NHS
The Leeds Teaching Hospitals
NHS Trust

My Personalised Maternity Care Plan

My Journey, My Choice



Throughout your pregnancy, birth and afterwards you will need to make decisions about your care.

It is important that your care is personalised to you.

This document has been designed to support you.

Please talk to your midwife or doctor if you have any questions.

Leeds
Maternity Care

Contents

Section 1
Your Maternity Care 5

Section 2
Early Pregnancy (4-12 weeks) 24

Section 3
Mid Pregnancy (12-28 weeks) 32

Section 4
Later Pregnancy and Birth (28-42 weeks) 37

Section 5
Postnatal - After Birth 52

With special thanks to the Leeds Maternity and Neonatal Voices Partnership who have generously supported the co-production of this booklet.

For more information on our maternity services please click the link or scan the QR code.

www.leedsth.nhs.uk/services/maternity

LEEDS
Maternity &
Neonatal Voices

Working in partnership to improve maternity & neonatal services



Resources and information



We aim to be transparent, friendly, and compassionate

All our patient information leaflets are available on the **Leeds Maternity website here**

Easy read Maternity resources can be **found here**

Translated maternity information is available in a range of languages and formats **here**

How to translate information on our website

Use the orange headphones icon (circle at top right of the page) and click the Translation icon to choose your language.

Video: how to translate our website

Pictures: how to translate our website



Throughout this document you can find links and QR codes to trusted sources of information. You may also want to find information from other sources.

Below are some suggestions of places to access information about your rights, evidence, national guidelines and support.



Information: *Click the link or scan the QR code*

Birthrights Website

AIMS Website

Leeds MNVP Facebook page

NHS Best Start in Life Website

NICE Website

NHS England Website

UNICEF Website

Labour Pains Website

Tommys Website

Local Pregnancy Education Classes

Leeds Bosom Buddies

LTHT Maternity directions

LTHT Maternity Visiting Times

Yorkshire and Humber Neonatal Network Website

The Lullaby Trust

ICON - Support and advice on infant crying

Section 1

Your Maternity Care

Who to call and when 6

When to contact your GP 7

When to contact MAC (Maternity Assessment Centre) 8

Maternity service contact numbers 9

Appointments 10

Your midwifery care 12

What happens at appointments 13

Pregnancy journey 14

About me and my family 16

Your mental health 18

Decision making 19

BRAIN Decisions 21



When to contact your GP

In surgery hours **call your GP**
Out of hours **call 111 if you have any of the following**

- Any bleeding in the first 14 weeks
- Cold and flu symptoms
- Diarrhoea and vomiting
- Vaginal discharge / itch
- Pain passing urine
- Pregnancy sickness
- Varicose veins / leg pain
- Prescription or repeat drugs
- Constipation / piles
- Nose bleeds
- Mastitis – painful, red breasts and feeling unwell (or access feeding help from your midwife)
- Skin rash or itching of skin
- Concerns about your baby including Jaundice



For general, non-urgent enquiries:

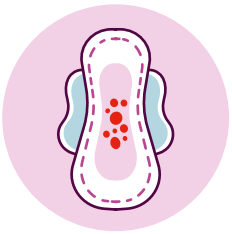
If you have a non-urgent question about your maternity care, please phone our **Community Triage Line**. Call **0113 518 1827** Monday to Friday (excluding bank holidays) 8:15 AM – 12:15 PM and 1:00 PM – 3:45 PM.

If you have any **early pregnancy concerns** before your first midwife appointment, please contact your **GP or NHS 111 for advice**.



When to contact MAC

Call Maternity Assessment Centre (MAC) if you experience any of the following after 14 weeks of pregnancy:



Spotting or light bleeding



Contractions or cramps



Leaking liquid



Painful urination



Persistent severe headache



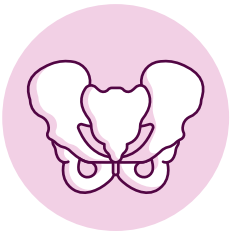
Swelling in face, hands or legs



Itching, especially on hands and feet



Sharp or continuing abdominal pain



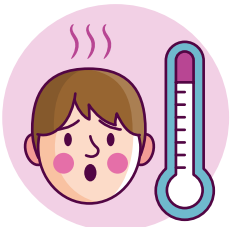
Pelvic pain



Blurred vision, seeing spots



Shortness of breath / chest pain



High temperature



Baby's movements feel weaker, less frequent or you think something is wrong

For some concerns in pregnancy we may invite you to attend **Maternity Assessment Centre (MAC)** at one of our hospitals.

MAC LGI, C Floor Clarendon Wing | MAC St James, Level 5 Gledhow Wing - **0113 392 6731**

MAC is like an emergency department for people having maternity care. We aim to triage you within 15 minutes of your arrival. Following this there may be a wait as you will be prioritised depending on the urgency of your symptoms.

ARRIVAL IN MAC

Please tell a member of staff of your arrival.



Maternity triage helps us to prioritise the safety of maternity service users and babies in our care.

Maternity triage helps us to treat our service users who need urgent care first.



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TRIAGE

We aim to perform an initial assessment **within 15 minutes**.

The most urgent cases will be seen first. Risk factors will have been reviewed from the triage phone call prior to attendance. Based on this initial assessment we will recommend a clinical priority level.



MIDWIFE ASSESSMENT



RED
You will be seen **immediately**

AMBER
We will aim to see you within **15 minutes**

GREEN
We will aim to see you **within 4 hours**

YELLOW
We will aim to see you **within 60 minutes**

MEDICAL REVIEW

We may recommend that you remain in hospital for further care, either on a labour ward or on one of our Antenatal or Postnatal wards.



You may need a **review by a doctor**, depending on the nature of your concern today.



You may be asked to wait in our waiting area between any of the stages; *Arrival, Triage, Midwife Assessment* and *Medical Review.*

Please alert staff to any change in your condition whilst in the waiting area.



Following a full assessment and review most people will be discharged home following a MAC attendance.

Please contact us by phone with any further concerns about you or your unborn baby / pregnancy. We are available 24/7.



We see service users with the most urgent concerns first

This may mean that we see someone who came in after you before we see you. Bear in mind that even people who are very ill may not look ill.

We have not forgotten you

Please be assured we log everyone on our systems, so we always know where you are in the queue. Other people may move ahead of you if they have a very urgent concern.

Even if we don't look busy there may be lots going on

Even if things seem quiet we maybe treating some people in areas that you cannot see or people who have arrived by ambulance.

You will see several people in our team

People come here with lots of different concerns. We have a team of staff with a range of skills. Each may ask to hear your story directly from you.

Booked appointments

If you are attending with a booked appointment we will see you as close to your appointment time as possible but emergencies will take priority.

Leeds Maternity Care

BSOTS
BIRMINGHAM SYMPTOM SPECIFIC OBSTETRIC TRIAGE SYSTEM

Maternity Service Contact Numbers



Patient appointments

Please contact our patient administration team to change or cancel a maternity appointment or scan.

0113 467 3278



Phonelines are open Monday to Friday (excluding bank holidays) 8am – 5pm.

You will receive a text message reminder for appointments. In the text message is a link to your appointment letter. You can manage your appointment through this link. You can change your antenatal clinic or fetal assessment appointments online through Patient Hub.

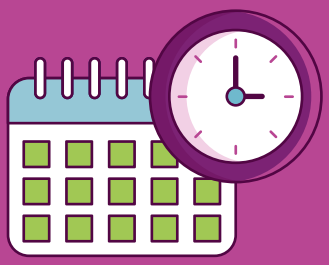
Maternity department phone numbers

Maternity Service	St James's Hospital	Leeds General Infirmary
Maternity Assessment Centre (MAC)	0113 392 6731	0113 392 6731
Maternity Appointments	0113 206 5180	0113 392 6792
Community Triage	0113 518 1827	0113 518 1827
Delivery Suite	0113 206 9103	0113 392 7445
Postnatal Ward	0113 206 9105	0113 392 7436
Antenatal Ward	0113 206 9104	0113 392 7444
Antenatal Day Unit	0113 206 5326	0113 392 6588
Antenatal Clinic Midwives	0113 206 5324	0113 392 3704
Obstetric Physiotherapy	0113 202 4523	0113 202 4523

For more information click the link or scan the QR code.

www.leedsth.nhs.uk/services/maternity/contact/

Appointments



This schedule is a guide as your care is personalised.

