

Looking after your skin in Labour and the Postnatal Period

Maternity

To be issued to patients in addition to the aSSKINg leaflet.



The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please wash your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell, please discuss with maternity triage/fetal assessment unit before attending
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.



Care Colleagues
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Introduction

You will soon be focusing on the arrival of your baby. This leaflet provides you with information to help protect your skin in labour and the postnatal period from damage / pressure ulcers.

What is a pressure ulcer?

A pressure ulcer can affect anyone of any age. It is a localised injury to the skin and / or underlying tissue, usually over a bony area. Damage results from pressure over time and dragging or rubbing of the skin.

Pressure ulcers can be painful and might mean you need to stay in hospital for longer.

What causes pressure ulcers?

There are various pressure points on the body including the back of the heels, shoulders, back of spine, buttocks (most common), toes, elbows and ears.

When the weight of the body is focused on one area, blood supply is limited and skin can be easily damaged.

The risk of pressure ulcers increases with:

- **Limited mobility:** When you can't move as much or being in the same sitting or lying positions for a long time
- **Shearing:** when skin drags over another surface, such as a bed sheet
- **Friction:** rubbing to the skin
- **Moisture:** damp skin from sweat, your waters (once broken) and blood loss.

How can this affect you in labour?

- Pressure can come from sitting or lying in one position for a long time
- Restlessness in bed can result in friction or shearing (dragging) of the skin
- Having an epidural or spinal for pain relief can make it harder for you to tell if an area is becoming sore. It can also make it difficult for you to move
- Moisture can occur when your waters break
- If you require a drip in labour or a urinary catheter these tubes might stop you moving around.

How can this affect you once your baby is born?

Recovering from an epidural or spinal will limit your ability to walk for a while once your baby has been born.

Especially after a caesarean section, it might be harder to tell if you are sore or requiring a pad change.

Pain can also stop you from wanting to move about as much.

You can help by:

- Keeping as mobile as possible before and during labour and after the birth of your baby
- If you have an epidural whilst you are in labour it is important to move at least every 2 hours. These don't need to be big movements, changing the position of the bed or a slight tilt to the side will make a difference
- Change pads regularly to reduce the moisture risk. Your midwife can support you with this and may encourage you if you have less sensation
- Following your birth, move about as soon as it's safe to do so to ease pressure and encourage blood flow, even if you have a urinary catheter in place. Your midwife can help you with this
- Make sure you drink plenty and eat well.

Your midwife will help by:

- Checking your skin regularly to see if you are at risk of developing a pressure ulcer and advise you if your skin changes
- Encourage and support you to move about and / or change position
- Help you to change your pads and change your bedding regularly during labour and after the birth of your baby
- Prevent damage caused by skin contact with your waters or blood loss by offering a barrier cream. If you need support to apply the barrier cream, ask the midwife to apply it as you may not be able to reach the area
- If you have a urinary catheter, your midwife will check that you are not sitting on the tube which can cause pressure damage over a long period of time.

Am I likely to get a pressure ulcer?

If you aren't able to move as much as usual, changing position regularly and looking after your skin will help us to help you prevent damage while you are in hospital.

Self-assessment for skin damage

Look or feel for:

- Changes in skin colour (turning red or dark)
- Grazes
- Hot to touch areas
- Shiny patches
- Blisters
- Hard, swollen or sore areas.

If you see any of these warning signs, talk to your midwife straight away.

Remember

- Changing position while you are in bed is really important to ease pressure and prevent damage to your skin
- Try to keep your skin dry
- If you have any questions or concerns please speak to your Midwife.

Useful contact telephone numbers

Maternity Triage Unit (MTU) 01922 656967 (open 24 hours)

Fetal Assessment Unit 01922 656249

(Monday - Friday 09:00am - 17:00pm, from 20 weeks gestation)

Useful websites for more information

NICE Clinical guideline CG179: Pressure ulcers: prevention and management:

Published: 23 April 2014 Overview | Pressure ulcers: prevention and management <https://www.nice.org.uk/Guidance/CG179>

Society of Tissue Viability:

<https://societyoftissueviability.org>

Wounds UK website:

<https://wounds-uk.com>

Surgical Wounds / National wound care strategy:

<https://nationalwoundcarestrategy.net>



Jeśli chcą Państwo otrzymać tę ulotkę w języku polskim prosimy skontaktować się z Działem ds. Relacji z Pacjentami.



ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਵਿਤਾਸ਼ਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ, ਤਾਂ ਵਿਰਧਾ ਕਰਕੇ ਪੇਸ਼ੰਟ ਰਿਲੇਸ਼ਨਸ ਟੀਮ (Patient Relations Team) ਨਾਲ ਸੰਪਰਕ ਕਰੋ।



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Dacă doriți acest pliant în limba română, vă rugăm să vă adresați echipei de relații cu pacienții.



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پیشنت ریلیشنز ٹیم سے رابطہ کریں۔



If you require this leaflet in Braille, please contact the Patient Relations Team.