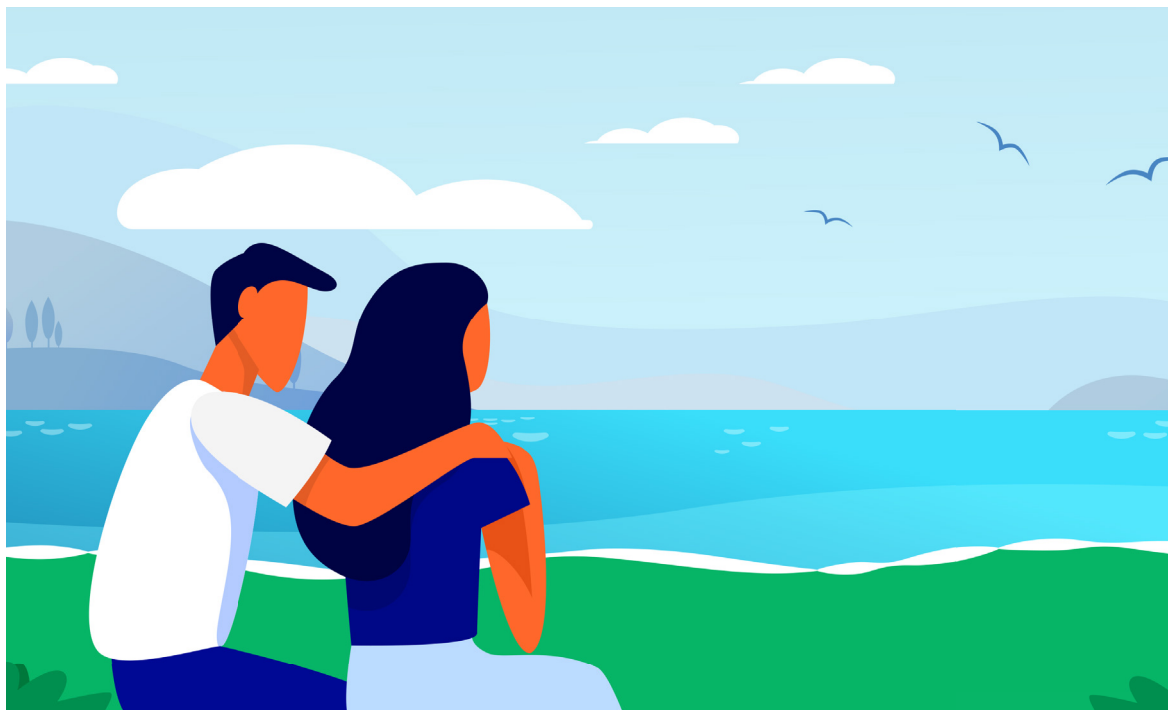




**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust



Bereavement postnatal care and support





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General postnatal care

Postnatal care is the care and support you receive following birth.

The death of your baby is a devastating experience for you and your family and we would like to offer our sincere condolences at this difficult time.

The effects of grief can be overwhelming and it can be hard to take in information, to make decisions or to imagine how you are going to cope. Often parents feel overwhelmed by the emotional pain. However it is important that you are supported to return to physical wellbeing also.

Although this booklet contains information regarding emotional wellbeing and some aspects of bereavement care it is not intended to replace other more detailed information that you may be offered specific for your individual needs.

SANDS is an organisation available to provide support for as long as you need it and to guide you through this difficult time. Contact details are at the back of this booklet.

During your postnatal period, maternity staff:

- Support you in your return to physical health
- Follow-up on complications in pregnancy
- Advise you on your contraceptive choices
- Ensure there are clear pathways for referral when issues are identified
- Support you with your emotional wellbeing and advise on how to access additional services if needed
- Sign post you to relevant bereavement services as necessary.

Staff will discuss the specific visiting arrangements for families that are experiencing the loss of a baby.

Going home

If you are well you could be discharged home shortly after the birth, however you may wish to stay a little longer to be with your baby.

Your postnatal care will be discussed with you when you are discharged, but be reassured that you will get the support and care you need from your maternity team.

Postnatal contacts at home

Some families do not want a midwife to visit at all, but others do so your postnatal care will be individualised according to your needs. This may or may not include your community midwife and / or the bereavement midwives.

Please contact maternity services if someone in your household is unwell prior to staff visiting your home so necessary precautions can take place.

Clinical Investigations

Whilst in hospital the staff will talk to you about different investigations that may be available to you to help find out the cause for what has happened. These investigations may also be used to make a more detailed plan for any future possible pregnancies, or management of an already established family.

