



HAVING
YOUR BABY
AT THE
WOMEN'S



the women's
the royal women's hospital
victoria australia

IMPORTANT CONTACTS

IF YOU NEED HELP URGENTLY TELEPHONE 000.

If you are worried about yourself or your baby, or think you may be in labour go to your GP or come into the Emergency Department.

To contact the hospital

- » If you are booked at Parkville, the switchboard number is (03) 8345 2000.
- » If you are booked at Sandringham Hospital, telephone (03) 9076 1245.

Please note we are unable to give medical advice over the phone.

Fact sheets and brochures

Pregnancy information, fact sheets and brochures can be found on 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 one of our health professionals to recommend information that is relevant to you.

Please note: Further contact details appear at the back of this booklet.

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Getting to the Parkville campus

The Parkville campus is on the corner of Grattan Street and Flemington Road in Parkville.



How to get there by public transport

Tram 19 stops at the corner of Royal Parade and Grattan Street

Trams 55 & 59 stop at the corner of Flemington Road and Grattan Street

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



Car parking

Public car parking is accessible from Flemington Road 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 Road. Lifts lead directly to the main reception, outpatient services or private consulting suites.

Sandringham campus

Note: In March 2023, management of Sandringham Hospital's maternity section moved from the Royal Women's Hospital to Monash Health.

Please ignore all information about Sandringham Hospital in this booklet.

WHEN TO CONTACT YOUR GP OR COME INTO THE HOSPITAL

- » Your baby stops moving or you are concerned that your baby is moving much less than normal.
- » You have:
 - vaginal bleeding
 - fever, chills or a temperature of 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.
- » You've had any trauma such as an assault, a car accident or a serious fall.

CONTENTS

PREGNANCY CARE OPTIONS	2
TAKING CARE OF YOURSELF	6
YOUR VISITS	16
Your first visit – booking in at the Women's	17
Between 12 and 20 weeks	20
Between 21 and 33 weeks	26
Between 33 and 40 weeks	30
Between 40 and 42 weeks	32
GIVING BIRTH	34
AFTER THE BIRTH	41
UNEXPECTED OUTCOMES	54
FIND OUT MORE	58
SERVICES AND SUPPORT	62

**PLEASE BRING THIS BOOK
WITH YOU TO YOUR
APPOINTMENTS AND PACK IT
IN YOUR HOSPITAL BAG**

PREGNANCY CARE OPTIONS



At the Women's we aim to give you the support, information and care that you need to feel confident and ready for your baby's birth. Every birth is a special event. You deserve care that meets your individual needs.

YOUR CARE OPTIONS

The Women's offers a number of different options for your pregnancy care. You can talk about these options at your first appointment and decide what is most important to you. We can't always accommodate your preferences, however we will work with you to find a time, location and model of care to meet your needs. By attending a clinic on the same day throughout your pregnancy, you can build a relationship with the doctor or midwife providing your care. If you have particular health concerns, you may not be eligible for some of these options.

Things to consider:

Location:

We run our pregnancy clinics at two hospital sites (Parkville and Sandringham) and three community health centres (Footscray, Strathmore and Fawkner). Regardless of which of these locations you choose, your care will be provided by our doctors and midwives and your baby will be born in hospital. Many women find that our community locations are easier to get to and more convenient than our hospital clinics.

If you want more choice about the location of your care, Shared Maternity Care is a good option, as you can choose where you have your pregnancy check-ups.

Days of the week:

Our clinics run on different days depending on the location and the type of care you need. You may prefer a specific day for your care.

Time of day:

We offer clinics on weekday mornings and afternoons. In Parkville, we also have a Tuesday evening clinic.

Model of care:

The Women's provides a number of different care models, including:

- » Shared Maternity Care
- » Team Maternity
- » Midwives in small teams (MIST)
- » Caseload
- » Baggarrook caseload (for Aboriginal and Torres Strait Islander families)
- » Maternal Fetal Medicine

These options are explained further on the following pages.



Shared Maternity Care

With Shared Maternity Care, you can select who you would like to see for your pregnancy checks from our list of accredited GPs, midwives or obstetricians. You might choose somebody close to home, close to work, or someone you already know. Your baby will be born at the Women's and you can still access other specialised services at the hospital if needed, but most of your pregnancy care will be with your Shared Maternity Care provider.

The Women's has offered this trusted model of care for over thirty years, and it is a popular choice for many women.

Some benefits of Shared Maternity Care are that:

- » you can have your care in your chosen location, near to home or work
- » your waiting time for visits will be shorter, with easier parking and greater convenience
- » you will see the same person through most of your pregnancy care
- » you will get to know a locally based doctor or midwife, who you can also see after your baby is born.

Further information and a list of Shared Maternity Care Providers is available at: www.thewomens.org.au/wm-smc.

Some Shared Care providers charge fees for visits, tests and investigations. Ask your Shared Care provider about any fees they may charge before using their service.

Team Maternity

If you choose Team Maternity, your care is provided by one of our multidisciplinary teams (Blue, Green or Yellow team). These teams of midwives, doctors, physiotherapists, dieticians and psychologists, work together to provide all of your care during pregnancy, labour, birth, your stay after the birth and your home visit. Your care will be organised to make sure that you see the right type of clinician for your visits. Usually, most of the care is provided by midwives, with some key medical reviews with doctors.

Midwives in small teams (MIST)

Our MIST teams work in a similar way to the Team Maternity option, but with a smaller number of midwives involved in your care. This means there is a greater chance of seeing a familiar face during your care.

Caseload Midwifery

Caseload Midwifery is when one midwife (and back-up midwives) takes care of you during your pregnancy, labour, birth, your stay after birth and home visit. This means you can build a relationship with the same midwife during your care, which appeals to many women. You can still access other specialists at the hospital if needed. Due to its popularity, you will need to check with your booking midwife whether this option is available. It is not available in all of our locations.



“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

Baggarrook Caseload

Our Baggarrook team at Parkville provides maternity care to Aboriginal and Torres Strait Islander families. One midwife (and back up midwives) takes care of you during your pregnancy, labour, birth, stay after the birth and home visit. The Baggarrook midwives work closely with our Aboriginal Health team from Badjurr-Bulok Wilam, to provide you with the care and support that you need. Our Baggarrook midwives are ‘on call’ and you can contact them if you have any questions or concerns.

Maternal Fetal Medicine/Specialist care

Some women need additional or specialised care during their pregnancy. This may be due to an existing illness or disability or a possible medical complication with the pregnancy. In these cases, our Maternal Fetal Medicine Clinics may be the most suitable option. These clinics look after women with more complex pregnancies, or women with complications such as diabetes, repeated miscarriage and other conditions that may impact on the baby or pregnancy.

Our Sandringham campus cares for women with low risk pregnancies, which means we expect your pregnancy will be straightforward and that you and your baby are unlikely to have any health problems along the way. If we think you need extra medical or social support that is not available at Sandringham, we will refer you to the Monash Medical Centre or to our Parkville campus.

The right support for you

We will tailor your care according to your own needs, to make sure that you are always seen by the most appropriately skilled clinician.

If you develop problems during your pregnancy, you may need to see one of our specialist doctors more frequently, rather than seeing a midwife for most of your visits. You may also need to have more of your visits in hospital, rather than in a community location.

If you need extra care from another health professional such as a physiotherapist or dietician, this will be arranged for you.

PRIVATE MATERNITY CARE

The Women's also provides maternity care to women as private patients. For more information contact the Private Patient Liaison Team.

Parkville: (03) 8345 2929 or (03) 8345 2930
Sandringham: (03) 9076 1619
privatepatientliaison@thewomens.org.au

MORE INFORMATION?

The hospital has a range of online fact sheets, brochures and booklets that can further explain aspects of your pregnancy. Ask your midwife or doctor if there is information that can help you, or contact the Women's Welcome Centre, which 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

TAKING CARE OF YOURSELF



- » Some prescribed medicines and natural therapies are not safe for you or your baby when you are pregnant.
- » When you are pregnant or breastfeeding, do not take medication without first asking your health professional if it is safe.
- » Social drugs and some prescribed drugs are dangerous for your pregnancy, but it is important not to stop taking drugs without the support of a medical professional.
- » Smoking will harm your baby. Contact the Quitline on 137 848 to help you give up smoking.

MEDICINES AND DRUGS

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

Please note:

- » your doctor or midwife needs to know about all the medicines you are taking
- » your GP needs to know you are pregnant or breastfeeding before prescribing medicines for other conditions
- » your chemist (pharmacy) needs to know you are pregnant or breastfeeding before you buy medicines.

Call the Women's Medicines Information Centre for more information. (See page 66 for contact details.)

Complementary and alternative therapies

The popularity of complementary therapies and medicines in pregnancy has increased. These include acupuncture, chiropractic care, osteopathy and naturopathy and the use of a wide range of non-prescription products such as herbal preparations, homeopathic remedies, and nutritional and other supplements. The research evidence for and against various complementary and alternative therapies varies enormously. Some therapies have been shown to be effective; some have been shown to make no difference at all. Importantly, though, some are dangerous for pregnant women and their unborn babies. Please talk to your health professional before you make a decision to use a product or to start a therapy.

If the therapy has been shown to be safe there is no reason why women should not continue to use it if money is not an issue. **The important thing to know is a product that claims to be 'natural' or 'traditional' is not always going to be safe during pregnancy or breastfeeding.**

You can also seek an opinion from your doctor or midwife or from the Women's Medicines Information Centre, whose contact details are listed at the back of this booklet.

Drug use in pregnancy

Social drugs and substances are harmful to your developing baby, but if you are pregnant don't stop using them without professional support. If you stop without help from a doctor you could have a miscarriage.

If you are taking drugs prescribed by a doctor you must talk to the doctor about how the drugs will affect your pregnancy.

For pregnant women using opiates such as heroin, the Women's Alcohol and Drug Service (WADS) runs an in-patient methadone stabilisation program at Parkville. (See page 66 for contact details.)

Alcohol in pregnancy

We don't know how much alcohol is safe in pregnancy or when you are breastfeeding. Excessive use of alcohol can make your baby very sick. The safest approach is to not drink alcohol at all.

Tell us about your drug and alcohol use

If you are pregnant and using alcohol or other drugs, early pregnancy care is important for your baby's development. Your midwife or doctor can support you to reduce and stop using in a way that is safe. The Women's Alcohol and Drug Service gives information, advice, pregnancy care and counselling to women with alcohol and drug issues. Your information will remain confidential. (See page 66.)

SOME ALTERNATIVE THERAPIES AND MEDICINES ARE UNSAFE

It is important to check that therapies or medicines are safe in pregnancy and that they will not harm you or your baby. Ask a health professional, "Is this safe in pregnancy or while I am breastfeeding?"

HELPFUL HINTS TO STOP SMOKING

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 patches 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 on 137 848.

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. The baby is 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 get free information, advice and support from a trained Quitline counsellor, or talk to your midwife and doctor.

Telephone Quitline 137 848 (24 hours)

Caffeine

Tea, coffee, cola drinks and energy drinks all contain caffeine. There is mixed research evidence about the effects of large amounts of caffeine on the developing baby; however, moderate amounts appear safe. This means up to three cups of coffee or five cups of tea a day.

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

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 is 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.

Our physiotherapists have specialist knowledge about the physical changes that occur during pregnancy. They can assess and treat pregnancy-related back and pelvic pain.

