University Hospitals Sussex
NHS Foundation Trust

Provisions and Schedules of Postnatal Care

Maternity Protocol: MP071

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Manager responsible:	Amanda Clifton
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Contents

Key Principles

A protocol is a set of measurable, objective standards to determine a course of action. Professional judgement may be use in the application of a protocol.

Scope

This protocol applies to:

- All women and people in the postnatal period

Responsibilities

Midwives, Nursery Nurses, Maternity Support Workers, Maternity care Assistants & Obstetricians:

- To access, read, understand and follow this guidance
- To use their professional judgement in application of this protocol
- This guidance is for midwives and doctors working in the Trust.The guidance is not rigid and should be tailored to the individual circumstances of each woman or person. If the guidance is not being followed, documentation of the reasoning and/or justification is essential, with clear documentation of alternative plans and discussions.

Management:

- To ensure the protocol is reviewed as required in line with Trust and National recommendations
- To ensure the protocol is accessible to all relevant staff

1 Care in the Immediate Postnatal Period

1.1 There should be promotion of skin to skin contact for all birthing women and people and babies where possible.

1.2 If delivery in theatre could skin to skin be discussed and agreed during WHO checklist.

1.3 Mother or birthing parent and baby should not be separated within the first hour of birth whenever possible

1.4 Encourage the initiation of breast feeding within the first hour

1.5 Routine observations of maternal or parental pulse, blood pressure, respirations and temperature should be performed within the first 6 hours (if a homebirth, a full set of observations should be performed by the midwife before leaving the home).

1.6 An assessment of the woman or person's venous thromboembolism (VTE) risk should be undertaken and discussed with the woman or person (RCOG).

1.7 Encourage oral fluids to thirst

1.8 Document the first urine void within the first 6 hours (if there is a urinary catheter insitu, this should be emptied and measured and the amount documented in electronic notes). If birth has occurred at home and the woman or person has not voided by the time it is appropriate for the midwife to leave the midwife should inform (documenting this in the maternal or parental electronic notes) about the importance of voiding within 6 hours and ask the woman or person to note the amount. The woman or person should be informed that if she is unable to pass urine or passes less than 100mls by 6hrs post birth they should call the maternity unit and ask for advice. The time and volume of the first void after birth should be documented in the maternal or parental notes.

2 Care in the First 24 Hours Following Homebirth

2.1 Following birth at home, the midwife should stay with the woman or person for a minimum of one hour following the third stage of labour and routine care should be given as described above (*see MP035 Care of Women in Labour).*

2.2 When leaving the home, the midwife should provide details of who to contact if a problem arises, postnatal information leaflets are sent via BadgerNet, information regarding the initial examination of the baby within 72 hours of birth should be discussed along with when to expect the first visit from the community midwife (see schedule of care, *MP060 Homebirth*).

3 Care in the first 24 Hours Following a Hospital Birth

3.1 Following delivery in hospital; women and people who are low risk and have had no complications can be discharged home at a time convenient for both woman or person and the service. We recommend that all babies should have full neonatal examination by paediatrician or other suitably qualified person prior to discharge. This should not be done before the baby is 6 hours of age. Pulse oximetry measurements for babies are carried out prior to discharge by hospital midwives. In a homebirth situation pulse oximetry measurements on the first postnatal visit following birth (see MP060 Homebirth). If women or people chose to go home prior to the examination of the newborn check a community team leader should be contacted to see whether there is a trained practitioner available to complete in the community within the acceptable timeframe.

3.2 The community midwife is responsible for checking that this examination occurs before the baby is 72 hours old. This should be documented in the postnatal notes. All postnatal information, contact numbers and appointments must be provided by the midwife before discharge.