Cytogenetics

Cytogenetics testing involves testing samples of tissue, blood, or bone marrow in a laboratory to look for changes in chromosomes. If you have experienced the loss of baby, the tissue that would be sampled would involve a small section of the umbilical cord (the section of cord that connects the baby to the placenta) being sent for examination. No tissue would be taken from your baby, the midwives would only take this from the cord.

Placental Histology

The placenta is an organ that is formed gradually during the 1st three months of pregnancy, and around the 12th week of pregnancy will take over in the filtration of nutrients and oxygen from the mother, passing these onto the baby. Its other role is to remove the waste products from the baby's blood, passing these back into the mothers bloodstream. The way the placenta has grown and developed could hold vital information as to understanding why what has happened, as various factors can affect the health of the placenta during pregnancy. No tissue would be taken from your baby for this test to be performed.

Post Mortems

The staff will discuss with you about further tests that can be performed on your baby. This will involve a more detailed in depth examination. There are three different post mortem types available:

- **MRI Post Mortem.** This is where your baby is looked at externally only. Your baby will be weighed and measured, and will have an x-ray and an MRI scan. The placental histology will also be looked at as part of your baby's or babies post mortem.

- **Limited Post Mortem.** This is where you consent to only a specific area or specific areas of your baby being examined. Your baby will be weighed and measured, and will have an x-ray as part of this procedure. The placental histology will also be looked at as part of your baby's or babies post mortem.
- **Full Post Mortem.** This is where your baby is looked at in great detail. Your baby will be weighed and measured, have an x-ray, and all organs will be looked at in detail. The placental histology will also be looked at as part of your baby's or babies post mortem. This is the 'gold standard' for investigations.

For any post mortem that has been requested, your baby or babies will be transferred to Sheffield Children's Hospital by dedicated hospital transport for the trained specialist doctors to complete this. Depending on which investigations have been selected will depend on the time frame for when these results come back. The bereavement team will advise on current time scales involved.

Receiving the results

Once the reports have been received back, the bereavement team will inform the consultant and an appointment will be made for you to attend to hospital to discuss them.

The bereavement midwife will be present to support you during this consultation, and you will be provided with an envelope with a full copy of all results received.

During this appointment, you will be provided with information about any future pregnancy management.

Taking your baby home after a stillbirth or early neonatal death

Although you may chose not to do so, staff will offer you the opportunity to take your baby home to allow you to spend more time together as a family, make further memories, or arrange your own funeral. Please ask if you would like further information and we can assist with this. If you change your mind and no longer wish to have your baby at home, please contact the delivery suite / labour ward or bereavement midwife.

Arranging a funeral

If your baby or babies were stillborn after 24 weeks of pregnancy, or they were born alive at any stage and then died, they must by law, be formally buried or cremated. Before this can take place, the baby's birth and death or stillbirth must be registered. The staff looking after you will support you and make sure you understand what you will need to do.

If your baby or babies are born with no signs of life before 24 weeks you can also have a funeral but it is not required by law. You may decide to say goodbye to your baby privately, and may wish for a funeral director to arrange this for you (please see further details below). You will also be given the option of a hospital cremation, which is a communal service (with other families and their babies), in which to formally say goodbye. The bereavement midwives will provide you with further details of this.

If you wish for a private funeral for your baby or babies, or your baby or babies were born after 24 weeks of pregnancy or died following birth, then a funeral director would need to be contacted to assist with the legal arrangements. You can find further information in the Good Funeral Guide www.goodfuneralguide.co.uk or the National Association of Funeral Directors (NAFD) website at www.nafd.org.uk.

If your baby or babies were born under 24 weeks of pregnancy, an official baby loss certificate can be requested in memory of them. This certificate is not compulsory it remains the choice of all parents.

This can be applied for by visiting <https://www.gov.uk/request-baby-loss-certificate>

Case reviews Introduction

Introduction to reviews

When a baby dies after 22 weeks in pregnancy, during labour or birth or up to 28 days following birth or discharge from a neonatal unit, the hospital (or hospitals) where the mother and baby were looked after should review the care the mother and baby received. The National Perinatal Mortality Review Tool (PMRT) is a formalised process which a panel of clinicians use to assist a review into your baby's death.

A clinical team looks through the mother's and baby's hospital notes to understand events that led up to the death of the baby. It is different to a coroner's investigation or inquest.

As a bereaved parent you should be told by your hospital that a review is going to take place and be offered the opportunity to ask questions for the review panel to consider during the review. You will not be asked to attend the review meeting yourself. Once the review has happened you should be offered an appointment to see your consultant to discuss its findings. If you consented to a post-mortem those results should have been considered when the review was performed, and should also be discussed with you at your consultant appointment.

