

BIRTH & BABIES FOR FIRST TIME PARENTS

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INTRODUCTION

The information in this booklet relates to childbirth and early parenting education for women birthing at the Royal Women's Hospital. This information is designed to enhance and support our online childbirth education program available at www.thewomens.org.au/patients-visitors/cbe/

For additional information about the following topics, please refer to the handbook *Having Your Baby at the Women's* available online at www.thewomens.org.au/health-information/fact-sheets#h

You can also find information about pregnancy and birth on the Women's website at www.thewomens.org.au/health-information/pregnancy-and-birth

Please note that this is general information and remember that care will be individualised according to your needs, and changing medical issues.

Although this information has been designed primarily for singleton pregnancies, woman expecting two or more babies will also find most of this information valuable.

Similarly, the educational information provided is the same for both the Parkville and Sandringham campuses, however when there is a significant difference, this will be mentioned where relevant.

The Women's respects the inherent dignity, worth, unique attributes and human rights of all individuals. In this document the pregnant or birth person will be referred to as the pregnant or birth woman or mother and the partner or support person will be referred to as the support person.

It is important to remember that as a patient, you have rights and responsibilities – and the Women's will respect and encourage your participation in your care. Being involved in decision-making is important, and communicating your thoughts and needs to your support person and your care team is just one step in that journey. www.thewomens.org.au/patients-visitors/rights-responsibilities

If you have further questions about anything in this booklet, you can chat with a midwife or obstetrician at your appointments with us; see your GP; or contact the Childbirth Education team at childbirth.ed@thewomens.org.au

Take a virtual hospital tour of the Women's Parkville campus
www.thewomens.org.au/patients-visitors/cbe/childbirtheeducation-parkville-video-tour

About when to come to hospital
When to call:
www.youtube.com/watch?v=V5fKxv8mx2U

Where to arrive:
www.youtube.com/watch?v=6aDoOXnmG7o

Disclaimer: The Women's does not accept any liability to any person for the information or advice (or use of such information or advice) which is provided in this Module or incorporated into it by reference. The Women's 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. If you have concerns about your health, you should seek advice from your health care provider or if you require urgent care you should go to the nearest Emergency Dept. © The Royal Women's Hospital 2020

LEARNING ABOUT YOUR BABY

Apart from you – the pregnant woman – one other person is physically present throughout your pregnancy: your baby. Many new families in today's society have little previous experience caring for babies before they become parents, therefore, it's important to understand the behaviours and needs of babies.

This can also help you have a better understanding of the consequences of some of your choices.

Just like the impact of choices made about smoking, alcohol and diet during pregnancy can have positive or negative effects on your baby's growth. Similarly, choices made during labour, birth and the early postnatal period can have positive or negative effects on your baby's physical and psychological development.

Here we begin to look at how babies communicate and their brain development.

How babies communicate

During pregnancy and after your baby is born, babies understand their world through the information they receive via their five senses. In fact, this is the most developed part of the brain at birth.

Situations that cause stress to you, can also cause stress for your baby.

By understanding and watching your baby, you can learn to decode their messages and better understand their needs. Being able to understand and communicate with your baby helps their development, aids bonding and supports further brain development.

Your baby's senses at birth and in the first weeks

Sight

At birth babies can see within cuddle or breastfeeding range and are:

- attracted to black and white. Contrasting shades and colour vision develop over the next few weeks and months
- able to gaze for periods of time immediately after birth
- drawn to human faces more than anything else and can distinguish between a happy and sad face. Your face is your baby's best toy
- more likely to engage with an animated or moving face – we call this 'mutual gaze', it aids with their brain development. Tracking and mutual gaze often leads to your baby responding to your actions.

Hearing

- Hearing is the most developed sense at birth and will continue to develop.
- Your voice is the most familiar. We recommend your support person or partner spend considerable time speaking with you before the birth so their voices will also become familiar to the baby.
- Babies are drawn towards sounds, especially rhythmic or repetitive sounds. Lullabies, soothing voices and gentle sounds may comfort your baby.
- Sounds and situations that make you feel positive, can have a similar effect on your baby. Sounds and situations that have a negative effect on you can also have a similar effect on your baby. Keeping the family safe and happy is important for baby's growth and development.
- A hearing test is offered for your baby whilst you are in hospital or as an outpatient.

Touch

- Gentle and loving touch assists the release of the bonding hormone oxytocin.
- Once born, infants can feel pain just like adults and children.
- The startle reflex is present up to 12 weeks after birth. Therefore, babies need to feel supported either by being held, carried, wrapped or worn in a suitable carrier or sling.
- For more information about how to wear your baby safely in a sling or carrier see the T.I.C.K.S rule for safe baby wearing: babyslingsafety.co.uk
- When a baby is unwrapped for nappy changing, bathing or dressing they will often cry, therefore they may like to be loosely wrapped with their arms together.
- Baby's mouth and hands have strong touch receptors in the first few weeks assisting their ability to breastfeed.
- Babies are used to movement and find it soothing; rhythmic patting and movement may remind them of your heartbeat.

Research shows that skin-to-skin contact is important. Skin-to-skin is when your baby is placed naked on your chest.

Skin-to- skin contact:

- helps your baby's heart and breathing rates to stabilise
- allows for transfer of good bacteria from you to your baby
- eases the transition from the womb
- encourages breastfeeding instincts
- enhances parent child communication
- produces strong bonding hormones
- can reduce crying
- is important for both parents and significant family members.

Taste and Smell

- A baby's sense of taste and smell are developed in the womb.
- As baby swallows amniotic fluid it becomes familiar with your taste and smell.
- The areola area of your breasts releases a scent when baby is born to help the baby find the breast. Babies that initiate their own way for the first feed, generally feed better overall.

