

BROOK GREEN MEDICAL CENTRE



**Healthcare after birth
Your 8 week postnatal check**

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Introduction

Congratulations on the new addition to your family from everyone at the Brook Green Medical Centre! We hope you are enjoying your time with your new baby. This booklet has been designed to be given to you at your 8 week postnatal check. It covers some common problems that are often brought up with the doctor or nurse at this time, some of which you may have discussed.

- common complaints after childbirth
- looking after your baby and your own health
- practical help and support, including local services
- suggested resources for further reading

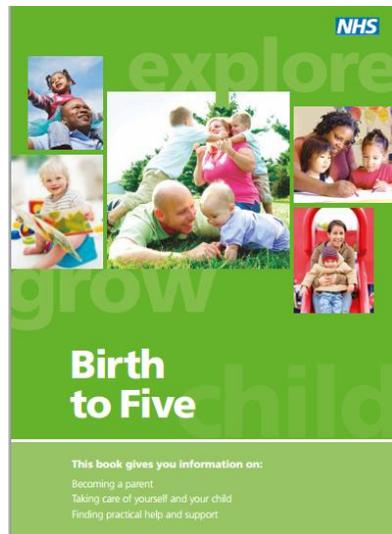
A copy of this booklet can also be found on the Brook Green website at www.brookgreenmc.co.uk in PDF form, with clickable links to further resources on the topics covered.

Birth to Five

For more detailed information on these topics, please visit BIRTH TO FIVE at NHS Choices at www.nhs.uk/birthtofive or view the Birth to Five booklet on the government website at www.dh.gov.uk and then search for “birth to five”.

NHS start4life

Sign up for weekly emails with useful information tailored to your baby’s age. www.nhs.uk/start4life/signups/new



Designed & Produced by Joanne Clark and Arin Baboumian
as part of a Health Promotion, King’s College London, 2015.

Immunisations

If you have just had your 8 week check then your baby will have just had their 8 week immunisations. You will have already been given your baby's appointment for their 12 week and 16 week immunisations. You can write them below.

| | Immunisation against | How given | Appointment date |
|----------|--|------------|-----------------------|
| 8 weeks | Diphtheria, tetanus, pertussis (whooping cough), polio and <i>Haemophilus influenzae</i> type b (DTaP/IPV/Hib) | 1injection | / / |
| | Pneumococcal conjugate (PCV) | 1injection | |
| | Rotavirus | 1 oral | |
| 12 weeks | Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) | 1injection | / / |
| | Meningococcal C (MenC) | 1injection | |
| | Rotavirus | 1 oral | |
| 16 weeks | Diphtheria, tetanus, pertussis, polio and Hib (DTaP/IPV/Hib) | 1injection | / / |
| | Pneumococcal conjugate (PCV) | 1injection | |

After the vaccinations

- It is common for your baby to cry for a short time after the vaccinations.
- Reactions to vaccinations are very uncommon.
- Some babies develop a fever (temperature over 37.5°C) commonly 2 to 3 days after the injection. It does not usually require treatment.
- If you are worried or your baby has a very high temperature of 39-40°C then you can call NHS 111 for advice or contact your GP.

Further Reading

- You can find out more about the immunisations schedule in your **Red Book**.
- **The NHS Vaccination Schedule** – www.nhs.uk/vaccinations

Help with Healthcare

Prescriptions

As a new mother, you will be able to obtain free prescriptions up until 12 months after your expected due date whatever the medication is for. If you haven't got a Maternity Exemption Card yet, ask for the form (FW8) from the practice. It'll need to be signed by a doctor, nurse, midwife or health visitor to confirm all information. If your baby was born late, you can apply for an extension.



