



BAIRNSDALE MATERNITY CARE

PREGNANCY INFORMATION BOOKLET



ESSENTIAL INFORMATION TO HELP YOU DURING EARLY, MID & LATE PREGNANCY

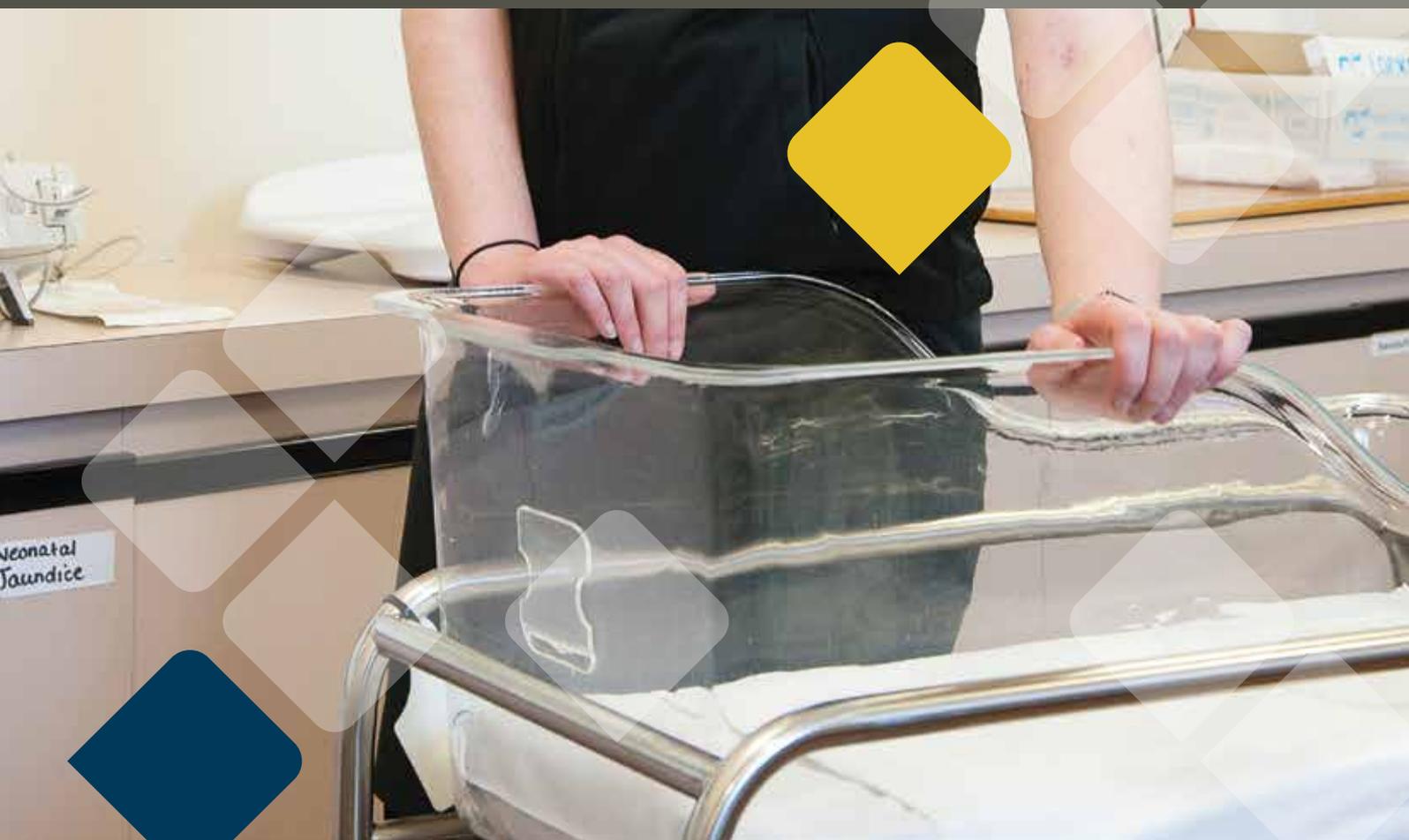


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OVERVIEW OF OUR MATERNITY SERVICE



Bairnsdale Regional Health Service (BRHS) Maternity unit welcomes 360-400 babies a year and is staffed by a specialist team of midwives, GP /Obstetricians, lactation consultants and visiting specialists, who work together to provide you and your baby with the highest quality of care. We are also extremely proud to be an accredited Baby Friendly Health Initiative (BFHI) hospital which means we are seen as a leader in infant feeding practices. We are committed to protecting and promoting the health of women and their babies through the encouragement and support of breastfeeding.

Antenatal Care

Bairnsdale Regional Health Service offer mums-to-be an opportunity to be cared for by both GP/Obstetricians (GPO) and midwives at our Antenatal Clinic.

Our maternity Antenatal services are offered from Bairnsdale Maternity Care Clinic:

CBD CLINIC is located at 183 Main Street, Bairnsdale

Our Services include:

Antenatal appointments with your Doctor and midwives.

Our breastfeeding and positive pregnancy clinics every Tuesday. These extra appointments are for women needing breastfeeding support, women who have had previous caesarean births or who may need healthy dietary and lifestyle advice.

General Ultrasound and X-ray services.

PH 03 5150 3300

Our birthing facility is on Rotamah ward:

First floor BRHS Day Street campus

PH 5150 3455.

Visiting hours on the maternity ward

Partners and direct family can visit between 8am and 8pm. Other visitors are welcome from 2.30pm until 8pm however there is a Rotamah ward rest period between 12.30pm and 2.30pm.

Please be considerate at all times as new mums need time to rest, breastfeed and get to know their new baby.

Our service provides mainly shared accommodation to suit the number of women in hospital. Single rooms are occasionally available but are assigned to patients with the greatest need. We have 2 birth rooms, an assessment room plus a nursery area.

We provide pregnancy care to women who are considered to be low risk and for whom we can provide safe care. If specialist care is required, your GP will arrange for you to see a specialist obstetrician at an appropriate birthing facility.

Elective and Emergency Caesareans are performed at Bairnsdale Regional Health Service and your GPO will make the necessary arrangements if required. You may need to attend BRHS surgical pre-admission clinic in the weeks before your surgery for assessment and preparation.

The following is a list of Bairnsdale GP's currently offering obstetric services:

Bairnsdale Medical Group **Ph. 03 5152 4123**

- Dr Daniel Otuonye
- Dr Sema Yilmaz
- Dr Claire Rayner

McLeod Street Medical Centre **Ph. 03 5152 5145**

- Dr Daryl Smith
- Dr Antoinette Mowbray
- Dr Laura Linden

We offer a collaborative team midwifery model of care which means you have your choice of GP Obstetrician (GPO) and you are assigned to Midwife Team Ruby or Team Pearl. This enables you to get to know both your GPO and the midwives that are involved in your pregnancy, birth and after care.

Following your initial contact with the GPO and your "booking in" visit with the midwife your care is planned, taking into consideration your wishes and current best practice.

At the midwifery booking in appointment you will also receive information about:

- Childbirth education classes (see p12 For more information)
- Breastfeeding Information and breastfeeding starter pack (see p12 for more information)
- "Mother to be" sample bag
- Antenatal visit schedule

WHEN CAN I CONTACT MY TEAM MIDWIVES?

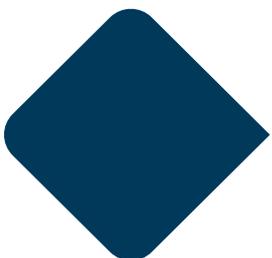
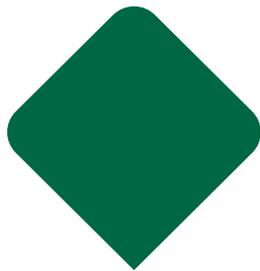
Between 8am – 6pm and anytime if you are in labour.

