Having your baby at

the Women's

Important contacts

If at any stage during your pregnancy you are worried about yourself or your baby, or you think you may be in labour, contact **Women's Emergency Care,** telephone (03) 8345 3636.

In the first sixteen weeks
If you are in your first sixteen weeks of pregnancy and you experience pain or bleeding you can visit the Early Pregnancy Assessment Service. The drop-in service runs from 8.00am to 11.00am Monday to Friday. It is best to arrive at 8.00am and wait to be seen.

When you are in need of urgent care
If you need urgent care contact the Emergency Department anytime day or night. Telephone 8345 3636

Fact sheets and brochures
A range of pregnancy information, fact sheets and brochures are available from the Women's website at **www.thewomens.org.au** Information is also available in languages other than English. If you need more detailed information on any of the subjects raised in this booklet, ask your doctor or midwife and they will also recommend information that is relevant to you.

Please note: All contact details for the hospital are printed in the back page of this book

When you should contact the hospital

- your baby stops moving or there is less than ten movements from the baby in a day
- vaginal bleeding
- fever, chills or a temperature more than 37.8° C
- severe nausea and repeated vomiting
- persistent headaches that won't go away
- blurred vision, or spots before your eyes
- sharp pains in the abdomen (with or without bleeding)
- pain or burning when you pass urine
- irregular contractions at any time
- sudden swelling of your face, hands, ankles or fingers
- persistent itchy skin
- exposure to rubella (German measles) or chickenpox
- your waters break or if you have a constant clear watery vaginal discharge
- any trauma such as assault, a car accident or a serious fall.

Where are we?

The Royal Women's Hospital is on the corner of Grattan Street and Flemington Road in Parkville.

How to get there

Public transport

Tram 19 stops at the corner of Royal Pde and Grattan St

Trams 55 & 59 stop at the corner of Flemington Rd and Grattan St

Buses 401 & 402 stop on Grattan St outside the Royal Melbourne Hospital

Car parking

Public car parking is accessible from Flemington Rd with dedicated parking for visitors and patients. A small number of short-term parking spaces for pick-up and drop-off only are located at Lower Ground Level, also off Flemington Rd. Lifts lead directly to the main reception, outpatient services or private consulting suites.

Thank you to Bounty for sponsoring this edition of *Having your Baby at the Women's.*

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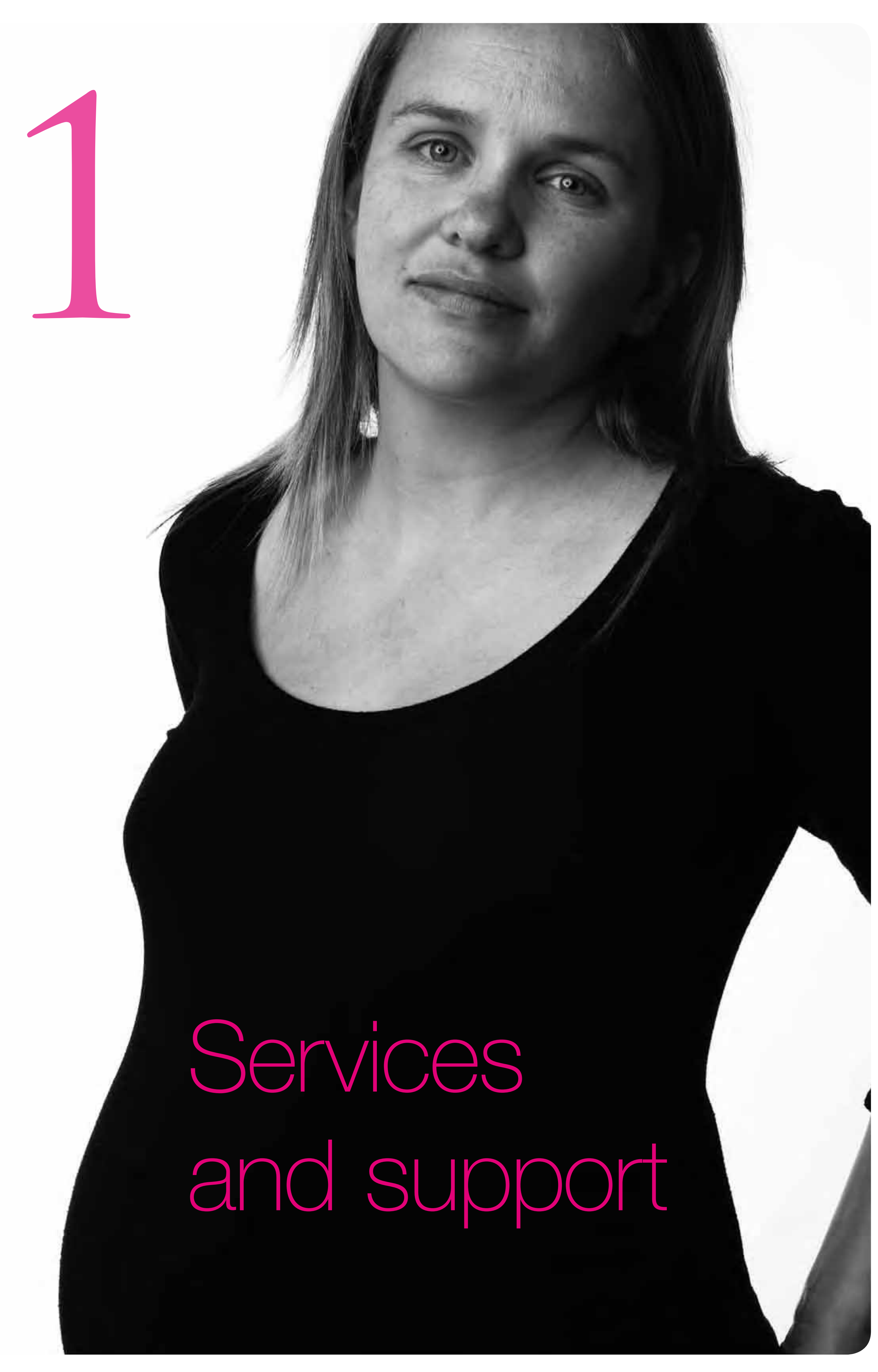
Services and support



"There is nothing quite like finding out that you're pregnant. You walk down the street feeling like you have this fantastic secret inside you." JELA

Making contact

- The following services can be contacted Monday to Friday 9.00am to 5.00pm.
- In some cases you will be asked to leave a message and the worker will make every effort to call you back on the same day.
- Some services can be contacted after hours through the hospital switchboard.

Child care

We provide free limited child care for children aged from twelve weeks to seven years of age for women attending the hospital. Children can be cared for up to two hours per day and longer care can be arranged. Book your child care at the same time as you make your appointment.

Bookings Essential

Opening hours Monday to Friday 6.45am to 5.00pm

Telephone (03) 8345 2098

Interpreters – Language Services

The Women's encourages the use of professional interpreters

to ensure that women whose first language is not English are able to communicate with their doctor and midwife. Interpreters including Auslan interpreters can be requested at the time of booking appointments. Interpreter cards are available.

Telephone (03) 8345 3054

Women's Social Support Services

Pregnancy and birth can be a very challenging time. You may be feeling overwhelmed, isolated, anxious or depressed, or having practical problems with money, relationships, immigration or housing. We can provide you with support, advice and referrals to services in your local community.

Telephone (03) 8345 3050

Young women

For young pregnant and parenting women aged 19 years and under. The team offers practical support and holistic care to encourage confidence, ongoing health, and links in the community. It aims to support young women to stay connected and on track with future careers and education as well as supporting them through the birth and care of their baby.

Telephone (03) 8345 2127

Female circumcision

The Family and Reproductive Rights Education Program (FARREP) at the Women's, offers support for women who have been circumcised (traditional cutting).

The Women's also has a clinic for women who need their circumcision reversed.

To make an appointment to reverse a circumcision telephone (03) 8345 3032 or 3037.

Telephone (03) 8345 3058

Email farrep.program@thewomens.org.au

Violence and sexual assault

Domestic violence and sexual assault, whether they are past experiences or current, can make pregnancy and birth a traumatic time. The Women's can provide you with a range of support and assistance that is confidential and respectful of your situation. Talk to your doctor or midwife, or the **Centre Against Sexual Assault.**

Telephone (03) 9635 3610

Crisis Line 1800 806 292

Email casa@thewomens.org.au

Alcohol and drug issues

The Women's Alcohol and Drugs Service provides specialised pregnancy care for women with complex substance use and related issues. For pregnant women using heroin or other opiates, the service runs an in-patient methadone stabilisation program in the hospital. Confidential counselling, information, referral and support is provided.

Telephone (03) 8345 3931

Intellectual or physical disability

For women with an intellectual or physical disability who will require more intensive support, the Women with Individual Needs program (WIN) provides an individualised care plan, childbirth education, pregnancy care and, if needed, home support for up to six weeks after the baby is born. Women are also linked to services in their local community.

Telephone (03) 8345 2159

Family Accommodation Service

We provide short-term temporary accommodation for women and their families who are in need and are from country or interstate areas, or experiencing extreme crisis. The apartments are self-contained and located close to the hospital.

Telephone (03) 9349 1629

Childbirth education

Childbirth education programs are conducted by midwives during the day, evening and on weekends for pregnant women and their support person. The classes give you the opportunity to know more about what to expect during pregnancy, labour, birth, breastfeeding and caring for your baby at home. Specialised classes are also available for women whose first language is not English and for women with specific needs. Programs are also run in community venues which may be closer to your home.

Bookings for all classes are essential. Book early – before 16 weeks or at your first hospital appointment

Telephone (03) 8345 2142

Hospital tours can also be booked through Childbirth Education.

If you are a private patient or if you have no Medicare card you will be asked to pay a fee.

Ask about what specialist classes we are currently offering, for example, breastfeeding, multiple pregnancy or classes for dads.

Women's Health Information Centre (WHIC)

This is a free, confidential, statewide service for all women, offering advice, support and referral.

Drop-in, telephone or email us

A health nurse/midwife is available to discuss all aspects of women's health with you, including pregnancy, labour and birth and the early days following the birth. WHIC has a library where you can browse and borrow books, videos and DVDs. Information is available in languages other than English.

Other services include interpreters, free drop-in pregnancy testing and women's art exhibition space.

Opening hours	Monday to Friday 9.00am to 5.00pm
Telephone	(03) 8345 3045
Country callers	1800 442 007

Email whic@thewomens.org.au

Drug Information Centre

This is a statewide service available free for women needing advice on drug use, especially safety of medications and drug use during pregnancy and breastfeeding.

Not all medicinal substances are safe during pregnancy and breastfeeding, even if they are prescribed or bought over the counter, such as natural products. If you are taking medications you can check their suitability or their safety during pregnancy with your doctor, midwife, local pharmacist or telephone the hospital's Drug Information Line.

Opening hours	Monday to Friday 9.00am to 5.00pm
Telephone	(03) 8345 3190
After hours	Answering machine

Email drug.information@thewomens.org.au

Aboriginal Women's Health

The Aboriginal Women's Health Business Unit at the Women's is a place where Aboriginal and Torres Strait Islander women and their families attending the hospital are welcome to come for support and assistance.

Telephone (03) 8345 3047/3048

Research participation

You may be invited to participate in research projects taking place at the Women's. These projects are designed to increase our knowledge about pregnancy and pregnancy care, so that we can improve our services for your care and for women in the future. You are free to decide whether you want to be involved in any research project. The standard of care you receive will not be affected in any way if you choose not to take part.

Language Link

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للحصول على المعلومات بلغتكم زوروا موقعنا الإلكتروني

用您說的語言瞭解詳情，請瀏覽我們的網站

Για πληροφορίες στη γλώσσα σας επισκεφθείτε την ιστοσελίδα μας

अपनी भाषा में जानकारी प्राप्त करने के लिए हमारी वेबसाइट पर जाइए

Per informazioni nella vostra lingua visitate il nostro sito web

Macluumaad intaas ka badan oo af Somali ah booqo websaytkayaga

Kendi dilinizde bilgi almak için web sitemizi ziyaret edin

Để biết thông tin bằng ngôn ngữ của quý vị, hãy truy cập trang mạng của chúng tôi

www.thewomens.org.au

Cord blood collection at the Women's

What is cord blood?

Cord blood left behind in the placenta and umbilical cord after the birth of a baby is a rich source of blood-forming stem cells. The placenta and the blood in it have no function after your baby is born and it is normally discarded. These stem cells can be used instead of bone marrow transplants in children. At the Women's you can choose to donate your baby's cord blood to the Bone Marrow Donor Institute (BMDI) cord blood bank which is at the Royal Children's Hospital and is managed and organised by the Murdoch Institute for Children's Research.

The Women's supports the collection of cord blood by the BMDI because:

- the service is voluntary and cost free
- the service is available to sick children all over the world
- the best available match for donor blood is not necessarily a relative and the service provides access to a wider donation pool
- the service provides resources and is responsible for the collection of the blood.

This service is unavailable for women who birth out-of-hours.

For more information contact BMDI on **(03) 8345 3385**.

The Women's is unable to collect cord blood for private companies. If you would like more information on our policy about private cord blood collection, please ask your midwife or look on our website **www.thewomens.org.au**

When you want to see a female doctor

Some women feel more comfortable with a female health carer when talking about sexual health or when having a baby. At the Women's it is not always possible to see a female doctor. If you are worried about seeing a male or female doctor, you can make an appointment to talk to a midwife. However, if there is an urgent need for you to see a doctor you will see the most appropriate doctor on duty. This doctor may be male or female, but will provide the best care for you and your baby.

Students at the Women's

The Women's is a major teaching hospital, providing important training opportunities for a wide range of health care providers. Students are always under the direct supervision of an experienced practitioner. You will be asked permission before a student observes or participates in your care and you have the right to say no. Your wishes will be respected at all times and this will not effect your care.

Providing feedback

You are entitled to expect and receive high quality care from all staff. If you have any concerns contact the Consumer Representative.

Pastoral Care and Spirituality Services

This is a free confidential service, offering emotional and spiritual support to all women their family and friends. After hours pastoral support is available to all in-patients in cases of emergency and bereavement.

Privacy of your personal information

The Women's protects privacy by keeping your personal information secure from unauthorised access, use or loss. All staff employed by the Women's have a duty to protect your personal information. Strict policies and guidelines are in place for the collection, use, release and disposal of your information. For further information ask any staff member.

If you don't have a Medicare card

The Women's is a public health care facility. All patients must have a Medicare card. Patients not eligible for Medicare benefits will need to organise payment with our Patient Accounts Department before receiving care and services.

Patients with private health insurance need to visit the Patient Accounts Department and sign claim forms. An invoice will be sent directly to your private health fund for reimbursement.

If you are a resident of a country that has a health care agreement with Australia (known as a reciprocal health care agreement) you are entitled to limited subsidised health services for 'necessary treatment' while visiting Australia. Patients who may be eligible for reciprocal rights will need to visit the Overseas Patient Coordinator in the Patient Accounts Department.

Any enquiries regarding application for a Medicare card contact Medicare on **132 011**.

Ambulance service

If you are not already a member of the ambulance service, it is a good idea to think about joining now. The service is free if you're a Victorian Pension card or Health card holder. Some private health funds also cover ambulance costs. For more information contact Ambulance Victoria.

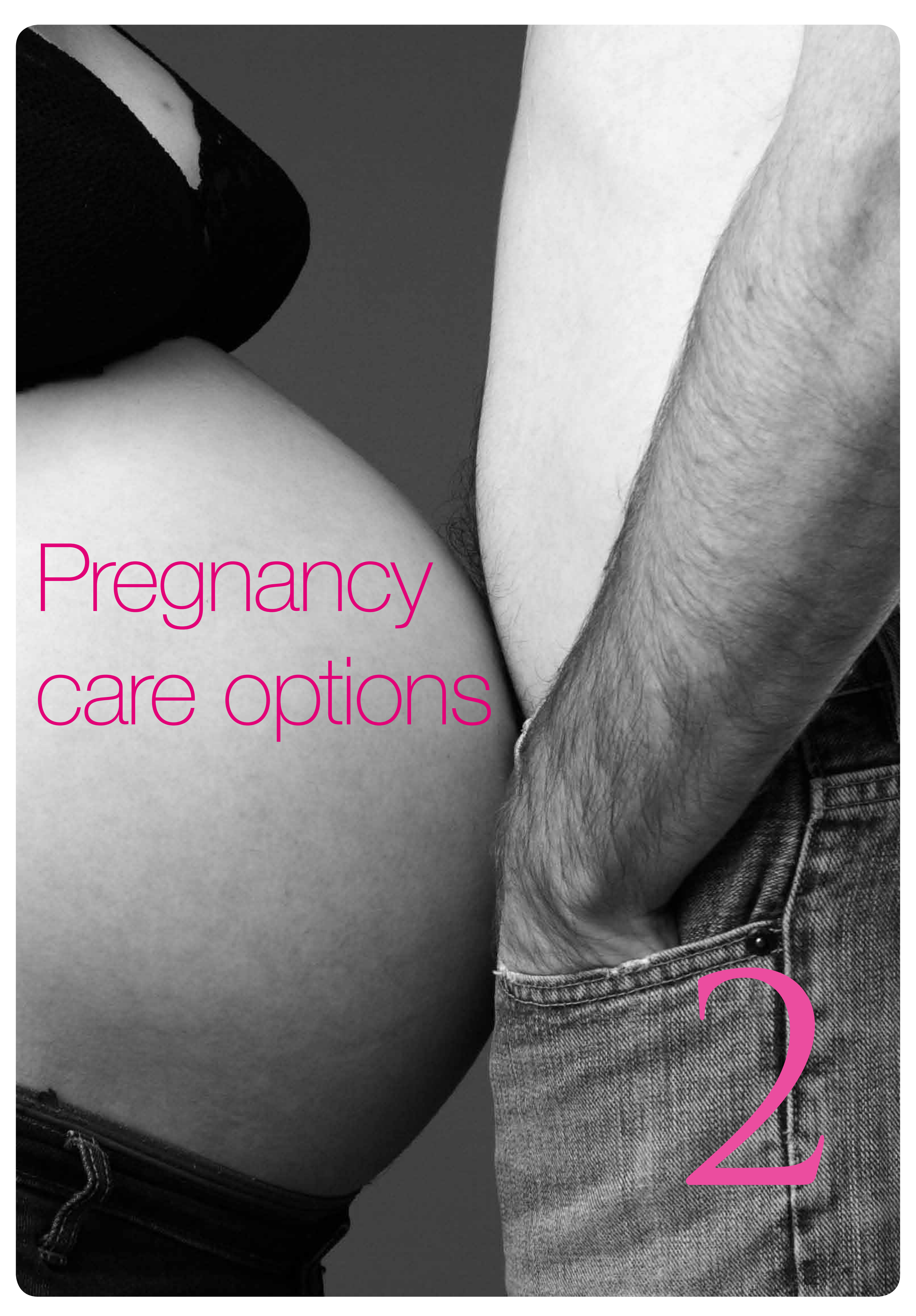
Telephone 1800 648 484

Visiting hours

Partners, family and friends are welcome to visit and are requested to be considerate towards new mothers and babies, especially in shared rooms. Visiting hours are from 2.30-8.00pm daily. Partners can visit between 8am-8.30pm. Visiting hours are strict to ensure women receive adequate rest.

