



Maternity Information Package

Your guide to Pregnancy, Birth and Early Parenting

Contact Telephone Numbers

Pregnancy Assessment		(03) 6166 8352
Womens Health Clinic (WHC)	for appointments	(03) 6166 0000
Midwifery Group Practice		(03) 6166 0960
Birth and Parenting Classes	for enquiries / bookings	(03) 6166 0000
Physiotherapy Classes		(03) 6166 0000
Royal Hobart Hospital (RHH)		(03) 6166 8308
Maternity Unit (K-Block, Level 7 East)	inpatient enquiries only	(03) 6166 6688
Breastfeeding Classes	for bookings	(03) 6166 0000
Lactation Consultant		(03) 6166 7929
Telephone Interpreter Service		131 450
Social Work Department		(03) 6166 8354
Perinatal and Infant Mental Health Services (referral required)		(03) 6166 0476 / 0428 314 849

If intrastate and assistance is required contact:

Launceston General Hospital	(03) 6777 8960
Mersey Community Hospital (near Devonport)	1800 940 766
North West Regional Hospital (Burnie)	1800 940 747

When you should contact the Pregnancy Assessment, 6166 8352:

- If your baby stops moving or there is an obvious change in your baby's pattern of movements. Please refer to page 17 for further information.
- Trauma to abdomen, assault, serious fall, or car accident
- Sharp pains in your abdomen with or without bleeding
- Vaginal bleeding at any time
- Recurring and persistent headaches;
- Persistent itchy skin, especially of hands and feet
- Sudden onset of swelling to face, hands or feet
- Blurred vision or spots before your eyes
- Pain or burning when you pass urine
- Labour has started and you feel it may be time to come to hospital
- You are at home labouring and require advice or reassurance from a Midwife
- If you are less than 36 weeks and are experiencing contractions or leaking amniotic fluid (from around the baby)
- Rupture of membranes (leaking fluid from around the baby) and you are concerned about the colour/odour, or labour does not commence
- You have been told your baby is NOT head down and start to labour or rupture your membranes
- Booked for a Caesarean birth and labour starts
- If you identify any other pregnancy related concerns that you need advice for prior to your next antenatal appointment

Please refer to page 20 for common discomforts of pregnancy and page 8 for presentation guidelines to Maternity Unit (K7E). Remember your GP is also available for illness unrelated to pregnancy or any minor pregnancy concerns.

Acknowledgement of Country

We acknowledge the traditional owners and ongoing custodians of the land on which we work and live. We pay respect to Tasmanian Aboriginal people and Elders past, present and emerging, and acknowledge that Tasmanian Aboriginal women birthed on country for tens of thousands of years and lived relatively healthy lives.

We acknowledge the importance of providing culturally competent antenatal care for Tasmanian Aboriginal women and their families today. Pregnancy and childbirth are challenging times for many women.

We acknowledge Aboriginal community-controlled health services as integral to improving the health and well-being of Aboriginal people, and leaders in providing culturally safe care.



Congratulations on your pregnancy.
Welcome to the Tasmanian Health Service
South Maternity Services (THS)

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Yoyya خوش آمدید Chào mừng مرحبا

You and your family are at the centre of all decision-making during your pregnancy, labour, birth and postnatally. Your active participation is welcomed and encouraged. Our aim is to provide safe, well planned and well communicated care with a collaborative approach. We will provide information, support and allow time for you to determine what is right in your unique situation. Your decisions and choices will be respected.

“It is important that women and their families are allowed enough time to consider their choices and to make decisions after reflecting upon the information they have received. They should be encouraged to seek additional information and advice as they require and allowed to make a considered decision. Women who have been fully informed regarding a recommended course of action, and the potential consequences of not pursuing such management, should have their decisions respected.”

Maternity Care in Australia; A framework for a healthy new generation of Australians, 1st Edition 2017 RANZCOG.

Our service provides health care that is equitable, inclusive and respectful of diversity; acknowledging ethnicity, culture, language, age, faith, gender, sexuality, disability. We work in partnership with you and your family to ensure your values, customs and needs are recognised and supported.

It can be helpful to consider information using the B.R.A.N. tool when making decisions:

B – What are the Benefits

R – What are the Risks

A – What are the Alternatives

N – What if we do Nothing

(adapted from 'What's Right For me?: Making decisions in pregnancy and childbirth' by Sara Wickham, 2018).

This booklet can also be viewed online at www.ths.tas.gov.au/rhmaternity and has been designed to provide you and your family with valuable information regarding pregnancy, birth and early parenting.

*'Nothing About You
Without You'*

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



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AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

For more information
ask a member of staff or visit
safetyandquality.gov.au/your-rights

Your Rights

Patient medical records

You have the right to ask to see information about you retained by the THS, in accordance with the *Right to Information Act 2009*. A fee may be incurred if you require copies. Confidentiality of your records is required under the *Privacy Act 1988*. Confidential information including treatment details will not be released without your consent.

Open Disclosure

At this hospital we respect this right, and we're committed to improving the safety and quality of care we deliver. That's why we have a policy of open disclosure for when things go wrong with the care we provide. Open disclosure assists patients when they are unintentionally harmed by their health care.

For further information visit the Australian Commission on Safety and Quality in Health Care website

www.safetyandquality.gov.au

Security

Any behaviour which disrupts the ability of our staff to fulfil their duty of care to patients will not be tolerated. It is also our right to be safe at work.

Should you, or your visitors, display such behaviour you/they may be asked to leave.

Consumer Liaison Feedback

If you are worried about anything to do with your hospital experience please feel free to let us know. By providing us with your valuable feedback we have the opportunity to continually improve the service we provide.

We have included a feedback form at the back of this booklet in which you can send in at your convenience any time during or following your care with us.

Inpatient Experience Survey

The RHH also provides the opportunity for feedback through an inpatient experience survey. We will call you soon after you leave hospital to hear about your experience. Participation is completely anonymous and voluntary. If you are unable or do not wish to participate in the survey please complete the 'it's ok to say no' form at the maternity ward reception, otherwise you will be automatically listed to be called.

Care Call

The Tasmania Health Service is committed to providing a patient focused approach to care:

You, your family or support people can make a "Care Call" if you are worried about a recent change in your condition you can raise your concern by taking following 3 steps:

Call and Respond Early

1. Tell Staff - a nurse/midwife/doctor or allied health professional.
2. Ask Again - ask to speak to a nurse/midwife in charge or senior doctor.
3. Make a Care Call on (03) 6166 6744 and give details including your name and phone number; location (hospital and ward); and the name of the person you are worried about.

Everyone has the right to feel safe and be safe

STOP FAMILY VIOLENCE

It is a crime and help is available!

