Welcome to Lady Mary Ward

Lady Mary Ward is a Postnatal Ward caring for up to 27 mothers and their babies. During your stay you will be cared for in one of six bays or, if clinically needed, an individual side room. Each bay has at least one toilet/shower room available and side rooms have en suite facilities. Individual side rooms are prioritised for those with specific clinical needs, but can be used as an amenity room at the cost of £150 per night if available. Should a clinical need arise, you may be asked to vacate the room, but would not be charged in this circumstance.

You will be cared for during your stay by a team of midwives and maternity support workers. While an inpatient you will receive a daily postnatal examination. Your baby will receive a daily newborn and feeding assessment. You are likely to be seen by a hearing screener and a midwife or doctor trained to perform the newborn examination (NIPE). We aim for all babies to have hearing screening and NIPE before discharge home, but this screening can occasionally be arranged to take place in the community. Eligible babies will be offered BCG vaccination before discharge home. Depending on your and your baby’s needs, you may also be seen during your stay by a women’s health physiotherapist, obstetrician, neonatal doctor, anaesthetist, nursery nurse or other doctors.

Handover between day and night teams take place from 07:45 to 08:15 and at 19:45 to 20:15. Please try to avoid interrupting handover, so that your named midwives can focus on your plan of care.

Your bed space and your belongings

Each bed space has a bed, cabinet, table, chair and a cot. Please place belongings in the cabinet, under the cot, or on/under the chair. Bags and belongings must not block access to the bed, as staff may need to give care to you in an emergency. Please arrange to have items taken home that you are no longer using, as lots of large bags can become hazardous. We advise that car seats are not brought in to the hospital until the day you are being discharged, due to space constraints. Each bed area has a buzzer to help you get assistance from the ward staff. You are also welcome to come to the midwives’ station, where questions can be answered.

Portable electrical items, such as mobile phones, require visual inspection by a member of the ward staff before being plugged in, and should not be left charging at night or unattended. All items including phones are brought in to hospital at your own risk and the Trust is not able to take responsibility for any lost or damaged items. Please bring in your own toiletries, sanitary towels, cotton wool and nappies for your baby. If you have made a decision to bottle feed infant formula, please supply cartons of sterile formula for this purpose as we do not have facilities to make up powered milk on the ward.
To reduce the risk of slips, trips or falls appropriate footwear must be worn when moving around the ward. If your baby is being moved from one area of the ward to another please use the cot, and do not carry your baby around the ward. Please ensure that your baby is in the cot and not in the bed when you are sleeping.

**Meal times**

The ward can offer you three meals a day, all meals are self-service and partners/visitors are able to collect meals on your behalf. If you require assistance with getting a meal, please use the call bell and ask a member of staff for assistance. All meals can be collected from the dining room (see map). Meals can be eaten by the bed or in the dining room. **Food is for mothers only.**

- **Breakfast (Toast, Cereals, Fruit) 06:00 to 10:00**
- **Lunch (Hot food or Sandwiches) 12:00 to 12:45**
- **Dinner (Hot food or Sandwiches) 17:00 to 17:45**

Tea, coffee and hot chocolate are available at any time from the dining room, and there are two cold water machines, with squash or fruit juice located at either end on the ward, one outside the dining room, and one by bay 9.

**Visiting times**

Open visiting for partners/designated single visitor.

14:00 to 19:30 - Maximum two additional visitors at your bed space.

No children to visit at any time, except the patient’s own children (08:00 to 19:30). All children must be under the supervision of an adult while on the ward.

Visiting may be reduced in some periods to prevent spread of infections such as Norovirus (winter vomiting). No one should visit if they are unwell.

**Infection control**

Hand washing facilities are available throughout the ward, including hand gel. Please regularly wash your hands with soap and water, to prevent the spread of infection, and encourage your visitors to do the same.

For infection control reasons, no visitors should be sitting or lying on the patients beds, including partners.

Women or babies who require isolation from the main ward due to concerns about a spread of infection, will be cared for in a side room and clear signs will specify instructions to your visitors.
Medication

On arrival to the ward you will be assessed as to whether you are able to administer your own medication. If you would like to do so, you will be provided a key to your bedside locker, the regular medications you have been prescribed and a chart to record what you have taken. More guidance is available in a separate leaflet.