Appointments at 25, 31 and 40 weeks are usually for first time parents. Depending on your pregnancy these may be offered to parents who have had children before.



Please bring a urine sample and arrive on time for appointments

Routine antenatal appointment schedule

When	Reason for appointment	My appointments date / time / venue / with
8 to 10 weeks	Initial 'booking' appointment in person	
11-14 weeks	Dating scan at the hospital	
16-18 weeks	Routine antenatal appointment or check – antenatal classes discussed. Whooping cough vaccine offered	
18-22 weeks	Anomaly scan at the hospital	
25 weeks first pregnancy / enhanced care pathway	Routine antenatal appointment or check – Mat B1 proof of pregnancy form	

When	Reason for appointment	My appointments date / time / venue / with
28 weeks	Routine antenatal appointment or check – Mat B1 proof of pregnancy form, blood test	
31 weeks first pregnancy / enhanced care pathway	Routine antenatal appointment or check	
34 weeks	Routine antenatal appointment or check *Start thinking about your birth preferences to discuss with your midwife at 36 weeks.*	
36 weeks	Routine antenatal appointment or check	
38 weeks	Routine antenatal appointment or check	
40 weeks first pregnancy / enhanced care pathway	Routine antenatal appointment or check	
41 weeks	Routine antenatal appointment or check	



Depending on your care pathway, you may be offered additional scans or appointments with other professionals.

There is space to record these additional appointments at the back of this document.

Your midwifery care

At your first appointment, your midwife will ask you some questions about your past and current medical history, to plan your pregnancy care. If needed, they may recommend additional appointments, scans, tests or referrals and will explain your pregnancy pathway to you.

Click the link or scan the QR code to find out more about the maternity team. **www.leedsth.nhs.uk/services/maternity/team**

What to expect:

Appointments may be in a clinic, community centre, GP surgery or your home.

Your initial appointment will take around 60-90 minutes. Appointments after this will take around 30 minutes.

You are welcome to bring someone with you. We will ask you to attend alone for at least one appointment during your pregnancy.



What happens at appointments?



At your appointments, you'll usually be offered checks of your:

- Blood pressure
- Urine
- Carbon monoxide (CO) level in your breath

From **26 weeks**, your midwife may measure your bump. From **36 weeks**, they will check your baby's position.

We do not routinely listen to your baby's heartbeat during appointments, as monitoring your baby's movements is the best way to assess their wellbeing later in pregnancy.

You can ask anything



Your appointments are an opportunity to ask questions and discuss what matters to you. Topics may include:

- Healthy eating and physical activity
- Infant feeding
- Screening tests
- Birth place options
- Your emotional wellbeing

The focus of each appointment will vary depending on your stage of pregnancy and your individual needs.

Pregnancy classes

We recommend attending our free pregnancy classes, with a range of options to suit your needs. Visit:

www.leedsth.nhs.uk/services/maternity/pregnancy/antenatal-classes/ or scan the QR code to find out more.

Student midwives and doctors



We welcome student midwives and student doctors as part of our team. They are supervised by qualified professionals throughout their training. Student midwives train for three years. As they gain experience, they take on more responsibility while remaining accountable to a qualified midwife.

During labour, students may provide extra support with your comfort, communication and emotional wellbeing.

It is always your choice whether students are involved in your care. If you would prefer not to have students present during your pregnancy or birth, please let your midwife or doctor know.

Pregnancy Journey



- Booking
- Meet your midwife

8-10 weeks

- Dating scan combined screening

11-14 weeks

- Midwife appointment

16 weeks

- Anomaly scan

18-21 weeks

- Midwife appointment
- First pregnancy

25 weeks

28 weeks

- Midwife appointment

31 weeks

- Midwife appointment
- First pregnancy

34 weeks

- Midwife appointment

36 weeks

- Midwife appointment
- Birth plan group

38 weeks

- Midwife appointment

Pregnancy Sickness Support Charity

Screening Choices

get U Better app for pelvic health

Pelvic health and wellbeing

What you need to know about group B Strep

Emotional wellbeing

Pack a birth bag

Support for Dads and partners

Dad or partner? How can you support during pregnancy?
click the link or scan the QR code to find out more:
www.tommys.org/pregnancy-information/dads-and-partners/getting-involved-in-the-pregnancy

Have you been offered an induction of labour?

Your emotional wellbeing after birth

40 weeks
- Midwife appointment

41 weeks
- Midwife appointment



6-8 weeks
- GP Check
- Next routine health visitor review - 1 year

2-4 weeks
- Discharge from the midwives

Day 12-16
- First health visitor

AFTER BIRTH

Day 9-14
- Appointment

Day 5
- Newborn bloodspot screening

Day 3
- Call or visit

- First day midwife contact



Newborn Screening

Questions to consider asking from the beginning of your pregnancy



I would like you to call me

(This could be a nickname or alternative name you prefer)

My pronouns are

(For example she/her, they/them, he/him)

My main partners and support people are

(This could be your partner, friend, family members. Anyone who is supporting you during your pregnancy)

My previous pregnancy and birth history includes these things that are important to me

I would like you to know about these experiences in my life

If you prefer not to write these down you can tell us in person instead

I am currently receiving care from these other services

(This could be specialist services such as the diabetes team or cardiac services, social services, mental health team or private support such as a doula, chiropractor or holistic therapies)

These cultural and religious traditions and practices are important to me

I would like you to know these things about my partner

(This could include neurodiversity, access needs such as wheelchair access, support with reading or writing, previous experiences such as mental health or trauma, health conditions such as diabetes)

Your mental health



Emotional changes are common during pregnancy, and it is normal to experience a range of feelings, from excitement and happiness to worry, sadness, or feeling overwhelmed.

Your midwife will ask about your emotional wellbeing at your appointments because your mental health is just as important as your physical health.

These conversations are routine, confidential, and designed to help you get the right support if you need it. If you have been feeling low, anxious, struggling to cope, or simply not like yourself, please tell your midwife. Help and support are available, and you do not have to manage these feelings on your own.

Find out more in this information leaflet:

Taking care of your emotional wellbeing before, during and after pregnancy



Decision making



We are committed to respecting your choices and working in partnership with you to plan your care.

Information:

Your maternity team will ask questions about you and your family. They will support you to make a plan for your care and explain what will be offered to you.

You should understand what your options are and be supported to make informed choices. It's okay to change your mind at any time.

It is the law that you give consent before any care or treatment is given to you such as induction of labour, stretch and sweep or blood tests.

During your first appointment, your midwife will ask you questions about your health and wellbeing. They will help plan your care if any health conditions affect your pregnancy.

This happens throughout your care and we will update your care plan if necessary.

You should never feel pressurised into making a decision

Information:

Occasionally, your midwifery team may advise that a choice may not be recommended. They will always discuss the reasons for this with you.

Your midwife may suggest you are referred for some more specialist care. This may include a consultant obstetrician, a specialist midwife or another professional. You should understand why this referral has been made and make an informed decision about your care. You can use this plan with them as well.

Do you know where to go if you need support?

- Community Midwife
- GP or Obstetrician
- Community or ward Team Leader
- Matron
- PALS *(see page 63)*
- Maternity and neonatal voices partnership *(see page 62)*



It's OK to change your mind

The BRAIN acronym is a useful tool to assist you in gathering information to make informed decisions about your own and your baby's healthcare. Your maternity team will be happy to support you to use this or another decision making tool at any point.