Dental care for you

You are also entitled for free dental care for 12 months after your baby is born. All you need is:

- A valid Maternity Exemption Certificate
- A 'Notification of Birth' form
- Your baby's birth certificate

Dental care for your baby

Your baby's first tooth is likely to be a bottom front tooth arriving at around 6 months, but this varies hugely. Don't worry if your baby reaches one and they still have no teeth, this is perfectly normal. When your baby's first milk teeth come through it's a good time for their first trip to the dentist, who will be able to advise you further. You can start to clean your baby's teeth as soon as they start to come through using a baby toothbrush or damp gauze and a small amount of toothpaste. At this stage, it's important for your baby to get used to brushing as a daily routine, so brush twice daily.

Further Reading

- **Maternity prescriptions FAQ** – www.nhsbsa.nhs.uk/1644.aspx
- **Caring for your baby's teeth, NHS Choices**
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/looking-after-your-infants-teeth.aspx

Help with Healthcare

Childcare

The Hammersmith & Fulham government website is a useful resource (www.lbhf.gov.uk) and has information on the following:

- Financial help
 - Child Benefit
 - Child Tax Credit
 - Financial help for childcare
- Local children's centres
- Local nursery schools
- Local family support services

Further information can be given by calling the Family Information Service helpline on 0845 313 3933.

The Money Advice Service

This is an independent advice service set up by the government, which offers help with managing your money after the birth of your baby.

- Entitlements from work when pregnant
- Tax credits and other help with childcare costs
- Managing family finances when you've had a baby
- Review your insurance after having a baby
- Child Benefit for people earning £50,000+
- Sorting out your money when you're pregnant
- Calculate the cost of a new baby
- Cost of childcare calculator
- Free prescriptions and NHS dental care in pregnancy
- Returning to study after having a baby

Further Reading

- **Hammersmith & Fulham government website**
www.lbhf.gov.uk/Directory/Education_and_Learning/Pre-Schools/
- **Having a baby, the Money Advice Service**
www.moneyadvice.service.org.uk/en/categories/having-a-baby

Feeding

Continuation of breastfeeding

Most normal term babies do not need anything other than breast milk for their first six months (or infant formula milk). If you feel your baby is not getting enough milk, start by checking your babies attachment to the nipple, it may also be useful to reposition them. Expressed breast milk can be given by a bottle or cup if they are not taking enough milk directly from the breast. It can be stored or frozen.



Changing to bottle feeding

There may be a point where you decide you want to feed your baby by infant formula milk from a bottle. This might be instead of breast feeding, or doing both. It is best to do this gradually, starting off using expressed milk rather than formula milk. Make sure that the milk is warm as this is what your baby will be used to. You may need to persevere as some babies can be resistant to change. It's a good idea to try bottle feeding when they're not desperately hungry or anxious in any other way. Once they're used to bottle feeding it may be useful to get your baby used to other people such as your partner feeding them.

Weaning

At six months old your baby will need to start solid foods. This is a gradual introduction though, so it is best to continue to breastfeed as this is where your baby will get most of their nutrition from. This may also be a good time to encourage your baby to drink from a sippy cup, especially if they haven't been bottle fed at this point. Cows' milk should not be given as a main drink to a child under one years old.



Further Reading

- **Breast Feeding, Patient.co.uk** – www.patient.co.uk/health/breast-feeding
- **Weaning, NHS Choices**

www.nhs.uk/conditions/pregnancy-and-baby/pages/solid-foods-weaning.aspx

Breast Problems

Nipple pain

If your nipples are painful or cracked, it is probably due to incorrect attachment. To prevent this, use your finger to break the seal between baby's mouth and nipple at the corner of the baby's mouth and try latching on again. If nipple pain persists after repositioning and re-attachment, you should discuss this with your GP or midwife who can assess it.

Breast discomfort & Mastitis

Sometimes breast engorgement can cause tenderness. Mastitis is inflammation of the breast tissue that is usually painful. In lactating women can be caused by a build-up of milk, blocking a duct, sometimes there is infection present.

Up to 1 in every 10 women who breastfeed are affected.

If there is an area of pain, hardness and swelling near the nipple, you can try the following to relieve the symptoms:

1. Continue breastfeeding and/or hand expression to ensure effective milk removal; if necessary, this should be with gentle massaging of the breast to overcome any blockage.
2. Take pain relief – paracetamol is safe to take whilst breast feeding.
3. Increase your fluid intake.