If you are not able or do not wish to self-administer, or your medications are not suitable for self-administration, they will be administered by a midwife at the prescribed times.

If you require additional pain relief please ask a member of staff.

Safety and security

The main doors into the ward are locked at all times. Staff access the ward by using ID badges. Patients and visitors are asked to ring the doorbell and await a response, which is as prompt as possible but may involve a short wait. Visitors are asked to identify themselves and the patient they are visiting. Visitors who are also CUH staff members must visit during normal visiting times and ring the doorbell, not use their ID badge.

No babies are to go off the ward until they are discharged, unless arranged for medical reasons. This is to ensure that staff know their whereabouts at all times, especially in the event of fire. It also reduces the risk of infection to other babies on the ward.

Do not sleep with your baby in the bed while on the ward. Staff are always happy to help lift your baby, or put your baby back in to their own cot, to reduce the risk of sudden infant death, or the risk of them falling out of mum’s bed.

Your baby should have two ID bands on at all times, and you should have at least one. These bands will be scanned if drugs are administered or blood taken. Your baby’s electronic patient record and ID bands will have the same surname as you whilst in the hospital, to ensure we can match mothers and babies.

For your safety and the safety of patients in your bay, we ask that curtains remain open unless you require privacy for feeding, having a procedure or undressing. This allows staff to have a clear view of all the patients on the ward.

Information about you and your baby is kept confidential. If you wish to speak with the midwife privately, please make a member of staff aware. We are not able to give out information to your relatives over the phone.

Physiotherapy

Physiotherapists routinely see mothers who have had a caesarean section, instrumental delivery or third degree tear. If you would like to see the physiotherapist, please let your midwife know, and where possible she/he will try to arrange this.

Pelvic floor exercises are extremely important after having your baby. Your pelvic floor muscles span the base of your pelvis. They help to keep your pelvic organs in the correct position, tightly close your bladder and bowels to stop incontinence, and help with sex.
You need to practice short and long squeezes of your pelvic floor.

**Short squeezes** – squeeze and lift your pelvic floor muscles and then relax, repeat this until your muscles get tired.

**Long squeezes** – squeeze and lift your pelvic floor muscles and hold for several seconds, then relax for several seconds and repeat.

Aim to do your pelvic floor exercises at least three times a day. You may find it easier to do them lying down to start with. As your muscles improve, aim to do the exercises in other positions, such as standing.

After caesarean section, deep breathing exercises are important for keeping your chest clear. If sitting up and well supported, practice taking a deep breath in, then holding it, count to three, and then slowly let the air out. Repeat this five times.

To clear your chest of any mucus, take a deep breath in, then breath out forcefully through your mouth, making a huff sound. Repeat this two or three times and then breathe normally.

Remember it is important to keep moving, even when in bed. When lying in bed move your feet up and down briskly (from your ankles) for at least 30 seconds every hour, to help your circulation. Try lying in different positions, including on your side. You may need to use your hands to support your stomach and around your scar.

When getting in and out of bed remember to take your time. The bed height can be adjusted using the handset to get it to a suitable height and the back rest positioned as needed. Getting out of the bed you may find it helpful to roll slightly on to your side, whilst pushing your body up with your arms.

When you are sitting on the edge of the bed, take a few moments to catch your breath before trying to stand up. You may need to support your tummy as you stand. If you feel dizzy, please call a member of staff, and do not stand until the dizziness has subsided.

**Care of your baby**

We will support you to care for and feed your baby, providing information and education in line with Unicef Baby Friendly Initiative standards. Every mother and baby will have a feeding assessment daily, support with feeding as needed and information about feeding before going home.

Lady Mary Ward also cares for babies alongside their mothers, who are premature (from 35 weeks gestation), having phototherapy for jaundice or having IV antibiotics. These babies may receive care from a nursery nurse as well as midwives and will have input from a neonatal doctor.

**If your baby is on NICU**

The ward also cares for mothers whose babies are on the neonatal unit (NICU). If this is your situation, we will endeavour to accommodate you in a bay without babies, but this is not always possible.
We would like you to help you focus on being a parent rather than a patient, and we know a mixed postnatal ward is not the best place for well mothers of babies on NICU. When you are clinically fit, we will discuss with you discharge home and the support available for expressing and being with your baby on NICU. Limited onsite accommodation may be available, with priority given to those who live furthest from the hospital.

