

Information and contract of expectations for support people staying overnight within the Womens Health Service

Permission to stay overnight within the Women's Health Service needs to be discussed with the Associate Charge Midwife Manager (ACMM), Charge Midwife/Nurse Manager or in their absence the coordinating nurse/midwife.

Only **one** person, 16 years or older is permitted to stay with the woman, and the woman must be in a single room. Unfortunately Paraparaumu Maternity Unit is unable to accommodate partners or support people staying overnight.

Here are some ways the support person can assist:

- Changing the baby's nappies and clothes
- Helping to settle baby to sleep after feeding
- Caring for baby when unsettled and returning baby to the mother when hungry
- Supporting the mother while she feeds the baby
- Cleaning expressing and feeding equipment
- Providing drinks for the mother and generally assisting her to care for the baby

Children **are not** permitted to stay overnight - only young breastfeeding babies. On the gynaecology ward (Pod A) a support person is expected to stay and care for the baby.

Please be considerate to other women in the ward, and stay in the room of the woman you are supporting. If you need to leave the room for any reason, you must wear day clothes or a dressing gown. The Whanau Room is available to use if you would like somewhere to comfort your baby while the mother gets some rest. Please do not walk around the ward while your baby is unsettled or take your baby outside.

Please be sure you understand the principles of safe sleeping for babies (on their back, face clear, close by, own sleeping space, breastfed and smoke free for every sleep) – if unsure please ask the staff to explain this to you. See the Safe Sleep pamphlet.

If the woman you are supporting is in a single room with its own toilet facilities, you may use these. **Please do not use** the shared en suite showers and toilet facilities. Ideally you will return home daily to rest and shower. If this is not possible please discuss this with the staff. There may be facilities that are available for you to use.

Where possible bedding will be provided for you. We ask that the hospital bed be used for the woman only, as they are not built for two. If you provide your own bedding please place it so that safe access for staff is possible at all times.

We would appreciate your assistance in keeping the room neat and tidy and free from clutter. This helps us to clean the room each day and allows staff easy access in an emergency. Please store bedding neatly in the corner of the room when not in use.

Meals are not supplied for support people, but hot drinks can be made in the ward kitchenette. You should not hold your baby while having a hot drink. At Wellington Hospital you can purchase meals from Wishbone, on Level 2 in the Atrium, open Monday - Friday 6:30am – 8:30pm, Saturday & Sunday 9:00am - 5pm, or Mojo, down the ramp by the red lifts, then down to level 3, open Monday – Friday 7.00am to 4.30pm and 7.30am-1.30pm on Saturday. At Kenepuru there is a cafeteria for meals and a coffee shop for snacks.

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We support families to be smoke free. Please ask your midwife/nurse if we can help you to achieve this. We can supply nicotine patches if you would like to use them.

Capital & Coast District Health Board (CCDHB) is committed to providing a safe place for everyone, therefore any unacceptable behaviour or abuse will not be tolerated. You will not be permitted to stay if you are intoxicated.

We appreciate your cooperation with the staff as the support you can provide will make a significant difference to your family member. Your cooperation in following all reasonable staff requests would be appreciated throughout your stay with us.

I (woman's name) _____
request permission for my support person

(Name) _____
to stay overnight with me in Ward 4 North.

Signed _____

Date ___ / ___ / ___

I (support person's name) _____
agree to the above conditions to ensure the privacy and security of all women, babies and staff in the ward.

Signed _____

Date ___ / ___ / ___