Contact the Physiotherapy Department at the Women's (see page 66 for contact details) or your local council for physiotherapy pregnancy classes with qualified instructors.

Posture and back care

Your posture changes during pregnancy. As your baby grows, your abdomen increases in size and shifts your centre of gravity. Without realising it, you may change the way you stand, sit and walk. It is important to be aware of your posture. Maintain a correct posture while gently tightening your lower abdominal muscles to support the weight of your baby.

When to start exercising after your baby is born

In the early days, after you have had your baby, it is important to rest.

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

- » pelvic pain
- » vaginal bleeding
- » anaemia (low iron count).

Otherwise, when you are able, you can start with a brisk walking program and then gradually increase.

Ask about information and education programs for exercising after your baby is born.

Staying fit

- » Choose exercises such as walking, swimming and yoga.
- » Be gentle and avoid over-stretching muscles and causing damage to already softened joints.
- » Avoid overheating. Vigorous exercise in crowded rooms or hot/humid conditions, as well as the use of spas and saunas, can cause you to overheat.
- » Drink plenty of fluids.

If you have particular health issues, talk with your health professional.

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.

Stop and contact the hospital if you experience any of the following symptoms while exercising:

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

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

For more information we recommend the following websites:

- » www.thepregnancycentre.com.au
- » www.sma.org.au

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

While you are in hospital, there is a video you can watch on the in-patient television about exercises you can do after the baby is born.

HEALTHY EATING FOR YOU AND YOUR BABY

Eating well

During pregnancy it is important for both you and your baby that you eat well. Pregnant women 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 a variety of foods (see the table on the following page) you will get most of the nutrients you need. Sometimes, though, it's hard to meet all your nutrition needs through diet alone so supplements may be necessary.

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.



Try to include the following in your diet each day.

Food group	Serves per day	Examples of a serve. A serve is one of the following:
Meat, chicken, fish, eggs, tofu, nuts, legumes (dried beans, pulses)	two serves	<ul style="list-style-type: none"> » a palm sized piece meat/chicken (100g) » a medium fillet of fish (150g) » a medium tin of tuna (130g) » one to three eggs » one cup legumes » half cup of tofu (150g) » a handful nuts (40g)
Milk, yoghurt, cheese, soy or other milk with added calcium	two and a half serves (three and a half if you are under 18)	<ul style="list-style-type: none"> » one cup (250ml) milk or soy milk » one slice (40g) cheese » one small carton (200g) yoghurt
Bread (preferably multigrain), high-fibre cereals, rice, pasta, noodles	eight and a half serves	<ul style="list-style-type: none"> » one slice bread or half flat bread » two thirds cup cereal flakes » half cup cooked rice, pasta, noodles, quinoa
Vegetables	five serves	<ul style="list-style-type: none"> » half cup cooked vegetables » one cup salad vegetables
Fruit	two serves	<ul style="list-style-type: none"> » one medium fruit e.g. apple, banana, orange » two smaller fruit e.g. plums, apricot, kiwifruit » one cup diced or canned fruit
Extra foods e.g. fats and oils, cakes, biscuits, fried foods, potato chips, soft drinks	small amounts occasionally (once or twice per week)	

Adapted from Australian Dietary Guidelines, NHMRC 2013.

Talk with your health professional about food, diet, nutrition, supplements and weight during pregnancy. Dietitians have specialist knowledge about nutrition during pregnancy and can give you expert advice about any problems with your diet. You can ask to see a dietitian at any time during your pregnancy.

HELPFUL HINTS

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

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

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

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

To increase your **iodine**, 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.

Do I need extra vitamins or minerals?

Folate-rich foods

Folate (or folic acid) is a vitamin found in a variety of foods such as leafy green vegetables and lentils. We recommend that you take a daily supplement containing folic acid (500mcg):

- » if you are planning to get pregnant
or
- » for at least one month before you get pregnant
and
- » for the first three months of pregnancy.

This will reduce the risk of your baby being born with conditions such as spina bifida (neural tube defects).

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). It may be that you need to take higher doses of folic acid before becoming pregnant.

Iron

Iron can be found in foods such as red meat and spinach. 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 need an iron supplement. Your health professional can recommend what you will need.

Calcium

Calcium is found in foods such as milk, yoghurt and cheese and is important for the development of your baby's bones.

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

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

Vitamin D

We get most of our vitamin D from sunlight and a small amount from foods such as oily fish and egg yolks. Vitamin D helps the body to absorb calcium from food.

Women at risk of vitamin D deficiency:

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

Low vitamin D levels can cause bone weakness and 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 during pregnancy and while breastfeeding if your levels are low.

Iodine

Small amounts of iodine are present in food such as fish and iodised salt. Iodine is necessary for your baby's normal mental development. The amount of iodine needed increases during pregnancy, but only small amounts are present in most foods.

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 high levels of mercury.

The recommendation is to eat one to three serves per week of any fish or 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 that fortnight

or

one serve per week of orange roughy (sea perch) or catfish and no other fish that week.

Weight

Weight gain varies between women and may depend on your pre-pregnant weight. Weight gain averages from 11.5 to 16 kilograms. If you were underweight at the start of your pregnancy you might gain a little more than 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, ask to speak to a dietitian.

Food safety and hygiene

There are two infections that can be caused by contaminated food. They are toxoplasmosis and listeria. 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
- » avoid high-risk foods (soft cheeses such as ricotta, camembert, brie, blue cheese and feta, cold cooked chicken, cold sliced meats, pâté, 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

Too much vitamin A can harm your developing baby. Liver is the biggest concern and is probably best avoided while you are pregnant.

Vitamin A is also present in some multivitamin supplements, so before you buy multivitamins check that they don't contain vitamin A.

Always check that multivitamins or other supplements are suitable for pregnancy.

COMMON CONCERNS IN PREGNANCY

This section covers some of the common things that women worry about during pregnancy. Including irritating and odd symptoms, travel safety and hair dyes, just to name a few. We won't cover all of your worries but we will attempt to look at the most common.

Symptoms

Many women feel very well in pregnancy, others can feel irritated at best and quite unwell at worst. Most discomforts in pregnancy are normal and manageable. If you are ever worried about your symptoms talk to your health professional. Sometimes you may need medication.

If your symptoms become severe you should contact the hospital immediately.

Common pregnancy symptoms are:

- » morning sickness – nausea and vomiting that 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. While they are generally considered safe during pregnancy (very little hair dye is absorbed through the scalp), if you want to be very careful avoid using hair dye or hair removal products in the first three months.

If you do dye your hair when you are pregnant it might be a good idea to do the following:

- » dye your hair in a well-ventilated area to avoid fumes
- » 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.

HELPFUL HINTS

Morning sickness

Although nausea is more common in the morning and during the 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.

FOR MORE DETAILED INFORMATION

- » Visit our website www.thewomens.org.au and browse our fact sheets.
- » Ask for more information when you visit the hospital.
- » Please note that information is available in languages other than English.
- » Visit or contact the Women's Welcome Centre, Monday to Friday 9am to 5pm (03) 8345 3037

If you are worried about your pregnancy

If at any stage during your pregnancy you are worried about yourself or your baby, contact your GP or come in to Emergency. You can also contact the hospital by telephone.

- » If you are booked at Parkville, telephone (03) 8345 2000.
- » If you are booked at Sandringham Hospital, telephone (03) 9076 1245.

For very urgent care call 000. Or, if you are able, attend the hospital Emergency Department.

Dental care

When you are pregnant, dental care is important because hormonal changes can lead to tooth decay and gingivitis (where gums become red, swollen and bleed easily). Gum disease or bacterial infection in the gums have been linked with premature and low-birth-weight infants. Good dental health before you get pregnant means that you are less likely to need treatment during pregnancy. If you have a dental emergency during pregnancy you might need to have an X-ray. These days 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 you are pregnant.**

Pregnant women who have a Medicare card do not have to go on a waiting list for dental care in Victoria.

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 level of protection.

Flu symptoms, such as a high temperature, may be harmful for you and your baby. You can have a flu vaccination before or during pregnancy, especially if you are pregnant in the flu season. Pneumococcal vaccine is also recommended for women with risk factors (smokers, for example) when planning pregnancy.

Whooping cough vaccination is strongly recommended for pregnant women in their third trimester and for all adults who will have contact with the baby, either before the 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.

Work

If you plan to work throughout your pregnancy, whether it's right up to the final weeks or finishing several months before your due date, it's important to make sure your work environment and the work you do is safe for your pregnancy. If you have concerns about your job or your workplace, discuss them with a health professional. Your employer should arrange alternative work activities for you while you are pregnant. They should also be able to accommodate you if you return to work while breastfeeding. There is legislation in Australia protecting women who are pregnant or breastfeeding from discrimination in the workplace.

Visit the Equal Opportunity website
www.humanrightscommission.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. It's a good idea to take into consideration the standard of medical care in the country to which you are travelling. In some developing countries the medical facilities are fewer and/or of lesser quality and the risk of disease is higher.

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, you must always wear a seat belt. By wearing a seat belt you are protecting yourself and your unborn baby if there is an accident. Remember, it is illegal not to wear a seat belt, unless you have a current medical certificate from your doctor.

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.

PREGNANCY PARTNERS CAN

- » be there for the ultrasound
- » participate in decisions about pregnancy care
- » talk to other friends who are parents
- » attend childbirth education workshops
- » feel the baby kick
- » chat and sing to the baby through the mother's tummy
- » provide support through labour and birth
- » get involved with the care of the baby as soon as possible after the birth.

EMOTIONAL 'UPS AND DOWNS'

During pregnancy, women experience a range of physical and emotional reactions. Hormonal changes are responsible for most emotional ups and downs. You may feel sad or teary for no apparent reason. In the early months you are also likely to be feeling very tired and you may have nausea as well, which can make things feel worse. It can help to talk about the way you are feeling with those you are close to or a health professional.

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. It may or may not be that you have pregnancy-related depression. The important thing is that you stay connected and that you talk about your feelings. If you are showing signs of depression, a health professional will help to identify it. If you're simply struggling or overwhelmed (which is common) a health professional may help you avoid more serious depression.

Partners can feel bad too

As a partner you may also be feeling a combination of excitement and confusion about the pregnancy and parenthood. You are also experiencing change and a range of emotions relating to the pregnancy as well as supporting your pregnant partner. 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.

Ask your health professional about information and education opportunities for partners.

“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

Coping alone

If you are pregnant and on your own it can be very difficult to find people to share your feelings with and who can offer you support. Sorting out problems, whether personal, medical or financial, can also be very hard. Find someone to talk to rather than letting problems get you down. A health professional such as a counsellor may be able to help.

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 you have your baby?
- » Will your baby need childcare 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 have 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.

Others find that their sexual appetite increases during pregnancy.

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 (there may be risk of infection to the baby).

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 a health professional. 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 health professional can help you to plan and support you for the birth and afterwards. The Women's and other organisations can give you confidential information and support.

For support and information

- » Talk to your health professional.
- » Ask to see a social worker.
- » Telephone the Centre Against Sexual Assault (CASA) (03) 9635 3610 (24 hours, 7 days a week)

You can also contact the following community services

- » Safe Steps Family Violence Response Centre 1800 015 188 (24 hours, 7 days a week).
- » inTouch Multicultural Centre Against Family Violence 1800 755 988 (10am–4pm, Monday to Friday)
- » Police 000.

Will you need help when you go home?

