

# Welcome to Gwillim Ward

## Congratulations on the birth of your baby.

During your admission on the ward, you and your baby / babies will be cared for by a named midwife with the support of various team members. You will receive examinations of you and your baby, feeding support, postnatal advice, screening tests for the baby and preparation for discharge.

Your midwife will be looking after around eight families during your stay. This is because most families on the ward can self-care in preparation for discharge home. Some families may need more support or medical care than others, so please be patient with our team as they prioritise their workloads.

Each bedside has a call bell if you require assistance.

## Facilities

Gwillim Ward is a 32 bed ward that cares for families following the birth of their babies. Most of our beds are in shared bays of four beds. We have a small number of single rooms which are allocated to families with a clinical need, such as a communicable virus / infection, disability or sometimes when their babies are admitted to the Neonatal Unit. **The single rooms are not available to hire privately.**

Bathrooms and toilets are located on either end of the ward and a visitor's toilet is available, opposite bay 5-8.

There is a **Parent Room** near the entrance to the ward with a refrigerator, microwave and water-cooler for your use. There is also a small dining area, sofas and feeding chairs. In the corridor you will find a hot drinks trolley with a selection of fruit and biscuits. Please help yourself.

## Visiting Time

During your stay on the postnatal ward, **one named Birth Partner** or support person can stay to care for you and your baby throughout the day and night. If they leave the ward, they will not be allowed back in between the hours of 10pm and 8am.

**Visiting time for other visitors is 2pm to 7pm.**

**You can have two people visit per day** and we will ask you to give us the names of the two visitors you are expecting. **Only visitors named by you are permitted onto the ward.**

All Birth Partners and visitors to the ward must check in with the receptionist or security guard and wear a yellow wristband. Please expect to be challenged if your wristband is not clearly visible.

There can be only two people at the bedside at one time, the Birth Partner counts as one person.

Your Birth Partner or visitors should only use the chair in your bed space, please do not move or use any other beds or chairs from other patient areas.

Siblings to the baby under the age of 16 (no other relative e.g. cousins) can visit when accompanied by the Birth Partner during visiting hours.

Children should be supervised by the Birth Partner and always remain accompanied by parents.

**If a Birth Partner, named visitor or sibling is unwell or has symptoms of COVID, Flu or Streptococcus A they should not visit the ward.**

**This policy is in place to protect your family and those around you.**

We thank you for your cooperation

## Gwillim Ward Timeline

Below is an approximate timeline of daily events on Gwillim Ward.

Doctors, midwives and the hearing screening team make their way around the ward to complete their necessary checks throughout the day.

**Discharges** take place throughout the day and sometimes during the early parts of the night shift. You will need to complete a transfer address form prior to your discharge.

<b>7.30 to 8am</b>	Ward handover from Midwife in Charge of previous shift to day team. Followed by individual handovers between midwives of allocated patients.
<b>8.30am</b>	Breakfast Service
<b>12pm</b>	Lunch Service
<b>1pm</b>	Medication Round
<b>2pm</b>	Visiting time begins
<b>5pm</b>	Dinner Service
<b>6pm</b>	Medication Round
<b>7pm</b>	Visiting time ends
<b>7.30 to 8pm</b>	Handover to night staff

<b>10pm</b>	Medication round
<b>6am</b>	Medication round
<b>7.30 to 8am</b>	Handover from night staff to day staff.

Should you require medication, food or support outside of these times please speak to a member of the team or use your call bell if you are not mobile.

## Safe Sleeping and Preventing Baby Falls on the Postnatal Ward

Safe sleep practices are essential to reduce the risk of Sudden Infant Death Syndrome (SIDS) or Cot Death. Your baby should be placed to sleep in the hospital cot provided during your stay. You should ensure baby's feet are at the foot of the cot and that they are always placed on their back to sleep. Babies should not have any pillows, sleep positioners or heavy blankets.



It is not safe to co-sleep or bedshare with your baby whilst in hospital. Everyone is at risk of dropping their babies and for some the risk is greater than others. During 2023, there were five occasions where babies fell from the arms of parents. Please place your baby in their cot if you feel tired, drowsy or unwell. Your baby may be at risk if you fall asleep with them. For more information on safe sleeping please use this QR code which will take you to the lullaby trust website.

## Safety

Both you and your baby will wear identity name bands whilst in hospital. We kindly request you do not remove them until you get home.

Please use baby's wheeled cot to move them around the ward, do not carry them in your arms to prevent them falling if you were to unexpectedly slip, trip or fall.

