PREGNANCY HANDBOOK

BENDIGO HEALTH

Excellent Care. Every Person. Every Time.

Antenatal Care

Bendigo Hospital campus / Marjorie Phillips Building
Mercy Street, Bendigo

This handbook has been designed to provide you with important health information and details about your pregnancy care at Bendigo Health.

A virtual hospital tour is available on the website
http://www.bendigohealth.org.au/

Please bring your hand held record (VMR) and this booklet to all appointments and encourage your care provider to fill out your VMR or provide printed visit notes.

Birthing Suites – 5454 8582 or 5454 8587
Midwife / Women's Clinics – 5454 7288 (business hours only)
Assessment Clinic – 5454 7291 (business hours only)
Women's Ward – 5454 8584 or 5454 8613

Published by Women's and Children's Services
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Contents

INTRODUCTION

Our aim:

- Is to work as one with women and their families, to enable them to experience the journey of pregnancy, childbirth and parenting in the best possible way.
- To place families first.
- To provide appropriate knowledge and explanations to enable informed decision-making.
- To provide quality client focused maternity and neonatal care.
- To support client needs by linking with relevant community support services.

Our team:

The maternity services team involves midwives, neonatal nurses, staff specialists, medical officers, obstetricians, paediatricians, anaesthetists, clerical staff, environmental staff, maternity support workers, lactation consultants and childbirth educators.

Options for care:

Choices for antenatal care through maternity services are:

- **Shared care** may be with your accredited GP or with other hospital midwives/obstetric doctors.
- **Mamta** Indian word for – 'A mother's love for her child'. A model which offers continuity of care by a small group of midwives with one midwife named as your primary carer throughout your pregnancy journey. This involves antenatal, birth, and Midwifery Home Care (MHC). Ask at your booking-in appointment or call 5454 7288 for an information brochure and application form.
- Women with a high-risk pregnancy will be provided with care through our **antenatal clinic** by consultant and hospital doctors.
- **Midwives clinic** - antenatal care for low risk pregnancies

WOMEN'S AND CHILDREN'S CENTRE (3RD FLOOR)

WOMEN'S CLINICS

Monday to Friday 9.00am-5.00pm

Antenatal clinics are based here, as is our assessment midwife and gynaecology clinics. A variety of other services are also accessed through women's clinics, such as the maternity social worker and childbirth education. All lactation support clinic appointments can be made on 5454 7288.

Please ask reception staff for information on accessing a rebate for those travelling over 100km to appointments.

BIRTHING SUITES

The birthing suites are comfortably furnished and are designed to provide a safe and pleasant atmosphere for your baby's birth. All rooms have ensuite facilities. Three rooms have baths available for pain relief in labour.

WOMEN'S WARD - Antenatal and postnatal care. Single rooms, all with ensuite facilities are available if you require hospital admission during your pregnancy or after your baby is born. Your partner is able to stay to support you and be involved in the care of your baby.

SPECIAL CARE NURSERY

Maternity Services includes a level four special care baby unit for babies requiring extra care and close monitoring following birth and for babies who are returning to Bendigo to continue their care until well enough for discharge.

Special Care Nursery is well equipped with the technology required for caring for sick babies and is staffed by midwives and neonatal nurses who are experienced in the care of premature and sick babies. A consultant paediatrician and medical officers oversee the care of all babies in the unit.

You are welcome to be with your baby as much as you want. We provide family centred care and encourage your involvement with your baby's care when you are visiting.

Remember that we are a 24 hour service so even 'middle of the night' calls are welcome.

For those who live out of Bendigo, there is limited accommodation available. You and your partner/support person are encouraged to room-in prior to taking your baby home. We provide a room with sleeping and ensuite facilities for this.

If you are anticipating having a baby that may come to Special Care, we welcome you to come and visit us for a tour before the birth of your baby. Please phone us for an appointment on 5454 7148.

ANTENATAL CARE SCHEDULE
- ROUTINE LOW RISK PREGNANCIES

AT EACH VISIT THE FOLLOWING WILL BE ATTENDED:
- Your history will be reviewed - Standard antenatal examination – blood pressure, fetal heart rate, symphysis-fundal height, abdominal palpation - Investigations discussed and/or offered as indicated - Education and information will be provided according to your needs - Ongoing care will be arranged
17 weeks: Booking In Visit with a Midwife
• Your health and maternity history will be obtained and the following will be checked: - current wellbeing – emotional/psychological, social and physical wellbeing - blood tests and ultrasound results including: - blood group and antibody screen, blood count, iron levels, thalassaemia screening, diabetes testing, vitamin D, infections in pregnancy, down syndrome screening - weight and height and BMI • Your midwife will: - discuss options of maternity care that are available to you - offer you a booking form for childbirth and parenting/breastfeeding classes if desired - provide you with your Pregnancy Booklet and other information as required - discuss lifestyle considerations and perform a psychosocial assessment - complete referrals as indicated • Within the week following your booking in appointment, an Obstetrician will review your paper file and: - confirm your due date - confirm your appropriate model of care - document the management plan
22-24 weeks: Midwife or GP Appointment
• Your doctor or midwife will: - Review your 19-21 week morphology ultrasound - Order FBE/antibodies/OGTT (diabetes screen) to be completed prior to your 28 week visit - *Note: blood tests should be done a few days prior to your next appointment to ensure results are available. If requiring anti-D, the antibody screen must be done within 72hrs before anti-D given* - Discuss healthy diet and regular exercise - Recommend first time parents book childbirth class, antenatal physiotherapy class and breast feeding class if not done so already - Provide you with education regarding decreased fetal movements after 26 weeks
28 weeks: Midwife or GP Appointment
- OGTT/FBE/antibodies results will be checked and followed up according to results - Results will be added to investigations page on BOS
28 weeks: Antenatal Assessment Clinic appointment if Rhesus negative
- Anti-D immunoglobulin administered
31 weeks: Midwife or GP
• Your midwife will begin to discuss labour, birth, third stage and early parenting

34 weeks: Midwife or GP

• Your midwife or GP will:
- Discuss a Group B Streptococcus (GBS) swab for you to attend at 36-37 weeks if you wish to be screened
- Give you the Newborn Screening Test handout
- Provide education tailored towards your individual needs. This may include:
- preparation for labour, birth and parenting and birth options/plans
- non-medical methods of pain relief at home
- regular contractions 5 minutely lasting 60 seconds over 30 minutes;
- variances from normal and/or when to call hospital – e.g. premature labour; broken waters
- Discuss normal baby movements provide you with the Movements Matter handout

Note: Please call any time of day or night if your movements are reduced, change in pattern or you are concerned

• There is a virtual tour of Birth Suite/ Women's Ward available to watch on the hospital webpage

34 Weeks: Antenatal Assessment Clinic appointment if Rhesus negative

• Anti-D immunoglobulin given. (Antibody screen not required to be taken prior to 34wk anti-D)

35+-36 weeks: Obstetric Consultant appointment at the hospital

• The obstetrician will:
- Review your birth options
- Discuss management options if your baby is a breech presentation
- Discuss the GBS swab and collect as required,
- Consider need for FBE, and order it if indicated
- Where indicated book caesarean section +/- anaesthetic review

38 weeks: Midwife or GP

- Discuss labour, when to come to hospital and other relevant information
- Discuss regular contractions (5 minutely lasting 60 seconds over 30 minutes) or SROM

40 weeks: Midwife visit (or Medical review at the hospital if shared care)

• The midwife or doctor will:
- offer a vaginal examination to assess the 'Bishop Score' and consider a 'stretch and sweep' to help bring on labour 'naturally'. A bloody show can be expected after this examination and it is normal
- book a CTG for 40+4 weeks in Antenatal Assessment Clinic
- book CTG and Ultrasound for assessment of amniotic fluid volume (to be completed prior to the 41 week appointment in assessments)

40+4 review in Antenatal Assessment Clinic

• The midwife will perform a CTG
• The doctor will provide education and counselling about induction of labour and will:
- Plan and book your IOL as close to 42 weeks as possible on IOL share point site online
- Review supports for discharge
- Provide 'Induction of labour' information sheet

41 weeks: Medical review by Reg in assessments after U/S and CTG

• The doctor will:
- Review CTG and ultrasound/AFI /Assess BP
- Perform a VE to assess 'Bishop score' and consider 'stretch and sweep'
- Confirm your understanding of IOL process/labour
- Confirm the time and date of your induction
- Arrange CTG second daily from 41 weeks
- Arrange ultrasound to measure AFI twice weekly from 41 weeks

ANTENATAL CARE SCHEDULE - HIGH CARE

AT EACH VISIT THE FOLLOWING WILL BE REVIEWED:

- Your history will be reviewed
- Standard antenatal examination – blood pressure, fetal heart rate, symphysis-fundal height, abdominal palpation
- Investigations discussed and/or offered as indicated
- Education and information will be provided according to your needs and **you are encouraged to frequently refer and read the Pregnancy Handbook**
- Ongoing care will be arranged
- **Please ensure your Doctor fills out information each visit in your own handheld record (VMR)**

17 weeks: Booking In Visit with a Midwife

• Your health and maternity history will be obtained and the following will be checked:
- current wellbeing – emotional/psychological, social and physical wellbeing
- blood tests and ultrasound results including:
  - blood group and antibody screen, blood count, iron levels, diabetes testing, vitamin D, infections in pregnancy, down syndrome screening
- weight and height and BMI

• Your midwife will:
- discuss options of maternity care that are available to you
- Offer you a booking form for childbirth and parenting/breastfeeding/physio classes. You will need to pay for this on ground floor of main hospital as early as possible to secure a place
- provide you with your Pregnancy Care Booklet and other information as required
- discuss lifestyle considerations and perform a psychosocial assessment
- complete referrals as indicated
- Ensure you have a 19-21 week Morphology Ultrasound ordered and booked

• Within a week following your booking in appointment, an Obstetrician will review your file and:
- confirm your due date
- confirm your appropriate model of care
- document the management plan and you will receive **a letter with date and time of next appointment in the mail**

21-22 weeks: Obstetric doctor review

• Your doctor will:
- Review your 19-21 week morphology ultrasound (gestational age, fetal number, placental position and fetal morphology)
- Perform examination:
  - Cardiovascular and respiratory systems, consider taking heart rate
  - Abdomen
  - Breasts
  - Thyroid
  - Speculum examination (if indicated): cervical screening OR if symptoms/risk of STI
- Discuss/offer added investigations if indicated eg haemaglobinopathy/thalassaemia screen
- Discuss healthy diet and exercise
- Recommend first time parents book childbirth class, antenatal physiotherapy class and breast feeding class if not done so already

26 weeks: Obstetric doctor review

• Re-weigh you and re-calculate your BMI. Discuss healthy diet and regular exercise. Offer dietitian referral if indicated

• Order FBE/antibodies/OGTT (diabetes screen) to be completed prior to your 28 week visit

Note: blood tests should be done a few days prior to your next appointment to ensure results are available. If requiring anti-D, the antibody screen must be done within 72hrs before anti-D given

• Provide you with education regarding decreased fetal movements after 26 weeks

28 weeks: Antenatal Assessment Clinic appointment if Rhesus negative

- Anti-D immunoglobulin administered

30 weeks: Obstetric doctor review

- OGTT/FBE/antibodies results will be checked and followed up according to results
- Results will be added to investigations page on BOS

32 weeks: Obstetric doctor review

- Discuss labour, birth, third stage and early parenting
- Ensure 34 week anti-D administration assessment clinic appointment is arranged (to coincide with 34 week appointment)

34 Weeks: Antenatal Assessment Clinic appointment if Rhesus negative

- Anti-D immunoglobulin given. No antibody screen required prior to 34/40 anti-D

34 weeks: Obstetric doctor review

- Your doctor will:
- Re-weigh and re-calculate your BMI
- Provide you with a Group B Streptococcus (GBS) swab for you to attend at 36-37 weeks
- Refer you to Pregnancy Care Booklet for information on the Newborn Screening Test and for education tailored towards your individual needs for birthing. This may include:

- preparation for labour, birth and parenting and birth options/plans
- non-medical methods of pain relief at home
- regular contractions 5 minutely lasting 60 seconds over 30 minutes
- variances from normal and/or when to call hospital – e.g. premature labour; broken waters

- Discuss normal baby movements and refer you to the Movements Matter section in Pregnancy booklet. Please re-read this section

Note: Please call any time of day or night if your movements are reduced 54547291 between 9am – 5pm or 54548582 after these hours

- There is a virtual tour of Birth Suite/ Women's Ward available to watch on the hospital webpage

36 weeks: Obstetric Consultant appointment

- The obstetrician will:

- Review birth options/plans and book caesarean section, if appropriate.
- Discuss management options if your baby is a breech presentation
- Discuss the GBS swab and collect as required
- Consider need for further blood test (FBE), and order it if indicated
- Where indicated book caesarean section +/- anaesthetic review
- Assess risk of Post-Partum Hemorrhage and document management plan in notes as required
- Assess other risks as clinically indicated

37 weeks: Obstetric doctor review

- Standard antenatal check, if indicated

38 weeks: Obstetric doctor review

- Discuss labour, when to come to hospital and other relevant information
- Discuss regular contractions 5 minutely lasting 60 seconds over 30 minutes or ruptured membranes before contact to birthing suite
- Discuss non-pharmacological methods of pain relief at home

39 weeks: Obstetric doctor review

- Standard antenatal check

40 weeks: Obstetric doctor review
• The doctor will: - Offer a vaginal examination to assess the 'Bishop Score' and consider a 'stretch and sweep' to help bring on labour 'naturally'. A bloody show can be expected after this examination and it is normal - book a Cardiotocograph (CTG) for 40+4 weeks in Antenatal Assessment Clinic to assess wellbeing of your baby - book CTG and Ultrasound for assessment of amniotic fluid volume (to be completed prior to the 41 week appointment in assessments)
40+4 review in Antenatal Assessment Clinic
• The midwife will perform a CTG • The doctor will provide education and counselling about induction of labour and will: - Plan and book your Induction of labour as close to 42 weeks as possible on the IOL share point site online - Review supports for discharge - Provide 'Induction of labour' information sheet
41 weeks: Medical review by Reg in assessments after U/S and CTG
• The doctor will: - Review CTG and ultrasound/AFI /Assess BP - Perform a VE to assess 'Bishop score' and consider 'stretch and sweep' - Confirm your understanding of IOL process/labour - Confirm the time and date of your induction - Arrange CTG second daily from 41 weeks - Arrange ultrasound to measure AFI twice weekly from 41 weeks

SIGNS WHICH NEED TO BE INVESTIGATED BY A MIDWIFE OR DOCTOR AT ANY STAGE OF PREGNANCY

Changes in pattern or reduced fetal movements

Ruptured membranes

Oedema (swelling)

Bleeding

Abdominal Pain

Severe headache

Visual disturbances

Generalised Itch 3rd Trimester

CHILDBIRTH AND EARLY PARENTING EDUCATION PROGRAM (CBPE)

Becoming parents for the first time is an exciting yet sometimes daunting prospect. Preparing for the birth of your baby, both physically and emotionally, is important. At Bendigo Health we have a team of dedicated midwives, lactation consultants and physiotherapists who wish to support you in making the transition to parenthood by sharing their knowledge and expertise and answering questions you may have.

The Childbirth and Early Parenting Educator is available on Thursdays only to book your classes. If you have any queries please contact the CBPE department on 5454 7285 or 5454 7288.

Or, email child_birth@ bendigohealth.org.au

The following classes are offered at Bendigo Health:

PHYSIO IN THE CHILDBEARING YEAR (AT 20-24 WEEKS)

Aimed at teaching practical skills to reduce the discomforts of pregnancy and the first few months after the birth of your baby. Along with massage and relaxation, the class covers back, pelvic floor and abdominal muscle exercise.