Police Emergency

for urgent help or reporting **000**

Counselling and Support

9am to midnight weekdays
4pm to midnight weekends and public holidays
freecall 1800 608 122

Court Support & Liaison Service

For victims of family violence to access and understand the legal system
freecall 1300 663 773

Emergency Shelters

24 hour services

Women and Children:
Hobart Women's Shelter 6273 8455
Jireh House 6232 3850
McCombe House 1800 005 576

Young Women:
Annie Kenny 6272 7751

Counselling and Support:
Engender Equality (Empathy Insight Advocacy)
9am to 5pm weekdays 6278 9090

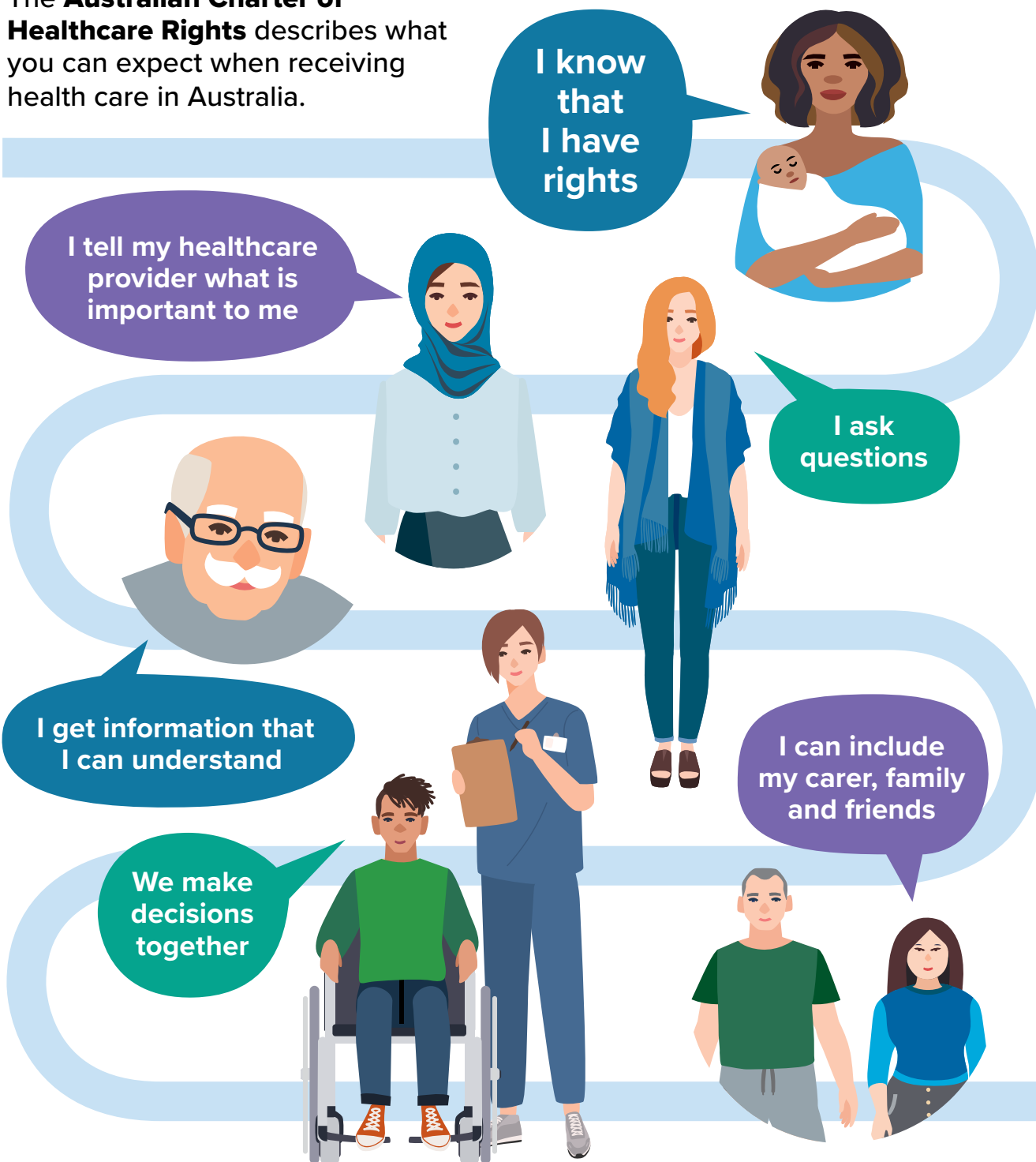
Sexual Assault Support Service
6231 1811 or 6231 1817 after hours

All calls are treated in the strictest of confidence; if preferable you do not have to provide your name.

You can also speak with our Social Worker or the Perinatal and Infant Mental Health Service whilst accessing care at the RHHWHC, numbers are provided in the front of this booklet.

My healthcare rights: How can I use the Charter?

The **Australian Charter of Healthcare Rights** describes what you can expect when receiving health care in Australia.



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Care in Pregnancy

Care in pregnancy

Your care would have begun with your General Practitioner (GP), by confirming your pregnancy, taking a comprehensive medical and obstetric history, ordering pregnancy blood tests and an obstetric ultrasound, and a referral to your closest THS public hospital that also indicates your preferred model of care.

After the THS receives the referral they will look at the information provided to determine the model of care that best suits your needs. For some women the model of care may not be determined until you have seen a doctor at the hospital clinic. You will then be notified by post of your initial appointment date and time for between 12 and 14 weeks of your pregnancy. Your initial appointment is attended by a midwife. Please note some initial 'booking in' appointments may take place over the phone.

If your care is to be provided through Midwifery Group Practice (MGP) your midwife may phone you and arrange an appointment directly, otherwise the appointment will be posted to you and may be scheduled within 4-6 weeks of the first contact.

Women sometimes request that their care be provided by female health professionals only. At the THS most of our midwives and many of our doctors are female. However, it may not always be possible for you to see a female at appointments or upon admission to the hospital. Our staff respect the concerns some women may have about cultural and gender issues and if possible will try and accommodate your needs.

Options of care during pregnancy

At the THS we believe it is important to involve you in all aspects of your care in pregnancy. The following information will briefly explain the variety of care options available at the RHH Maternity Services. Statewide services do vary so what is available in Hobart may be different in Launceston or on the North West coast. There may be circumstances when one or more of these options may not be suitable for you due to medical or other reasons. Please feel free to discuss your options with your midwife and/or doctor.

Antenatal visits will not cover all your educational requirements for labour, birth and the transition to parenting. For this reason the THS recommends Birth and Parenting Classes along with any additional classes offered that may benefit your specific needs. Further, research supports the benefits of attending a tour to familiarise yourself with the environment in which you will labour and commence your transition to parenting. Whilst on the tour, you will learn valuable information like after hours access, parking possibilities, what happens in hospital and length of stay.