Although not all miscarriages and stillbirths can be prevented, your consultant may discuss with you ways of ensuring you are as healthy as possible if you do choose to have another baby. SANDS have launched a new website with good advice based on evidence and links to specialist guidance saferpregnancy.org.uk/

Why a review is taking place

The hospital review forms part of standard NHS care which should be provided for every family after a death. Reviews should be able to:

- Provide parents with as much information as possible about why their baby died
- Assist hospitals to learn from what happened

- Help services to improve care
- Prevent, if possible, the death of other babies in the future.

It is normal for the process to take several weeks and involve more than one appointment, as all the information needed to complete the review may not be available until possibly a few months later.

How your data is shared

Information provided when using the PMRT feeds into the MBRRACE UK data collection system and vice versa.

MBRRACE is a multi-sited university led academic review of all pregnancy loss from 22 weeks and above and neonatal deaths from 20 weeks and above. The aim of the review is for organisations within the NHS and also charitable links to be able to learn and review care management following a family's journey to ultimately improve the care of all mothers and babies. This information is gathered and published every 3 years for both the public and professionals to use to help guide future care that is delivered.

This means that if you are a parent whose baby has died, both systems will include your personal details and that of your baby (name, address, date of birth and NHS number). While MBRRACE-UK do not use this personal information for their purposes, it is needed by the hospital reviewers using the PMRT to ensure the clinical team undertaking the review are able to identify the correct mother and baby to review. MBRRACE-UK complies with all NHS information confidentiality and security requirements. MBRRACE-UK will not share any information that identifies you for any reason, unless they need to do this by law.

For more information please access:

www.npeu.ox.ac.uk/pmrt/information-for-bereaved-parents

If you decide that you would prefer that the clinical team undertaking the review of your pregnancy care and the care of your baby not to use the PMRT to support that review, please let your consultant or midwife know your decision. Or you can contact the MBRRACE-UK team directly in writing and we can let your midwife or doctor know: mbrrace-uk@npeu.ox.ac.uk

Emotional and mental wellbeing

Following the loss of your baby, the staff caring for you will support you in making the decisions that are right for you, your baby and your family. If anything is unclear, please do not hesitate to ask a member of staff caring for you.

Losing a baby is an experience that unfortunately many will sadly share, but everyone experiences grief differently. For some, expressions of grief will be overwhelming and public. For others it may be very private, but no less deeply felt. Feelings of shock, grief, depression, guilt, loss and anger are common. Grief may produce physical symptoms, as well as emotional ones, such as disturbed sleep, lack of appetite, nausea and palpitations. These are normal and may be eased by discussing them with your partner, friends, with a doctor or midwife, or with someone who can listen and understand.

There is no time limit to the grieving process.

Anxiety in the first few weeks

Around 80% of women experience anxiety. As with so many postpartum issues, anxiety mostly comes down to hormones.

This happens after the sudden drop in your hormone (oestrogen). Symptoms are mild and usually pass within 10 to 14 days. Some emotions are normal but it is a good idea to note how you are feeling and seek help if you are worried.

emotional	irrational
overwhelmed	tearful (without knowing why)
irritable	tearful (without knowing why)
'down'	anxious

Postnatal depression

Mental health problems are relatively common at a time of significant change in life. Depression and anxiety affect 15-20% of women in the first year after childbirth but when a baby dies grief can become complicated by physical and emotional effects of pregnancy and childbirth.

Contact your midwife or GP if you are experiencing any signs or symptoms of depression.

- Little interest or pleasure in doing things
- Feeling down, depressed, or hopeless
- Trouble falling or staying asleep, or sleeping too much
- Feeling tired or having little energy
- Poor appetite or overeating
- Feeling worthless or negative
- Feeling fidgety or restless
- Inability to concentrate
- Suicidal thoughts or thoughts of harming yourself.

Postpartum psychosis

Postpartum psychosis, which is also called puerperal psychosis, is extremely rare. Only 1 or 2 mothers in 1,000 develop a severe psychiatric illness that requires medical or hospital treatment, although if there is family history of bipolar, psychosis or other major mental health illnesses the risk may increase.

This illness can develop within hours of childbirth and is very serious, needing urgent attention. Other people usually notice it first as the mother often acts strangely.

It is more likely to happen if you have a severe mental illness, a past history of severe mental illness or a family history of perinatal mental illness.

Most women make a complete recovery, although this may take a few weeks or months.

Signs of potential postpartum psychosis

- Significant changes in mental health or emergence of new symptoms
- New thoughts or acts of violent self-harm.



For information on who to contact in a crisis, please visit your local mental health services provider (below) or dial 111 or 999 if immediate danger.