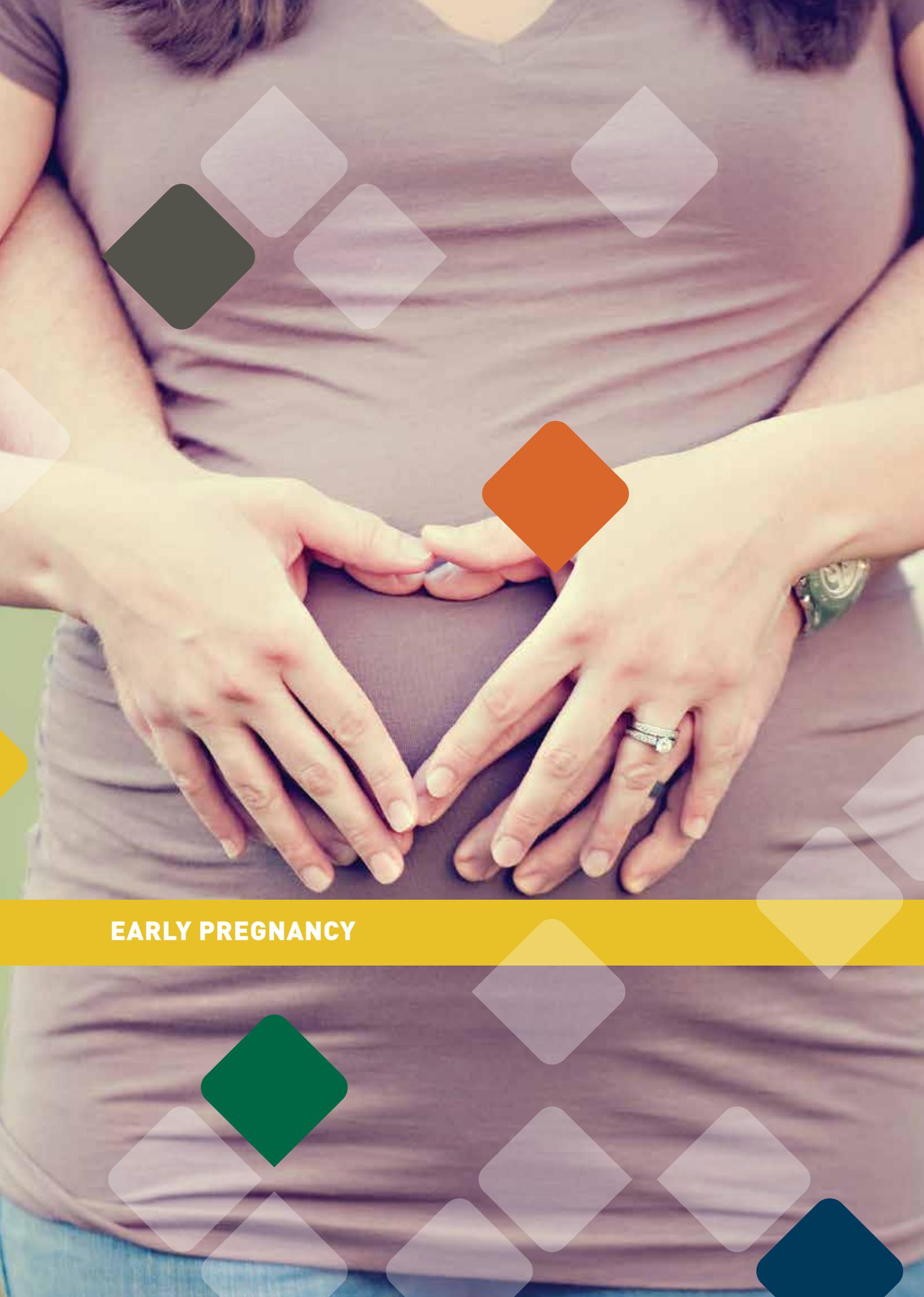
Outside these hours, or if you have any serious concerns at any time, we request that you speak with our hospital midwives on 03 5150 3455.

SIGNS AND SYMPTOMS TO REPORT TO YOUR DOCTOR OR MIDWIVES IMMEDIATELY

- You feel your baby is not as active as it usually is
- You think your waters have broken
- You are bleeding from the vagina
- You have unusual pain

We hope that you find the information in this booklet helpful and encourage you to ask questions of your midwife or other healthcare professionals as needed





EARLY PREGNANCY

WHAT IS SAFE DURING PREGNANCY?

Folic Acid

Folate, or folic acid, is a vitamin that is crucial to the healthy development of babies during early pregnancy. Folate taken prior to conception, and for the first twelve weeks of pregnancy, can prevent up to 70% of neural tube defects, such as spina bifida. The recommended daily dose is 0.4 to 0.5mg. Folic acid can be purchased at supermarkets, or over the counter at a chemist.

Exercise

Regular exercise during pregnancy can prepare your body for labour and help you to return to your pre baby weight sooner. Low impact exercises such as swimming, walking, yoga and water aerobics are ideal. Avoid high impact exercises such as contact sports where you are at risk of being hit or falling over. It is advisable to discuss your exercise plan with your doctor or midwife to ensure it is appropriate during pregnancy.

Foods

It is recommended during pregnancy to eat a healthy and well-balanced diet, including lots of fresh fruit & vegetables, breads & cereals, dairy food for calcium and lean meats, chicken & fish for iron. Tea and coffee contain caffeine but are safe to drink in moderation. Energy drinks and soft drinks should be limited due to their very high sugar content.

Some foods carry a high risk of bacteria commonly known as listeria. The high risk foods that should be avoided include:

- Ready to eat seafood such as smoked fish or oysters, mussels or raw seafood such as sushi
- Pre-prepared or stored salads, including coleslaw
- Pre-cooked meat products that are eaten without further cooking such as pate, sliced deli meat and cooked diced chicken
- Un-pasteurised milk or milk products
- Soft serve ice cream
- Soft cheeses such as brie and camembert

Weight Gain in Pregnancy

Recent medical research is showing that excessive weight gain in pregnancy may not be good for you or your baby. If you start your pregnancy at a healthy weight, your weight gain should not exceed 11.5-16 kilograms.

At your first antenatal appointment, if your body mass index (BMI) is high, there is a possibility that you will have to book into a hospital with specialised facilities for the birth of your baby due to the increased risk of complications. Your GP will discuss and advise you further.

Physical Changes

The hormones associated with pregnancy bring about changes to almost every part of your body. Many of these may seem unusual, or may cause you concern.

In the first three months of your pregnancy many of the changes to your body that you observe are not even visible to the outside world. It is also quite possible that some of the changes you experience may be unexpected. If you are concerned always seek assistance from your midwife, doctor or hospital.

Morning sickness

Morning (or all day and night) sickness affects approximately 75 to 80% of pregnant women. It may begin anytime from conception onwards and most women report that it improves or ceases by 14-16 weeks. The cause of morning sickness is not known, though it is thought to be linked to the changes in hormone levels in pregnancy.

Suggestions that may help:

- Eat a dry biscuit, have a drink of water or cup of tea before getting out of bed
- Get out of bed slowly
- Eat small frequent meals
- Avoid fatty foods and caffeine which may trigger nausea
- Drink plenty of fluids to avoid dehydration, try cordial, juices, soup, icy poles or jelly, lemonade, dry ginger ale, soda or mineral waters.
- Rest as often as possible
- Vitamin B6 tablets may be helpful
- Ginger has been found to reduce nausea, ginger snap biscuits are ideal.
- Acupressure has been helpful for some women - seek advice from a natural therapist

If vomiting is severe and persistent, your doctor may prescribe medications to help reduce the amount of vomiting. Some women require admission to hospital to be rehydrated after prolonged vomiting.

Constipation

One of the hormones vital to pregnancy is progesterone. It relaxes muscles, including the muscles of the bowel wall which may lead to constipation.

What can be done?

- Try a high fibre diet including fruit, vegetables and lots of whole grain products such as brown bread, rice, dried fruit and nuts.
- Drink plenty of water and fluids.
- Regular daily exercise such as swimming or walking
- Take a fibre supplement such as psyllium.
- Speak to your doctor or midwife if constipation becomes a problem

Frequent urination

The majority of pregnant women notice that they have to go to the toilet frequently. This can occur from conception onwards and is usually worse at the beginning and end of pregnancy. Rest assured that it is very normal, but if your trips to the toilet are associated with stinging, or smelly urine, speak to your doctor or midwife.

Vaginal secretions and thrush

An increase in vaginal secretions during pregnancy is normal and is associated with an increased blood flow to the skin and muscles around the vagina. The discharge is white or creamy-coloured, fairly thick and usually increases as pregnancy progresses.