Reflection: Take a moment to think of different ways you can positively interact with your baby.

PRIOR TO LABOUR

The Pelvic Floor

Please also read *Having Your Baby at the Women's* pages 8-9 & 23.

One of the most important things you can do during pregnancy to prepare for labour is stay active and to have a good understanding of your pelvic floor muscles.

The pelvic floor muscles are a group of muscles at the base of your trunk and pelvis. They lie between your pubic bone at the front and your tail bone at the back, much like a hammock. These muscles run alongside your deep back and abdominal muscles as part of your core. Their job is to control your bladder and bowel by closing around the passages that lead to the outside world. The pelvic floor muscles also support your uterus and help hold it in position. These muscles also play an important role in sexual sensation and function.

Over the course of your pregnancy the pelvic floor muscles become stretched and weakened due to the weight of your baby. Some of the hormones involved in pregnancy further loosen and stretch these muscles. It is important to exercise these muscles to keep them as strong as possible and working effectively.

Please refer to the following factsheet for information on strengthening the pelvic floor muscles.

Pelvic floor exercises -
www.thewomens.org.au/health-information/factsheets#p

It is also also important to avoid constipation and straining on the toilet as this can further weaken your pelvic floor muscles.

Please refer to the following fact sheet for information on avoiding constipation and developing good toileting habits:

Preventing constipation -
www.thewomens.org.au/health-information/factsheets#p

Late Pregnancy

Pregnancy is estimated to be about 40 weeks long but some babies come earlier and other babies come later.

After 36 weeks your baby is will be putting on weight as well as maturing its lungs and brain. Around this time your baby is almost ready to be born and you will be checked more often and have more hospital visits. These visits are similar to the the ones in earlier pregnancy but the midwife or doctor will also review your baby's heart rate, growth and their position.

By now most babies are head down, and if your baby is not in this position the midwife will discuss your options. You will also be offered the Group B Streptococci (GBS) test.

For information on these health checks and the GBS test please read *Having Your Baby at the Women's* pages 30-33.

Reflection: Remember that strong pelvic floor muscles are important for everyone but especially so in pregnancy. What can you do to strengthen your pelvic floor muscles?

ALL ABOUT LABOUR

Information covered in this section can also be found in *Having Your Baby at the Women's* see:

- *Preparing for labour* - page 35
- *Labour* - pages 36-38
- *In Birth Centre after the birth of your baby* - pages 42-43.

The process of labour

When the body and baby are ready, spontaneous labour will usually start around 37-41 weeks.

If you look at the diagram on page 32 of *Having your baby at the Women's* you can see the uterus is made of muscle that ends in the lower pelvis at the cervix. During your pregnancy the cervix remains long and closed so that the baby is kept safely inside. During labour the uterine muscle contracts, so that over time the cervix becomes softer, thinner, shorter and more open.

Labour is made up of three stages.

Stage one (Latent labour 0-5 centrimetres dilated)

The beginning of labour (especially for first time mother's) is often characterised by contractions that are spaced apart and irregular. This means, there isn't yet a set pattern to how often and how long your contractions will last.

The contractions in this early stage may be short in length (approx. 10-20 seconds) and may feel like heavy period pain, or intermittent back pain. At this stage, the cervix is thinning and shortening before it actually begins to dilate and open.

As labour is unique for each woman, you may experience one or more of these things before or during labour:

- A thick mucous plug in the cervix passes through your vagina. This is called a "Show" and may be clear, pink or bloodstained.
- The bag of waters around your baby may break. The subsequent fluid loss may be a little or a lot.

- Baby movements should continue as normal throughout labour.
- Diarrhoea or vomiting may occur.
- Vaginal bleeding is **not** normal.

Early labour may last a long time if it's your first baby. We encourage you to rest as much as possible and call the hospital for advice.

Naps, baths, showers and localised heat are great options for this stage. Home is a good place to stay when:

- you have a low risk pregnancy
- your baby's movements are still being felt regularly
- your waters have not broken.

We know that the hormones of labour can work very well when women feel comfortable and safe, especially in their home environment.

As your uterus continues to contract, the cervix starts to open. For example, the contractions may be 10 minutes apart and lasting approximately 40 secs. and will probably feel more intense. Breathing deeply during the contractions (in through the nose and out through the mouth, nice and slowly), is highly recommended.

If you have any of the following concerns speak with a midwife at the hospital:

- The membranes have broken and you are having a watery vaginal discharge.
- Baby's movements have slowed down or stopped.
- You are bleeding vaginally.
- Your contractions are closer than 5 minutes apart, lasting more than 30 seconds each or 3 contractions in a 10 minute period.

Please call:

- **(03) 8345 3635 (Parkville patients)**
- **(03) 9076 1245 (Sandringham patients)**

Do not call these numbers for general enquiries.

The midwives will be able to answer your questions and help to identify what is happening.

For more information watch the following videos:

- When to call:
www.youtube.com/watch?v=V5fKxv8mx2U
- Where to arrive:
www.youtube.com/watch?v=6aDoOXnmG7o

Stage one (active labour 5-8 centimetres dilated)

Active labour is when contractions are 3-4 minutes apart and lasting 50-60 secs, or 3 contractions in a 10 minute period. Once this pattern establishes, it is a good time to come to the hospital.

See the fact sheet *When to call the hospital*
www.thewomens.org.au/health-information/fact-sheets#w

As your uterus continues to contract, your cervix will continue to open. Using active, upright positions and working with the sensations will help assist your cervix to completely open. This allows more room for your baby to move down, getting ready to be born.