If symptoms persist, you should contact your GP.

Breast examination

Continue to check your breasts regularly, as you should prior to your pregnancy. This helps get used to what is normal for you and to find any unusual lumps or bumps as early as possible. Check your breasts once a month – the best time to check is after each period, one they have resumed.



Further Reading

- **Mastitis, NHS Choices** – www.nhs.uk/conditions/Mastitis
- **Guide to Breast Self-exam, City Of Hope**
www.thecentersd.org/pdf/health-advocacy/breast-self-exam.pdf

Contraception

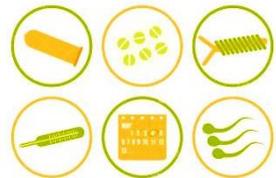
If you haven't already begun using contraception, you could become pregnant again. Below are some of the options available. All the methods can be reliable and effective, but not all will be right for everyone. There are different things to consider with each, as well as advantages and disadvantages. Talk to your GP, practice nurse or family planning clinic for advice on the best method for you.

| | |
|--|---|
| Breast Feeding | <ul style="list-style-type: none"> • If you are fully breastfeeding you can choose to rely on this for contraception. It is up to 98% effective. • If you are partially breast-feeding or your baby is over 6-months old, this increases your likelihood of becoming pregnant again, so you should use an additional method. • During this time you may not have your period. |
| Combined Pill | <ul style="list-style-type: none"> • Made up of 2 hormones (oestrogen and progesterone) • Works by stopping the release of an egg (ovulation) • Must be taken every day, around the same time • Very effective if taken properly |
| Progestogen-only Pill (the mini-pill) | <ul style="list-style-type: none"> • Made up of 1 hormone (progesterone) instead of 2 • Must be taken every day, at exactly the same time • Very effective if taken properly • The recommended pill for breast feeding mothers |
| Contraceptive Implant | <ul style="list-style-type: none"> • Placed just under the skin, it lasts for up to 3 years • Stops ovulation using 1 hormone called progestin. • Does not require remembering to take pills. |
| Contraceptive Injections | <ul style="list-style-type: none"> • Given every 8-12 weeks • Stops ovulation using 1 hormone • We recommend waiting 6 weeks after birth to use these • Very effective. |
| Coil / Intrauterine Device (IUD) | <ul style="list-style-type: none"> • Placed inside the uterus • Can be inserted 4 weeks after vaginal or caesarean birth • Lasts for up to 5 years (or more) and is very effective • Can be taken out any time and fertility quickly returns |
| Intrauterine System (IUS) | <ul style="list-style-type: none"> • Similar to the IUD in how it works, but contains a hormone instead of a copper coil. Very effective. |

Contraception

| | |
|---|--|
| Condoms | <ul style="list-style-type: none">• Worn by the man, to stop sperm getting into the womb• Very effective when used properly• Helps stop the spread of sexually transmitted infections• Must be used every time you have sex, to be effective |
| Vaginal Ring | <ul style="list-style-type: none">• A flexible, transparent, plastic ring - placed in the vagina.• The ring releases two hormones which stop ovulation. |
| Diaphragm or Cap with spermicide | <ul style="list-style-type: none">• If you used one before pregnancy check it still fits• Spermicidal cream can increase its effectiveness• Can be used after six weeks of giving birth |
| Natural Family Planning | <ul style="list-style-type: none">• Uses fertility awareness to plan when to have sex in order to reduce the likelihood of becoming pregnant• It requires keeping daily records of your menstrual cycle• If learnt well, it can be effective, but in practice it is one of the least effective contraceptive methods |

If you are fully breastfeeding then it is recommended that you wait until the baby is six months old before starting the combined pill, the contraceptive vaginal ring or the contraceptive patch. These methods contain oestrogen which may reduce the milk flow.



Coil Fittings

If you are considering having a coil fitted you will need to book a single appointment with Dr Sugden or Dr Kaye to discuss the suitability and timing of fitting. Triple appointments are required for the fitting of a coil. Please be sure to tell the receptionist if you need a triple appointment. Coils are not fitted in the evenings or on Saturdays.