3.3 If the mother or birthing parent and baby are not being discharged home from the labour ward within the first few hours after delivery, care will be transferred to the postnatal ward. There should be a full handover of all relevant information by the midwife to the postnatal ward staff and a named midwife must take responsibility for the woman or person's care at the point of handover (see *MP057 Communication and Handover of Care between Professionals).*

4 Documented Individualised Postnatal Plan of Care

4.1 An individualised plan of postnatal care should be developed as soon after the birth as possible. The individualised care plan will be developed in the following way:

4.1.1 Midwife should review the maternal or parental notes

4.1.2 Discuss the options with the woman or person about their postnatal care (with advice and recommendations)

4.1.3 Agree a plan that is then documented on BadgerNet. Fluid balance is to continue for all postnatal women and people that had a PPH or are experiencing heavy lochia.

4.2 The plan should include as a minimum:

4.2.1 Relevant information from the antenatal period, intrapartum and immediate postnatal period.

4.2.2 The midwife attending the birth is responsible for clear documentation in newborn notes and on the body map in electronic notes of any skin marks noted during the newborn check

4.2.3 If any relevant CP or CIN plan all relevant parties to be contacted prior to transfer to the postnatal ward. (MP013 safeguarding child and child protection).

4.2.4 Plan for the length of stay (if in maternity unit), infant feeding plans, any analgesic needs, medication, observations and express individual requirements.

4.2.5 At each contact the midwife should review this plan and document in the postnatal notes if plans change from the original one.

4.3 **Process for ensuring the parent/s have contact details of the relevant health care professionals regardless of place of birth:**
The woman or person should be provided with information on the health care professionals who will be responsible for their and their baby's care in the postnatal period including roles and given contact details. Contact details will include: community midwives' office/ emergency contact – 24 hours a day/ any other relevant health professionals.

4.4 **Process for ensuring that there is a co-ordinating health care professional for women and people with multidisciplinary or multiagency needs:**
If a health care professional is already identified as co-ordinating care then the midwife welcoming the woman or person to the ward should ensure that the name of the co-ordinating health care professional is documented in the woman or person's postnatal notes and inform them of the admission which also needs to be documented in the postnatal notes on badgerNet

4.5 If no health care professional is identified as coordinating a woman or person's multidisciplinary or multi agency needs then the postnatal lead midwife will assume this responsibility whilst the woman or person and their baby remain as inpatients. On discharge home the appropriate health care professional will be contacted to take over this co-ordination. The name of this health professional will be documented in the electronic notes prior to discharge.

5 Communication and Language Support

5.1 Women and people for whom English is not their first language

5.1.1 The midwife should assess the need for an interpreter when planning the postnatal care and if required make arrangements with the interpreting service for an interpreter to attend any appointments.

5.1.2 The need for and use of an interpreter needs to be documented in the postnatal notes and a plan made for future visits including first day community visit.

5.1.3 Bookings for the interpreting service can be made by midwives, doctors or delegated support staff using the numbers below, stating the language required.

5.1.4 If there needs to be more than one session booked please complete the booking form (available on the BSUH Internet).

5.1.5 A family member should not be asked to provide interpretation (unless there has been a prior meeting with an interpreter where this is discussed fully and informed decision made by the woman that this is appropriate to her). Sussex interpreting services can be book via the intranet (please click blue link)

5.2 Women and people with other communication requirements

5.2.1 BSL interpreters can be arranged as required in the same way as above.

5.2.2 For women and people with mental health difficulties please see *Maternity Protocol MP014: Women and People with Mental Health Problems.*

5.2.3 For women and people with learning difficulties the Trust Learning Disability Liaison Nursing team can be contacted to provide support during office hours

5.2.4 For women and people with learning difficulties the Trust Learning Disability Liaison Nursing Team can be contacted to provide support during office hours.

They aim to provide active support, education and advice for professionals, acute hospital staff, the patient and their family and carers. *Contact: 01273 696955 ext. 64975 or bleep 8514. Available Monday to Friday, from 8.30am - 4.30pm*

6 Postnatal Care on the Postnatal Ward

6.1 Care is provided in ward bays and 'rooming in' with the baby is practiced at all times. There are a limited number of single rooms which are allocated according to clinical need. However, if single rooms are available for use and not required on a clinical basis, then they are available as amenity rooms and a fee per night is charged for the use of the room.