Doncaster

Doncaster & Bassetlaw Teaching Hospital NHS Foundation Trust
<https://www.dbth.nhs.uk/health/>

Mental Health Access Team: 01302 566999

The Samaritans Doncaster: 0330 094 5717 (local charges apply) or call 116 123 (free from any phone).

Bassetlaw Area

<https://www.nottinghamshirehealthcare.nhs.uk/local-mental-health-teams>

Nottinghamshire Healthcare on 0330 123 1804 or
<https://www.nottinghamshirehealthcare.nhs.uk/help-in-a-crisis>

Bassetlaw, Mansfield and Ashfield Crisis 0115 956 0860

Newark and Sherwood Crisis 0300 3000 131

Nottingham City Crisis 0300 300 0065

Dads and partners

More information is available on the DadPad app that can be downloaded for free from Google Play or Apple App Store.

The Tommy's website has lots of information for fathers and partners and can be accessed at <https://www.tommys.org/baby-loss-support/dads-and-partners>.

Support and information for same sex couples can be found at Legacy of Leo thelegacyofleo.com/lgbt-baby-loss/

Support and advice can be sought from many bereavement sources, both online and via local groups. SANDS, 4Louis and JOEL all offer online forums where you can make contact with other bereaved families. Sands United Football Club are a group of men that have experienced baby loss (whether they be fathers, grandfathers, brothers or uncles who have experienced loss through either miscarriage, stillbirth, neonatal death or termination for medical reasons).

They have a facebook page that can be accessed by searching Sands Utd South Yorkshire.

Options around breastmilk following loss

Lactation suppression (the process of drying up breast milk) is a choice for bereaved mothers.

To prevent your body naturally producing breastmilk after the birth of your baby, medication can be prescribed, and this is a drug called Cabergoline. Cabergoline is a small tablet, and usually only one dose is required. Cabergoline works by stopping your body from producing the hormone prolactin.

It may be that you wish to naturally suppress your breast milk, and you can do this by keeping your breasts well supported by wearing a good fitting wireless bra. Your breasts may start to feel tender, warm and heavy.

You may find that cold or warm compresses will ease any discomfort, alongside regular analgesia such as paracetamol.

Breast engorgement usually occurs around three to four days following birth and will usually last around 48 hours. It is important not to stimulate your breasts during this time, as this could stimulate the hormone prolactin and increase the breast milk supply.

For some mothers, they may wish to donate their breast milk in memory of their baby.

The Milk Bank at Chester offer a Memory Milk Gift to help other babies in need and donated milk can also be used for valuable research, and their website offers further information about the Memory Milk Gift Initiative.

Further details of this can be found at <https://www.milkbankatchester.org.uk/donationafterloss/memorymilkgift/> and also <https://www.milkbankatchester.org.uk/wp-content/uploads/Breast-care-after-loss-leaflet-1.pdf>

The Milk Bank at Chester is supported by the British Association of Perinatal Medicine.

Physical health and wellbeing

Pregnancy and birth makes many changes to your body and it may take weeks or months to physically feel the way you did pre-pregnancy. Your midwife will ask you about your wellbeing at each contact.

Below is a list of common conditions and what you can do to relieve the symptoms and when you need to seek help from a GP or midwife.

What to expect	What you can do	When to seek help
Care of stitches and the perineum You may experience discomfort or stinging especially in the first few days after giving birth, even if you do not have stitches.	Wash your hands before and after going to the toilet and change your sanitary pads regularly. Daily bathing or showering to keep the perineum clean. Cold treatments, such as crushed ice or gel pads. Analgesia - Paracetamol (pain relief).	Pain or discomfort is worsening. Signs of infection (offensive smelling). Pain during intercourse.
Headache You may experience mild headaches due to many factors, such as feeling tired, that is often relieved with analgesia or rest.	Analgesia such as Paracetamol. Rest and relaxation.	Headache that worsens when standing or sitting (if you have had a spinal or epidural). Other symptoms of pre-eclampsia are on page 17.
Backache This could be due to hormones, or how you have been laid during labour or poor posture.	Make sure you have good posture and support your back. Be careful how you lift objects.	If worsens and not relieved with analgesia. Other symptoms such as numbness or strange sensation in your legs.