In the THS midwives work in all models of care so if you have medical or other circumstances resulting in the need for you to be cared for in a medical clinic you will still see midwives during your antenatal visits.

Exclusion from Midwifery based care may occur if any complications develop for you or your baby during pregnancy, unless you are with MGP where collaborative care may be given between your midwife and our doctors'.

Some women receiving Midwifery care may be required to have an appointment with one of our doctors at 36 weeks due to a medical reason like a previous caesarean birth or diet controlled gestational diabetes.

Know Your Midwife (KYM) Scheme

You will be cared for by a team of midwives, in consultation with our doctors, during your pregnancy. Where possible the KYM midwives will be available to care for you during birth and after your baby is born. However, we cannot guarantee you will have met your birth midwife.

This gives you the chance to get to know some of the midwives who may care for you.

Midwifery Group Practice (MGP)

You will be cared for by a primary (and backup) midwife who you will get to know well for your pregnancy, labour, birth and postnatal needs. This model of care offers the most continuity possible and includes a shorter hospital stay of 4-12 hours after the birth. Then you will have one on one visits in your home for up to 10-14 days according to your assessed needs. The pregnancy care will occur primarily in community clinics with the venue negotiated directly with you.

Midwives Satellite Clinics

Satellite clinics make our services conveniently available to women within their local community. To find out if there is a clinic in your area ask your midwife or contact Women's Health Clinic to find out what is available. The clinics are run by midwives and are for normal risk women.

These midwives give antenatal care only and will not be available for your labour and/or birth.

Young Mums' Clinic

A clinic for mothers under 20 to support and help them prepare for birth and parenting. It offers:

- Weekly education program, discussing birth and parenting options;
- Continuity of antenatal care by a Midwifery team
- Antenatal checks; and
- Visits from other health professionals such as social workers, physiotherapists and lactation consultants.
- Partners, support people and family are welcome to attend the clinic with you.

Medical Clinic

Women are referred to Medical clinics due to health needs. These models of care encompass a team approach between the Obstetric doctors and the clinic midwives who are both available to complete antenatal appointments. There are varying types of Medical Clinics available thus ensuring best care depending on your circumstances. If you are required to be cared for in one of our Medical Clinics this may be discussed when you first see you GP or at your first appointment at the Womens Health Clinic.

Share care with your GP

Your family doctor, in consultation with hospital doctors and midwives, will care for you. You will still need to come into the Wellington Clinics to book in and also have a 28 and 36 week education appointment with one of the clinic midwives. Your 28 week appointment can be arranged in the nearest satellite clinic.

Some situations may exclude you from GP share care, those include high BMI, twins, some medical health conditions or previous pregnancy problems.

It is very important that you come to all your antenatal/ pregnancy checks, to ensure the well-being of you and your unborn baby.

Perinatal and Infant Mental Health Service

This service is to see a Psychiatrist and is a part of your complete care, you will still be allocated into a model of care for your antenatal checks. It is a referral based service for women booked to attend the RHH for their pregnancy care who have a history of mental illness or concerns re the possibility of mental illness. Once referred for any ongoing requirements please call the numbers provided in the front of this booklet. Alternatively you can email the service at perinatal.psychiatry@ths.tas.gov.au

The **Mental Health Service Hotline** is also available 24hours a day freecall **1800 332 338**.

Antenatal education

The Tasmanian Health Service (THS) Women's Adolescents and Children's Service's (WACS) offers a variety of antenatal class options. Antenatal classes are designed to help you with your physical, mental and emotional preparation for pregnancy, birth, early parenting and feeding your baby.

The sessions are relaxed and informative, giving you and your support person, the opportunity to meet other families and to discuss ideas, thoughts and choices for birthing and parenting. It is important to book your classes early to ensure you do not miss out on the time that best suits.

There are a number of different class structures designed to suit individual needs. Daytime, evening and weekend times slots are available. Optimal gestation to attend Physiotherapy Classes from 16 weeks, Antenatal Classes from 28 weeks and a Breastfeeding Class at 35 weeks gestation.

Bookings for all classes are essential and can be made through the Women's Health Clinic reception desk or by phoning 61 66 0000 between 8.30am and 4.30pm, Monday to Friday.

There is no cost if you have a Medicare card.

Location of Classes

Womens Health Clinic Education Room, 8th Floor, Wellington Clinics, 42 Argyle Street, Hobart.

Please note, if you are attending **out of hours antenatal classes** the Wellington clinics doors lock at 5pm promptly on weekdays and 12noon on Saturday. We advise you arrive 10 minutes prior to commencement time.

Birth and Parenting classes

We recommend you enrol in a Birth and Parenting Class, especially if this is your or your partners first child. Birth and Parenting classes are facilitated by midwives.

The classes cover self help skills, an understanding of labour and birth, feeding, unexpected outcomes, natural and medical pain relief options to help make informed choices. Transition to parenting can be a busy but exciting time. We offer you some strategies to cope with the early days at home and give you information regarding follow up support in the community.

Please read the Maternity Information Package (this booklet) prior to attending the Birth and Parenting classes.

Session Times

**Saturday 6 hour daytime workshop.
Tuesday evening 2 hour sessions over three consecutive weeks.**

Please note both these options include a maternity unit tour as part of the class.

Physiotherapy Classes

Physiotherapy offer a class, designed for **women only**. Education and Physiotherapy Exercise class from 16 weeks' gestation. Later in pregnancy, Birth Preparation and Recovery class from 30 weeks' gestation. The class time is one hour duration. **All women are encouraged to attend the physiotherapy class.**

Join other pregnant women and learn:

- All about pelvic floor muscles and how to best strengthen them;
- Posture, positioning and back care advice;
- How to safely exercise and tone your body during pregnancy and after delivery;
- What you can do immediately after your delivery to help with recovery;
- How to safely return to general exercise; and
- Simple physical relaxation techniques - for pregnancy and motherhood.

Breastfeeding Classes

Breastmilk is the most nutritious food you can give your baby. Breastfeeding is natural but a learned skill. We recommend you attend antenatal breastfeeding classes, which are available during the day and evening. If you have specific concerns requiring further discussion you may book a one to one consultation.

Class Times:

Classes are two hours in duration and are held:

- **1st Monday evening of the month (2nd if Public Holiday) - support person welcome;**
- **3rd Wednesday morning of the month - women only;**
- **2nd Thursday morning of the month - support person welcome.**

All THS hospitals are accredited Baby Friendly Hospitals and follow the 10 Steps to Successful Breastfeeding. The full Breastfeeding policy is available on request.