6.2 There are dedicated infant feeding rooms on both wards and breastfeeding and chestfeeding is actively encouraged at all times (*see the Maternity Protocol MP072: Newborn feeding*). Commercial packs of formula and advertisements for formula milk are not distributed (including a ban on the use or display of any equipment sponsored by artificial formula milk companies e.g. pens, lanyards, obstetric wheels)

6.3 There are bereavement suites on both sites and these will be available for any couple requiring privacy, support and time alone with their baby following a pregnancy loss.

6.4 Each woman or person and baby will be allocated a named midwife who will be responsible for their care. In addition, women and people will be under the care of a consultant if there are identified risk factors. A consultant ward round will take place each morning and any women and people requiring obstetric input will be seen.

7 Transitional Care

7.1 Transitional care for babies is currently provided within the postnatal ward setting. The nursery nurses, maternity support workers and midwives provide care for these babies in conjunction with the neonatal staff. These babies are under the care of a consultant neonatologist who plans and coordinates the care.

8 Postnatal Support in Cases of Suspected and Actual Poor Outcome for the Term Neonate

Care in all cases of suspected or actual poor outcome should be individualised taking into account the wishes and needs of the woman or person and their family

8.1 The Process:

8.1.1 Women and people should receive their usual postnatal checks and care to ensure their wellbeing

8.1.2 Midwife providing care should:

- Offer parent/s a side room where possible. This may be the specific Willow room (PRH) or Just Friends room (RSCH) or other side room, to provide privacy. Women and people should be

orientated to the ward area with arrangements for bathroom facilities and meals, and summoning help as required.

- Facilitate communication between the parent/s and the neonatal team where relevant
- Provide emotional support and relevant information about support groups to parents in verbal and written format. Where parent/s have communication or language support needs this should be facilitated as per *Section 4.0* above
- Provide parent/s access to religious/spiritual support as required by the parent/s (see Appendix B)
- Support the initiation of hand expression (in cases of suspected poor outcome, where appropriate) or suppression of lactation (in cases of actual poor outcome, where appropriate)
- Ensure good communication with the community midwives to put in place appropriate community follow up and care once the woman or person is discharged. This should include communication with the woman or person's GP and Health Visitors

8.1.3 Ensure a Datix is completed for unexpected poor outcomes (and document this in the notes)

8.2 All discussions with parent/s, advice given and care/management should be documented fully by the person providing care in the postnatal notes on BadgerNet.

8.3 In cases of actual poor outcome see *MP073 Management of pregnancy losses above 14 weeks gestation including support for parents and staff* for further information about care, support, documentation and referrals

9 Postnatal Care in the Community Setting (System for postnatal visiting once the woman or person has been discharged from the unit)

9.1 Women and people who birth in the maternity unit:

9.1.1 On discharge from the ward to community the midwife providing care will ensure that the women or person's discharge is completed on BN. A referral needs to be issued to the correct office or team that assumes responsibility for co-ordinating postnatal care

9.1.2 Any out of area visits should also have a referral sent to the correct area/responsible unit via BadgerNet.

9.1.3 The community midwives offices will triage the discharges and ensure that care is provided as required

9.1.4 Information about visits will be given to the woman or person on discharge in the form of verbal and written information on BadgerNet (leaflet: *Visits by your midwife following the birth of your baby*), along with contact numbers found in the welcome section of the BadgerNotes App.

9.1.5 Women and people will be visited:

- On the first day following discharge by a midwife (subsequent breastfeeding and chestfeeding support by MSW if required)
- On the 5th day following birth by a midwife or MSW
- Around 10 days following birth by a midwife either at home or a postnatal clinic

9.1.6 If the woman or person has additional needs then this will be documented in the postnatal notes (unless this is not appropriate due to child protection/domestic abuse issues) and targeted visits will be arranged prior to discharge. This will be documented by the discharging midwife on the referral sent via BadgerNet.