When you or your Birth Partner are walking around the ward, please wear shoes or slippers to protect your feet and ensure you are both appropriately dressed (i.e. wearing a dressing gown or hospital gown if not fully clothed).

## Skin-to-skin contact with your newborn

Skin-to-skin contact means holding your baby naked against your skin, usually under your top or under a blanket and whilst baby is wearing a hat and a nappy.

When your baby is born, you will be encouraged to have skin-to-skin contact as soon as possible, as it helps:

- regulate your baby's temperature, breathing and heart rate, calming and relaxing them.
- boost your milk supply and stimulate your baby's feeding instincts.
- you bond with your baby.
- release the hormone oxytocin – your body's natural feel-good chemical.
- build your baby's immunity to infections.

Please remember we are here to support you. Ask your midwife for help to do skin- to-skin with your baby.

## Bedrails

The bedrails on your hospital bed should always be down during your stay unless you are being transferred between wards. Having your bedrails up when they are not clinically necessary can increase your risk of injury or falls and your baby is at risk of suffocation or entrapment if they are in the bed with you.

Please ask a member of staff for support if you need help to put your bedrails down.

## Feeding your baby

All midwives and Maternity Support Workers on Gwillim Ward have received specialist training in infant feeding. They are on hand to support you to feed your baby. We have multiple resources on the ward to support you with feeding your baby. Please ask your midwife if you need support.

In line with the **UNICEF Baby Friendly Initiative**, we only provide **formula milk** to babies in an emergency.

If you have chosen to feed your baby with formula milk we ask that you bring ready-made newborn formula to the hospital. We provide sterile bottles and teats and can store opened bottles of milk in our milk refrigerators for you.

There are Infant Feeding Volunteers who attend Gwillim Ward several times a week to provide additional support to families in their feeding choices.

St George's has a small infant feeding team that runs 1:1 specialist support for babies up to around the age of 28 days at Tooting Health Centre and Stormont Health Centre.

To self-refer, the Infant Feeding Team can be contacted on 07766 800 365 or by emailing [infant.feeding@stgeorges.nhs.uk](mailto:infant.feeding@stgeorges.nhs.uk) . Please leave a voicemail or email them with your name and phone number so they can respond to you outside clinic times.

## Breastfeeding Tips

- Change baby's nappy if they are sleepy to encourage waking.
- Put baby skin to skin, wearing just a nappy, place your baby on your chest and cover baby's back with blankets to retain heat. This helps to initiate feeding instincts and milk production.
- Offer the breast using the **CHINS** mnemonic.  
To attach successfully, baby should be:

**C**lose

**H**ead free / able to tilt and

**I**n line with baby's body

**N**ose to nipple

**S**ustainable: comfortable for you

- Baby should come to the breast with a wide open mouth and chin leading, try to bring them to the breast in a rolling up and on motion.
- A good attachment should be comfortable after the initial few strong sucks.
- Observe for a change in sucking pattern from rapid sucks to begin with to a suck-swallow-breathe pattern.
- A breastfeed should last between 5-45 minutes, allow baby to come off the breast spontaneously. Always offer the second breast. You cannot overfeed a breastfed baby.
- Breast compressions can stimulate let-down and encourage active sucking during a feed. They can also increase milk transfer.
- Breast shaping and alternative positions can help some babies achieve a deeper attachment, e.g. rugby ball, side lying.
- Aim to **feed responsively, (minimum of eight times in 24 hours)**.  
Your baby may want to feed for hunger, thirst or comfort. You may want to feed your baby for comfort or to soften full breasts.
- Night-time feeds are important for establishing a good milk supply.  
Try to sleep or rest when your baby sleeps.

## Preparing to go home

On the day of your discharge from the postnatal ward you will be asked to complete a transfer address form which ensures that your information is sent to the correct team who will see you in the community.

Once you and your baby have had postnatal checks and completed all relevant screening, observations and reviews, we can begin to process your discharge paperwork.

The ward has between 10 to 20 discharges per day, so please be patient with our team as we coordinate the safe transfer of your care to the community.

When you leave the hospital, we recommend you leave with your baby in a car seat, pram or suitable baby carrier / sling.

Postnatal advice and information can be found on the St George's Maternity website using the adjacent QR code.



## St George's Hospital Charity



If you would like to support our ward, or department, you can make a charitable contribution using this QR code.

Thank you for your support of our NHS service.

## Don't take your troubles home

If you have any questions or concerns about your care or experience on the ward, please ask to speak to Ward Manager Robyn Lofting or Matron for Inpatient Services Karen Ramdass.

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### **NHS UK**

NHS UK provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### **AccessAble**

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)).

The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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