The Women's can organise support services in your local community. Talk to a health professional if you need:

- » extra help with housework, meal preparation and shopping
- » support with caring for other children or others you are caring for
- » home nursing.

YOUR VISITS



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.

YOUR FIRST VISIT »

BOOKING IN AT THE WOMEN'S

Things to talk about at your first visit

A health professional will discuss the following topics with you at your first hospital visit:

- » your pregnancy care record
- » your pregnancy care options (where you will have your visits and your baby)
- » breastfeeding – the benefits for you and your baby (see *Breastfeeding* on page 45). Ask about workshops and information
- » 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
- » booking childbirth education.

When is the first appointment?

Your first appointment could be any time up to **20 weeks**, depending on when you made your appointment.

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 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 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 your baby's birth and for taking your baby home.

HELPFUL HINT

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

IT'S OK TO ASK QUESTIONS

Asking questions helps you understand more about your care. As a patient in Victoria it is your right to ask questions. You have a right to:

- » participate in making decisions about your care
- » discuss any concerns you have
- » be fully informed about any tests or treatments you're asked to have
- » refuse any treatment or tests you're offered.

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 straightforward pregnancy or have more complex pregnancy needs.

You will also talk about your family's medical history, which will include questions about diabetes, blood pressure, heart problems and even a history of twins.

We also ask all women about:

- » family violence
- » whether you 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 be offered the following tests:

- » **Blood tests** to check the following:
 - blood group 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 in your blood)
 - vitamin D deficiency (see page 11) and hepatitis C – these will be offered to women who are at risk.
- » **Urine test** to check for infection.

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 (often because their period has always been irregular). 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.

CERVICAL SCREENING TEST

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





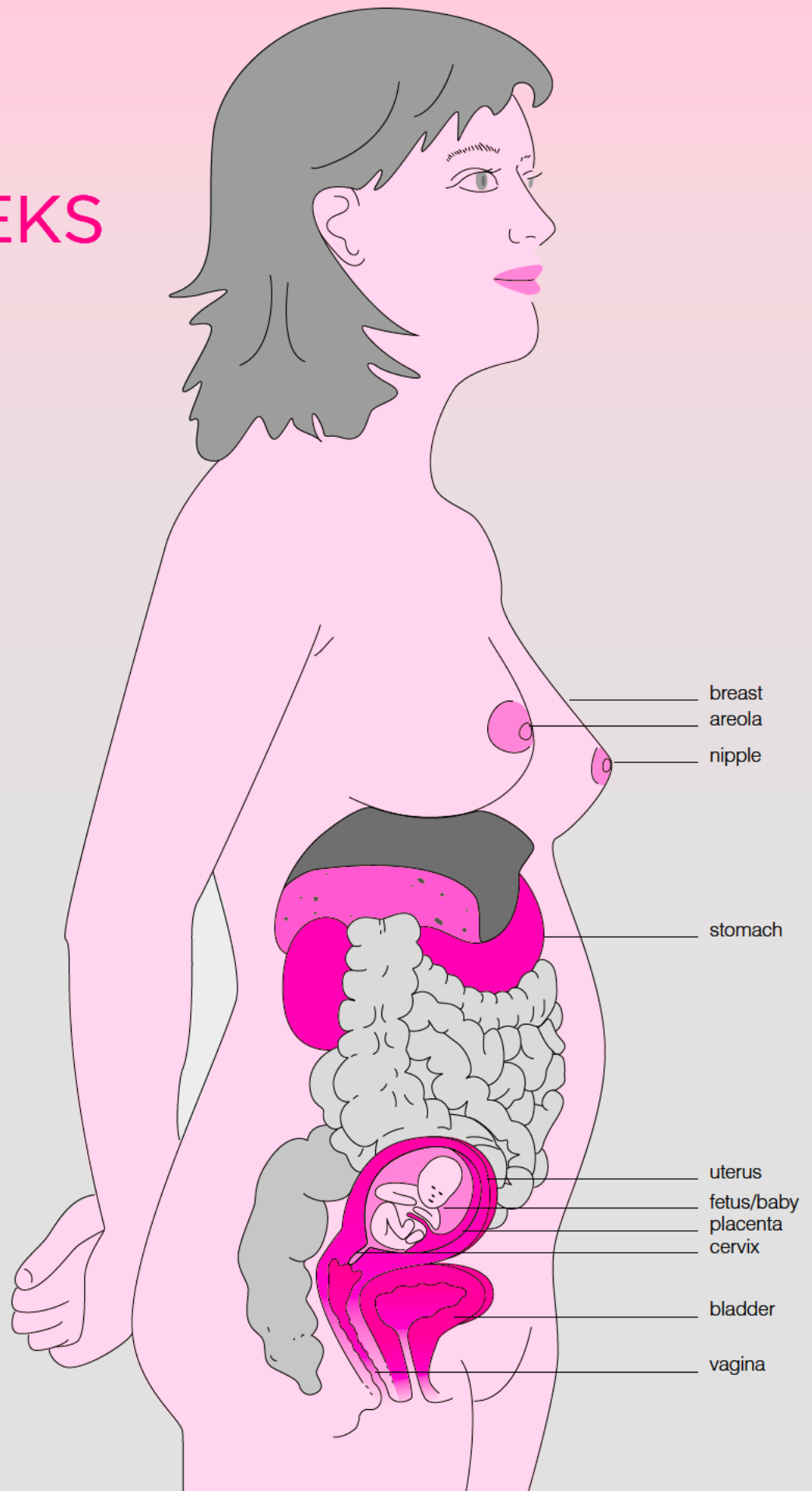
WHY WE TEST URINE

We only routinely test urine after the first visit to determine if you have medical problems, if you are at increased risk of developing preeclampsia or if 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.

BETWEEN »
**12 AND
20 WEEKS**



Apart from your first visit, you may have up to two other visits during this time. If you have chosen 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 (but don't worry, it is fine any time during your pregnancy as long as you are comfortable).

Your baby

- » is about 5cm long
- » weighs about 15g
- » 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.
- » Childbirth education workshops.
- » 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 it 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. It may be necessary to have a caesarean birth. Mostly, though, when the placenta is low early in pregnancy it will move away from the cervix as the uterus gets bigger.

FIND OUT ABOUT HEALTH HUB

Having your baby at our Parkville campus? If so, check out Health Hub, a secure mobile app and website that connects you with your hospital information from home or while on the go.

You can see upcoming appointments, view test results and much more.

Ask about Health Hub at your next hospital visit or check <https://www.thewomens.org.au/pv-hh>

Female circumcision

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

Parkville offers a free, statewide service for women to ask questions about their circumcision. You may wish to understand how circumcision will affect your ability to have sex, get pregnant or how you will birth your baby. The clinic midwives can talk with you about having your circumcision reversed and, if you wish and it is possible to do so, the clinic can do the reversal for you. You can also get support from the Family and Reproductive Rights Education Program (FARREP) workers who are based at Parkville. The clinic is run by female midwives.

For more information telephone FARREP on (03) 8345 3058.

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

Thinking about breastfeeding

Breastfeeding is the natural way to feed your baby and will help you and your baby to develop a special bond. Breast milk provides all the nutrition your baby needs for the first six months of life. It also provides a big part of your baby's 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** on page 45. If you have any questions or concerns about breastfeeding, talk about them now with your midwife or ask a lactation consultant in our **Breastfeeding Service**.

You can also talk to experienced breastfeeding mothers at the Australian Breastfeeding Association; telephone 1800 686 268.

BETWEEN 16–18 WEEKS

Childbirth education

If this is your first baby you should consider booking into Childbirth education workshops around this time. The workshops give you the opportunity to learn more about what to expect during pregnancy, labour, birth, breastfeeding and caring for your baby at home.

To book online or find out more about our workshops www.thewomens.org.au/wm-cbe

Classes fill quickly

– book now so you don't miss out.

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 100g
- » is 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 the birth.

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.

“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

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 wee or leak when you cough, sneeze or laugh.

Try the following pelvic floor exercise:

Step 1

Sit, stand tall or lie on your side 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. 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 physiotherapist or midwife will help you with these exercises. Ask your health professional about how to book and attend physiotherapy classes.

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 workshops are available for you to practise these techniques with your support person.

IN VICTORIA, YOU HAVE A RIGHT TO EXPECT A CULTURALLY SENSITIVE SERVICE.

Interpreters and information are available in languages other than English.

LANGUAGE LINK

በርስዎ ቋንቋ ላይ በሚገኝ ስልክ ለማግኘት በድረ ገጽ ላይ

تخصص على المعلومات التي نحتاجها في موقعنا الإلكتروني

በዚህ ስልክ ለማግኘት በድረ ገጽ ላይ

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Per informazioni nella vostra lingua visitate il nostro sito web

Macluumaad i nlaas ka badan oo a’ Somali ah booqo websaytkayaga

Kendi di nizde 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

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** at Parkville provides information sessions for women from both campuses 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 chorionic villus sampling (CVS) or amniocentesis (see below).

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

Maternal serum screening

This is a blood test that is done between 15 and 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 an amniocentesis and ultrasound.

Non-invasive prenatal test (NIPT)

This blood test is done in the first trimester of pregnancy. It screens for Down syndrome and certain other chromosomal irregularities in a baby. In Australia, it is only available in some specialist centres.

Diagnostic tests

Diagnostic tests may only be arranged after you have attended an information session with a genetic counsellor. Your health professional will advise what you need to do to have diagnostic testing.

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 100 or one percent (1%) risk of causing a miscarriage.

Ultrasound scans

A second trimester scan is undertaken at about 18–20 weeks of pregnancy. This scan is used to identify physical and structural abnormalities including spina bifida and heart and limb defects.

Amniocentesis – 15–18 weeks of pregnancy

A sample of the waters around your baby (amniotic fluid) is collected and can be used to diagnose Down syndrome or some other genetic conditions. Amniocentesis has a one in 200 risk of causing a miscarriage.

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 for my baby and me?
- » Are there any risks to my baby or me?
- » 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)?

In Victoria, you have a right to refuse treatment or services offered to you.

“We must do research to help the babies and learn how we, and others, can improve the way we care for them and increase their chances of healthy survival.” Professor Colin Morley, Inaugural Professor/Director Neonatal Medicine

RESEARCH PARTICIPATION

The Women's is committed to improving the health and wellbeing of women and newborns through research and innovation. For more than 150 years, our medical research successes have benefitted generations of families around the world.

And that's where we need your help. We rely on families joining our research projects to improve the care we deliver to you and your baby and to women and babies in the future. Participants in our projects continue to receive the best possible care throughout their hospital stay.

Invitations to take part in research may come at times when you are feeling vulnerable or concerned about your own or your baby's health – such as when you're in labour. This is why it is a good idea to give some thought early in your pregnancy about how you would feel. Whether or not you choose to be involved in any project your care will not be affected.

Research story

Rachael Sutton and her twins Sam and Ethan Kerville participated in a number of research projects during their stay at the Women's. The twins (with Rachael and dad Mark Kerville) were diagnosed with twin-to-twin transfusion syndrome (TTTS), a rare condition that occurs only in identical twins while they are in the womb. One of the projects investigated whether a less intrusive method of supporting the breathing of very preterm babies was safe and effective. As Rachael's babies were delivered by emergency caesarean at 27.5 weeks, the family was ideally placed to assist the researchers.