Birth and Parenting Educator

A referral from a Midwife or Doctor is required but Midwives working in this area can assist in the following circumstances.

- Specific birthing and/or parenting issues;
- Women wishing to discuss birth options after previously having a caesarean birth;
- If this is not your first baby but you require an update of information in a specific area;
- Women having twins (specific classes are also available for families expecting multiples);
- Women from culturally and linguistically diverse backgrounds who require one to one parenting discussions with an interpreter; and
- Women who would like the opportunity to debrief after a difficult birth when booking in for subsequent pregnancies.

Twins Class

Designed for women expecting more than one baby. Two sessions over 2 hours each to explore what having more than one baby might mean for pregnancy, labour and

parenting. If you are expecting your first babies it is advised you attend regular Birth and Parenting Classes prior to the Twins Class.

Tours of the Maternity Unit

If you have not previously birthed at the RHH it is important to attend a tour of the Maternity Unit to not only understand the process for admission but to ensure you are familiar with the environment during an important stage of your life.

Tours are conducted of the Maternity facilities on a regular basis including Tuesday and Friday early afternoon and Tuesday evenings.

Enquire at the Womens' Health Clinic reception or telephone **(03) 6166 0000** between 8.30am and 4.30pm Monday to Friday.

Remember you need to book for all education sessions.

Remember



Social Work Department

Provides patients with social and emotional support, practical information related to pregnancy and assist with discharge planning. The services are free and available to patients and their families. Social Workers assist people to make decisions about things that are important to them. Social Workers encourage people to be involved in their own care and to explore all available choices. If you would like to speak to a social worker, please ask the staff or contact the Social Work Department on the number provided in the front of this booklet.

Pregnancy Concerns or in Labour

You need to contact Pregnancy Assessment if any of the following:

- maternal health concerns related to pregnancy/ birth up to six weeks postpartum
- you think that you are in labour;
- have a pregnancy related concern; and
- if you have had a fall or accident.

You can contact Pregnancy Assessment (K7E) by telephone at anytime if you have any concerns. You will be able to talk to a midwife and if needed, have a follow-up visit to Maternity.

Maternity Services (Pregnancy Assessment) are located in K-Block on level 7 East (K7E) Campbell Street.

When you arrive, the midwives and/or doctor will assess the well being of you and your baby. After this assessment you will either go home or be admitted to the Maternity Unit.

If you go home, it is important that you follow the advice given and attend any follow-up appointments.

Please do not hesitate to ring Pregnancy Assessment if you have any further concerns.

Limited space within this area results in lack of privacy for intimate procedures. To avoid over crowding:

- Only one visitor/support person is permitted to stay with you at the discretion of the midwives;
- The visitor/support person is required to remain with you behind the curtains; and
- No children are allowed.

Care before being booked in

If you are pregnant but not yet booked in to access care at the THS and experience pain or bleeding you will need to visit the Emergency Department of your closest THS hospital.

Your baby's movements matter.

#movementsmatter



Why are my baby's movements important?



If your baby's movement pattern changes, it may be a sign that they are unwell.

Around half of all women who had a stillbirth noticed their baby's movements had slowed down or stopped.

What should I do?

In any instance, if you are concerned about a change in your baby's movements, contact your midwife or doctor immediately.



You are **not** wasting their time.

How often should my baby move?



There is no set number of normal movements.

You should get to know your baby's own unique pattern of movements.

Babies movements can be described as anything from a kick or a flutter, to a swish or a roll.

You will start to feel your baby move between **weeks 16 and 24** of pregnancy, regardless of where your placenta lies.

What may happen next?

Your midwife or doctor should ask you to come into your maternity unit (staff are available 24 hours, 7 days a week).



Investigations may include:

- Checking your baby's heartbeat
- Measuring your baby's growth
- Ultrasound scan
- Blood test

Common myths about baby movements



It is not true that babies move less towards the end of pregnancy.

You should **continue to feel your baby move** right up to the time you go into labour and whilst you are in labour too.



If you are concerned about your baby's movements, **having something to eat or drink to stimulate your baby DOES NOT WORK.**



FIND OUT MORE: movementsmatter.org.au

Endorsed by: Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG), Bears of Hope and Sands and organisations below. We thank Tommy's UK for allowing us to adapt their campaign for our purpose. Contact us at stillbirthcre@mater.uq.edu.au



#SleepOnSide

Sleep on your side when baby's inside

New research shows that going to sleep on your side from **28 weeks of pregnancy** halves your risk of stillbirth compared with sleeping on your back.

Turn over to find out more



All women should expect to receive the 'right care in the right place at the right time, by the right person'

Birthing and Maternity Services

K-Block level 7 East and K-Block, Level 7 West are located on Campbell Street.

After Hours access is located at the main reception of Royal Hobart Hospital, Liverpool Street.

Birthing Spaces

The birthing spaces and assessment area are in K Block, Level 7 East (K7E).

The most appropriate birthing environment is a factor that should be considered for all women birthing at the Royal Hobart Hospital.

What we know is that for majority of women, a birthing suite is the most appropriate space to improve birth outcomes for many reasons. The birthing suites contain a birth pool that most women will be able to utilise for water immersion in labour. The option to birth in water will be available to some women in discussion with their care provider. There is also a birthing suite with a co-located lounge and outside waiting area.

Please note we appreciate the importance of ensuring families have an opportunity to bond after a baby is born. There will be time after birth to have skin to skin and the first feed. There is an early discharge option from the birth suites within 4-6 hours of birth. If you are planning to stay, you and your baby will be moved to the ward, K Block level 7 West to continue your stay.

There are four birthing/delivery rooms for women who require specialised care in labour and birth. Along with additional rooms designed for assessment and close observation for women with significant pregnancy related concerns to ensure timely and appropriate women centred care.

Remember your length of stay will depend on your model of care.

There is no guarantee that you will have one of these rooms, as it depends on bed occupancy at the time.

Only partners can stay, and need to bring in their own food, toiletries and nightwear.

You may also be cared for in a delivery suite if the birthing suites are all in use or if you have been admitted to the Maternity Unit antenatally.

Maternity

The Maternity Unit is in K Block, Level 7 West (K7W).

Majority of the rooms are shared and there are single room's that are used for women with clinical needs.

Partners are still welcome and encouraged to be present if you are moved to a ward bed, this is an opportunity for you and your partner to develop early parenting skills. During your stay on the ward, partners will not be able to stay over-night.

You will be cared for on the Maternity Unit (K7W) if you are admitted antenatally.

Skin to Skin Contact Following Birth

After birth your baby is usually alert and ready to get to know you.