To book, phone the physio department on 5454 8783.

BIRTHING CLASSES (AT 26-30 WEEKS)

This program uses online, self-directed learning combined with a 3 hour face-to-face education session to share up-to date information with you and your birth support person. We aim to provide an environment in which you will gain knowledge and skills to assist you to make informed choices and know your options during pregnancy, labour, birth and parenting. A tour of our birthing facilities and the women's ward will be included in your session.

Class times offered:

Evening – Wednesday 6pm - 9pm

Weekend – Sunday 9am - 12pm – Sunday 1pm - 4pm
Young Parents Class – Some Saturday's 10-4pm.

BREASTFEEDING CLASSES (AT 28-32 WEEKS)

- Benefits of breastfeeding to both mother and baby
- Common myths / misconceptions about breastfeeding
- Normal newborn behaviour in the first week of life
- Strategies to help adjust to parenting

POSTNATAL PHYSIOTHERAPY CLASS (BOOKED WITHIN 12 WEEKS OF BIRTH)

A practical class held in the physiotherapy outpatient's department discussing pelvic floor exercises and abdominal and cardio exercises that are safe after pregnancy and birth.

Patients can book direct on 5454 8783.

STARTING STRONG PROGRAM

Managing the ups and downs of pregnancy, birth and baby.

For most parents pregnancy is time of high and lows – excitement, stress, fatigue, anticipation, morning sickness, fear and joy (and sometimes that's just in one day!). Getting support, information and sharing the joys and challenges is a good way to stay balanced during pregnancy and prepare for childbirth and welcoming your new baby.

This program is a drop in group that runs weekly for mothers, with a focus on different topics and providing mothers with the opportunity to talk about their own experiences. You can come to as many or as few sessions as you like – its's free!

Where: MPU at Bendigo Health

Time: 11am – 12pm on Mondays, except on public holidays

To book: Ph 5454 7282

UNDERSTANDING YOUR NEWBORN GROUP

Bringing home a new baby can be a rollercoaster ride for parents. Whilst there can be lots of happy and exciting times, managing baby's feeding, sleeping and settling can be a stressful time for new parents.

This group aims to support you in the first 6 weeks, and is a place for parents to:

- Discuss the ups and downs of life with a new baby
- Understand babies' needs and patterns in the early weeks
- Learn about ways to help baby (and you) stay happy and healthy

Where: MPU education room at Bendigo Health

Time: 3.30 – 4.30pm, First Monday of the month, excluding public holidays

To book: Ph 5454 7288

HEALTH RISKS IN PREGNANCY

IMMUNISATIONS

Assessment of your immunisation status is an extremely important aspect of healthcare during pregnancy. This includes checking that your vaccinations are up to date to ensure you have the best protection against common infectious diseases that may affect your and your baby.

The 2 vaccines currently recommended in pregnancy are:

1) Pertussis Vaccine (whooping cough)

Is a safe and effective way of protecting your baby from whooping cough in the first 6 months of life.

Is a single dose, recommended between **28 – 32 weeks of pregnancy** as this maximises the chance of the highest level of antibodies in the baby when it is born.

2) Influenza Vaccine

Influenza can be extremely serious for the pregnant women. The vaccine is both safe for you and your baby and can **be given at any stage of your pregnancy.** Pregnant women are more than twice as likely to be admitted to hospital with influenza as other people.

Influenza infection during pregnancy can lead to premature birth, low birth weight and even miscarriage or stillbirth.

Babies under 6 months of age are too young to receive the vaccine themselves. The only way they can be protected is if you have the vaccine during pregnancy.

Please discuss these vaccines with your doctor or midwife and make an appointment to have them done **with your GP**.

Pertussis Vaccine & Influenza Vaccine is available for pregnant women and their partners for $10 at Health Smart Pharmacy (under parking foot bridge here in Arnold Street)

Mon - Fri - walk in

Sat - Sun - appt only

5442 5055

5 min parking available inside loading bay beside pharmacy

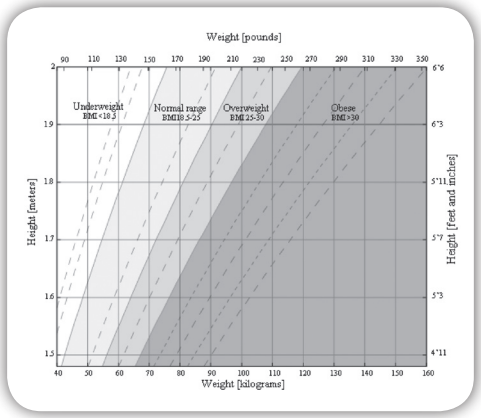
PREGNANCY WEIGHT MATTERS

Managing your weight gain during pregnancy:

During pregnancy it is normal to gain weight as your baby grows and your body adapts to being pregnant. However, gaining too much weight or being overweight can cause complications for both you and your baby. These complications can occur while you are pregnant, during labour or after your baby is born. Being underweight can also cause complications. The purpose of this information is to help you understand the risk of gaining too much weight or being overweight in pregnancy and also to help you manage your weight. Weight is often a sensitive issue for women. In pregnancy many women struggle with body shape changes and you may feel uncomfortable discussing weight issues with your health professional. The following information will help you understand why additional precautions are taken during your pregnancy and how you can achieve the best possible outcomes for you and your baby.

How do we measure weight?

The amount of weight you should gain in your pregnancy depends on your pre-pregnancy weight. You need to know your height (without shoes) and weight (in light clothing) to calculate your body mass index (BMI), or your weight adjusted for your height. On the following graph trace across the line for your height and up for your weight and this will tell you what your BMI is.



How much weight should you gain in your pregnancy?

The amount and pattern of weight gain varies for each woman and each pregnancy. The following table is a general guide to expected weight gain. Minimal weight gain is expected in the first trimester of pregnancy.

Expected weight increase per trimester of pregnancy:

	Under-weight	Healthy/ Normal weight range	Over-weight	Obese
BMI	**Less than 18.5 kg/ m²**	**18.5 – 24.9 kg/ m²**	**25-29.9 kg/m²**	**Higher than 30 kg/m²**
First Trimester	1 – 3 kg	1 – 3 kg	0 – 1 kg	0 – 1 kg
Second Trimester	5 – 7 kg	5 – 6 kg	3 – 5 kg	2 – 4 kg
Third Trimester	6 – 8 kg	5 – 6 kg	4 – 5 kg	3 – 4 kg
Total in Pregnancy	**12 – 18 kg**	**11 – 16 kg**	**7 – 11 kg**	**5 – 9 kg**
Twin Pregnancy		**16 – 24 kg**	**14 – 22 kg**	**11 – 19 kg**

Institute of Medicine Guidelines 2009

What are the risks of gaining too much weight during your pregnancy?

Most pregnancies are uncomplicated. However, gaining too much weight or being over your most healthy weight increases the risk of a number of pregnancy complications. The higher your BMI the more your risk will increase. Increased risk includes:

When you are pregnant:

- Gestational diabetes – a form of diabetes that occurs in pregnancy
- Pre-eclampsia – high blood pressure and loss of protein in the urine
- Abnormalities of your baby's growth, development and general health
- Sleep apnoea – a condition that causes you to temporarily stop breathing while you are sleeping.

During labour:

- Failure of labour to progress
- Shoulder dystocia (the baby's shoulders get stuck during birth)
- Difficulties monitoring the baby's heartbeat
- Difficulties with providing satisfactory pain relief in labour
- Increased risks with attempted vaginal (normal) birth after a previous caesarean section
- Increased need for emergency caesarean section
- Increased risk of complications related to caesarean section.

After the birth of your baby:

- Increased risk of wound infection
- Increased risk of blood clots (particularly following a caesarean section)
- Increased risk of postnatal depression.

Your healthcare professional is always available to discuss any concerns with you.

What to do if you are gaining too much weight?

Pregnancy is not a time for strict dieting. However you do not need to 'eat for two!' There are some simple choices you can make that will help you to limit the amount of additional energy you are eating. If you would like more advice about healthy eating and managing your weight gain in pregnancy please ask your midwife or doctor for a referral to a dietitian.

Limit the amount of fat you eat:

- Reduce (or ideally cease) your intake of snack foods such as biscuits, cakes, chips, crisps and chocolate
- Reduce the amount of fat or oil used in cooking
- Choose low fat or reduced fat dairy foods such as milk, yoghurt and cheese (these products still have all the calcium you need for your bones)
- Avoid eating cream or sour cream
- Trim all the fat off your meat before cooking
- Remove skin from chicken
- Limit high fat take-away foods.

Limit high sugar foods:

- Drink water, not soft drink or cordial
- Limit sweetened soft drinks
- Limit fruit juices to once a day as these are high in natural sugar
- Limit chocolate, lollies, sweets and muesli bars
- Go easy on desserts and take away foods.

Try to minimise snacking but if you do need to snack, choose options such as fresh fruit, low fat yoghurt, and dry biscuits with reduced fat hard cheese.

Try to do as much exercise as you can. Regular exercise can help prevent excess weight gain. Aim for no less than three 30 minute sessions per week.

References:

http://docs.health.vic.gov.au/docs/doc/Maternityand-Newborn-Clinical-Network-Obesity-GuidelineAugust-2011

https://www.nhmrc.gov.au/guidelines/publications/n55

https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/n55g_adult_brochure.pdf

https://www.nhmrc.gov.au/_files_nhmrc/file/publications/n55n_australian_dietary_guidelines_pregnancy_breastfeeding_review.pdf

http://iom.edu/~/media/Files/Report%20Files/2009/WeightGain-During-Pregnancy-Reexamining-the-Guidelines/ Report%20Brief%20-%20Weight%20Gain%20During%20 Pregnancy.pdf

https://thewomens.r.worldssl.net/images/uploads/factsheets/Weight-gain-in-pregnancy.pdf

BENDIGO HEALTH IS TOTALLY SMOKE FREE

SMOKING:

- Is a major cause of sudden unexpected death in infancy (SUDI or 'cot death')
- Increases the risk of miscarriage.
- Increases the risk of complications during birth.
- Increases the likelihood of having a low-weight baby who is more vulnerable to infection and other health problems.
- There are 4,000 chemicals in cigarettes.
- Smoking jacket – When pregnant or following birth anyone smoking is advised to smoke outside their home wearing a long sleeved jacket or top which remains outside

the house. **Cigarette chemicals have been found in baby's hair from clothing that has been worn when smoking.** Leave the jacket outside – wash hands – avoid picking up the baby (if possible) for five minutes after having a cigarette.

• The poisons you inhale through cigarettes are passed on to your baby through your breast milk. If you are trying to reduce/quit smoking and are breastfeeding – smoke after you feed your baby. It is still recommended to breastfeed rather than bottle feed if you are a smoker. However if you smoke marijuana we suggest you ring Community Health Bendigo Drug & Alcohol counsellor 5430 0500.

Your own health is at risk also:

Smoking can lead to cancer, heart disease, low oxygen levels in your blood stream and increased risks of infectious and other illnesses.

Passive smoking:

Even though the smoke is diluted by the air, it is still harmful. Young children have smaller, more delicate lungs than adults, and are therefore more affected by tobacco smoke and the chemicals it contains. Babies and children who are exposed to passive smoking are at a higher risk of developing a number of serious illnesses.

The more heavily you smoke the greater the risk to yourself and others. The best way to protect your children from passive smoking is to ban smoking inside your home.

Quit options available:

• Bendigo Health is smoke free. Patients will be supported to reduce their exposure to tobacco smoke.

• When booking into the hospital ask your midwife for a Quit information pack and a referral to the QUIT nurse (no cost)

• Contact Quitline on 137 848 or Bendigo Community Health Services on 5430 0500 for support to reduce or quit smoking.

• You may wish to discuss Nicotine replacement therapy (NRT) with medical staff.

• Online resources at www.quit.org.au

• Free App - 'Quit for You - Quit for Two' - provides support and encouragement to help you give up smoking if you are pregnant or planning to become pregnant.

X-RAYS

Women who are planning a pregnancy or who are pregnant should avoid having x-rays unless recommended by their doctor.

ALCOHOL

It is recommended that women who are pregnant or are planning to become pregnant should avoid alcohol as it crosses the placenta into the baby's blood stream. This can affect the growth and development of the baby. There is no evidence to supplest a safe amount of alcohol during pregnancy. What might be okay for one baby may cause long term health problems for others.

DRUGS

When planning a baby or when you are pregnant ask your doctor or chemist before taking any drugs, including those medications bought over the counter such as cough syrups.

Legal and illicit drugs such as alcohol, tobacco, marijuana, amphetamines, narcotics, etc, ('street drugs'), increase the risk for you and your baby before and following birth. If you require more information contact the drug & alcohol program, Community Health Bendigo – phone 5430 0500 – or discuss your concerns with your midwife or medical staff.

It is very important that you disclose and discuss any drug use with your doctor or midwife to ensure closer monitoring of your pregnancy and your baby's development. Remember, we are here to help you; not to judge.

MONASH MEDICAL CENTRE - DEPARTMENT OF PHARMACY

Maternity Drug Information Centre:

This service is for both the general public and health professionals (including doctors, pharmacists, nurses, midwives and community health workers) for advice and assistance on:

• new medicines

• adverse effects of medicines

• medicine interactions

It specialises in:

• medicines in pregnancy

• medicines in breastfeeding

• medicines for children

• women's health

The drug information centre provides telephone advice, and where appropriate, may act as a referral service by directing you to the best available resource to respond to your query or concern.

Contact:

Telephone: 03 9594 2361 Fax: 03 9594 6283

Hours: Monday to Friday 9.00am to 5.00pm.

URINARY TRACT INFECTIONS

A urinary tract infection (UTI) can cause a burning sensation with frequent passing of urine. You may feel unwell and have pain in the lower back and pelvis. It can sometimes cause contractions. You need to contact your GP or the maternity unit as soon as possible, if you are concerned.

COLD SORES

Following birth, take extreme precautions if anyone has a cold sore. Prevent direct contact with babies, as the virus is spread by kissing, coughing, sneezing or touching cold sores, then touching the baby. Mothers should continue to feed their baby, using careful hand washing. Avoid close cuddling and kissing. Babies who develop cold sores are very sick and it can be fatal, however this is rare.

GENITAL HERPES

If you or your partner have ever had a herpes sore on the penis or vulva (female genital area), please advise your doctor and midwife, as you will need to be observed closely. If lesions are active when you go into labour, you may require a caesarean section, due to risks to the baby.

TOXOPLASMOSIS

This uncommon infection is passed through the litter of cats and some undercooked meats and can have a serious effect on your baby's health before and after birth.

- Women planning a baby or who are pregnant should wear gloves when gardening.
- If you handle a cat, wash your hands.
- Cook meat well - wash your hands and utensils well, eg use utensils you can wash well, such as glass.
- Wear gloves when handling cat's litter.
- Dispose of cat litter by wrapping and putting in garbage bin, as toxoplasmosis can live in litter for up to two months. **Note: Also be aware of cats around babies as they are attracted by the smell of milk and can sit on baby's face or chest.**

SLAP CHEEK DISEASE – (PARVO VIRUS)

Slap Cheek is a viral infection which is infectious before the red mark (like a slap on the cheek) appears. If you have been in contact with any person with this infection please contact your GP or maternity unit. It is advisable to have blood tests to make sure you have immunity, which means your body will resist this infection. This virus does not cause congenital abnormalities, but can affect the baby's red blood cells, resulting in anaemia. **However 95 per cent of women will have immunity to this virus. Avoid contact with people whose families have recently contracted the Slap Cheek virus as it is infectious before the red mark appears on the cheek.**

CHICKENPOX

Chickenpox can cause a risk to your baby if contracted during and after your pregnancy. Between 85-95 per cent of pregnant women are immune to chickenpox, however if you are not sure if you have had chickenpox and have been in contact with an infected person, contact your GP or maternity unit. It is wise to avoid people who have infections or illnesses (if possible), especially when you are pregnant.