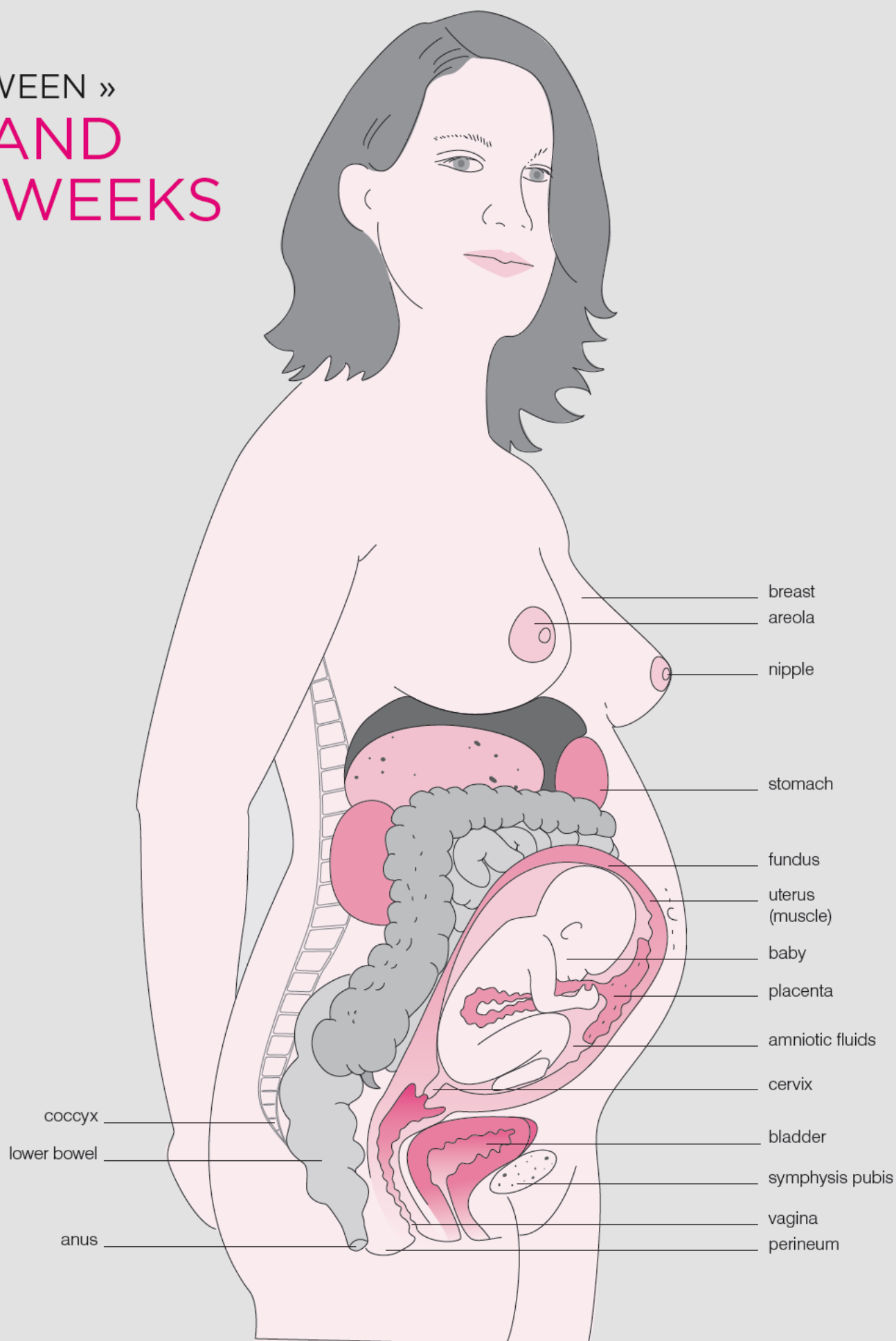
“The Women's is a major teaching hospital where new knowledge is being developed and implemented all the time. So when we were approached to participate in various research projects, we welcomed the chance to give back a little.”

It was the least we could do to help out the facility that had given us the gift of our precious boys.”

Rachael Sutton and Mark Kerville



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 their 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 800g
- » is moving more and the movements are stronger and usually in a regular pattern
- » is usually awake when you want to sleep
- » responds to 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.

YOUR BABY'S MOVEMENTS

- » You will start to feel movement between weeks 16 and 24.
- » Get to know your baby's pattern of movement.
- » If you are concerned about a change in your baby's movements, contact your midwife or doctor immediately.

GETTING TO KNOW YOUR BABY - AT 24 WEEKS

You've met your baby at the routine 19–21 week ultrasound session. You've seen how developed they are and how much freedom they have to move around. You've heard their heartbeat and you can feel them moving inside. Soon, those who are close to you will be able to see and feel those movements as well.

Your baby has already met you too. They can hear your deep breathing sounds, your heartbeat and pulse, your voice and the voice of your partner or family. They will recognise and want to turn to these voices and sounds when they are born. They will use these sounds to feel secure and comforted from the very beginning. They are the sounds of 'home' for your baby and are the seeds of your relationship with each other. At only 24 weeks, you and your baby are already sharing a world and getting to know each other.

You may have begun to wonder about your baby as a person, what they might look like, their likes and dislikes, their experience now as they develop inside and what it will be like for them after they arrive. You will likely have dreams and wishes, as well as fears and sometimes sadness. It can be good to talk about this with people you are close to or professionals you trust.

When your baby is born, you won't know all the answers straight away. It will take time for you and your baby to get to know each other. You will gradually learn their particular way of 'speaking to you' through their body language. Just being curious about your baby's feelings and needs will help you learn how best to support them. It will also help you begin to feel good as a parent, and your baby to feel secure in their world. Research tells us it will have a big, positive effect on their development.

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 1400g
- » has lungs and a digestive system that is almost mature
- » has fat starting to build up under the skin, giving your baby a chubby look when they are born.

PREPARING YOU FOR YOUR HOSPITAL STAY

Between 26 and 33 weeks we aim to have a visit with you to prepare for your hospital stay. It will take place at the hospital or community clinic. You will have a routine check, arrangements will be made for your stay in the hospital and you will plan for your birth and your return home. You will also be offered a blood test for gestational diabetes (a temporary form of diabetes that occurs during pregnancy) and your iron levels and antibodies will be re-checked. This visit will be longer than previous visits.

ANTI-D

A blood test in early pregnancy gives us important information about your blood type. It tells us if you are Rh positive or Rh negative. Most women (85 percent) are Rh positive. If you are Rh negative and your baby is Rh positive it can cause health problems that can be treated. Rh negative women are offered treatment at 28 and 34 weeks.

SIGN UP TO HEALTH HUB

Are you a patient at our Parkville campus? If so, you can sign up to Health Hub, a secure mobile app and website that connects you with your hospital information from home or while on the go.

You can see upcoming appointments, view test results and much more.

Ask about Health Hub at your next hospital visit or check <https://www.thewomens.org.au/pv-hh>

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 61 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.

THINGS TO TALK ABOUT

- » What to bring to hospital.
- » Plans for your hospital stay.
- » Breastfeeding – ask for the fact sheet *Breastfeeding, getting started*. Visit www.thewomens.org.au for more fact sheets on breastfeeding.
- » Plans for going home – community support (see page 67).
- » Smoking.
- » If you are Rh negative, your anti-D immunisation.

QUESTIONS ABOUT BREASTFEEDING?

If you have any questions about breastfeeding or if you have had breastfeeding problems in the past you can telephone the Breastfeeding Service to make an appointment with a lactation consultant. Call (03) 8345 2400 at Parkville or (03) 9076 1570 at Sandringham during business hours.



If you need childcare when you are in hospital, now is a good time to make arrangements.

BETWEEN »

33 AND 40 WEEKS

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 47cm long
- » weighs 2500g
- » moves differently 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 (if you are Rh negative).

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 100, 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.

WHAT IT'S LIKE FOR BABY RIGHT NOW

Your baby has been able to hear for many weeks and responds to what is going on in your world. Babies seem to have discriminating musical ears before birth; they may become quiet when they can hear soft music or startle and kick when they hear dramatic sounds.

Increasingly, your baby already prefers your voice, your partner's voice and other familiar voices to those of strangers.

Even before your baby is born, you can read them a story, a poem, or you can chat calmly or sing a favourite song to them. It's not silly to respond playfully to your baby by speaking and rubbing your abdomen when your baby kicks. This is your first two-way 'conversation'.

Look after yourself. Especially if you or your partner are feeling anxious, sad or angry, give yourselves time for things that you usually find restorative, like a cuddle, having a bath, a belly or foot massage, a swim, listening to music, or walking. Ask for help when you need it.

These are all things you and your partner can do in these final weeks as your baby readies for birth.

As soon as your baby is born, you will be your baby's favourite face, voice, smell and source of warmth and safety. Your baby will recognise things that feel familiar and good about being with you, while you learn about how to connect with and care for them.

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 (Pinard) or doppler. This is placed on your abdomen. The midwife or doctor will do this at most routine visits and of course while you are in labour.

Recording

A cardiotograph (CTG) is a recording of your unborn baby's heartbeat. The recording produces a graph showing 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

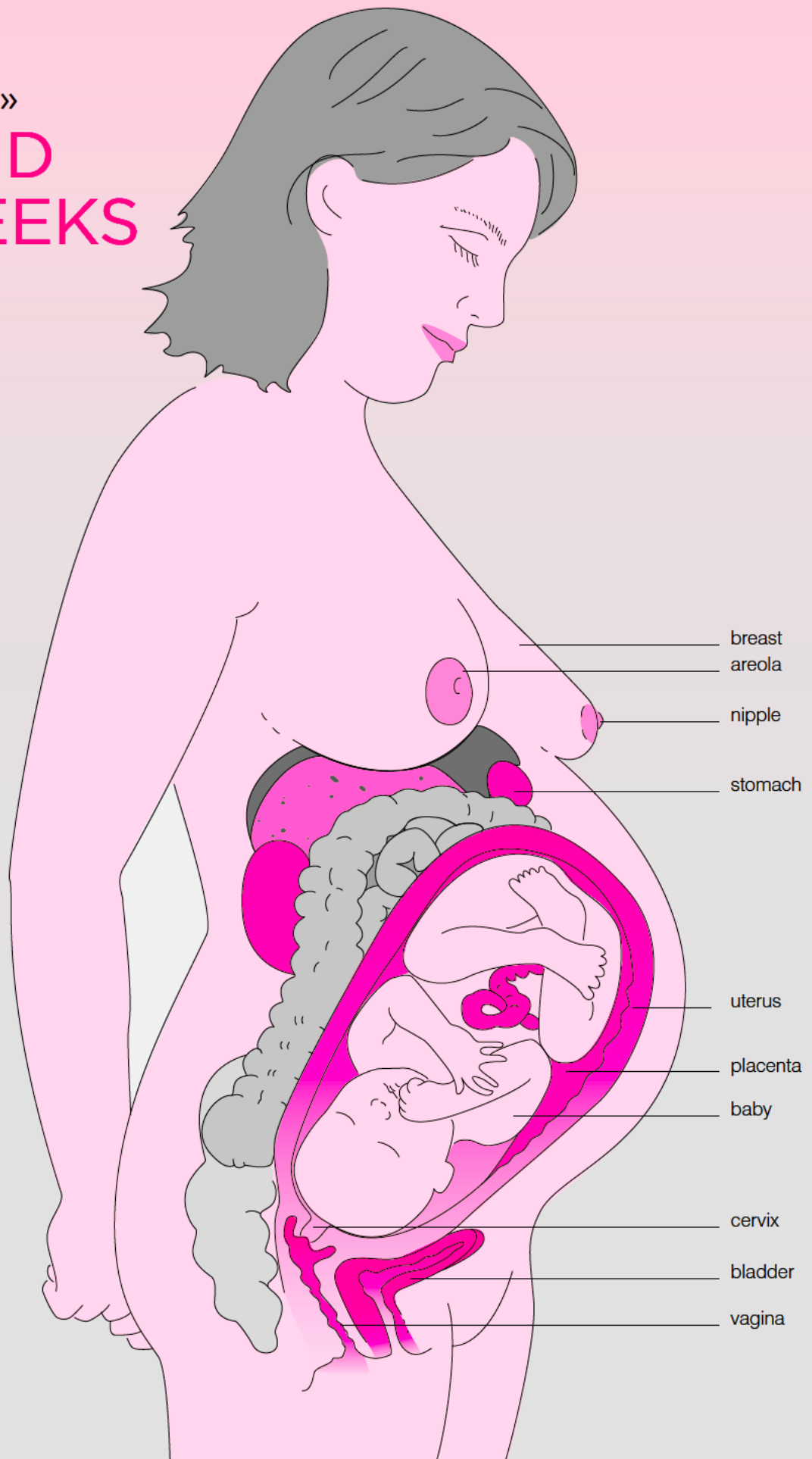
- » Results of tests and investigations from last visit.
 - » Premature labour – what to look out for.
 - » Who to call when you're in labour and when.
 - » Labour and birth, what to expect and making a birth plan.
 - » TENS machine for labour (see page 38).
 - » Planning for your hospital stay and going home with your baby.
 - » Baby tests: vitamin K, hepatitis B and the neonatal screening test.
 - » Pain management in labour.
(i.e. What can I do at home?)
 - » Support at home after the birth.
 - » Planning for an elective caesarean birth.
 - » Smoking.
 - » Breastfeeding, including:
 - demand feeding
(feeding when your baby needs it)
 - holding your baby for feeding
(positioning and attachment)
 - exclusive breastfeeding to six months
 - how often a newborn baby feeds
 - the importance of 'rooming in' with your baby.
 - » Connecting and communicating with your baby.
- (see *Breastfeeding* on page 45)