Many women may also develop thrush during pregnancy. Thrush symptoms include a yellow or green curd like discharge accompanied by an intense itching and burning feeling around the vagina, vulva and perineum.

What can be done?

- Good general hygiene is important
- Avoid excess sugar as this may aggravate thrush
- Avoid tight fitting underwear; cotton is preferred
- Use panty liners and change them frequently during day
- Don't use tampons as they increase the risk of infection
- Speak to your doctor about appropriate thrush treatments

Breast Changes

Breast changes can be one of the first signs of pregnancy. These may be more noticeable with your first pregnancy. Changes commonly experienced include:

Your breasts may become tender and painful with a feeling of heaviness and an associated tingling of the nipples. The tenderness usually abates after the first 12 weeks of pregnancy and is usually not as uncomfortable in subsequent pregnancies.

As well as becoming larger, the areola (the pigmented area around the nipple) will darken and spread. The darkening may fade but not disappear after the birth of your baby. The little bumps on the areola will become enlarged and disappear after the baby's birth, or once you have stopped breastfeeding.

Blue veins present on your breasts become more noticeable as extra blood is required to meet the needs of the changing breast. This will return to normal once breastfeeding has ceased.

Itchiness of the breast skin may occur in the early stages of your pregnancy. The use of a soothing cream or oil applied daily after your shower may be beneficial. Avoid washing nipples and areola with soap, as this may cause dryness and further irritation of the area. A well supporting bra will help alleviate tenderness. A new bra will be required during your pregnancy and may be necessary as early as the sixth or seventh week.

Some women may notice the presence of colostrum (the first milk). It can be yellow in colour and is produced from the 13th week onwards.

Skin and Complexion Changes

Many skin changes occur during pregnancy and are the result of an increased secretion of oils, sweat production and pigmentation (colouring). Changes that occur are very individual.

An increase in skin pigmentation (often referred to as a 'mask of pregnancy' or 'chloasma') that appears as irregular brown patch areas on the face may occur. The use of a 30+ sunscreen and a hat will help to reduce the likelihood of chloasma. Any patches that do form usually begin to fade within the first three months of birth.

Some women will develop a dark line (linea nigra) dividing the centre of their abdomen in half.

This line often appears by the 14th week and gradually fades following the birth.

Around 90% of women develop stretch marks. Although they usually appear on the stomach they may also appear on the breasts, upper legs and buttocks. They usually appear in late pregnancy as reddish purple lines however, in most cases they will gradually fade to silver streaks.

Hair and Teeth

During pregnancy it is very common for hair to change in quality, quantity and manageability. This is due to the altered cycle of hair loss and growth. In pregnancy the cycle is arrested in the growth phase with hair often appearing fuller and healthier. After the birth of your baby hair loss is normal and may persist for some time.

You may also be more susceptible to gum problems. It is highly recommended that you visit your dentist at least once during your pregnancy. A well balanced diet together with regular cleaning of your teeth is important in trying to keep your teeth and gums in optimal condition.

Emotional Changes

Discovering you are pregnant can produce a variety of mixed feelings. Whether the pregnancy is planned or unplanned, a woman can experience feelings of happiness, doubt, fear, joy, triumph and apprehension.

Enormous change is taking place in your body during pregnancy and as a result your mood is also likely to alter frequently. Sometimes you

may experience unfamiliar emotions that may feel confusing. It may help to discuss these feelings with your partner, a friend, family member or your health practitioner.

Thinking about the impending birth and the eventual reality of motherhood brings with it many questions such as 'What do I do when my baby cries?' and 'Will I know how to care for my baby?' These questions along with some concerns and doubts are normal. Many of these topics are covered during childbirth education classes or by your health care practitioner.

Braxton Hicks Contractions

From as early as 8 weeks your uterus begins to have 'practice' contractions. As the pregnancy advances they will become more noticeable, with most women becoming fully aware of them after the 28th week of pregnancy. These contractions are different to labour contractions, with women often describing them as feeling like a tightening that commences over the middle of the stomach.

Some women find these contractions quite painful in the later weeks of pregnancy. Should you notice your contractions becoming regular and increasing in strength it is advisable to contact your midwife or doctor.



TRAVEL, WORK AND PREGNANCY

Travel

Travel is generally safe during pregnancy. If travelling for long distances it is recommended that regular breaks be taken. It is important to get out of the car, or walk around the plane, at least every two hours to prevent clots from forming in your legs. It is also recommended you drink plenty of fluids during air travel to prevent dehydration. When travelling by car always fasten your seat belt under your abdomen and use a shoulder belt in preference to a lap belt as it is much safer. If you developed complications during a previous pregnancy it is advisable to carry your handheld pregnancy record (VMR).

When travelling internationally it is advisable that all travel should be completed by the end of your 36th week of pregnancy. If travelling after the 32nd week of pregnancy it is recommended that you carry a letter from your doctor stating your due date and confirming that your pregnancy is progressing normally. You should inform your doctor prior to any immunisation to ensure it is safe to have during pregnancy.

Work

In a healthy pregnancy there is no reason why you should not continue working throughout your pregnancy.

It is important to keep your employer informed, ideally in writing, of when you intend to stop work and when you plan to resume work following the birth of your baby. It is recommended that all women be aware of their entitlements concerning maternity leave and pay. Under the Victorian Equal Opportunity Act 1995 it is against the law to discriminate on the basis of pregnancy.

During pregnancy, you should take appropriate precautions if undertaking activities that may expose you to physical danger or harmful environmental factors. If you are worried, talk to your doctor and employer about the risks.

Modifications to your work, if it involves lots of heavy lifting, carrying or bending, may be required particularly as your pregnancy advances.

There are a few minor adjustments that you can make to your working lifestyle that may help:

- Keep a supply of healthy snacks available.
- Be sure to take your meal breaks at work, as this is a good opportunity to eat healthy meals and have a short break, walk or nap.
- Make yourself comfortable. Put your feet up when you can, the use of a foot stool may provide relief to your tired legs. Sit rather than stand if you are able. Have regular walks and stretches if you are sitting all day.
- If work is stressful, practice a few simple relaxation neck, shoulder and foot exercises as often as possible to relieve tension. You may like to try yoga or meditation classes to help relieve your stress.
- In general, try to take it a little easier than usual.
- Keep a work diary and record everything you need to do. Make lists, use 'post it' notes and ask your work colleagues to remind you of things

There are many factors to consider when deciding the right time to stop working and it is important to keep in mind that your body is under a great deal of strain.

The decision on when to stop working is a very individual one however, it is considered ideal to commence your maternity leave between 32 to 34 weeks.

SEX DURING PREGNANCY

Sexual intercourse during pregnancy is generally considered safe unless there are medical reasons for abstaining i.e. bleeding in early pregnancy, or "your waters breaking"

Your baby is safe within your uterus and cannot be harmed by normal sexual activity. You may need to change your positions to find ones that are enjoyable and comfortable and in particular to find positions that take the weight off the stomach and breasts.

DRUGS DURING PREGNANCY

Alcohol

There are no known **safe** levels of alcohol intake during pregnancy so it is best avoided.

Cigarettes

There are many chemicals used in tobacco and this can be associated with premature birth and undernourished babies. Pre-pregnancy is often a good time to quit smoking. If you would like further information to assist you to quit please ask your midwife or GP.

Illicit Drugs

If you are a regular user of illicit substances there are things you can do to improve your chances of a healthy pregnancy.

Please talk to your GP or midwife for assistance.

Medications

If you are unsure whether a medication, natural medicine or therapy is safe during pregnancy, consult your health practitioner.

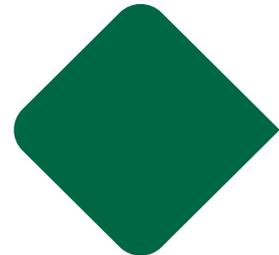
You can also call the Medicines Information Centre at The Women's Hospital in Melbourne on **03 8345 3190**.

Chemicals in the Home

Many household chemicals should also be used cautiously as they may give off toxic vapours. Potentially harmful materials such as cleaning fluid, volatile paint, lacquers, thinners and oven cleaners should also be avoided.