BLEEDING IN PREGNANCY

There should be no bleeding in pregnancy (the exception of this may be a small amount of blood seen with a show). If you have any bleeding during your pregnancy please report immediately to your GP, maternity unit or emergency department.

A SHOW

This is a mucous plug, a bit like egg whites, which has been in the cervix (opening at the bottom of the uterus) and may contain a small amount of pinky coloured blood. It usually occurs when your body is starting to get ready for labour. It can occur weeks before labour actually starts, or just a few hours before your labour begins. Some women may not notice a show. If you have a show before 37 weeks contact the maternity unit.

RH NEGATIVE BLOOD GROUP

Ask your midwife or doctor to explain the recommended management that will be required. Occasionally this blood group can cause some problems. A brochure about Rh negative blood group is available for women who are Rh negative. Please ask a midwife for a copy. Prophylactic Anti-D injections are given at 28 and 34 weeks gestation to protect your baby from harm.

PRE-ECLAMPSIA

This is a serious condition peculiar to pregnancy and the cause is generally unknown. (Blood pressure is raised above normal). There may be more than a trace of protein in your urine and generalised swelling in your legs, arms or face. Treatment is rest and sometimes medication. For some women labour is induced (started) earlier than the estimated due date. Note: traces of protein in urine are very common for many women and generally is of no concern. Notify your GP or maternity ward immediately if you experience signs of pre-eclampsia: persistant headaches, swelling/oedema, visual disturbances or upper abdominal pain.

PREMATURE LABOUR

Labour occurring before 37 weeks gestation (pregnancy) is considered premature. If you have painful contractions that are coming in a regular pattern, they may be felt in your back, lower abdomen or tops of your legs: contact the maternity unit as soon as possible. Rupture of membranes before 37 weeks is considered a premature rupture of membranes and you should contact the maternity unit as soon as possible.

RUPTURED MEMBRANES (WATERS BREAK)

Your baby is surrounded by two strong membranes which contain fluid called liquor or amniotic fluid. This fluid allows your baby to move around in the uterus. Your membranes may rupture by one of the following ways:

- **Hind water rupture;** which is a small leak from the membranes at the top of the uterus.
- **Fore water rupture;** Liquor is leaking from the membranes in front of the baby's head. Usually a larger amount of fluid is passed from the vagina. The colour of the fluid should be clear or white.

Note: Labour may not occur for many hours or days following the membranes rupturing; sometimes assistance is required to start labour and antibiotics are also recommended. Most ruptured membranes occur during labour in hospital.

If you think you have ruptured your membranes put a sanitary pad on and contact the assessment midwife for advice:

- Mon - Fri 9am - 5pm, Ph 5454 7291
- Outside these hours call Birthing Suites Ph 5454 8582

MECONIUM (MEC LIQUOR):

Meconium is the baby's first bowel movement. Sometimes the baby passes meconium into the liquor during pregnancy, causing it to be green in colour rather than clear. If meconium is present when your membranes break we will ask you to come in immediately so that the baby's wellbeing can be monitored closely. Your baby will also be monitored closely during labour to ensure they are coping with the contractions.

Note: meconium is sterile and has very little odour.

GESTATIONAL DIABETES

(DIABETES IN PREGNANCY)

Between three and eight per cent of women will get

Gestational diabetes between the 24th and the 28th week of pregnancy, sometimes earlier. It usually goes away after the baby is born.

WOMEN WHO ARE MORE LIKELY TO GET GESTATIONAL DIABETES ARE:

- older mothers
- women who have a family history of type 2 diabetes
- women who are overweight
- women who are from certain ethnic backgrounds, including South Asian, Vietnamese, Chinese, Middle Eastern and Polynesian/Melanesian.

Other women at risk include those who have had gestational diabetes, polycystic ovarian syndrome, large babies or birth complications in the past.

WHAT IS GESTATIONAL DIABETES?

The hormone insulin moves glucose or sugar from your blood and into your body's cells, where it is used for energy. When you have diabetes, this process is blocked and your cells become 'insulin resistant'. This causes you to have too much glucose in your blood. In pregnancy, the hormones from the placenta, which help your baby to grow, can cause your cells to become insulin resistant. Usually in pregnancy the body produces more insulin to counter this. In some women, however, this doesn't happen and they develop gestational diabetes.

There are many health issues associated with gestational diabetes, including that both the mother and baby will have an increased risk of developing type 2 diabetes later in life. During the pregnancy, gestational diabetes can lead to excessive sugars and fats crossing the placenta, which can have an effect on the baby's growth, usually making them bigger. Giving birth to larger babies can also lead to problems with the birth. Sometimes, even though it might not seem to make sense, some babies (particularly larger babies) are born with blood sugar levels that are too low – this is called hypoglycaemia.

TESTING FOR GESTATIONAL DIABETES

During pregnancy, women are generally offered a test to screen for diabetes called an Oral Glucose Tolerance Test (OGTT). The screening test can identify women who may have elevated blood sugar levels. The OGTT assesses how your body responds to a 'glucose load' or how efficiently the glucose is moved from your blood to your body's cells. You are required to fast for 8 to 10 hours (you may ONLY drink water during this period) and then you have a blood test. After the blood test you have a drink that contains glucose. One and two hours after you have the drink the blood test

is repeated. Gestational diabetes will be diagnosed if your blood sugar levels are above what they should be.

REQUIREMENTS PRIOR TO THE TEST

- You are to remain on a normal, unrestricted diet for at least 3 days prior to testing.
- You have had no acute significant illness for 2 weeks prior to the test.
- Fasting is required for a period of 8-10 hours prior to the test. (No food or fluids such as tea, coffee or fruit juice.) You may have sips of water if you are thirsty.
- Due to the nature of the test, testing is generally done in the morning. Appointment required.
- Maintain normal activity prior to the test.
- Avoid smoking for one hour before and during test.

WHAT TO DO DURING THE PROCEDURE

- You must remain seated quietly for 30 minutes before and during the test.
- You will be at the collection centre for a minimum of 2 hours and 45 minutes.
- You are required to remain in the collection centre until the procedure is completed.
- Bring some reading material or other activity to pass the time.
- If you feel unwell during the test, please inform the collection staff as you may wish to lie down.

References:

RWH Melbourne – Gestational Diabetes Fact Sheet

Australian Clinical Labs – Patient Instructions for Collection of Glucose Tolerance Test.

GROUP B STREPTOCOCCUS (GBS) AND YOUR BABY

- A GBS positive woman can sometimes pass on an infection to her baby during birth
- Antibiotic treatment is available for women who are GBS positive during labour

WHAT IS GROUP B STREPTOCOCCUS (GBS)

GBS is a common bacteria found in the body and occurs naturally in many people, from babies to the elderly. GBS typically has no symptoms and is usually harmless in adults.

Up to one in three people carry GBS in the gut (bowel), while 15 to 25 per cent of pregnant women carry the bacterium in their vagina. GBS infections can come and go. A GBS positive woman can sometimes pass it on to her baby during birth (1-3 in 1000 cases). This can occasionally cause serious illness and death in a newborn baby.

HOW DOES GBS AFFECT MY BABY

GBS is not the same as other types of streptococci bacteria, such as those that cause strep throat, nor is it a sexually transmitted infection.

If you have GBS, it does not necessarily mean that your baby will be infected or develop serious illness.

GBS may become a problem if you also have other risk factors during pregnancy. When a mother with certain risk factors is treated with antibiotics for GBS during labour and birth, the risk of her baby being passed on the bacteria or becoming seriously ill is significantly reduced.

RISK FACTORS – IF PRESENT ANTIBIOTICS ARE RECOMMENDED IN LABOUR

Certain risk factors increase your chances of passing GBS onto your baby. These include:

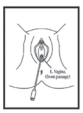
- A urinary tract infection with GBS present
- Breaking or leaking of the amniotic sac (the bag of fluid that holds the baby) earlier than 37 weeks
- Labour earlier than 37 weeks
- Breaking of the amniotic sac more than 18 hours before labour begins with one or more risk factors present
- Fever during labour
- A previous baby born with a GBS infection
- Known GBS positive carrier this pregnancy

TESTING FOR GBS

A urine test should be performed early in pregnancy and a routine GBS swab test is commonly offered between 35 and 37 weeks of pregnancy.

You will be given sterile swab to take samples from your vagina and rectum, as referred to in the diagram. The test is simple and painless.

Collecting Your Swab for GBS



1. Remove swab from packaging. Insert swab 2cm into vagina, (front passage). Do not touch cotton end with fingers

2. Insert the same swab 1cm into anus, (back passage)

3. Remove cap from sterile tube

4. Place swab into tube. Ensure cap fits firmly

5. Make sure swab container is fully labelled with name, date of birth, date

The sample is sent to a laboratory and the results show whether you have GBS bacteria in your genital area. These test results cannot say whether or not your baby will become infected with GBS. The test results will help your doctor/midwife decide whether antibiotic treatment is recommended to reduce the risk of infection when in labour.

IF YOUR BABY BECOMES UNWELL

If GBS is passed on to your baby, symptoms will usually occur within the first 12-24 hours. The infection may occur in the blood, lungs or around the brain or spinal cord. This will require medical treatment, including antibiotics, in the Special Care Nursery.

TREATMENT FOR GBS

If you are positive for GBS infection either on your swab or urine test, you will be offered antibiotics when in labour to help reduce the risk of infection to your baby. The antibiotic is given through an intravenous line during labour and delivery. Please do not hesitate to ask your doctor or midwife if you have any questions about GBS and your treatment.

Links and References

Ask to see our brochure on Observing your newborn Baby at Bendigo Health.

Neonatal Handbook. (2016). Prevention of GBS Sepsis. https://bettersafercare.vic.gov.au/resources/clinical-guidance/maternity-and-newborn-clinical-network/group-b-streptococcus-sepsis-gbs-prevention-for-neonates

DENTAL HEALTH DURING PREGNANCY

Before you become pregnant you should establish good oral hygiene habits (prevention). Visit your dentist and endeavour to be dentally fit, thereby reducing the likelihood of unnecessary infections and discomfort during pregnancy. The state of mother's teeth during a pregnancy is now directly related to many lifelong health conditions in their children. It is imperative that women maintain good oral hygiene.

Brush your teeth twice a day with a small soft toothbrush and use dental floss to clean between your teeth. You can check the effectiveness of your brushing by using disclosing tablets obtained from the chemist. Once you become pregnant, your body will undergo changes that may affect your dental health:

1. DIET – Maintain a healthy diet, low in sugar.

2. PLAQUE CONTROL – Extra effort will be required during pregnancy to maintain low plaque levels.

3. HORMONAL CHANGES – Your gums may react differently to the presence of plaque, resulting in swelling and bleeding. You may require even more stringent plaque control during pregnancy. Regular dental checks should be maintained throughout your pregnancy.

4. CALCIUM – is not taken from your teeth during pregnancy, but you will need to increase your calcium intake to provide your baby with the necessary calcium for bone and tooth development. Please refer to health information section on diet.

5. MORNING SICKNESS – Vomiting will coat the teeth with acids and may dissolve some of the tooth enamel. Try to rinse your teeth with water, but don't brush your teeth straight away after vomiting. You may be more susceptible to dental problems during pregnancy. For this reason, it is important you enter pregnancy dentally fit, maintain good oral hygiene, eat healthy nutritious foods and see your dentist regularly. Should a dental problem occur during pregnancy, you should attend the dentist for treatment. It is safe to have dental treatment, including local anaesthetics, during pregnancy.

Healthcare, Pension card holders and pregnant women can access public dental services as a priority patient. Call community Dental at Bendigo Health on 5454 7994 to book a check-up appointment.

FETAL MOVEMENTS

Most pregnant women will start to feel their baby move between 16-20 weeks. Most babies settle into a pattern by 24 weeks. There is no specific number of movements that is normal. Babies have sleep periods, day and night, of 20-40 mins and rarely more than 90 minutes. During your pregnancy, you need to be aware of your baby's individual pattern of movement. If you notice a reduction or change in your baby's movements, it **may be a sign that your baby is unwell** and therefore essential that you contact a midwife so that your baby's wellbeing can be assessed.

BABY MOVEMENTS IN PREGNANCY (THIRD TRIMESTER)

The annual rate of stillbirths in Australia (1:140 births) exceeds road deaths by up to 40%. Stillbirth is when a baby is born with no signs of life because it has died in the womb. This sadly, can happen anytime from the middle to the end of the pregnancy. It is important to discuss your individual situation with your midwife or obstetrician.
Stillbirth often can't be predicted or avoided however there are a number of things you can do to help lower the risk. These four things can help keep your baby **SAFE.**

1. Sleep

- It is important for you to have a refreshing sleep at night, especially in late pregnancy. If you are having trouble sleeping please discuss this with your care provider. They will be able to give you some strategies to help you get a good night's sleep.
- The best sleeping position for you to sleep in during late pregnancy is the left side. The left side position allows maximum blood flow to your baby and may help reduce the risk of stillbirth.

- You should lie down to sleep on your left side each night in the last three months of pregnancy. Do not worry about shifting positions once you have fallen asleep, as this is a natural part of sleeping. However, if you wake up or get up in the night then return to the left side position before you go back to sleep.

- Avoid lying down to rest or sleep on your back because the baby's weight presses on the main vein that returns blood from the lower body to the heart. It also puts full weight on your back and intestines, which can cause you discomfort and increase the risk of you developing backache, and indigestion.
- Tucking a pillow behind your back, may help you if you are afraid of lying on your back when you are asleep. Some women find it helpful to place a small pillow or cushion between their knees when lying on their side.
- If your partner tells you that you are snoring, you should also discuss this with your maternity care provider especially if you wake up gasping.

2. Alert but not alarmed

- Mothers often have a 'sixth sense' or 'gut feeling' that something is wrong. Women who have experienced a stillbirth often say they felt there was something wrong from the beginning of the pregnancy but they didn't tell their obstetrician or midwife until it was too late. If something is bothering you, even if you can't quite put your finger on what it is, trust your instincts and talk to your maternity care provider right away. If you share your concerns with your midwife or obstetrician they will be better able to monitor you and your baby's health to ensure, as far as possible, that you and your baby remain healthy.

3. Feeling the baby move

- Once you are feeling your baby moving regularly, get to know your baby.
- Every baby has their own pattern of activity and there's no correct one. It is not necessary to try to count movements but to simply tune into and become aware of your individual baby's normal pattern of movements over the course of the day.
- For example, your baby might be a morning person who always wakes you up in the morning with a happy 'hello'. Your baby might be an evening person who always bids you 'goodnight' when you lie down to sleep. Your baby could be a busy bee who is 'on the go' all day and all night. Your baby could be a 'social butterfly' who always kicks when your partner is near or when they hear a sibling.

Once you know who your baby is, you should immediately report a change in your baby's behaviour to your midwife or obstetrician.

BUSTING THE MYTH

Your baby's movements should not slow down towards the end of the pregnancy; in fact this could be a sign that your baby is unwell. Your baby also should not have a sudden increase in movement. Therefore, if there is a reduction or sudden increase in your baby's usual movement pattern you should contact the hospital immediately. Do not delay calling because of the time of day. You must make contact regardless of the time of day.

4. Early expert advice

- Between your appointments you should immediately contact your midwife or obstetrician if you are:

- Spotting or bleeding
- Leaking fluid (clear or any colour)
- Swelling in your fingers or ankles
- Stubborn headaches, blurry vision or seeing spots
- Feeling nauseous or vomiting (once morning sickness is over)
- A lot more back or stomach ache than is usual for you
- Pain whilst passing urine
- Excessive itchiness
- Feel unwell in any way
- High temperature
- Feel there is something wrong even if you don't quite know what it is. Trust your instincts and call the hospital.