What to expect	What you can do	When to seek help
<p>Constipation</p> <p>It may be a couple of days before you have opened your bowels.</p> <p>Certain medications may cause constipation or loose stools.</p>	<p>Don't try and avoid going to the toilet, this may make it worse.</p> <p>Drink plenty of fluids.</p> <p>Eat fruit, vegetables and fibre.</p> <p>Gentle laxatives may be recommended (speak with your midwife).</p>	<p>If you have not opened your bowels for longer than 3 days or experiencing incontinence (no control over your bowels).</p>
<p>Piles (haemorrhoids)</p> <p>These are lumps inside and around your bottom (anus). They may feel painful and/or itchy.</p> <p>Sometimes you may notice a small amount of fresh blood loss especially if straining when you open your bowels.</p>	<p>Drink lots of fluid and eat plenty of fibre to keep your poo soft.</p> <p>Take paracetamol if piles hurt. A warm bath may ease itching and pain. Use an ice pack wrapped in a towel to ease discomfort</p> <p>Your pharmacist may recommend creams.</p>	<p>If you are experiencing severe, swollen or prolapsed haemorrhoid or any rectal bleeding.</p>
<p>After a Caesarean</p> <p>If you have had a Caesarean section the outside skin edges of your wound should seal after about two days but the internal healing of muscle and other tissue below the surface go on for many months.</p> <p>It is normal to experience some discomfort that should gradually ease.</p>	<p>Take your regular analgesia.</p> <p>Follow the instructions regarding your dressing.</p> <p>Always wash your hands before touching.</p> <p>Keep the wound clean (showering is preferable to bathing).</p> <p>Do not rub soap, shower gels, or talc directly onto the wound.</p> <p>Pat the wound dry with a clean towel.</p> <p>Wear loose-fitting clothes to prevent rubbing.</p>	<p>You have more pain in the wound or your wound is getting worse and not relieved with pain killers.</p> <p>The wound is red, swollen or hot.</p> <p>Your wound has green or yellow weeping discharge.</p> <p>You have unpleasant/offensive vaginal discharge.</p> <p>You feel feverish or have a high temperature.</p>

Fatigue <p>It is natural that you are going to feel more tired than usual as your body is recovering.</p>	<p>Eat a good balanced diet. Take some gentle exercise. Take some time to relax. Ask friends, your partner or relatives to help.</p>	<p>If you have been taking prescribed tablets for anaemia and have other symptoms (feeling dizzy and headaches). Feeling low in mood and experiencing trouble sleeping (see page 10).</p>
Passing Urine <p>You may be afraid to pass urine after birth especially if you have stitches in case it may sting. It is important that you do not stop yourself from passing urine.</p>	<p>Passing urine in the bath or shower. Drink plenty of water. Start your pelvic floor exercises.</p>	<p>You have no control (leaking or incontinence) (see page 17). Finding it difficult to pass urine (retention).</p>

Certain signs and symptoms that can develop

It is vital that if you experience any of these you alert a healthcare professional. Whilst some symptoms may be expected as a normal occurrence following birth some may indicate a more serious concern.

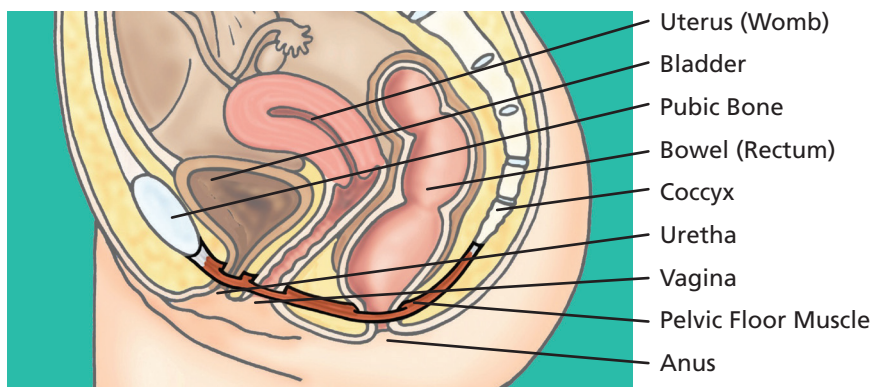
If you experience any of the following we would advise you to seek urgent emergency medical attention by calling your maternity unit or 999.

Symptom	How this presents	What this could mean
Abnormal bleeding	Sudden heavy blood loss and signs of shock e.g. faintness, dizziness, rapid pulse or palpitations.	Haemorrhage
Feeling unwell	Fever, shivering, abdominal pain, offensive smelling discharge from wound or birth canal.	Sepsis

Headache	Normally presents with one of the following symptoms: changes in vision, nausea and vomiting, heart burn type pain or unable to tolerate light.	Pre-eclampsia/ eclampsia/pregnancy induced hypertension
Leg pain	Pain, swelling or redness in the calf muscle.	Blood clot (deep vein thrombosis)
Breathing problems	Difficulties in breathing, short of breath or chest pain.	Blood clot (Pulmonary embolism)
Breast redness	Tenderness, high temperature, red area.	Mastitis
Symptoms of anaemia	Persistent tiredness, dizziness, tingling in fingers and toes.	Low iron levels/ anaemic
Retained products of conception	Fever, heavy bleeding, abdominal cramps, smelly discharge.	Retained products of conception

Pelvic floor muscle exercises

The pelvic floor, as its name suggests, is the floor of the pelvis. It is layers of muscle, rather like a hammock which is attached at the front to your pubic bone, and at the back to the bottom end of your spine (coccyx).