Further Reading

- **Guide to Contraceptives after giving birth** - www.fpa.org.uk/contraception-help/contraceptive-choices-after-youve-had-baby
- **The Sexual Health Information Line** provides confidential advice and information on all aspects of sexual health. Telephone: 0800 567 123

Fitness: diet

Once you have delivered your baby you may feel that there are significant changes in your body that you would like to reverse. By eating healthily and exercising regularly there's no reason why you can't lose the weight that was gained during pregnancy.

Diet

As long as you're at a healthy weight, there is no need to go on a special diet. Eat a balanced diet with plenty of fluids, including five fruits or vegetables per day. Nonetheless, it can be difficult to find the time to look after yourself when your baby needs much of your time and attention, so here are some useful tips:

- Cook more than you may need to eat so extra portions can be frozen.
- Use tinned and frozen fruit and vegetables as they are quick to prepare.
- Friends and family may offer to help you cook.

If you are overweight, then the best option is to eat a balanced diet and moderately exercise for 30 minutes every other day. This will help weight loss while maintaining the quality of your milk.



Alcohol

It is strongly recommended that you only drink 1-2 units (one small glass of wine) of alcohol at most per week while breastfeeding, as alcohol can pass through your breast milk to your baby and reduce your milk supply. If you want to have a drink, feed your baby beforehand. Avoid drinking a lot of **caffeine** is also advised.

Further Reading

- **Diet for a healthy breastfeeding mum, NHS Choices**
www.nhs.uk/Conditions/pregnancy-and-baby/Pages/lifestyle-breastfeeding.aspx

Fitness: exercise

As a new mother, finding the time and energy to exercise regularly can be difficult. Regular short bursts of exercise can be just as beneficial.

Suggested activities:

- Attend a local **post-natal exercise group**.
- Brisk walking with the pram or try exercising with other new mums at a **buggy workout** (www.buggyfit.co.uk or www.pushymothers.com)
- Play energetic games with older children.
- **Exercise DVDs or Online videos** – some of which can also be done with your baby and may improve bonding!
- **Use everyday tasks to exercise** – run when going up stairs, or squat when picking up things to improve your thigh muscles.
- **Swimming** – a week after your postnatal bleeding has stopped.
The Phoenix Fitness Centre and Janet Adegoke Swimming Pool in White City have a special Mother/Child swimming session at 4-5pm on Saturdays. Public swimming is at 9am-7pm.
The Fulham pools also offer public swimming between 9am-7pm.

If you are someone that enjoys vigorous exercise, you may want to return to this. If you haven't already, it is always best to check with your doctor first to make sure that everything is okay before you resume. If you had a Caesarean section or complicated birth, you may have a longer recovery time.

You will know that you're overdoing exercise when you start to feel run-down, fatigued and take too long to recover from workout sessions. Or if your bleeding becomes pink/red or heavier, then you should cut back.

It's also important to note that your lower back and abdominal muscles will not be as strong as they were before your pregnancy. You'll also be more flexible at the joints, so take care to not injure yourself when stretching or twisting.

Further Reading

- **Exercise & fitness after birth** – lots of useful pages!
www.babycentre.co.uk/c552/exercise-and-fitness---after-birth
- **Keeping fit and healthy with a baby, NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/pages/keeping-fit-and-healthy.aspx

Recovering from Birth

Caesarean Section

If you have had a Caesarean section, by now you should hopefully be close to full recovery. If you are still feeling pain, noticing vaginal bleeding, leaking urine or are still noticing any wound swelling, contact your midwife or GP. You can drive as soon as you can move without pain as long as you can perform an emergency stop. You may need to notify your car insurance company that you are fit to drive and that your GP can certify this.

Bleeding

Lochia (blood loss) can continue up to 6 weeks after birth. Over this period of time it will change, and by now it should be brown. If you are having continued bleeding or passing large clots you should seek advice from your GP or midwife. Breast feeding mothers who exclusively breast feed may not menstruate for as long as they are feeding.