10 Women and people who birth at home

The midwife who attends the birth will be responsible for ensuring that the woman or person's discharge referral is sent to the appropriate community office or team. Visits will be as per 9.1.5 unless targeted visits are required. Women and people who birth at home will be sent the same leaflet regarding postnatal care, contact numbers and visiting by the midwife providing birth care

11 Responsibilities of Staff

11.1 Responsibilities of the Midwife to ensure that:-

11.1.1 An individualised plan of care is documented in the woman or person's postnatal notes including a risk assessment at arrival on the postnatal ward and on discharge to the community.

11.1.2 A full handover of care takes place between care settings in relation to both the mother or birthing parent and baby using SBAR.

11.1.3 The woman or person knows how to contact a midwife and is aware of the correct contact numbers.

11.1.4 The woman or person is provided with the relevant information and guidance to ensure their own and their baby's wellbeing.

11.1.5 The examination of the newborn check is carried out between 6 and 72 hours after birth including documentation of any skin marks in baby notes and on body map.

11.1.6 Each woman or person should be given the opportunity to discuss their childbirth during the postnatal period with the midwife caring for them during the postnatal period. When and where appropriate, women and people on the postnatal ward will be offered a referral to the 'birth stories' service, counselling service or referral to mental health services by the midwife providing care. This will be following discussion which will be documented in the postnatal notes.

11.1.7 Refer for a consultant follow up appointment at 6 weeks if required or necessary

11.1.8 When appropriate bereavement support should be given. See *MP073 Management of pregnancy loss*

11.1.9 To communicate and liaise with neonatal and obstetric staff, health visitors, social workers and other specialist staff as appropriate to ensure a multidisciplinary approach to care provision for women and people and babies identified at risk.

11.1.10 It is the responsibility of the community midwifery team leader on duty each day to coordinate the postnatal visits with the clerks in the community midwives' office and to liaise with the midwifery manager on call in relation to any concerns regarding staffing and the provision of care.

11.1.11 All discussions with the woman or person and between health professionals should be documented in the postnatal notes.

11.1.12 Ensure that Anti-D for the mother or birthing parent has been administered

11.1.13 Ensure that a BCG referral has been sent for the baby if required and any follow ups are arranged.

11.1.14 Ensure that newborn hearing screening is carried out or a referral to newborn hearing screening clinic has been done

12 Responsibilities of the Obstetrician

12.1 The obstetric team should carry out a daily ward round on the postnatal ward and review all 'high risk' women and people. Women and people requiring referral to other specialists should be informed and a referral arranged as soon as possible.

12.2 A consultant review should take place when a postnatal complication does not resolve after the initial registrar review

12.3 Any postnatal women and people with ongoing clinical concerns should be transferred back to labour ward for closer monitoring

12.4 The obstetrician should ensure that all women and people requiring follow up are informed, the plan is documented and an appropriate referral arranged

12.5 All postnatal readmission for maternal or parental reasons need to be seen by consultants on ward round

13 Responsibilities of support staff

13.1 Nursery nurses, under the direction of the neonatal and midwifery staff, are responsibility for the care of babies on the ward and must document all care given and report any deviation from normal.

13.2 Maternity Support workers and maternity care assistants are responsible for carrying out care as per their job description and under the guidance and direction of the midwifery staff. They must document care given and report any deviation from normal. This includes providing breastfeeding or chestfeeding support, carrying out observations and routine care and support for mother or birthing parent and baby.

14 Responsibilities of the community midwifery office clerks

14.1 Listen to all the messages on the answer phone in the community office

14.2 Document all visits on the community admin calendar ready to email out to people working that day.

14.3 Liaise with the team leader on duty and together they will arrange for the allocation of postnatal visits.

14.4 Discuss with the individual teams any targeted women and people and hand the details to the appropriate midwife

14.5 Document all allocated visits / telephone discussion and planned attendance at postnatal clinics into Careflow and the postnatal community admin calendar

15 Information Giving and Documentation

15.1 Process for giving information to enable parent/s to assess their newborn's general condition and identify any signs and symptoms of common health problems to enable parent/s to respond to problems: is available on UHSussex website and emergency contacts on discharge information.