Make informed choices with
BRAIN

Everyone is different, and your preferences may be shaped by your history and experiences. Maternity Staff are here to provide information and support as you make decisions about your care.

What is the BRAIN Tool?

Benefits - What are the positive outcomes for me and my baby?

Risks - What are the potential downsides or complications?

Alternatives - What other choices or options are available to me?

Intuition - What does my gut feeling or instinct tell me?

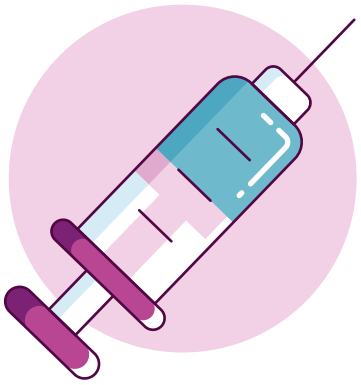
Nothing - What happens if I choose to wait or do nothing?

We aim to explain risks in a way that makes sense to you such as percentage or probability - e.g.1% or 1 in 100.



Still unsure?
Ask for further explanation

BRAIN Example



Question / care offered:

Vitamin K by injection for baby after the birth

Benefits:

In a newborn baby, some vitamin K comes through the placenta, but at times this is not enough. That means a small number of newborn babies develop a deficiency. Newborn babies are given extra vitamin K to help prevent them developing life-threatening bleeding in the first hours to months of their life.

Risks:

There are no known risks of Vitamin K for newborns. When this is given by injection there may be a small mark or bruise.

Alternatives:

Oral Vitamin K - given over 3 doses on the day of birth, day 7 and 4 weeks of age - this is a less reliable way to administer this medication.

Intuition:

What feels right for you and your family? Do you understand what you are being told?

Nothing - What happens if I do nothing?

You can choose not to receive vitamin K for your baby. If so, keep a close eye for any bruising or unexplained bleeding in your baby. If your baby is recommended any surgery or procedures such as a tongue tie division, health professionals would recommend vitamin K is given before this.


We aim for you to first see a midwife by
10 weeks of pregnancy

Section 2

Early Pregnancy (4 - 12 weeks)

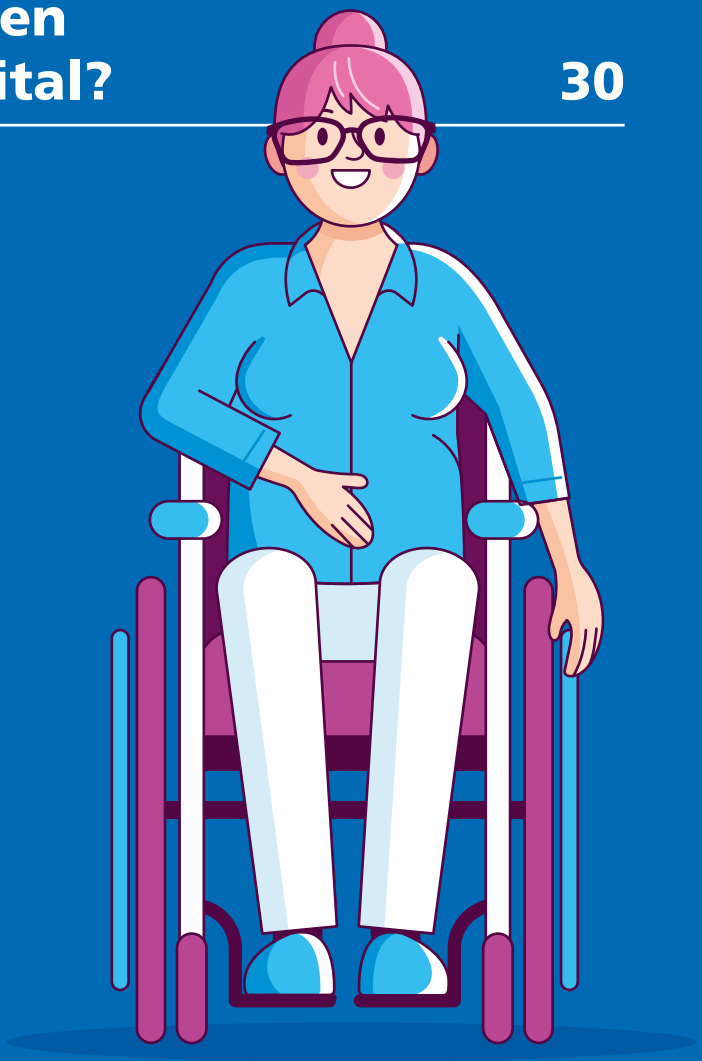
My first trimester care plan 25

Early pregnancy 4 to 12 weeks 26

Pelvic health and wellbeing during pregnancy and after birth 28

Feeling your baby move is a sign that they are well 29

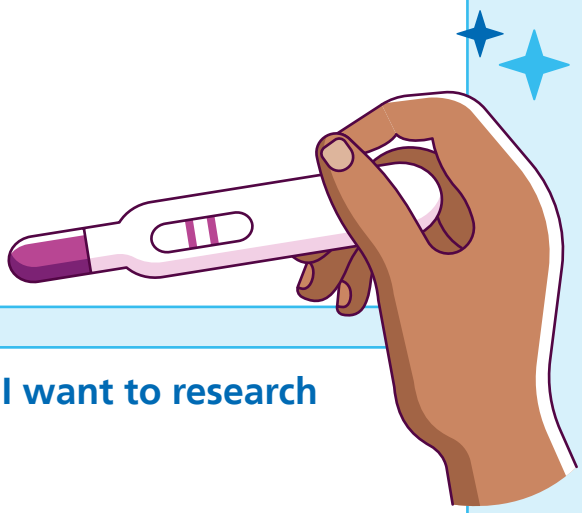
What will happen when I get checked in hospital? 30



My first trimester care plan

4 to 12 Weeks

What's important to me this trimester?



Questions

What are the Benefits of this choice?:

What are the Risks of this choice?:

Are there any Alternatives?:

What does my Intuition say?:

What happens if I do Nothing?:

Things I want to research

Early pregnancy 4 - 12 weeks



Information:

- We aim for you to first see a midwife by 10 weeks of pregnancy.
- Everyone experiences pregnancy differently. It is common not to have many symptoms at this stage or to feel some very real symptoms. Both are normal.
- Read more in the NHS Best Start in Life week by week guide here: **www.nhs.uk/best-start-in-life/pregnancy/**
- Do you need help making positive lifestyle changes such as eating healthily or staying active? For more support and information, please see the NHS website: **www.nhs.uk/pregnancy/keeping-well/**
- For support to stop smoking your midwife can refer you to our specialist team, or you can self-refer by emailing: **Leedsth-tr.stopsmokingservice@nhs.net**
- We recommend you do not drink any alcohol or take any non-prescribed drugs during pregnancy, please be open with your midwife if you are struggling with this. Find more information here: **www.nhs.uk/pregnancy/keeping-well/drinking-alcohol-while-pregnant/**

  or get free support locally here: **www.forwardleeds.co.uk/**
- Download the **get U Better app here** - a free, NHS-recommended digital self-management platform for muscle, bone, joint (MSK) injuries, and women's pelvic health. Your midwife will talk to you about this. They can also refer for any pelvic floor dysfunction symptoms or physio related concerns for all of the antenatal period and up to 12 months post birth.
- We also run an antenatal pelvic health physio session 1 x week online which patients can **book onto using Eventbrite here**. This goes through common complaints during pregnancy and things to do to prevent onset of symptoms.