Urinary Incontinence

After giving birth, you may find that you have difficulty controlling when you need to urinate, or certain situations such as laughing or coughing may cause you to leak urine. This is called stress incontinence and is common after childbirth. The main cause is the stretching of the pelvic floor muscles during pregnancy as well as hormones released during pregnancy. Don't feel that you can solve your incontinence problems by drinking less as you need plenty of fluid at this time, especially if you are breastfeeding.

- Do regular **pelvic floor exercises** (see next page)
- Attempt to hold urine in when you feel the urge to go.
- Drinking a lot will help your bladder get used to holding more urine again.
- Avoid drinking caffeine as this will increase the urge to go.

Further Reading

- **Urinary incontinence, NHS Choices**
<http://www.nhs.uk/conditions/Incontinence-urinary>
- **Urinary incontinence, Patient.co.uk**
www.patient.co.uk/health/stress-incontinence

Recovering from Birth

Faecal Incontinence

Some mums can develop problems controlling bowel movements after childbirth. As with urinary incontinence, it might be due to weakened pelvic floor muscles, or it can be caused by damage to the anal sphincter during birth especially if the delivery needed forceps or other instruments. If you are experiencing this, it can feel alarming, but it isn't uncommon and most women regain control after a few months. If they persist, tell your midwife or GP of your concerns. You may find pelvic floor exercises (below) helpful.

Pelvic Floor Exercises

Your pelvic floor muscles are at the bottom of your pelvis, supporting all of the structures above it. Below are some simple exercises to strengthen them:

- Draw up and tighten the muscles around your back passage without squeezing your buttock or thigh muscles as if trying to stop yourself passing wind, and hold. At the same time take this feeling forward and tighten the muscles around the front passage, as if trying to stop yourself passing urine. Lift up through the vagina. Hold the squeeze for as long as you can (build up to 10 seconds) then release and lower with control.
- Try some 'quick' contractions of the pelvic floor. Tighten and lift in one quick contraction and let go immediately. This helps your muscles react quickly when you cough, sneeze, lift etc.
- Try to do these exercises 6 to 8 times every day, doing 10 slow hold and 10 quick lifts.
- Do not do these exercises whilst going to the toilet, as this may cause bladder problems.

Don't panic if nothing changes for the first few weeks. After 3 months, when you feel that your pelvic floor muscles have tightened, you can reduce these to three sets per day. These exercises are a good lifetime habit to maintain.

Further Reading

- **Postpartum faecal incontinence**
www.babycenter.com/0_postpartum-anal-incontinence_1157264.bc
- **Pelvic floor exercises** – www.patient.co.uk/health/pelvic-floor-exercises

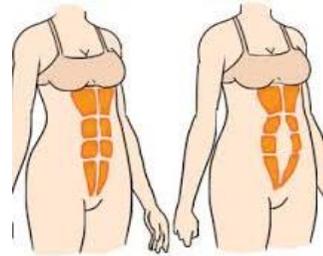
Recovering from Birth

Separated Stomach Muscles

It is common after birth for the muscles going down the middle of your tummy to separate. This might show up as a bulge developing above and below your belly button. It usually resolves itself by 8 weeks.

To check if it has:

- Lie on your back with your legs bent and feet on the floor.
- Look at your tummy and feel between the edges of the muscles above and below your belly button. See if you can fit any fingers in the gap between these muscles.



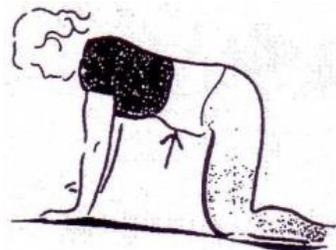
Stomach Exercises

The following exercises can help reduce strain on your back and pelvic floor muscles:

Abdominal Bracing: Gently pull in the lower part of your stomach below your belly button while breathing normally. Hold your tummy in and release it slowly after 10 seconds. Aim to do this 5-10 times. With time, increase the hold time and once better, pull in your pelvic floor muscles at the same time.