Food policy at the Women's

Meals prepared at home should be refrigerated immediately and transported with an icepack in an insulated food carry bag. Meals may be reheated and immediately consumed. Meals cannot be stored in the ward fridge. Takeaway meals are to be eaten immediately and not reheated.


Pregnancy
care options
2

At the Women's we encourage you, your partner and support people to be actively involved in your care. We want to give you support, information and the care that you need to feel confident and ready for your baby's birth. Every birth is a natural and unique event and you should receive care that meets your individual needs throughout pregnancy, birth and in the days after you and your baby go home.

Research and experience have told us that women are more satisfied with their care if they feel that there is a discrete team of staff looking after them. With this in mind, the staff at the Women's are organised into teams. You will be allocated to a team based on where you live. Our 'TeamCare' approach means that you will be cared for by the same group of doctors and midwives throughout your pregnancy, birth and the early days after your baby is born.

TeamCare means:

- your care is more personalised
- you are likely to see the same midwives or doctors from your team throughout your pregnancy, hospital stay and when you return home
- we aim for you to feel a greater sense of belonging
- your carers are more involved with your pregnancy.

Your care options

You have several options for where you can have your pregnancy care. You will have the opportunity to discuss these at your first 'booking visit'. Your options may include:

- shared care (e.g. sharing care with the hospital and a local doctor/GP or community midwife)
- community clinics staffed by the Women's
- hospital-based clinics.

These options are explained further on.

Shared Care with a GP or a community midwife

Shared Care means that most of the care during your pregnancy will be provided by either a local doctor (GP) or a community midwife. These individuals have been accredited with our shared care program and have links with the staff at the Women's. Although most of your care is provided by your GP or community midwife, you will see staff from the hospital on at least two occasions during your pregnancy, either in the hospital, or in one of the hospital's community venues. The birth of your baby will take place at the Women's.

This means you can:

- see a doctor or midwife close to your home or workplace
- see the same person through most of your pregnancy care
- get to know a GP that you can see you after your baby is born.

Some shared care providers charge fees for visits, tests and investigations. You should ask your shared care provider about any fees they may charge before using their service.

Community clinics

Research tells us that women feel the most satisfied with their care when they can access it in their local community. Of course, this isn't always possible, but we have attempted to make our services more available to women in their own communities by introducing clinics in community venues. The clinics are staffed by midwives and doctors from our hospital. You can choose to have your pregnancy visits at your community clinic and still come to the hospital to give birth. Some community clinics offer childbirth and parenting education.

To find out if there is a community clinic near you, call our information line which is listed at the back of this book.

Hospital care

If you choose to have all your pregnancy care at our hospital the majority of visits will be with a midwife who is qualified to:

- care for you during your pregnancy
- attend the birth of your baby
- care for you and your baby after the birth.

Although most women see a midwife for the majority of their care, all women will see a doctor:

- as part of their pregnancy care
- if they have not had their baby by 41 weeks
- if a problem arises or a extra visit with a doctor is needed.

Specialist support

We have a range of specialist services for women who have broader issues that may affect their wellbeing during pregnancy; including women with physical/intellectual disability and alcohol and drug problems. There are also specialist pregnancy clinics for women with complications such as diabetes, recurrent miscarriage and any other conditions which may impact on the baby or pregnancy.

These services have staff with expertise in physiotherapy, mental wellbeing, counselling, diet, peer support, social support and a variety of medical specialties.

There is also a dedicated genetic counselling service, which provides advice to women about genetic conditions like cystic fibrosis, Down syndrome and cleft palate. Counsellors will explain what tests are available and can support you with decision making.

If you need support from specialist services it will be arranged by the team providing your pregnancy care.

More information?

The hospital has a range of online fact sheets, brochures and booklets that can further explain things to you about your pregnancy. Ask your midwife or doctor if there is information that can help you. Or contact the Women's Health Information Centre who can offer you the best information for your situation.

Fact sheets can also be found under Health Information on our website: **www.thewomens.org.au**

Language Link

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للحصول على المعلومات بلغتكم زوروا موقعنا الإلكتروني

用您說的語言瞭解詳情，請瀏覽我們的網站

Για πληροφορίες στη γλώσσα σας επισκεφθείτε την ιστοσελίδα μας

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Per informazioni nella vostra lingua visitate il nostro sito web

Macluumaad intaas ka badan oo af Somali ah booqo websaytkayaga

Kendi dilinizde bilgi almak için web sitemizi ziyaret edin

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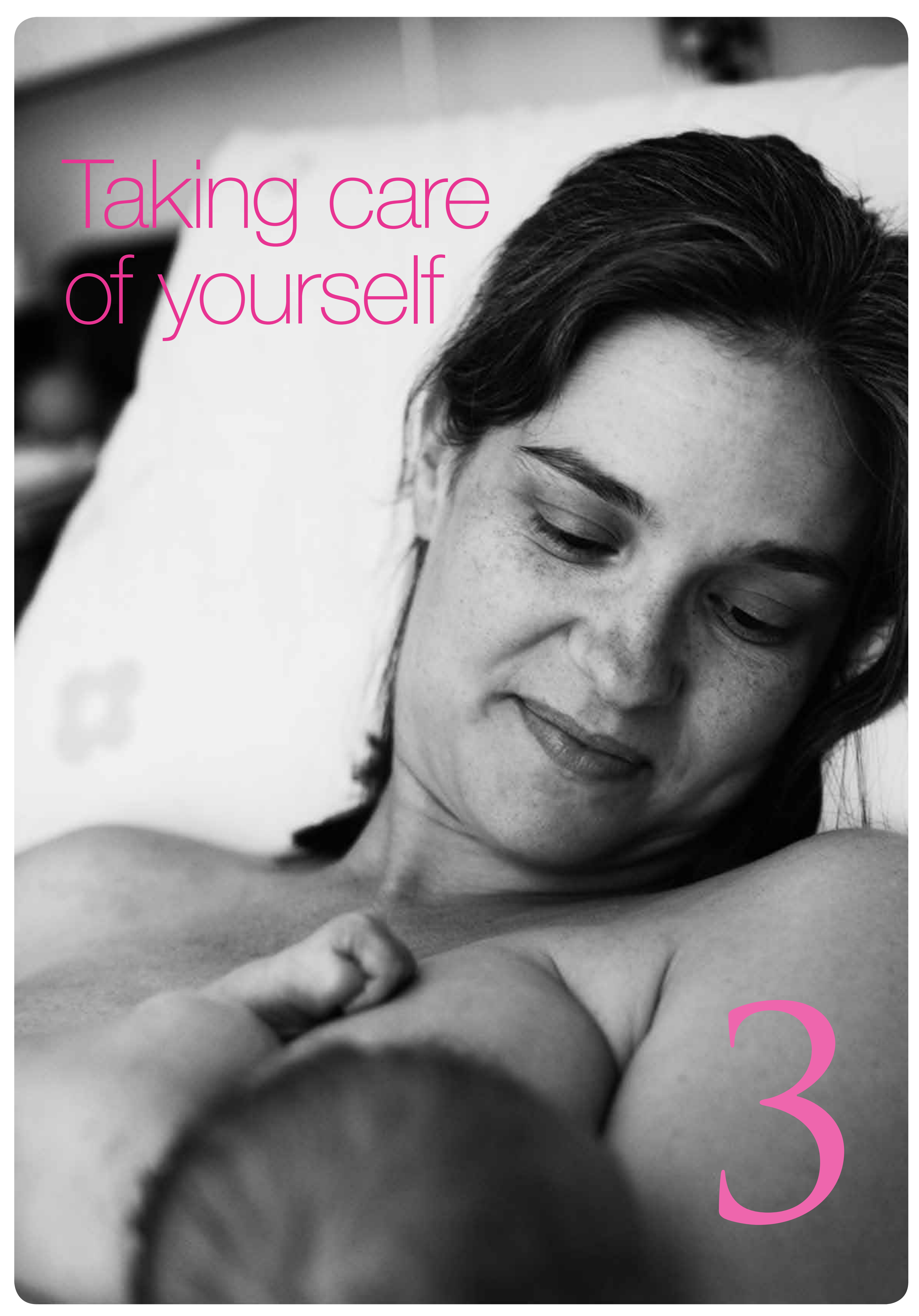
www.thewomens.org.au

3 Taking care of yourself



Medications and drugs

Not all medicines are safe during pregnancy and breastfeeding. This includes medicines that are prescribed, natural supplements or over the counter from the pharmacy or supermarket.

- Make sure your doctor or midwife knows about all the medicines you are taking.
- Make sure your pharmacist knows you are pregnant.
- Call the Women's Drug Information Line. (See back page for contact details).

Complementary and alternative medicines

The popularity of complementary therapies and medicines in pregnancy has increased during recent years. These include acupuncture, chiropractic, osteopathy, naturopathy and meditation, and include the use of a wide range of non-prescription products such as herbal preparations, homeopathic remedies, nutritional and other supplements. Unfortunately, there is still not enough evidence to tell us whether or not these treatments are always safe for you and your baby when you are pregnant and breastfeeding.

Before you do decide to use a complimentary or alternative medicine, ask the professional who is making the recommendation whether it is safe in pregnancy or when you are breastfeeding. You can also seek an opinion from your doctor or midwife or the Women's Drug Information Line which is listed at the back of this book.

Illicit drugs

Illicit drugs are harmful to your developing baby, but if you are pregnant you should not try to stop without professional support. For pregnant women using opiates such as heroin the Women's Alcohol and Drug Service (WADS) runs an in-patient methadone stabilisation program in the hospital.

Alcohol in pregnancy

As there is no known safe level of alcohol consumption in pregnancy, the safest approach is to not drink alcohol at all.

The same information applies if you are breastfeeding.

Tell us about your drug and alcohol use

If you are pregnant and using alcohol and/ or other drugs, it is important that you seek pregnancy care as soon as you think you may be pregnant. Your midwife or doctor can provide information about the possible effects of alcohol and other drugs on your developing baby and support you to reduce and cease using. They can also link you to the appropriate services for pregnancy care, counselling and support. The Women's Alcohol and Drug Service (WADS) provides information, advice, pregnancy care and counselling for women with alcohol and drug issues. Your information will remain confidential. (See back page for contact details).

Smoking

Stop smoking during pregnancy and your baby will immediately feel the benefits. It is never too late in pregnancy to stop. Smoking increases the risk of miscarriage, premature birth or having a low birth-weight baby. They are also more at risk of infections and longer-term health problems. Smoking in pregnancy and after the birth increases the risk of SIDS (cot death). There should be no smoking in your baby's environment, including in, or near, the house or in the car.

As soon as you think you may be pregnant, ask for advice and support for you and your partner to stop smoking. You can obtain free information, advice and support from a trained Quitline counsellor, or talk to your midwife and doctor.

Telephone Quitline (24-hours) on 137 848

Caffeine

Tea, coffee, cola drinks and energy drinks all contain caffeine. There is mixed evidence about the effects of large amounts of caffeine on the developing baby; however moderate amounts appear safe.

Guarana, a caffeine substance is used in some energy drinks such as V, Mother and Red Bull. These drinks are not recommended during pregnancy.

The following information is about the things you can do to help you and your baby stay healthy during pregnancy.

REMEMBER

- Some prescribed medicines and 'natural therapies' are not good for you or your baby when you are pregnant.
- When you are pregnant or breastfeeding, do not take medication without first asking ask your midwife, doctor, pharmacy or therapist if it is safe.
- Illicit drugs are dangerous for your unborn child, but you will need help to stop. Contact the Women's Alcohol and Drug Service.
- Smoking will harm your baby. Contact the Quitline to help you give up smoking **137 848**.

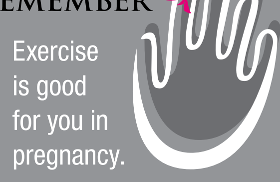
Helpful hints

When you feel the urge to smoke

Things you can do:

- distract yourself for the five to ten minutes it takes for a craving to pass
- relax, take several deep breaths with a pause between each breath
- drink a glass of water slowly (this really works!)
- use nicotine lozenges or gums, the nicotine dose is lower
- call a friend
- practise your pelvic floor exercises
- change any habits you associate with smoking
- take it a day at a time and reward yourself for success
- call the Quitline **137 848**

REMEMBER



- Exercise is good for you in pregnancy.
- You should exercise within your limits – don't overdo it.
- Get advice if you are not sure.
- Take it easy after you give birth and start a gentle exercise routine when you feel ready.

Exercise and back care

Is exercise safe in pregnancy?

Exercising within your limits is very good during pregnancy. As your baby grows, your stomach muscles need to be strong to support the baby's weight, your leg muscles need extra strength so you can climb stairs and get in and out of cars, and your back needs to be strong to lift and carry. The best exercise should be enjoyable, done in moderation and something that you can do on most days of the week. Physical activity will help you to stay well, feel positive and cope with the challenges of becoming a mother.

If you were inactive before you were pregnant, it could be harmful to you and your baby to suddenly take-up strenuous exercise. Seek advice and find out what is appropriate for you.

Contact the Physiotherapy Department at the Women's or your local council for classes with qualified instructors.

Classes available

- Pregnancy Fitness Class
- Back care during Pregnancy
- Pregnancy and postnatal Pilates
- 'The Essentials'- Pelvic floor and Abdominals

Posture and back care

Your posture changes during pregnancy. As your baby grows, your abdomen increases in size and shifts your centre of gravity. Subconsciously, you may change the way you stand, sit and walk. It is important to be aware of your posture and maintain a correct posture while gently tightening your lower abdominal muscles to support the weight of your baby. The Physiotherapy department runs the 'Back care during pregnancy' class every two weeks. This class is good for all pregnant women because it offers tips for managing pain and posture changes during pregnancy.

When to start exercising after your baby is born

You need rest rather than exercise in the early days after you have had your baby.

You can start gently exercising within weeks whether or not you had a caesarean or a vaginal birth. Your body will let you know when you are ready. However, you shouldn't exercise (including swimming) if you have:

- pelvic pain
- vaginal bleeding
- anaemia (low blood count).

Otherwise, begin a brisk walking program as soon as you are able then gradually progress back to your normal sport and exercise. There are no time lines for getting back to sport or full fitness, so start gradually and progress as you feel able.

Come to the Postnatal Physiotherapy class before you leave hospital to find out how and when to start exercising after the birth. The classes are held on the postnatal ward on Monday to Thursday and Saturday mornings at 10am.

Staying fit

- Choose exercises such as walking, swimming and yoga.
- Use gentle stretches to prevent over-stretching muscles and damage to already softened joints.
- Avoid overheating in hot weather (spas and saunas) as this can affect your baby and don't do vigorous exercise especially in crowded rooms or hot/humid conditions.
- Drink plenty of fluids.

Check with your midwife or doctor as to your particular health needs. Yes, you can still play sport if it is of a moderate intensity; you can walk, swim or join a moderate intensity exercise class. And, best of all, if you stay healthy, you can continue exercising right up until your baby is born.

If you experience any of the following symptoms whilst exercising stop and contact your health care provider:

- dizziness
- vaginal bleeding
- contractions
- pain
- unusual shortness of breath
- headaches or nausea
- decreased baby movements
- 'waters' are leaking.

Avoid sports such as scuba diving, parachuting, martial arts, trampoline and horse riding, as these can be dangerous for pregnant women.

For more information we recommend the following website **www.ausport.gov.au**

Healthy eating for you and your baby

Eating well

During pregnancy it is important for both you and your baby that you eat well. You need more nutrients, but not necessarily more calories. This means you need to focus on the **quality** and **variety** of foods you eat rather than increasing the **amount** you eat.

If you eat regular meals and include fruit and vegetables, breads and cereals, dairy foods and lean meats (or other protein alternatives), you will be getting most of the nutrients that you need.

During pregnancy your body needs more folate, iron, calcium, vitamin D and iodine.

A **vegetarian diet** can be very healthy if care is taken to replace animal foods adequately. If you exclude all animal foods you will need a Vitamin B12 supplement while you are pregnant and breastfeeding. Vitamin B12 is an important vitamin for brain development in your baby.

Advice about food, diet, nutrition, supplements and weight during pregnancy is available from your midwife, doctor or a dietitian. Dietitians have specialist knowledge about nutrition during pregnancy and can provide expert advice about any problems with your diet. You can see a dietitian any time during your pregnancy. (See back page for contact details).

Do I need extra vitamins or minerals?