Stage one (transition 8-10 centimetres dilated)

During labour, many women experience times where they may feel like they can't do it anymore. You may notice your behaviour changes, it may be hard to get comfortable and you may find it hard to communicate your needs. This can happen at any time in labour but is often more obvious around this time of labour.

At this point, you may feel some pressure in your bottom as your baby moves down lower in the pelvis and pushes on the bowel. This pressure will intensify with each contraction until an involuntary urge to push may come with the contractions.

Stage two (pushing)

Your cervix is now fully open and your baby's head is usually well down in the pelvis.

If you are in an upright position it provides more space for your baby to navigate your pelvis and assists birth.

Working with the sensations, breathing deeply, focusing on releasing and altering positions will help birth your baby.

At the end of second stage, the midwife will offer guidance as needed. Aiming for a slow, calm birth of your baby's head and body.

After your baby is born, your baby will be placed on your chest for skin to skin contact.

At the Women's we practice delayed cord clamping for most women.

This means waiting for a short period of time before clamping the umbilical cord.

Research confirms that delayed cord clamping allows the baby to gain numerous benefits from the placenta even after birth has occurred.

Immediate clamping may be necessary if the woman or baby require immediate medical attention or when a blood is required from the cord such as when a mother is Rh negative.

Stage three (the placenta)

The placenta will also be birthed through your vagina. It can be birthed naturally or with medical assistance. Medical assistance is advised if there are any risk factors. At this stage, your baby will be skin-to-skin and finding its way to the breast.

SUPPORTING YOU THROUGH LABOUR

The concept of pain

Your relationship and experience with pain will affect the way you deal with pain in labour

For many people they fear pain. This is usually because in the past they have experienced pain from surgery, accidents, illness, overuse of their body, etc. We tend to want to fix this pain and make it go away. This is often called pathological pain.

However, in labour, the pain surges or waves that you experience are positive because they are a sign that your labour is progressing and your body is getting ready to birth your baby. Each wave/surge is helping the cervix to become softer, shorter and open up. That is why most of the pain is felt low down in the pelvis. Understanding the positive or physiological pain of labour may support you to work with the labour rather than fight against the pain.

We can now transfer that concept into the birthing space, and talk about how hormone production can aid or limit labour, and the things you and your team can do to support labour.

Hormones that impact labour

Hormones that enhance labour

There are many hormones involved in pregnancy, labour and breastfeeding.

However, there are three which greatly enhance labour. Working with and promoting the release of these hormones can greatly assist the birthing process. They are:

- Oxytocin
- Endorphins
- Melatonin

Oxytocin

This hormone is often referred to as the 'love and bonding' hormone due to its connection with falling in love, sexual activity, birth, breastfeeding and bonding.

Oxytocin builds in labour making your uterus contract more frequently, effectively and with more intensity.

Oxytocin can provide a sense of purpose, empowerment and acceptance of the labour process.

Endorphins

Endorphins are your body's built in ability to cope with pain. They are released through movement, massage, and in response to pain or strong sensations, such as contractions.

They reduce your perception of pain and provide a sense of strength, motivation and euphoria.

Melatonin

Is a hormone that works best in the dark and aids oxytocin production. Keep lights turned low at home and in the birthing room. Rest in early labour, especially at night. Bright lights can negatively impact the labour process.

Hormones that can negatively impact labour

Adrenaline

This hormone is produced by your body as part of the fight or flight mechanism in response to stress, fear and anxiety.

High levels in labour can inhibit oxytocin, slow the progress of labour, and increase your perception of pain. It is important to try and keep Adrenaline levels low.

Effective support, enhances the production of the positive hormones and reduces adrenaline.

Adrenaline can increase during the pushing stage to provide energy. However, it's still important to maintain a calm, safe environment.

Support in labour

According to research, labouring women with continuous effective support in labour and birth are 50 per cent more likely to have a vaginal birth, have less use of medical pain relief and describe a more positive experience. See also *Having Your Baby at the Women's* page 36.

Advice for the birthing woman

- Choose your birth support team carefully.
- Look after your health and wellbeing during the pregnancy and in preparation for the labour.
- Consider practicing mindfulness techniques, like breathing exercises.
- Understand the process of birth.
- Understand non-medical ways to work with your body during labour

Advice for the support person(s)

- Create and maintain a positive birth space: private, safe and comfortable.
- Understand the labouring woman's birth wishes.
- Understand that labour and birth is a normal, healthy process.
- Watch the labouring woman's face and body for signals and encourage her to release tension
- Remember to look after yourself - take breaks as needed and eat and drink as necessary. Encourage her to eat & drink.
- Massage if desired
- Encourage activity and position changes
- Encourage deep, rhythmical breathing
- Have heat packs ready if wanted
- Organise the logistics e.g. know where the hospital bags are and where to arrive at the hospital

Ideas for assisting the labour process

Creating a comfortable, familiar and safe environment helps optimise the positive hormones. Staying active and upright assists the descent of the baby:

- Dim lighting, supportive eye contact, pictures, flowers, familiar items and privacy
- Music (more effective when headphones are used and you have chosen the music), mantras, affirmations, positive words, praise, love, prayer or silence
- Massage, heat packs, ice packs, pillows, blankets, layers of clothing, holding hands, kissing, gentle touch, acupressure, stroking a pet (at home)
- Spray bottle, electric oil burners, candles (at home), battery tea light candles, massage oils, spritzer, familiar items – comfortable clothing, food and drink.
- Upright positions, e.g. sitting on a fit ball, standing, walking, kneeling and squatting
- Hip Movement – slow dancing, walking, bouncing, rolling (fit ball provided) swaying, rocking and softening jaw, mouth and shoulders
- Heat, such as shower or heat packs (provided)
- Distraction techniques and visualisation
- Deep, slow breathing
- Water immersion (bath/shower) & water birth.