Useful information

Information:

- What screening tests are offered in pregnancy?
- Antenatal test results can sometimes be challenging - ARC (antenatal results and choices) are here to help
- Are you taking folic acid and vitamin D?
- Get support and information on pregnancy sickness here



Pelvic health and wellbeing during pregnancy and after birth



Scan the QR code or click the link below to access a series of videos on **Pelvic Health and Wellbeing During Pregnancy**:

- Pelvic floor exercises
- Perineal massage
- Pain management and would care
- Looking after your stomach muscles
- Back and pelvic pain care
- Posture and Positioning
- Returning to exercise

Pelvic girdle pain can be common in pregnancy, you can self refer for physiotherapy **here**:

You can be referred by your midwife, GP, or another healthcare professional to our **obstetric physiotherapy service**.

You can also self-refer to our obstetric service by **filling in our self-referral form**.



Feeling your baby move is a sign that they are well

Most people usually begin to feel their baby move between 16 and 24 weeks of pregnancy. A baby's movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses.

Contact MAC immediately if you think:

- **your baby is moving less than normal**
- **baby's movements feel weaker than normal**
- **baby has stopped moving**
- **you just think something is wrong.**

This may be a sign that they are unwell and need to be checked as soon as possible.

This could save your baby's life. It is important to get checked straight away, even if you have not had any problems before.

Contact the Maternity Assessment Centre (MAC) any time of day or night if you are concerned about your baby's movements



There are staff on the hospital maternity unit 24 hours a day, 7 days a week.

If you are away from home, you can visit any maternity unit.

DO NOT WAIT until the next day to get checked if you think your baby is moving less than normal, their movements feel weaker than normal or they have stopped moving.

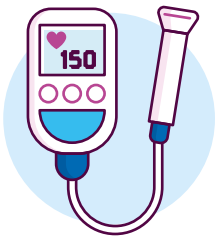
For more information on Baby Movements in Pregnancy, visit **Tommy's Pregnancy Hub here**.

What will happen when I get checked in hospital?

If your doctor or midwife wants to do different checks, they should explain the medical reason why. You can still ask for the checks and tests in this leaflet too.

24 - 26 weeks pregnant

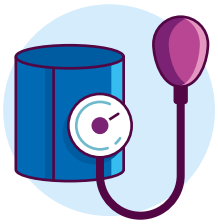
A midwife or doctor will:



Listen to your baby's heartbeat



Ask about your baby's movements



Check your blood pressure



Check your urine

26 weeks onwards

A midwife or doctor will **also:** monitor your baby's heart rate and movements using a CTG monitor - a machine this is strapped to your stomach and shows your baby's heartbeat.



What will happen next?: If your doctor or midwife has any concerns, they will talk to you about what should happen next.

You should not be sent home until:

- You feel reassured by any tests or checks
- You understand what is happening and the next steps

If the tests show any problems, you should not be sent home without a clear plan.


Your baby
is the size of
an avocado at
16 weeks

Section 3

Mid-Pregnancy (12 -28 weeks)

My second trimester care plan 33

The second trimester 12 to 28 weeks 34

Deciding where to have your baby 36



My second trimester care plan

12 to 28 Weeks

What's important to me this trimester?



Questions

What are the Benefits of this choice?:

What are the Risks of this choice?:

Are there any Alternatives?:

What does my Intuition say?:

What happens if I do Nothing?:

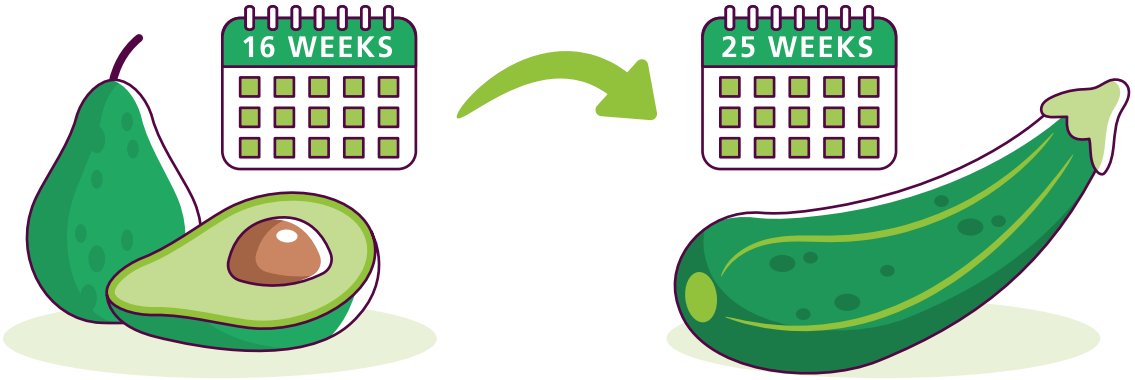
Things I want to research

Mid-Pregnancy: 12 to 28 weeks



Information:

- Your baby will grow from the size of an avocado at 16 weeks to the length of a courgette at 25 weeks.



- It is recommended that you see your midwife 2-3 times during this period and you will also be offered a scan between 18-22 weeks. **Read more here**

- You might be feeling a lot of different emotions at this time. **You can find more information here**

Questions for my midwife

If there is a higher chance that you could develop gestational diabetes, you may be offered a 'glucose tolerance test' (GTT) around 26 weeks.





If your midwife has recommended you take aspirin, start taking it at

12 weeks



Things to remember

Information:

- Consider booking antenatal classes **here**
- Healthy Start **website**
- Sure Start Maternity Grant **here**



Deciding where to have your baby

Your maternity team will discuss your options with you and make a recommendation about where is safest for you to have your baby. There may be times when a location isn't recommended for you.



Further details of each option can be found **here**.

Directions, addresses and location information for maternity wards can be found **here**.

Find tours of our hospitals on our social media pages:

Facebook

Instagram



Section 4

Later Pregnancy (28 - 42 weeks)

My third trimester care plan 38

The third trimester 28 to 42 weeks 39

Thinking ahead – routine care in labour 42

Your guide 42
Maternal observations 42
Fetal heart rate 42
Abdominal palpation 43
Vaginal examinations 43

Are you planning an induction or caesarean? 44

Safer sleeping information 45

Feeding your baby 46

Why breastfeed? 46
Good for you 46
Good for baby 47
Preparing to feed your baby during your pregnancy 48

When your baby is born 50

My third trimester care plan

28 to 42 Weeks

What's important to me this trimester?

Questions

What are the Benefits of this choice?:

What are the Risks of this choice?:

Are there any Alternatives?:

What does my Intuition say?:

What happens if I do Nothing?:

Things I want to research

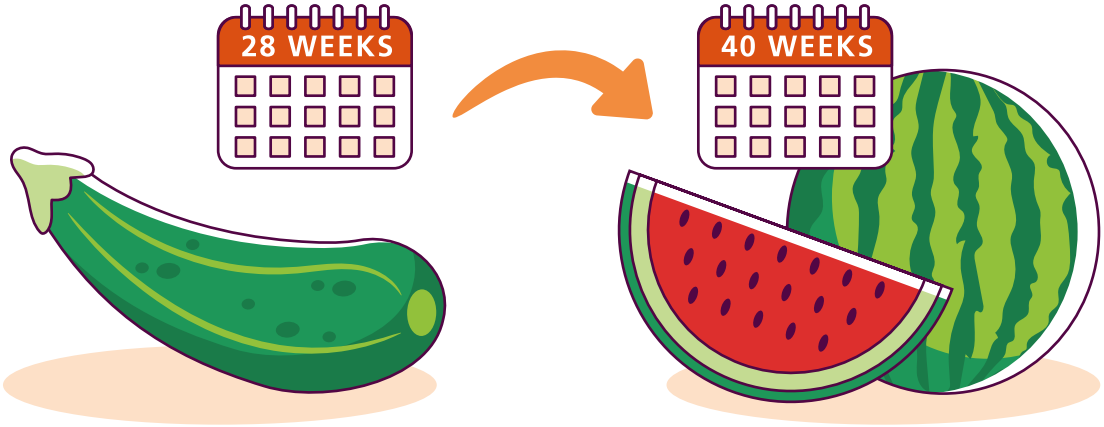


The third trimester 28 to 40 weeks



Information:

- During this time baby will grow from the size of a courgette to the size of a melon. They grow quickly, laying down fat ready for birth.