These websites are specifically aimed at increasing public awareness about stillbirth:

Stillbirth Foundation
www.stillbirthfoundation.org.au

International Stillbirth Alliance
www.stillbirthalliance.org

These organisations offer support:
Red Nose
https://rednose.com.au/

SANDS Australia
www.sands.org.au

ANY CONCERNS CONTACT

Monday-Friday 9:00am – 5pm

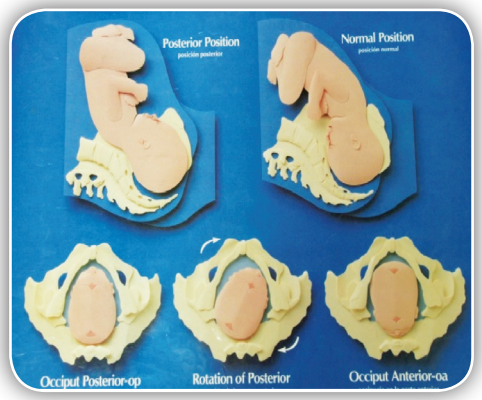
Pregnancy Assessment Midwife - 5454 7291

Outside these hours

Birthing Suite - 5454 8582 or 5454 8587

OPTIMAL FETAL POSITIONING – FOR LABOUR AND BIRTH

HELPING YOUR BABY FIND A GOOD POSITION FOR BIRTH



Optimal Fetal Positioning (OFP) is a theory; that the mother's position and movement could influence the way her baby positioned itself in the final weeks of pregnancy.

Posterior position is where the baby's back is resting against the mother's spine, making it more difficult for the baby's head to move through the pelvis. A "posterior position" of the baby can lead to a longer, more painful labour, as contractions try to turn the baby into the anterior position for a vaginal birth. Sometimes the posterior position can lead obstructed labour and a caesarean birth.

WHY IS IT RELEVANT?

Influencing the way the baby lies and promoting optimal positioning of the baby could help to make the birth easier for mother and child.

Ideally, baby will line up as to fit through your pelvis as easily as possible. To be in this position, baby needs to be head down, facing your back, with his back on one side of the front of your tummy. In this position, the baby's head is easily 'flexed', i.e. his chin tucked onto his chest, so that the smallest part of his head will be applied to the cervix first. This position is called 'occiput anterior' or in shorthand (OA). The 'occiput posterior' (OP) position is not as ideal. In a posterior position, the baby is still head down, but facing your tummy instead of your back. Mothers of babies in the 'posterior' position are more likely to have longer and more painful labours (backache labour) as the baby usually has to turn all the way around to face your back in order to be born. He cannot fully flex his head in this position, and diameter of his head, which has to enter the pelvis, is greater. This means that often posterior babies do not engage (descend into the pelvis) before labour starts. Not

engaging means that it's harder for labour to start naturally, so babies are more likely to be born post-dates. Braxton Hicks contractions before labour starts may be especially painful, with lots of pressure on the bladder, as the baby tries to rotate while it's entering the pelvis.

HERE ARE SOME SUGGESTIONS:

While watching television, try kneeling on the floor, over a beanbag, fitball or cushions, or sit backwards leaning forward on a dining chair. Prop some cushions under your bottom to ensure your pelvis is higher than your knees.

Don't cross your legs! This reduces the space at the front of the pelvis, and opens it up at the back. For good positioning, the baby needs to have lots of space at the front.

Don't put your feet up unless your doctor has advised you to or you need a quick rest! Lying back with your feet up encourages the less favourable posterior presentation.

Do Sleep on your side, not on your back.

Avoid deep squatting in late pregnancy, until you know your baby is the right way round. Squatting opens up the pelvis and encourages the baby to move down which is a useful position in labour.

Swimming with your belly downwards is said to be very good for positioning babies – (not backstroke). Breaststroke in particular is thought to help with good positioning, because all those leg movements help open your pelvis and settle the baby downwards.

A fitball can encourage good positioning, both before and during labour. Opt to sit on a fitball in preference to a chair.

Various exercises done on all fours can help, e.g.wiggling your hips from side to side, or arching your back like a cat, followed by dropping the spine down.

Ask your midwife or doctor at your next antenatal appointment, what position your baby is in.

HEALTH INFORMATION

HEALTHY EATING DURING PREGNANCY

You need to eat well during pregnancy for yourself and your growing baby. Pregnancy places extra nutritional demands on your body. You need more protein and nutrients, particularly iron, folate, iodine, calcium and zinc. The quality of the food you eat is really important so focus on eating nutrient rich foods and make sure every mouthful counts. You can achieve this by eating a wide variety of fresh foods. A multivitamin tablet is usually not necessary.

Nutrition is important at any age of course. Achieving adequate nutritional health for your baby during pregnancy, then into infancy, toddler and childhood age is strongly linked to their future growth, development and overall health. A life time of healthy eating and lifestyle habits can help lower the risks of some lifestyle related disease in adulthood, such as type 2 diabetes, heart disease and osteoporosis.

WHAT SHOULD I EAT?

It is important that you eat a varied diet during pregnancy based on a range of foods from each of the food groups. Particular attention should be given to the following nutrients:

Iron - Are You Getting Enough?

Your need for iron increase significantly during pregnancy, especially during the second and third trimesters, when the amount of blood in your body increases, as well as to meet the needs of your growing baby.

The best source of iron is red meat with moderate amounts found in chicken, pork and fish. Smaller amounts of iron are found in plant foods such as lentils and legumes, nuts, green leafy vegetables, wholegrain breads and breakfast cereals with added iron.

Meat provides the most readily absorbed form of iron but eating foods that are rich in Vitamin C will improve the absorption of iron from plant foods. Good sources of Vitamin C include tomatoes, citrus fruits, berries, Kiwi fruit, broccoli and capsicum. **Squeezing lemon juice over any green vegies, meat or salad aids absorption of iron.**

Vegetarian diets

A vegetarian diet can meet your nutritional requirements during pregnancy provided it contains a wide variety of foods including wholegrain breads, cereals (with added iron and zinc), lentils and legumes (eg lentils, dried peas and beans, kidney beans and baked beans), dairy foods, eggs, vegetables (eg green leafy vegetables, broccoli) and nuts.

A strict vegetarian diet that excludes all animal foods, such as eggs and dairy products, is likely to be inadequate in protein, calcium, iron and vitamin B12. If you follow such a diet you may need a multivitamin supplement. If you need assistance to achieve adequate nutrition for vegetarian eating, ask to see a dietitian.

Folate (Folic Acid)
Folate is a B vitamin found naturally in green leafy vegetables, fruit (eg oranges, berries and bananas), nuts and legumes. Folate helps prevent some types of birth defects known as neural tubes defects. It is recommended that folate is increased in the diet prior to conception and during the first trimester of pregnancy.

Iodine
Iodine is essential to the development of baby's brain and nervous system. During pregnancy and breast feeding there is an increased requirement for iodine. The amount of iodine available in Australian food may be low and variable depending upon the season and processing practices. Dairy, seafood and fortified bread are valuable sources of iodine. Discuss with your doctor or midwife if you require iodine supplements.

Calcium
Calcium is a mineral found in dairy foods. During pregnancy and especially during the third trimester your baby needs calcium to build healthy bones. During pregnancy you absorb calcium more efficiently from your diet. The best sources of calcium include milk, yoghurt, custard and cheese. Fish with edible bones, eg salmon and sardines are also a good source.

If you drink soy milk check the label to make sure it has been fortified with calcium.

Zinc
Zinc is essential for tissue growth and development in bones, the brain and many other parts of the body – including mother's stretching skin! . It is widely available from a variety of foods and is most easily absorbed from animal sources such as meat, fish, and dairy foods and to a lesser extent from nuts, legumes and cereals.

Protein
More protein is needed during pregnancy to support baby's growth and changes in your own body. Protein is found in meat, chicken, fish, legumes and lentils, dairy foods and nuts.

A FINAL WORD
Extra water is needed each day when the weather is hot.

Choosing a safe and healthy diet during pregnancy is beneficial to you and your baby. A varied diet which includes all the food groups will help to provide all the essential nutrients needed at this special time of life. If you would like personalised dietary advice please ask to see a dietitian.

Enjoy your meals and have a healthy pregnancy!

YOU MIGHT ALSO LIKE TO KNOW: NAUSEA AND VOMITING
Ideas to help you if you experience nausea and vomiting during your pregnancy:

- Eat plain salty dry biscuits or dry toast before getting out of bed
- Eat small nutritious meals regularly, eg 6 to 8 meals a day
- Drink liquids between meals rather than with your meals. Overfilling the stomach may trigger vomiting.
- If your nausea is worse in the evening try preparing the evening meal early or keep some meals in the freezer.
- Suck something sour, such as a lolly or wedge of lemon
- Slowly sip carbonated water
- Drink or eat food containing ginger
- Avoid drinking tea or coffee
- Avoid fatty or spicy foods, and foods with strong smells
- If vomiting regularly be sure to replace fluids with regular sips/drinks
- Contact your midwife or doctor if vomiting continues

HEARTBURN
Heartburn is most commonly experienced in the third trimester as a result of your baby's increasing size.

- Eat small meals regularly
- Eat slowly and chew food well
- Drink fluids between meals
- Avoid alcohol, caffeine, spices, fatty foods
- Avoid bending or lying down for 1 to 2 hours after a meal
- Milk and yoghurt may help to relieve symptoms

Speak to your health care provider about antacids if symptoms persist.

CONSTIPATION
Constipation may occur at any time during pregnancy or when taking iron supplements.

- eat generous amounts of high fibre foods eg whole grain cereals and bread eg multi grain bread, All Bran, porridge, fruit and vegetables (preferably unpeeled), lentils and legumes, nuts and seeds
- drink plenty of fluids each day, aim for 8 cups of fluids
- gentle physical activity

Speak to your health care provider about the use of medication if symptoms persist

LISTERIA
Listeria is a bacteria that contaminates food which can cause an infection called listeriosis. It can be a serious illness for pregnant women, possibly causing miscarriage if it is transmitted to the unborn baby. Some foods are more susceptible to contamination by Listeria, which can grow at refrigeration temperature. Follow basic food hygiene at home, be careful what you eat when eating out and avoid certain foods at higher risk of listeria.

During pregnancy it is recommended you avoid:

- Soft cheeses, eg brie, camembert, blue cheese and ricotta – these are okay if cooked above 65 C and served hot

- Pre-cooked or pre-prepared cold foods, eg deli made salads, pate, quiche, salami, ham

Raw seafood, eg oysters, sashimi, smoked seafood – canned is okay

- Soft serve ice cream
- Unpasteurised dairy foods – almost all dairy food produced in Australia must be pasteurised. Some speciality or imported cheeses may be unpasteurised so it is best to check the label.
- For the health of you and your baby during pregnancy, and for your family, it is best to eat freshly cooked or prepared food.

ARTIFICIAL SWEETENERS

Some artificial sweeteners cross the placenta so it is recommended to avoid cyclamate and saccharine. Aspartame and sucralose are safe to use during pregnancy, eg Equal (951), Nutrasweet (951), Splenda (955) and Isomalt (953).

MERCURY IN FISH

High levels of mercury are dangerous to the developing baby. Mercury levels differ in different types of fish so choose your fish carefully.

- Limit to once per fortnight (150g) billfish (swordfish, broadbill, marlin, shark/flake)
- Limit to once per week (150g) orange roughy (deep sea perch), catfish with no other fish that week. It is only a potential problem if that type of fish is eaten regularly, which then causes a build-up of mercury in the mother's blood.

Additional health and nutrition information can be accessed via the internet:

www.betterhealth.vic.gov.au

www.nutritionaustralia.org

www.goforyourlife.vic.gov.au

www.foodstandards.gov.au

VITAMIN D

Vitamin D is important for muscle and bone health, and helps your body to absorb calcium from food. People's main source of vitamin D is exposure to sunlight, but a small amount comes from food (oily fish, egg yolk, margarine). If you have darker skin, cover most of your body in clothing or spend most of your time indoors, you are at risk of vitamin D deficiency and will be offered Vitamin D testing. If low, you will be advised to take a suitable vitamin D supplement. If severely low levels, your baby's bones are at risk of a bone deformity called rickets. If breastfeeding, your baby will also require a vitamin D supplement suitable for babies for 12 months. They will not require a supplement if formula fed.

Most Australians need sun protection when the UV Index is 3 or above, or when spending extended periods of time outdoors. Sunscreen should be incorporated into your daily morning routine on these days.

UV radiation levels in northern areas of Australia are generally higher than in southern areas, so in some parts of the country, sun protection is needed all year round, whenever the UV Index is 3 or higher. In these areas, it is safe to go outside without sun protection early morning and late afternoon when the UV Index falls below 3.

In some southern areas of Australia, there are times of the year when sun protection may not be necessary, generally late autumn and winter. If you live in an area where the UV Index falls below 3 during these months, you do not require sun protection, unless you are at high altitudes or near highly reflective surfaces like snow, work outdoors, or are outside for extended periods.

To check UV levels and the times sun protection is required, look at the UV Index in the weather section of your daily newspaper, on the Bureau of Meteorology website or download Cancer Council's free SunSmart app to your mobile device. When UV levels are below 3 no UV Alert is issued.

https://www.cancer.org.au/preventing-cancer/sun-protection/vitamin-d/

YOUR BABY, YOUR BODY

Produced by the Bendigo Health Physiotherapy Department

During your pregnancy and for the 6-12 months following childbirth, there are a number of significant changes your body needs to adapt to. Some of these changes include:

Hormonal:

- An increase in the release of the hormone relaxin occurs in order to soften all of the ligaments that support your pelvic joints to allow for the birth of your baby.
- This softening of ligaments allows an increase in movement between the bones and unless controlled by other muscles in the area may contribute to pain, especially when you move.
- Many women experience pain in their spine and the back and front of their pelvis. As there is a surge in relaxin at 16 weeks and before birth, the pain may be worse at these times, and may continue after the birth.

If your pain continues, speak to your midwife, G.P. or obstetrician about a referral to a Women's Health physiotherapist who can help you manage your symptoms.

Here are some tips to help reduce the likelihood of experiencing pain;

- Try contracting your pelvic floor and deep abdominal muscles as you move (refer following for exercises)
- When getting in/out of the car and rolling over in bed, keep your legs gently together like you are wearing a tight miniskirt. Place a satin pillowcase on the seat or bed to help you slide more easily
- When sitting, keep your weight evenly on both sides and avoid crossing your legs.
- Keep your weight evenly on both feet when standing up from sitting and when standing for longer periods e.g. in queues.
- Minimise the time you walk up and down stairs and hills and on uneven ground
- Use a heat pack and warm showers for comfort.
- As your pregnancy progresses try resting on your side at least once during the day with a pillow between your legs and one in front of you. Try sleeping in this position too.
- Pace your heavy activities – vacuuming, mopping etc should be done in small amounts and spread over different days.

Vascular congestion: changes in smooth muscle can lead to varicose veins, swollen legs/ankles, haemorrhoids and vulval varicosities.

Tips:

- Avoid squatting, sitting with legs crossed, tight clothing/ socks/stockings and standing for prolonged periods
- Try professionally fitted support stockings, elevating legs often and making circles with ankles/feet
- Swelling may also affect your wrists and hands which can lead to 'pins and needles', numbness and pain in these areas especially at night. Whilst usually just related to pregnancy, if the symptoms become a problem, are ongoing or become severe, ask your midwife, G.P. or obstetrician for a referral to see a Women's Health physiotherapist.

Posture

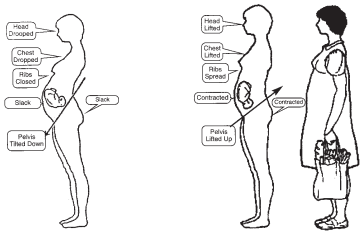
Good posture can minimise muscle, bone and joint problems.