For more information download the *Active Birth* and *Water Birth at the Women's* fact sheets www.thewomens.org.au/health-information/fact-sheets

For a virtual tour of the Birth Centre www.youtube.com/watch?v=OP9HLcbzpMM

Reflection:

- *Consider the type of environment you would like for your labour.*
- *What things do you need in that space to make you feel safe, comfortable and secure?*
- *Consider writing a birthing plan which includes all of this and any important decisions or preferences you have for your labour and birth.*
- *Discuss all of these with your support circle and midwife/ care professional before labour.*

INFORMED CONSENT & PAIN MANAGEMENT

Informed consent and informed decision-making

Informed consent involves voluntary permission or refusal given by a person or advocate for treatment or procedure after being informed of the purpose, method and possible consequences, risks and benefits.

It is important to remember that you have rights and responsibilities which may include asking questions or refusing treatment for you or your baby.

We encourage you to ask questions and discuss options with your healthcare providers. Where possible, we also encourage you to take some time to make a decision.

To help you understand the *informed consent* process, we suggest using the *BRAIN tool for decision making* **BRAIN** stands for:

B – Benefit

Q: What are the potential benefits to me or my baby of this procedure, care or medication?

R – Risk

Q: What are the potential risks to me or my baby of this procedure, care or medication?

A – Alternatives

Q: Are there any alternatives to this procedure, care or medication? These may be medical, surgical or alternative forms of care.

I – Intuition, instinct or impact

Q: What does my intuition or instinct tell me about this decision?

Q: What is the potential impact of the decision?

N – Nothing or Now Q: What happens if I do nothing?

Q: Does this need to happen now?

Medical pain management options at the Women's

There are five main options available for pain management during labour. Information about all of these are included in *Having Your Baby at the Women's* handbook pages 38 - 39.

T.E.N.S. (Transcutaneous Electrical Nerve Stimulation)

This small portable machine is used by the woman to potentially relieve lower back and contraction pain. A TENS Machine needs to be hired or bought before use.

One company that provides this service is TENS Australia - tensaaustralia.com

The TENS machine promotes the release of endorphins which help reduce pain and still allow you to move about and change positions as required. It sends small electrical signals into the body via electrodes placed on your back; this provides both a distraction and helps to block pain messages reaching the brain. It is most beneficial to commence using it in early labour.

Sterile water injections

Sterile water injections are most beneficial during the 1st stage of labour and can be used if you experience a lot of back pain in labour or when your baby is in the posterior position (baby's back against your back).

These injections consist of tiny amounts of water injected just under the surface of the skin, to four sites on your lower back, forming 'pockets' of water. These pockets can offer relief from back pain by blocking the pain messages from the lower back and by aiding the release of endorphins as discussed in the previous section *Supporting you through labour*. The injections may provide pain relief for one to four hours and can be repeated.

GAS (nitrous oxide and oxygen)

This gas is a mixture of nitrous oxide and oxygen, often called 'laughing gas'. The gas is available by the bedside and in the bathroom of the hospital birth room.

A long length of tubing attaches to a mouthpiece. The woman inhales the gas through the mouthpiece during a contraction using regular deep breaths. The gas is eliminated via the lungs; thus, the effect is temporary.

Its purpose is to reduce the sensation of the contraction. It is most beneficial during 1st stage of labour. The gas does not enter your bloodstream so does not affect the baby. It also does not affect your ability to move freely and stay upright, therefore does not impact your ability to push.

Morphine

Morphine is a drug that provides strong pain relief. It is usually given by injection into the thigh or bottom. It is most beneficial when given during 1st stage of labour. It may help women who are tired to rest or women who are tense to relax.

As morphine is a strong drug that can affect the baby, a vaginal examination is recommended prior to having the injection. This can help to estimate your baby's time of birth. Morphine tends to have the greatest impact on the baby about one to two hours after it is given. Morphine can affect your baby's breathing and/or their ability to breastfeed after birth (their first breastfeed). If this is the case, the midwife can help you express breast milk and feed your baby. Morphine can not be administered after 8cm dilated. Morphine does not affect your ability to move freely and stay upright, therefore does not impact your ability to push.

Epidural

In labour, epidurals are used to potentially remove pain sensations from approximately waist down to the toes.

An epidural is an anaesthetic administered by an anaesthetist. It is a sterile procedure. The drug is passed via a needle and fine-tubing into the epidural space in a woman's spine. The procedure may take 10-20 minutes to perform. The drugs are delivered via a computer pump that you are able to control. The drug may take 15-25 minutes to be effective. The drugs commonly used are local anaesthetics and opioids or narcotics such as Fentanyl. Because of the length of the procedure and the drugs used, we recommend a vaginal examination prior to having an epidural to estimate the time of birth.

Once the epidural is removed or turned off, the return of full physical sensation takes between 30 minutes to 3 hours.

An intravenous drip is required for fluids and/or drugs. A catheter is required to keep the bladder empty. A fetal monitor machine (CTG) is required to monitor the baby and the contractions. You are unable to get out of the bed. Active birth positions are generally not possible with an epidural and the pushing sensation is usually absent.

NOTE: Vacuum birth and forceps birth are more likely when epidural analgesia is used. Episiotomies are commonly used with forceps. Epidurals can also have a detrimental impact on the breastfeeding journey as they can interfere with the baby's initial breastfeeding instincts.