Folate-rich foods

Folate (or folic acid) is a vitamin found in a variety of foods. It is recommended that you take a folate supplement for one month before you get pregnant, and continue for the first three months of pregnancy, to reduce the risk of your baby having neural tube defects such as spina bifida (a type of birth defect). As well as eating foods rich in folate, a daily supplement containing 500mcg folic acid is recommended.

fats oils sweets

dairy

proteins

vegetables

fruits

bread/grains

If you have a family history of spina bifida or cleft palate, or you are on anti-epilepsy medication, it is important to talk to your midwife or doctor about this (preferably before you become pregnant), as it may be recommended that you take higher doses of folic acid before becoming pregnant.

Iron

More iron is needed during pregnancy to make red blood cells in both mother and baby. A lack of iron can often leave you anaemic and tired and less able to fight off infections. If you have had any unexpected blood loss during the birth, a lack of iron can slow your recovery.

Some women can't get enough iron from food, so you may require an iron supplement. Your doctor or midwife can recommend what you will need.

Calcium

Calcium is important for development of your baby's bones.

If you don't eat these foods regularly you may need a calcium supplement.

Vitamin D

Vitamin D helps the body to absorb calcium from food.

The following women are at risk of Vitamin D deficiency. Women who:

- have darker skin
- cover most of their body in clothing
- spend most of their time indoors.

This can cause bone weakness, muscle pain in women and skeletal abnormalities (rickets) in babies. If you are at risk, your levels will be checked and you will be offered supplements if your levels are low during pregnancy and while breastfeeding.

Iodine

Iodine is needed for normal mental development of your baby. The amount of iodine needed increases during pregnancy, but only small amounts are found in most foods.

Helpful hints

Good sources of **folate** include green leafy vegetables, oranges and nuts. It is added to some breakfast cereals, juices and bread.

Iron is found in red meat, chicken and fish with smaller amounts in beans, pulses, nuts and seeds and green leafy vegetables, wholemeal breads and cereals.

Calcium is present in milk, cheese, yogurt and most soy milks.

Vitamin D is mostly made in the skin by the action of sunlight, but a small amount comes from diet, such as oily fish, egg yolks, margarine and some brands of milk.

To increase your **iodine**, either eat fish one to three times per week (limit the types of fish with high mercury), buy iodised salt or take a multivitamin that includes iodine.

REMEMBER

- Eat a range of foods; fruit, vegetables, grains and pulses.
- Quality not quantity.
- Make sure your hands, food and utensils are well washed to avoid contamination.
- Talk to you doctor or midwife about supplements.
- Fish is good but some fish should be limited.

Fish

Fish is a good source of omega 3 fatty acids, which your baby needs for brain and nervous system development. Eating fish is encouraged during pregnancy; however, some types should be restricted as they may contain higher levels of mercury.

You may eat one to three serves per week of any fish, tuna and seafood not listed below (an average serve is 150 grams)
or
one serve per fortnight of shark (flake), broadbill, swordfish or marlin and no other fish eaten that fortnight
or
one serve per week of orange roughy (sea perch) or catfish and no other fish eaten that week.

Weight

Weight gain varies between women and may depend on your pre-pregnant weight. Weight gain averages from 10 to 16 kilos. If you were underweight at the start of your pregnancy you can afford to gain more than the average.
If you were overweight you may aim to gain less; however, strict dieting is not recommended.
If you are worried about your weight and diet, you can contact the hospital's dietitian.
(See back page for contact details).

Food safety and hygiene

There are two infections that can be caused from contaminated food. Although these infections are extremely rare, they can harm your developing baby.

Toxoplasmosis is caused by a parasite found in raw meat and in cat faeces.

To reduce the risk of toxoplasmosis:

- wash your hands well after handling pets or gardening
- wash salad vegetables thoroughly
- cook meat thoroughly
- avoid contact with cat faeces, wear gloves to dispose of cat litter.

Listeria is a bacterium that can contaminate food and cause infection. Although listeria infection is uncommon, it is very dangerous for pregnant women and their unborn babies.

To prevent listeria infection:

- thoroughly wash your hands, cooking utensils and chopping boards
- thoroughly wash raw vegetables and fruit
- avoiding high risk foods (soft cheeses, feta cheese, cold cooked chicken, cold sliced meats, paté, uncooked or smoked seafood, pre-prepared salads and soft-serve ice-cream).

Refrigerate leftover food as soon as it has stopped producing steam. When you reheat food make sure it is piping hot, as heat kills listeria.

Excess Vitamin A

In excess, Vitamin A can be harmful to your developing baby. As liver contains very large amounts of Vitamin A, limit your intake to small amounts (50g per week at most). There is no danger of excessive Vitamin A intake from other foods. However, it is often present in multivitamin supplements, so before buying them, ask if the supplements are recommended for pregnancy.

Common concerns in pregnancy

Many women feel very well in pregnancy, but others will experience one or a number of concerns that are quite normal. There will almost always be things you can do to manage your symptoms, although you may need support from your midwife or doctor, in some cases you may even need medication. If your symptoms become severe you should contact the hospital immediately.

Common symptoms are:

- morning sickness – nausea and vomiting which may last on and off all day
- constipation
- leg cramps
- food cravings and aversions
- backache and tiredness
- frequent need to pass urine
- heartburn
- varicose veins
- rashes and itching
- stretch marks and skin changes.

Hair dyes and hair removers

Little research is available on the use of hair dyes or hair removers during pregnancy. Although generally considered safe during pregnancy (as very little is absorbed through the scalp), we suggest you avoid using hair dye or removers products in the first three months of pregnancy.

If you do dye your hair when you are pregnant we advise you to:

- always remain in a well-ventilated area
- go to a hairdresser rather than doing it at home
- wear gloves or ask someone else to apply it for you
- follow the instructions on the package and do an allergy test beforehand.

Dental care

In pregnancy, dental care is important because, due to hormonal changes, you are more likely to develop tooth decay and gingivitis (where gums become red, swollen and bleed easily). The increase of gum disease or bacterial infection of the gums has been shown to be associated with premature and low birth weight infants. Good dental health prior to pregnancy means that minimal dental treatment will be necessary during your pregnancy. If you have a dental emergency during pregnancy, X-rays may be required. Today, X-ray machines emit tiny doses of radiation and are directed at a highly localised area. They are generally safe in pregnancy, but always let your dentist know that you are pregnant.

Immunisation

Check with your doctor that your immunisations are up to date. These include: measles, mumps, rubella, chickenpox, diphtheria, tetanus and whooping cough. The doctor can order a blood test to check your protection.

The symptoms of influenza (i.e high temperature) may be harmful for you and your baby. Influenza vaccine should be given before or during pregnancy, especially if you are pregnant in the flu season. Pneumococcal vaccine is recommended for women with risk factors, including smokers, when planning pregnancy.

Our protection to whooping cough lessens over time and therefore a whooping cough vaccine is recommended for people planning a pregnancy or as soon as possible after the baby is born. Several studies of infants with whooping cough show that parents were the main source of infection.

(For info about your baby's immunisations see page 40).

Work

If you plan to work throughout your pregnancy, assess your workplace and the daily activities that you are involved in to determine if there are any potential hazards. If you have concerns about your job or your environment, discuss them with your midwife or doctor. Your employer should provide alternative work activities while you are pregnant. Some women work all the way through their pregnancy, while others may finish work several months before their due date. There is legislation in Australia protecting women who are pregnant from discrimination in the workplace.

For more detailed information go to the government's Equal Opportunity website **www.eoc.vic.gov.au**

Telephone 1300 292 153

Travel

The safest time for a pregnant woman to travel is after 20 weeks and before 32 weeks, if you are well. You should take into consideration the standard of medical care in the country to which you are travelling. In some developing countries the medical facilities are lower and the risk of disease is higher. Talk to your travel insurance provider about insurance for pregnancy management in the country or countries that you are visiting.

Air travel in the later stages of pregnancy can trigger premature labour. Your midwife or doctor will advise you about travel and vaccinations. Individual airlines also have policies on pregnancy and travel. While travelling on a plane, drink plenty of fluids, move and stretch your legs.

Wearing seat belts

No matter what stage you are at in your pregnancy, it is essential that you always wear a seat belt. By wearing a seat belt you are protecting yourself and your unborn baby in the event of an accident. Remember, it is illegal not to wear a seat belt, unless you have a current medical certificate from your doctor.

Helpful hints

Morning sickness

Although nausea is more common in the morning and early stages of pregnancy, it can happen at any time of the day, or any stage of your pregnancy. It usually starts at about the sixth week and settles by about 14-16 weeks. The cause is unknown, though it has been linked to the changes in hormone levels during pregnancy.

Tips for relief:

- eat small meals and snacks frequently
- drink plenty of fluids
- get plenty of rest
- avoid triggers like rich foods and strong smells.

If nothing works see your midwife or doctor. There are medications available for controlling morning sickness that are safe during pregnancy.

"I think you have more extreme emotions. You get easily upset about things and just as easily you're happy again!". JESSICA

Mental Health Services for women

Pregnancy and the early months after birth are times when anxiety, depression or other mental problems may first begin. If you experience any of these problems or you feel like your emotions are 'out of control' or unmanageable, we can help you. We provide a mental health assessment, treatment or referral to a psychiatrist, psychologist or mental health service in your area. *(See back page for contact details).*

Telephone
Monday to Friday
9.00am to 5.00pm

Emotional 'ups and downs'

During pregnancy, women experience a range of physical and emotional reactions. There is an intense focus on the mother's body and then after the birth there is a baby to care for. Hormonal changes are responsible for most of the emotional ups and downs. You may experience teariness or sadness for no apparent reason. In the early months you are also likely to be feeling extremely tired. Many women also experience some degree of nausea. Talking to your partner or a health professional about your feelings can often help you to see things differently.

Depression

During pregnancy women tend to expect an emotional rollercoaster ride. Consequently, the signs of depression can go unnoticed. It is important to keep a check on how you are feeling emotionally and to let someone know if you are:

- low a lot of the time, anxious or tense
- feeling guilty
- feeling that things are hopeless
- not enjoying things you normally enjoy
- crying all the time
- irritable
- finding it hard to sleep, concentrate or make decisions
- wanting to harm yourself.

Talk to your midwife or doctor so that they can make sure that you get the support you need.

Your partner's feelings

Your partner may be feeling very excited about the new baby, but they might also be feeling a bit confused about *your* feelings and the changes that are happening to you. Try to keep talking to your partner about what you are experiencing. This can help you both adjust to the changes happening in your life.

For fathers, we offer a men's only childbirth education class called Talking Dads. Contact Childbirth Education.

For more detailed information

- Visit our website **www.thewomens.org.au** and browse our fact sheets.
- Information is available in languages other than English.
- Ask for more information when you visit the hospital.

When to contact the hospital
If at any stage during your pregnancy you are worried about yourself or your baby, talk to your midwife or doctor at your pregnancy visits.

You can also contact the Women's Health Information Centre Monday to Friday 9.00am to 5.00pm *(See back page for contact details).*

For urgent care any time contact the Emergency Department.

Language Link

በርስዎ ቋንቋ መረጃ ለማግኘት በድረገጻችን ላይ ይጎብኙ
للحصول على المعلومات بلغتكم زوروا موقعنا الإلكتروني
用您說的語言瞭解詳情，請瀏覽我們的網站
Για πληροφορίες στη γλώσσα σας επισκεφθείτε την ιστοσελίδα μας
अपनी भाषा में जानकारी प्राप्त करने के लिए हमारी वेबसाइट पर जाइए
Per informazioni nella vostra lingua visitate il nostro sito web
Macluumaad intaas ka badan oo af Somali ah booqo websaytkayaga
Kendi dilinizde bilgi almak için web sitemizi ziyaret edin
Để biết thông tin bằng ngôn ngữ của quý vị, hãy truy cập trang mạng của chúng tôi

www.thewomens.org.au

"Sometimes it draws us together and sometimes it pulls us apart. When we first found out about the baby, we were edgy. We snapped at each other a lot. Then it got better, but it can still be up and down". KEN

REMEMBER

Pregnancy partners can

- be there for the ultrasound
- participate in decisions about your care
- talk to other friends who are parents
- go with you to childbirth education classes
- feel the baby kick
- support you through your labour and birth
- get involved with the care of the baby as soon as possible after the birth.

"I didn't understand the feelings, let alone tell anyone".

ESTHER

Violence – doesn't have to be part of your pregnancy

If you are in a relationship where you are experiencing verbal, emotional, sexual, financial, spiritual and or physical violence, talk to your midwife, doctor or counsellor. Violence can have an enormous impact on you, your pregnancy, your baby's health and the wellbeing of other children. Some abuse can start in pregnancy and may worsen. You don't have to go into details, but your midwife, doctor or counsellor can help you to plan and support you for the birth and afterwards.

The Women's can provide you with confidential information and support. See the back of this book for contact details for the following services at the Women's.

Support and information

Women's Social Support Services

Centre Against Sexual Assault (CASA) (24-hours, 7 days a week)

You can also contact the following community services

Women's Domestic Violence Service of Victoria (24-hours, 7 days a week) **(03) 9322 3555**

Immigrant Women's Domestic Violence Service **(03) 8413 6800**

Police **000**

Coping alone

If you are pregnant and on your own it can be very difficult to find people with whom you can share your feelings and who can offer you support. Sorting out problems, whether personal, medical or financial is often difficult by yourself. It is better to find someone to talk to rather than let problems get you down.

Things to think about

- Choose a friend, sister or mother to come to childbirth education classes with you.
- Is there a particular person who is close by and able to be there to support you after having your baby?
- Will your baby need child care if you go back to work?
- What single parent benefits are you entitled to and for how long?
- What services are available in your local community that can help to support you and your baby?

Sex during pregnancy

Women and their partners are often concerned that having sex will harm their developing baby. If you are experiencing a normal healthy pregnancy and you want to have sex, there is no reason not to. It will not harm you or your baby.

Some women don't want to have sex during pregnancy. You may prefer just to be held, touched or massaged by your partner.

Later in pregnancy, sex may not be that easy. You may have to find different positions. This can be a time to experiment and explore together.

Always ask your midwife or doctor for advice if:

- spotting occurs following sex (this can be normal)
- there is heavy bleeding
- you've had previous miscarriages
- your waters have broken (this can cause a risk of infection to the baby).

Will you need help when you go home?

The Women's can organise support services in your local community. Talk to a midwife or hospital team member if you need:

- extra help with house work, meal preparation and shopping
- support with caring for other children or others dependent on you
- home nursing.

Contact the Post Acute Care Program *(See back page for contact details)*

Your visits

4

Helpful hint

Before each visit write down questions to ask your midwife or doctor.

In this section we give you an overview of the visits you will have at either the hospital, with your shared care provider or community clinic. This is only a guide; some women will have fewer visits and some will need to have more. The visits will vary according to your needs. Try to use this section as a guide to make sure you are on track with tests, discussions with the midwives and the things you need to organise.

What is a routine check up?

At each visit a midwife or doctor will:

- follow-up and discuss any tests you may have had or are about to have
- check that you are physically well (e.g. blood pressure check)
- answer any of your questions (you may like to write any questions down before your visit)
- check how your baby is growing and positioned by feeling your abdomen and listening to your baby's heartbeat
- help you prepare for your labour and birth and taking your baby home.

REMEMBER

It's ok to ask questions

Asking questions helps you understand more about your care and remember it's your right to:

- be fully informed about any tests or treatments you're asked to have
- refuse any treatment or tests you're offered.

your first visit
booking in at the Women's

Things to talk about at your first visit

The following topics will be discussed at your first hospital visit:

- your pregnancy care record
- your pregnancy care options
- breastfeeding – the benefits for you and your baby (see Breastfeeding – Information to consider page 40) This is also a good time to book in for breastfeeding classes
- diet and nutrition
- genetic advice about inheritable conditions
- physical and emotional changes in pregnancy
- your birthing options if you have had a previous caesarean birth
- things that can potentially harm your baby – smoking, drug and alcohol use.

When is the first appointment?

Your first appointment could be any time between **12 weeks and 20 weeks**, depending on when you made your appointment. However, it is our aim to see all women between 12 and 16 weeks.

What to bring to your first appointment at the Women's

- Medicare card
- Health Care card
- confirmation of your appointment letter
- a copy of any test results from your doctor (GP) (if you have any)
- your local doctor's contact details
- if you are from overseas you will need to bring details of your private health insurance and your passport (some countries have reciprocal health care arrangements with Australia).

What happens at the first visit?

All women (including those who are doing shared care) will have their first visit at the hospital or community clinic.

The midwife or doctor will ask you questions about your health, illnesses, medications that you are taking, operations you have had and any previous pregnancies.

You will discuss:

- when your baby is due
- information that may affect your pregnancy such as your family's health
- whether you are likely to have a straight forward pregnancy or whether you have more complex pregnancy needs.

You will also be asked about your family's medical history, which includes diabetes, blood pressure, heart problems and even a history of twins.

We also ask all women about:

- domestic violence
- whether they have support from family and friends
- previous miscarriages or abortions.

This is to make sure that all women are offered appropriate information, support and referral.

You will also be offered the following tests:

Blood tests to check the following:

- blood group and Rh factor haemoglobin and iron levels
- immunity to rubella (German measles)
- exposure to hepatitis (a disease of the liver)
- sexually transmitted diseases such as syphilis and HIV (this test is offered with pre and post-test counselling)
- Thalassaemia (an inherited disorder that affects the production of haemoglobin).

Urine test to check for infection.

The following blood tests are also offered but only to women who are at risk:

- Vitamin D (deficiency that can occur from lack of exposure to sunlight)
- Hepatitis C.

Your due date

The unborn baby spends around 38 weeks in the womb, but the average length of pregnancy (or gestation) is counted as 40 weeks. Pregnancy is counted from the first day of your last period, not the date of conception, which generally occurs two weeks later.

Some women are unsure of the date of their last period (perhaps due to period irregularities). A baby is considered full-term if its birth falls between 37 and 42 weeks. If you have a regular 28-day cycle, a simple method to calculate when your baby is due is to add seven days to the date of the first day of your last period, then add nine months. For example, if the first day of your last period was February 1, add seven days (February 8), and then add nine months for a due date of November 8. An ultrasound may be done if there is uncertainty about your dates.