While kneeling forward, in a leaning forward position, pull your lower abdominal muscles up towards your spine while breathing out. With time, assume a crawling position, with a straight line from your hands to your shoulders and from your knees to your hips and back straight and do the same.

Pelvic Tilting: Lie down on your back with your knees bent and feet on the floor. Draw in the abdomen and tilt the pelvis so that the small of your back is flat on the floor. Hold for up to 10 seconds and release gently. Do this 5-10 times.



Recovering from Birth

Back Pain

Weakening of muscles due to childbirth may make you more prone to back pain. Below are a few simple tips to prevent this.

- When feeding your baby, sit using a cushion behind your waist to keep your back straight and supported.
- Kneel or squat rather than bend over for low-level jobs.
- Change nappies on a raised surface.
- Keep your back straight when pushing your pram or buggy.
- When lifting heavy objects, bend your knees, keep your back straight and make your thigh muscles do all the work.

Haemorrhoids (Piles)

These are very common after delivery but usually disappear within a few days. If they continue to be a problem try the following: make sure you eat plenty of fresh fruit, vegetables, salad, wholemeal bread and whole grain cereals, and drink plenty of water. This should make bowel movements easier and less painful. Don't push or strain, because this will make the piles worse. Let your GP or midwife know if you feel very uncomfortable as they will be able to give you an ointment to soothe the piles.

Smear Test

If you are over 25 years old and are due for a smear test, or you've never had one, it should be done at a separate appointment by your GP or practice nurse, around 12 weeks after the birth. It is important that you have this done, as checking for cervical cancer is an essential part of every woman's physical wellbeing. Smear tests should be done every 3 years, as long as each result is normal.

Further Reading

- **Your recovery after childbirth, NHS Leaflet**
www.ouh.nhs.uk/patient-guide/leaflets/files%5C4895Pchildbirth.pdf
- **Recovering after vaginal childbirth**
www.cyh.com/HealthTopics/HealthTopicDetails.aspx?p=438&np=464&id=2825
- **Your post-pregnancy body, NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/pages/your-body-after-childbirth.aspx

Relationships & Sex

Returning to sex

Having a baby can have a really big impact on your relationships, including your intimate one. You and your partner can start having intercourse as soon as you feel ready. Take some time to talk about how you are both feeling, emotionally and physically. It is normal to have feelings of fear or embarrassment and concern about pain after your birth. Being open and honest is a good approach.

- Don't do anything that makes you feel uncomfortable.
- Every woman is different so do not feel pressured as it is normal to take weeks or months.
- Some positions may be more comfortable than others.
- Don't go straight for full penetration.
- Use a water-based lubricant.

It may be advisable to wait until post-birth bleeding has stopped (which can sometimes continue for several weeks). This is because your uterus is still healing and if you have sex before the bleeding has stopped there's a possibility that you could introduce an infection. If you've had stitches or a Caesarean section you may have been waiting whilst tissue healing occurs. By 6-8 weeks this should have happened.

When sex is painful

Let your partner know if you feel any pain. Hormonal changes after childbirth may mean that you won't be as lubricated as usual. A water-based lubricant gel (available from pharmacies) to help ease discomfort can be helpful. If you are still continuing experiencing pain at this point (8 weeks), then you should mention this to your GP or midwife. They can look for a particular cause that might benefit from treatment (such as a painful episiotomy scar).

Further Advice

- **Sex after having a baby** – www.nct.org.uk/parenting/sex-after-having-baby
- **West London Centre for Sexual Health, Charing Cross Hospital**
Telephone: 020 8846 1577 or 020 8846 1567
Website: www.chelwest.nhs.uk/wlcsh/index.html

Sleep: Your Sleep

Tiredness is common with a new baby and getting enough sleep can be difficult, but not getting enough sleep can leave you feeling low, bad tempered and unable to cope or enjoy things.