Reflection: Take some time to consider how you would like to "work with" or "manage" your pain in labour.

VARIATIONS TO SPONTANEOUS LABOUR

Please also read *Having Your Baby at the Women's* pages 39-40.

Induction of labour

This is the process by which labour is started medically due to certain risk factors such as diabetes or prolonged pregnancy. It may occur in two stages:

- Step 1: Cervical softening**
 This is where the cervix is made softer and shorter by vaginal insertion of a synthetic hormone gel or a cervical catheter. It may take several hours or days for the cervix to ripen. These procedures are done in the hospital with possible discharge home. Once the cervix is approximately 2-3cm dilated, the second part of the induction process can commence
- Step 2: Induction of labour**
 Inducing labour begins in the Birth Centre with breaking the waters and then starting a synthetic oxytocin drip to make the contractions begin. Usually this will make the labour start more quickly and become more intense. Synthetic oxytocin does not have the same benefits to the woman or baby as natural oxytocin. The baby will require continuous monitoring during the labour. This restricts the women's freedom of movement and water birth options.

Note: Use of medical pain management is statistically higher in induction of labour and assisted births (vacuum, forceps and caesarean sections) are more common.

More information can be seen on the video - *Induction of labour* www.youtube.com/watch?v=sQq-PS-Z7Ao

Augmentation of labour

This is a process to assist the progress of labour when you have gone into labour spontaneously but the labour has slowed down or stalled. This may be done by interventions such as breaking the waters and/or providing synthetic oxytocin via an intravenous drip.

For more information about induction of labour or the interventions used during augmentation of labour download the *Induction of Labour* fact sheet (this fact sheet is available in a number of community languages).

www.thewomens.org.au/health-information/fact-sheets#i

Assisted birth

Assistance may be advised if labour is not progressing or you or your baby are showing signs of medical distress. Assisted birth may mean vacuum, forceps or caesarean section.

Depending on the reason and at what stage of labour you are in, an obstetric doctor will discuss which method is most suitable.

Vacuum birth

A vacuum birth can only happen when the woman's cervix is fully dilated.

During a vacuum birth an obstetric doctor performs a vaginal examination to apply a small vacuum cap to the baby's head. During a contraction, while the woman pushes, the doctor will use the vacuum to assist the baby's head to be birthed. A red swollen area may form on the baby's head and can take several days to resolve. The mother may require an episiotomy (a cut made at the opening of the vagina into the perineal muscle).

Forceps birth

A forceps birth can only happen when the woman's cervix is fully dilated.

When the woman's cervix is fully dilated, an obstetric doctor performs a vaginal examination to apply two forceps, one either side of the baby's head. During a contraction, and when the woman is pushing, the doctor assists the baby's head to be birthed. Most babies will develop temporary red marks or bruises on their face or head from the forceps. An episiotomy is usually required.

Caesarean birth

- A planned/elective caesarean is arranged because of known reasons during your pregnancy - a date and time will be planned for the birth.
- An emergency caesarean may be required if once labour has started your baby needs to be born via surgery, or if complications develop and birth needs to happen quickly.

A caesarean is a surgical procedure done in an operating theatre to birth your baby via a cut into your lower abdomen and uterus. This is done by an obstetric doctor with an epidural/spinal anaesthetic. This allows you to be awake for the birth and your support person to be with you. A screen is used so the operation is not visible to you or your support person.

It may take 10-15 minutes before your baby is born, however, the actual surgery may take about an hour. There will be time spent in recovery after the surgery is completed. Where possible, a midwife will stay with you throughout the birth and in recovery to assist with skin to-skin contact and your baby's first breastfeed.

AFTER YOUR BABY IS BORN

A **virtual hospital tour** of the Women's Parkville campus is available online at:
www.thewomens.org.au/patients-visitors/cbe/childbirtheeducation-parkville-video-tour

Important things to know about your stay at the Women's

Length of stay in hospital

If you have a vaginal birth the expected stay is 24 hours after the birth.

If have a caesarean birth the expected stay is 2-3 days after the birth

Discharge information

- For vaginal birth this occurs approximately 24 hours post birth.
- For elective caesarean birth this occurs between 9-9.30 am on the third day
- After discharge, Postnatal care in the home will be provided by a midwife from the Women's hospital 1-2 visits

Postnatal care in the home

A midwife from the hospital will visit your home 1-2 times and then a Maternal Child Health Nurse (MCHN) from your local council will organise your next visit. The hospital will notify the MCHN about your birth.

If you have medical concerns please see your local doctor (GP) or attend an emergency department.

You can also call:

- Emergency Services 000
- Nurse on Call 1300 606 024
- Maternal and Child Health Line 13 22 29

Other important numbers can be found in the *My Health and Development Record* (Green Book) given to you at your baby's birth.

Visiting hours in the hospital

- For the friends and family - 2:30pm to 8:00pm.
- For partner or support person - 8:00am to 8:30pm

Overnight stays

- At Parkville, partners are able to stay if you are in a single room and it is safe to do so.
- At Sandringham, there are limited facilities for partners to stay overnight. This can be discussed when a medical need arises.
- We are unable to have other children/siblings stay overnight

Always refer to our website for current updates while COVID-19 precautions are in place.
www.thewomens.org.au/patients-visitors/covid-19-advice-and-updates/

Legal Forms

You will be given the following forms to complete and register:

- Online birth registration
- Family Allowance benefit

Care in hospital after your baby is born

See *Having Your Baby at the Women's* pages 42-48.