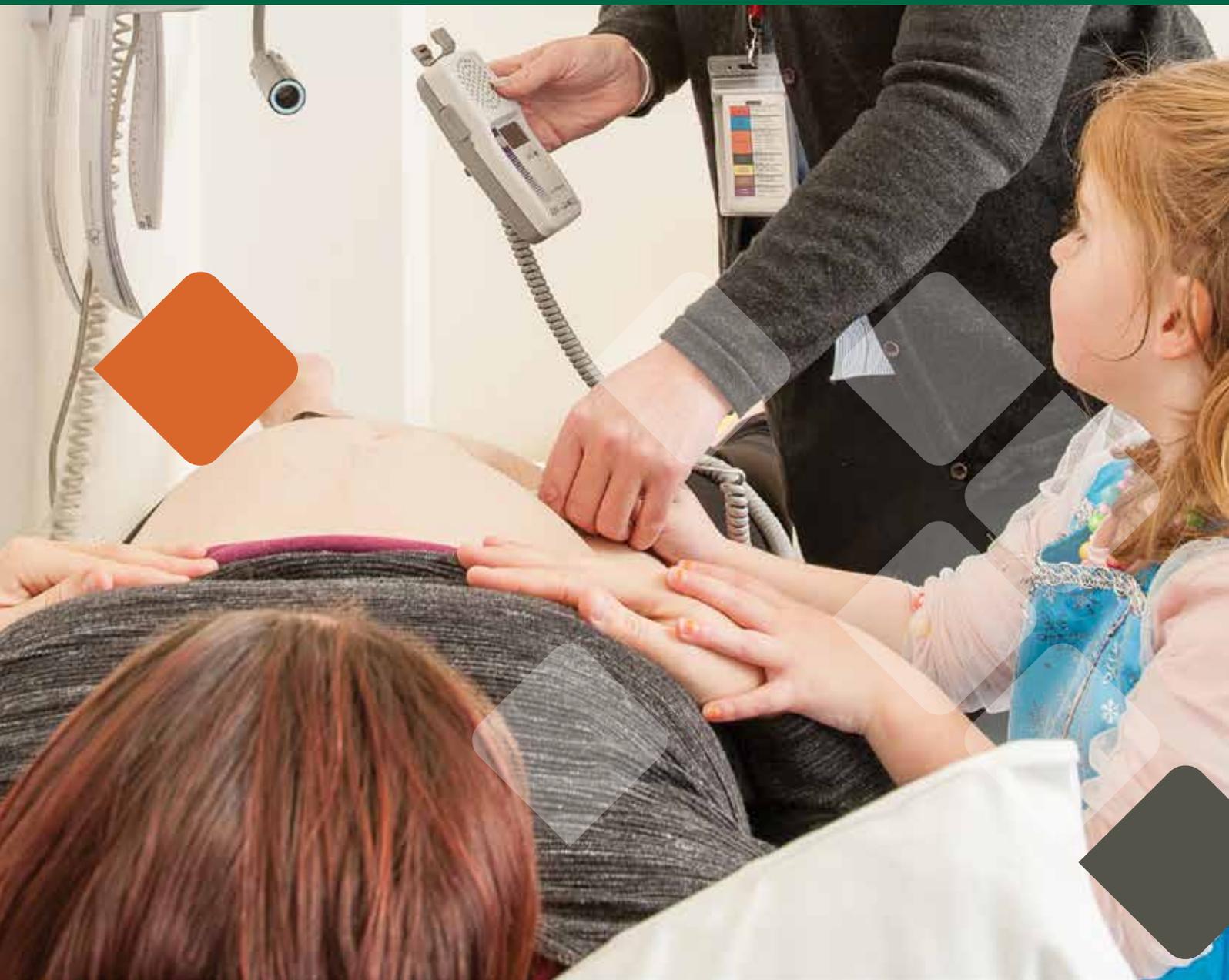
Family Violence

If you or your family is suffering from any form of family violence (physical, mental) help is available. If you are able to disclose this information to the midwife or GP please be encouraged to do so. This can be in person, by phone, email, letter or any way you feel safe and able to do so. Alternatively there are also a number of organisations especially directed to helping with family violence (see references at the end of this booklet) that you may feel more comfortable with.





MID PREGNANCY





BABY MOVEMENTS

- Baby movements are usually felt between 18-20 weeks of pregnancy
- Baby movements are reassuring
- Get to know how and when your baby moves, you are the best at knowing how much your baby moves.
- It is not normal for baby's movements to reduce before birth
- If your babies pattern of movements changes or you are concerned contact the maternity ward immediately. Please do not wait until the next day.

There are many options to consider when planning for your labour and birth. Attending childbirth education classes, reading books, watching video clips and talking to friends can help to prepare you for the birth of your baby.

CHILDBIRTH EDUCATION CLASSES

Childbirth classes cover a range of topics including labour, pain relief options and the role of your support people, through to breastfeeding and parenting strategies. The best time to attend these classes is from 32 weeks.

Classes are held:

- Wednesday evenings 6.30 - 8.30pm (3 consecutive Wednesdays of the month)
- A weekend workshop is held every 4th Saturday of the month. (9am-2pm and includes lunch)
- Cost \$30 per couple

BREASTFEEDING CLASS

The breastfeeding class is held on a Wednesday between 1-3pm once a month and everyone is welcome. Cost: free

Breastfeeding class is a good opportunity for mothers to be, to meet, discuss and gain accurate, contemporary information on how to best be prepared for breastfeeding their new babies. It is ideal to attend this class in the latter part of pregnancy.

These classes can be booked by your midwife or by phoning the CBD Clinic on **5150 3300**

BIRTH PLANNING

A birth plan is a “wish list” of what you would like during your labour and birth. Please remember that your birth plan is designed for ideal circumstances. Every birth is different and birth does not always follow a predictable path.

Your midwife and GP will read through your birth plan and discuss this with you so that they are aware of your wishes. Your care team should keep you informed of what is happening during your labour so that if your birth plan needs to be modified you understand the reasons behind it. If you or your support person feel unsure or do not understand what is happening, please do not hesitate to ask further questions.

PLANNING WATER IMMERSION FOR PAIN RELIEF FOR LABOUR AND /OR BIRTH

The use of a warm water pool during the first stage of labour has been used throughout the world for many years. Sitting in a warm water pool/bath creates an environment that the woman controls and promotes deep relaxation.

The warm water may help to relieve or reduce pain, increase blood flow to the placenta and baby and, can dissipate bacteria, reducing the risk of infection. Warm water can also aid the release of essential hormones while supporting the woman to improve comfort and allow greater mobility.

Women who wish to use the pool must be considered low risk as per Bairnsdale Regional Health’s Safe Maternity Care Framework. There are many inclusion and exclusion criteria for water immersion (labouring in the pool for comfort) and waterbirth (actually having the baby in the waterpool). Forward planning and open discussion with your team is essential if you are thinking of this option for labour and birth.

WHAT TO BRING TO HOSPITAL

Remember to bring your VMR Record

Below is a guide to what you may need in hospital:

Mother

- 3 packets sanitary napkins
- Pyjamas (dark pyjamas are best as they conceal any leaks)
- Comfortable clothes for daytime
- Changes of underwear
- Maternity bras and breast pads
- Toiletries e.g. toothbrush, toothpaste, soap, shampoo, etc.
- Personal items e.g. phone, camera, reading material, phone chargers etc.

Baby

You may wish to use your own baby clothes; however you are also welcome to use ours. Do remember to bring clothes for your baby to go home in. It is generally advised to wash all new baby clothes prior to use.

