

# ICON

## Babies Cry, You Can Cope



**I**nfant crying is normal and it will stop!

Babies start to cry more frequently from around 2 weeks of age.

The crying may get more frequent and last longer.

After about 8 weeks of age babies start to cry less each week.




**C**omfort methods can sometimes soothe the baby and the crying will stop.

Think about are they:

- hungry
- tired
- in need of a nappy change

Try simple calming techniques such as singing to the baby or going for a walk.



It's k to walk away if you have checked the baby is safe and the crying is getting to you.

After a few minutes when you are feeling calm, go back and check on the baby.



**N**ever, ever shake or hurt a baby.

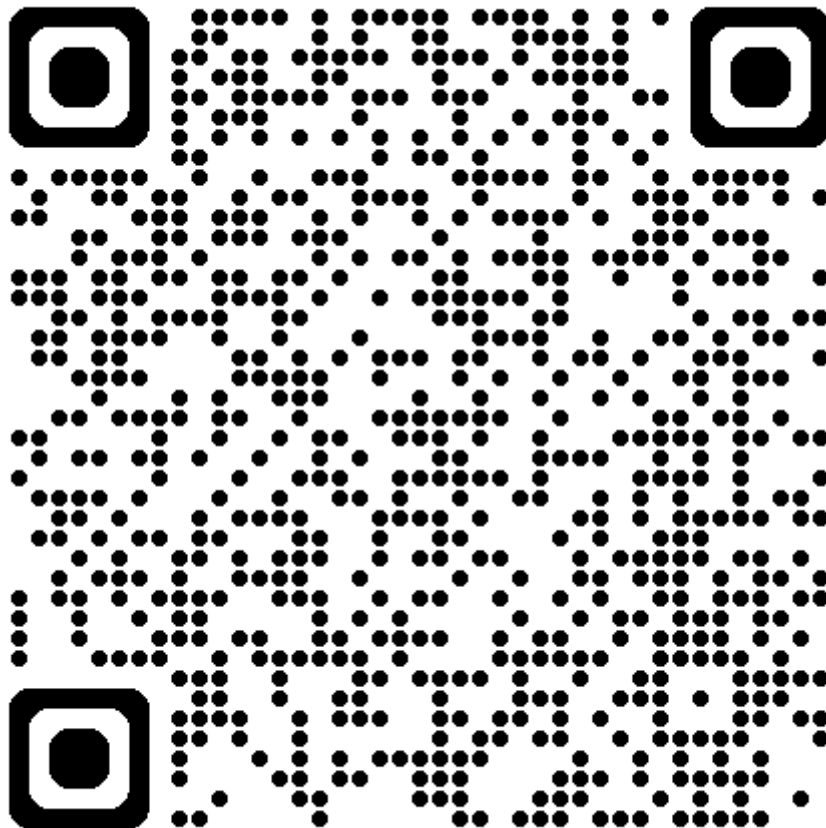
It can cause lasting brain damage or death.

If you are worried that your baby is unwell contact your GP or call NHS 111.

**Speak to someone if you need support such as your family, friends, Midwife, Health Visitor or GP.**

## **Storing Breastmilk at home**

The advice about safe storage of breastmilk whilst in hospital settings differs slightly from the recommendations in home settings. This is because the needs of babies may differ, hospital fridges may be opened more frequently, and the clinical environment is used by many people. When you are expressing milk and storing in your own fridge or freezer please refer to the following guidelines from the Breast Feeding Network ( BFN ). You can access this information leaflet easily by scanning the QR code below





## Postnatal care: Where and when

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**This leaflet provides you with information about your postnatal care (care after birth). If you have any further questions, please ask your midwife.**

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After your baby/babies are born, your postnatal care in the community will be from a community midwife, helped by maternity support workers. Your health visitor will usually take over from our community team 10-14 days after the birth.

### Your first postnatal appointment

Following discharge from hospital you will be visited at home by a community midwife. They will involve you in planning your postnatal care dependent on your individualised needs. The home visits will be any time between 8.30am and 4.30pm, 7 days a week, including bank holidays. It is difficult to give an exact appointment time for home visits. Please remain at home until the midwife has visited.

If you do not receive a visit or have not been contacted by 4.00pm, please call Triage on **0118 322 7304**.

Please make sure that your address and telephone number are correct on your discharge sheet so that the community team can visit you. If you have given birth at another hospital, please ensure that your information is correct and provide an up-to-date contact telephone number. Otherwise, it can create a delay in you receiving the appropriate care for you and your baby. During your first visit at home, your midwife will review your records and check both your and your baby's wellbeing and address any feeding concerns. The midwife will be able to answer any questions you have about your and your baby's health. This is an opportunity to discuss your feeding and you can raise any concerns that you may have. Have a look at these leaflets, which may help you with that discussion, 'How can I tell that breastfeeding is going well?' and 'How can I tell that bottle feeding is going well?'