Ideas for improving sleep:

- **Get an early night**
- **Sleep when your baby sleeps**
- **Take turns to 'do the nights'** – if you can, take alternate nights or weeks. If you're on your own, a friend or relative may be prepared to have your children overnight occasionally. Find out more about childcare.
- **Take turns with other parents** to look after the children to allow a rest
- **Good sleep hygiene** – a comfortable environment for sleep is important (not too hot, cold, noisy or bright), avoiding caffeine, nicotine and alcohol late at night, avoiding eating a heavy meal late at night. Only use the bedroom for sleeping and sex.
- **Try deep relaxation before bed** – you can learn techniques online.
- **Reduce your stress** – do activities that help you unwind and relax, make time for your partner, get out of the house and see other people.



If you can't sleep at night even when your baby is sleeping, or you find yourself waking very early in the morning (before your baby wakes) it could be a sign of postnatal depression. Approximately 1 in 10 women who have given birth suffer from this (see next page) so it is important to discuss with your doctor if you are having significant trouble sleeping.

Further Reading

- **Sleep & Tiredness, NHS Choices**
www.nhs.uk/conditions/pregnancy-and-baby/pages/sleep-and-tiredness.aspx
- **Postpartum fatigue: How to cope**
www.babycenter.com/0_postpartum-fatigue-how-to-cope_1152217.bc

Postnatal Depression

Baby Blues

It is considered normal to feel sad or low in mood 2-4 days after the birth of your child. This is known as the "baby blues" and is thought to be due to a mix of exhaustion, pain and hormonal changes normal at this time. Feeling very emotional, sad and anxious is common. Although distressing, the baby blues usually only last a few days, so if the symptoms have continued or gotten worse then you may be suffering from postnatal depression.



What is Postnatal Depression?

Postnatal Depression (PND) is a common depressive illness affecting about 1 in every 10 women having a baby. PND often starts within 1 or 2 months of giving birth, more rarely it can occur after several months. About a third of women with PND have symptoms which started in pregnancy and continue after birth.

The symptoms are similar to those in depression at other times:

- **Depressed** – feeling low, unhappy and tearful for much or all of the time.
- **Unable to enjoy anything**
- **Negative thoughts** – you may feel you are not a good mother or that your baby does not love you. Feeling you are unable to cope is also common.
- **Irritable** – you may get angry with your partner, baby or other children.
- **Tired** – all new mothers get pretty tired but depression can make you feel utterly exhausted and lacking in energy.
- **Sleepless** – even though you are tired, you can't fall asleep and you may lie awake worrying. You may wake very early, before your baby wakes up.
- **Appetite** – you may lose your appetite and forget to eat, or comfort eat.
- **Loss of interest in sex**
- **Feeling anxious** – overwhelming worry about your baby's health.
- **Hopelessness** – you may feel things will never get better or that life is not worth living. You may even wonder whether your family would be better off without you.

Postnatal Depression

- **Thoughts of suicide** – if you have thoughts about harming yourself, you should ask your doctor for help. If you have a strong urge to harm yourself, seek urgent help.
- **Psychotic symptoms** – a very small number of women with very severe depression develop psychotic symptoms. They may hear voices and have unusual beliefs. If this happens, you should seek help urgently.

If you think you may be suffering any of the above symptoms you should see your GP.

Treatment for depression

Most women will get better without any treatment within 3 to 6 months. Some mothers are still depressed when their child is one-year-old, so treating postnatal depression is important to reduce suffering and improve the experience of new motherhood.



Talking about your feelings can be helpful, and you may find it easier to talk to a trained counsellor or therapist. Your GP may also be able to refer you for specialised psychological treatment called **Cognitive Behavioural Therapy**.

Medication may be more appropriate if your depression is more severe or has not improved with support or a talking therapy. There are several types of **antidepressants** – all work equally well, but have different side-effects. They are not addictive. They can all be used in postnatal depression, but some are safer than others if you are breastfeeding – let your doctor know if this is the case.