15.2 Midwife providing care must ensure that the following is clearly documented in the postnatal notes:

15.2.1 An individualised postnatal care plan

15.2.2 That the discharge information has been given

15.2.3 Contact details for the relevant health care professionals have been highlighted to the parent/s

15.2.4 The details of the co-ordinating health care professional (for women and people with multiagency or multidisciplinary needs)

15.2.5 Postnatal visits planned

15.3 The notes and discharge/information pack have the telephone numbers for:

15.3.1 Triage which is a 24 hour service

15.3.2 Postnatal ward (in case they are unable to get through to triage.

15.3.3 Community midwives office number (for visits or to request a community midwife to contact them by phone)

15.4 It is the responsibility of the midwife and other health workers to document in the postnatal notes all discussions at each contact and ensure the woman or person and their family understand the information being given.

15.5 It is the responsibility of the health visitor to give the woman or person the red Child Health Booklet, midwives should document any birth marks in this red book if available. A copy of the NIPE should be given to the mother or birth person to provide any relevant information to the health visitor.

16 Postnatal Follow up Appointments

16.1 The following women and people will require a postnatal follow up appointment with an obstetrician or specialist team

16.1.1 Diabetes & endocrine disorders (this will be organised antenatally by the diabetic team)

16.1.2 3rd / 4th degree tears (referral form filled out by obstetrician repairing the tear, and then emailed to Lewes Victoria).

16.1.3 Severe pre-eclampsia / eclampsia (at discretion of consultant obstetrician at discharge)

16.1.4 Following adverse outcome for baby (midwife providing care for the woman or person at discharge will make a postnatal appointment between 6 weeks and 3 months post birth with the consultant obstetrician primarily involved in the care. Appointment details will be documented in the postnatal notes)

16.1.5 Babies that have been admitted to SCBU and required follow up will have these arranged by SCBU staff prior to discharge.

17 Transfer/Discharge of baby suitable for home discharge with mother or birthing parent

17.1 Responsibilities of the midwife:

17.1.1 Review health status and confirm that baby fit for discharge, including method of feeding.

17.1.2 Check that the examination of the newborn has been undertaken and documented or has been arranged as per above

17.1.3 Check if there are any child protection/social issues and liaise with the social worker/specialist team regarding discharge care plan.

17.1.4 Complete computer summary and discharge for baby and check discharge address for location of postnatal visits. If different Careflow will need to be updated to allow this to be evident on BadgerNet

17.1.5 Ensure baby's stickers for Newborn Bloodspot Test are correct

17.1.6 Ensure mother or birthing parent is aware of health and safety information regarding transport and care of their baby. If baby being transferred with mother or birthing parent by ambulance order car seat from ambulance control when arranging transfer.

17.1.7 All babies with follow up referrals should have the following printed off and placed into the orange folder:

- Labour and birth summary
- Neonatal summary
- NIPE
- Transfer of care summary

18 Transfer/Discharge of Baby Suitable for Home Discharge without Mother or Birthing Parent

18.1 Responsibilities of the midwife:

18.1.1 Review health status and confirm that the baby is fit for discharge, including method of feeding. All infants should have full neonatal examination by neonatologist or other suitably qualified person prior to discharge.

18.1.2 Confirm that baby being discharged to suitable carer. Discuss with SW/specialist team and liaise regarding discharge care plan.