Maintaining a good posture during pregnancy is difficult as the increasing weight of the baby pulls your centre of gravity forward.

Standing

- Keep your weight evenly over both feet and between your heels and toes
- Stand tall, neck straight, chin in
- Keep shoulders wide and relaxed
- Hold your stomach in gently
- Try to avoid high heels (as these tend to throw your weight further forward) and wear a supportive bra with wide straps.

Diagram - Good Posture

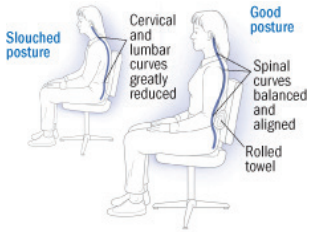


Poor posture Good posture

Sitting

- Keep your neck straight and your chin in
- Keep your shoulders wide and relaxed
- Have your bottom right back in the chair and be well supported – place a rolled up towel or small cushion in the small of your back where it normally curves in and relax your back muscles
- Have your feet on the floor or on a stool if the chair is too high.

Diagram - Good sitting posture



Back care

General lifting principles:

- bend at your knees, not at your back
- have your feet wide apart for balance
- hold the object against your body
- straighten your legs to lift up
- move your feet to change direction – do not twist

These lifting principles are especially important during pregnancy and in the first six-12 months following, due to the effect of Relaxin and the repetitive lifting you will be doing as an expectant and new mum.

Tips:

- Bath your baby at waist height – with bath on bench or in laundry trough etc
- Have your change table at waist height
- Push your washing basket on a trolley and do smaller loads
- When feeding, if your back and arm muscles aren't strong, support your baby with pillows high enough to bring your baby to you, not bring yourself down to your baby

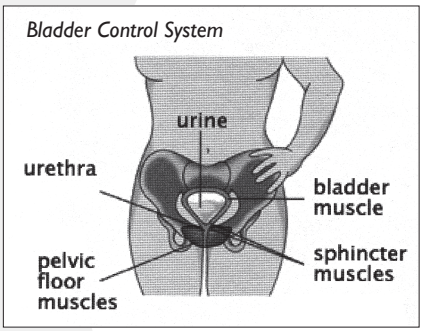
Muscular:
There are two main muscle groups that are affected by pregnancy and childbirth:

1) Your pelvic floor muscles

- orm a 'hammock' of muscles at the outlet of the pelvis
- help to close off the bladder, vagina and bowel to prevent leaking and prolapse (when one or more pelvic organs sag down into your vagina)
- affect sexual function and sensation

Stretching and weakening of the pelvic floor muscles with pregnancy and childbirth may lead to loss of control of your bladder. Your pelvic floor may also be weakened if you have a chronic cough, are obese or repeatedly strain to open your bowel or when lifting heavy objects.

Diagram - Bladder Control System



Pelvic floor exercises:

- Start by sitting upright with your feet on the ground
- A proper contraction involves squeezing and lifting your pelvic floor muscles up, like you are trying to stop your urine flow
- Do not squeeze your bottom muscles, tilt your pelvis or hold your breath when you do pelvic floor exercises

Program:

• Squeeze, lift and hold your pelvic floor muscle contraction, aiming for close to maximum

- hold for three seconds, rest for three-six seconds.
- Build up to eight-12 contractions in a row, twice a day
- As you are able, try to gradually increase the hold time up to 10 seconds.

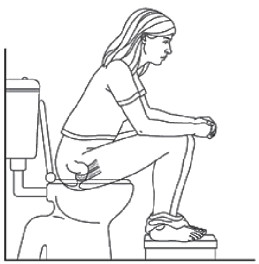
These exercises can be done in any position but it is most important to concentrate on a good contraction.

Also

- 'The Knack' = squeeze and lift as above, before and during each time you cough, sneeze, laugh, lift etc.

General pelvic floor tips:

- Try to avoid constipation by eating a diet rich in fruit and vegetables, high fibre breads and cereals.
- Drink sufficient fluid and try to minimise coffee, tea and other caffeinated drinks. Try to drink a few extra drinks if you are breastfeeding.
- You can use psyllium husks (from a health food shop) as a natural fibre supplement but you must be drinking enough fluid for this to work effectively
- When on the toilet to open your bowels, keep your back straight and support your feet so your knees are higher than your hips.
- Relax around your back passage, bulge your lower tummy forward, then push, hold the push, then relax. Repeat as needed.



Tips:

(First 48 hours after a vaginal delivery)
It is normal to experience some swelling, numbness and tenderness of the pelvic floor/perineal area. So as not to slow down the rate of healing it is beneficial to do the following:

REST: Rest in lying position as much as possible in the first 48 hours. Avoid sitting and standing for long periods at one time. Try to spend at least 20 minutes, twice daily lying down (on your back or tummy) for at least six weeks after having your baby.

ICE: use ice for twenty minutes, every two-three hours while you are awake to help reduce swelling and tenderness. Ask your midwife for icepacks on the ward. Ice can be used beyond 48 hours if swelling and tenderness persist..

COMPRESSION: wear supportive underpants with firm gussets to help reduce swelling. This can be used in conjunction with your icing routine.

SUPPORT: For the first few days after birth, when you empty your bowel it is a good idea to support the entrance of your vagina and perineum with your hand covered with toilet paper.

GENTLE PELVIC FLOOR MUSCLE CONTRACTIONS: You should find that recommencing gentle pelvic floor exercises (not strong holds) is comfortable in the first 48- 72 hours and may help to decrease swelling in the area. Recommence your maximal contractions as you feel able after this time.

For more information, you can contact **The National Continence Helpline** on 1800 330 066 or visit **www.continence.health.gov.au**

2) Your abdominal (stomach) muscles

- help to support your abdominal organs as well as maintain good posture and provide support for your back
- are lengthened during pregnancy so feel weak after childbirth

It is important to begin strengthening your abdominal muscles in the week or two following vaginal or caesarean birth. This can also help to bring the muscles back to their normal position, as the connective tissue down the centre of your abdominal muscles may also stretch and weaken (known as a Diastasis Recti – ask your midwife).

Abdominal hollowing

- Can be done in different positions e.g. sitting, standing, on your side, lying on your back (lying on your back is not recommended after 20 weeks of pregnancy as the weight of your baby puts pressure on blood vessels in your abdomen)
- If done in standing position remember to correct your posture first by standing up straight

First squeeze and lift up your pelvic floor muscles. Then gently and slowly draw in the muscles below your belly button back towards your spine, like you are pulling on a tight pair of pants.

The exercise is not done by sucking in your breath – you should be able to breathe in and out normally. It takes practice!!

- Your back should not move when pulling the muscles in. Stand side-on to a mirror if you need some feedback – you should only see the lower part of your tummy move in about 1-2cm
- Once you have the right action hold for 3 seconds, then relax your tummy right out again
- Repeat 10 times (= 1 set), try to do this 4 times a day.

If you find you have to take a big breath in before you start or let a big sigh out when you finish, you are not breathing normally.

* We encourage women to avoid any exercises involving a sit-up or 'crunch' for at least 6-8 weeks after birth as they can cause back pain and may strain the pelvic floor.

* You should also avoid any exercises that cause you to hold your breath.

Swimming/pool exercise classes run by a physiotherapist can be a comfortable place to exercise. Refer to the Yellow pages under "Physiotherapy" for centres providing antenatal hydrotherapy classes. After birth, you can commence this after your 6 week check-up.

When to seek a women's health physiotherapist...

- if you begin experiencing pain in your back or in between your shoulder blades during or after your pregnancy
- if you are experiencing pain at the front or back of your pelvis or into your buttock muscles during or after your pregnancy
- if you experience ongoing or severe 'pins and needles, numbness or pain in your wrists or hands
- if you experience leaking of urine or faeces
- if you need to rush to get to a toilet or can't 'hold on' when you need to
- if you need to plan your daily routine around where the nearest toilet is
- If you are experiencing any of these problems or have questions regarding this information, please talk to your midwife or obstetrician about a referral to a Women's Health Physiotherapist.

PERINEAL MASSAGE

Perineal massage is a technique that may be used to prepare the outlet of the birth passage for the stretching and pressure sensations during the birth of you baby. Perineal massage will make you more aware of the area and can reduce the incidence of perineal injury during childbirth and reduce pain post-delivery.

Starting at week 34 or 35 of pregnancy, you (or your partner) can start massaging the perineum 1-2 times per week, with each session lasting for a maximum of 5 minutes. Massaging more than 1-2 times per week does not result in less perineal trauma and is not recommended.

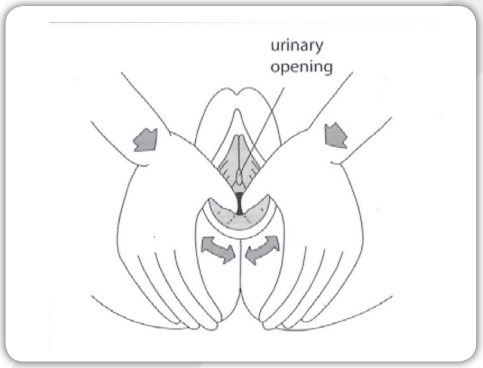
There are several different techniques of perineal massage. All generally involve the insertion of one or two lubricated fingers (or finger and thumb, or both thumbs) approximately 5cm into the vagina and applying gentle pressure downward (toward the anus) and to the side of the vagina until a very slight tingling or burning sensation is felt. The stretch is performed for about 2 minutes and then the fingers are repositioned.

The massage is performed in a seated, lying or standing position with legs apart – whatever feels comfortable for

the woman. Massage oil (e.g. sweet almond oil) or water-soluble vaginal lubricants (e.g. K-Y Jelly) can be used.

Perineal massage should not be performed if you:

- are less than 34 weeks pregnant
- have cervical shortening
- have placenta praevia or any other condition where there is bleeding from the vagina during second half of pregnancy
- have severe blood pressure problems in pregnancy
- have an active vaginal infection (e.g. herpes, thrush).



PERINATAL DEPRESSION

AN EXPLANATION

Perinatal depression (depression during the pregnancy or for one year after birth) is now recognized and researched for what it is - a depressive illness. It is not simply 'feeling unhappy' and superficial advice such as to 'snap out of it' or to 'think positive' is not the answer.

The 'blues' which appear on the third to fourth day after birth, affect approximately 50-80 per cent of women. The mother can feel emotional and upset or burst into tears for no particular reason. Some mothers feel anxious; worry about minor problems and often have trouble sleeping. Others may just feel generally unwell and excessively tired.

For most mothers, these feelings are transient and fade away as quickly as they came.

Clinical perinatal depression may occur anytime up to a year following birth. It can last for several weeks to several months and affects approximately 10-24 per cent of women. In Victoria, this means that 6,000 - 12,000 women per year can be affected with postnatal depression.*

**Reference 'Having a Baby in Victoria'*

Final report of the Ministerial Review of Birthing Services in Victoria 1990.

Contributing factors:

There are a number of factors recognised as contributing to the onset of postnatal depression.

Social changes

- Financial constraints
- Relationships, ie with husband/partner/support people
- Change within the family unit
- Change in the woman's role

Any issues related to the baby, eg

- Feeding problems
- Jaundice

A reaction to the emotional and physical exertion of having a baby

- Hormonal changes
- Biochemical changes

Symptoms of perinatal depression:

- Loss of control when usually competent
- Poor self image
- Poor self worth
- Problems with sleeping - too much or too little
- Overwhelming feelings of anxiety
- Poor concentration
- Poor appetite or overeating
- Loss of sexual interest
- Difficulty with doing household tasks
- Tearfulness for no apparent reason
- Loss of motivation
- Feelings of guilt
- Poor memory - specifically short term
- Irritability
- Feelings of panic
- Physical symptoms, ie headaches, fatigue, nausea

Information provided by Bendigo Health Psychiatric Services

MATERNITY PERINATAL SOCIAL WORK AND SUPPORT PROGRAM

At Bendigo Health we offer additional support for mothers with complex social and emotional needs before and after birth. The maternity support program can help with short term counselling for common issues such as birth trauma, anxieties around child birth, emotional changes, and offer referral to community services.

WHAT IS MUMMOODBOOSTER?

MumSpace provides access to MumMoodBooster, a new proven effective online cognitive-behavioural therapy treatment program. Available 24/7 and suitable for pregnant and new mums, it is the only e-treatment program of its kind in Australia to help women recover from antenatal and postnatal depression and anxiety.

Research studies have shown that women who participate show rapid reductions in symptoms of depression, anxiety and stress. The program includes six online treatment sessions complemented by SMS support and can be accessed from home or mobile.

MINDMUM- APP

This mobile app supports the emotional wellbeing of mums in the perinatal period. MindMum offers a convenient and easy tool to help new mums monitor their own mood, progress through self-paced guided activities and step up or down to online tools as needed. It is available at MumSpace on both Android and Apple and is free to download.
This app is full of ideas to help you to feel your best when you are pregnant or have just had a baby. It may help you to:

- hold on to the good things
- feel better when you are sad or worried
- track your mood
- calm yourself with meditation and relaxation
- make action plans
- plan enjoyable moments with your baby, your partner, friends, or by yourself

mumspace.com.au

Not impacted	Baby Blues	Postpartum Depression	Postpartum Anxiety
Tears of joy or frustration on occasion	Random **tears** (even for a toilet paper ad) that come out of nowhere	**Tearfulness** that may or may not have a direct cause	**Tears** around thoughts that might be scary
Sleep deprived, but able to take naps during the day	Learning to **sleep** when the baby sleeps. Getting used to sleep / wake cycle that isn't what one is used to	**Sleep** is interrupted in one of two ways: difficulty rousing oneself (consistently) or not able to fall and stay asleep	Difficulties falling and staying **asleep**. Not able to sleep due to racing thoughts
Your **mind** might feel clumsy at times and forgetful, but you are able to carry on a conversation (unless the baby interrupts)	Your **mind** feels a little foggy and it might be hard to focus	Your **mind** feels full and it can be hard to express yourself. You might feel forgetful or distracted. Carrying on a conversation can be difficult, and not because of the baby	Your **mind** is racing and it is hard to slow it down
You seldom **worry** about things that are new for you	You **worry** a little, and sometimes check in with others, and sometimes keep it to yourself	You feel too sad or angry to **worry**	Your **worry** constantly and some of your worries might scare you. You are afraid to tell others about ALL of your worries, though you might share some
The changes in your life are exciting and make you look forward to the future	**The changes** in your life are temporarily overwhelming, but you are able to adjust with a little practice	**The changes** in your life are completely overwhelming and you are having difficulty adjusting to them	**The changes** in your life cause perpetual worry as you struggle to make sense of them
Bonding with your baby isn't something that you spend time thinking about, as you do so by caring for your baby	**Bonding** with your baby is awkward, but with practice, you adjust	**Bonding** with your baby is hard as you feel detached from your baby and attending to its needs	**Bonding** with your baby is something that you are thinking a lot about: are you doing it right? Is your baby attached enough?
After a few weeks, you relish in your new routine as your "new normal"	**After a few weeks**, you are getting the hang of things and start to feel more like yourself.	**After a few weeks**, you feel as bad, if not worse	**After a few weeks**, the worrying persists

Chart to track if you are impacted by emothional concerns postpartum. Created by: Dr. Julie Bindeman

HELPFUL RESOURCES

MumSpace also provides access to a range of evidence-based mental health support tools, apps, helplines and resources. These currently include What Were We Thinking! And Baby Steps, two prominent preventative psycho-educational supports, and links to other Australian perinatal mental health resources.