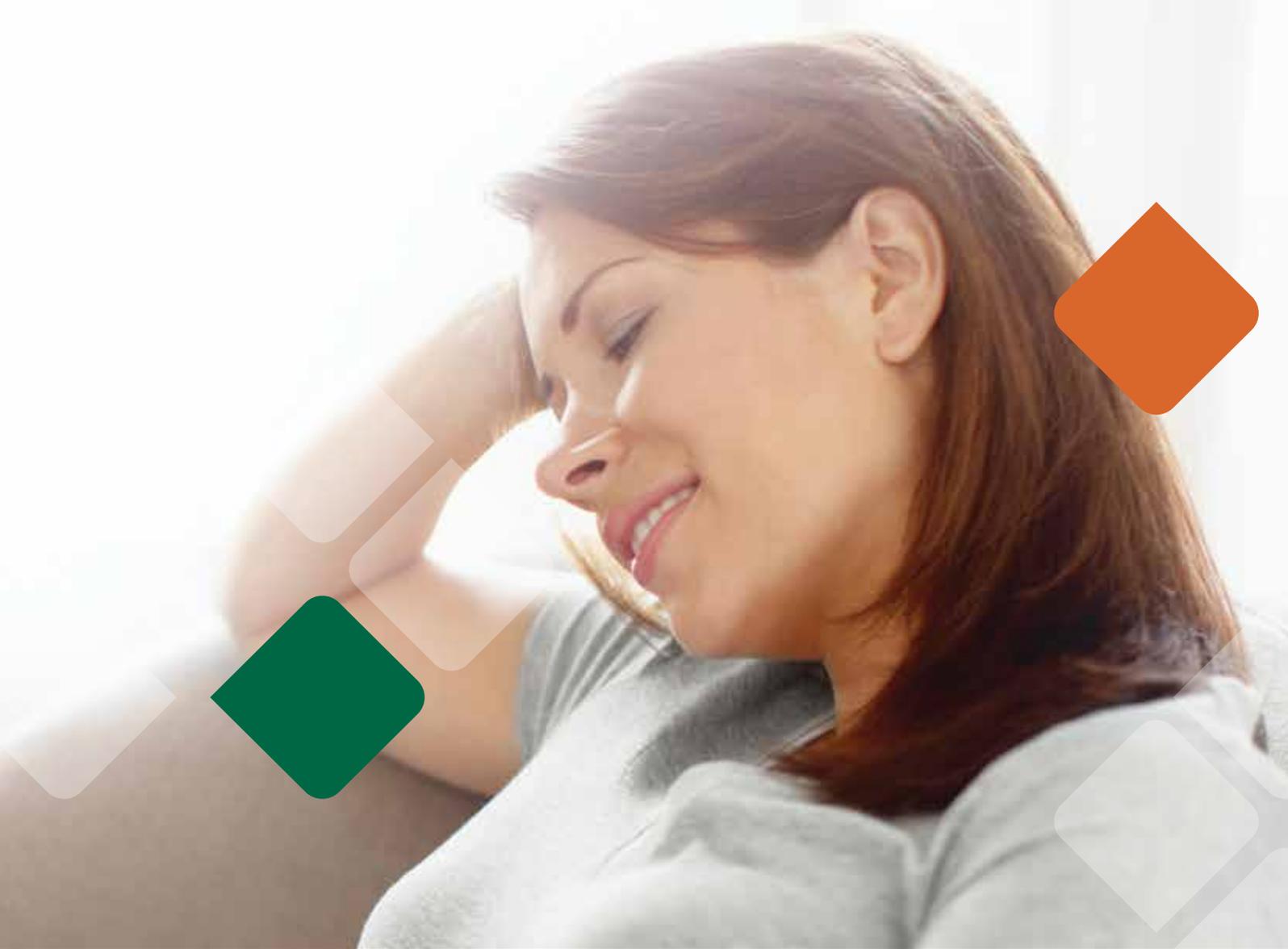
We provide cloth nappies in hospital to monitor the urine output from your baby during the first 48 hours of life. You are welcome to use your own supply of nappies after this time.

Support People

It has been well researched and documented that constant support for a woman in labour has a positive impact on her emotional wellbeing and the outcomes of her labour. The need for medical pain relief is often reduced, the woman is more inclined to give birth normally and importantly, she is likely to feel more positive about the birth experience itself.

Discuss your preferences with your partner or caregiver prior to labour commencing. You should choose a person who will be both supportive and helpful to you.

If you have made a birth plan, make sure that your support people have read it and that they understand your choices, including alternatives that you may wish to try.



LATE PREGNANCY



COMMON DISCOMFORTS OF LATE PREGNANCY/BIRTH

Sleeping difficulties

Insomnia is the inability to sleep at night despite increased tiredness during the day. It can happen anytime from conception onwards.

Reasons include going to the toilet frequently, difficulty in getting comfortable - particularly in the third trimester and heartburn.

- Take a warm bath and a hot milky drink prior to bedtime.
- Enjoy a relaxing massage in the evening or just prior to bed.
- Exercise such as walking, in the afternoon or early evening.
- Try to make yourself comfortable in bed by lying on your side with a pillow under your tummy and another between your legs.
- Try to clear your mind of worries. A relaxing activity in bed such as reading a novel, listening to soothing music, or watching television may be beneficial.
- Avoid stimulants such as tea and coffee.
- Have a rest during the day if you are tired.

Try not to worry too much about your lack of sleep. Lack of sleep will not hurt your baby. If you are unable to sleep get up and watch TV or read.

Cramp

Muscle cramps in the foot, leg or thigh are very common during pregnancy, especially at night. Stretching and gentle massage to the specific area may be of benefit. The cause of cramps is unclear.

Heartburn

Early in the pregnancy hormonal changes and later in the pregnancy the growing baby pressing on your stomach can cause heartburn. Heartburn is a burning feeling in your chest accompanied by a bitter taste of fluid in your mouth. It will help to:

- Sleep propped up on several pillows.
- Eat small meals more frequently and slowly.
- Avoid spicy, highly seasoned, fatty or fried foods.
- Avoid excessive weight gain - it will put more pressure on your stomach.
- Drink a glass of milk sometime before you eat
- Avoid drinking with meals
- A mild antacid may be of benefit (TUMS, Mylanta, Gaviscon).

Swelling of the hands and feet

80% of women will experience swelling of the fingers, ankles and feet in pregnancy. Swelling is most evident during times of hot weather or following prolonged standing or sitting. It also occurs more commonly later in the day and usually goes down at night while you sleep.

To relieve swelling:

- Put your feet up whenever you are able.
- Avoid standing for long periods.
- Wear comfortable low shoes.
- Avoid socks or stockings with elasticised tops.
- Remove your rings if you notice that they feel tight or firm.

If the swelling is more than slight and not relieved by rest or you notice swelling in other parts of your body, you should contact your midwife or GP as this may be a sign of high blood pressure or pre-eclampsia.

Vein changes

Varicose veins occur most commonly in the legs, but they may also occur in the anus or the vulva.

Trying the following may assist:

- Avoid standing for long periods.
- Rest with your feet up where possible.
- Wear support stockings. These are best put on before you get up in the morning.

If this is causing discomfort, contact your pregnancy care provider.

Haemorrhoids (piles)

Haemorrhoids are swollen veins around the rectum and anus (back passage) that may itch, ache or feel sore. Piles may bleed a little and make going to the toilet uncomfortable. They can be triggered by constipation and or pressure from the baby's head. Usually they do not occur until the second or third trimester, or may only appear during the birth itself.

Trying the following may assist:

- Avoid straining when sitting on the toilet.
- Avoid long hours of standing or sitting.
- Include plenty of fibre in your diet e.g. Fruit, vegetables, wholemeal bread/cereals
- Keep the area very clean.
- Witch-hazel compresses (available from the chemist) or ice packs may assist in easing the pain.

Consult your pregnancy care provider if pain still persists and a cream may be prescribed.

HOW DO I KNOW I AM IN LABOUR?

Every woman's labour and the time leading up to labour will be different. Some women will have no warning signs, while others may have contractions on and off during the weeks leading up to labour. If you are at all worried about the signs of labour, or wonder if you are in fact in labour, please feel free to ring your midwife or the ward at any time day or night. They are always happy to answer any questions you may have, or to see you at the hospital to assess if your labour has begun.

'Show'

You may be asked whether or not you have had a 'show'. A show is a mucous vaginal secretion that often has a small amount of blood in it. This can be a sign that your cervix is beginning to soften and may be opening a little in preparation for labour. A show does not always mean that labour is about to start, it may be still some days away. Not all women experience this.

WHAT IF I AM OVERDUE?

Only about 5% of all babies will actually arrive on the due date. Remember that the due date is only an estimated date based on the average length of a pregnancy.

One of the main difficulties in deciding if a baby is overdue is that it may be difficult to know the exact date of conception. Even for women who have regular periods, the date of ovulation is only an approximation therefore the due date is also an approximation.

- Your midwife and doctor will continue to monitor your baby's well-being at the weekly antenatal checks.
- Your midwife and doctor will inquire about your baby's movement (a healthy baby will continue to move). If your baby's movements change or stop then it is important for you to contact your midwife or doctor immediately for advice.
- It is important that your baby continues to be in good health throughout this period. Following the 41st week the doctor may wish to commence occasional electronic monitoring of your baby's heart rate known as a cardiotocograph (CTG). This provides a continuous recording of your baby's heart rate.