On the day or birth

Mother

- If you and your baby are well, skin-to-skin contact and baby-led breastfeeding is encouraged immediately after birth.
- If you have a vaginal birth, you will spend 1-2 hours in the birth centre after your baby is born. Checks will be done on your uterus size and the amount of vaginal bleeding you have.
- For caesarean births, we aim for skin-to-skin care to start as soon as possible, (it can sometimes be supported in the operating theatre or Recovery).
- You will generally be in recovery for 30 minutes after the operation is completed.

Baby

- Skin-to-skin contact are encouraged to promote bonding and breastfeeding
- Baby led feeding is encouraged
- Your baby will usually have at least one wet/urine nappy and one dirty/meconium nappy.
- Meconium is the name of the green/black poo that your baby passes in the first 1-2 days.
- Hepatitis B immunisation and Vitamin K injection are offered and only administered with your consent.
- Your baby will be examined, weighed and checked regularly with your consent

24-48 hours after birth

Mother

- In this period, you and your baby may still be in hospital or discharged home with support from a midwife from the Women's.
- Over the first few days, you will have your temperature, breathing, blood pressure and heart rate checked.
- Your abdomen will be felt to ensure your uterus feels firm and is reducing in size.
- Your vaginal bleeding will be checked regularly.
- Your ability to pass urine and have bowel actions will also be monitored.

Baby

- Baby's temperature, breathing and heart rate will be checked
- Baby's feeding patterns, and wet/dirty nappies will change.
- A hearing screen is offered for all babies. For more information visit www.rch.org.au/vihsp/
- Your baby will be weighed again after 48 hours - weight loss is normal (usually about 7-10 per cent of the birth weight). It is expected your baby will return to the birth weight by 10-14 days of age.
- A midwife will offer guidance with breastfeeding and your baby's first bath if required. There is also a video available at: raisingchildren.net.au/newborns/videos/bathing-a-newborn-safely

48-72 hours after birth

Mother

- Your hormone levels are changing. This may cause you to feel 'flat', weepy or have premenstrual tension like symptoms, commonly called 'Baby Blues'. This usually resolves within 24-48 hours. Support and care is encouraged
- Pelvic floor exercises can be started again if comfortable to do so.
- Breast milk is increasing, your breasts may feel warm and sometimes tender (cool packs after feeding can be helpful at this time).
- Midwives from the Women's will visit you 1-2 times during your first week at home

Baby

- It is common for babies to breastfeed 8-12 times every 24 hours
- We expect about 5-6 wet and at least 1-2 dirty nappies. Usually yellow stools
- Your baby may have unsettled periods and small vomits (called possets)
- Your baby's cord stump may separate about 5-10 days after birth. The midwife can guide you regarding cord care

Postnatal recovery strategies

Please refer to page 46-48 *Having a baby at the Women's handbook*

Using the **RICE** framework is a good way to assist recovery after birthing your baby.

After the birth

Rest – lie flat for 30 minutes, twice a day. This will help to minimise discomfort, reduce swelling and take extra weight off your pelvic floor and lower abdominal muscles.

Ice – following a vaginal birth or an attempted vaginal birth, ice helps to reduce pain and swelling around the perineum. Ice should be placed inside your pad for 20-30 minutes every 2-3 hours and can be continued until pain and swelling cease.

Compression – firm supportive underwear will help support the perineum and lower abdominal muscles and reduce pain and discomfort. This will also help to start the healing process. Control briefs can be purchased from department stores and may be worn for the first six weeks. As a guide, garments should be two sizes bigger than your pre-pregnancy size.

Exercise – pelvic floor and deep abdominal exercises help you return to your pre-pregnancy shape and assist with healing around any stitches you may have. They can be safely started one to two days following the birth of your baby, provided there is no increase in your pain.

- Pelvic Floor Exercises
www.thewomens.org.au/health-information/factsheets#p
- Improving your recovery after birth
www.thewomens.org.au/health-information/factsheets#i

Postnatal emotions and psychological health

For more information, please refer to *Having your baby at the Women's* page 49.

Your hormone levels have been altering throughout pregnancy and labour. They will continue to change after the birth and as breastfeeding establishes.

There can be a sudden change around 3-6 days after the birth, and this may cause you to feel 'flat', weepy or have premenstrual tension like symptoms, commonly called 'Baby Blues'.

Any new parent may experience changes to their feelings and behavior after the birth of a baby. However, it is important to recognise symptoms of postnatal depression and/or anxiety and seek support.

If you or your partner are experiencing signs or symptoms that may negatively affect behavior, feelings, thoughts or physical health for two weeks or more it's time to get support. To understand more about the signs and support strategies, refer to:

www.thewomens.org.au/health-information/pregnancyand-birth/mental-health-pregnancy/depression-pregnancy

Beyond Blue have information
www.beyondblue.org.au

While parenting is a rewarding job, it can also be one of the most challenging. Understanding some of the more common emotional challenges can normalise your experience and help you to learn skills to deal with these challenges.

Reflection: What could you and your support circle do - either before or after the birth - to help during the adjustment time?

CARING FOR YOUR BABY

Tests and immunisations

The following are tests, investigations and immunisations that you will be offered for your baby in the first few days after birth.

- Hepatitis B immunisation offered and administered with your consent.

Hepatitis B is a disease caused by a virus that affects the liver.

For more information, download the fact sheet *Hepatitis B immunisation: The birth-dose and your baby*
www.thewomens.org.au/health-information/factsheets#h
- Vitamin K is a drug that is offered and administered with your consent.