What do the pelvic floor muscles do?

- They support the pelvic organs - the bladder, uterus and bowel - especially when there is an increase in abdominal pressure such as when lifting, bending and straining
- They work to keep the bladder opening (urethra) and bowel opening (anus) closed to prevent unwanted leakage (incontinence) and help to control sensations or urgency to reach a toilet
- They relax to allow easy bladder and bowel emptying
- They can improve vaginal sensation and orgasm during sex
- They are important in supporting good posture by working together with abdominal and spinal muscles.

What weakens the pelvic floor muscle?

- Pregnancy and child birth
- Long term constipation
- Chronic cough/smoking
- Being overweight
- Being generally unfit
- Heavy lifting
- Pelvic surgery
- Some medical conditions.

Pelvic floor muscle weakness can lead to leakage when coughing, sneezing, lifting and with physical activity, or leaking before you get to the toilet.

Weakness can also result in a pelvic organ prolapse. This is the downward movement of a pelvic organ into the vagina.

A prolapse of the bladder, bowel or womb can result in feelings of 'fullness' or 'heaviness' in the vagina, or a feeling of something 'coming down'.

Pelvic Floor Muscles should be kept strong and active just like any other muscle in your body.

Strengthening the pelvic floor muscles, by doing regular pelvic floor muscle exercises can greatly reduce leakage and improve other symptoms.

How do I do pelvic floor muscle exercises?

When you try this for the first time, find a quiet place so you can concentrate on finding the correct muscles. Initially sit comfortably, or lie down with your knees bent and follow these instructions. You will then be able to do them anytime, anywhere.

To contract the muscle:

- Squeeze the muscles around the bowel opening (anus) as if you are trying to stop wind escaping, continue forward to tighten around the walls of the vagina and the opening of the bladder (urethra). You can imagine you are closing up a zip from back to front
- You should feel a squeeze and lift/a drawing up inside.

There are two types of exercises:

① Long contractions

Try to pull up the pelvic floor muscles and hold for as long as you can, up to 10 seconds. Allow a few seconds for the muscles to completely relax after each contraction. Repeat 10 times.

② Short contractions

Tighten the pelvic floor muscle quickly and strongly but do not hold the contraction. Allow a few seconds for the muscles to completely relax and then tighten quickly again. Repeat as many times as you can, up to 10.

Do your long and short contractions 3 times every day. They can be done in any position.

Once you feel able, try to do your exercises in standing at least once a day.

How to remember

Put a sticker in a place to catch your eye to remind you, link it to a regular activity e.g. brushing your teeth or put a reminder on

your computer or phone. Apps are also available for smartphones eg GetUBetter app, there is an app for where you live.

Remember! When lifting the pelvic floor muscles:

- Breathe normally - try not to hold your breath. Counting out loud may help you with this
- Do not push down
- Try not to tighten your buttocks or your thighs
- You may feel the lower part of your tummy tightening when you contract your pelvic floor muscles. This is normal but do not bulge your tummy outwards, or pull it in strongly.

Once you have learned a correct pelvic floor contraction you can use the muscles to prevent or reduce urine leakage and to help support your pelvic organs.

Tighten your pelvic floor muscles before you cough, sneeze, laugh, jump or lift a heavy object. Also tighten the muscles if you are worried you may leak before you reach the toilet.

Squeeze before you sneeze. Hold the squeeze until after the sneeze!

Don't give up. It can take at least 12-16 weeks to strengthen weak muscles, and when first doing pelvic floor exercises you may not feel anything and this is normal and it can take between 3-6 months to even feel any sensation, especially in the postnatal period, this is normal, keep doing them.

Once you notice an improvement, do not stop exercising. If you stop it may get worse again. Try to make your pelvic floor exercises a habit for life.

If you are not sure that you are doing the exercise correctly, ask

your doctor or midwife to refer you to a specialist pelvic health physiotherapist who will be able to examine you vaginally to test the muscles and make sure you are exercising them in the right way.

Download the app here.

There is a separate app for each area, please download the app for where you live.