Contractions

Labour may start with contractions that feel like period-pains. They are often mild and short in duration to begin with, but lengthen and become more regular and painful as time goes on. Sometimes you get backache that is equally uncomfortable.

Membranes rupture

The first sign of your labour may be that your waters break (this happens in about 8% of pregnancies). Sometimes this happens as a sudden gush and at other times small amounts of fluid leak constantly. If you think your waters have broken, put a pad on and phone your midwife or the ward midwives.

- An ultrasound may be deemed to be useful, as the blood flow through the placenta can be seen and the amount of fluid around your baby can be checked. If conditions within the uterus are optimal the pregnancy is able to continue.
- Most doctors will want to bring your pregnancy to an end between the 41st and 42nd week. This is 1-2 weeks past the due date and the time when induction of labour is considered.

Induction of Labour

Induction of labour only occurs when there are circumstances that indicate that you and/or your baby would benefit from birth occurring. Your doctor will discuss at length the risks and benefits of induction related to your pregnancy. There are several ways that labour can be induced and the most appropriate choice for you will result from discussion with your doctor and the circumstances related to your pregnancy.

You are advised to ring the ward early (7am) on the morning of your induction to check that it is going to proceed. Occasionally, circumstances may result in an induction being delayed.

Prostin gel

This is a gel containing the prostaglandin hormone. It is used when your cervix is not yet ready to open. The gel is inserted into the vagina around the cervix to try to soften it ready for labour. Your baby will need to be monitored on the CTG machine both before and after the gel is inserted.

Cervical Ripening balloon catheter

Prostin gel may not suit all women and there will be circumstances in which your Doctor may recommend using a cervical ripening balloon catheter. This catheter is inserted into the cervix and the balloon inflated with saline, thus applying pressure to the cervix. The pressure should soften and open your cervix, thereby preparing your body for labour.

Artificial Rupture of Membranes (ARM)/Breaking of the Waters

A vaginal examination is performed and the bag of fluid surrounding the baby is broken releasing the water. Sometimes a lot of fluid comes out and sometimes very little is seen. After this procedure, some women will go into labour by themselves; others will need to have an oxytocin drip to stimulate contractions.

Oxytocin Drip

After your waters have been broken, an intravenous therapy may be commenced (needle placed in the back of your hand connected to a bag of fluid) to help get contractions started. Oxytocin is the name of the hormone added to the bag of fluid which stimulates your uterus to contract. Your midwife will adjust the fluid rate so that your contractions are regular and strong. Again your baby will need to be monitored continuously by the CTG machine.

COMFORT MEASURES

The purpose of each labour is the same; the birth of a baby, but each labour is unique and has its own individual pattern. Some of us will labour and find the contractions quite manageable. Others will have a different experience where their labour is more difficult and they may feel overwhelmed by the experience.

Each labour is an individual experience for each woman. Some women are surprised by the intensity of their contractions from the very beginning of labour. Others find the early stages nothing more than period-like cramping, with the intensity, length and frequency of contractions building throughout the first stage of labour.

Uterine contractions can often be felt over a large area of the body - most commonly in the lower abdomen, the small of the back and upper thighs. The way in which a woman responds is personal. Some women feel strongly that they will try and work with the contractions using their own resources to birth the baby. Others feel that the overwhelming and relentless nature of contracting does not allow them the time to think about anything else.

How labour will unfold for you is unknown. It may be nothing like the labours your friends have had, or labours that you have read about. Besides observing and recording the process of your labour, your midwife is there to guide, support and suggests methods to allow you to cope. These include the use of the shower, labour pool, massage, position changes, rocking, hot packs and relaxation. Many women receive a great deal of relief from these simple measures.

Helpful Reminders for Support People

- Provide positive praise and encouragement throughout the labour.
- It may be your role to handle any phone calls that are received, you may decide that is it best to stop phone calls altogether.
- Try to anticipate her needs; don't ask her too many questions. Talk slowly and softly during a contraction, if at all.
- Try to make her comfortable in whatever position she chooses and offer her fluids between contractions.
- Suggest things like the shower, a change of position and walking for comfort.

- Some women love to be touched during labour; others dislike it, so stroke or massage her if she finds that it helps.
- Hot/cold compresses to the lower abdomen or back may bring comfort to her.
- The sight and smell of food can be sickening to a woman. You, however, may need to eat, so take a break and have a meal.
- Many women will follow their own breathing rhythm during labour but if they lose control, help to guide them through.

The role of the support person is endless. If there are 2 or more of you then there will be time for a break but it is important that everyone works as a team.

It may be helpful if you bring snacks, drinks, change of clothes, bathers, iPod, massage oil camera and phone.

PAIN RELIEF

When simple comfort measures are not enough, there are medications which can be used to help with the intensity of your labour.

Entonox/Nitrous Oxide

Nitrous oxide is gas inhaled through a special mouth piece and tubing. It mixes with the air in the lungs and then passes into the bloodstream. It needs to be used from the very start of each contraction.

In labour, the concentration of nitrous oxide reaching the brain rises rapidly; this is beneficial as it takes effect quickly. Once you stop breathing the gas, it is eliminated from your body equally as quickly.

An advantage of nitrous oxide is that you are in control of it and able to use it when you want. It has no known side effects for you or your baby; it will not interfere with contractions nor have any effect on the duration of labour.

Sterile Water Injections

About 30% of women experience severe backache in labour which they find distressing because it never seems to go away and is difficult to relieve. This type of pain is often related to the baby's position inside your uterus putting pressure on your back resulting in prolonged discomfort. Sterile water injections are worth considering as they can work very effectively in this situation.

This is a procedure where a small amount of sterile water is injected just under the skin to produce a bubble that looks like a mosquito bite. Usually 4 sites are injected over the lower back.

The injections scramble the pain messages that are sent to your brain and temporarily relieve the backpain. This allows you to deal more effectively with your contraction and gives you a sense of relaxation.

Sterile water injections sting for about 20-30 seconds. It is not a drug so it has no effect on you or your baby. They can be repeated and do not interfere with other procedures such as if you later decided you wanted an epidural. The effects may last 1-2 hours and often help you to cope again with that last little bit of labour before you can start to push. Well worth considering.

Morphine injections

Morphine is a form of analgesia (pain relief) which is given as injections. The effect of this form of pain relief varies from person to person and it will not take the pain completely away, rather it will affect your perception of the pain.

- The effectiveness of a narcotic is very variable during a labour. You may find it satisfactory, or alternatively you may not find it helpful at all.
- When used in established labour you may find it helps you to relax.
- It may make you feel drowsy and you may doze between contractions, or you may feel that you lack control, feel confused or disorientated and this may be something that you do not like.
- You may feel nauseated, or even vomit, following the use of this form of pain relief. This can usually be treated.
- Morphine will cross the placenta and enter your baby's bloodstream.
- Babies whose mothers have had morphine prior to their birth may be drowsy after birth.

Epidural

Epidural analgesia is a complex pain relief option available at BRHS. A doctor with specialised skills performs this procedure and explains the associated risks and benefits to you before proceeding.

There is a lot of organisation and preparation that goes on prior to insertion of an epidural and occasionally you might be too close to birth to have your request granted.

A drip will be put into your hand or arm before a small plastic tube is inserted between the bones

of your spine. Local anaesthetic is given down the tube blocking pain in the nerves of the spine. This provides pain relief until the baby is born.

Once an epidural is inserted you and your baby need to be more closely monitored. You may need to stay in bed because your legs feel heavy and numb. The feeling or urge to urinate may also be affected and a urinary catheter may be needed to empty your bladder. However with assistance many women can still mobilise and be active with their birth.





WHAT HAPPENS AFTER BIRTH?



The moments following the birth of your baby will be a very special time for you, your partner and your baby. Enjoy this time and welcome this new little person into your family.

Your baby is placed onto your chest after birth so you are able to see and touch your baby. This is your moment to explore your baby, to discover the sex and to begin 'bonding'.

The transition to the outside world brings with it significant change for your baby. Immediately at birth a baby can sometimes look bluish or purple - this is normal. A new baby's lungs then fill with air, circulation will change and your baby will become pink as he/she begins to breathe on their own.