### Further postnatal appointments

Future appointments can either be in the home, local GP surgery, community hub, or by video call. Ideally we like you to reconnect with your named midwife or a member of your community team and you can discuss which of these options would work best for you. We are also supported by a dedicated team of maternity support workers, who will offer you at least two parenting and feeding support video calls and / or visits in the 2-4 weeks after you leave hospital.

Your baby will usually be weighed on day 5 (after birth), and sometimes a day or two earlier than that, depending on how your feeding is going, and if you or your baby are experiencing any issues affecting your feeding. It is important to monitor the expected weight loss since birth and address any feeding challenges that might arise from a higher than expected weight loss, see 'Weight loss in newborn babies'

All the leaflets can be found on the Trust website <https://www.royalberkshire.nhs.uk/leaflets>

We also recommend that your baby has a blood test (done through a heel prick) between days 5 and 8 to check for some rare but potentially serious blood and metabolic disorders, for which an early diagnosis is helpful. See the NHS booklet 'Screening Tests for you and your baby' for further information or visit <https://www.nhs.uk/conditions/baby/newborn-screening/blood-spot-cards-explained/>

The midwife will then arrange a final discharge appointment, usually between days 10-28; this is usually in a clinic setting. Your health visitor will contact you and arrange to visit you between days 10-14.

## Oral Vitamin K

If you have chosen to have oral Vitamin K for your baby following birth, a further two doses will be needed at 5-7 days and again at 28 days. You will be given a pack containing both the second and third doses, an oral syringe and sharps bin (to safely dispose of the syringe), on discharge from hospital. The midwife will visit you at 5-7 days to show you how to give the dose safely. If your baby is being exclusively breastfed at 28 days (with no formula), you can then give the third dose without supervision. You can telephone our community office on **0118 322 8059** any day between 8.30am and 4.30pm for support, if required. This line is very busy, please leave a message and we will get back to you. Alternatively, you can phone the Triage line on **0118 322 7304**.

## Breastfeeding support

Your community midwives teams can help you in the home face to face and by telephone. Then your health visitor and their teams can support you in the same way.

Breastfeeding Network (BfN) offer breastfeeding support via online chat and helplines. They also run feeding clinics in the community. Find your local drop in here:

<https://www.breastfeedingnetwork.org.uk/drop-in-centres-map/>.

If you pay your council tax to Wokingham, the Breastfeeding Network (BfN) can provide extra support, [wokingham@breastfeedingnetwork.org.uk](mailto:wokingham@breastfeedingnetwork.org.uk) and if you pay council tax to West Berkshire, then Jo Roberts and her team can provide extra support via the Family hubs. Contact [www.facebook.com/West-Berkshire-Community-Breastfeeding-Support-163676450989660/](https://www.facebook.com/West-Berkshire-Community-Breastfeeding-Support-163676450989660/) to register for this service.

The RBH infant feeding team are available for specialist support with complex issues, via referral only. Midwives and health visitors can refer up until your baby is 6 weeks old. There is a weekly hospital tongue-tie assessment clinic which is by appointment only, via referral until 6 weeks. Older babies can be referred via GP or Health Visitor directly to paediatrics for tongue tie issues.

For feeding support locate your nearest source from the information inserted into your baby's Red Book, as well as from your community midwifery team and Health Visitor.

## Further information and support groups

Your midwife and health visitor will tell you about local support groups in your area. The following groups provide information and support;

**NCT (National Childbirth Trust)** <https://www.facebook.com/NCTReadingBranch/>

For information and support about postnatal issues, go to [www.nct.org.uk](http://www.nct.org.uk) for details of the local services in your area.

- National NCT Early Days Line: 0300 330 0773 (9am-1pm 7 days a week).
- National Breastfeeding Line: 0300 330 0771 (8am-10pm 7 days a week).
- Local information on NCT and other feeding support services (site run by a volunteer NCT breastfeeding counsellor) [parentsupport.reading@nct.org.uk](mailto:parentsupport.reading@nct.org.uk)

### **Safe Sleep**

Safer Sleep for Babies a guide for parents <https://www.lullabytrust.org.uk/wp-content/uploads/Safer-sleep-for-babies-a-guide-for-parents-web.pdf>, which also includes links to [www.BasisOnline.org.uk](http://www.BasisOnline.org.uk), which provides information about sleep for parents and health professionals, based on the latest UK and world-wide research.