If depression or anxiety lasts more than two weeks contact:

- Your maternal and child health nurse
- Talk to your support people
- Your doctor/GP
- PEHP Perinatal Emotional Health Program referral via 1300 363 788 (24 hours)
- Community Health Bendigo 5430 0500
- Mental Health Services 1300 363 788 (24 hours)

EXERCISE

Daily exercise is an important part of health and feeling good. It is recommended that you do some general and specific exercises during pregnancy, unless your doctor has restricted you. Exercises will help to strengthen muscles, maintain good posture and assist you during labour and following birth.

Discuss your exercise plans with your doctor/midwife throughout your pregnancy.

GENERAL EXERCISE

Most women can continue their usual exercise regime during pregnancy. In early pregnancy you may need to limit exercise due to nausea or fatigue. In late pregnancy, change in body shape and the extra energy required for the growing baby may limit what you can achieve.

DURING EXERCISE

- Warm up slowly and gradually for at least 10 minutes before exercise.
- After exercise, take 10 minutes to slow down gradually, reducing the risk of distress to your baby.
- Use gentle, stationary stretches to prevent overstretching of muscles and damage to already softened joints.
- Take frequent rest breaks and increase your water intake.
- Keep legs moving gently and maintain full breathing.
- Avoid activities that include jumping, or jarring motions or sudden changes in direction. Use more careful, controlled movements to prevent unnecessary discomfort or injury.
- Wear well-cushioned sports shoes and try to exercise on grass or a carpeted surface.

TAKE SPECIAL CARE

- Include strengthening exercises for pelvic floor, back and tummy muscles. (see next section)
- Change position slowly to prevent dizziness.
- Avoid long periods of standing.
- After the fourth month, avoid lying flat on your back to exercise. Instead, substitute with alternative positions.
- Strength training should emphasize muscle endurance.
- Avoid lifting heavy weights.
- Try not to hold your breath during any exercise. To prevent strain, release your breath as you contract your muscles during an exercise.

AVOID OVERHEATING

- Don't exercise vigorously on hot, humid days or in crowded rooms.
- Avoid saunas and hot spas.
- Don't exercise if you have a fever or illness.
- Drink water frequently - before, during and after your exercise and more in hot weather.
- Wear light, cool clothing in layers which you can easily remove instead of tight, full length exercise gear which restricts ankles and wrists.

KEEP ENOUGH IN RESERVE FOR YOUR BABY

- Avoid sport at competition level.
- Choose sports which don't involve risk of collisions, bumps or falls.
- Kilojoule intake needs to be adequate to meet the energy requirements of exercise in addition to the extra energy needs of pregnancy.
- Prevent fatigue. Include regular rest days as part of your fitness program.

AFTER YOUR BABY IS BORN

- Check with your doctor at 6 weeks before returning to vigorous high impact exercise.
- Exercise carefully - physical changes will still be occurring for several months.
- Progress gradually. Listen to your own body and progress only when you feel ready.
- Commence with low-impact exercise at the same level you were used to in late pregnancy. This allows muscles to gain conditioning without excessive stress or strain.
- As your fitness level improves, gradually progress to higher levels of exercise
- Allow adequate kilojoules and fluid intake for both exercise and breastfeeding.
- For comfort, wear a supportive bra with non-elastic straps.
- Get plenty of rest. Allow time each day to rest or practice relaxation.

POSTNATAL PHYSIO CLASSES

- Book in for your postnatal physiotherapy class with the physiotherapy department (5454 8783), to discuss pelvic floor exercises and learn about safe exercise after pregnancy and childbirth

BIRTHING PREFERENCES

Information to assist you with a birth plan.

Please note: A birth plan is optional.

PREGNANCY

- How are you being cared for?
- Shared care with general practitioner?
- Midwife care?
- Private obstetrician?
- High risk pregnancy clinic?
- Have you had any other births?
- Past birth experience - what was that like?
- Do you have any comments?
- Is there anything you hope will be different?

SUPPORT

Support people need to be entirely focused and give constant encouragement and praise.

They need to communicate their love and support non-verbally; with touch, back rubs, massage, holding the woman's hand, wiping her brow and offering drinks. They must help her to focus through the pain, and remind her that it will pass.

They need to encourage her to walk and help her to change position.

They should listen to her and be her advocate.

They should stay with you throughout the labour.

- Who is your support person-partner, friend, family
- How many people have you chosen? (preferably no more than two)
- Plan of action, telephone number(s)
- Person at home to take telephone calls and to reduce calls to the hospital?

Other children:

- At labour/birth with their own support person

LABOUR

Welcome the onset of your labour. Each contraction brings you closer to the birth of your baby.

Remember that pre-labour can last 24 to 48 hours before labour establishes. Plan something to keep you distracted during this time. Do not rush into hospital after your first few contractions. You will be more relaxed and comfortable at home.

Labour is painful, but the pain is not continuous. Use the time between the contractions to rest and relax.

To prepare for labour and birth requires both a prepared body and mind.

Keep yourself physically fit, with regular gentle exercise, and eat well.

The best thing you can do for yourself as labour begins is to keep a positive mind. Stay well nourished, well hydrated, well rested and mentally focussed.

Clothing:

- T-shirt
- Nightgown (buttoned down front)
- Choose what you feel most comfortable wearing.

Food:

- Light snacks-early labour (at home)
- Preferred drinks

Support people:

- Suggestion is for you to pack a small bag with a change of clothes, towel and personal items. You may be supporting a woman under the shower.

Atmosphere:

- Music - bring your own.
- Own pillow or other familiar items from home.
- Positive affirmations.

Pain relief:

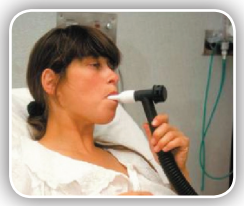
- Breathing techniques

Basis of breathing throughout labour involve:

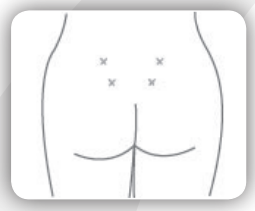
  - Inhale through your nose, not mouth (as this warms, filters and slows air flow)
  - Fill the lungs completely and hold momentarily before exhaling
  - Count slowly to you own capacity, making sure it's rhythmic and even.

- Bath / Shower
- Meditation, Visualisation/Imagery
- Massage oils
  - Please speak with your midwife before using to ensure the chosen oil is safe
- Position, movement, massage, heat pack
  - Swaying back & forth on a ball can ease the pain of contractions and use gravity to help the baby move into the pelvis. It also allows a support person the rub your back, while the pressure on the ball gives the perineum extra support.
  - Leaning forward on a chair or bed, or even a support person between contractions is a comfortable way to rest.
  - It takes the pressure off the sacro-iliac joint allowing the mother to rest comfortably between contractions
  - Standing and Swaying with contractions, while being supported by a birthing partner is another comfortable position.

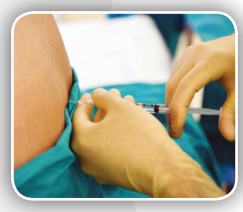
- Or kneeling on something soft, leaning on a bed, chair or pillows is also comfortable.
- TENS machine (you will need to bring your own with you – can be hired)
- Nitrous oxide (gas) via mouthpiece

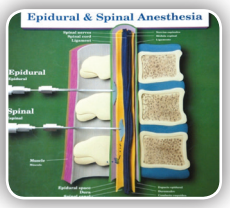


- Sterile water injections
  - The procedure involves a small amount of sterile water (0.1 ml to 0.2 ml) injected under the skin at four locations on the lower back (sacrum).
  - The injections cause a brief but intense stinging sensation, like a wasp sting, that lasts for about 30 seconds and then wears off



- Morphine injection
- Epidural





Everyone handles labour and birth differently. Whatever pain relief you require or whatever your mode of birth, be proud of your achievement!

Vaginal examination:

- Completed for a specific reason - only after talking with a midwife or doctor
- Rupture of membranes. Allow this to happen naturally or artificially if recommended for your labour.

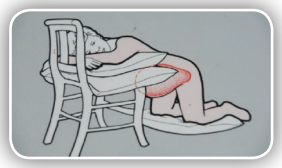
Baby's heart rate:

- Monitored by handheld doppler
- May be continuous by cardio-tocograph (CTG) if recommended
- External/internal monitoring.

BIRTH

Position of comfort for you:

- Active birth - walking around
- Staying upright - changing positions. Use of birth ball. Use of floor mattress/mat
- Mirror if you wish to see your baby being born
- Massage oil



Episiotomy:

- Not routinely done. Decision made after discussion with you.

Cutting the cord:

- Do you or your partner wish to cut the cord? (cutting the cord does not hurt the baby).
- Staff to hand you your baby?
- Who will discover the sex of your baby?
- Discuss skin to skin with midwife to promote bonding/ breastfeeding.

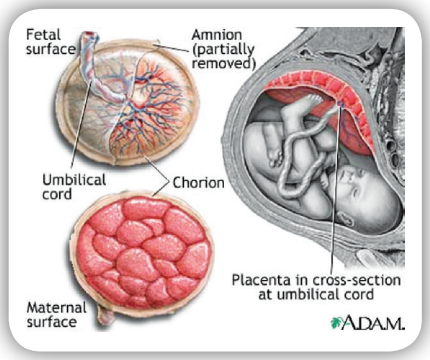
NOTE: Please speak with your midwife/doctor about the use of any essential oils / oil diffusers during pregnancy and labour before you use them. They may be unsafe for you, your baby, or the staff caring for you.

THIRD STAGE

- Bendigo Health policy is active management of third stage. This involve giving medication (syntocinon) to you immediately after birth to deliver the placenta as soon as possible and to minimise blood loss.

If you wish to have physiological management of labour (where no medication is given) please talk about this further with the midwives and the medical staff caring for you during your pregnancy.

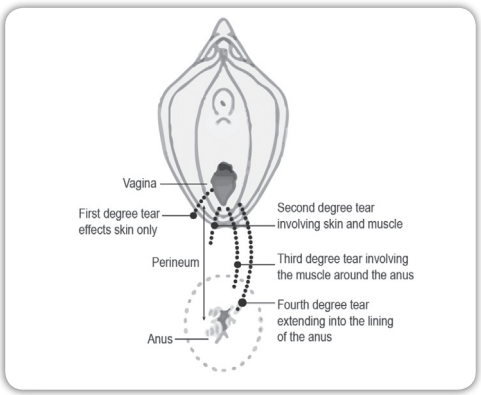
If you wish to take your placenta home after birth, speak with your midwife to complete the required paperwork.



AVOIDABLE THIRD AND FOURTH DEGREE TEARS DURING YOUR BIRTH

What are perineal tears?

- Perineal tears affect the skin and muscles of your perineum, between your vagina and anus.
- First and second degree tears are quite common and usually heal without difficulty.
- These tears may need stitches and follow up with your local doctor.



What are third and fourth degree tears?

- Third degree tears go through the muscles that control the anus (back passage).
- Fourth degree tears extend into the lining of the anus or rectum. Third and fourth degree tears usually require repair in an operating theatre.

Could this happen to me?

Approximately 4 out of every 100 women having a vaginal birth experience a third or fourth degree tear.

Your chance of a third or fourth degree tear is increased if:

- this is your first baby
- you are of Southeast Asian background
- you have previously had a third or fourth degree perineal tear
- your baby weighs more than 4kg (9lb) or is in a position with their back against your back (posterior)
- your baby's shoulders become stuck during birth
- you require forceps or other instruments to assist your birth.

For some women a third or fourth degree tear can result in a loss of bowel control. Lasting effects can be minimized with accurate diagnosis and appropriate management and follow up.

What does this mean for my care?

As part of our commitment to reducing avoidable third and fourth degree tears, women having vaginal births will be offered the following care:

- Application of a warm washcloth (compress) to your perineum when your baby's head is crowning. This helps the muscles in your perineum stretch naturally.
- Encouraging you to move and to adopt birthing positions that control your birth during the second stage of your labour (e. g. on hands and knees).
- Helping you to have a slow, controlled birth through breathing techniques, and without directed pushing.
- Using hands to gently support your perineum during the birth of your baby's head

.

For births that require instrumental assistance

- Sometimes instruments, such as forceps or a vacuum (Ventouse) are needed to assist with the birth of your baby. Forceps and Ventouse are instruments that enable your doctor to gently pull, in time with your contractions, to assist with the birth of your baby.
- Which instrument is used depends on how your birth is progressing and the position your baby is in. These instruments can help the mother and baby achieve a safe vaginal birth.
- If this is your first birth and you require assistance by forceps or Ventouse we will recommend an episiotomy.

An episiotomy is a cut made with scissors at the entrance to your vagina into the perineum.

- An episiotomy can help to reduce third and fourth degree perineal tears.
- We will ask for your permission to cut an episiotomy and pain relief will be provided.

How will I know if I have a third or fourth degree perineal tear?

After the birth of your baby we will examine your perineal and anal area to see if you have a perineal tear. To ensure a tear is not missed we recommend a rectal examination for all women.

This examination can detect internal tears, and ensures we are able to offer appropriate treatment and follow up. We will ask for your consent before we conduct this examination, and you can withdraw your consent for the examination at any time.

What happens if I get a third or fourth degree tear?

The tear will need to be repaired, usually in an operating theatre. Your baby will be looked after by your partner, a family member or a midwife. Support will be provided to them.

You will be provided with pain relief and information on what you can do to help the tear heal.

An appointment will be made to see a health professional after you go home. Follow up with an experienced women's health physiotherapist and continence nurse is also recommended. Please speak to your midwife or obstetrician if you have questions about this information, or what you can do to reduce your chance of a third of fourth degree tear e.g perineal massage.

CAESAREAN SECTION BIRTH (OPERATION)

If you require a caesarean birth it is important to discuss this with your doctor for a full explanation of what happens.

- Epidural/spinal anaesthesia provides the opportunity for you and your partner to see the birth.
- General anaesthetic: usually your partner is not present at birth.
- Partner/support person may remain throughout the caesarean birth and in recovery room, circumstances allowing. (Discuss this with midwife and medical staff if this is an option).
- Drapes are lowered for the birth of your baby.
- Opportunity to discover the sex of your baby at birth?
- Music of your choice? (Discuss with obstetrician if an option).
- Support person to shorten baby's cord following birth? (Discuss with midwife).
- Permission to take a photograph of your baby in the theatre. Ask midwife/medical staff.
- Opportunity to have skin to skin with baby in theatre/ recovery
- Skin to skin contact in theatre and recovery room is encouraged to help with first feed for your baby and keep baby warm
- Breastfeeding

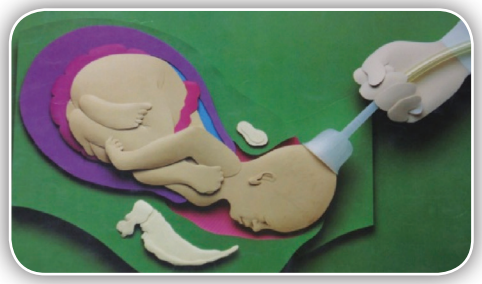
Pain relief following a caesarean section birth:

- Excellent pain relief is provided for women following a caesarean birth
- For planned caesarean discuss colostrum storage in pregnancy with a midwife.

ASSISTED VAGINAL BIRTH

VACUUM:

- A small vacuum cup is put on the back of baby's head.
- Gentle suction is applied to the baby's head.
- When Mum pushes with a contraction, the obstetrician assists by pulling the vacuum.



FORCEPS:

- One side of the forceps is placed on each side of the baby's head, over the ears and cheek of the baby.
- When mum pushes with a contraction the obstetrician assists by pulling the forceps.

INDUCTION OF LABOUR (IOL)

In most pregnancies labour starts naturally between 37 and 42 weeks. Labour is said to be "induced" when doctors and midwives encourage the labour to start artificially.

REASONS FOR INDUCTION OF LABOUR:

Approx. 1 in 5 women will have their labour induced.

The most common reasons are:

- There are concerns about either the Mother or the Baby's health.
- The pregnancy has gone longer than 42 weeks

How Is Labour Induced?