18.1.3 Complete computer summary and discharge for baby, and check discharge address for location of postnatal visits. Baby will not be linked to parent on BadgerNet

18.1.4 Ensure carer aware of health and safety information regarding transport and care of her baby.

18.1.5 All babies with follow up referrals should have the following printed off and placed into the orange folder:

- Labour and birth summary
- Neonatal summary
- NIPE
- Transfer of care summary

18.1.6 The examination of the newborn documentation is photocopied and copies should go in both the hospital maternity notes or scanned and uploaded to BadgerNet

18.1.7 See also *HR030 Parent Leave Policy*

19 Transfer/Discharge of baby not suitable for home discharge to another ward Within BSUH or to another hospital trust

19.1 Responsibilities of the midwife: Liaise with receiving ward re cot availability and time of transfer.

19.1.1 Keep parents informed of destination, progress of transfer and estimated time for transfer/discharge.

19.1.2 If there are any child protection/social issues ensure SW/specialist team involved in care planning

19.1.3 Discharge baby on computer.

19.1.4 All records and computer summary to go with baby to receiving ward Ward Clerk to print full baby notes from BadgerNet to go with baby if receiving care in a trust without BadgerNet

19.1.5 Ensure ID labels X2 correct and in place.

19.1.6 Arrange transport for baby as required, car seats can be ordered for ambulance and ambulance car transfers.

19.1.7 Arrange escort of baby to ward area and handover to receiving staff.

19.1.8 Liaise with ward staff regarding estimated return to maternity unit or discharge home and inform community midwives office as required.

20 Monitoring Compliance

Please refer to the *Monitoring and Auditing* document for details on monitoring compliance for this protocol

21 References

1) Department of Health (2004). *Maternity Standard, National Framework for Children, Young People and Maternity Services.* London. www.dh.gov.uk

2) Department of Health. (2007). *Maternity Matters: Choice, Access and Continuity of Care in a safe service.* London. www.dh.gov.uk

3) National Institute for Health and Clinical Excellence. (2014) *Postnatal care.* London: NICE. www.nice.org.uk

4) Royal College of Obstetricians and Gynaecologists (2015) *Reducing the risk of Venous Thromboembolism during pregnancy and the puerperium. Green-top guideline no. 37a.* RCOG. London. www.rcog.org.uk

22 Appendix A - Schedule of Postnatal Care and the Provision of Information and Discussion:

Immediate postnatal care & the first hour after birth	• Skin to skin • Discussion / Information on Vitamin K (leaflet should have been given at 36 weeks pregnant) • Encourage initiation of breastfeeding or chestfeeding • Discussion with mother or birthing parent (and partner) regarding care of the infant if requires transitional care
Within 6 hours of birth	• Full assessment by the midwife of mother or birthing parent and baby's wellbeing. • Initial examination of the baby by the midwife. • Full set of maternal or parental observations of temperature, pulse, blood pressure and respirations. Assess VTE risk. • Time the mother or birthing parent voided urine (and volume if possible). • Mother or birthing parent and baby discharged if early discharge appropriate and requested by mother or birthing parent signpost them to 'welcome letter' on badgernet • If home birth all of above should be carried out and documented before midwife leaves the home and discharge information pack given with contact details of 24 hour help line. • Transitional Care observations as required. • If transferring care to the postnatal ward, full handover of care and identified named midwife responsible for care.
First 24 hours postnatal	• Fully documented individualised plan of postnatal care documented and communicated to the mother or birthing parent to include: • Identified risk factors • Appropriate observations, blood tests, investigations and follow up • Infant feeding plan • Full examination of the newborn by a qualified health professional • Planned length of stay and date of discharge
Prior to discharge from the postnatal ward	• Midwife to and discussion on the following topics:- <u>Mother or birthing parent</u>: ✓ Care of the perineum ✓ Normal recovery following birth and identification of problems ✓ Breastfeeding and chestfeeding support services ✓ Postnatal depression ✓ 'My Pregnancy Matters' website <u>Baby</u>: ✓ Infant feeding