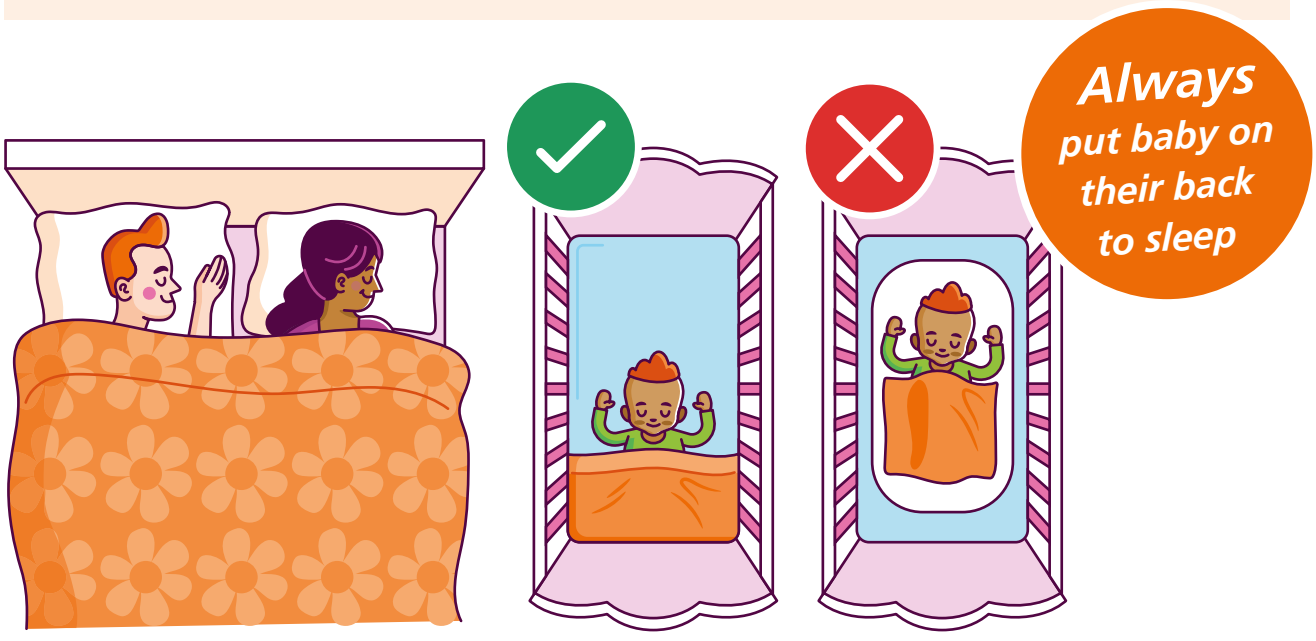
- There's a lot to think about at this stage of pregnancy and you might be experiencing many different symptoms.
- Make sure you know how to contact your chosen maternity unit for urgent advice.
- It's normal for pregnancies to last longer than 40 weeks and unusual for babies to be born on their 'due date'.

Questions for my midwife

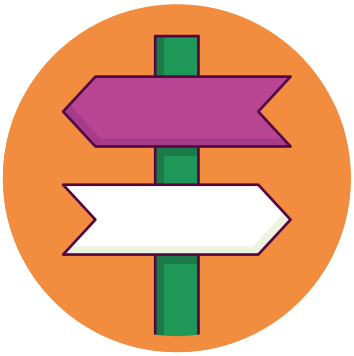
Things to think about

Information:

- How would you like to feed your baby and where to find help and support with this? Find out more **here**
- **Safe sleeping - Lullaby Trust**
- Now is a good time to consider what support you need to get things off to a good start - there is more information here about building a close and loving relationship with your baby **here**
- Do you understand what is meant by induction of labour and why it might be suggested? How would you feel if it was offered to you? Find out more **here**
- Preparing for Caesarean birth if you are planning an elective caesarean. Find out more **here**



Considering your birth choices



People can feel lots of emotions when looking ahead to their labour. It is very normal to feel excited and nervous at the same time. A birth plan is a great way to share your hopes and choices for your birth - what you include in it is up to you and you can change your mind at any time. You can also choose not to have a birth plan if you prefer. If you wish to make a birth plan, your midwife will usually discuss this with you around 36 weeks.

Tommy's charity provide information and advice on making your birth plan here.

Being flexible

Things do not always go to plan during pregnancy or labour. You will need to be prepared that things may not happen just as you had hoped. Do not worry too much about trying to cover all the things that could happen in your birth plan. Your midwife or doctor will involve you and your birth partner in any choices that need to be made on the day.

Changing your mind

You can change your mind about your birth choices at any time. That even applies during labour. For example, you may find on the day that you do not want a water birth or that you want an epidural after all. Never be afraid to ask.



It is important to be involved in the choices and decisions for your care at each stage of your maternity journey. Please tell us what matters to you! Find out more about planning your care here.

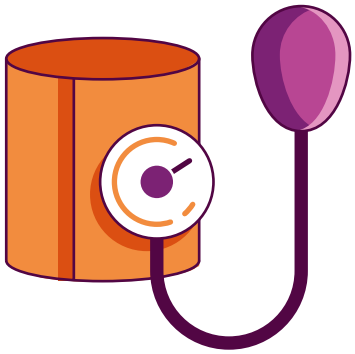
Thinking ahead - Routine care in labour

Your guide

Along with emotional support, guidance and advice, your midwife will offer the following clinical observations in labour.

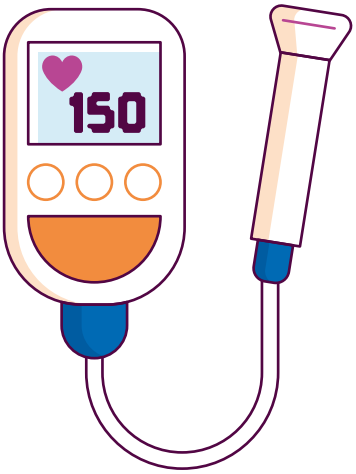
Your consent is needed for any procedure.

Maternal observations



Taking your blood pressure, temperature and pulse will tell us if your body is coping with labour and checks for signs of infection or pre-eclampsia and other complications. **These are done on arrival, then every 4 hours or sooner if any concerns.**

Fetal heart rate



Intermittent monitoring is recommended if you have a low chance of complications in labour. Using a small handheld device called a Sonicaid, it picks up your baby's heartbeat so your midwife can listen to it. This helps check that your baby is coping with labour. If concerns arise, continuous monitoring may be recommended.

This is offered on arrival, then every 15 minutes during the first stage of labour and every 5 minutes during the second stage.

Further details of each option can be found here.

Continuous electronic fetal monitoring (also known as a 'CTG') is recommended if you have had problems in your pregnancy or there are concerns about how your baby will cope with labour.



Care will be personalised to you and your baby's needs. CTG is not available at home or in a birth centre. Continuous fetal monitoring involves your midwife attaching two flat sensors across your abdomen using elastic straps. These are attached to a monitor that shows your baby's heartrate and your contraction pattern continuously. Sometimes it can be difficult to monitor your baby's heartbeat with abdominal sensors. If this happens, a fetal scalp electrode (FSE) which attaches to your baby's head may be offered. We will ask for your consent to attach this during a vaginal examination.

Abdominal palpation



Gently feeling your abdomen and measuring with a paper tape measure guides us on the size and position of your baby. Feeling your contractions helps us to understand how strong they are and how long they last. A full palpation is offered every 4 hours, midwives will offer to feel your contractions every half an hour.