Access your FREE getUBetter app from the app store here:





General activity and return to exercise

In the initial postnatal period you may be feeling tired and may not feel like being active, but it is very important that you keep moving. Even if you do not feel ready to exercise then keeping active will reduce the risks of blood clots, back pain and chest infections.

Other benefits of exercise include helping you to feel more energetic, improving mood, facilitating relaxation and better sleep.

You can start gentle exercises as soon as you feel up to it. This could include walking, gentle stretches and pelvic floor exercises.

If you have had a more complicated delivery, you can still start gentle pelvic floor muscle exercises, however, if you want to start high impact exercises such as aerobics or running, you may need to wait a little longer and discuss this with your midwife, GP or specialist pelvic health physiotherapist to ensure it is safe to do so.

For other essential advice and exercises following childbirth then please visit the specialist website of the Pelvic, Obstetric & Gynaecological Physiotherapists at www.thepogp.co.uk and search for the "Fit for the Future" booklet.

This will guide you through a safe set of exercises and some practical advice to aid your recovery, including:

- Being comfortable following your delivery
- Exercising the abdominal and pelvic floor muscles
- Starting to get back to normal and finding your previous level of fitness.

Contraception

Contraception is an important part of your postnatal care even if it is the last thing on your mind at the moment. Many unplanned pregnancies occur within the first few months after having a baby so it is best to be prepared.

Your periods could start within 5 to 6 weeks but you may be fertile again sooner.

If you do decide that having another baby is the right decision for you, you may wish to wait until you have received the results from any tests that you have had as these may highlight any underlying conditions for the birth mother.

How soon can I have sex again?

As soon as you and your partner feel ready. It may be some time before you want to as you may have stitches or bruising which may make sex uncomfortable.

Any concerns you may have can be discussed with your GP, nurse or health visitor.

Short acting methods of contraception

These are reversible meaning that once you stop using them the effects wear off quickly and fertility returns.

Progesterone only pill (POP)



POP can be started immediately after birth 99% effective if used correctly.

Male or female condoms



Can be 95-98% effective.
Can be used safely after birth.

Natural family planning



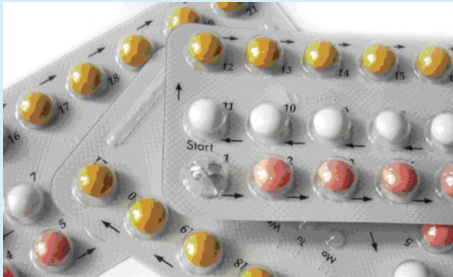
Can be 99% effective when used correctly and can be started straight after giving birth.

Contraceptive patch and vaginal ring



The same rules would apply as with COCP however these methods can reduce milk production and is therefore not recommended when breastfeeding.

Combined oral contraceptive pill (COCP)



Contains both oestrogen and progesterone. Those with no risk factors for developing blood clots can start COCP at 21 days post birth. Those with risk factors should wait at least 6 weeks before starting. If you are unsure please discuss with your GP or Midwife.

Diaphragm or cap



Advisable to wait 6 weeks post birth before using. Make sure that the size is reviewed by a doctor or nurse as your cervix and vagina change shape during pregnancy and birth.

Long acting contraception

These methods are more effective than the short acting methods. They last longer so you do not need to remember to take/use them every day.

Male and female sterilisation



It is advised that you make this decision when you and your partner do not want any more children as these methods are non-reversible.

Female: involves cutting or clipping your fallopian tubes. This can be completed at an elective caesarean if opted for.

Failure rate is 1:200

Male: more effective than female sterilisation. Can be done in many GP surgeries under local anaesthetic.

Failure rate is 1:2000

Intrauterine contraception (IUC):



Includes both copper (non-hormonal) and mirena (progesterone). Can be inserted up to 48 hours after vaginal or caesarean delivery. Following this it would be advisable to wait until 4 weeks after giving birth. Depending on the type can last between 5-10 years but can be removed earlier.

Contraceptive implant



Can be started straight away. It lasts three years and may be available on the postnatal ward.

The contraceptive injection



Can be started immediately but cause irregular or heavier bleeding if started before 6 weeks post birth.
Lasts for 12 weeks.



Financial assistance

For some parents, going back to work can feel daunting; for others, the routine of work can be helpful. This section explains your leave entitlements and other financial support that you may be able to access.