Uninterrupted skin to skin contact is important for all mothers and babies for at least the first hour because it helps:

- Baby feels more secure;
- Body maintain body temperature;
- Improve oxygen levels for baby;
- Baby breathe more regularly; and
- Baby gets bugs from your skin, which protects from infection

Skin to skin contact until your baby's first breast feed is important because it:

- Keeps baby warm and cries less
- Helps baby use instincts to find the nipple and attach correctly;
- Helps baby learn to breastfeed;
- Promotes a feeling of closeness between you and your baby; and
- Helps ensure you have enough milk and fewer breastfeeding problems.

During this special time, the midwife will make sure you and your baby are well.

Once your baby has had at least an hour of skin to skin and has had the first breastfeed then your partner or support person may like to cuddle or even skin to skin cuddle baby. If you are choosing to bottle feed, we encourage you to continue skin to skin for

at least an hour. You can give a feed whilst cuddling your baby.

Rooming In

The Maternity Unit has a rooming in policy, which means, your baby is with you 24 hours a day. During your stay in the Maternity Unit you are responsible for the care, supervision and safety of your baby. It is your responsibility not to leave your baby unattended.

Tell staff if you intend to leave the ward for any reason. If you leave your room/ward during visiting hours ask a family member to watch your baby.

Please note we do not have a nursery for well babies. Having your baby room in with you ensures you start to recognise their needs for feeding and comfort from birth and is part of the 'Baby Friendly Hospital Initiative' in all THS hospitals.



Planning your discharge

Your expected length of stay is 1-2 days for a vaginal birth and approximately 2-4 days for a caesarean birth. Discharge can also occur before these times with a minimum length of stay of four hours for a vaginal birth. If your wish is to discharge against medical advice you will be required to sign a form. You will need to discuss your discharge with the midwife caring for you. Discharge time is 10.00am. After this time you may be asked to wait in the patient lounge. There are no papers to sign on discharge, but we ask you to check out with the maternity ward clerk at reception.

If you are waiting for transport or a script to be written, please wait in the transit lounge located on the ground floor, Campbell Street entrance at the Royal Hobart Hospital.

Extended Midwifery Service (EMS)

Most women will leave the hospital between day 1 and day 3 after their baby is born.

- EMS is recommended for women having their first baby
- If you and your baby discharge home before day 2, EMS will see you at home to provide Newborn screen and day 3 weight for your baby. This includes early discharge.
- Midwives provide support and education caring for baby:
 - feeding issues,
 - sleeping, and settling baby
 - Feeding plans
 - Jaundice
- Visiting midwife will discuss:
 - physical and emotional changes after birth.
 - Can debrief birth experiences
 - Refer to community support services in your area if you are needing further support at home.
- EMS is an excellent service available within a 30-minute radius of Hobart
- If you live outside the EMS boundary, a midwife will meet you and your baby at the nearest major Child Health Centre (only Monday to Friday). Another alternative is arranging a visit at a family/ friend residents who is happy to have an EMS midwife visit (available 7 days a week)
- EMS service is available 7 days a week.
- Follow up from EMS service is Child Health and Parenting Services (CHAPS) available Monday to Friday only.
- This service is covered by Medicare. If you don't have Medicare, please see accounts for cost.

Child Health and Parenting Service

The Child Health and Parenting Service (CHAPS) is a community-based health service that is available for children aged 0-5 and their families and follows on from hospital care after the birth of your baby.

Child and Family Health Nurses offer families the following services:

- Home visit families with new babies within 2 weeks of leaving maternity services;
- Child Health Assessments;
- Healthy kids check;
- Parenting information – infant feeding, sleep and settling and other concerns; and
- Referral to other early intervention services when necessary.

Other CHAPS activities and programs available to families

New parent groups

This service is available in some areas for first time parents to meet, support and learn from each other.

Parenting centre

Daytime centre-based and outreach services for families needing more intensive support for concerns related to parenting babies and young children e.g. sleep and settling, breastfeeding, postnatal depression, toddler behaviours and relationships.

Antenatal tests

It is recommended that you have the following tests during your pregnancy. These test results will help in assessing the well-being, of you and your baby. Your doctor or midwife can answer any questions you may have.

Blood Tests in Early Pregnancy

Blood tests are ordered by your GP and are to be checked for the following:

- Blood group, Rh factor, haemoglobin (iron) level;
- Your immunity to Rubella (German measles);
- Vitamin D;
- Sexually transmitted diseases such as Chlamydia, Syphilis and HIV;
- Hepatitis B;
- Hepatitis C;
- Urine test to check for infection; and
- Early Pregnancy Oral Glucose Tolerance

Booking tests and where to go

Ultrasound Department

The Ultrasound Department is located in the Medical Imaging Department on the ground floor of the H Block RHH (Argyle Street). Please note you cannot book an ultrasound over the telephone. You must take the request form to the department yourself.

Pathology Tests and Bookings

The diabetes in pregnancy (POGTT) blood test requires you to book an appointment and present to the pathology department having fasted. We recommend you book an early appointment, you will need to allow 2-3 hours. We also suggest if possible you use Pathology South as all results are uploaded directly onto your hospital digital medical records.

Pathology South all bookings phone 6166 0150.

Location

RHH Wellington Clinics, level 2,
42 Argyle Street, Hobart
Clarence Integrated Care Centre,
16 Bayfield Street, Rosny Park
Glenorchy Health Centre
404-408 Main Rd, Glenorchy

Test (POGTT) or alternatively a non fasting blood test called HbA1c for some women with higher risk of diabetes in pregnancy. See information on page 14 about diabetes in Pregnancy.

Ultrasound Scan

This is a procedure which uses sound waves to form images of your baby. There are two scans routinely taken during your pregnancy. The first scan is called the dating scan and it is usually organised by your GP for between 7 and 13+6 weeks. This scan is most often used to ascertain your baby's due date.

The second routine scan is called 'level 2 morphology scan' and this is done between 18 and 20 weeks of pregnancy.

This is a very detailed scan that looks closely at your baby, the position of the placenta and whether your baby is growing well. The scan takes about an hour.

Early screening for Trisomy 21 (Down Syndrome), Trisomy 18 and 13

This test is available to you between 11 and 13+6 weeks gestation. It is a combined test that consists of a blood test done by 13+6 weeks gestation and a scan of your baby that shows your possible chance of having a baby with Down Syndrome, trisomy 13 or 18.

Genetic Material (DNA)

DNA is arranged in the human body in packets called chromosomes. Every cell in the human body should contain 46 chromosomes, there are two copies of chromosomes numbered 1 to 22 (one from each parent) as well as two sex chromosomes (XX girl or XY boy). Trisomy means that there are 3 copies of a certain chromosome in every cell, for example Trisomy 21 (Down Syndrome) means three copies of chromosome number 21 in each cell. This obviously affects the way a baby develops and causes conditions that may affect the babies life. Chromosomal abnormalities can occur in any pregnancy but are more common in babies of older mothers.