Vaginal examinations

With your consent, a vaginal examination involves a midwife or doctor inserting two fingers into your vagina to check the thinning and opening of your cervix, and can also tell us baby's position. This is offered on arrival, then every 4 hours in labour to check for regular progress. Steady progress could tell us there is a problem which may put you or your baby at risk. These exams are kept to a minimum as they can be uncomfortable and could introduce infection if done too frequently.

Please let your midwife or doctor know if you think you may find these examinations difficult.

Are you planning an induction or caesarean?

Have you had a caesarean during a previous birth?
You may find the below information useful:

Pregnancy and giving birth after a caesarean

Having a Caesarean Section

Induction of labour

Book onto an online 'Birth After Caesarean' education session **here**

You can access specific contraceptive options during your caesarean birth **here**





Safer Sleeping Information



The safest place for baby to sleep at every sleep, is on their back, in a clear cot or sleep space, in the same room as their parent or main caregiver, for the first 6 months.

Lullaby Trust provide expert advice and guidance on safer sleep for babies **here**.

DO:

- Always place your baby on their back to sleep
- Keep your baby and their environment smoke-free during pregnancy and after birth
- Place your baby to sleep in a separate cot or Moses basket in the same room as you for the first six months
- Breastfeed your baby if you can and choose to
- Use a firm, flat, waterproof mattress in good condition

AVOID:

- Never sleep on a sofa or in an armchair with your baby
- Don't sleep in the same bed as your baby if you smoke, drink or take drugs or are extremely tired, if your baby was born prematurely or was of low birth-weight
- Avoid letting your baby get too hot
- Don't cover your baby's face or head while sleeping or use loose bedding
- Remove all pillows, soft bedding, cot bumpers and soft toys from the cot

For more information on safer sleep for babies, check out the parent and carers guide on the **Lullaby Trust Website**.

Feeding your baby

Why breastfeed?

- Breast milk is uniquely suited to a human baby. **Find out more here**
- Breastfeeding has enormous benefits for the baby's health and your health. It is also a low cost feeding option.
- Any amount of breast milk you can give your baby will have benefits.



Breastmilk and breastfeeding - A simple guide by the First Steps Nutrition Trust is available **here**.

Supporting early lactation for mothers leaflet **here**.



Good for you

Breastfeeding also protects a mother's health. The longer you breastfeed the greater the benefits. **Breastfeeding mothers have a lower risk of:**

- breast cancer
- ovarian cancer
- osteoporosis
- cardiovascular disease
- obesity

Good for baby

Breastfeeding babies have:

- reduced risk of infections
- reduced risk of obesity, type 2 diabetes and heart disease
- reduced likelihood of allergies and asthma
- better oral health (teeth)
- reduced likelihood of sudden infant death syndrome.



Breastfeeding is good for the planet!



Help and support is available if you experience any common problems here.

Preparing to feed your baby during your pregnancy



Information:

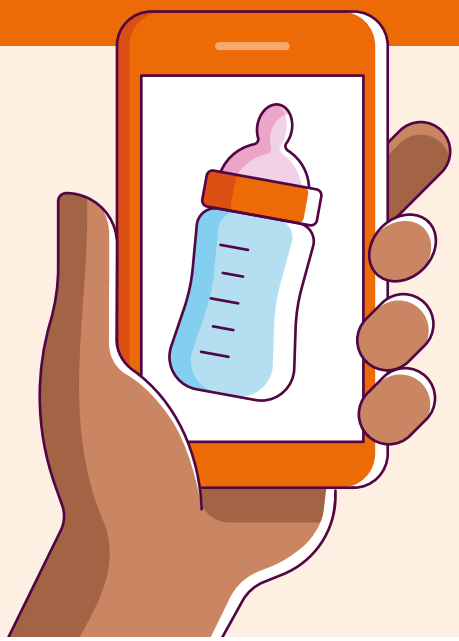
- Your midwife will talk to you about your feeding choices and creating a **close and loving relationship** with your baby. This begins while you are pregnant!
- Consider booking onto **Preparing to breastfeed class**, where you can meet our Specialist Infant Feeding Midwives.
- Think about attending a local breastfeeding peer support group. More information on these is **available here**.
- **Breast feeding a quick guide by UNICEF.**



Information on bottle feeding

Information:

- Bottle feeding - UNICEF UK Baby Friendly Initiative **Guide to Bottle Feeding**
- Breastfeeding - UNICEF UK Baby Friendly Initiative **Foreign Language Resources**





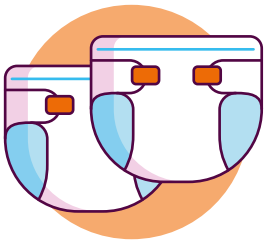
When your baby is born



Skin to skin contact after birth has benefits for you and your baby, and babies will often initiate their first breastfeed in skin to skin contact. Sometimes skin to skin isn't possible immediately after birth, and that's ok too.

Our staff will support you having skin to skin at the earliest opportunity and work with you to achieve your feeding goals.

Your midwife or maternity support worker will regularly undertake a 'feeding assessment' that takes into account:



The number of wet and dirty (stool) nappies your baby has in 24 hours



Babies sucking pattern during feeding



Feed frequency and duration



Positioning and attachment



Your comfort and baby's feeding behaviour


Having a baby is a hugely significant life event!

Section 5

Postnatal - After Birth (0 - 12 weeks)

My postnatal after birth care plan 53

The fourth trimester after the birth of your baby 54

Your care following birth 55

After the birth of your baby 57

Jaundice in newborn babies 58

Spotting infections in babies 59

Important symptoms to recognise in yourself 61

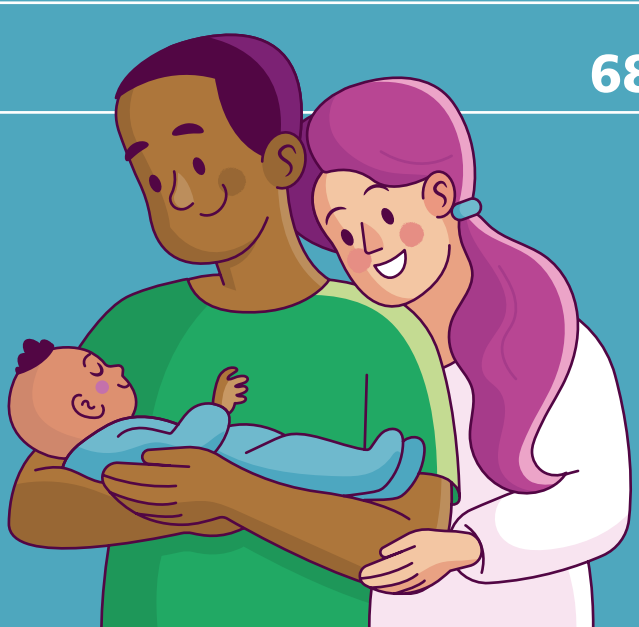
Looking after your caesarean wound 62

Looking after your perineum 63

Perinatal Physiotherapy Service 64

New baby to-do-list 66

Feedback 68



My postnatal after birth care plan

0 to 12 Weeks

What's important to me after birth?

Questions

What are the Benefits of this choice?:

What are the Risks of this choice?:

Are there any Alternatives?:

What does my Intuition say?:

What happens if I do Nothing?:

Things I want to research

You may feel a bit down, tearful or anxious in the first week after giving birth. This is normal.

If these feelings start later or last for more than 2 weeks after giving birth, it could be a sign of postnatal depression.

Postnatal depression and anxiety are common, and there is support and treatment. Speak to your midwife, GP or health visitor as soon as possible if you think you might be depressed or anxious.

After the birth of your baby



Information:

- Having a baby is a huge life event and you'll never know how you will feel until it happens.
- The fourth trimester is the first 12 weeks of life after birth. This time is a big change for both you and your baby and can bring about many different emotions.
- In this section are a few things you might want to think about and discuss with your midwife, partner if you have one, family or friends before your baby arrives.