Your midwife or doctor can work out your due date at your first hospital visit.

Pap test

It is safe to have a Pap test in pregnancy unless the doctor advises otherwise. You are more likely to have some bleeding after a Pap test in pregnancy, but the bleeding is from the neck of the uterus, not the pregnancy itself.

between 12 and 20 weeks

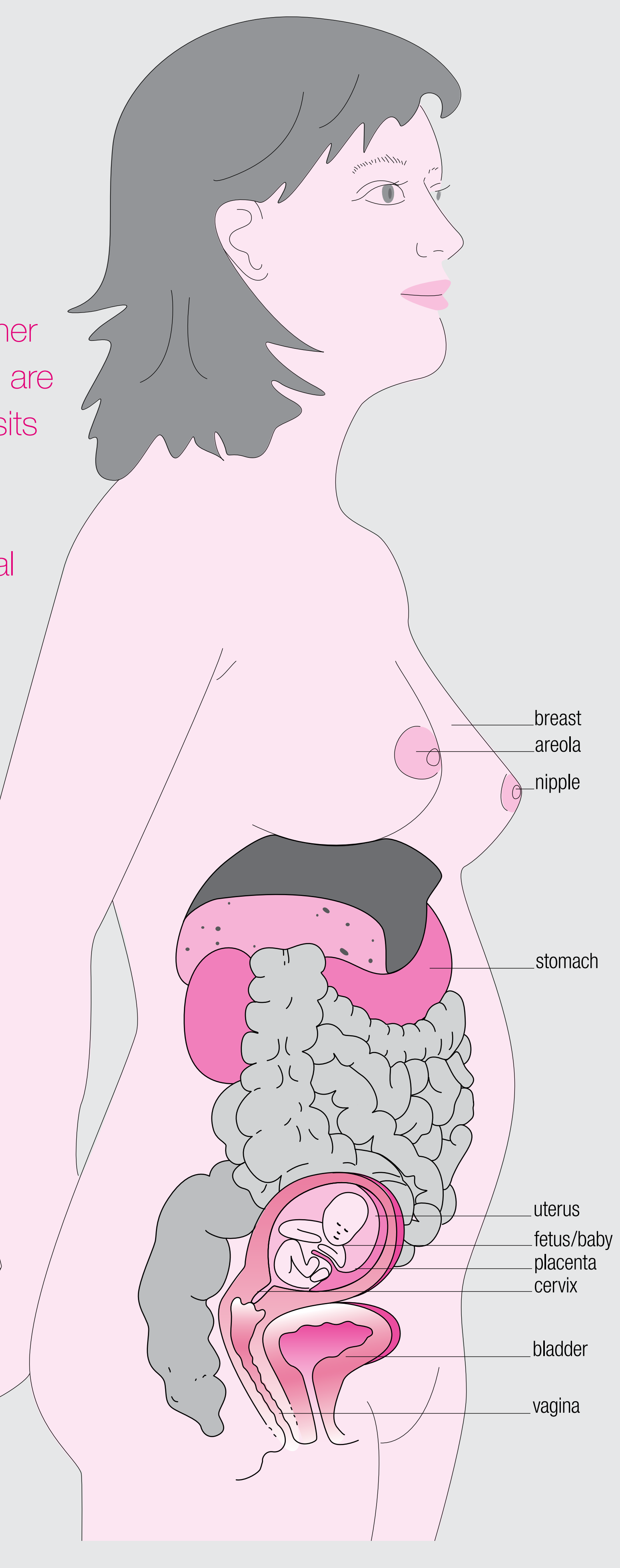
Apart from your first visit, you may have up to two other visits during this time. If you are doing 'shared care', your visits will be with your midwife or doctor, otherwise you will come into either the hospital or your community clinic.

You

- may be feeling tired and irritable
- may feel your breasts have grown in size and have become more sensitive
- may have cravings for different foods
- might be worried about having sex. Sex is fine at any time during pregnancy as long as you are comfortable. If bleeding does occur after sex it should be investigated but it is usually not anything to worry about.

Your baby

- is about 5cm long
- weighs about 15 grams
- is forming fingers and toes
- is developing facial features
- is forming organs, the heart, brain and the nervous system.



THINGS TO TALK ABOUT

- Exercise, posture and back care.
- Diet and nutrition.
- Work.
- Travel.
- Sex.
- Rest.
- Booking your childbirth education classes.
- Things that can harm you and your baby – such as smoking, drugs and alcohol use.
- Breastfeeding.

What is the placenta?

The placenta or afterbirth is responsible for the growth of the baby. It supplies the baby with nutrients and oxygen, removes waste products and acts as a barrier against some harmful substances. Substances such as alcohol, nicotine and other drugs can pass to the developing baby via the placenta. It also produces hormones that help to maintain the pregnancy. The placenta is commonly called the afterbirth because it is expelled from the uterus after the baby is born. It begins to form soon after conception and is well established after the tenth day. There is good circulation through the umbilical cord by the tenth week of pregnancy.

Position

The placenta usually attaches itself to the top of the wall of the uterus. However, sometimes the placenta attaches to the lower part of the uterus very near or over the cervix (called placenta praevia). This may lead to complications and sometimes causes bleeding in pregnancy or it maybe necessary to deliver the baby by caesarean birth. But, in the majority of cases where the placenta is low in early in pregnancy, the uterus will get bigger and the placenta will move away from the cervix.

Female circumcision

If you have had a circumcision (traditional cutting) now is a good time to talk about having your circumcision reversed.

For more information telephone FARREP on (03) 8345 3058

To make an appointment to have you circumcision reversed telephone (03) 8345 3032 or 3037.

Thinking about breastfeeding

Breastfeeding is the natural way to feed your baby and helps to develop a special bond between you and your baby. Breast milk provides all the nutrition your baby needs for the first six months of life and forms the major part of nutritional requirements throughout the first year and beyond.

At your first appointment you will have an opportunity to start talking about breastfeeding with a midwife.

Read **Breastfeeding – information to consider** on page 40. This will help to inform your decision about breastfeeding. If you have any questions or concerns about breastfeeding, talk about them now with your midwife or ask a lactation consultant in our **Breastfeeding Education and Support Services.**

Call to make an appointment (see back page for contact details), or book for breastfeeding classes through the **Childbirth Education Department**. You can also talk to experienced breastfeeding mothers at the **Australian Breastfeeding Association on telephone 1800 686 2 686.**

At 20 weeks

You

- may feel flutters (small, fast movements) from your baby. If it is your first baby you may not feel any movements until 22 to 23 weeks
- may feel your morning sickness is easing
- can feel the top of your uterus at your belly button.

Your baby

- is about 16cm long
- weighs around 100 grams
- curled up, is about the size of your hand
- has formed and maturing organs
- is developing rapidly
- is being provided for by the placenta.

Braxton Hicks contractions

Most women start to feel Braxton Hicks contractions about halfway through their pregnancy. These weak, usually painless contractions will help to prepare your uterus for the birth of your baby. They might become more intense and frequent the closer you get to your birthing time.

Ultrasound

We recommend an ultrasound between 19 and 21 weeks. Ultrasound appointments at the Women's are limited to women who are at risk of pregnancy problems. Your local doctor (GP) can refer you to an ultrasound service near your home.

Pelvic power

Your pelvic floor muscles make up the floor of the pelvis and support the organs and the uterus inside your pelvis. The weight of the baby can stretch these muscles and may cause you to urinate when you cough, sneeze or laugh.

Try the following pelvic floor exercise:

Step 1
Sit, stand tall or lie on you back with your knees bent and legs comfortably apart.

Step 2
Close your eyes, imagine the muscles you would tighten to stop yourself from passing wind or 'to hold on' when you need to pass urine. If you can't feel a distinct tightening of these muscles, ask for some help from a women's health physiotherapist. She will help you to get started.

Step 3
Now that you can feel the pelvic floor muscles working, tighten them around your front passage, vagina and back passage as strongly as possible and hold for three to five seconds. By doing this, you should feel your pelvic floor muscles 'lift up' inside you and feel a definite 'let go' as the muscles relax. Breathe normally while holding these muscles. If you can hold longer (but no more than a maximum of eight seconds), then do so. Remember, the squeeze must stay strong and you should feel a definite 'let go'. Repeat up to ten times or until you feel your pelvic floor muscles fatigue. Rest for a few seconds in between each squeeze.

Steps one to three count as one exercise set. If you can, do three sets per day in different positions.Your midwife, continence nurse or physiotherapist will help you with these exercises or you can attend **'the essentials class'** or our special **'pelvic floor and abdominal exercise class'**.

Bookings are essential through the Physiotherapy department 8345 3160

Helpful hint

Relaxation

Now is the best time to learn how to relax. It will help you cope with stress, tiredness and ease pain in labour. Learning breath awareness and relaxation will also benefit you after your baby is born.

Childbirth education and physiotherapy classes are available for you to practice these techniques with your support person.

Interpreters and information are available in languages other than English

"I want to know if the baby is alright. I think it's always in the back of your mind, you worry about what you do and whether it will damage the baby".

SARAH

THINGS TO TALK ABOUT

Questions you might want to ask about tests include:

- Is this test/treatment routine in pregnancy?
- How does it work?
- Why do I need it?
- What are the benefits to me and my baby?
- Are there any risks to me or my baby?
- Do I have to have it?
- What happens if the test results are positive? Or negative?
- What are the chances of the test result being wrong (a false negative or false positive)?

Why we test urine

We only routinely test urine after the first visit to test if you have medical problems, you are at increased risk of developing pre-eclampsia, or your blood pressure is raised.

Test results

At the Women's we do not give test results over the telephone. Test results can only be given in person. If your midwife or doctor has any concerns with results they will contact you by letter or telephone.

Tests available in pregnancy

There are two kinds of tests that can be done in pregnancy.

1. **Screening tests** can tell you if you are at risk of having a baby with birth defects. These tests cannot give you a definite yes or no answer.
2. **Diagnostic tests** can tell you if your baby has a defect.

Women can choose whether or not to have tests to find out their risk of having a baby with a birth defect.

Some of these tests need to be done in early pregnancy. If your first appointment is not until after 20 weeks and you wish to have these tests done, you will need to organise them with your doctor (GP).

The **Genetic Counselling Service** provides information sessions for women who are thinking about having tests done.

Screening tests

First trimester combined screening test
This test combines the results of a blood test taken at around 10-12 weeks and an ultrasound at 11-13 weeks. The test will show the risk or your chance of having a baby with **Down syndrome** or **Trisomy 18.** It will not tell you if your baby *has* **Down syndrome.**

If you are at increased risk you will be offered a diagnostic test, either a CVS (Chronic Villus Sampling) or amniocentesis.

This test is not available at the Women's but can be arranged privately through a doctor (GP) and will involve some out-of-pocket expense.

Maternal serum screening
This is a blood test collected between 15-20 weeks of pregnancy. The test shows your risk or your chance of having a baby with **Down syndrome, Trisomy 18** or neural tube defects such as spina bifida. If the test shows you are at an increased risk you will be offered amniocentesis and ultrasound.

Diagnostic tests

Diagnostic tests may only be arranged after you have attended an information session with the Genetic Counselling Service.

Chorionic Villus Sampling (CVS) – 11-12 weeks of pregnancy
In this test **a small** sample is taken from the placenta under ultrasound control and is used to diagnose **Down syndrome** or in some cases other genetic conditions such as cystic fibrosis. CVS has a one in one hundred or one percent (1%) risk of causing a miscarriage.

Ultrasound scans
A second trimester scan is recommended at about 19-21 weeks of pregnancy. This scan is used to identify physical and structural abnormalities including spina bifida, heart and limb defects.

Amniocentesis – 15-18 weeks of pregnancy
A sample of amniotic fluid (the 'waters') is collected and can be used to diagnose **Down syndrome** or some other genetic conditions. Amniocentesis has a one in two hundred risk of causing a miscarriage.

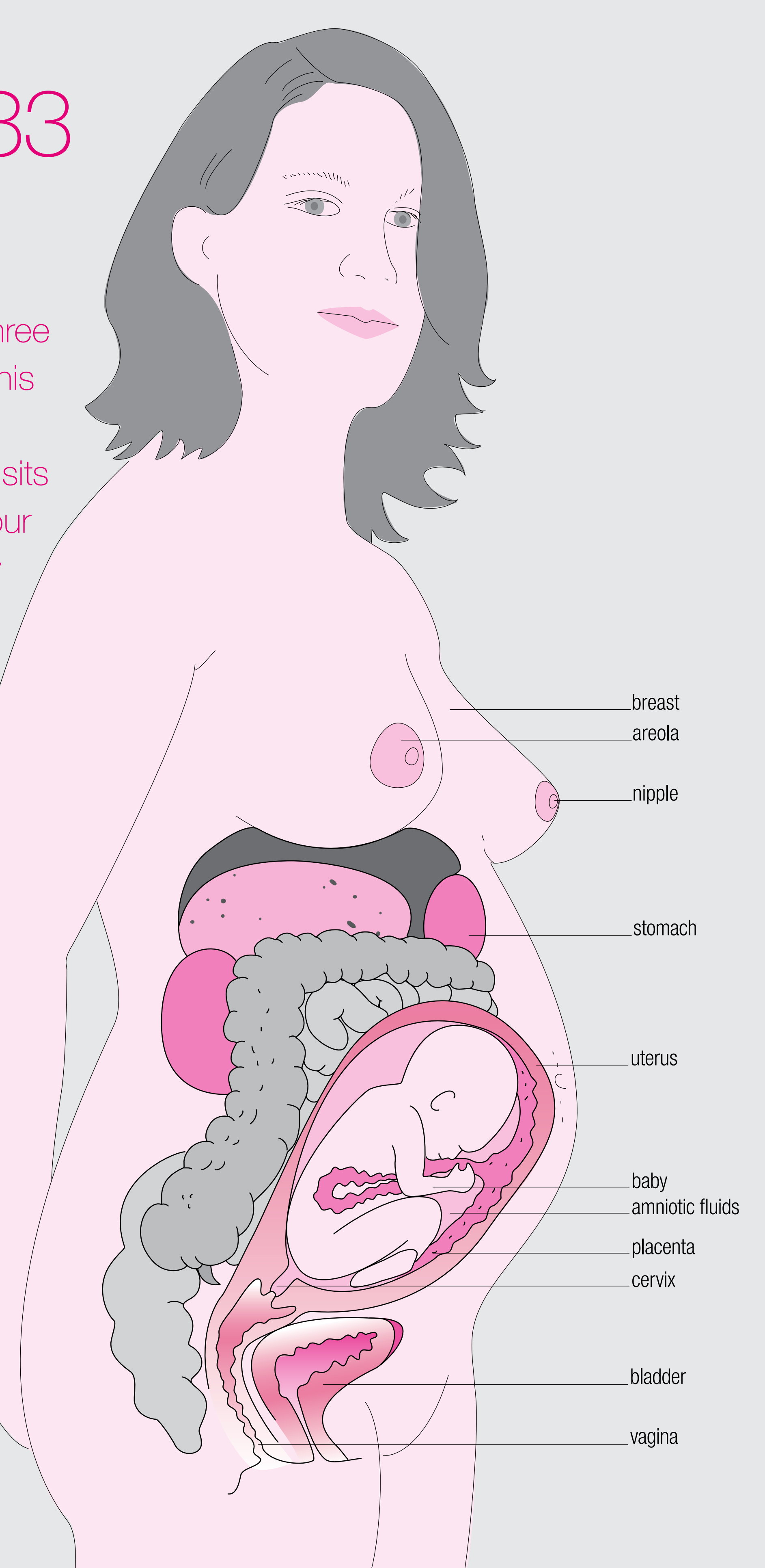
For further information and to discuss your risk factors contact the **Genetics Counselling Service.** (See contact information at the back of the book).

If you would like more detailed information about tests and investigations please ask your midwife or doctor for the booklet *A Guide to Tests and Investigations*.

between 21 and 33 weeks

Most women have three routine visits during this time. If you are doing shared care, these visits will be mostly with your doctor or community midwife, otherwise you will go to the hospital or community clinic.

Most women will also have one longer visit during this time to prepare for your hospital stay. This visit is always at the hospital or the community clinic.



At 26 weeks

You

- may feel Braxton Hicks contractions (sometimes called practice contractions)
- may have a little more discomfort as your uterus is now under your ribs
- may have heartburn and indigestion
- may have backache
- are having check-ups every two to four weeks.

Your baby

- is 33cm long
- weighs 800 grams
- is moving more and the movements are stronger and usually in a regular pattern
- is usually awake when you want to sleep
- responds sound and light
- has the first signs of hair growth
- has a protective substance called vernix covering the skin
- can swallow fluid and may get hiccups
- practices sucking
- has working kidneys.

At 30 weeks

You

- may get breathless
- may have indigestion and heartburn
- might have leg cramps
- may find it hard to get comfortable.

Your baby

- is 38cm long
- weighs 1400 grams
- has lungs and a digestive system which is almost mature
- has fat building up under the skin from now on, giving your baby a chubby look when it is born.

Preparing for your hospital stay

Between 26 and 33 weeks you will have a visit that will start to prepare you for your hospital stay, your birth and going home after the baby is born. You will have a routine check and be offered a test for gestational diabetes (see page 50). You will also have a blood test. This visit will be longer than previous visits.

Anti-D

A blood test in early pregnancy tells if you are Rh positive or Rh negative. Most women (85%) are Rh positive. If you are Rh negative and your baby is Rh positive it can cause health problems which can be treated. Rh negative women are offered treatment at 28 and 34 weeks.

YOUR INFORMATION CHECKLIST

What information will you need after your baby is born?

Sometimes we are so focused on the pregnancy and birth that we are unprepared for the time immediately afterwards. Try the exercise on page 55 to help you think about your information needs after your baby is born. Thinking about these things now may help you to be more prepared when the time comes.

You can ask for information on these topics at any time during your pregnancy.