Remember that the staff are used to looking at new babies and are watching to see that these changes occur.

THIRD STAGE OF LABOUR - THE PLACENTA

The birth of your baby signals the end of the second stage of labour. Many women feel so much emotion at this time that they forget that the placenta then has to be delivered. There are two common ways that the third stage of labour occurs. These are active and physiological management of third stage.

CUTTING THE CORD

Once your baby has been born, your uterus will rest. The cord will continue to pulsate for up to a few minutes after the birth. In most situations the clamping and cutting of the umbilical cord is not something that needs to be rushed. Your partner, support person or even you may wish to cut the cord.

Active management of the third stage

Your midwife or GP will actively manage the third stage by giving you an injection of a drug (oxytocin) immediately after the birth, in order to minimise any bleeding during this period.

Oxytocin causes a prolonged contraction of the uterus and the placenta normally separates quickly. The delivery of the placenta is encouraged by the midwife or doctor gently pulling on the cord.

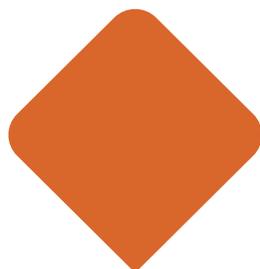
Physiological Management*

*** This option must be fully discussed and planned prior to birth with your GP**

The uterus will start to contract again and the placenta will separate from the wall of the uterus. The placenta descends into your vagina and when it presses on your pelvic floor you will have a desire to push down and the placenta will be delivered. Normally this stage of labour will last about 10-20 minutes. If the risk of bleeding is significant or you are actively bleeding, it may be recommended you have active management of third stage

Stitches?

The midwife or doctor will check your vagina and perineal skin to see if you require any stitches. They may suggest not suturing a small tear that is not bleeding. Larger and/or bleeding tears will need stitches. A local anaesthetic will be used prior to any suturing.



IMMEDIATE CARE OF THE BABY

As long as your baby is well, he/she will stay with you at all times. Your baby is put directly onto your chest and covered with warm wraps straight after birth, so you can see and touch them. A newborn baby will often be more alert in the 1-2 hours following birth. If all is well, you and your baby will be left undisturbed, in skin to skin contact, for at least an hour. This allows early breastfeeding cues (sucking and mouthing around) to be initiated and helps you recognize when your baby is ready to breastfeed. Importantly, skin to skin contact also helps to maintain your baby's body temperature.

The baby's head is often a little misshapen (molded) after the birth - this will settle over the first few days. Some babies have fine hair growing on their ears or other parts of their body (lanugo). This will fall out in the first few weeks. If your baby is overdue their skin may be very dry or even peeling.

If you are breastfeeding, your midwife will check that the baby is attached properly. The midwife may remain with you to give assistance. Even experienced mothers may require some help immediately following the birth of a baby. If your baby is not interested in the breast at this stage, don't worry, just snuggle and enjoy this special time.

After your baby has an opportunity to feed, he/she will have their temperature taken, respiratory rate and effort observed and heart rate listened to. This will occur several times during the first few hours of life.

At some stage during the first hours of life your midwife or doctor will do a physical examination of your baby. Your baby will be weighed and measured in length and will also receive a Vitamin K injection and Hepatitis B immunisation with your consent.

VITAMIN K / KONAKION

Vitamin K is needed for normal blood clotting in our bodies. It is used to prevent and control excessive bleeding. If the Vitamin K level in our body is low, the person is said to have a 'Vitamin K Deficiency', making them more likely to bleed.

All newborn babies have a naturally lower level of vitamin K at birth. In rare cases this may cause an unsafe deficiency. As a way of preventing this, all parents in Australia are encouraged to give their newborn baby some

form of supplement of Vitamin K soon after the birth. Vitamin K supplements are aimed at preventing a further drop in the baby's vitamin K levels.

Vitamin K supplements are administered either by one injection within hours of the baby's birth or as three oral doses (by mouth) in the first month of the baby's life.

If you would like more information, please speak to your midwife or GP.

HEPATITIS B IMMUNISATION

Hepatitis B is the first of routine childhood immunisations.

Why not wait until later?

While it may not seem important when your baby is small, Hepatitis B is a disease that can be contracted throughout life.

The childhood immunisation schedule aims to protect children from hepatitis B throughout infancy and early childhood when the risk of being affected by Hepatitis B is highest.

Do I have to have my baby immunised?

It is strongly recommended by expert medical bodies such as the National Health and Medical Research Council.

Protecting your baby from a serious preventable disease is an important decision.

NEWBORN SCREENING TEST (NST)

The Newborn Screening Test is a blood test collected from the baby's heel when the baby is over 48 hours old. The test screens for disorders of metabolism such as cystic fibrosis, hypothyroidism, phenylketonuria (PKU) and galactosaemia. This test is sent to Melbourne for processing and you are only contacted if your baby needs further follow up.

HEARING TESTS

The Victorian infant hearing screening programme (VHSP) screens the hearing of newborn babies in the first weeks of life. Early detection and intervention improves outcomes for babies with hearing loss.

Baby hearing tests are conducted on the maternity ward every Monday and Thursday .If you have already gone home with your baby, an appointment for the following week will be made for you to return to with ward with your baby to have the test done.

Oxygen Saturation Level:

Oxygen saturation levels are performed to improve the detection of congenital cardiac abnormalities. Ideally it should be performed when the baby is 24- 48 hours of age. It is obtained by using a painless sensor attached to the baby's foot or wrist.

FEEDING YOUR BABY

Breastfeeding

BRHS is an accredited Baby Friendly Hospital. This is a healthcare standard endorsed by the World Health Organization that promotes, protects and supports breast feeding.

We aim to provide you with all the support, reassurance, education and assistance to enable you to succeed in your desire to breastfeed.

It is recognised that breastmilk is best for your baby.

Breast milk helps your baby's digestion get started. It provides baby with antibodies to help fight infections and it provides them with just the right amount of nutrients needed to grow.

You and your baby will stay together 24 hours a day (unless either of you are not well). This encourages demand feeding and allows you time to learn to care for your baby and start to recognise your baby's cues.

When a mother is unable to directly breastfeed, she may still choose to give her baby expressed breast milk. Midwives will support you and give you advice that is tailored to your circumstances. Your midwife will provide you with information on expressing and storage of breastmilk. If required there are electric breast

pumps available from the ward and Maternal and Child Health Nurses.

***A detailed breastfeeding information pack will be given to you at your "booking in" appointment and also the opportunity to plan to attend a breastfeeding class.**

Formula Feeding

Some mothers choose to bottle feed their baby with milk formula. If you choose to formula feed, the midwives will provide guidance and information regarding formula preparation, bottle sterilising and volume requirements and so on. Women electing to bottle feed their baby with milk formula from the first feed are encouraged to bring their choice of formula with them into hospital.

IMMEDIATE CARE OF THE MOTHER

After the birth you may feel exhausted and tired, wide-awake and “high”, or be quite shaky. All of these are quite normal reactions following childbirth.

It is important that you and your baby have skin-to-skin contact immediately after birth, for at least an hour. The midwife will be there to help you to recognise when your baby is ready to breastfeed and offer support. If you have chosen to milk formula feed your baby, it is still important to have undisturbed skin-to-skin time for as long as possible.

Following the birth the midwives will frequently check your blood pressure, heart rate, that the uterus is firm and contracting and the amount of blood loss occurring. The midwives will ask if you have passed urine as this helps the uterus to remain contracted.

Once your baby has fed, you may choose to have a shower and something to eat. If your baby does not appear interested in feeding, then just cuddle him/her close to you.

HEALING AND BODY CARE

After-pains

These are strong menstrual-like cramps that occur as your uterus contracts back into shape. After-pains can last from a few days up to a week and tend to occur when you breastfeed or cuddle your baby. They appear more commonly with your second or subsequent baby. Ask the midwives for some pain relief or a hot pack prior to feeding.

Bleeding

Bleeding post birth is like a heavy period the first few days. It can be quite normal to pass a small clot or two on the first day or have a small gush of blood, especially after you have been lying down in bed for a few hours, or when you are breastfeeding. The bleeding will change from being bright to a watery pink or brownish colour after a few days and finish as a yellow-white discharge after a week or so.