Useful Organisations

- The Association of Postnatal Illness – www.apni.org Tel: 02073860868
- MAMA (meet a mum association) www.mama.co.uk Tel: 0845 120 3746

Further Reading

- **Postnatal Depression, Royal College of Psychiatrists**
www.rcpsych.ac.uk/healthadvice/problemsdisorders/pnd-keyfacts.aspx

Stopping Smoking

Help Available at Brook Green

Many women find pregnancy a huge motivator for stopping smoking, so well done if you were able to stop or cut down on cigarettes. If you are still smoking it is never too late for you and your baby to benefit.

If you'd like to stop smoking, or are thinking about it, there is help available. Speak to your GP or Frieda at the surgery. Studies have shown you are four times more likely to quit smoking if you have professional support. We have a very successful stop smoking service here at Brooke Green.

Additionally, there is a Smoking Cessation Service run by Kickit (www.kick-it.org.uk) which offers group sessions where information, advice and support is available. Their telephone number is 020 8741 8314.

Health benefits of stopping smoking

- Reduces risk of developing problems with lungs and breathing in later life.
- Reduces flare-ups of breathing conditions you may have such as asthma.
- Reduces your risk of heart disease.
- Prevents passive smoking, which reduces the risk of your baby developing asthma and other breathing problems.
- Reduces the risk of sudden infant death syndrome (SIDS).



Further Reading

- You can find more information at NHS Smokefree – www.smokefree.nhs.uk
- **Tips to stop smoking**, Patient.co.uk
www.patient.co.uk/health/tips-to-help-you-stop-smoking

Domestic Abuse

What is domestic abuse?

Domestic abuse is the physical, sexual or emotional abuse of a person by someone who is or was close to them. Most often this is a partner or a family member. It can be difficult to believe you're experiencing domestic abuse. It can occur in affectionate relationships and it may be the case that you blame yourself for any relationship problems. It can occur in any relationship regardless of culture, race or social class. Domestic abuse can have long term consequences including depression, anxiety and eating disorders.

What can I do about it?

Domestic abuse is a problem that will be taken seriously by the relevant authorities. However, a lot of mothers may find it difficult to come forward as they believe their children may be taken into care. This would only occur if they are at risk of physical or sexual abuse themselves.

If you need advice regarding an abusive relationship, contact your GP or Health Visitor. Victim Support may be able to help financially and arrange childcare.

It is important that you have a plan of action in case you need to leave your home quickly and safely.

- Keep money, important documents and keys in a safe place.
- Pack an emergency bag including clothing and small toys for children
- Think about escape routes and rehearse your escape plan.
- Tell someone you trust about the abuse & find a safe haven in case you need to leave.

Always dial 999 if there is an emergency.

For emergency accommodation, call the National 24 Hour Domestic Violence helpline: 0808 2000 247

Further Reading

- **Where to go for help in Hammersmith and Fulham**
www.lbhf.gov.uk/Images/Where_to_go_for_help%20Standing%20together%202011_tcm21-130160.pdf
- **Refuge**, women & children's domestic violence charity - www.refuge.org.uk

Useful Contacts

The Brook Green Medical Centre

Address: Bute Gardens
London
W6 7EG

Telephone: 020 7471 3333

Website: www.brookgreenmc.co.uk

Email: brookgreenmc@nhs.net

Walk-in Health Visitor Clinics

A weekly drop in service is available at Richford Gate Medical Practice.
Thursday afternoons, from 13:30 to 15:30.
Telephone between 09:00 and 17:00 to speak to a health visitor.

Address: Richford Gate, Medical Practice, Richford Street, W6 7HY

Telephone: 0203 8846 6655

Charing Cross A&E and Walk-in Centre

The walk-in centre has shared reception with A&E.

Address: Charing Cross Hospital
Fulham Palace Road
London
W6 8RF

Telephone: 0208 383 0904

NHS 111 helpline

A helpline for when you need help fast but it is not an emergency. Trained staff can help direct you to appropriate local services.
It is available 24 hours a day, 365 days a year.
Calls to 111 are free from landlines and mobile phones.



**when it's less
urgent than 999**