Labour can be induced in either a number of ways. These options will be discussed with you if it is recommended that your labour is induced.

1) Prostaglandin

Is a naturally occurring hormone which prepares the body for labour. A synthetic version, (Prostin Gel or Cervidil) is inserted into the vagina to prepare the cervix. The baby will need to be monitored and a woman will need to lie down for 30 minutes after the insertion. One or two doses might be required to prepare the cervix.

2) Artificial Rupture of Membranes (ARM)

A vaginal examination is required and a small instrument is used to make a hole in the membrane (ARM) and release the fluid inside.

3) Oxytocin

Oxytocin is the hormone that causes contractions. A synthetic version, syntocinon, is given in a drip through a vein in the arm. The drip is slowly increased until regular contractions start and labour is established. Baby's heart rate will be monitored throughout labour using a cardio-toco-graph (CTG).

4) Cervical Ripening Balloon Catheter

Prostaglandin does not suit all women and your doctor may recommend a cervical ripening balloon catheter. This catheter is inserted into your cervix and the balloons inflated with saline, thus applying pressure to the cervix and preparing your body for labour. When the catheter is in place, you will need to stay in hospital but you will be able to move around normally. 18 hours after the catheter has been inserted or when it falls out, you will be re-examined.

COMING TO HOSPITAL

ASSESSMENTS, LABOUR AND BIRTH

If you have any concerns for you or your baby or if you think you may be in labour please phone the assessment midwife.

- Mon - Fri 9am – 4.30pm call the assessment midwife at Women's Clinics on 5454 7291
- Outside these hours call the Birthing Suites on 5454 8582

The midwife will arrange for you to be assessed or give telephone advice as appropriate.

Vitamin K injection:

- Is given to all newborn babies to lower the risk of bleeding problems in the early months. Consent is required.

Infant Hepatitis B:

- Recommended for all newborns as part of regular immunization and given in the first 72 hours following birth. Consent is required.

Newborn screening test:

- This test is performed after 48 hours to screen for a number of rare but important conditions. Most babies will have a normal result. Parent consent is required and you are encouraged to feed and hold your baby during the process.

Relaxation rest:

- Plan to rest when your baby does. Try for time alone with your baby. Your partner or support person is encouraged to spend time with you and your baby to develop parenting skills eg bathing, nappy changing.
- At Bendigo Health we practice rooming in - the baby is at your bedside 24 hours a day.

Parking

There is parking available on site for a small fee for patients attending appointments.

It is best to check what parking is available before your labour begins.

Enter via Lucan Street and use Foot Bridge to hospital.

There is limited free parking available around the hospital.

Pick up/drop off can occur at the Mercy Street entrance or emergency department.

Support People

Whoever you wish to have with you while you are in labour is your choice; however children under 12 should have an additional support person to supervise them.

INFORMATION FOR YOUR STAY IN HOSPITAL AND WHAT TO BRING TO HOSPITAL

VISITING HOURS
Visiting hours for partners is not limited, but for extended families and friends, visiting hours are from 2pm - 8pm.

ROOMING IN
Having your baby stay with you in your room 24 hours a day is normal practice, please be aware that staff are not responsible for supervising your baby if you leave the ward without prior arrangement.

TELEPHONE ENQUIRIES
PLEASE restrict phone queries made to Women's Ward / Birthing Suites. Due to confidentiality, no patient information can be given over the phone by staff. Many patients choose to use private mobiles to communicate with families / friends during their stay.

DISCHARGE TIME
All patients are requested to arrange discharge from the hospital by 10am. If required, please go to the accounts office and pharmacy to settle any accounts before you leave.

DISCHARGE LOUNGE
If your partner/family are unable to take you home at the above time, a lounge is available for you to wait for your family to arrive to pick you up after discharge.

WHAT TO BRING TO HOSPITAL
For mother

- Plastic container with lid for feeding equipment
- Casual clothing and nightwear (suitable for breast feeding)
- Maternity bras, nursing pads (one box or toweling)
- Dressing gown, slippers/footwear
- Personal toiletries
- Sanitary napkins – (two super and two regular packets) and underwear
- Watch, pen, small torch if desired
- Plastic bag for laundry.

For baby

- Bunny rugs, singlets, nighties or jumpsuits x four of each
- Hats, booties, cardigans/jackets & cotton mittens x two of each (No hoods, and natural fibres are SUDI recommended ie cotton or wool)
- Wet wipes
- No nappies are required in hospital as you are provided with a pack of disposable nappies. (You will need at least one to change baby into to go home)
- Container (eg. four litre ice cream container) with cotton wool balls, cotton buds, baby bath solution or soap.

If you have decided not to breastfeed your baby you will need to bring into hospital a tin of the formula you have chosen, three sterile bottles and teats to take formula home in.

WHAT YOU MAY NEED AT HOME
Three dozen cloth nappies or two large packets newborn size disposable nappies, singlets (six), nighties or jumpsuits (six) bunny rugs (four-six), cardigan/jackets (four), bonnet/hat, bibs, four soft towels and face washers for bathing your baby, baby soap/oil, baby bath, cot/bassinet/bed linen, baby capsule/car restraint, pram/pusher.

GOING HOME
The length of stay varies according to your individual needs.

The time frame may be 4 hours post birth or more if medically indicated.

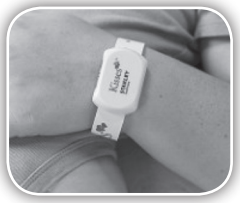
A focus on getting you prepared for early discharge is supported with maternity home care and access to the breast feeding and parenting services.

Phone 5454 7288 to inquire about 'new parents group' Monday's 3-4.30pm in MPU.

Maximum 2 nights stay following vaginal birth or 3 nights after caesarean.

THE HUGS AND KISSES INFANT PROTECTION SYSTEM

Infant Protection system protecting infants and children at Bendigo Health.



HUGS & KISSES PROGRAM

- The Hugs and Kisses Infant protection system, was built into the New Bendigo Hospital.
- Bendigo Health is the first hospital in Australia to implement this system, but joins hundreds of hospitals around the world protecting more than a million babies every year.

Women's Ward:

- Each infant wears a soft, tamper-proof Hugs tag attached around his or her ankle, which is applied after birth in the Birth Suite.
- Mothers are given a small tag known as "Kisses" on their arm which is linked with their babies Hugs tag.
- The Kisses tag, identifies a mismatch if an incorrect infant is brought to the mother. The Hugs tag will alarm straight away as well as sending an alert to the main console in the nurses station.
- This prevent, mothers feeding the incorrect infant and allows staff to ensure the correct infant is with the correct mother.

Special Care Nursery:

- Each infant and child wears a soft, tamper-proof Hugs tag attached around his or her ankle.
- If a mother is discharged before her infant their Kisses tag will be removed but the infants Hugs band will remain on during their admission.

HOW THE SYSTEM WORKS:

- A computer console is located in each nursing station. The Hugs tag reports to the main console every 10secs with the infant's exact location. Alarms are generated when the strap is cut or tampered with, if the infant is moved to an unauthorized zone, if a mother comes too close to another baby or if the tag's signal is no longer detected. The system activates the hospital's security cameras, door locks, and security alerts when alarms are generated.
- All infants and mothers will still wear hospital name bands during their admission.
- If you have any questions or would like to opt out of the program, please speak with your midwife.

BREASTFEEDING SUPPORT SERVICE

Breastfeeding support by a Lactation Consultant, is available to women who birth at Bendigo Health who need help in establishing feeding or overcoming feeding difficulties.

Mothers can be referred by their doctor, midwife, maternal and child health nurse or they can contact the service themselves.

The Lactation Consultant will sit with mother and baby for a full feed to identify and correct difficulties. Please try and plan a feed at time of appointment.

This service is available up to 6 weeks following birth.

Bookings can be made by phone on 5454 7288.

The Lactation Consultant Clinic is located on Level 3.

Please report to Women's Clinics reception on arrival for appointment.

Cost is covered by Medicare for public patients and follow-up phone calls are provided. Private patients will be billed.

POST NATAL (FOLLOWING BIRTH)

Feeding:

Breastfeeding is actively encouraged. You are encouraged to feed your baby as soon as you are both ready, especially in the first hour after birth. Skin to skin contact between mother and baby in the first 30 minutes enhances breastfeeding. Partners may also wish to have skin contact.

Mother's wishes about how she wants to feed her baby are supported by staff.

If you have any questions about feeding your baby you can:

- ask at childbirth / parenting education classes
- see a midwife at your antenatal visit
- contact the MHC midwife
- see a maternal and child health nurse
- contact Australian Breast Feeding Association counsellors
- see lactation consultants who are available before or following birth
- explore the reasons why breastfeeding is the best and effects of formula on newborns.

WHAT TO BRING TO APPOINTMENT:

- All babies needs including nappies
- Plastic bag for soiled nappies
- No pram - carry baby or leave pram in corridor
- Medicare card
- Child health record

During admission all women are encouraged to attend the Inpatient Breastfeeding Room staffed by lactation consultants. Runs each weekday 8.30am - 12.30pm in Women's Ward.

BREAST HEALTH IN PREGNANCY

Most women experience breast changes in early pregnancy.

If you have questions or concerns about your breasts please ask a midwife or doctor. You can call the Breastfeeding Support Service on ph 5454 7288 if you require further information regarding breast changes during your pregnancy.

FEEDING YOUR BABY

Bendigo Health promotes and supports breastfeeding and is working towards the Baby Friendly Health Initiative (BFHI).

Please refer to the Ten Steps BFHI at the back of this book.

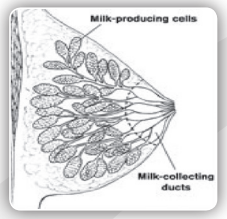
Lactation Consultants and Midwives are happy to talk to you about your feeding choices. Lactation Consultants and the breast feeding support service provide specialist assistance.

If you choose to use infant formula, information and support will be provided during your hospital stay.

Correct positioning and attachment with effective sucking prevents nipple pain or trauma generally. Please discuss any concerns you may have with your care provider and a referral can be made to the lactation consultant.

HAND EXPRESSING

Hand expressing may be used from 37 weeks to collect colostrum to have available for your baby at birth if required.



A GENERAL GUIDE FOR HAND EXPRESSING

Always wash your hands before you start to express. To begin, gently massage your breasts for a short time and stimulate your nipples to encourage the let-down or flow of milk, then:

1. With your hand under your breast, place your thumb and index finger on either side of your areola, well back from the nipple.
2. Gently press your thumb and forefinger back into your breast and as you do this, press them towards each other behind the nipple. Press for about two seconds, then release.
3. Continue to compress and release and your milk will begin to appear.
4. When the flow stops move your fingers to another position, around the edge of the areola, and start again.
5. When the flow slows to drops of milk change to the other breast.
6. Massage both breasts again and repeat steps 1–5.

It is important not to cause pain or friction while expressing.

See also raisingchildren.net.au

STORING, PREPARING FEEDS AND HYGIENE FOR EXPRESSED BREAST MILK (EBM)

- In most cases the mother will leave EBM ready in bottles in the fridge.
- Fresh EBM can be kept safely in the back of the fridge for 72 hours.
- To warm cold EBM stand the bottle in a container of hot water (not boiling) until the EBM reaches body temperature.
- Test how warm the milk is by dropping a little onto your wrist. It is right when it feels warm.
- Do not overheat or boil EBM as this can destroy some of the nutrients in breast milk.
- Do not store EBM in glass containers.
- Do not use a microwave oven to thaw or heat EBM.

THAWING BREAST MILK

- Frozen EBM may be in a bottle, storage bag or other container.
- It can be warmed quickly, or thawed slowly in the fridge.
- Do not leave frozen EBM standing at room temperature.
- To thaw quickly, move the bottle or bag of frozen EBM about in a bowl of warm water.
- As the water cools, add a little hot water to the bowl and keep moving the EBM around until it all becomes liquid.
- You may need to put the EBM into a clean feeding container.
- It is a good idea to ask the mother when the baby is likely to need a feed and thaw the EBM before this time.
- Store thawed EBM in the fridge for no more than four hours and heat as for cold EBM.
- EBM, like other food, can grow germs, particularly after freezing and thawing.
- Bottles, teats, spoons, cups or other feeding equipment need to be well washed in hot, soapy water and rinsed well (air-dry or dry with new paper towel if not being used straight away).
- Personal hygiene is also important. Wash your hands well before you start to prepare a feed.

**Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

Please note: If you do not have a refrigerator and are storing your expressed milk in an esky please store in a closed container on ice for 24 hours, then discard.

STORAGE OF BREAST MILK FOR HOME USE			
Breast milk	**Room Temperature**	**Refrigerator**	**Freezer**
Freshly expressed into a closed container	6–8 hrs (26°C or lower). Store milk in refrigerator if available	No more than 72 hours. Store in back, where it is coldest	2 weeks in freezer compartment inside refrigerator (-15°C) 3 months in freezer section of refrigerator with separate door (–18°C) 6–12 months in deep freeze (–20°C**)
Previously frozen – thawed in refrigerator but not warmed	4 hours or less (ie the next feed)	Store in refrigerator 24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feeding	Hold for 4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding, then discard	Discard	Discard

TEN STEPS TO SUCCESSFUL BREASTFEEDING:

1. Have a written breastfeeding policy that is routinely communicated to all health-care staff.
2. Train all health-care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Place babies in skin-to-skin contact with their mothers immediately following the birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breastmilk unless medically indicated.
7. Practice rooming-in – allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or dummies to breastfeeding infants.
10. Foster the establishment of breastfeeding support and refer mothers on discharge from the facility.

WHERE TO HIRE ELECTRIC PUMP

Please phone the individual store for hire and purchase prices

HEALTHWISE PHARMACY
Golden Square –
Ph 54434764

HEALTHSMART PHARMACY BENDIGO
(Under the walk bridge to hospital car park)
130 Arnold St, Bendigo VIC 3550 - Ph 5442 5055

WHITE HILLS AMCAL PHARMACY
499 Napier St White Hills - Ph 54424244

HELEN'S BABY WEAR
8 Caradon St Eaglehawk - Ph 54469085.

Will match any online price plus postage costs.

HIRE FOR BABY
Ph 03 90187855 or
Bendigo@hireforbaby.com

PHARMACY ONLINE, AUSTRALIA
www.pharmacyonline.com.au/Pharmacy

AUSTRALIAN BREASTFEEDING ASSOCIATION (ABA)
Claire Wilkin
ababendigo@gmail.com

PLEASE AVOID TOMEE TIPPEE ELECTRIC PUMPS FOR EXPRESSING IT IS NOT RECOMMENDED TO PURCHASE A SECOND HAND ELECTRIC BREAST PUMP FOR INFECTION REASONS.

EARLY LITERACY

1. DEVELOPING LANGUAGE AND LITERACY IS AN ONGOING PROCESS THAT BEGINS IN THE FIRST YEARS OF LIFE.

The process of developing language and learning to read and write begins in the first three years of life and is closely linked to a child's earliest experiences. Children gain significant knowledge of language, reading and writing long before they enter school. Children learn to talk, read and write by interacting with other children and adults, listening to stories, looking at books and by scribbling with crayons and pencils on paper.

The development of literacy skills (reading and writing) is different from the development of language, but dependent on it. As soon as they are born, babies are learning to communicate and react to different sounds. Babies communicate by crying and squealing, copying other people's actions, making eye contact, smiling and laughing, looking at objects and people, banging, throwing and mouthing objects. The sounds babies make are purposeful and meaningful, like blowing raspberries to show excitement, babbling and cooing, and taking turns to make sounds. They will develop skills to understand language before they start speaking. Developing these skills early will help their ability to communicate.