It is not unusual for some bleeding to continue for up to 6 weeks. However, it is important to tell the midwife or doctor if you are at all concerned about your blood loss and are changing your pads frequently. The midwives will want to know if the bleeding suddenly gets heavy again, if you are passing clots, experiencing persistent cramps or if the loss begins to have an unpleasant odour.

Perineal Care

Even if you have no stitches the perineum may be tender and bruised for at least a few days. Make sure you ask for pain relief if you require it.

After the birth ice packs may reduce the initial swelling and pain. Disposable ice packs with witchhazel lotion are available and are an excellent way to reduce pain and inflammation.

It is important to keep the area clean, so you are encouraged to shower at least daily. Your pads should be changed regularly.

Your perineum may feel more comfortable if it is well supported. Firm fitting knickers with bulky pads may provide the support that the perineum requires.

A high fibre diet and water will help to avoid constipation. Your midwife will check to see if you need any medicinal support to help in this area.

Sleep

No matter what time it is, no matter how long your labour has been and even if you are exhausted, it is common for a mother to be wide awake for a lengthy period following birth.

After the initial feed your baby will often sleep for a prolonged time. This can be nature’s way of allowing you the time to rest.

If you are unable to sleep, at least rest and cuddle up with your baby beside you. A warm drink and a light snack may help you.

GOING HOME FROM HOSPITAL

Usually, you will know when you are ready to go home. Everyone is different and your GP and the midwife caring for you will help advise you. Talk to your partner or support people also. If you are breastfeeding, it is important that you have an idea of the basics, such as being able to get your baby onto the breast and knowing how to hand express and store your milk.

If you have chosen to milk formula feed your baby, then you will need to know how to sterilise your feeding equipment and prepare your baby's milk formula.

Going home with your new baby is an exciting time and can also be daunting don't feel that you have to know everything before going home. Many new parents feel worried but there is support available to you.

Safe Sleeping

Sleep baby in a safe cot in parents' room for the first 6-12 months of life. For information on safe sleeping visit www.sidsandkids.org, www.rednose.com.au and for product safety alerts, recalls and laws www.productsafety.gov.au are great resources.

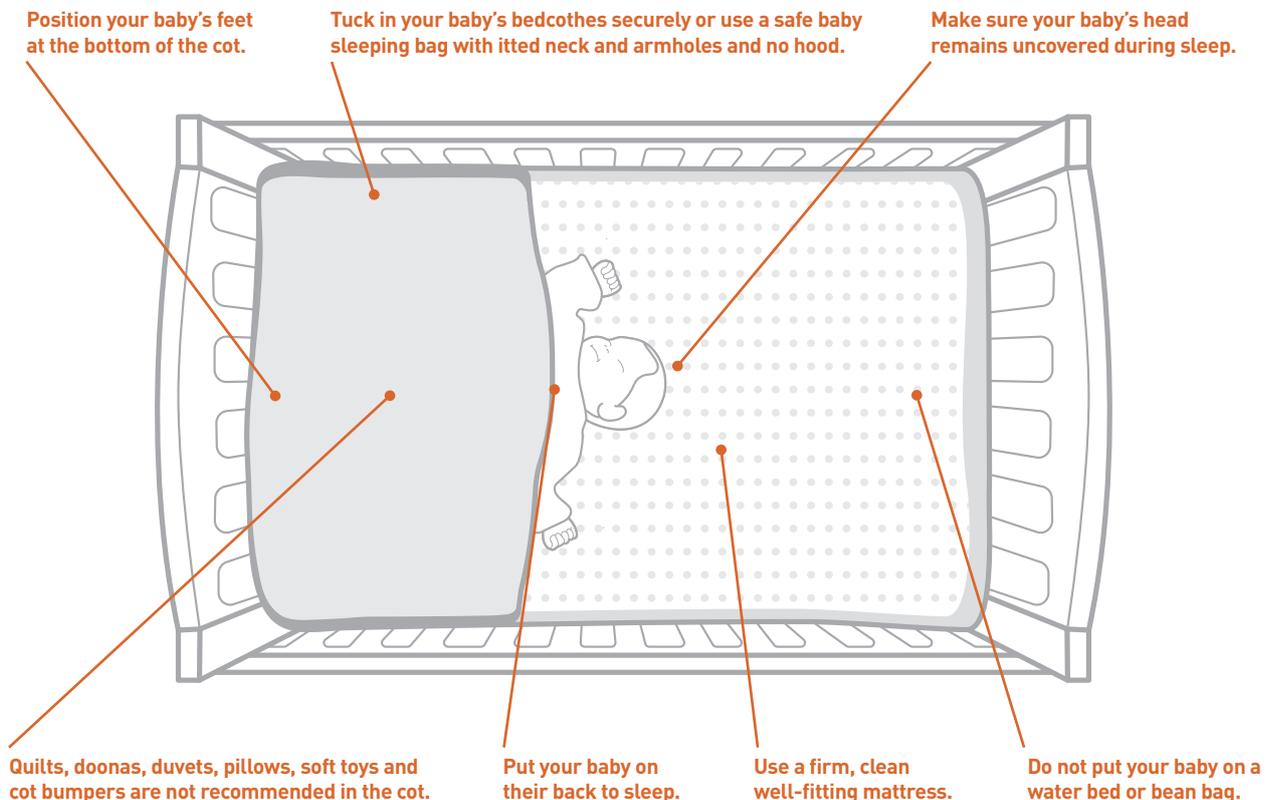
Ask your Midwife or Maternal Child Health Nurse if you need any further advice.

Keeping baby safe

There is a lot of information on child restraints. Take time to read these guidelines and ensure your restraint is safe, installed correctly and that you know how to use the straps before you take your baby home is a good place to start.

For additional information visit:

- www.kidssafevictoria
- www.childcarseat.com.au
- www.productsafety.gov.au



✔ **Breastfeed Baby** ✔ **Smoke Free** ✔ **Safe Sleeping Environment Night & Day**

DOMICILIARY CARE

This is a free home visiting service available to all families with new babies provided by the team midwives. All women are offered at least one visit, but sometimes more visits are required, for example if you go home early from hospital. Your midwife will discuss your individual domiciliary care needs with you as part of discharge planning.

MATERNAL AND CHILD HEALTH SERVICE

The arrival of a new baby in a family brings many challenges, demands, new experiences and changes to your lifestyle. The Maternal and Child Health Service is a free service to support your child's health and development from birth until school age. A Maternal and Child Health Nurse may visit you in hospital and will contact you to arrange a home visit within the first week of your discharge from hospital.

COUNSELLING SERVICES

1800 RESPECT - 24 Hours per day, 7 days per week

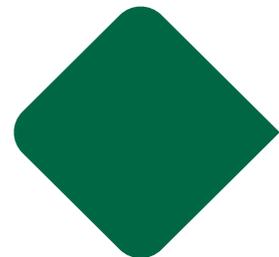
1800 RESPECT is a national family violence and sexual assault telephone counselling service for those seeking help for themselves, a friend or relative, a colleague or a client.

Safe steps Family Violence Response Centre

Provides telephone crisis counselling, refuge referral, emergency accommodation information and support for all women.

Ph. (03) 9322 3555
or **Toll free 1800 015 188**
24 hours 7 days a week

www.safesteps.org.au



USEFUL PREGNANCY WEBSITES

Australian breastfeeding Association - www.breastfeeding.asn.au

Information, counselling and support services on breastfeeding issues.

Royal Women's Hospital - www.thewomens.org.au

Trusted source of health information during pregnancy, birth and beyond.

Tresillian - www.tresillian.org.au

Baby advice and parenting tips

Panda - www.panda.org.au

Perinatal anxiety and depression Australia

SIDS and kids - www.sidsandkids.org

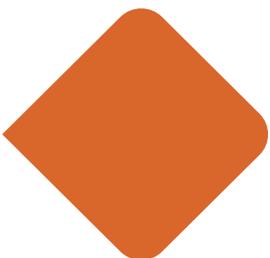
Red Nose - rednose.com.au

Raising children network - www.raisingchildrennetwork.net.au

Australian parenting website

Kidsafe Victoria - www.kidsafevic.com.au

The Child Accident Prevention Foundation of Australia. Information for families on Home safety, water safety, cars & road safety.





My team is
BRHS

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