Questions for my midwife

Call the Maternity Assessment Centre (MAC) with any urgent concerns about yourself or your baby up to 42 days of age. After 42 days call **111** or contact your GP. For emergency medical help - always call **999**.

Your care following birth



Information:

- If you are giving birth in hospital, most people will come home with their baby shortly after the birth. Sometimes a longer stay is required or babies may require care on our specialist neonatal unit.
- You may know if your baby is expected to spend some time in the neonatal unit or this may be unexpected. For more information and support check out:

  Neonatal Parents and Families in Yorkshire and Humber **Facebook page**

  The Yorkshire and Humber Neonatal Operational Delivery Network **here**

  If your baby is born early there is also the **Tommy's Charity**

- You will be seen by your midwifery team a few times after birth and will remain under the care of midwifery services up to 28 days. There is a guide to these appointments on the following page. There will also be the opportunity for you to attend some group appointments where you can meet other parents with new babies.



Information:

- You will be offered some **screening tests for your baby** around 5 days following the birth. Scan the QR code for further information.
- If you have had a tear or episiotomy during birth, a midwife should offer to check your perineum before you leave the hospital, to ensure it is healing well. The midwife will also offer to check your perineum at home.
- Your health visitor will offer to see you between 10-14 days after birth, and may also see you once during your pregnancy.

Birth Reflections:

Some people may feel that their birth was psychologically traumatic. Trauma is personal to you.

If you feel you or your partner would find it helpful to talk through the birth, please refer yourself to our **Birth Reflections Service**. The service is for anyone who has given birth at Leeds hospitals and/or their birth partners.

You can also speak to your midwife to be referred to the clinic, or self-refer by emailing us on:

leedsth-tr.birthreflections@nhs.net



After the birth of your baby



When	Reason for appointment	My appointments date / time / venue / with
After birth First day after coming home	Postnatal check +/- Newborn infant physical examination	
Day 3	Postnatal check +/- baby weight dependent on feeding method	
Day 5	Postnatal check, baby weight and new-born blood spot screening	
Day 14-16	Postnatal check and baby weight and discharge	
Day 12-16	Health visitor appointment hearing screening	
6-8 weeks	GP check	
6-8 weeks	Health Visitor	

Once you have had your baby you will continue to receive care from your midwifery team. **This may not be your named midwife as they do not work every day.**

If this is your first baby a midwife will see you the day after you come home. If this isn't your first baby then a midwife may talk with you on the phone and assess whether you need to be seen that day. Your midwife will check how you feel, ask if your breasts are comfortable, assess your blood loss, offer to check stitches if you had them, offer support with feeding and discuss safer sleeping and coping with a crying baby.

You may be invited for a newborn infant physical examination (NIPE) check for your baby if this was not done in hospital. You may need to travel for this and it should ideally take place within 72 hours of birth.

Once your baby is between 2-4 weeks old you will be invited to a discharge clinic where your baby will be weighed by a midwife and you can discuss any concerns or questions you have. The midwifery team will give you some health promotion information and you will be discharged to the care of the health visiting team.

Jaundice in newborn babies

Jaundice in babies (newborn jaundice) is a common condition that causes yellowing of your baby's skin and eyes. It usually develops in the first few days after birth and often gets better without treatment.



Your midwife or healthcare team will monitor your baby for signs of jaundice and will offer extra screening if necessary. A few babies will require treatment for jaundice with special light treatment called phototherapy.

Information on recognising Jaundice in Black and Brown babies can be found here:

Spotting infections in babies

It can be difficult to tell when your baby has an infection, as infections can cause lots of different signs and symptoms and babies can't say how they feel. It is important to trust your instincts and, if you feel that something is 'not quite right' with your baby, seek help from your midwife, health visitor, GP, NHS 111 or visit an emergency department if you are very worried.

These are some important signs and symptoms to look for that might mean your baby has an infection:

Useful resources

Lullaby Trust Baby Check

ICON: Babies cry, you can cope

If your baby...

is difficult to wake



appears floppy



is irritable and will not settle



has a mottled or blotchy appearance



You should also keep an eye on your baby's wet nappies and feeding and speak to a health professional if they have had fewer than 2-3 wet nappies in a 24-hour period.

has difficulty breathing, is breathing fast or noisily, is 'sucking in' under their ribs or is grunting or wheezing



has a rash, or sores / blisters on the skin, eye or inside the mouth, or around their tummy button



has a high or low temperature (above 38°C) or below 36°C), or their body is cold to the touch



has a high-pitched or abnormal cry



...they might have a serious infection

Remember, you know your baby best so you are well placed to notice if there are changes in their wellbeing or behaviour. It is important to get help if you are concerned that your baby might have an infection.

Things to think about

Information:

What to expect in the **first days and weeks**

Your **post-pregnancy body**

Support for your mental health **Leeds Mental Wellbeing Service**

ICON - coping with a crying baby

Making sure your baby sleeps safely - **Lullaby Trust**

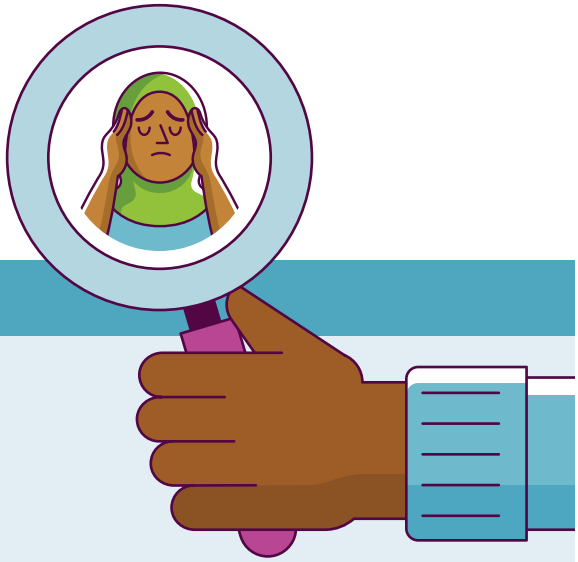
Sex and contraception after birth

- Support with feeding your baby: National Breastfeeding Helpline **0300 100 0212**



Drop in baby weighing clinics and breastfeeding peer support groups are run regularly in local family hubs - **find more information here**.

Important symptoms to recognise in yourself



Information:

- Stomach pain or unpleasant vaginal discharge
- A high temperature (above 38°C) or a low body temperature (less than 35°C), chills and shivering, a fast heartbeat, problems or changes to your breathing
- A headache and changes in vision, nausea or vomiting
- Pain, swelling or redness in the calf muscle of one leg
- Feeling or acting differently from normal- you do not seem your normal self



Call 999 if you have any of the following:

- sudden or very heavy blood loss and signs of shock, such as faintness, dizziness, or if your heart starts beating very fast
- difficulty breathing, feeling short of breath or having chest pain