The first trimester screening result measures the nuchal translucency (thickness at the back of the baby neck as seen on ultrasound) and the blood test measures the level of two hormones produced by the placenta (PAPP-A and BHCG). It is very important that you have both tests with the blood test first to obtain an accurate result.

This test is specifically designed to screen for Trisomy 21, Trisomy 13, and Trisomy 18. Other genetic abnormalities however, may be revealed after further investigating the test results. Remember some abnormalities are mild but some can be severe in nature.

If you are unsure whether you wish to have this screening test please discuss this with your GP or at your first appointment at the WHC if prior to 13 weeks plus 6 days.

Understanding test results and options

If you do not understand your test results fully please discuss this at your next antenatal appointment.

As a guide when interpreting results, the higher the number the lower the likelihood that your baby will have Trisomy 21, 18 or 13.

1:250 or above means less chance, for example your result may say 1:1000.

1:250 or numbers lower than this are classed as a higher likelihood of baby having a chromosomal abnormality, for example 1:50. Options then include:

- Chorionic Villus Sampling (CVS) or Amniocentesis for a more definitive diagnosis;
- non-invasive prenatal testing (NIPT);
- detailed ultrasound at 16-20 weeks;
- no action - parents may choose to accept the results with no further investigation.

If you require information about your options and the tests stated please ask to speak with one of our doctors who will be able to comprehensively explain what each test/result means. We also have a handout that is used in conjunction with a consultation explaining this information further. No tests will be done without informed consent and counselling from one of our obstetric doctors.

Please remember the majority of pregnancies with abnormal results will have a normal outcome. It is also important to note that not all abnormalities that might affect a baby can be identified before birth.

Second trimester screening for Down Syndrome and Spina Bifida

This is a blood test, that looks at your likelihood of having a baby with Down Syndrome. It can be done between 14 and 20 weeks plus 6 days if you were not able to do the first trimester screening. It also identifies if there is an increased chance of neural tube defect that is present in Spina Bifida.

Cytomegalovirus (CMV)

Protect your baby from Cytomegalovirus during pregnancy.

Remember

Hepatitis B Vaccination for the Newborn



The National Health and Medical Research Council recommend that all babies be immunised against Hepatitis B. This involves a course of vaccinations beginning at birth. We require your verbal consent to give your baby this vaccine.

The 5 Steps to reduce your risk of infection

1. Wash your hands after activities like changing nappies
2. Don't share food, drinks, utensils, and avoid putting a child's dummy or toothbrush in your mouth
3. Avoid contact with saliva, kiss children on their forehead instead of lips
4. Carefully dispose of nappies, used wipes and tissues
5. Clean toys that children have had contact with.



Scan the QR codes for further information on CMV.

Women who have a negative blood group

All women who are Rh Negative receive injections called "anti-D" at 28 weeks and 34 weeks. This prevents your body from making antibodies to your baby's red cells. If you have a negative blood group (Rh Negative) it is important that you understand what this means for you and your baby. Please discuss it with your midwife or doctor.

It is very important you have your recommended 26 week blood tests including your blood group and red cell antibodies checked before your 28 week antenatal check. Anti D cannot be given until results from this test are available.

Diabetes in Pregnancy

It is recommended that all women have a test for diabetes in pregnancy (POGTT) attended at 26 weeks, this includes women who may have had this test early in pregnancy.

Undiagnosed or uncontrolled diabetes may lead to:

- Bigger or smaller babies due to the placenta not functioning properly
- High blood sugar levels at birth for baby and sometimes breathing difficulties
- Higher risk of baby developing obesity or diabetes as an adult
- Mother has higher risk of developing pre-eclampsia or hypertension

A booking is required at a pathology service to have your POGTT attended. Please note this is a fasting test for pregnant women which means no food including chewing gum and cigarettes for at least 8 hours prior and plain water only during the fasting period.

Blood tests at 26-28 weeks

At 26-28 weeks bloods are taken for diabetes (POGTT), haemoglobin and red cell antibodies.

The results of these tests will be discussed with you at your 28 week visit and any recommendations/follow up made. It is therefore very important that you ensure these tests have been completed prior to your 28 week antenatal appointment.

Group B Streptococcus

At 36 weeks you may be weighed and asked to provide a specimen of urine.

The midwife will offer the Group B Streptococcus (GBS) test and explain the vaginal swab collection process. The swab is used to detect a bacteria called GBS. 15%-25% of the normal population carries this bacteria which is not harmful to you. However in 1%-2% of cases it can be passed onto the baby during the birth process, which can cause the baby to become ill with symptoms of sepsis.

THS policy recommends that you be treated with antibiotics (given into your vein) during labour if GBS is detected. This will help protect your baby from infection and reduce their risk to around 0.1%. All babies whose mothers are GBS positive are closely observed for signs of illness, particularly in the first 24 hours after birth. In some cases where antibiotics were not given in labour those babies will need to be observed for 48 hours.

Important decisions to consider during your pregnancy

Some consideration needs to be made antenatally about care options for your baby when it is born. This involves some injections and tests as well as safe sleeping and safe care.

It is important you read information about Sudden Infant Death Syndrome (SIDS) and bed sharing. Because of the risk involved the THS recommends that you do not bed share with your baby.

Information on caring for your newborn and SIDS is further discussed on page 56.

Hepatitis B Vaccination for the newborn

Hepatitis B is a virus that can cause acute or chronic liver disease. If a baby contracts this disease, symptoms fortunately may be mild for your baby. However, most babies will go on to be chronic carriers which can cause liver cancer later in life and also pass the virus onto others or their own children.

Hepatitis B is spread easily through body fluid secretion including blood (cuts or sores, body piercing, sharing toothbrushes, razors), saliva (kissing, baby dribbling), semen, vaginal secretions and breast milk.

Immunisation is considered the most effective way of preventing hepatitis B and if given at birth is more likely to provide life long immunity.

The RHH offers vaccination to your baby prior to leaving the hospital. Your baby will need a further three more doses of the hepatitis B vaccine to be fully immunised. These three doses are given at six weeks, four and six months of age in a combination with other routine infant immunisations.

The vaccine is considered safe to give to your baby after birth. It is well tolerated and minor side effects may include local swelling and redness at injection site, mild fever and occasionally irritability or refusal of feeds for a short time. These symptoms are short lived.

Premature babies less than 32 weeks gestation may have a lower immune response to hepatitis B vaccine and may need a hepatitis B booster at 12 months of age. The vaccination should only be delayed if your baby is very unwell or has a high fever. Antibiotic treatment is not a reason to delay hepatitis B vaccination.