Questions about breastfeeding?

If you have any questions about breastfeeding or you have had breastfeeding problems in the past you can telephone the Breastfeeding Education and Support Services (BESS) to discuss breastfeeding with a lactation consultant. Tel: (03) 8345 2400.

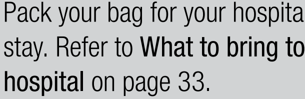
THINGS TO TALK ABOUT

- What to bring to hospital
- Plans for your hospital stay
- Breastfeeding – ask for the fact sheet *Getting Started* and the brochure *Breastfeeding your baby*
- Plans for going home – community support (see page 56)
- Smoking
- If you are Rh negative, your Anti-D immunisation

between 33 and 40 weeks

It is normal for your baby to be born any time between 37 and 42 weeks.

Helpful hint



Pack your bag for your hospital stay. Refer to **What to bring to hospital** on page 33.

Most women have four visits over this time. They are mostly routine checks. For women doing shared care, all but one of these visits will be with your doctor or community midwife.

At 36 weeks

You

- may feel more inclined to clean and change rooms around
- may find it harder to move around because of your size
- may have trouble sleeping.

Your baby

- is about 47cm long
- weighs 2500 grams
- has changing movements because there is less space to move around
- has fingernails that reach the ends of the fingers
- has moved into a head down position ready to be born
- has a mature heart, digestive system and lungs.

Group B Streptococci (GBS)

At around 36 weeks all women, including those doing shared care, will have at least one visit at the hospital or community clinic. This is a routine check, but you will also be offered a test for Group B Streptococci (GBS). Blood is taken to check your iron and antibody levels.

GBS are bacteria that occur naturally in the vagina and intestinal tract (anus) in about 15 percent of women. They are normal and rarely harmful when you are not pregnant. However, in a very small number of cases (one in one hundred or one percent) the bacteria can pass to your baby when you give birth and may cause an infection that makes your baby sick. If you do have GBS we can give you antibiotics when you are in labour to decrease the risk of this happening.

The test for GBS involves a swab of the vagina and anus, which you can easily do yourself.

Monitoring your baby during your pregnancy

It's important to check your baby's heartbeat throughout pregnancy and when you are in labour to make sure your baby is ok.

The heartbeat can be monitored by:

- **Listening**
  The midwives and doctor check your baby's heartbeat with an ear trumpet (pinards) or doppler. This is placed on your abdomen to listen to the heartbeat. The midwife or doctor will do this at most routine visits and of course while you are in labour.
- **Recording**
  A CTG is a cardiotograph which is a recording of your unborn baby's heartbeat. A graph is produced from the recording and your baby's heartbeat response to your womb's contractions (Braxton Hicks) or the baby's movements.

You will also be offered a CTG in the following situations:

- you are past your due date
- you have high blood pressure
- you have diabetes
- your baby has been growing slowly
- your baby seems to be moving less.

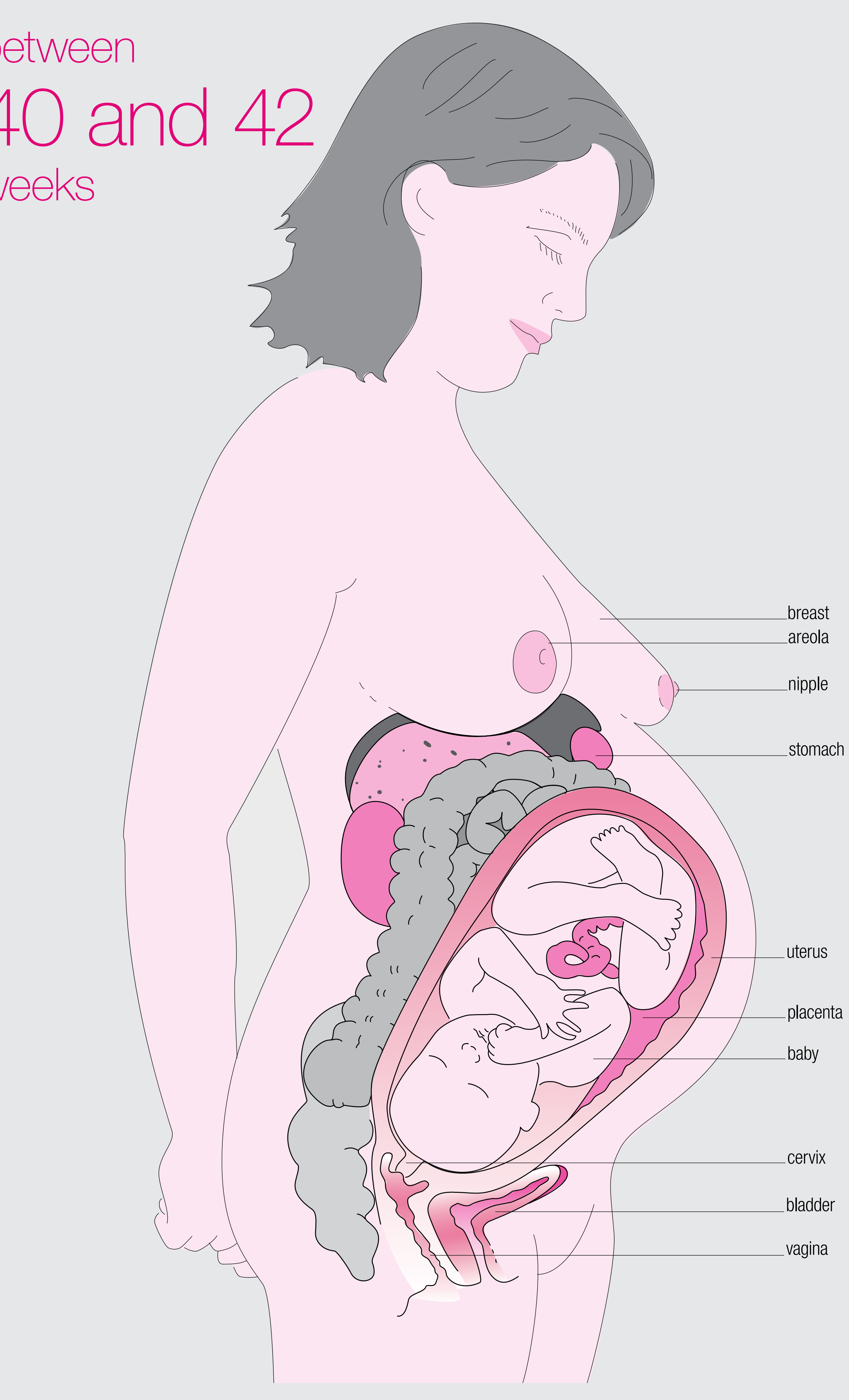
Any of the above can happen any time from 28 weeks.

THINGS TO TALK ABOUT

- Results of tests and investigations from last visit.
- Premature labour – what to look out for.
- Who to call when you're in labour and when.
- Labour and birth, what to expect and making a birth plan.
- Planning for your hospital stay and going home with your baby.
- Baby tests: Vitamin K, Hepatitis B and the Neonatal Screening Test.
- Pain management in labour – what can I do at home.
- Support after birth at home.
- Planning for an elective caesarean birth.
- Smoking.
- Breastfeeding, including:
  - demand feeding
  - getting positioning and attachment right
  - exclusive breastfeeding to six months
  - how often does a newborn baby feed
  - the importance of 'rooming in'.

  (see Breastfeeding – information to consider on page 40)

between 40 and 42 weeks



If you are doing shared care you may have one routine visit with your doctor or community midwife. Otherwise you will start having weekly visits at the hospital or community clinic.

You will have a routine check and the results of your Group B Streptococci (GBS) test will be discussed.

At 40 weeks

You

- may have vaginal discharge around this time. This could be a 'show' which is a small amount of mucus and blood. It leaves the entrance of the womb (cervix) before labour begins. Sometimes you won't even notice that it has happened.

Your baby

- is 47-54cm long
- weighs about 3400 grams
- is fully matured
- will decide when labour starts by sending a chemical signal to the tissues of your womb.

At 41 weeks

This visit will take place at the hospital or community clinic. You will have a routine check with a midwife and assessment by a doctor. Any tests and investigations will be reviewed. An appointment will be made to have your baby's heartbeat checked with an electronic fetal heart rate monitor (CTG) and the amount of amniotic fluid (or 'waters') surrounding your baby is measured by ultrasound to make sure that all is well with your baby. These tests happen in the Pregnancy Day Care Centre at the hospital.

If you have not given birth, we recommend starting the labour (induction) about ten days after your due date. This is because there are risks for your baby if labour doesn't start and an increased likelihood of needing a caesarean.

THINGS TO TALK ABOUT

- How do you know when you are in labour.
- When to come to hospital.
- The possibility of caesarean.
- Plan for a repeat elective caesarean birth.
- The possibility of an induction (helping the labour to start). This is recommended if the pregnancy is ten days past the due date.
- Breastfeeding.
- Support at home.
- Contraception.
- Postnatal depression.
- Birth plan/expectations of labour.

Language Link

በርስዎ ቋንቋ መረጃ ለማግኘት በድረገጻችን ላይ ይጎብኙ

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Per informazioni nella vostra lingua visitate il nostro sito web

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www.thewomens.org.au

Giving birth

5

Preparing for labour

At around 30 weeks we encourage you to start thinking about your baby's birth. Talk openly about your needs and expectations throughout your pregnancy. This can help increase your confidence, to know what to expect and to prepare for the unexpected. Your midwife will talk to you about pain relief and answer any questions you have.

Childbirth education classes can help a lot with your preparations for labour. They can help to reduce your fears and worries by giving you good information and building your knowledge about what is going on and what you may experience.

What to bring to hospital

- camera
- own pillow (labelled) if desired
- clothes for labour – old t-shirt, warm socks, old knickers and tracksuit for afterwards
- oil/talc/lotion for massage
- spray bottle (non aerosol) for cooling
- gel heat pack
- tissues
- toiletries/soap, shampoo, toothpaste, tooth brush
- food such as barley sugar, jelly beans, fruit bars
- thongs/slippers
- lip cream for dry lips.

Support person

- bathers and towel for bath and shower
- coins for phone/parking meter
- food – snacks/juice/special teas/celebratory drinks if desired.

Mother

- comfortable clothing, shoes (for daytime)
- nightwear/dressing gown/slippers (footwear must be worn at all times)
- maternity bras and nursing pads
- extra underwear
- maternity pads (3 pkts)
- phone away card/Telstra.

Please leave jewellery, credit cards and other valuables at home and do not bring in large amounts of cash.

Baby

- baby gowns and wraps are provided during your stay
- we encourage you to dress your baby in their own clothes
- cotton balls or baby wipes
- disposable newborn nappies (pkt of 32).

Going home with baby

- clothes and blankets to take baby home in
- infant car restraint (for day of discharge)
- if you are planning to use artificial formula to feed your baby, please bring the formula of your choice, either a can or sachets.

Your birth plan

Writing a birth plan can be a useful thing to do to help prepare you for birth. As well as letting your partner and midwife know what your expectations are, the birth plan also helps you and your birth partner to explore what you might want in a variety of situations.

Some of the things you might like to consider and discuss with your midwife or doctor include:

- what you will bring to hospital to personalise your environment
- methods of pain relief during labour and birth
- positions for labour and giving birth
- your preferences if there are complications or unexpected events.

You should discuss your birth plan with your midwife or doctor before labour. Birth can be unpredictable and whilst your wishes will be respected, it may become necessary to change from your plan to protect the health of you or your baby. Being prepared and having contingency plans can help to reduce disappointment should this happen.

"I felt like I was in control, but I also felt secure in the knowledge that I was in the best possible hands if there was an emergency".

SUSANNAH

REMEMBER

Will you need child care after the baby is born?

Child care can be in short supply in some areas. You may need to book a place well before the baby is born. Contact your local council for more information.

Who to call when you are in labour

If you think you are in labour and you want to talk to a midwife you can call:

- Women's Emergency Care (03) 8345 3636
- the hospital switchboard (03) 8345 2000

Helpful hint

- keep a list of important telephone numbers in your handbag, on the fridge or next to the telephone
- work out how you will get to the hospital
- stock-up on things you may need after the baby is born like toilet paper, pads and nappies
- make extra meals and freeze them.

Support in labour

It is important to have at least one supportive companion during labour, preferably someone who can stay with you throughout. The right support in labour can make a difference to your labour and how you feel, so choose them carefully.

Research shows that a support person, who is present throughout labour, can reduce the necessity for pain relief, assisted vaginal birth and caesarean birth.

But you also need peace and quiet to feel safe and supported so, with this in mind, you should also consider the best number of support people for you. This is a truly intimate experience for both you and your primary support person, so choose someone who loves and respects you, someone that you share a strong bond with.

Being upright and active during your labour is important to assist with your baby's birth. Choose someone who will help you do this, but who will also respect your wishes and speak up for you.

Discuss with relatives and friends how you would like them to receive any news during your labour. You probably won't feel much like entertaining visitors and lots of phone calls can be distracting. Some people organise a contact person who delivers the news to everyone and manages visits and phone calls.

The privacy laws prevent midwives from giving any information about you without your permission.

How do I know I'm in labour?

Labour can be difficult to describe because it's different for every woman. It may help to understand what is happening to your body.

In the very early stages, your cervix begins to soften and thin, this can go on for hours or even days. During this early stage you may experience some pain and discomfort, but often the pattern of contractions is not regular. Most women stay at home during this time.

In early labour you may have:

- a blood stained mucus discharge called a 'show'
- lower back pain
- period-like pain which comes and goes
- loose bowel motions
- 'breaking of the waters' (ruptured membranes), which may occur with a sudden gush or a slow leak; the fluid should be clear or slightly pink. If it is a green or blood colour call the hospital immediately
- a desire to vomit (it is quite common to vomit during labour).

Coming to hospital

It can be difficult to tell when labour has started. If you are unsure, you can telephone the hospital at any time. If there are strong signs of labour, such as your waters breaking, regular contractions or blood loss you should contact the hospital.

The midwife will ask you about how and where you feel your contractions, how often the contractions come and how long they last. This will help the midwife to know how much your labour has progressed.

Depending on what is happening, the midwife may reassure you that it is okay to stay at home or she may ask you to come into hospital so that you and your baby can be checked. Usually, you will be seen by a midwife or doctor in the Assessment Centre and then admitted to the Birth Centre.

If you are not in labour or if the labour is not yet established, you may be advised to go home at this time. Research tells us that women labour much better if they stay at home in the early stages.

Stages of labour

First stage

Regular, usually painful, contractions cause the thinning and dilatation of the cervix to 10cm.

In the early stages you may experience

- vaginal discharge such as thick mucus stained with blood – 'a show'
- ruptured membranes (breaking of the waters)
- diarrhoea
- lower abdominal 'period-like pain' they may be 10 to 30 minutes apart
- dull backache.

- have regular drinks, small meals and snacks
- call the hospital to talk to the midwife
- a bath/shower can be helpful
- go to the toilet regularly; every two hours
- try to rest if it's during the night
- stay at home for as long as you can.

In the later stages you may experience

- more intense contractions, becoming stronger and closer together; they may be three to five minutes apart (this is the time to come into hospital)
- tiredness and restlessness.

- concentrate on one contraction at a time
- rest between contractions
- vary positions from sitting, standing and walking
- if you are hot, a cold face washer on the neck and face can be soothing
- continue to drink plenty of fluids and eat light snacks if you feel like it
- a bath/shower can be helpful.

Second stage

This is when the cervix is fully dilated (completely open), until the birth of the baby.

You may experience

- longer and stronger contractions with a one to two minute break
- increased anal pressure
- the desire or urge to push
- shaky cramps, nausea and vomiting
- stretching and burning feelings.

- the urge to push can be overwhelming. Try to relax and allow your body to control its own breathing pattern
- if possible, get off the bed or try different positions on the bed.

Pushing

May last up to two hours, but the length of time varies for each woman. The pushing stage is usually quicker if you have had a baby before.

You may experience

- pressure, the feeling of wanting to go to the toilet
- stretching and burning in your vagina
- the baby's head moving down.

- try to breathe deeply
- follow your body's urge to push
- find a position that is comfortable
- listen to your midwife who will guide you.

Third stage

From the birth of your baby, until after the delivery of the placenta and membranes.

You may experience

- more contractions to expel the placenta
- feelings of soft fullness in the vagina.

The midwife will usually pull on the cord to deliver the placenta, but may ask you to help by gently pushing.

"I was able to rest in a warm bath, pulling myself upright as each contraction hit. I think my pregnancy classes helped me to work with each contraction, rather than fighting the pain". MAUREEN

When labour starts too early – premature labour

If you recognise any signs of labour before 37 weeks you should contact the hospital. These include:

- any bright bleeding from your vagina
- decreased baby movements
- regular contractions and abdominal pain
- ruptured membranes or 'breaking of the waters' (even if you are not in labour). This may occur with a sudden gush or a slow leak. The fluid should be clear or slightly pink but can sometimes be darker in colour. If you think the latter has happened call the Emergency Department at the hospital immediately for advice on what to do next.

Natural pain relief and active birth

- Move around and change positions frequently. This can help you to cope with contractions. If you stay upright gravity will help your baby to descend through your pelvis.
- Heat and water may help to ease tension and backache in labour. Apply heat and cold packs or try a shower or bath.
- Touch and massage can reduce muscle tension. Practice with your partner during your pregnancy and find out what you like.
- Use music to distract you.
- Some people find complementary therapies helpful. Some complementary therapies, such as acupuncture should only be undertaken by a qualified practitioner.
- Eat and drink for energy.

Helpful hint

TENS classes are held in the Physiotherapy Department at the hospital. Book at 28 weeks of pregnancy.

Coping with pain in labour

Your experience of pain in labour can be influenced by a number of things like the environment in which you give birth, the support you receive, the position of your baby and the method of pain relief that you use.

Find out your options for pain relief before your labour and make sure your midwife or doctor knows what you want.