Looking after your caesarean wound

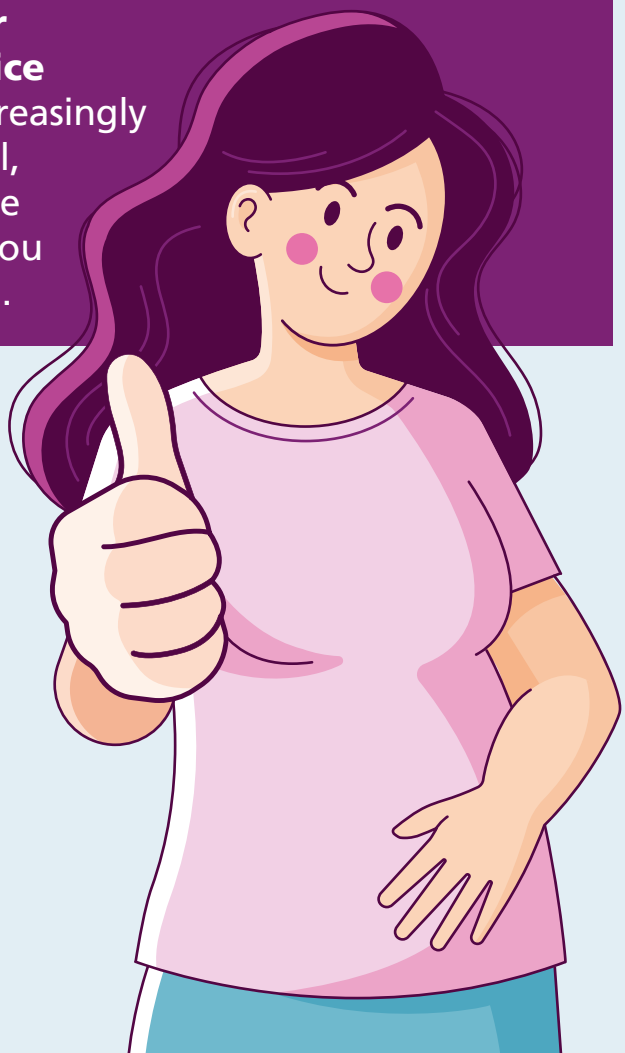


If you have had a caesarean birth, it is normal for your wound to feel slightly sore, tender, numb or itchy as it heals.

- Keep it clean and dry. Gently wash with water and pat dry.
- Wear loose, comfortable clothing and take pain relief as advised.
- Keep gently mobile, but rest when you need to and avoid heavy lifting.
- Avoid creams or products on the wound unless advised by your healthcare professional.

Ask your midwife, GP or maternity team for advice if your wound becomes increasingly red, swollen, hot or painful, opens, develops a discharge or unpleasant smell, or if you have a fever or feel unwell.

Be kind to yourself — healing takes time, and it's okay to ask f or help.



Looking after your perineum



After a vaginal birth, its common for your perineum to feel a little sore, bruised and swollen. If you have had stitches, they will usually dissolve as you heal.

- Wash gently with warm water and avoid perfumed products.
- Pat dry and change your maternity pad regularly.
- A wrapped cold pack can help with swelling and discomfort.
- Drink plenty of fluids and eat fibre-rich foods to help prevent constipation.
- Start gentle pelvic floor exercises when you feel ready.

Ask your midwife, GP or maternity team for advice if pain or swelling is getting worse, stitches appear to open, you notice an unpleasant smell or discharge, or you have a fever or feel unwell.



Perinatal Physiotherapy Service



The specialist perinatal physiotherapy team provide specialist care and advice to help you manage any pelvic floor dysfunction symptoms or physiotherapy related concerns throughout pregnancy and for the first year after birth. You may be referred by your midwife, GP or another healthcare professional to the perinatal physiotherapy service or contacted by the team after your birth to offer support.

Alternatively, you can self-refer by completing the self-referral form or contact the team by telephone on: 0113 202 4523

If you begin to experience any of the symptoms below, speak to your midwife or GP as support is available.



If you begin to experience any of the symptoms below, speak to your midwife or GP as support is available.

Symptoms may include:



- Change or loss of bladder sensation or not feeling empty after a wee
- Constipation or difficulty with bowel movements (a change in your normal poo habits)
- urinary incontinence (leaking wee, needing to wee urgently or being unable to control when you wee)
- faecal incontinence (leaking poo, having staining in underwear or being unable to control when you poo or pass wind)
- pain during sex
- a heavy sensation or a bulge inside your vagina or anus

After the birth of your baby:

- pain, heat, redness, swelling or discharge at the wound site
- painful stitches or wound opening

More information about the Perinatal Physiotherapy Service at Leeds can be **found here**:



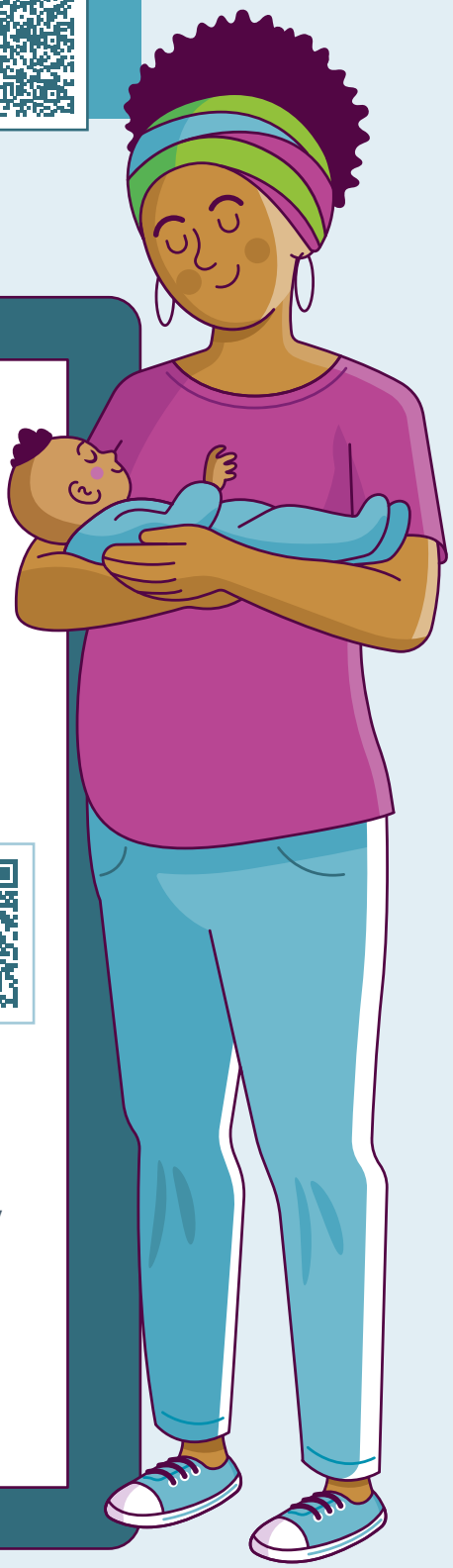
If you need urgent care or advice please contact the Maternity Assessment Centre (MAC):

Maternity Assessment Centre (MAC):
0113 392 6731 (open 24/7)

New baby to-do list

Contacting a Health Visitor

The **0 to 19 PHINS** is a team that supports children and families to stay healthy. We want every child to grow up happy, healthy, and well.



- ☐ Register the birth with the council (you have 6 weeks).
- ☐ Register baby with GP - most GPs have online registrations or collect a form from their reception.
- ☐ Book 6-8 week GP Check.
- ☐ Think about contraception - find out more **here**.
- ☐ Remember your pelvic floor exercises!
- ☐ Vitamin D for your baby if exclusively breastfeeding
- ☐ Are you due a smear test?

Your voice matters

LEEDS Maternity & Neonatal Voices
Working in partnership to improve maternity & neonatal services

The **Maternity and Neonatal Voices Partnership** listens to the experiences of Leeds service users, and ensures their voices are heard by LTHT staff, to shape services for the better.

You can share any feedback about your experience with us, whether by email, phone call or in person. Please do get in touch – nothing you have to share is too small!





Pregnancy



Birth



Postnatal



Neonatal



Contact us

Instagram: @leedsmnvp_chair

Email: mnvp@womenshealthmatters.org.uk

Feedback

We would love to hear any feedback on your care. Your voice matters and helps us to make positive changes. Follow the links here to find out different ways to give us feedback.



Complete our feedback survey **here**:

If you would like to raise a concern or complaint about your maternity care, please contact the **Patient Advice and Liaison Service (PALS)** team:

Email: leedsth-tr.patientexperience.leedsth@nhs.net

Telephone: 0113 206 6261

Textphone: 07468 753 025 (if you are D/deaf or speech impaired)





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