Vitamin K is needed in the body to help the blood clot and to prevent bleeding. For more information refer to
www.betterhealth.vic.gov.au/health/healthyliving/vitamin-k-and-newborn-babies
- A hearing screen is offered for all babies, this is offered in the hospital or as an outpatient. For more information visit www.rch.org.au/vihsp/
- The Newborn Screening Test is offered 48-72 hours after birth. With your consent blood is taken from your baby's heel and placed on a card. This is used to identify babies at risk of having rare but serious medical conditions. This test may be taken either in hospital or during some home visit. For more information visit www.vcgs.org.au/tests/newborn-bloodspot-screening
- A midwife will check for signs of jaundice (yellow skin colour). Jaundice can occur as your baby's system breaks down excess red blood cells, developed before birth. This process can cause a temporary yellowing colour of your baby's skin and whites of their eyes and make your baby very drowsy. Jaundice is common in new born babies and can be managed easily. However, sometimes further medical treatment is required, your midwife can guide you through signs, symptoms and the management of jaundice.

For more information download the fact sheet

Jaundice and your newborn baby

www.thewomens.org.au/health-information/fact-sheets#j

Infant states of awareness

In the first few weeks of life your baby faces quite a challenge as it adapts to life outside the womb.

Your baby will cycle through six states of awareness throughout the day and night, as they learn to regulate their behaviour. There are three sleep states, quiet sleep, active sleep and drowsy.

- Quiet sleep:** your baby is generally in a deep sleep and is unresponsive to outside noise, this is a good time for you to rest.
- Active Sleep:** your baby may startle or wake easily, they may need help to re-settle if you feel they need to sleep longer.
- Drowsy:** this is a transitional state and your baby may go back to sleep or wake up.

There are also three awake states, quiet alert, active alert and crying.

- Quiet alert:** your baby is alert but relaxed, this is a good time to play with your baby or breastfeed.
- Active alert:** your baby is becoming overwhelmed. They may need a change of pace such as, a feed or help to settle.
- Crying:** your baby needs you to identify why it is crying and help to relieve this.

By tuning into your baby's states you can begin to learn how to best support your baby.

Baby crying and settling

Having your baby at the Women's handbook Page 50

Crying is one of your baby's way of communicating with you. Babies usually cry to tell us they have a need that they can't fix themselves.

Crying can mean they feel insecure, tired, hungry, uncomfortable, sick, overstimulated or for unclear reasons.

It is a normal part of brain development for a baby to cry. Babies will generally cry for up to 2 hours a day, over several times in the day. It is important that baby feels supported and secure whenever they cry. Early responses to your baby's needs is important for their growth and development.

Long periods of crying may mean baby is sick or in pain. See your health care provider if you think your baby is crying a lot.

Settling a crying baby does not always mean getting them to sleep, but reducing their stress or distress is important.

Things you may try to settle your baby may include:

- Feeding them
- Talking/singing to them
- Using repetitive actions like gently rubbing or patting their back.
- Holding them, wearing them or wrapping them
- Bathing your baby
- Going for a walk with your baby
- Soothing music may be useful
- Changing their clothes or nappy
- Checking if baby is unwell.

Crying can be very challenging for families. It is important and encouraged, for you to ask for help if you feel you need support.

Some crying may be avoided or minimised through observing your baby and responding early to their needs.

Parents who suffer birth trauma or postnatal depression, may find it harder to manage their baby's crying. Always seek help for assistance during this time.

Safety

Consider the safety of your baby at home, in the car and when sleeping.

Please visit Royal Children's Hospital fact sheet on safety around the home to minimise the risk of accidents or injury:
www.rch.org.au/kidsinfo/fact_sheets/Home_Safety

Safe Sleeping

Having your baby at the Women's handbook page 51

The key sleeping messages are:

- always sleep your baby on their back
- place your baby at the bottom of the cot
- tuck blankets firmly around the cot mattress
- never include soft toys or soft furnishings in the cot
- keep their head uncovered; no hats, bibs or overlong bedding
- promote breastfeeding
- maintain a smoke free environment
- have baby sleep in your room.

For more information visit

rednose.org.au/section/safe-sleeping

Tummy time

Allowing your baby to play on their tummy, and in a variety of positions, is important for their growth and development. Do this when your baby is awake and while being observed by an adult. They may enjoy this from birth but usually for short periods of time.

For more information visit

rednose.org.au/section/tummy-time

Safe Wrapping

Wrapping is a useful method to help babies settle and sleep on their back.

The key messages when wrapping your baby are:

- use muslin or light cotton fabrics
- wrapping should be firm but not too tight
- do not wrap your baby above the shoulders (to reduce the risk of their head becoming covered)
- allow for chest and hip expansion when wrapping.
- Ideally your baby hands are under their chin
- Stop wrapping your baby when it shows signs it can roll over.

For more information visit rednose.org.au/article/is-it-safe-to-wrap-swaddle-my-baby

Pets and babies

For advice about preparing your pet for a new baby, safe handling of pets during pregnancy and pet discipline around babies and children refer to www.wearefamily.vic.gov.au

The key messages are to ensure your pet is well trained before the your baby arrives home and to supervise or separate your child and pet at all times. Never leave them alone together.

Car restraints

Infants must travel in a rear facing child restraint. The type of restraint will change depending on their age and size.

Visit the VicRoads website for more information www.vicroads.vic.gov.au/safety-and-road-rules/vehiclesafety/child-restraints/children-from-birth-to-4-years

Recognising signs and symptoms of the unwell baby

A guide to signs and symptoms that your baby may be unwell and/or require medical attention can be found at www.healthdirect.gov.au/symptoms-of-serious-illness-inbabies-and-children

See also: *Parent guide for the first week of life.* www.thewomens.org.au/health-information/factsheets#p

Parenting is one of the most amazing journeys you will have but also one of the most challenging. Talking about your choices, working together, keeping yourselves well and healthy and accepting help are key to meeting those challenges.

