finishing the feed				
Parents recognise signs when baby has had enough milk (turning away, splaying hands, spitting out milk)				
Baby is not forced to finish the feed if showing cues that they have had enough				
Expressed breastmilk				
Mother is expressing her breastmilk effectively and storing it safely				
Mother is maximising her breastmilk if that is her goal				
Infant formula				
First stage milk is used				
Leftover milk is discarded at the end of the feed				
Date:				
Midwife/health visitor's initials:				
Care plan commenced:				

Note: If any responses are not ticked, consider watching a feed and developing a care plan. Refer for additional support if needed.

Appendix C

Breastfeeding guidance



Appendix C

How can I tell that breastfeeding is going well?

Breastfeeding is going well when:	Talk to your midwife / health visitor if:
Your baby has 8 feeds or more in 24 hours	Your baby is sleepy and has had less than 6 feeds in 24 hours
Your baby is feeding for between 5 and 40 minutes at each feed	Your baby consistently feeds for 5 minutes or less at each feed Your baby consistently feeds for longer than 40 minutes at each feed
	Your baby always falls asleep on the breast and/or never finishes the feed himself
Your baby has normal skin colour	Your baby appears jaundiced (yellow discolouration of the skin) Most jaundice in babies is not harmful, however, it is important to check your baby for any signs of yellow colouring particularly during the first week of life. The yellow colour will usually appear around the face and forehead first and then spread to the body, arms and legs. A good time to check is when you are changing a nappy or clothes. From time to time press your baby's skin gently to see if you can see a yellow tinge developing. Also check the whites of your baby's eyes when they are open and the inside of his/her mouth when open to see if the sides, gums or roof of the mouth look yellow
Your baby is generally calm and relaxed whist feeding and is content after most feeds	Your baby comes on and off the breast frequently during the feed or refuses to breastfeed
Your baby has wet and dirty nappies (see chart over page)	Your baby is not having the wet and dirty nappies explained overleaf
Breastfeeding is comfortable	You are having pain in your breasts or nipples, which doesn't disappear after the baby's first few sucks. Your nipple comes out of the baby's mouth looking pinched or flattened on one side
When your baby is 3-4 days old and beyond you should be able to hear your baby swallowing frequently during the feed	You cannot tell if your baby is swallowing any milk when your baby is 3-4 days old and beyond
	You think your baby needs a dummy
	You feel you need to give your baby formula milk

Appendix D

How to sterilise a bottle

Please use the sink in the milk kitchen to wash all bottles, teats, pump sets and dummies.

You must use hot water and washing up liquid, please rinse with cold water to remove bubbles.

After you have washed your items, place in the cold-water steriliser which is provided to you.

After you have washed your items place the items in the cold-water steriliser making sure everything is completely covered with water

Please leave items in the steriliser until you need them (they are sterilised after 30 minutes).

Do not rinse or dry items before use- just shake any excess sterilising fluid out.

There is a kettle in the milk kitchen for making up powered formula feeds and a fridge for storing formula.

Please label the formula milk with the labels provided. Jugs for heating/ cooling bottles can be found in the milk kitchen.

Appendix E

Support for families

Now that your new baby is here, you may have already welcomed a lot of changes. While it is normal to feel tired and anxious as a new parent, if you've been feeling really down and it's getting too much, then it's probably time to talk.

Try your GP or mental health organisations and support groups such as:

Perinatal Mental Health Community Service

Specialist mental health assessment and treatment for women and their families experiencing moderate to severe perinatal mental health problems.
Call **01227 768928** Monday to Friday 9am to 5pm or email **kmpt.pmhcs@nhs.net**.

Release the Pressure

Free, confidential 24/7 service to provide expert support no matter what you are going through. Text the word **SHOUT** to 85258 or call **0800 107 0160.**

NHS Talking Therapies

Access free and confidential talking and listening therapies on the NHS. Birthing people and support partners are prioritised in the perinatal period. Visit **https://www.kmtalkingtherapies.co.uk**.

Mind

You can contact Mind's info line 9am to 6pm, Monday to Friday on **0300 123 3393.** Text **86463**, or email **info@mind.org.uk**.

CALM

The Campaign Against Living Miserably (CALM) offer support to any one who is down or in crisis over the phone on **0800 58 58 58**, or on web chat online.

PND Daddies

The PND Daddy runs an X (formerly Twitter) chat for dads who suffer with postnatal depression and need support. Join in on Tuesdays 8-9pm using **#PNDDaddies.**

PANDAS Dads

PANDAS Dads have a private **Facebook** support group to help dads going through and anxiety and/or those supporting their partner with perinatal mental illness.

Samaritans

Day or night, Samaritans are there if you need to talk. Call **116 123**.

We're here for you

You should always feel that you're involved in decisions about your care. If you ever feel like you're not getting the support or information you need, please let us know. There are a few different ways you can do this:

- **Speak to your midwife or a member of our Maternity team** – they are your first port of call should you have any questions or concerns
- **Contact PALS** – our Patient Advice and Liaison Service (PALS) team are there to help people who use our services. They can answer many of your questions, provide information, record and pass on your comments and compliments, and help you to raise and resolve any issues or concerns you may have. Contact PALS on: 01892 632953 or email mtw-tr.palsoffice@nhs.net
- **Complaints** - if you feel it's necessary for you to make a complaint we ask you to submit your concerns in writing wherever possible. Your care will not be compromised by raising a concern or making a complaint. For more information visit www.mtw.nhs.uk/patients-visitors/talk-to-us/making-a-complaint
- **MTW Maternity and Neonatal Voices Partnership (MNVP)** – every trust in England has an MNVP; a group of people who have used maternity services working alongside the providers themselves to make the service better. You can contact our MNVP with any feedback you would like us to know about at mtw.mvp@gmail.com, or find them on Facebook or Instagram.

Contact information

01892 638511 – Postnatal Ward

01892 635404 – Postnatal Ward Manager

01892 635637 – Transitional Care Lead

01892 634900 – Postnatal Ward Matron

Tunbridge Wells Hospital,
Tonbridge Road,
Royal Tunbridge Wells, Tunbridge Wells
TN2 4QJ

www.mtw.nhs.uk/service/maternity/

Do you have any concerns, complaints or compliments regarding our maternity services?

NHS
Maidstone and Tunbridge Wells NHS Trust

Please let us know by following these steps:

1

Speak to the staff on the ward

The ward staff are your first point of contact for any concerns or queries

2

Speak to a senior member of staff

If talking to the ward staff isn't appropriate, you can speak to a senior midwife or ward manager

3

Speak to the matron

Alternatively, if talking to a member of senior staff doesn't feel appropriate, please ask to speak to the matron

4

Speak to the PALS team

If you would like to talk to someone independent from the ward, please contact our Patient Advice and Liaison Service (PALS) on **01892 632953** or **mtw-tr.palsoffice@nhs.net**

MTW Exceptional people, outstanding care