### **Crying and sleepless babies**

Cry-sis provides support for families with crying and sleepless babies. You can contact their helpline: **08451 228 669** – (9am-10pm 7 days a week) or on their website <https://www.cry-sis.org.uk/>. There is also advice to help you on the ICON website <https://iconcope.org/parentsadvice/>

## **Registering your baby/babies**

It is a legal requirement to register your baby/babies in the area of birth within 42 days (six weeks). It is possible to register outside this area, but the birth certificate will then be sent to you. You will need to book an appointment at your local registry/register office; the Register offices become quite busy and therefore you should make the appointment as soon as possible after the birth. You, your partner, or anyone who was present at the birth can register your baby/babies. It may be possible to register your baby in one of the satellite offices. Ask your community midwife for details of those in your area.

<p><b><u>Bracknell/Finchampstead</u></b> Register Office Time Square, Market Street, Bracknell RG12 1JDTel: <b>01344 352000</b></p>	<p><b><u>Reading</u></b> Reading Registration Services Civic Offices, Bridge Street, Reading RG1 2LU Tel: <b>0118 937 3533</b> <i>Mon – Fri (9am – 5pm)</i></p>
<p><b><u>Henley</u></b> The Register Office, Easby House, 68 Northfield End, Henley RG9 2JW Tel: <b>0845 129 5900</b></p>	<p><b><u>Wokingham</u></b> Register Office, Civic Offices, Shute End, Wokingham RG40 1WH Tel: <b>0118 974 6554</b></p>
<p><b><u>Newbury</u></b> Shaw House, Church Road, Shaw, Newbury RG14 2DR Tel: <b>01635 279230</b></p>	

## Community Midwife appointments

Date	Time	Where	With	Reason

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Community Lead Midwife, March 2011

Amended: June 2024

Next review due: December 2025

### Our Maternity Strategy and Vision

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here



# Pain relief when breastfeeding

Opiate/opioid pain relief is commonly prescribed for pain relief after birth. This includes drugs like codeine, dihydrocodeine, tramadol and morphine. International guidance has highlighted potential, very rare, problems if taking codeine while breastfeeding, suggesting avoiding codeine altogether. This leaflet outlines these problems and explains the signs of opiate toxicity to look out for.

## Summary: What is the problem and what is our advice?

At the Royal Berkshire Hospital, we have used codeine for many years. Following national and international guidance, our routine choice of opiate is now Dihydrocodeine. Dihydrocodeine and codeine can pass to your baby via breast milk. With codeine, very rarely, a baby may get a high dose from breast milk causing increased sleepiness, difficulty breastfeeding, breathing difficulties and limpness. This risk is smaller when using dihydrocodeine. **We suggest only using dihydrocodeine if needed in addition to 'simple' pain relief (paracetamol and ibuprofen), only using for as long as needed, and watching your baby closely for signs of problems.** Greater caution with co-sleeping is prudent because of the potential for sedation (excessive sleepiness), which may make you less able to attend to your baby's wellbeing.

## Pain relief ladder

- Paracetamol 1g up to 4 times a day.
- Ibuprofen 400mg up to 4 times a day.
- If needed in addition: Dihydrocodeine 30mg up to 4 times a day (recommended for use for up to three days, but can be used for longer if needed under medical supervision).

## Further, detailed explanation

Codeine has been used safely for many years in many people, including breastfeeding mothers. In June 2013, the European Medicines Agency and the Medicines and Healthcare Products Regulatory Agency (MHRA) issued new guidance recommending that breastfeeding mothers should not take codeine as it may cause problems for their baby.

Codeine is metabolised (changed by the body) to morphine and some people metabolise codeine faster than others, resulting in higher levels of morphine in blood and, possibly, breast milk. It is difficult to predict or know which people are fast metabolisers of codeine.

The alternatives to codeine (in addition to paracetamol and / or ibuprofen) include dihydrocodeine and tramadol. These drugs do not have the same problem with speed of metabolism.

## What are the signs of opiate toxicity in babies and mothers?

If you do need to take stronger (dihydrocodeine) pain relief then watch for these issues:

### Baby

- Increased sleepiness (breastfed babies usually wake frequently for feeds, at least 8 times in 24 hours and do not usually sleep more than 4 hours at a time when they are very young).
- Reluctance to breastfeed or too sleepy to sustain active sucking.
- Breathing difficulties.
- Limpness in the baby.

### Mother

- A mother may become so sleepy that she may have difficulty caring for her baby.

## What to do if there are signs of opiate toxicity

If a breastfeeding baby or mother shows these signs, call for help if still in hospital. Or if you are at home, go to the Emergency Department (A&E) or call 999 (or local emergency services).