	✓ Identification of problems and signs and symptoms to look out for in the newborn ✓ Prevention of SID ✓ Care of the newborn ✓ Information regarding parenting support ✓ ICON Leaflet • Woman and people to be given opportunity to discuss birth. Information on 'birth stories' services to be given if appropriate. Review and follow up • Any mother or birthing parent with identified medical problem should be discharged by the obstetric team • Any baby who has been on transitional care should be discharged by the neonatal team • All follow up appointments to be organised as necessary • Contact numbers for 24 hour advice line given • Information to be given by the midwife to the community midwifery service to organise first community visit for the following day. • Identification by the midwife of women and people and babies requiring targeted visiting and information handed to the community midwifery team • Interpreting services booked if required
1st Community visit	Must be attended by a midwife • At the first visit the community midwife should review the postnatal plan of care. • The woman or person should be asked to report on their physical and emotional wellbeing. • A full plan of care including an infant feeding plan must be documented in the postnatal notes. Infant feeding should be assessed. • Full assessment of the baby, and any parental concerns regarding their baby • If possible the woman or person's partner/family support should be present and informed of the plan and encouraged to ask questions and report any concerns. • The next visit/contact should be arranged, agreed with the woman or person and documented in the postnatal notes. • Where there is a targeted care plan women and people requiring support from the teenage pregnancy/substance misuse/homeless/mental health services the midwife will communicate and the care will be jointly coordinated.
Subsequent postnatal contact visits	• These must be arranged in response to the needs of the mother or birthing person and baby and with their agreement. • Support can be given in a number of ways

	○ Telephone contact ○ Maternity support worker ○ Breastfeeding and chestfeeding coordinator/support ○ Midwife visit ○ Attendance at a postnatal clinic ○ Attendance to the postnatal ward
Blood test day 5 **NB day of birth = day 0**	• The newborn bloodspot screening test on the baby will be performed on day 5 postnatal by the maternity support worker, midwife, or student midwife under supervision. • At this contact the baby should be weighed • There should be a full assessment, discussion and documentation of infant feeding. • Assessment of jaundice or parental concerns regarding their baby • The maternity support worker will report back to the midwife any concerns or deviations from the normal
Day 10 onwards	• Discharge from midwifery care if all normal • Handover to the health visiting service • Liaison with social services department and specialist support midwives if appropriate

23 Appendix B: What's available in your area

The specific details of a group may change so we have provided links to the local Children's Centres to enable you to see what is available in your local area.

East Sussex

The Roundabout Childrens Centre
Address: Whitehawk Road, Brighton, East Sussex BN2 5FL
Telephone: 01273 290300

Hollingdean Children's Centre
Address: Brentwood Rd, Brighton, East Sussex BN1 7DY
Telephone: 01273 295623

Tarner Children's Centre
Ivory Place, Brighton, BN2 9QE
Telephone: 01273 296700

Peacehaven Children's Centre
Address: Meridian Way, Peacehaven, East Sussex BN10 8BN
Telephone: 01273 580511

Conway Court Children's Centre
Clarendon Road, Hove, BN3 3WR
Telephone: 01273 266011

Moulsecoomb Children's Centre
Hodshrove Lane, Brighton, BN2 4SE
Telephone: 01273 294040

Hangleton Park Childrens Centre
Address: Harmsworth Crescent, Hove, East Sussex BN3 8BW
Telephone: 01273 295272

West Sussex

The Gattons Children and Family Centre
Royal George Road, Burgess Hill, West Sussex, RH15 9SL
Telephone: 01444 255480

Haywards Heath Children and Family Centre
51 Penn Crescent, Haywards Heath, West Sussex, RH16 3HP
Telephone: 01444 255499

Sidney West Children & Family Centre

Sidney West Community Centre, Leylands Road, Burgess Hill, W Sussex, RH15 8HS
Telephone: 01444 255493

East Grinstead Children & Family Centre
Blackwell Farm Road, East Grinstead, West Sussex, RH19 3JL
Telephone: 01342-332992

Other Support Groups

There are many privately run antenatal and postnatal support groups and services available and you will find details of these groups on display in both the Children's Centres and your local GP surgery. Some of these groups will have a charge and the midwives are unable to make any recommendations to any specific support groups.