**Transferring to Charles Wolfson Ward**

If you are fit for discharge, but your baby requires continued care, we will aim to transfer your baby to Charles Wolfson Ward. You can be discharged as an inpatient and continue to stay with your baby on Charles Wolfson Ward. A bed, bathroom and kitchen facilities are provided for you. Visiting for partners on Charles Wolfson Ward does not include an overnight stay, but is possible throughout the day. On this ward your baby is cared for by paediatric nurses expert in caring for newborn babies and infants up to one year of age and able to provide feeding support.

You will have a midwife visit to Charles Wolfson Ward on the day after your discharge from Lady Mary Ward, and can access midwifery advice via the Maternity Assessment Line on 01223 217217 just as you would from home. You will be discharged with prescribed medications and can bring in over the counter pain relief if required.

**Feedback**

If you have any feedback for the ward staff, please speak with the midwife caring for you or the midwife in charge of the shift.

You will be asked to complete the friends and family questionnaire to give feedback about your stay. You may also communicate compliments or concerns to the Patient Liaison Service (PALS), Box 53, Cambridge University Hospitals NHS Foundation Trust, Hills Road, CB2 0QQ.

We are a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

**Other formats:**

If you would like this information in another language or audio, please contact Interpreting services on telephone: 01223 256998, or email: interpreting@addenbrookes.nhs.uk For Large Print information please contact the patient information team: patient.information@addenbrookes.nhs.uk
Appendix

When can I go home?

This checklist is designed to help you understand what should be completed prior to your discharge and what has been done so far. In some cases, Mothers and babies will need extra care and this will be discussed with you.

Mothers and babies have daily checks whilst in hospital and you can discuss the plan for discharge with your midwife. Discharge paperwork is completed by midwives once you and your baby or babies have been discharged to midwife led care and there are no other concerns requiring an inpatient stay.

<table>
<thead>
<tr>
<th>Mother</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have passed urine normally within four hours of delivery or catheter removal.</td>
<td></td>
</tr>
<tr>
<td>I have been given information about feeding my baby including knowing when to feed my baby and how to tell if my baby is having enough milk.*</td>
<td></td>
</tr>
<tr>
<td>If breastfeeding, I have completed a breastfeeding assessment at least daily with a member of staff (this can be found on page 17 of the Baby Postnatal notes).</td>
<td></td>
</tr>
<tr>
<td>I am feeling confident enough with feeding my baby to go home.</td>
<td></td>
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<tr>
<td>I have watched the discharge DVD (can be watched at any time).</td>
<td></td>
</tr>
<tr>
<td>I have completed the Friends and Family Feedback Questionnaire.</td>
<td></td>
</tr>
<tr>
<td>I have been discharged by a doctor to midwife led care (if necessary).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baby</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oxygen saturation screening completed.</td>
<td></td>
</tr>
<tr>
<td>Newborn Examination completed (eyes, heart, hips etc).</td>
<td></td>
</tr>
<tr>
<td>I have been offered a BCG vaccine for my baby and this has been given (if indicated).</td>
<td></td>
</tr>
<tr>
<td>My baby has been weighed if they are three days or five days old.</td>
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<tr>
<td>I have been offered the Newborn blood spot screening for my baby, if day five (see ‘Screening tests for you and your baby’ leaflet) and this has been completed.</td>
<td></td>
</tr>
<tr>
<td>My baby has been discharged by a doctor to midwife led care (if necessary).</td>
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</tr>
<tr>
<td>My baby has had a hearing screen (this can be completed as an outpatient).</td>
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</table>

*All of this information and more will be given at the daily breastfeeding workshop in the feeding room at 11:00. If you are bottle feeding your baby with infant formula we will make sure you have all the information you need before you go home.
The community midwife will be informed on the day of discharge that you have had your baby and you are now going home. You will then receive a visit at home the next day between 09:00 and 17:00, this includes Saturday and Sunday. If you have not received a visit before 16:00, please call the ward on 01223 217667.

There may be occasions where you have been discharged and your midwife asks you to sit in the feeding lounge, to await your medication or your transport home. This is to allow staff to clean the bed space, so that a new patient can be admitted.