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 35.

BETWEEN »
**40 AND
42 WEEKS**



If you have chosen 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. 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 3400g
- » 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 an 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 will be measured by ultrasound to make sure all is well.

If you have not given birth within ten days of your due date we will recommend an induction of labour, which you can read about on page 39. This is because there are risks for your baby if labour doesn't start on its own, and you will be more likely to need a caesarean birth.

THINGS TO TALK ABOUT

- » How you know when you are in labour.
- » When to come to hospital.
- » The possibility of caesarean birth.
- » 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.
- » Any thoughts or fears about becoming a parent and what it might be like for you after your baby is born.

LANGUAGE LINK

በርስዎ ቋንቋ ላይ በዚህ ሰነድ ለተጻፉት ጥያቄዎች ላይ ይታገቡ

تخصص على المعلومات المتعلقة زوروا موقعنا الإلكتروني

በዚህ ሰነድ ላይ በዚህ ሰነድ ላይ ተጻፈው

Για πληροφορίες στη γλώσσα σας επισκεφθείτε την ιστοσελίδα μας

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

Per informazioni nella vostra lingua visitate il nostro sito web

Macluumaad iilaas ka badan oo af Soma i ah booqo websaytkayaga

Kendi di nizde 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

GIVING BIRTH



WILL YOU NEED CHILDCARE AFTER THE BABY IS BORN?

Childcare 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.

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. Knowing what to expect and preparing for the unexpected can help increase your confidence. 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
- » your 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, toothbrush
- » food such as barley sugar, jelly beans, fruit bars
- » thongs/slippers
- » lip cream for dry lips
- » supportive underwear.

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 (three packets)
- » phone away card/Telstra card.

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

Baby

- » wraps are provided during your stay
- » we encourage you to dress your baby in their own clothes
- » cotton balls or baby wipes
- » packet of disposable newborn nappies.

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 the 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.

Discuss your birth plan with your midwife or doctor before labour. Birth can be unpredictable and while 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

Support in labour

A good support person can actually help you feel more in control of your labour and your pain. This is supported by research, which says a support person in labour can reduce your need for pain relief, assisted vaginal birth and caesarean birth.

You also need peace and quiet and to feel safe and supported so, with this in mind, think about who will best support you and how many people you want to have in the room with you. This is a truly intimate experience for both you and your primary support person, so choose someone who loves and respects you and with whom you share a strong bond.

Being upright and active during your labour will assist with the birth. Choose someone who will help you do this, but who will also respect your wishes and speak up for you.

Before the birth, organise how you will spread the news of your labour and baby's birth. During 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.

HELPFUL HINTS

- » 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.

IN VICTORIA, YOU HAVE A RIGHT TO

- » be accompanied by a support person at most times
- » privacy and confidentiality for your personal and health information, except where the law permits this to be disclosed.

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 that comes and goes
- » loose bowel motions
- » ruptured membranes – your waters breaking – which may be 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 it's time to 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.

Arriving at hospital in labour

Parkville patients can go to Emergency, which is on the lower ground floor. A midwife or doctor will assess you. If you are in labour you will then be admitted to the Birth Centre.

At Sandringham you will go directly 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. Research tells us that women labour much better if they stay at home in the early stages.

“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

STAGES OF LABOUR

First stage

Regular, usually painful contractions cause your cervix to thin and open up (dilate) to 10cm.

In the early stages you may experience

- » vaginal discharge such as thick mucus stained with blood – a ‘show’
- » your waters breaking (ruptured membranes)
- » diarrhoea
- » lower abdominal ‘period-like’ pain, occurrences of which may be 10 to 30 minutes apart
- » dull backache.

Also

- » 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 – they become stronger and closer together and may be three to five minutes apart (this is the time to come into hospital)
- » tiredness and restlessness.

Also

- » concentrate on one contraction at a time
- » rest between contractions
- » vary positions between 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 stage begins when the cervix has fully opened (dilated), and continues until the baby is born.

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.

Also

- » 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

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.

Also

- » 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

This stage begins with the birth of your baby and continues until the placenta and membranes are delivered.

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.

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 you use.

Find out about 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.

WHEN LABOUR STARTS TOO EARLY – PREMATURE LABOUR

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

- » bleeding from your vagina
- » decreased baby movements
- » regular contractions and abdominal pain
- » waters breaking (ruptured membranes). This may be a sudden gush or a slow leak. The fluid should be clear or slightly pink but can sometimes be darker in colour. Call 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. Practise 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 administered by a qualified practitioner.
- » Eat and drink for energy.

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 and oxygen; it is 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. A TENS machine is a small machine that 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 can take 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. At Parkville, TENS machines are available through the Physiotherapy department. Classes are also available. Ask your health professional about how you can access and learn to use TENS machines.

At Sandringham, staff can refer you to community organisations that hire out TENS machines.

HELPFUL HINT

Ask your health professional about how to get a TENS machine for labour. The physiotherapists can show you how to use it.

Water immersion

Water immersion during labour has been shown to have many positive effects for women and is quite safe for women who have no problems during the pregnancy or labour, and for babies. Many women find that labouring in water helps them to relax and better tolerate contractions. This reduces the need for strong painkillers or an epidural. You can still use the gas in the bath if you need to. The increased buoyancy makes moving around and changing position easier than it would be in the bed. If you do not have any problems during your pregnancy or labour, you may birth your baby into water. If you are interested in water labour or water birth, talk with your midwife during your pregnancy visit. A fact sheet is also available on the Women's website.

You may also use the shower during labour as an alternative to the bath. Many women find the warm water soothing, especially when contractions are felt in their back. You can sit on a birth ball (gym ball) and use the gas if you need to.

Morphine

This is a strong painkiller given by injection. It helps reduce the severity of the pain but does not take it away completely. It can take up to 20 minutes to work and effect lasts three hours or more. Morphine is preferable to pethidine because it lasts longer and has fewer side effects. Unlike an epidural, you do not need to have an IV (intravenous) drip, a catheter or CTG monitoring.

Morphine can make you and your baby sleepy. Morphine may contribute to breathing problems in your baby if given within two hours of birth. This is uncommon and the effects can be reversed by giving your baby an injection. Babies who need this injection will need closer observation for a few hours after birth.

Epidural

This is a local anaesthetic injection into the back (not the spinal cord). After you have the injection you will not 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 wee. To keep your bladder empty, you will also need a urinary catheter (a thin tube) to drain your urine. In addition you will need an IV 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 also be monitored 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 the following ways:

Listening

The midwife or doctor places an ear trumpet (Pinard) or doppler on your abdomen and listens to the baby's heartbeat.

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 an electronic graph or paper printout. Some monitors restrict your movements, so ask if there's one available that lets you move around.

Internal monitoring

An electronic monitor is attached to the baby's head with a wire that is inserted through the vagina. It is only used if the quality of the external monitoring is poor.

Fetal scalp lactate

This test is done if the doctors need more information than can be provided with continuous monitoring. A few drops of blood are taken from your baby's scalp (like a pinprick). This gives an immediate result on the baby's condition in labour. The result will show if the baby needs to be born immediately. This test is only available if you are having your baby at Parkville.

ASSISTED BIRTH

Induction of labour

An induction might involve having your waters broken or taking medicines to encourage the birth process to start.

Approximately one third 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 used instead of forceps. The vacuum cup is made of plastic and is attached to a pump. 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. Your baby is born through a cut in your abdomen and uterus. Usually you will have an anaesthetic that numbs your lower body, but you are still awake. This is called a spinal or epidural. Sometimes though, it is necessary to put you to sleep with a general anaesthetic.

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

An emergency caesarean birth is recommended for the following reasons:

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

What to expect if you need an emergency caesarean birth:

- » 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 Newborn Intensive and Special Care nurseries
- » if you are at Sandringham and your baby is unwell, they may need to be admitted to the Special Care Nursery or they may have to go to a newborn intensive care unit in another hospital (you can read more about this on page 57)
- » 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 the birth and then about 8–10 times a day.

VAGINAL BIRTH AFTER A PREVIOUS CAESAREAN BIRTH (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 booklet *My last birth was a caesarean. What are my options?* This booklet can help you to decide what option is right for you.

EPISIOTOMY

This is a cut made in tissue between the vagina and the anus (called the perineum). 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. Ice packs will reduce swelling and pain.

AFTER THE BIRTH



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 stabilise and keep your baby warm, also to promote breastfeeding and bonding.
- » You and your baby will have time to have your **first breastfeed**.
- » 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, usually after your baby's first feed.
- » **Vitamin K and hepatitis B injections** are given with your permission. See page 44 for more information.

You may notice 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 poo (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 or bloody vaginal discharge due to the mother's hormones
- » a rash can appear on the baby's face or body in the first hours and days after birth. This is common and the rash fades away, but your baby will be checked every day.

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 (which will feel a bit strange at first)
- » 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 for you 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.