## Further information

The guidance from the MHRA can be found by searching for:

- Medicines and Healthcare Products Regulatory Agency (or MHRA) and Codeine or follow this link: <http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON296400>
- <https://www.breastfeedingnetwork.org.uk/wp-content/dibm/2019-09/Codeine%20and%20Breastfeeding.pdf>
- <https://www.lullabytrust.org.uk/safer-sleep-advice/co-sleeping/>

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Dr G Jackson & Dr R Jones, Consultant Anaesthetists, November 2013

Reviewed: October 2022

Amended: June 2023

Next review due: October 2024

## Our Maternity Strategy and Vision

*'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'*

You can read our maternity strategy here



Compassionate

Aspirational

Resourceful

Excellent



# Pain relief after birth

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**This leaflet offers advice on suitable pain relief to use following the birth of your baby/babies. If you have any queries or concerns, please speak to a doctor or your midwife.**

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## Introduction

After birth many find that regular pain management is needed. In hospital, the midwives will offer you pain relief at least four times each day if required. You may need additional pain management on top of the regular doses. There are several types of tablets which can help if you have:

- **A little pain:** take paracetamol alone. You can take two paracetamol tablets every four hours, but must not take more than eight in 24 hours.
- **A bit more pain:** take two paracetamol tablets every six hours with one or two ibuprofen tablets. These can be taken at the same time and do not need to be staggered. Or, if you cannot take ibuprofen, take dihydrocodeine, which is available by prescription only (see below).
- **If you require more:** also take one dihydrocodeine tablet, in addition to the paracetamol and/or ibuprofen. You can take these every 4 to 6 hours (no more than six per day). You may wish to stagger these so that you take them between the doses of paracetamol and ibuprofen.
- There are other combinations of medicines that we can use if these do not work for you.

By taking painkillers regularly your pain should not build up. This should mean that you will be able to move about more easily. With good pain management you will recover more quickly and go home earlier. These pain-relieving tablet combinations are very safe when you take them as recommended. They are widely used in many maternity units and are safe to use if you are breastfeeding.

Paracetamol and ibuprofen can be bought without a prescription from a chemist or even at your local supermarket. **Royal Berkshire NHS Foundation Trust do not supply painkillers for you to take home with you.** We suggest that you buy a few packets before your baby is born.

## Explanations of drugs and doses

- **Paracetamol tablets 500mg:** these are the simplest and safest painkillers. Most people have them in their homes for headaches. Up to eight tablets (a total of 4000mg) can be taken each day. Paracetamol is an extremely safe drug for almost everyone. However, if more than eight tablets are taken in any 24-hour period it can cause liver damage. It is very important that you check whether any other tablets or medications you are taking contain any paracetamol.
- **Ibuprofen tablets 200mg:** this is also known as Brufen or by the brand name Nurofen. You may also have this at home as it can be bought 'over the counter' without a prescription. It should not be taken while you are pregnant. It can cause stomach upsets or make

wheeziness worse in some people with asthma. Sometimes, we do not use it if your blood pressure has been very high, and in this case may advise you against using. You can take two tablets (400mg) up to four times a day as long as you are eating food.

The tablets listed below are safe and effective, but if your baby becomes more and more sleepy over two or three days, you should seek advice from your doctor and stop taking these painkillers:

- **Dihydrocodeine tablets 30mg:** This is seen as a stronger painkiller. It commonly makes you constipated and it can also make you feel a bit sick or sleepy. Some people may find that it makes them very sleepy. If you are breastfeeding it may make your baby more sleepy. If you need some to take home, you will be given a prescription to get them from a chemist along with some laxatives to help reduce constipation. Please read our information leaflet: '*Pain relief when breastfeeding*' which is available on the Trust website at [www.royalberkshire.nhs.uk/our-services/maternity/?showAllLeaflets=true&catlogue=services](http://www.royalberkshire.nhs.uk/our-services/maternity/?showAllLeaflets=true&catlogue=services))
- **Tramadol tablets 50 mg:** This is similar strength to dihydrocodeine. It can also make you feel a bit sick, sleepy and/or constipated but some people find that it suits them better than codeine. If you need some to take home, you will be given a prescription to get them from a chemist.
- **Morphine:** This is a very strong painkiller that can be given as a liquid to drink or by injection. We may use it in hospital if you need stronger pain management. Morphine can make you feel sick or drowsy. If you have too much it can cause your breathing to be reduced. It can also make you constipated. However, it is a very good painkiller and some may need it, particularly if you have had a Caesarean birth.

Constipation is very common after giving birth and can be made worse by several of these medicines. It is important to drink enough water and to eat high fibre food.

If you have any worries or questions, please ask your midwife, obstetric doctor or GP.

## Further information

Visit [www.oaa-anaes.ac.uk](http://www.oaa-anaes.ac.uk) for more information provided by The Obstetric Anaesthetist Association.

To find out more about our Trust visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

**Please ask if you need this information in another language or format.**

Consultant Anaesthetist, January 2006

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