2. TALKING, SINGING SONGS, TELLING STORIES AND READING BOOKS TO CHILDREN HELPS THEM TO LEARN TO COMMUNICATE, THINK AND COPE WITH FEELINGS.

Babies and children who are spoken, sung and read to become more advanced in their language development than those who are not. Developing language skills is necessary for developing other thinking and reading skills, so talking and listening to a baby even before they can talk helps them learn to communicate. This can be done in the language that is spoken at home. Stories can help children to cope with a lot of the feelings and problems that they experience in their day. These can be stories that are told or stories that are read. Children react emotionally to stories, they begin to understand emotions and relate to how others characters in the stories feel. Telling children anecdotes about their family members and stories about their culture and history can promote children's sense of belonging which can assist in developing a healthy self-esteem.

3. IT IS NEVER TOO EARLY TO TALK, SING AND READ TO CHILDREN.

Babbling, listening to words, singing nursery rhymes playing with books and scribbling are the building blocks for language and literacy development. Research indicates that exposure to books at home, including being read to, library visits and parents' own exposure to books, can play an important role in language and literacy development.

Emergent literacy skills are the skills that develop before reading, but are needed for reading.

These skills develop from:

- The ability to use language and understand words.
- The ability to identify the names and sounds of the alphabet.
- The ability to identify and manipulate sounds.
- Understanding print conventions such as how a book works.
- Having books in the home and a literacy environment where adults are seen reading.

Early literacy, however, **does not mean** early reading. The best way to promote children's literacy is by allowing children's skills to develop naturally from the enjoyment of books and the positive interactions between adults and children and other fun activities around books, **like going to libraries.** Early literacy is not about trying to make children read and write actual words. Expecting young children to read who are not developmentally ready could be damaging and children may then associate reading with failure rather than fun.

Families NSW/ Sydney Children's Hospital

Communication Strategy for Parents and Carers Project
Northern Sydney I South East Sydney I South West Sydney

SAFE SLEEPING FOR YOUR BABY

REDUCING THE RISK OF SUDDEN AND UNEXPECTED DEATH IN INFANCY (SUDI)

Bendigo Health supports and encourages the recommendations of the Red Nose Foundation.

There are 6 ways to sleep baby safely and reduce the risk of Sudden Unexpected Death in Infancy (SUDI).

1. Sleep baby on their back
2. Keep head and face uncovered
3. Keep baby smoke free before and after birth
4. Safe sleeping environment night and day –
   a) safe cot – Australian Standard AS2172,
   b) safe mattress – firm, clean, flat, right size for cot,
   c) safe bedding – no soft surfaces or bulky bedding
5. Sleep baby in safe cot in parents' room
6. Breastfeed

SAFE WRAPPING

Wrapping (swaddling) can be a useful method to assist baby to settle and stay asleep as it reduces crying time and episodes of waking.

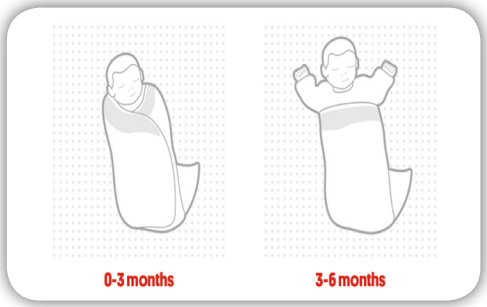
Ensure that baby is positioned on their back with the feet at the bottom of the cot, with head and face uncovered.

Use only lightweight wraps such as cotton or muslin to prevent overheating.

For wrapping to be effective, the wrap needs to be firm but not too tight. Loose wraps are hazardous as they can cover baby's head and face.

Ensure that baby is not over dressed under the wrap. Use only nappy and singlet in warmer weather and dress baby in a lightweight grow suit in cooler weather.

Discontinue wrapping as soon as your baby starts showing signs that they can begin to roll (approx. 3 months).



TUMMY TIME

Supervised tummy playtime is important for baby's development. It promotes muscle growth in neck, shoulders, arms and back in preparation for moving around. It also allows your baby to see the world from different angles which helps brain development and prevent a flat spot on the back of the head.

Offer supervised tummy playtime when your baby is awake and not too tired, at least 3 times a day. Start small with just a minute or two at a time initially; building up to 10-15 minutes.

Never leave your baby alone during tummy time.

NEVER, NEVER, NEVER SHAKE YOUR BABY

Remember, there is no such thing as a perfect parent: parenting is not easy.

Every parent feels stressed at times, so don't feel guilty if you shout or get angry at your child from time to time.

BUT PLEASE, NEVER SHAKE YOUR BABY

Shaking a baby can cause serious harm to the brain, causing unconsciousness or fits. Sometimes these injuries can be permanent and lead to:

- Brain damage
- Bleeding around the brain
- Cerebral palsy
- Blindness
- Epilepsy
- Learning problems

Some children may die.

If your baby won't stop crying:

If your baby has been crying for what seems like forever try feeding, nappy changing and comforting the baby. If you've tried everything you can think of and the baby is still crying, wrap your baby in a soft blanket and put him/her in their cot on his/her back and leave the room. If you're feeling stressed, give yourself a chance to calm down and try telephoning a friend or relative who will be supportive.

If you are still worried about your baby's crying or his/her health, then contact:

- Your doctor
- Your maternal and child health nurse
- The maternal and child health nurse 24 hours seven days a week service Ph 132 229.
- Australian Breastfeeding Association
- Your local hospital

Acknowledgement of brochure entitled 'Never Never Never Shake your Baby' — Produced by Kiwanis International — Royal Children Hospital — Health & Community Services.

Note: Baby usually refers to a child up to 12 months of age.

KEEPING YOUR BABY SAFE

Home accidents are the leading cause of death among young children under five years in Australia.

Having a safe environment for your baby both before and after birth is very important.

Check equipment complies with Australian Standards. Care should be taken with using second hand child car restraints and other equipment.

INFANT CAR RESTRAINTS

RACV approved. - Motacare
85 Beischer Street, East Bendigo
Ph: (03) 5443 3650.

ACRI accredited. - Bendigo Undercar Centre
54 Beischer Street, East Bendigo
Ph: (03) 5443 8490.
Vic Roads approved fitting stations.

INFANT RESTRAINT CAPSULE INFORMATION:

This message comes from KIDSAFE, the Child Accident **Prevention Foundation of Australia which writes: Parents should be encouraged to use a single fold nappy or disposable nappy when using an infant restraint until the baby is six months old. Extra folds in the nappy may mean the baby's back is at more risk of injury in a car accident.**

Child Restraints

By law, a child aged under 6 months must travel in a rearward facing child restraint.

Check the standards sticker on the restraint and restraint packaging to confirm that the restraint complies with AS/NZS 1754.

All rearward facing child restraints must be held in place by the seatbelt AND the top tether strap and MUST have an inbuilt harness.

Wait until the child has outgrown their rearward facing restraint before you turn it around.

Many child restraints are convertible and can be turned around and used as a forward-facing child restraint when the child is between 6 and 12 months of age.

Visit the Child Restraint Evaluation Program (CREP) website at childcarseats.com.au to choose the safest restraint for your child.

Or visit the vicroads.vic.gov.au website

CAR SAFETY

Many parents believe they can hold their baby safely while travelling in the car. It only takes a minor accident or even sudden braking, to endanger your baby's life.

- Do not leave children alone in cars at any time. Babies and young children can become very hot in cars and there are other risks when your child is alone in a car.
- Objects in cars can be very dangerous if an accident occurs. Store all items in the boot of your car eg handbags, baby prams, cots, nappy bag, tissues etc.

MIDWIFERY HOME CARE SERVICE (MHC)

The MHC service provides home visits for women during the first week after the baby is born, then you are referred to a maternal and child health nurse. The service is available seven days a week between 9am – 3pm.

You can contact the midwives on (03) 5454 7283 during office hours and/or leave a message on the answering machine.

Services provided include:

- Home visits to check the health of mother and baby
- Assistance and advice with breast feeding.
- Health promotion and education for both yourself and your baby following birth
- Home safety and accident protection.
- Postnatal exercises
- Promotion of family bonding
- Referral to medical or community services as needed

WAKEFUL BABIES

Be prepared. Talk to your family, friends and staff at the hospital about what to do in the middle of the night. You may wish to obtain reading information on the topic.

You may like to call the 24 hour Maternal and Child health service on 13 22 29.

Contact your maternal and child health nurse, or the Australian Breastfeeding Association for support.

INFANT MASSAGE CLASSES

Learn to massage your baby safely and effectively. Infant massage provides many benefits to families.

A free class is offered to all new parents up to 6 weeks post birth when they have their baby at Bendigo Health or have their baby transferred to our Special Care Baby Unit from another Hospital.

Benefits:

- Relaxing for baby
- Enhanced bonding
- Helps baby sleep
- Strengthens the immune system
- Can reduce episodes of colic / constipation and wind

Classes are held at MPU (Midwives Clinic) every Thursday by our IMIS certified instructor who is also a midwife. Bookings are essential on 5454 7181.

imc@bendigohealth.org.au

DVD

"Best Beginnings - Understanding your baby's needs"

The Best Beginnings DVD is based on the award winning Best Beginnings group which supports parents in the understanding their newborn's needs - covering premature infants, feeding, sleeping, play, partners and emotional health. The DVD is aimed to be used by families and their support networks to understand their infant's cues and needs in the first 12 weeks and is based on attachment theory and Brazelton's Newborn Observation technique.

Copies on DVD/USB are available from the Breast Feeding and Parenting Program, and chapters can be downloaded for free from Bendigo Health's website by following: Bendigo Health, you tube, Best Beginnings.

You can also watch the DVD on your inpatient room TV/ Monitor

COMMUNITY SUPPORT SERVICES

BENDIGO HEALTH

5454 6000

Maternal & Child Health Nurse
(Free call – 24 hour service) Ph 132 229

Carelink – to access services in your local community
1800 052 222

Midwifery Home Care Services
5454 7283

Breast Feeding Support Service (Monday-Friday)
5454 7288

Maternity Support Program (Monday-Friday)
5454 7282

Aboriginal hospital liaison officer
5454 7131

Regional Psychiatric Triage Service
1300 363 788

EMERGENCY NUMBERS

Fire/Police (free call) Ph 000
Poison Information Centre (local call) – Servicing Victoria
Ph 131 126

COUNSELLING & SUPPORT SERVICES/ GROUPS

Centre Against Sexual Assault (CASA)
5441 0430

Child First (Centralised intake for family services)
5440 1147

CFNV (Centre For Non-Violence)
5430 3000

Loddon Mallee Women's Health Service
5443 0233 or 1800 350 233

CentaCare Family Services – Counselling & Support
5443 9577

AustPrem (Premature Babies/Children)
0407 522 877

Loddon Mallee Kids
5442 4642

Prembaby
1300 773 622

Bendigo Multiple Births Association
5448 4194

Australian Breastfeeding Association
1800 686 268

Local meetings available weekly.
Live Chat' 8pm - 10pm weeknights
Breastfeeding.asn.au

Court Information & Welfare Network
5440 4140

SANDS bereavement support
1300 072 637

SIDS Victoria Helpline
9822 9611 or 1300 308 307

ParentLine - Daily Counselling Service
132 289

Mensline Australia
1300 789 978

Families of Children with a Disability Support Group
5442 7897 or 0418 179 226

Families of Children with a Disability: Carer Support Services
1800 059 059

PlayGroup Victoria
9388 1599
Child Protection Intake
1800 675 598

Family Day Care
5434 4300

Haven (housing support)
5442 4288

Dental Health Services Bendigo
5454 7994

CHILDREN'S SERVICES – See Yellow Pages
Bendigo Creche
5442 5990

Annie Galvin Child Care Centre
5441 2307

The Playhouse – Eaglehawk
5446 9421

YMCA Occasional Child Care
5441 4428

Bendigo Occasional Care
5441 5480

Strathdale Child Care Centre
5443 5868

Bendigo Community Toy Library
5441 3180

LOCAL COUNCIL
City of Greater Bendigo
5434 6000

FAMILY PLANNING, CONTRACEPTION & SEXUAL HEALTH
Options Clinic
5448 1600

Family Planning Clinic, Eaglehawk CHC
5434 4300

Loddon Mallee Women's Health Service
5443 0233

WEBSITES

Bendigo Health & check us out on Facebook
www.bendigohealth.org.au

Royal Women's Hospital
www.rwh.org.au

National Sexual Assault, Domestic Family Violence Counselling Service
1800respect.org.au

Having a Baby in Victoria
www.betterhealth.vic.gov.au/servicesandsupport/pregnancyand-birth-services

QUIT Victoria (Smoking)
www.quit.org.au

Maternal and Child Health nurses.
www.education.vic.gov.au/childhood/parents/mch

Bendigo Community Health Services
www.bchs.com.au

Australian Breast Feeding Association
www.abavic.asn.au/bendigo.htm

Multiple Birth Association
www.amba.org.au

Safe Sleeping for Babies
www.sidsandkids.org

Royal Children's Hospital
www.rch.org.au/safetycentre

Child Health/Parenting Royal Children's Hospital
www.rch.org.au/chas

Raising Children Network
www.raisingchildren.net.au

EARLY LABOUR- PATIENT INFORMATION

Your doctor or midwife has examined you and decided that you are in the early stages of labour and not yet established. This is usually because your contractions are not yet strong or frequent enough to make your cervix open very far.

The contractions that you feel during this time are making your cervix thin out and ready to open further.

Research tells us that the best place to spend this phase of labour is at home.

At home, you have the freedom of your own surroundings. You can eat, sleep and move around at your own pace. Listen to your body and do what you instinctively feel is right for you. Remember that your experience is uniquely yours.

When to return to hospital:

- If your waters break.
- If you have vaginal bleeding that is not mixed with mucous.
- If the contractions are regular, last more than 30 seconds and are closer than 5 minutes apart.
- If you are frightened or unsure about what is happening.
- If you need pain relief.
- If you do not feel your baby moving.

It is not unusual for some women to have more than one admission before labour is fully established, especially if this is your first baby.

Please contact the hospital if you have any concerns or questions, or you wish to return to hospital

Assessment clinic	**Birth Suite**
9am-5pm	After hours
Phone - 5454 7291	Phone – 5454 8582 or 5454 8587

1st stage of labour- early phase could take anywhere from 8–16 hours.

Your cervix is 0–4cm dilated (open)

Contractions are 5–20 mins apart, irregular and lasting 20–40 seconds

You are feeling excited and a little apprehensive

You may experience:

- Mucous tinged with blood (show)
- Backache
- Lower abdominal pain (like period pain)
- Sometimes diarrhoea
- Sometimes waters break

Suggestions:

- Stay hydrated
- Call the hospital
- Time your contractions (from start of one to start of the next)
- Move around, keep busy
- Rest if you need to
- Empty your bladder regularly

1st stage of labour- active phase 3-5 hours

Your cervix is 4-8cm dilated

Contractions are 3–7 mins apart, regular and lasting 50–60 seconds

You are becoming weary and restless

You may experience:

- Contractions, strong and regular
- Backache may continue
- Intense lower abdominal pain
- Totally focused on labour
- Dependent on support people
- Blood tinged mucous
- Waters may break

Suggestions:

- Use deep breathing
- Focus
- Take a hot shower or use heat packs
- Change positions
- Rest between contractions
- Sip fluids/suck sweets

1st stage of labour– transition 1/2– 2 hours

Your cervix is 8-10cm dilated

Contractions are 2-3 mins apart, lasting 60–80 seconds

You are feeling tired, irrational

You may experience;

- Long, strong contractions
- May feel anal pressure and urge to push
- Intense tiredness or shaking
- Maybe nausea and vomiting
- Feelings of panic

Suggestions:

- Try a position change and/or massage
- Listen to people's reassurance
- Believe in your body
- If not there already, go to hospital

References

- The Royal Women's Hospital. Early labour - advice for women in early labour. Patient Information.