YOUR CLEVER BABY

Your baby is already an amazing little person. Soon after the birth your baby will:

- » be quietly alert
- » open their eyes to meet you
- » gaze at your face when you hold them in your arms
- » try to copy your facial expressions
- » give subtle, brief smiles of pleasure
- » turn to the sound of your voice
- » be comforted by the sound of your voice
- » startle to sudden noises or lights
- » yawn, wriggle and turn away to show they are tired or need a break
- » settle readily against your bare skin and to the sound of your heartbeat
- » be quite good at protecting their sleep once they are asleep, even when there is a lot of noise going on
- » show you they are ready to feed and start seeking your nipple by opening their mouth, sucking, smacking their lips or turning their head to try to latch on. This is called 'rooting'. It's good to respond to these early signs rather than waiting as they will usually feed much better which is good for you
- » show you they are struggling and need your help to feel OK. They do this by crying, wriggling, trembling or changing colour.

BABY FRIENDLY

The Women's is an accredited 'Baby-friendly Hospital'. This WHO/UNICEF accreditation is associated with the WHO/UNICEF 'Ten Steps to Successful Breastfeeding', a guide for healthcare providers to protect, promote and support breastfeeding. Staff promote the 'Ten Steps' through policies, clinical practices and education.

Staff at the Women's will discuss feeding your baby with you and 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 anything regarding feeding your baby.

HEALTHY BLADDER AND BOWEL FUNCTION

After the birth of your baby your bladder and bowel may feel different.

If you answer 'yes' to any of the following questions, let your midwife or physiotherapist know immediately.

1. Has it been more than four hours since you felt the need to wee?
2. Have you lost control of your bladder or had difficulty holding onto wee?
3. Have you lost sensation to wee or has your sensation to wee changed?
4. Have you had any difficulty weeing?
5. Have you had any difficulty with emptying your bladder completely or properly?

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 8 to 10 times a day. A midwife will help you with expressing.

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 whether or not to use or go ahead with them. You will be asked to give verbal permission 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.

Hepatitis B vaccine will be given to your baby before you leave hospital. To complete the immunisation, more vaccinations are given until up to four years of life. If you are hepatitis B positive, we suggest that your baby be given an immunoglobulin injection while in hospital. This is to give your baby some immediate protection from hepatitis B.

BABY JAUNDICE

It is not uncommon for 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, and 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.

Newborn neonatal screening test

It is recommended that all new babies in Victoria have a test that checks for some very rare and very serious diseases. In most cases, if the diseases 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. More than 99 percent of babies have a normal test result. 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 Victorian Clinical Genetics Services (VCGS). 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 Services on (03) 8341 6201. For more information ask for the brochure *Newborn Screening – for the health of your baby* or go to the VCGS website at www.health.vic.gov.au/screening/newborn.htm

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

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.

Breastfeeding your baby is known to reduce the risk of Sudden Infant Death Syndrome (SIDS).

Even if your baby is born prematurely or is ill, your breast milk is really important for growth and development. Breastfeeding, just like any other skill, is learned. Both you and your baby need time, patience and practice as you learn. The midwives and nurses 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 your pre-pregnancy 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 most cases you have your baby skin to skin even 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.

Room sharing with your baby

Room sharing is known to reduce the risk of SIDS.

Having your baby in the same room as you will help you to recognise when your baby is hungry, tired or in need of a cuddle; it will also make it easier for you to know when your baby is ready to feed.

It is important to provide a safe sleep environment for your baby night and day.

The section 'Safe sleeping' on page 51 provides essential information for all parents.

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.

Physiotherapy advice for after you have given birth

Before you leave hospital ask for information about exercises that are helpful after giving birth. Physiotherapy advice will help with your recovery following pregnancy and birth. Ask about the DVD *The Core and the Floor*, which you can watch on the in-patient television. You will learn how to exercise your pelvic floor and tummy muscles. You will also hear some helpful hints for managing your new baby at home.

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.

WHEN YOU NEED BREASTFEEDING HELP

In hospital, the midwives will offer breastfeeding advice and support. Lactation consultants in the hospital can be called upon to support you if you have particular issues or problems with breastfeeding. The midwives and nurses will consult with the lactation consultant to make sure they are giving you the best advice.

When you are at home, the following services are available for breastfeeding support:

- » Your local Maternal and Child Health Nurse
- » Maternal and Child Health Line
13 22 29 (24hours/7days)
- » Australian Breastfeeding Association helpline
1800 686 268
- » The Women's Breastfeeding Service
(03) 8345 2400 for an appointment with a lactation consultant.

For more breastfeeding information visit:

www.thewomens.org.au
www.breastfeeding.asn.au

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 postnatal care in the home).

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.

BEFORE YOU GO HOME

Check that you have 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
- » how your baby communicates with you
- » understanding your baby's needs
- » 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.

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, your baby's 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.
- » Have the paper delivered.
- » Sleep when baby sleeps.
- » Accept help from friends.
- » Tell people what you need.

THE FIRST SIX WEEKS

Afterpains

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. Afterpains can usually be relieved with ordinary pain-relief tablets.

Bleeding

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

Contact your local doctor (GP) or the Emergency Department if you need urgent care, or if you experience any of 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 jug of clean water 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 pregnancy and 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.

Ask your health professional for information and education opportunities to help you learn more about exercises after giving birth.

The perineum

The perineum is the area of skin between your vagina and anus. If you have ongoing issues with this area after the birth you can attend the Perineal Clinic at Parkville or follow-up will be organised through Outpatients at Sandringham.

Ongoing issues might include:

- » perineal pain
- » third- or fourth-degree tears that occurred during the birth
- » problems with wound healing or infection after giving birth and at home.

If you have had your baby at Parkville ask your local doctor (GP) to refer you to the Perineal Clinic.

If you had your baby at Sandringham, follow-up will be arranged for you through the Outpatients department.

Wound care after a caesarean birth

After you have had a caesarean birth you will have a dressing covering your wound until day of discharge. 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
- » a fever or feeling generally unwell
- » increasing pain.

Contraception

A midwife will usually discuss contraception with you before you leave hospital. 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 the methods of contraception that are suitable for you after birth.

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.

Information about the range of contraception options can be found on the Health Information area of our website.

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 make sure that you and your baby are physically and emotionally well. Contraception is usually discussed again, as well as adjustment to family life. If a Cervical Screening Test 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.

Incontinence – some women leak after having a baby

After the birth, you might have poo or wee leakage that you can't control. This is called **bladder or bowel incontinence**. The baby's weight at the end of pregnancy might have caused it, or it might be because of pregnancy hormones that make your muscles soften in preparation for the birth. It might also be because your bladder, bowel and pelvic floor were stretched as baby passed through the birth canal.

Pregnancy can weaken your pelvic floor muscles so that they are no longer very good at stopping the bladder from leaking. Every woman who has ever had a baby is strongly encouraged to do her pelvic floor muscle exercises to prevent this from happening. If you have any leaking it will not go away if you ignore it. In fact, if you start doing your pelvic floor exercises regularly, the leaking is likely to stop. It is safe to start exercising your pelvic floor in the first few days after your baby is born. Make pelvic floor exercises part of your daily routine, for example every time you feed or change your baby. See page 23 to learn how to do pelvic floor exercises.

“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

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. The RACV and VicRoads have jointly established a network of child restraint fitting stations throughout Victoria – contact either organisation for more information.

Postnatal depression

One in five women suffer from postnatal depression. It’s very important to recognise the symptoms. Becoming a mother for the first time or adding to your family can be stressful. A few days after the baby is born, it is common to feel teary, anxious or irritable. This is called ‘baby blues’, which generally fades as quickly as it comes. Some women may develop a birth-related depression. This can happen to any woman, 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. These 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.

This is just a guide. You may or may not have postnatal depression. It may be that you are just struggling a bit with the adjustment to becoming a parent. Talking to a health professional, no matter how mild the symptoms might be, will help you to understand where you are at and help them to know if you need further help. It’s important to keep talking about how you are feeling.

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 give you an opportunity to meet other parents in your local area. The service aims to provide parents with support, information and advice regarding issues around:

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

The hospital will notify your local council of your baby’s birth. 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.

The green book (My Health, Learning and Development Record)

You will receive this after your baby is born. 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 green book 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.

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 or because they are 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 to 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
- » Post and Antenatal Depression Association (PANDA)
1300 726 306
Monday to Friday, 10am–5pm.

If you need help after hours please call one of the following services:

- » Maternal and Child Health Line
132 229 (24 hours/7 days, including country callers)
- » Parentline 132 289
(8am to midnight, 7 days)
- » Lifeline 131 114
- » SuicideLine 1300 651 251
- » MensLine 1300 789 978



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

“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

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
www.humanservices.gov.au

Medicare

Telephone 132 011
www.humanservices.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 give you 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

Safe sleeping

Sudden Unexpected Death in Infancy (SUDI) is a term used when a baby, usually under one year of age and with no previous history of illness, dies unexpectedly. SUDI includes Sudden Infant Death Syndrome (SIDS).

Sadly, this can happen whenever a baby is sleeping. However, SUDI and SIDS are rare and research is continuing to help us explore what we can do to prevent them.

The risk of SUDI can be significantly reduced by following some simple advice for taking care of your baby.

- » Sleep your baby on their back from birth, on a firm, flat surface. Babies placed on their back to sleep are less likely to choke on vomit than babies sleeping on their tummies.
- » Your baby's face and head need to stay uncovered during sleep. A good way to do this is to put baby's feet at the bottom of the cot so that baby can't slip down under the blankets. There should be no doonas, loose bedding, cot bumpers, lambs wool, pillows or soft toys in the cot.
- » Keep your baby in a smoke-free environment. There is an increased risk of SUDI if parents are smokers. Call the Quitline on 137 848, or ask your midwife, doctor or Maternal and Child Health nurse for information about reducing smoking or stopping smoking, and about ways to reduce smoke exposure such as smoking outside away from baby and wearing a 'smoking jacket'.
- » Provide a safe sleep environment for your baby night and day. Never leave your baby unattended on an adult bed or bunk bed. Waterbeds, beanbags, couches, pillows and cushions are not safe for babies. Avoid falling asleep with your baby on a couch, sofa or chair.
- » Room-sharing with a baby has been shown to reduce the risk of SUDI. It is best that your baby sleeps in their own 'bed' (e.g. cot, bassinet) in the same room as an adult caregiver for the first six to twelve months.
- » Breastfeeding your baby reduces the risk of SUDI, and breastfeeding is good for you and your baby. When not actually breastfeeding, place your baby on their back to sleep in their own 'bed'.



Safety factors to consider if you do sleep (share a bed) with your baby

- » Never sleep with your baby or put your baby to sleep on couches, soft mattresses or waterbeds, because your baby can easily become trapped.
- » Make sure that your baby cannot fall out of bed or get stuck between the mattress and the adjoining wall or furniture.
- » Make sure that your baby does not get too hot or go under the covers or into the pillows.
- » Do not let your baby share a bed with older children or pets.

Never share a bed with your baby if you or your partner:

- » smoke
- » have recently drunk any alcohol
- » have taken any medication or drugs that could make you sleepy, including methadone or illegal drugs. These medications may alter your ability to respond to your baby
- » are unusually tired to the point where you find it difficult to respond to your baby.

For more information, talk to your Maternal and Child Health nurse, or contact Red Nose on 1300 308 307.

LANGUAGE LINK

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تصلحون على المعلومات لتفكر زوروا موقعنا الإلكتروني

Ποιες γλώσσες υποστηρίζει η ιστοσελίδα μας?