There are a number of natural and medical methods available for you to use in labour.

Although some of the non-medical methods have not been subjected to rigorous research, you may find them helpful and they are unlikely to cause harm.

Medical pain relief

Sterile water injection
Four tiny injections of sterile water are injected into the lower back just under the skin to relieve severe lower back pain. The initial injections can feel a little like a bee-sting, but only last a few seconds and the pain relieving effect is almost immediate. The injections can be repeated as often as necessary, but are usually effective for up to three hours. Injections can be given by a midwife and there are no side effects for you or your baby.

Gas
The gas given to women in labour is a mixture of nitrous oxide mixed with oxygen; sometimes known as ‘laughing gas’. It helps take the edge off the pain during a contraction. It is inhaled during a contraction through a mask or a mouthpiece. You may experience nausea, light headedness and a dry mouth for a short time. There are no after effects for you or your baby.

TENS machine
TENS stands for Transcutaneous Electrical Nerve Stimulation. It is a small machine which you can control throughout the labour. It is attached to your back and sends small electrical pulses through the skin and underlying nerves, which decreases the pain messages your brain receives. It takes about 30 minutes to work and is best started early in labour. It is harmless to you and your baby. You can buy your own electrodes and return them if you don’t use them. TENS machines are available in each Birth Centre or can be hired to use at home. The Physiotherapy department conducts TENS education classes every two weeks. Bookings are essential telephone 8345 3160.

Pethidine
This is a strong pain killer given by injection. It helps reduce the severity of the pain, but does not take it away completely. It can take up to 30 minutes to work. It can make you and your baby sleepy. Sometimes pethidine may contribute to breathing problems in your baby if given within two hours of birth. The effects of pethidine can be reversed by giving your baby an injection. Babies who need this injection need closer observation for a few hours after birth.

Epidural
This is a local anaesthetic injection into the back, (not the spinal cord). You are unable to feel anything from the waist down, so you can’t walk around, but you are still awake. A very thin tube will be left in your back so the anaesthetic can be topped up. Sometimes this tube is attached to a machine so that you have control over it yourself.

An epidural can take away the sensation to pass urine. To keep your bladder empty, you will also need a urinary catheter (a thin tube) to drain your urine. You will also need an IV (intravenous) drip inserted into your hand to make sure you are getting enough fluids. Your baby will be continuously monitored by a machine (CTG). Your blood pressure will be monitored more closely. You may still be able to feel the urge to push, but the sensation is reduced.

Monitoring your baby during labour

All babies will be monitored during labour (this means listening to the baby’s heartbeat). The level of monitoring will depend on your medical history, whether there are any problems with your baby or whether there are any expected problems with the birth. Monitoring can be done in these ways:

Listening
The midwife or doctor uses a doppler on your abdomen and listens to the baby’s heart beat through your abdomen.

Continuous external monitoring
This is when an electronic monitor is attached to a belt around your abdomen. The monitor continuously records the baby’s heartbeat and any contractions on a paper printout. Some monitors restrict your movements, so ask if there’s one available that lets you move around.

Internal monitoring

This uses an electronic monitor that attaches a probe through the vagina to the baby's head. It is only used if if the quality of the external monitoring is poor.

Fetal scalp lactate

This is when a few drops of blood are taken from your baby's scalp (like a pinprick) it gives an immediate result on the baby's condition in labour. This test is done if the doctors need more information than with continuous monitoring. The result will show if the baby needs to born immediately.

Assisted birth

Induction of labour

Labour is said to be induced when drugs are used or your waters are broken to encourage the birth process to start.

Approximately one quarter of women have an induction of labour. The most common reasons are:

- the woman has particular health concerns (such as diabetes or high blood pressure)
- there are concerns for your baby's wellbeing
- the pregnancy has gone more than 10 to 12 days beyond the due date
- the waters have already broken, but the contractions of labour have not started naturally.

You will only be offered an induction if your health or your baby's health is at risk.

Forceps birth

Forceps are used to help the baby out of the vagina. They may be used when the mother is too exhausted to push, the baby is in an awkward position or there are concerns for your baby's wellbeing. Sometimes the forceps leave a mark on the baby's cheeks, but these soon fade. You will usually need an episiotomy.

Vacuum (ventouse) birth

This is more commonly used instead of forceps. The vacuum cup is made of plastic. The cup is inserted into the vagina and creates a vacuum against the baby's head. This lets the doctor gently pull the baby out. It may cause a raised bruise on the baby's head, but this soon fades, usually within a day. You may need an episiotomy.

Caesarean birth

A caesarean section is a major surgical operation in which your baby is born through a cut in your abdomen and uterus. The cut in your abdomen is usually across your belly just above your pubic hair line. It is usually performed under a spinal or epidural anaesthesia. Sometimes it is necessary to put you to sleep with a general anaesthetic.

Some caesarean births are planned in advance (elective caesarean) because of existing problems with your pregnancy. In other cases, the decision to perform a caesarean is made during the course of labour. This is called an emergency caesarean.

An emergency caesarean is recommended for the following:

- concern for your baby's wellbeing
- your labour is not progressing
- there are maternal complications, such as severe bleeding or severe pre-eclampsia
- there is a life threatening emergency for you or your baby.

What to expect if you need an emergency caesarean:

- you may be in the operating theatre for more than one hour
- unless you are having a general anaesthetic, in most cases, your partner can be with you. in the operating theatre
- as much as possible, your midwife will stay and look after you and your baby in the theatre and the recovery area before taking you both to the postnatal ward
- the midwife will help you with breastfeeding
- if your baby is unwell or needs to be monitored they will go to the Intensive and Special Care Nurseries
- after surgery a number of different pain relieving medications will be offered to you, as you need them.

You will need to express breast milk if your baby is unable to feed from the breast, starting as soon as you can after birth and then about 8-10 times a day.

Vaginal birth after a previous caesarean (VBAC)

A vaginal birth for the next pregnancy after a caesarean birth is sometimes called VBAC and is safe for many women. At your 26-week visit, your midwife or doctor will discuss the specific risks and benefits with you. The decision to attempt a vaginal birth is yours.

Ask for: The Decision Aid *My last birth was a caesarean – what are my options.* This booklet can help you to decide what option is right for you.

You can book VBAC classes through Childbirth Education at the hospital.

Episiotomy

This is a cut made in the perineum (tissue between the vagina and the anus). Sometimes it is necessary to make the vaginal opening bigger, especially if you need a forceps birth or if the baby is distressed. It is usually done with a local anaesthetic. You will need stitches afterwards. The stitches will dissolve by themselves and you will be offered ice packs to reduce swelling and pain.

After the birth

6

Congratulations on the birth of your new baby. You will hopefully have the chance to spend some quiet moments with your baby, cuddling and enjoying skin to skin contact. Parents are often filled with wonder when they meet their new baby and find themselves counting fingers and toes and examining their baby for family resemblances. Every new baby is beautiful and of course yours will be the 'most beautiful baby ever born!'

In the birth centre

Immediately after the birth of your baby the midwife or doctor will examine you and your baby to make sure you are both well.

Your baby

- Skin-to-skin contact is encouraged for the first hour after the birth to promote breastfeeding, bonding and to keep your baby warm.
- The first breastfeed is initiated.
- **The umbilical cord** is clamped and cut. This does not hurt your baby. Eventually the dried piece of cord turns black, dries up and usually falls off five to seven days later.
- **The Apgar score** is recorded. This is an assessment of your baby's overall condition including breathing, heart rate and colour. This is done at one minute and at five minutes after birth. The Apgar score simply tells your carers how well your baby has made the transition from intrauterine (inside the womb) life to extrauterine (outside the womb) life.
- **The baby's weight** is recorded.
- **Vitamin K and Hepatitis B injections** are given with your permission (see page 40 for more information).

You may notice that your baby has some swelling or bruising, or your baby's eyes may look a little puffy. Babies who have been born with the help of forceps or vacuum suction may also have a slightly misshapen head from the birth. This is all very normal and is only temporary.

Other things you may notice include:

- the baby's first faeces (called meconium) will be black and very sticky. After a few days it will turn yellow
- there is a soft spot on top of the baby's head (called the fontanelle) where the bones have not yet come together. It is safe to touch this spot gently
- the genitals can sometimes be swollen in boys and girls. Girls may also have some white/blood vaginal discharge due to the mother's hormones
- a rash can appear on the face or body in the first hours and days after birth. These are common and fade away but your baby will be checked everyday.

You

- will frequently have your pulse and blood pressure taken
- will have your uterus checked. The midwife will gently push on your abdomen to feel if it is firm and contracted
- may need stitches in your perineum
- will be offered icepacks if you have had stitches
- can shower and use the toilet
- will be offered pain relief if you need it.

You will be transferred to the postnatal ward a few hours after the birth of your baby. You and your baby will stay together during your hospital stay. A midwife will care and assist you with the practical aspects of caring for your baby. When you arrive in the ward the midwife will show you around and explain what you might expect. How long you stay will vary according to your needs.

If your baby is unwell

If your baby is premature or unwell you will receive additional advice and support. We will encourage you to express breast milk if your baby is unable to feed from the breast, starting as soon as you can after birth and then about eight to ten times a day. The midwife will assist you with expressing.

Baby jaundice

It is not uncommon in newborn babies to have 'jaundice' (yellowing of the skin). In most babies jaundice is normal and not serious. It will nearly always disappear gradually within days without the need for any treatment. If it becomes more intense the baby will need special tests and treatment. Ask your midwife for further information.

Baby Friendly

The Women's is an accredited 'Baby Friendly Hospital'. The accreditation is based on the WHO/ UNICEF 'Ten Steps to Successful Breastfeeding' a guide for health care providers to protect, promote and support breastfeeding. Staff promote the 'Ten Steps' through policies, clinical practices and education.

Staff at the Women's recognise your right to make an informed choice about your baby's feeding and will support you in your decision. We encourage you to make an informed decision and to talk to your midwife about any fears and concerns you might have.

If you have made a decision to feed your baby using artificial formula, please ask your midwife or doctor for more information.

Tests and medications for your baby

You will be offered a number of medications and tests for your baby during the first few days of life. It is your decision and you will be asked to provide permission and (verbal) consent for any:

- tests
- special treatments
- medications.

If you don't understand why the test or treatment is necessary, ask for more information or further explanation.

Newborn Vitamin K

The Women's recommends that babies be given a single dose of Vitamin K by injection within a few hours of birth. Newborns may be deficient in Vitamin K in the first eight days of life. Vitamin K is needed to help the blood clot and to prevent bleeding.

Hepatitis B immunisation

Hepatitis B is a disease caused by a virus that affects the liver. Hepatitis B is spread by infected blood and other body fluids such as saliva. It is recommended that babies are immunised soon after birth and during infancy.

With your consent, we will give your baby a Hepatitis B vaccine. To complete the immunisation, more vaccinations are given up to four years of life. If you are Hepatitis B positive, it is suggested that your baby be given an immunoglobulin injection while in hospital, this is to provide your baby with some immediate protection from Hepatitis B.

Newborn neonatal screening test

It is recommended that all babies in Victoria have a screening test that checks for uncommon but serious medical conditions. These conditions can present at birth and may cause serious complications. In most cases, if the conditions are found in the newborn they can be treated and the baby will grow and develop normally.

This test screens for:

- congenital hypothyroidism
- cystic fibrosis
- amino acid disorders e.g. Phenylketonuria (PKU)
- fatty acid oxidation disorders
- other rare metabolic disorders

How is the test performed?

When your baby is between 48 and 72 hours old a midwife will do a heel prick and put four small spots of blood on a piece of blotting card. If the results are normal, you will not be contacted. This is the case for more than 99 percent of babies. If your baby is found to have a medical condition, you will be contacted and your baby will be referred to a specialist for tests and treatment. Parents must give written consent for this test to be performed.

Your baby's card will be stored indefinitely, after two years you may request to have your baby's card returned from the Victorian Clinical Genetics Service. During this time your baby's card may be used for quality assurance testing and health research. The card cannot be used for research unless you have given your written consent. If your baby's card is used for research during this time, any information that identifies your baby will be removed.

If you want more information about tests, or storage of your baby's blood samples ask your doctor or midwife or contact Victorian Clinical Genetics Service (VCGS) on (03) 8341 6201. For more information ask for the brochure *Newborn Screening for the health of you baby* or go to the VCGS website at www.health.vic.gov.au/nbs.

Hearing screen

This is one of the routine health checks your baby will have soon after birth, with your consent. A small number of babies are born with a hearing loss that could affect their speech and language skills. Hearing loss may not be obvious in the first few weeks of life, but can be detected by a hearing screen. You will be given the results as soon as the screen is completed. Ongoing hearing tests will also be part of your care in the community via your local Maternal and Child Health nurse.

Breastfeeding – information to consider

Breast milk provides all the nutrition your baby needs for the first six months of life and forms the major part of nutritional requirements throughout the first year and beyond. Breast milk also helps to protect your baby against a range of infections, allergies and other medical conditions. Even if your baby is born prematurely or is ill, your breast milk is the perfect food for growth and

development. Breastfeeding, just like any other skill, is learned. Both you and your baby need time, patience and practice to get it right. The midwives are there to help you with all aspects of breastfeeding.

Benefits for your baby

Your breast milk is the perfect food for your baby. It protects against gastroenteritis and diarrhoea, ear and chest infections, allergies, diabetes and other medical conditions.

Benefits for you

Breastfeeding reduces risk of bleeding after the birth, may help you return to pre-pregnant weight and is convenient and costs nothing. Breastfeeding also protects you against breast and ovarian cancer and osteoporosis.

Importance of skin-to-skin contact after birth

Keeping your baby with you promotes a feeling of closeness, which produces a strong hormonal response that is linked to greater breastfeeding success. In many cases it is even possible to have your baby with you immediately after a caesarean birth.

Getting position and attachment right

The first few days after the birth offer the best opportunity for you and your baby to learn to breastfeed. Your breasts are still soft for a few days after the birth, then as breast milk changes from highly nutritious colostrum to mature milk, your breasts can become quite full and firm.

Breastfeeding is a learned skill that takes time and requires patience.

Demand feeding or according to need

While you are establishing your breastfeeding your baby will feed between seven and twelve times in 24-hours. This will settle over time.

Frequent and effective feeding will help you to make enough milk.

Bed sharing

Sharing a bed with your baby is a personal decision; however, research tells us that bed sharing does help women and babies to establish breastfeeding.

If you choose to have your baby sleep in their own cot, consider having the cot in your room for at least six months. Having baby in their own cot, in the same room as you, has been found to reduce the risk of Sudden Infant Death Syndrome. It also helps you to recognise when your baby is hungry, tired or in need of a cuddle.

Do not share a bed with your baby if:

- you or your partner smoke, use substances such as alcohol, illicit drugs or prescribed sedatives or are intoxicated
- you sleep on a couch, soft mattress or water bed where your baby can become trapped.

See also Bed sharing and safe sleeping on page 46.

Teats, dummies and complementary feeds

Your new baby is learning to breastfeed and can become confused if they are offered a teat or dummy while learning to breastfeed. If the baby has fluids other than breast milk they breastfeed for less time and your breast milk supply will decrease. Frequent, unrestricted suckling at the breast will satisfy your baby. Breastfeeding or breast milk is encouraged for all babies.

Exclusive breastfeeding to six months

When babies are exclusively breastfed, they need no other food or drink until at least six months of age. You can be confident that your baby is receiving enough breast milk in the early weeks if they have six or more heavy, wet nappies and at least one bowel motion a day. It's also a good sign if your baby settles after most feeds.

For breastfeeding information and advice contact:

Breastfeeding Education and Support Services (BESS) *(See contact details on the back page)*.

Australian Breastfeeding Association, telephone **1800 686 2 686**. You can talk to experienced breastfeeding mothers.

Postnatal physiotherapy class

Before you leave hospital it is recommended that you attend the Postnatal Physiotherapy class. In this class you will learn about healing after birth. You will also learn some gentle exercises for your pelvic floor and abdominal muscles and some helpful tips for managing your new baby at home.

When you need breastfeeding help

Following the birth of your baby, the midwife will assist you with breastfeeding advice and support. There are also lactation consultants in the hospital to assist you. The midwives and nurses will also consult with the lactation consultant to make sure they are giving you the best advice.

If you are having breastfeeding problems following discharge from hospital, please call the Breastfeeding Education and Support Services (BESS). The lactation consultants at BESS help women who are having breastfeeding problems. The service caters for breastfeeding mothers and babies up to three months of age.

Bookings are essential for an appointment.

Going home

After giving birth to your baby your body may take up to six weeks or more to feel normal again. It can be a lovely time for bonding and spending time with your baby. It is also a time when you may feel very up and down emotionally. How you feel during this time will vary according to how you gave birth, the supports you have at home and how your breastfeeding is going. Allow yourself time to recover; accept any help that is offered and use every opportunity to rest.

Postnatal care

When you go home you will have at least one visit from a hospital midwife (called domicillary care).

The midwife will check how you are going each day with the aim of picking up on any issues and preventing any problems that might occur.

The midwife will do a physical check which may include:

- feeling the size and shape of your uterus through your abdomen (to check it is reducing in size)
- checking that your bleeding is decreasing
- checking your breasts and nipples and your breastfeeding to make sure you are comfortable with positioning and attaching your baby to the breast
- checking stitches, episiotomy or wound to see they are healing
- generally enquiring about your physical wellbeing.

The midwife will also:

- talk with you about how you are feeling emotionally and give you the opportunity to raise any concerns. Midwives are very aware that this can be a very emotional time, it is important that you feel free to discuss your feelings or concerns with care providers if you want to
- explore how you are managing. The midwife will ask about how you've been going, what supports you have in place and what supports are available to you.

Before you leave the hospital, you will have been provided with detailed information about your pregnancy, birth and baby. This information is also sent to your local doctor (GP).

Things you can do at home to relax

- take 30 minutes time out just for you
- have a bath
- go for a walk
- keep a journal to write in
- have the paper delivered
- sleep when baby sleeps
- accept help from friends
- tell people what you need.