For further information visit Immunise Australia www.health.gov.au/health-topics/immunisation

Vitamin K

Vitamin K helps blood to clot. It is produced by the body and is essential to prevent rare but serious bleeding in the newborn. Some babies do not produce enough Vitamin K until they are a few months old. They do not get enough Vitamin K from their mothers during pregnancy and there is not sufficient Vitamin K for their needs in breastmilk or formula.

The Royal College of Paediatricians recommend that all babies be given the Vitamin K injection to prevent a now rare bleeding disorder called Vitamin K Deficiency Bleeding (VKDB). Prior to the implementation of routine injection of Vitamin K, some untreated babies who suffered from VKDB sustained brain damage or even died.

The injection is the most reliable way to provide enough Vitamin K to protect your baby for months until he/she can produce it themselves.

Alternatively Vitamin K can be given to babies orally. Because Vitamin K is not absorbed as well when given by mouth, your baby must have three doses over the course of four weeks. If your baby vomits within an hour of swallowing the Vitamin K, the baby will need to repeat the dose. Limitations around giving vitamin K orally include premature or sick babies; mother's who have a history of blood clots, epilepsy or tuberculosis.

Within Australia, Vitamin K has been administered to babies for over 50 years with no documented problems. Earlier studies suggested that injections of Vitamin K may be linked with childhood cancer. The National Health and Medical Research Council conclude from more recent studies that Vitamin K is not associated with childhood cancer, whether it is given by injection or by mouth.

In order to prevent the rare but potentially fatal disease (Vitamin K Deficiency Bleeding), medical authorities strongly recommend that all babies be given Vitamin K. This includes babies who are premature or sick, and babies having any surgery (including circumcision).

We require your verbal consent to allow administration of Vitamin K. If you decline Vitamin K for your baby a paediatrician will see you in the postnatal period to ensure you are making an informed choice for your baby.



Your visits

Visits, tests and baby development



At 12 weeks the baby is fully formed, from now on it has to grow and mature.

Please note the schedule of visits outlined is in line with Australian standards but may vary depending on your assessed needs during your pregnancy.

Between 7 and 10 weeks

Usually attended by GP

GP to provide referral to RHH for pregnancy care.

Recommended tests for discussion:

- Blood Group, antibody screen;
- Full Blood Examination (FBE);
- Ferritin levels
- Rubella,
- HIV,
- Syphilis,
- Hep B and C,
- Vitamin D,
- Early POGTT or blood test to check for diabetes in pregnancy if indicated;
- Urine test (MSU) for asymptomatic bacteriuria.

Tests to be offered/discussed at this Visit:

- Serum screening (Down Syndrome Test) and scan,
- Dating scan and discuss 18-20 ultrasound scan that looks at baby development and wellness,
- Height, weight to determine BMI.

Baby development

At 7 weeks the embryo has grown to about 10mm long from head to bottom. By 8-9 weeks, your baby has grown to 22mm, a face is forming, and the eyes are obvious. There are the beginnings of hands and feet. The major internal organs are all developing -heart, brain, kidneys, liver and gut.

Between 12 and 14 weeks

Attend first Midwife appointment

Discuss ultrasound and blood results. Chlamydia Swab – 25 yrs & under.

Early Glucose Test if indicated.

Complete any unfinished tests.

Book 18-20 week ultra sound to look at baby development and wellness.

Measure blood pressure (B/P), check uterine size.

Given a copy of the Maternity Information Package (this book) of which it is important to start reading as education is a continual process throughout your pregnancy.

Orange folder provided to hold information obtained from visits and forms for all tests required in pregnancy including ultrasounds and blood tests.

Offer to complete Edinburgh Perinatal Depression Screening (EPDS).

Models of care and antenatal education options discussed.

Screening assessment done for Venous Thromboembolism (VTE) risk category.

Discuss Fluvax and Pertussis booster.

Baby development

At 12 weeks the baby is fully formed, from now on it has to grow and mature. The baby is already moving about but the movements cannot be felt yet. By 20 weeks the face is beginning to look more human and hair is starting to grow as well as eyebrows and eyelashes. Between 16-20 weeks you will feel your baby move for the first time, it will feel like fluttering or bubbling.

Between 18 and 20 weeks

Discuss ultrasound and blood results.

Attend ultrasound appointment.

Measure B/P, check uterine size.

Listen for baby heart and talk about the importance of getting to know your baby's pattern of movements.

Discuss the Glucose screening test, used to detect diabetes of pregnancy.

If not already done book Glucose Tolerance Test for around 26 weeks.

Ensure you have blood forms for pathology for FBE, antibodies, Glucose Tolerance Test (POGTT), due before 28 week visit.

Discuss Anti-D for Rh-Negative mothers for next visit.

Optional Fundal Height Chart is available - ask your midwife to print.

Book birth and parenting, physiotherapy and breastfeeding classes.

Discuss dental care, please refer to page 22. Ask about 'Healthy Smiles for two'.

Baby development

At about 22 weeks the baby becomes covered in a fine hair called 'lanugo', which usually disappears before birth.

Between 24 and 28 weeks

Check and discuss any results.

Measure B/P, check baby heart beat, baby movements, size and position of baby via abdominal palpation.

Discuss healthy lifestyle, emotional and social well-being

If 28 weeks and Rh-Negative review the antibody screening blood test results and give Anti-D injection.

Safe Sleeping and active third stage (delivery of placenta) to be discussed.

Commence breastfeeding education.

Reminder about seasonal fluvax and getting Pertussis vaccination/booster between 20 and 32 weeks.

Baby development

Sometimes the baby may get hiccups, and you may feel the jerk of each hiccup. The baby may also begin to follow a pattern for waking and sleeping. At 24 weeks your baby is about 33cms long and is covered in a substance called vernix.



32 weeks

Measure B/P, check baby heart beat, baby movements, size and position of baby via abdominal palpation.

Discuss healthy lifestyle, emotional and social well-being.

Reminder of importance of baby movements and contacting maternity (K7E).

Considerations for birth, postnatal care and breastfeeding discussed.

The baby is now moving about vigorously and responds to touch and to sound. A loud noise may make it jump and kick. It also swallows small amounts of the amniotic fluid and passes tiny amounts of urine back into the fluid. At 26 weeks the eyelids open for the first time. Your midwife/Dr can hear the baby's heartbeat through a sonicaid.

Your Baby's Pattern of Movements

There is no set number of normal movements. Your baby will have their own pattern of movements that you should get to know. From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth. It is NOT TRUE that babies move less towards the end of pregnancy.