	Statutory sick pay or contractual sick pay	Statutory maternity pay	Maternity allowance	Statutory paternity pay
Late miscarriage (14-24 weeks)	Yes - up to 28 weeks	No	No	No
Stillbirth	Yes - up to 28 weeks if not claiming SMP	Entitled to 52 weeks leave - mat pay for up to 39 weeks (SMP). Must be claimed within 28 days of birth.	May be entitled - if not receiving SMP	If employed should be entitled - must claim within 28 days of birth.
Neonatal death (up to 4 weeks)	As above	As above	As above	As above

Healthy start food vouchers	Sure start maternity grant	Free prescriptions and dental treatment	Child benefit	Child tax credit
No - although you can use any vouchers you have	No	No	No	No
As above	Yes if on low income - for first child only - must claim within 3 months of birth.	Yes if you have a valid exemption certificate - til expiry.	No	No
As above	As above	As above	Yes from birth up to 8 weeks after death	As child benefit

References:
moneyadviceservice.org.uk
www.gov.uk/when-someone-dies

Department	Doncaster	Bassetlaw
Ward	01302 642644	01909 572227
Bereavement midwife	07825 063432	07825 063432
Bereavement office	01302 642796	01302 642796
Screening midwife	01302 642795	01302 642795
Chaplain	01302 642237	01909 572846
Contraception and sexual health	01302 272165	01909 571571

Adult Improving Access to Psychological Therapies programme

Rotherham, Doncaster and South Yorkshire:

<https://talkingtherapies.rdash.nhs.uk/>

Bassetlaw: Talking Therapies <https://www.everyturn.org/talking-therapies/locations/bassetlaw/>

Andy's Man Club: Charity supporting Men's mental health.

Meetings take place every Monday 7pm (excluding bank holidays).

<https://andysmanclub.co.uk/who-we-are/>

Anxiety UK: Charity providing support if you have been diagnosed with an anxiety condition.

Tel: 03444 775 774 (Mon to Fri, 9.30am to 10pm; Sat to Sun, 10am to 8pm)
anxietyuk.org.uk

Men's Health Forum: 24/7 stress support for men by text, chat and email. menshealthforum.org.uk

Mental Health Foundation: Provides information and support for anyone with mental health problems or learning disabilities.
mentalhealth.org.uk

Mind: Promotes the views and needs of people with mental health problems.
 Tel: 0300 123 3393 (Monday to Friday, 9am to 6pm).
mind.org.uk

Stop Smoking services

nhs.uk/smokefree/help-and-advice/local-support-services-helplines

Bereavement support

4 Louis	4louis.co.uk
Abigail's Footsteps	abigailsfootsteps.co.uk
Aidan's Elephants	aidanselephants.co.uk
ARC	arc-uk.org
Amber Crisis pregnancy care	Amberpregnancy.com
Beyond Bea	beyondbea.co.uk
BLISS	bliss.org.uk
Charlies Corner	charlies-angel-centre.org.uk
Child Bereavement UK	childbereavementuk.org
Counselling Directory	counselling-directory.org.uk
Cruse Bereavement Care	cruse.org.uk
Ernies Wish	Search on FaceBook
Freddies Wish	Freddieswish.org
Forever Stars	foreverstars.org
HUG	helpusgrieve.co.uk
Insight	insighthealthcare.org
Remember My Baby	remembermybaby.org.uk
JOEL the Complete Package	joeltcp.org
Life after Loss	lifeafterloss.org.uk
PETALS	petalscharity.org
SAND's	sands.org.uk
Sophia Pregnancy Loss Support	sophiapregnancylosssupport.com
Talkthru	talkthru.org.uk
The Last Kiss Foundation	thelastkissfoundation.co.uk
The Lily Mae Foundation	lilymaefoundation.org
The Lullaby Trust	lullabytrust.org.uk
The Mariposa Trust	mariposatrust.org
The Miscarriage Association	miscarriageassociation.org.uk
Tommy's	tommys.org
Twins and Multiple Births Association	tamba.org.uk
Winston's Wish	winstonswish.org
Our Angels	ourangelscharity.co.uk
Forget Me Not	forgetmenotchild.co.uk
Sunbeam Support Group	aidanselephants.co.uk/sunbeamgroup

Feedback

The Maternity Bereavement Experience Measure (MBEM) aims to enable parents whose baby has died the opportunity to feed back about the care they received.

This feedback will be used to inform best practice and service improvements locally.

Please scan this QR code to access the MBEM, and thank you for taking the time out to complete this.



For more information:



01302 366666 - 01302 642796 (Maternity Bereavement Office)



dbh-tr.bereavement-midwives@nhs.net



07825 063432 Bereavement Midwives



www.dbth.nhs.uk

We Care values

We always put the patient first

Everyone counts – we treat each other with courtesy, honest, respect and dignity

Committed to quality and continuously improving patient experience

Always caring and compassionate

Responsible and accountable for our actions – taking pride in our

Encouraging and valuing our diverse colleagues and rewarding ability and

The
DBTH
Way



WPR49950 August 2024

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