Για πληροφορίες στη γλώσσα σας επισκεφθείτε την ιστοσελίδα μας

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

Per informazioni nella vostra lingua visitate il nostro sito web

Macluumaad inlaas ka badan oo af Soma i ah booqo websaytkayaga

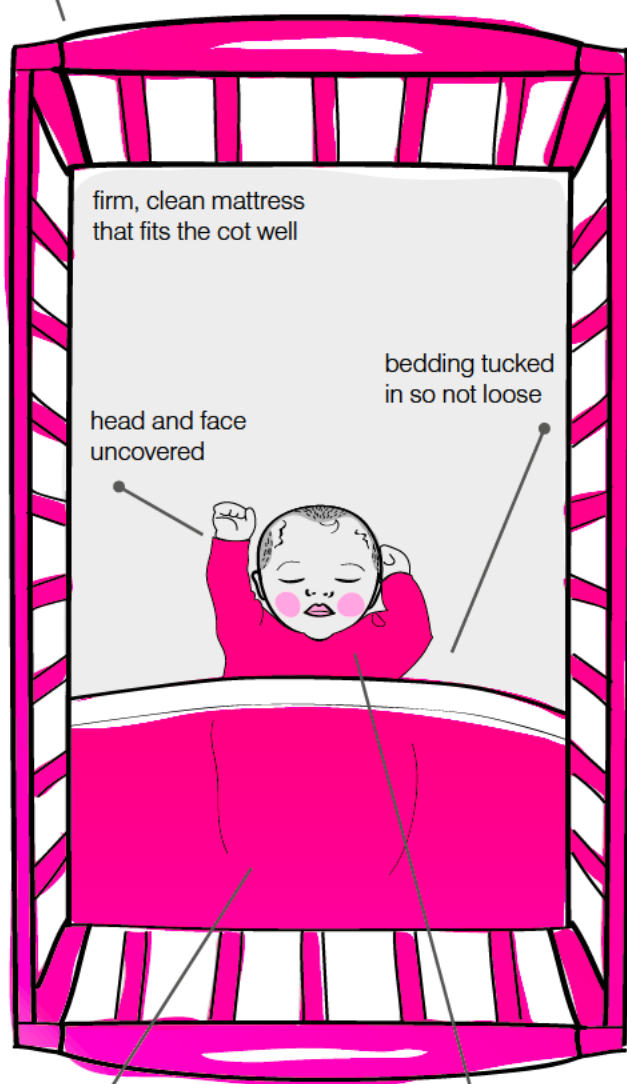
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Để biết thông tin bằng ngôn ngữ của quý vị, hãy truy cập trang mạng của chúng tôi

www.thewomens.org.au

the cot must meet
the Australian Standard
for cots

clean smoke free air



firm, clean mattress
that fits the cot well

bedding tucked
in so not loose

head and face
uncovered

clean smoke free air

lying on back,
feet to foot of cot

breastfeed
if you can

Babies can become ill quite quickly;
when this happens act immediately.

FOR URGENT HELP CALL 000

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) (if it's after hours your GP will generally have information about locum services on their answering machine).
- » Emergency at your local hospital.
- » Maternal and Child Health nurse 132 229 (24 hours).
- » Poisons Information Centre on 131 126.
- » Nurse-On-Call on 1300 606 024.

SIX WAYS TO REDUCE THE RISK OF SUDDEN UNEXPECTED DEATH IN INFANCY AND TO SLEEP BABY SAFELY

- » Sleep baby on back.
- » Keep baby's head and face uncovered.
- » Keep baby's environment smoke free before and after birth.
- » Ensure a safe sleeping environment night and day.
- » Sleep baby in safe cot in parents' room for the first 6–12 months.
- » Breastfeed baby if you can.

UNEXPECTED OUTCOMES



It's important to remember that:

- » your health and baby's health are what matters most
- » sometimes things happen that are outside your control.

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 doctor or the hospital immediately.

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

Miscarriage

Miscarriage is one of the most common complications in pregnancy. A miscarriage is defined as the loss of pregnancy before 20 weeks. 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 often comes with tummy pain or tenderness. Placental abruption is 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 you may have severe and sudden pain. Treatment may involve monitoring you and your baby, bed rest and, sometimes, the birth of your baby.

Placenta praevia

This is when some or all of the 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. You may need to be admitted to hospital for careful monitoring of you and your baby. In most cases you will need 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. If you are booked at Parkville, it may be possible to have a vaginal birth. Your doctor or midwife will discuss this with you if your baby is breech.

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 be part of a more complex condition such as preeclampsia. Treatment includes rest, monitoring of your blood pressure and monitoring of your baby and your wellbeing, and the condition may require medication. If your blood pressure doesn't settle then you may need to have your baby earlier.



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.

Look at the Health Information section of our website for more detailed information.

www.thewomens.org.au

Ask your doctor or midwife for more information if you feel you need it.

Preeclampsia

Preeclampsia 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 preeclampsia are high blood pressure, protein in urine and sudden excessive swelling of the face, hands and feet.

Preeclampsia is a serious condition of pregnancy. You may have a mild version of it, a very serious version, or anything in between. The treatment will vary according to how serious your condition is. Women with preeclampsia are closely monitored and need extra care. In the case of severe preeclampsia, 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.

Gestational diabetes

About five percent of women (or, one in 20) 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 with the baby's growth and other issues. You will be offered a glucose tolerance test. If it 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 preeclampsia, infection, placenta praevia and placental abruption.

Some women will be transferred to Parkville from other hospitals, including interstate and rural hospitals, particularly women who are between 24 and 32 weeks pregnant and are at risk of having a premature baby.

Sandringham patients may be transferred to Parkville or the Monash Medical Centre, which can also care for women with high-risk pregnancies.

At Parkville there is accommodation available for your partner and family if you have travelled from interstate or rural areas. Staff can also help you to organise any social support you may need and provide information to prepare you for the birth, breastfeeding and early parenting.

While you are waiting for your baby to be born, you can talk to a paediatrician and take a tour of our nurseries. If you remain stable and get to 32 to 34 weeks or more, you may be transferred back to a hospital closer to your home.

Emergency caesarean birth

A caesarean section is a major operation. Your baby is born through a cut in your abdomen and uterus. Usually you are given an anaesthetic that puts your lower body to sleep, but you are still awake. This is called a spinal or an epidural. Sometimes a general anaesthetic is needed, in which case you will be asleep throughout. Some caesarean sections are planned in advance because of existing problems with your pregnancy. In other cases, the decision to perform a caesarean birth is made during the course of labour. This is called an emergency caesarean birth. There is more information about caesarean birth in the assisted birth section; see page 40.

Intensive and special care

Some babies need special care or observation after they are born and some will need specialised or intensive care. There are four hospitals in Melbourne that provide highly specialised intensive care for newborn babies, one of which is the Women's Parkville campus.

Sandringham has a special care nursery for babies who need low-level care and monitoring. If your baby is born at Sandringham and needs intensive care they will be transferred to one of the four hospitals that provide it. When your baby's health improves and they need a lower level of care they are likely to be moved back to Sandringham.

If your baby is born at the Parkville campus and needs intensive care they will be admitted to the Women's Newborn Intensive Care Unit. As your baby's health improves they are likely to be moved to a hospital closer to your home. The reason for this is that there are limited intensive care beds in Melbourne, so they always need to be available for babies who need intensive care.

Any 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 be with your baby. If you are not well enough your partner can be with your baby. You will receive further information, advice and support from the unit your baby is transferred to.

When a baby dies

Pregnancy loss can occur at any time, from very early in the pregnancy to soon after birth. Despite advances in medicine and technology, a small percentage of pregnancies end prematurely, often for unknown reasons. Regardless of the gestation, each loss is unique. Bereaved parents will react in their own individual ways. 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 stillbirth, 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, among 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.

Ask for our booklet *What do we do now?*

FIND OUT MORE



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 Welcome Centre has checked the following websites for quality and can recommend them to you.

WEBSITES ABOUT PREGNANCY AND PARENTING

The Royal Women's Hospital website

www.thewomens.org.au

Offers a range of information about pregnancy, labour, birth, breastfeeding and parenting as well as information about broader women's health issues. You can also learn more about the hospital – our services, our research, our staff and how you can support us.

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 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 details on how to access practitioners and support groups.

Child and Youth Health

www.cyh.com.au

A South Australian Government website with practical health information for parents, carers and young people.

Cochrane Consumer Network

consumers.cochrane.org

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

Health translations

www.healthtranslations.vic.gov.au

Victorian Government website with translated information on health and wellbeing. Includes information in a number of languages on pregnancy and childbirth.

Kidsafe

www.kidsafe.com.au

Site of the Child Accident Prevention Foundation of Australia.

Maternity Choices Australia

www.maternitychoices.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 Network

www.raisingchildren.net.au

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

WORDS YOU MAY HEAR DURING PREGNANCY

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

amniocentesis – a pregnancy test that can diagnose chromosomal and genetic abnormalities and some birth defects. A doctor inserts a needle through the abdominal and uterine wall into the amniotic sac to retrieve a sample of amniotic fluid.

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

anaemia – describes a deficiency in the quality and number of red blood cells. Usually due to a lack of iron and can make you feel very tired and breathless.

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.

Cervical Screening Test (CST) – looks for the human papillomavirus (HPV) infection in the cells of your cervix.

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

chorionic villus sampling (CVS) – taking a small sample of the placenta for tests, e.g. Down syndrome.

colostrum – the first milk, which can also leak from the nipples during pregnancy. It is what the breastfed baby receives in the first few days following birth. It is especially important and provides nutrition and protection for the baby against infectious diseases.

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

episiotomy – an incision of the perineum (tissue between the vagina and the anus) to enlarge the vaginal opening during birth. This is stitched following the birth.

fetal heart monitoring (CTG) – a method of listening to the baby's heartbeat 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.

listeria – an infection usually caused by eating food contaminated with bacteria known as listeria monocytogenes.

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

midwife – a professional who, in partnership with women, provides care, education and support. The midwife works with women, partners and families during prenatal, pregnancy, birth, postnatal and early parenting.

maternal serum screening test (MSST) – a blood test used to identify possible abnormalities in the baby.

morphine – a medication given to help with pain.

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.

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. Also called afterbirth when it is expelled following the birth of the baby.

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

preeclampsia – 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 prostaglandin (synthetic hormone, oxytocic) gel or pessary 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 congenital abnormality characterised by a 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 soundwaves 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 focused 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 about, 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.
- ☐ Positioning your baby for feeding.
- ☐ When to feed your baby and how often.
- ☐ How to express and store breast milk.
- ☐ Looking after your breasts and nipples and how to look after full breasts, sore nipples and blocked ducts if they happen.
- ☐ Mastitis (inflammation of the breast).
- ☐ (If you have chosen not to breastfeed) how to make up correctly and feed your baby 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 birth.
- ☐ When should I be worried about postnatal depression?
- ☐ Smoking – how to quit and stay quit.
- ☐ Contraception and sex.
- ☐ Taking time out for yourself.

SERVICES AND SUPPORT



DURING YOUR FIRST VISIT WE WILL ASK:

- » Are you of Aboriginal or Torres Strait Islander origin?
- » Is your baby of Aboriginal or Torres Strait Islander origin?

These questions are the first step in providing Aboriginal and Torres Strait Islander families with the best possible maternity care.

We don't make assumptions,
we ask everyone.

MAKING CONTACT

Unless stated otherwise, the following services can be contacted through the switchboard at the appropriate campus.

Parkville – (03) 8345 2000
Sandringham – (03) 9076 1000

These services can be contacted Monday to Friday 9am to 5pm.

In some cases you will be asked to leave a message and the staff member will make every effort to call you back on the same day.