We wish you the best for a healthy family life together.

BREASTFEEDING

The Women's is an accredited 'Baby Friendly Hospital' and follows the WHO/UNICEF (World health organisation) 'Ten Steps to successful Breastfeeding' -a guide for healthcare providers to protect, promote, and support breastfeeding.

The World Health Organisation recommends that babies be breastfed exclusively for six months with family foods then gradually introduced. The advice is to continue breastfeeding for two years or more as desired.

Some women may choose a different option for feeding their baby and we recognise their right to make an informed choice. Discussion about this can be done on an individual basis.

For more information please see:

- *Having your baby at the Women's handbook* page 45-46
- Breastfeeding fact sheets on the Women's website listed under *Breastfeeding: all fact sheets in English*. In particular the fact sheet, *You're Pregnant, so let's talk about feeding your baby* at www.thewomens.org.au/health-information/factsheets#b

Rooming in

During your stay at the Women's, you and your baby will stay together. This is in line with safe sleeping practices and supports breastfeeding and bonding. You will also be better able to see your baby's cues and learn their different states.

Why breastfeed?

Here are just a few facts as to why breastfeeding is considered the optimum food for your baby.

See also *Why breastfeed?* webpage which includes the video *Breastfeeding – Women Reflect* www.thewomens.org.au/healthinformation/breastfeeding/breastfeeding-overview/why-breastfeed

For you:

- Protects against breast and ovarian cancer as well as osteoporosis.
- Assists your uterus to return to its pre-pregnancy shape so reduces blood loss post birth.
- Assists with weight loss after birth, together with a well-balanced diet
- Helps decrease risk of type 2 diabetes and heart disease.
- Assists bonding, through skin-to-skin contact and release of bonding hormones.
- Is convenient and free.

For your baby:

- Perfect food for your baby's needs, easily digested and helps build immunity.
- Protects against gastroenteritis, diarrhoea, ear and chest infections.
- Decreases the chance of your baby developing allergies and type 2 diabetes.
- Promotes positive mental development.
- Comes ready-made at the right temperature and changes to meet your baby's needs.
- Colostrum (early milk) is high in immunoglobulins and acts as a food, helps your baby to sleep and aids digestion.
- Assists bonding through skin-to-skin contact and release of bonding hormones.
- Breastfeeding reduces the risk of sudden unexplained death of an infant – SUDI (and SIDS).

For more information visit

rednose.org.au/section/safe-sleeping

For the family & community:

- Less rubbish, greenhouse emissions, and environmental footprint.
- Less impact on our healthcare system (less sick time/hospitalisation for women and babies).

How often should a young baby feed?

Breastfeeding according to your baby's needs (sometimes called baby led or demand feeding) is recommended. This means offering a feed whenever your baby shows signs of wanting to feed (feeding cues). In the first few months, babies require a minimum of 8 feeds every 24 hours and often more. It is common for babies to feed 10-12 times every 24 hours including overnight (especially in the first 6 months).

Babies feeding cues include making noises, becoming alert, bringing their hand to their mouth, licking their lips and turning their head with an open mouth.

Positioning and attachment

Some of the problems women experience in their early breastfeeding days are from babies finding it difficult to attach to the breast. Spending time practising this skill and asking for some assistance, may increase your success with early breastfeeding. After a few weeks, women often say they feel more confident with breastfeeding. So be patient and get support, especially in the early days.

The Raising Children Network has a number of videos which offer tips on how to position your baby and assist attachment.

raisingchildren.net.au/newborns/breastfeeding

Reflection: What strategies will you put in place to support breastfeeding

How to know your baby is feeding well and getting enough milk

- Baby shows they want to feed.
- You can see and hear your baby swallowing while feeding.
- Their suck/ swallow rhythm changes from short sucks to long deep sucks with pauses.
- Baby often finishes a feed by falling asleep or coming off the breast looking satisfied.
- Baby's body softens and relaxes at the end of a feed.
- Appropriate number of wet and dirty nappies.
- Baby will gain weight, grow in length and increase head size.

Initial weight loss of 7-10 percent of your baby's birth weight is considered normal. Baby usually returns to their birthweight by day 10-14.

The Maternal and Child Health (MCHN) service is offered by your local council. They will contact you about a week after your baby is born to organise your first visit. This service is offered until your child is about 4 years old.

Advice regarding the use of teats/dummies

Teats and dummies may confuse the young baby's sucking pattern and make breastfeeding difficult. They will possibly decrease your milk supply because your baby may be spending less time at the breast. Therefore, we do not recommend using them especially in the first six weeks when milk supply is developing.

Expressing

If your baby requires extra milk or is not feeding from the breast, the midwife will explain how to express breast milk (by hand or with a pump). Some women may need to hire a pump to use at home if their baby is unwell or premature. We will help you if this happens and can provide information on pump hire. You do not need to buy an expressing pump before baby is born.

For more information see the fact sheet: *Expressing breastmilk*

www.thewomens.org.au/health-information/fact-sheets#e

Hospital & Community Supports

Australian Breastfeeding Association

T: 1800 686 068

www.breastfeeding.asn.au

Victorian Maternal & Child Health Line

T: 13 22 29 (24 hours)

Your local doctor/GP

Medicine Information Line

T: 8345 03190 (for information on medication while on breastfeeding)

For a full list of services at the Women's and community support agencies see *Having your baby at the Women's* page 66-67

If you have further questions about anything in this booklet, you can:

- chat with a midwife or obstetrician at your appointments with us
- see your GP
- contact the Childbirth Education team at childbirth.ed@thewomens.org.au