The first six weeks

After pains

You may experience contraction-like pains for the first couple of days after the birth, especially while breastfeeding and more so if this is not your first baby. This is quite normal. After pains can usually be relieved with ordinary pain relief tablets.

Bleeding

You will experience some vaginal bleeding after the birth of your baby, this is natural in the first few weeks, but can last up to six weeks. At first it will be heavier than a normal period and then turn a pinkish-brown colour.

Contact your local doctor (GP) or the Women's Emergency Department if you need urgent care, or if you experience the following:

- you are concerned about the amount of bleeding
- you pass clots larger than a 50 cent coin
- the bleeding stops and then starts again suddenly, and becomes bright red again
- you have a fever, chills or generally feel unwell
- your vaginal discharge has a bad odour
- you have increasing pain in your wound or your stitches are hot and red.

Soreness and stitches

Your vagina might feel swollen and uncomfortable when you go to the toilet, and you may have slight burning for some time after the birth. If you have stitches from a tear or episiotomy, you may need to use ice packs regularly during the first few days. This will help to reduce bruising and swelling. Change pads frequently, and when you have a shower or bath gently pat the area dry with a clean towel to prevent infection. Keep a clean jug next to the toilet at home, after using the toilet, wash down the area and pat dry. Rest is also an important part of your recovery.

Pelvic floor exercises

The muscles in your pelvic floor have been stretched after the birth of your baby, so it is an important part of your recovery to help them return to normal. If you have had stitches, you may feel reluctant to start exercising your pelvic floor muscles. Whether you have had stitches or not, you should be able to start your exercises between two and five days after the birth. If you have been doing these exercises during your pregnancy, you will notice that they will feel very different.

The Physiotherapy department provides exercise and education classes in the postnatal wards, Monday to Thursday and Saturdays at 10am.

The perineum

The perineum is the area of skin between your vagina and rectum. Women who have ongoing issues after the birth can attend the Perineal Clinic at the Women's. The clinic is for women who:

- have perineal pain
- experienced third or fourth degree tears during the birth
- are having problems with wound healing or infection after giving birth and when they are at home.

You can contact the Perineal Clinic for bookings (see back page for contact details). You can self-refer or ask your local doctor (GP) to refer you.

Wound care after a caesarean

After you have had a caesarean birth there will be a dressing covering your wound for the first 24-hours. Stitches or clips will be removed at home. If you notice any of the following contact the hospital or your local doctor (GP):

- wound redness
- discharge
- if you have a fever or you are feeling generally unwell
- increasing pain.

Contraception

Your options for contraception will be discussed with you before you leave hospital. It's safe to have sex following the birth of your baby. You may feel reluctant to have sex even after a number of months, especially if you have had problems with your pelvic floor. Discuss any problems that continue after six weeks with your family doctor or community midwife. After you have given birth, ovulation can occur at any time, even when you are breastfeeding. We encourage you to think about contraception before you give birth and discuss with your midwife or doctor the methods of contraception that are suitable for you after birth.

Six week postnatal check

At six weeks we recommend that you have a postnatal check with your doctor (GP) or community midwife. The aim of this visit is to ensure that you and your baby are physically and emotionally well. Contraception is usually discussed again, as well as adjustment to family life. If a Pap smear is due, this can be done at this visit. It is a good opportunity for you to raise any concerns you have about yourself or your baby. It is also a chance to get to know someone you can take your baby to if there are problems as well as finding out about community resources.

"The Women's put me in touch with a range of community services. It made me feel like I wasn't alone and that there were people out there who could help me". THUY

REMEMBER

Before you go home

Have you spoken to your midwife about:

- comfortably positioning your baby for breastfeeding
- how you will know if your baby is getting enough breast milk
- expressing breast milk either by hand or pump
- changing nappies
- bathing your baby
- how to settle your baby
- exercises for your back and pelvic floor
- postnatal depression
- how to take care of yourself
- who to call if you need help
- support services close to home.

"You have no idea of how difficult that first week at home can be – the overwhelming tiredness. You find yourself screaming at each other at four in the morning because the baby won't stop crying. The most helpful thing was my partner taking four weeks off after the birth". AMINA

Child safety/car restraints

In Australia, babies are not permitted by law to travel in a car (or taxi) without a restraint that is suitable for their age and weight. This includes the trip home from the hospital. Check the hire section in your telephone book. The RACV and VicRoads have jointly established a network of Restraint Fitting Stations throughout Victoria – contact either organisation for more information.

Postnatal depression

With as many as one in five women suffering from postnatal depression, it's essential to recognise the symptoms. Becoming a mother for the first time or adding to your family can be stressful and difficult. A few days after the baby is born, nearly all women experience feelings of tearfulness, anxiety and irritability called 'baby blues' which generally fades as quickly as it comes. But some women may develop a birth related depression. This can happen to any women, at any time (even months) after pregnancy and is called postnatal depression. It can also develop during pregnancy (called antenatal depression). If you have suffered from depression before, you may be more at risk of developing a pregnancy related depression. Each woman with postnatal depression will experience symptoms that are unique to them and can be mild or severe.

You might experience:

- crying
- feeling sad, anxious and irritable
- poor appetite
- trouble sleeping or sleeping too much
- no energy
- trouble coping with the baby
- low libido (minimal interest in sex)
- avoiding contact with family and friends
- feelings of wanting to harm yourself or the baby.

Every woman will have their own reactions to postnatal depression. This is just a guide to help you recognise symptoms. If you are concerned, try to talk openly to your carers about your feelings.

Maternal and Child Health nurse

In Victoria, Maternal and Child Health services are available to all families with children under six years of age. If this is your first baby, your maternal and child health nurse will provide you with an opportunity to meet other parents in your local area. The service aims to provide parents with support, information and advice for issues around:

- parenting
- health, behaviour and development of your child
- your health and wellbeing
- child safety
- immunisation
- infant feeding and nutrition
- family planning.

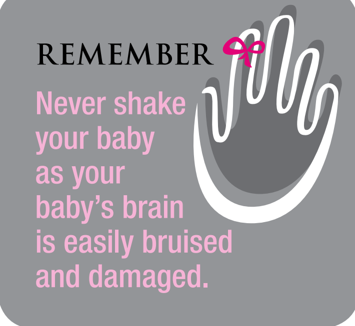
Your local council will be notified by the hospital of the birth of your baby. The Maternal and Child Health nurse will then contact you and arrange the first appointment. If you have any concerns at any time, contact your local Maternal and Child Health nurse or the 24-hour help line **132 229**. You can find out where your Maternal Child and Health centre is by calling your local council and providing them with your street name. If the centre or nurse does not suit your needs you can go to another centre at any time.

Victorian Child Health Record (the blue book)

Your Child Health Record is given to you after the birth of your baby in hospital. It is an important record for you to use and keep for your child. It includes child health information for parents and is a record of your child's health, growth, development and immunisations from birth to six years of age.

It is important to take the Child Health Record with you when you visit the following:

- Maternal and Child Health nurse
- local doctor or hospital
- all immunisation sessions
- community health centre
- any time you are seeking advice about your baby with a health professional.



REMEMBER

Never shake your baby as your baby's brain is easily bruised and damaged.

Settling your crying baby

All babies cry. Crying is your baby's way of communicating. Your baby will cry because of hunger, a full nappy, sickness, pain, feeling tired or lonely. Often it's unclear why your baby is crying which can be frustrating and upsetting.

Try to respond in a consistent manner to your crying baby. Start by checking that your baby is comfortable, not hungry or thirsty, then help them settle. Settling may take longer than you expect and can be stressful. There are a number of things you can try when your baby has been fed, changed and cuddled, but continues to cry.

You could try:

- feeding again
- relaxing your baby by bathing, gently massaging, cuddling, walking
- taking your baby for a walk in fresh air
- singing or talking to your baby
- settling in a quiet and dark room
- giving your baby to another person to hold and settle.

If your baby keeps crying try and stay calm. If you are worried, speak to your carers. If you need immediate assistance telephone the Maternal and Child Health Line on **132 229** or Parentline on **132 289** (24-hours). If you are feeling tired and frustrated with your crying baby, it is ok to make sure your baby is safe and walk away.

If you need any help and support with coping, or looking after your baby, there are a number of options in the community:

These include:

- your local doctor (GP) or Maternal and Child Health nurse
- the Women's Health Information Centre **8345 3045**
- Post and Antenatal Depression Association (PaNDA) **1300 726 306** 9.30am to 4.30pm.

If you require assistance after hours please call one of the following services:

Maternal and Child Health Line (24-hours, including country callers) **132 229**

Parentline (24-hours) **132 289**

Lifeline **131 114**

Lifeline Suicide Helpline **1300 651 251**

Mens line **1300 789 978**

Language Link

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للحصول على المعلومات بلغتكم زوروا موقعنا الإلكتروني

用您說的語言瞭解詳情，請瀏覽我們的網站

Για πληροφορίες στη γλώσσα σας επισκεφθείτε την ιστοσελίδα μας

अपनी भाषा में जानकारी प्राप्त करने के लिए हमारी वेबसाइट पर जाइए

Per informazioni nella vostra lingua visitate il nostro sito web

Macluumaad intaas ka badan oo af Somali ah booqo websaytkayaga

Kendi dilinizde bilgi almak için web sitemizi ziyaret edin

Để biết thông tin bằng ngôn ngữ của quý vị, hãy truy cập trang mạng của chúng tôi

www.thewomens.org.au

Financial support and benefits

Once you have your baby, you will receive a package at the hospital which includes claim forms for government payments that you may be entitled to now you are a parent. For the most up-to-date information, contact:

Family Assistance Office and Centrelink Parenting Payment Line

Telephone 136 150
Web www.familyassist.gov.au

Medicare

Telephone 132 011
Web www.hic.gov.au

Birth registration

You are required by law to register the birth of your baby within 60 days of the birth. Soon after the birth, the hospital will provide you with a Birth Registration Statement. Once registered, a birth certificate will be issued. This is an important document that should be stored in a safe place. For more information, contact:

Registry of Births, Deaths and Marriages
PO Box 4332, Melbourne 3001
or 595 Collins Street, Melbourne

Telephone 1300 369 367

Bed sharing and safe sleeping

Sharing a bed with your baby is a personal decision.

The benefits are:

- bed sharing can help you to understand your baby's needs
- bed sharing encourages breastfeeding
- baby can feed whenever they want without disturbing you too much

The disadvantages:

- some mothers find it difficult to sleep with baby in the bed
- some couples find that they are unable to be intimate with a baby in the bed.

Most mothers who breastfeed in bed, will automatically sleep facing their baby, with their body in a position that stops the baby from going under the covers or into the pillow. When not actually feeding, babies should be put on their back to sleep.

Safety factors to consider if you sleep with your baby (bed sharing):

- make sure that your baby does not get too hot or go under the covers or into the pillow
- make sure that your baby cannot fall out of bed or get stuck between the mattress and the adjoining wall or furniture
- do not sleep with your baby or put your baby to sleep on couches, soft mattresses or water beds where your baby can easily become trapped.

You or your partner should never sleep with or next to a baby if:

- **you or your partner are a smoker**
- **you or your partner are intoxicated**

If you or your partner use alcohol, illicit drugs, or any sedating medication do not have your baby in the same bed. Sedation may alter your ability to respond to your baby's needs and you may not be aware of where your baby is in the bed.

If you choose to have your baby sleep in his own cot, consider having the baby in your room for at least six months. Having baby in his own cot in the same room as his parent/s has been found to reduce the risk of SIDS.

SIDS is short for 'Sudden Infant Death Syndrome'. It means the sudden, unexpected death of a baby and is the most common cause of death in babies between one month and one year of age. Most babies who die of SIDS are under six months.

Sudden Infant Death Syndrome (SIDS)

The following is a list of ways that have been shown to reduce the risk of SIDS.

- breastfeed
- sleep your baby on his/her back
- sleep your baby's face uncovered and with blankets tucked in
- sleep your baby at the bottom of the cot
- make sure your baby is not too hot or cold
- do not use doonas, bumpers or pillows in the cot
- do not let anyone smoke near your baby – babies need a smoke free environment.

Immunisation is not linked to SIDS.

For more information, talk to your Maternal and Child Health nurse, or contact SIDS & Kids on **1300 308 307**.

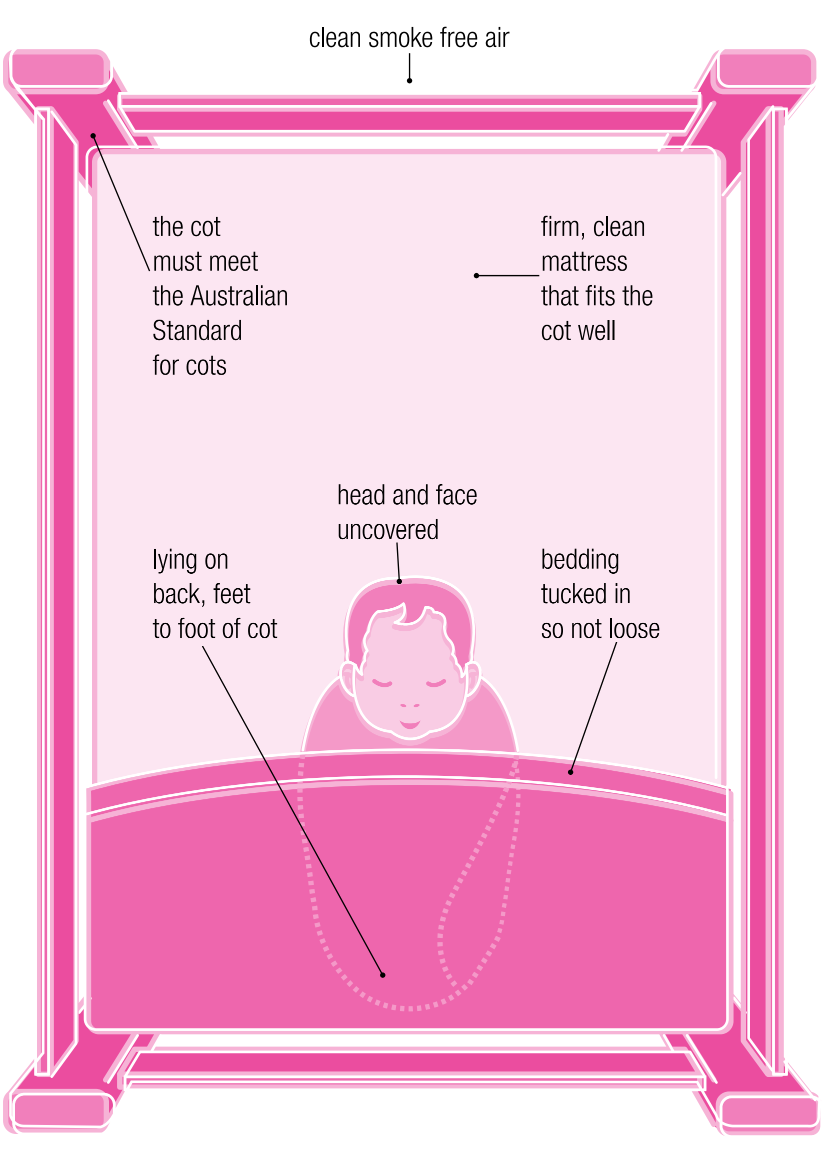
Babies can become ill quite quickly; when this happens immediate action is required.

See your doctor immediately if your baby:

- is pale, drowsy and hot
- is lethargic and crying
- is vomiting green fluid
- will not feed
- has convulsions
- stops breathing for more than 15 seconds.

Where to get help when your baby is sick

- your local doctor (GP)
- The Royal Children's Hospital Emergency Department on **(03) 9345 5522**
- Maternal and Child Health nurse **(24-hours) on 132 229**
- Poisons Information Centre on **131 126**
- Nurse-On-Call **1300 606 024**



Unexpected
outcomes
7

Most women have a normal, healthy pregnancy. But sometimes health problems or events can affect the outcome for both the mother and baby. This chapter briefly looks at some of the complications and unexpected outcomes of pregnancy and birth.

During pregnancy

Bleeding during pregnancy

If you have any bleeding during your pregnancy, contact your midwife, doctor, or the hospital immediately, so that appropriate investigation and treatment can be started.

Reasons for bleeding can include miscarriage, placental abruption and placenta praevia. These are explained further on.

Miscarriage

One of the most common complications in pregnancy is spontaneous miscarriage. A miscarriage is defined as the loss of pregnancy before 20 weeks gestation. It is often an emotionally distressing event. Hospital staff can support you and your family during your experience of miscarriage.

Placental abruption

This is the most common cause of bleeding during the second half of pregnancy and is often associated with abdominal pain and/or tenderness. Placental abruption occurs when part, or all, of the placenta separates from the wall of the uterus before the birth of your baby. The amount of bleeding varies and the cause is not always known. Sometimes, there is no bleeding, but severe sudden abdominal pain. Treatment may involve monitoring you and your baby, bed rest and/or, in more serious cases, the birth of your baby.

Placenta praevia

This is when some or the entire placenta implants in the lower part of the uterus, instead of being attached to the top part of the uterus. Bleeding can occur from the placenta (this is the mother's, not baby's, blood) when the cervix starts to open or if the uterus contracts. This may involve being admitted to hospital for careful monitoring of you and your baby, and in most cases requires a caesarean birth.

Breech baby

A breech baby is one with its bottom down and its head up towards the top of the uterus. Your baby may be breech when you are six or seven months pregnant, but in most cases will turn in the last couple of months. If your baby does not turn, we offer ECV (external cephalic, or head, version, or turning) where the baby is turned by encouraging it to do a somersault. If this is not successful or the baby turns back to a breech position, it is common practice for the baby to be born by caesarean birth.