You can also ask your doctor or midwife to put you in touch with other services or health professionals.

Childcare

Childcare is available at the **Parkville campus only**. Childcare is for children aged from twelve weeks to seven years of age of women attending at Parkville. Children can be cared for up to two hours per day and longer care can be arranged. Book your childcare at the same time you make your appointment. There is a fee for this service.

Bookings essential

Opening hours Monday to Friday, 6.45am to 5pm
Telephone (03) 8345 2098



Interpreter

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 health professional. Interpreters, including Auslan interpreters, can be requested at the time of booking appointments.

Social work

Social workers are available at both Parkville and Sandringham. Pregnancy and birth can be a very challenging time. You may be feeling overwhelmed, isolated, anxious or depressed. You may be having practical problems with money, relationships, immigration or housing. Our social workers can provide you with support, advice and referrals to services in your local community. If you need a social worker speak with your health professional.

Physiotherapists and dietitians

Your health team includes professionals who can support you to care for yourself throughout pregnancy. Physiotherapists provide specialist knowledge about posture, back care and exercise, while dietitians can support you to ensure that you and your baby are eating well and healthily. Ask your health professional for more information.

Female circumcision

The Women's offers a free service for women who wish to talk about their circumcision (traditional cutting) or to consider having their circumcision reversed. The clinic operates at Parkville and is available to women throughout Victoria. Telephone the Parkville campus for an appointment.

If you would like more information about traditional cutting in Australia contact the Family and Reproductive Rights Education program. (FARREP)
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 someone in your health team, or the Centre Against Sexual Assault.

Telephone (03) 9635 3610
Crisis Line 1800 806 292
Email casa@thewomens.org.au

Alcohol and drug issues

A statewide service for pregnant women with complex alcohol, drug and other substance use issues is available at the Parkville campus. For pregnant women using heroin or other opiates, the service also runs an in-patient methadone stabilisation program in the hospital. Confidential counselling, information, referral and support are also provided.

Intellectual or physical disability

The Parkville campus has a specialised service for women with an intellectual or physical disability who will require more intensive support called the Women with Individual Needs program (WIN). The program 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. Call the Parkville campus and ask for the WIN clinic if you would like more information.

Family Accommodation Service

Family accommodation is available at the Parkville campus only. We provide short-term temporary accommodation for women and their families who are in need and are from country or interstate areas, or who are experiencing extreme crisis. The apartments are self-contained and located close to the hospital. Call the Parkville campus and ask for Social Work to get further information.

Childbirth education

Childbirth education programs are conducted by midwives during the day, evening and on weekends for pregnant women and their support person. The workshops give you the opportunity to learn more about what to expect during pregnancy, labour, birth, breastfeeding and caring for your baby at home. Specialised workshops are available in some instances. Programs are also run in community venues, which may be closer to your home. There is a charge for workshops.

To book online or find out more about our workshops visit www.thewomens.org.au/wm-cbe

Bookings are essential and should be made between 16–18 weeks of your pregnancy.

Telephone

Parkville (03) 8345 2142
Sandringham (03) 9076 1233

Aboriginal and Torres Strait Islander women

Aboriginal and Torres Strait Islander women are an important part of our hospital community at both Parkville and Sandringham. We provide different support services at each campus. Budjurr-Bulok Wilam is the service at Parkville and means 'home of many women' in Woiwurrung, the language of the Wurundjeri people. The Alfred hospital provides support to Aboriginal and Torres Strait Islander families at the Sandringham campus. If you are Aboriginal or a Torres Strait Islander, tell us so that we can put you in touch with our support services or ask you about your cultural needs.

CORD BLOOD COLLECTION AT THE WOMEN'S

What is cord blood?

Cord blood is blood left behind in the placenta and umbilical cord after the birth of a baby and 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 are 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 BMDI Cord Blood Bank, which is at the Royal Children's Hospital and is managed and organised by the Murdoch Childrens Research Institute.

The Women's supports the collection of cord blood by the BMDI Cord Blood Bank 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.

For more information contact the BMDI Cord Blood Bank on (03) 8345 3385.

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 healthcare 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 affect your care.

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 2.30pm to 8pm daily. Partners are welcome between 8am and 8.30pm. Visiting hours are strict to ensure women receive adequate rest.

Pastoral care and spirituality services

This is a free, confidential service offering emotional and spiritual support to all women, their family and their 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.

Providing feedback

You are entitled to expect and receive high-quality care from all staff. If you have any concerns about your care, at either Parkville or Sandringham, please contact the Consumer Representative on (03) 8345 2290/2291.

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 Care Card holder. Some private health funds also cover ambulance costs. For more information contact Ambulance Victoria on 1800 648 484.

If you don't have a Medicare card

The Women's is a public healthcare facility. All patients must have a Medicare card. Patients not eligible for Medicare benefits will need to organise payment before receiving care and services with Patient Accounts at the Parkville campus or the Private Liaison Officer at the Sandringham campus (see page 66 for contact details).

Charges may vary depending on the treatment provided and whether you are covered by an Australian Health Insurance Policy or guarantee of payment from an overseas health insurance fund.

If you are a resident of a country that has a health care agreement with Australia (known as a Reciprocal Health Care Agreement) you may be entitled to limited subsidised health services for medically necessary treatment while visiting Australia. If you are on a student visa you may not be eligible for Medicare assistance and may require Overseas Student Health Cover. For enquiries regarding eligibility and applications for a Reciprocal Health Care Card, contact Medicare 13 20 11.

If you are an asylum seeker or refugee you are entitled to free medical care except for a small co-payment for outpatient medications and medications on discharge.

If you are an overseas visitor in one of the above categories contact Patient Accounts at the Parkville campus or the Private Liaison Officer at the Sandringham campus (see page 66 for contact details).

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.

IMPORTANT NUMBERS AT SANDRINGHAM

To contact any service you can call the Sandringham switchboard and ask to be connected. (03) 9076 1000

Patient Enquiries

(03) 9076 1000

Birth Centre

(03) 9076 1245

Accounts

(03) 8345 3013

Breastfeeding Service

(03) 9076 1570

Childbirth Education

(03) 9076 1233

Physiotherapy

(03) 9076 1552

Private Patient Enquires

(03) 9076 1619

IMPORTANT NUMBERS AT THE PARKVILLE CAMPUS

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

Patient Enquiries

(03) 8345 3030

Budjurr-Bulok Wilam (service for Aboriginal and Torres Strait Islander women)

(03) 8345 3047/3048

Breastfeeding Service

(03) 8345 2400

Childcare Centre

(03) 8345 2098

Childbirth Education

(03) 8345 2142

Pregnancy problems under 14 weeks

(03) 8345 3614

Interpreters

(03) 8345 3054

Physiotherapy

(03) 8345 3160

Pregnancy Day Care Centre

(03) 8345 2170

Private Patient Enquires

(03) 8345 2929/2930

IMPORTANT NUMBERS AT BOTH CAMPUSES

Patient Accounts

(03) 8345 3014

CASA (Centre Against Sexual Assault)

(03) 9635 3610

Sexual Assault Crisis Line

1800 806 292
(24 hours, 7 days a week)

Consumer Liaison

(03) 8345 2290/2291

Medicines Information Line

(03) 8345 3190

Women's Welcome Centre

(03) 8345 3037
1800 442 007

Women's Alcohol and Drug Service

(03) 8345 3931

COMMUNITY SUPPORT AND INFORMATION SERVICES

Australian Breastfeeding Association (ABA)

(03) 9791 4644

ABA Breastfeeding Helpline

1800 686 268
(24 hours)

Australian Centre for Grief and Bereavement

(03) 9265 2100

Caroline Chisholm Society

(03) 9361 7000
1800 134 863 (Country callers)
(For assistance with
material resources)

Centrelink

136 150

Immunisation Information Line

1800 671 811

Lifeline

131 114

Maternal and Child Health Line

132 229
(24-hour telephone
and information service)

O'Connell Family Centre

(03) 8416 7600
(Canterbury)

PANDA (Post and Antenatal Depression Association)

1300 726 306

Parentline

132 289

Poisons Information Centre

131 126

Queen Elizabeth Centre

(03) 9549 2777
(Noble Park)

Quitline

137 848
(24-hour telephone
and information service)

The Royal Children's Hospital

(03) 9345 5522

SANDS

1300 072 637
(telephone support for loss)

Red Nose

1300 308 307
(24-hour crisis line)

Tweddle

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

Women's Information and Referral Exchange (WIRE)

1300 134 130

EVIDENCE AND RESEARCH WE HAVE USED

REFERENCES

General

- » National antenatal guidelines: <http://www.health.gov.au/antenatal>
- » National Health and Medical Research Council alcohol guidelines: <https://www.nhmrc.gov.au/your-health/alcohol-guidelines>
- » Nutrient reference values for Australia and NZ: <http://www.nrv.gov.au/energy.htm>
- » Dietary guidelines recommended by the Centers for Disease Control and Prevention (CDC) and ANZ food standards: <http://www.foodstandards.gov.au/consumer/safety/listeria/pages/factsheet/listeriaandfoodjuly25590.aspx>
- » Diabetes Australia: <https://www.diabetesvic.org.au/about-diabetes/diagnosis>
- » NICE clinical guideline caesarean section Nov 2011: <http://www.nice.org.uk/nicemedia/live/13620/57162/57162.pdf>
- » Obstetric Anaesthetic Association: Information for mothers: www.oaa-anaes.ac.uk
- » Halliday, J. *Neural tube defects in Australia: Prevalence before mandatory folic acid fortification*, Australian Institute of Health and Welfare (AIHW), Canberra (2011).
- » RCOG (2006) Greentop Guideline number 25: The Management of Early Pregnancy Loss: <http://www.rcog.org.uk>
- » Victorian standard for induction of labour http://health.vic.gov.au/clincialnetowrks/downloads/maternity/victorian_standard_for_induction_of_labour_pdf
- » De-Regil, L. M., Fernández-Gaxiola, A.C., Dowswell, T., Peña-Rosas, J. P. Effects and safety of periconceptional folate supplementation for preventing birth defects, Cochrane Database of Systematic Reviews 2010, Issue 10. Art. No.: CD007950. DOI: 10.1002/14651858.CD007950.pub2

Gum disease and low birth weight

- » Marin, C., Segura-Egea, J. J., Martínez-Sahuquillo, Á. and Bullón, P. (2005), "Correlation between infant birth weight and mother's periodontal status", *Journal of Clinical Periodontology*, 32: 299–304. doi: 10.1111/j.1600-051X.2005.00661.x

Benefits of support people during birth

- » Sauls, D. J. (2002), "Effects of Labor Support on Mothers, Babies, and Birth Outcomes", *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 31: 733–741. doi: 10.1177/0884217502239209

Weight and birth

- » The American College of Obstetricians and Gynaecologists (ACOG) committee Opinion, Number 548, January 2013: http://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Obstetric_Practice/Weight_Gain_During_Pregnancy

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.

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 times. If you have anything you wish to tell us about this booklet please contact the Women's at rwh.publications@thewomens.org.au.

Evidence and references

The information in this booklet captures current evidence and practice at the Royal Women's Hospital.

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) which 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 (or their baby's health needs) with a health practitioner.

If you have concerns about your health (or your baby's health), you should seek advice from your health care provider or if you require urgent care you should go to the nearest Emergency Dept.

Please bring this book with you to your
appointments and pack it in you hospital bag

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