High blood pressure

High blood pressure (hypertension) in pregnancy may develop because of the pregnancy or you may already have high blood pressure. It can occur after 20 weeks gestation, be a one-off event, or part of a more complex condition such as pre-eclampsia. Treatment includes rest, monitoring of your blood pressure, monitoring of your baby and your wellbeing and may require medication. If your blood pressure doesn't settle then you may need to have your baby earlier.

Pre-eclampsia

Pre-eclampsia is one of the more common complications of pregnancy and can occur at any time during the second half of pregnancy and the first few days after the birth. The signs of pre-eclampsia are high blood pressure, protein in urine and sudden excessive swelling of the face, hands and feet.

Pre-eclampsia is a serious condition of pregnancy. It may be anywhere between mild and severe and treatment varies accordingly. Women with pre-eclampsia are closely monitored and have access to extra care. In the case of severe pre-eclampsia, more intensive monitoring of you and your baby may be provided by the hospital and you may have to have your baby earlier than planned.

More information

The information in this section only briefly touches on some of the unexpected events that can occur in pregnancy. The Women's is constantly working towards providing quality information that focuses on your individual needs. Ask your doctor or midwife if there is more information that can help you to understand what is happening or to help you make a decision about what to do next.

It's important to remember that:

- a healthy mother and baby is what matters the most
- sometimes things happen that are outside your control.

Gestational diabetes

About five percent of women develop raised glucose (sugar) levels during pregnancy which can potentially affect the baby. Many women can control their blood sugar levels with a diabetic diet and exercise, but others will need insulin to stop excessive sugar and fats crossing the placenta and causing problems for the baby's growth and other problems. If the screening test (Glucose Challenge test) is positive, then a glucose tolerance test is recommended. If this is positive, you are taught to measure your blood sugar levels and advised about the right diet for you. As 50 percent of women who develop gestational diabetes ultimately develop Type 2 diabetes it is very important that they have regular follow-up tests for diabetes after the pregnancy or before becoming pregnant again.

Labour, birth and after

Premature labour and birth

Premature labour is when labour begins before 37 weeks gestation. The reason for labour starting prematurely is often not clear. Causes can include multiple pregnancy, a weak cervix, fibroids, an abnormally shaped uterus, urinary tract or other infection in the mother, smoking and drug use. If you have had a premature baby before, your chances of having another premature baby are higher. In some cases, because of illness, your doctor may suggest that your baby is born early. The main reasons for this are pre-eclampsia, infection, placenta praevia and placental abruption.

If things don't go as planned, the Women's has many specialist services to support you during this difficult time. You may be transferred from interstate or from a rural hospital particularly if you are between 24 and 32 weeks pregnant and are at risk of having a premature baby. If you need to stay in hospital, a midwife can help you organise accommodation for your partner and family as well as helping you organise any social support you may need and childbirth education. You will be able to talk

to a paediatrician and take a tour of our nurseries. If you remain stable and reach beyond 32-34 weeks in your pregnancy, in most cases you will be transferred back to a hospital closer to your home.

Emergency caesarean

A caesarean section is a major surgical operation in which your baby is born through a cut in your abdomen and uterus. It is usually performed under a regional (spinal or epidural) anaesthesia. Sometimes a general anaesthetic is needed. Some caesarean sections are planned in advance because of existing problems with your pregnancy. In other cases, the decision to perform a caesarean is made during the course of labour. This is called an emergency caesarean. There is more information about caesarean birth in the assisted birth section, see page 37.

Intensive and Special Care

Some babies are born in need of special care or observation and may need to go to the Women's Intensive and Special Care. It may only be for a few hours, but separation from your baby at this stage can be very distressing. It may help a little to know that your baby is receiving the very best of care. If you are well enough you can visit intensive or special care. If you are not well enough your partner can visit. If your baby is sick or premature, you will receive additional advice and support.

Sometimes, when babies no longer need our specialised care, but still need to be in hospital, they will be transferred to a hospital that is closer to your home.

When a baby dies

Pregnancy loss can occur at any time, from very early in the pregnancy through to babies that die soon after birth. Despite advances in medicine and technology, a small percentage of pregnancies end prematurely, often for unknown reasons. Regardless of the gestation of the pregnancy, each loss is unique. Bereaved parents will react in their own individual way depending on their personal values and beliefs. The hospital aims to respond to the needs of individual women and their families at this time.

We offer specialist bereavement services including:

- crisis counselling
- information
- practical support and referral to community supports as needed.

When a loss happens, particularly a loss in later pregnancy or a still birth, you will need to make many choices about your care and how you would like us to provide bereavement services. For example, you will be asked to decide about the burial or cremation of your baby. You will also be asked to give permission for a post mortem, which is a medical examination to determine, amongst many things, why your baby has died. We encourage you and your partner to take your time in making this decision and the Women's will support you to do this. You will also be offered a follow-up visit at the hospital with a senior doctor to discuss questions you might have about your pregnancy, the care you received and the reasons for your pregnancy loss.

Language Link

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للحصول على المعلومات بلغتكم زوروا موقعنا الإلكتروني

用您說的語言瞭解詳情，請瀏覽我們的網站

Για πληροφορίες στη γλώσσα σας επισκεφθείτε την ιστοσελίδα μας

अपनी भाषा में जानकारी प्राप्त करने के लिए हमारी वेबसाइट पर जाइए

Per informazioni nella vostra lingua visitate il nostro sito web

Macluumaad intaas ka badan oo af Somali ah booqo websaytkayaga

Kendi dilinizde bilgi almak için web sitemizi ziyaret edin

Để biết thông tin bằng ngôn ngữ của quý vị, hãy truy cập trang mạng của chúng tôi

www.thewomens.org.au

Find out more
8

Websites about pregnancy and parenting

Austprem

www.austprem.org.au

By families who have experienced the challenge of parenting a premature infant. Includes information about emergency caesarean birth premature babies.

Australian Breastfeeding Association

www.breastfeeding.asn.au

Informative and reputable site run by mothers for mothers; women supporting each other with a common interest in breastfeeding.

Australian Multiple Birth Association

www.amba.org.au

For families with twins, triplets, quadruplets or more. Support from ‘those who know’.

Better Health Channel

www.betterhealth.vic.gov.au

Health information site of the Victorian State Government. Includes information about pregnancy and parenting, links to more complex information and access to practitioners and support groups.

Birthrites

www.birthrites.org

Comprehensive resources and information on Vaginal Birth After Caesarean (VBAC).

3 Centres Collaboration

www.3centres.com.au

Collaborative site of three major hospitals in Melbourne – the Royal Women’s Hospital, Monash Medical Centre and Mercy Hospital for Women – which provides guidelines on pregnancy care.

Child and Youth Health

www.cyh.com.au

An independent state government health unit, funded primarily by the Victorian Department of Human Services. Features more than 300 articles about child health and parenting.

Cochrane Consumer Network

www.cochrane.org/consumers

Comprehensive information and review of journal articles on all aspects of birth.

Having a Baby in Victoria

www.health.vic.gov.au/maternity

Explains the pregnancy and birth care options in Victoria. Supports informed decision making for pregnant women and families. It gives clear information about types of care, definitions, what is available and where. It can help you decide what’s right for you and how to get the most out of the care you receive.

Kidsafe

www.kidsafe.com.au

Site of the Child Accident Prevention Foundation of Australia.

Maternity Coalition Inc.

www.maternitycoalition.org.au

National umbrella organisation committed to the advancement of best-practice maternity care for all Australian women and their families.

NSW Multicultural Health Communication Service

www.mhcs.health.nsw.gov.au

Wide range of health information in English and other languages.

Post and Antenatal Depression Association (PaNDA)

www.panda.org.au

Support and information for women and their families who are affected by postnatal and antenatal depression.

Raising children website

www.raisingchildren.net.au

An excellent Australian parenting website with parenting information from newborns to school age children.

Finding information on the web

There is an abundance of pregnancy information on the Internet and the quality can vary widely. Websites often change, some will be modified, new ones will appear and others will be abandoned. Consequently, you will need to be selective when using the Internet to research pregnancy and birth.

The Women’s Health Information Centre have checked the following websites for quality and can recommend them to you.

Glossary

This section explains some of the medical terms used in this booklet, in your Pregnancy Record and by your midwife or doctor.

amniocentesis – a test in early pregnancy that checks for some birth defects.

The test uses a needle that goes through the abdominal wall into the sac around the baby. The needle takes a sample of amniotic fluid which is tested.

amniotic fluid – the clear liquid that surrounds and protects the baby throughout pregnancy.

anaemia – a deficiency is the number or quality of red blood cells.

antenatal – the period of time before giving birth. Also called prenatal.

Braxton Hicks contractions – irregular, painless tightening of the uterus during pregnancy.

caesarean – surgery to birth the baby. It involves a cut through the abdomen and uterus.

cervix – the entrance of the womb or narrow lower end of the uterus that opens into the vagina.

colostrum – the first milk. Breastfed babies receive colostrum in the first few days following birth. Provides nutrition and protection for the baby against infectious diseases.

Chorionic Villus Sampling (CVS) – taking a small sample of the placenta for tests, e.g. Down syndrome.

epidural – an injection of anaesthetic into the epidural space of the spinal cord to numb the body's nerves below the waist.

episiotomy – when the tissue or skin between the vagina and the anus (the prerineum) is cut to enlarge the opening of the vagina during birth. This is stitched following the birth.

fetal heart monitoring (CTG) – a method of listening to the baby's heart beat during pregnancy and birth. Monitoring of the baby can be through the abdomen or internally through the vagina.

folate (folic acid) – can help reduce the risk of birth defects of the brain and spinal cord (also called neural tube defects).

forceps – a special instrument placed around the baby's head, inside the vagina to help guide the baby out during delivery.

genetic – inherited, hereditary.

gestation – a term that refers to the duration (in weeks) of the pregnancy.

Group B Streptococci (GBS) – bacteria that occur naturally in the vagina and intestinal tract (anus) in about 15 percent of women. This is normal and rarely harmful when a woman is not pregnant. However, in a very small number of cases (1 in 100) the bacteria can pass to the baby during birth and may cause an infection that makes the baby very sick.

Hepatitis B/Hep B – a viral infection of the liver.

HIV – human immunodeficiency virus, the virus that causes AIDS.

hypertension – high blood pressure.

induction of labour – labour brought on using a synthetic version of the hormone (oxytocin) that starts contractions.

meconium – greenish black sticky substance passed as baby's first bowel motion.

Maternal Serum Screening Test (MSST) – a blood test used to identify possible abnormalities in the baby.

nitrous oxide – a gas mixed with oxygen used in birth to help with pain relief.

obstetrician – a specialist doctor with extra qualifications and training in pregnancy and birth.

Pap smear test – a vaginal examination to detect cell abnormalities in the cervix.

pethidine – a medication given by injection to help with pain.

placenta – an organ inside the uterus that is attached to the baby by the umbilical cord. Its function is to exchange blood, oxygen and nutrients between the mother and baby.

postnatal – the term used to describe the six-week period immediately following the birth of the baby.

pre-eclampsia – a condition of pregnancy characterised by high blood pressure and protein in the urine.

premature – a baby born before 37 weeks of gestation.

prenatal – the term used to describe the time during the pregnancy before the birth of the baby. Also referred to as antenatal.

prostin – a synthetic hormone that is inserted into the vagina to assist induction of labour.

rubella (German measles) – a viral disease that can cause major abnormalities in the unborn baby if the mother has the infection in early pregnancy.

spina bifida – a birth defect in the spinal column. Membranes of the spinal cord and the spinal cord itself protrude outside the protective bony canal of the spine.

ultrasound – a test to view the internal organs of the baby in the uterus. It uses sound waves that echo off the body to create a picture of the baby.

umbilical cord – the connection between the baby and the placenta.

vacuum extraction – a procedure used to assist the birth of the baby by using gentle suction to the baby's head. Also called ventouse.

Information checklist

Sometimes we are so focussed on the pregnancy and birth that we are unprepared for the time after the birth. This exercise will encourage you to think about your information needs after your baby is born. The list covers topics that parents need to know, some that the midwife will already have discussed with you. Thinking about these things now may help you to be more prepared. We know that all women have different information needs, this exercise will help you and the midwives caring for you and your baby to know what your information needs are.

Tick the box next to the information you need.

Breastfeeding

- ☐ Getting started and why breast milk is important to your baby
- ☐ How do you know if your baby is in the correct position?
- ☐ When to feed your baby and how often
- ☐ How to express and store breast milk
- ☐ Breast and nipple care: common problems and solutions e.g. full breasts, sore nipples and blocked ducts
- ☐ Mastitis (inflammation of the breast)
- ☐ If you have chosen not to breastfeed – how to make a bottle of infant formula

Baby information

- ☐ Ways to settle your baby
- ☐ Changing nappies, when and how and what is normal?
- ☐ Bathing, cord care, temperature and normal skin rashes
- ☐ Communicating with your new baby
- ☐ Baby's normal weight loss after birth
- ☐ Bed sharing, safe sleeping (SIDS)
- ☐ Jaundice (yellowing of the baby's skin that can develop over the first few days of life)
- ☐ Things you may need to know at home
- ☐ What if my baby is sick? When should I go to see a doctor?
- ☐ Car seats

Looking after yourself

- ☐ Postnatal and pelvic floor exercises
- ☐ Vaginal bleeding after birth
- ☐ Soreness and stitches
- ☐ Wound care after a Caesarean
- ☐ When should I be worried about postnatal depression?
- ☐ Smoking – How to quit and stay QUIT
- ☐ Contraception and sex
- ☐ Taking time out for yourself

What other information do you think you might need after your baby is born?

Community support and information services

If dialling from outside Victoria, add (03)

Australian Breastfeeding Association (ABA)
(03) 9885 0855

ABA 24-hour Breastfeeding Help Line
1800 686 2 686
(1800 mum 2 mum)

Australian Centre for Grief and Bereavement
(03) 9265 2100

Australian Multiple Birth Association
Victorian branch
(03) 9539 2333

Bonnie Babes Foundation
(24-hour grief counselling service)
1300 266 643
www.bonniebabes.org.au

Caroline Chisholm Society
(For assistance with material resources)
(03) 9370 3933
Country callers
1800 134 863

Centrelink
136 150

Immunisation Information Line
1800 671 811

Lifeline
131 114

Maternal and Child Health Line
(24-hour telephone and information service)
132 229

O'Connell Family Centre
(Canterbury)
(03) 8416 7600

PaNDA
(Post and Antenatal Depression Association)
(03) 9428 4600
1300 726 306

Parentline
132 289

Poisons Information Centre
131 126

Queen Elizabeth Centre
(Noble Park)
(03) 9549 2777

Quitline
(24-hour telephone and information service)
137 848

The Royal Children's Hospital
(03) 9345 5522

SANDS telephone support for loss
(03) 9899 0218

SIDS & Kids Victoria
(03) 9822 9611
1800 240 400

(24-hour crisis line)
1300 308 307

Tweddle
(Residential Family Unit, Footscray)
(03) 9689 1577

Women's Information & Referral Exchange (WIRE)
1300 134 130

The Royal Women's Hospital contact details

To contact any service you can call the hospital switchboard on (03) 8345 2000 and ask to be connected.

Outpatient appointments
(03) 8345 3032

Patient enquiries
(03) 8345 3030

Aboriginal Women's Health Business Unit
(03) 8345 3047/3048

Accounts
(03) 8345 3013

Breastfeeding Education and Support Service
(03) 8345 2400

CASA (Centre Against Sexual Assault)
(03) 9635 3610

Sexual Assault Crisis Line
(24-hours 7 days a week)
1800 806 292

Childcare Centre
(03) 8345 2098

Childbirth Education
(03) 8345 2142

Consumer Representative
(03) 8345 2290/2291

Dietitian
(03) 8345 3160

Drug Information Line
(03) 8345 3190

Early Pregnancy Assessment Service
(03) 8345 3614

Family Accommodation Service
(03) 9349 1629

Family Reproductive Rights Program
(03) 8345 3058

Genetic Services
(03) 8345 2180

Hospital tours
Bookings essential
(03) 8345 2142

Interpreters
(03) 8345 3054

Mental Health Service
(03) 8345 2070

Pastoral Care and Spirituality Services
(03) 8345 3021

Perineal Clinic
(03) 8345 3144

Physiotherapy
(03) 8345 3160

Post Acute Care program
(03) 8345 2065

Pregnancy Day Care Centre
(03) 8345 2170

Shared Care coordinator
(03) 8345 2129

Pauline Gandel Women's Imaging
(03) 8345 2250

Women's Alcohol and Drug Service
(03) 8345 3931

Women's Health Information Centre
(03) 8345 3045
1800 442 007

Women with Individual Needs
(03) 8345 2159

Women's Consumer Health Information
(03) 8345 3038

Women's Social Support Services
(03) 8345 3050

Young Women's Service
(03) 8345 2127

Feedback

The Royal Women's Hospital aims to develop health information that is useful for women and their families. We welcome your comments at all timesIf you have anything you wish to tell us about this booklet please contact the Women's on **(03) 8345 3040** or email **rwh.publications@thewomens.org.au**. You can also send comments to Publications at the Royal Women's Hospital, Locked Bag 300, Parkville, Victoria 3052.

Evidence and references

The information in this booklet captures current evidence and practice at the Royal Women's Hospital. For an overview of the current research and evidence about pregnancy and birth visit the Department of Human Services website Having a Baby in Victoria: http://www.health.vic.gov.au/maternity/index.htm. For the list of references that this book has relied upon please visit our website www.thewomens.org.au. The references for this book can be found in the A to Z fact sheets; called References for Having a Baby at the Women's.

Disclaimer

The Royal Women's Hospital does not accept any liability to any person for the information or advice (or use of such information or advice) that is provided in this booklet or incorporated into it by reference.

We provide this information on the understanding that all persons accessing it take responsibility for assessing its relevance and accuracy.

Women are encouraged to discuss their health needs with a health practitioner.

D10-093 design@thewomens

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www.thewomens.org.au

Supporting the work of the Women's

Please visit our website **www.thewomens.org.au** to learn how you can support the Women's to improve the health and wellbeing of women and newborn babies.