A reduction in a baby's movements can sometimes be an important sign that a baby is unwell.

If there is something different or irregular about your baby's normal pattern of movements you should call your primary midwife or Pregnancy Assessment.

DO NOT put off calling until the next day.

For further information go to:
Safer Baby Bundle:
www.learn.stillbirthcre.org.au

34 weeks

Measure B/P, check baby heart beat, baby movements, size and position of baby via abdominal palpation.

Discuss healthy lifestyle, emotional and social well-being.

Discuss Group B Streptococcus (GBS) screening.

If Rh-negative discuss and give Anti-D injection.

Consider options for birth and coping with pain.

Continue breastfeeding education.

Baby development

Your baby is gaining weight so the skin that was quite wrinkled before is now smoother. Both the lanugo and the vernix begin to disappear. By 32 weeks your baby is usually lying head down.

36 weeks

Group B Streptococcus (GBS) screening swab recommended, mid stream urine (MSU) collection and you may be weighed.

Discuss healthy lifestyle, emotional and social well-being.

Active management of the 3rd stage of labour should be discussed and your preference documented.

Importance of Safe Sleeping discussed.

Measure B/P, check baby heart beat, baby movements, size and position of baby via abdominal palpation.

Discuss consent for Hepatitis B and Vitamin K immunisation.

Continue breastfeeding education.

Baby development

At 36 weeks your baby may start to move down into the pelvis and may be in the 'engaged' position.

38 weeks

Check Group B Streptococcus (GBS) result and discuss possibility of having intravenous (IV) antibiotics in labour if the result is positive.

Discuss healthy lifestyle, emotional and social well-being.

Measure B/P, check baby heart beat, baby movements, size and position of baby via abdominal palpation.

Cervical membrane sweep discussed.

Discuss signs of labour.

Continue breastfeeding education.

40 weeks

Measure B/P, check baby heart beat, baby movements size and position of baby via abdominal palpation.

Discuss healthy lifestyle, emotional and social well-being.

Possible vaginal examination and cervical membrane sweep.

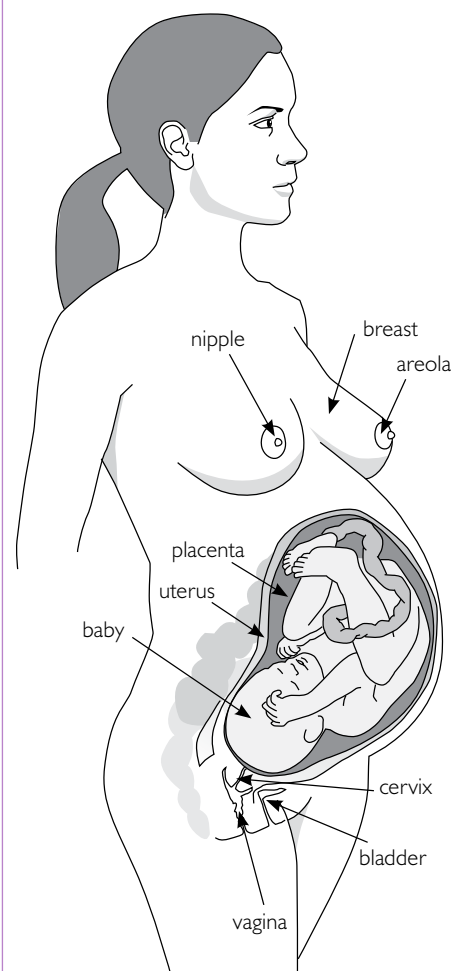
Discuss baby monitoring, baby movements and CTG (monitoring baby's heart beat) requirement at next appointment.

Discuss induction of labour.

Continue breastfeeding education.

Post Term

Some women do not go into labour by themselves. It is safe to go over your due date providing you and your baby's health are fine. You may be required to have more hospital visits to ensure this and be offered an induction of labour.



40 weeks

41 weeks

Measure B/P, check baby heart beat, baby movements, size and position of baby via abdominal palpation.

Discuss healthy lifestyle, emotional and social well-being.

Vaginal examination, cervical sweep and gain indication of requirements for induction of labour.

CTG attended.

Induction of labour booking made and discussed (usually for around 41 weeks plus 2 days).



A healthy pregnancy

Health advice and choices

Your body will undergo many changes due to pregnancy hormones and your growing baby. Sometimes simple measures can help with these discomforts.

Changes in pregnancy may include:

- Backache and groin pain;
- Indigestion/Heartburn;
- Constipation;
- Swelling;
- Varicose Veins;
- Muscle Cramps;
- Carpal Tunnel Syndrome;
- Inability to sleep or vivid dreams;
- Shortness of breath; and
- Increased Vaginal Discharge.

Talk with your midwife, who may refer you to a physiotherapist, or make some practical suggestions to help ease the condition. Almost all of these conditions will rapidly improve after the birth of your baby.

Please view information on travel in pregnancy at www.ranzcog.edu.au, search 'Travelling during Pregnancy'. It is very important to know that the law requires you to wear a seatbelt at all times during your pregnancy. The lap sash should be worn around your hips but under your pregnant belly. The shoulder strap should be above your belly and between your breasts.

Emotional changes during pregnancy

Along with the physical changes mentioned above some women experience emotional changes, you may feel sad and teary for what may appear to be no apparent reason.

Hormones of pregnancy are likely to be the cause of these emotional changes, which can affect you and subsequently other members of your family. When booking into the hospital we will ask you to fill out a form that evaluates your emotional wellbeing. This assessment is called the Edinburgh Perinatal Depression Scale, and is completed antenatally and again after you have your baby by the Child Health and Parenting Service (CHAPS). Your score will be discussed with you at the time and

depending on the EPDS score, referral may be offered to your G.P and the Perinatal and Infant Mental Health Service. It is important to discuss your feelings during pregnancy with your partner, family, GP or other health professional.

Support both emotionally and physically is important during your pregnancy and following the birth of your baby. Try to arrange some support well before your due date. If you require further support speak with your Midwife or contact Beyond Blue at: www.beyondblue.org.au You could also ring Lifeline Australia on **131114**.

The transition to pregnancy, birth and early parenthood while rewarding it can also be a time of change. Depression and anxiety can happen at any time, but we know that women are more likely to be affected by depression and anxiety or stress during the perinatal period. To support our clients experiencing perinatal mental health concerns, a referral is available to the Perinatal and Infant Mental Health Service or you can contact them on the numbers provided in the front of this booklet. Please also refer to the Beyondblue booklet 'A guide to emotional health and wellbeing during pregnancy and early parenthood' that can be downloaded from their website www.beyondblue.org.au. It is also recognised that pregnancy and parenting can bring new challenges for all family members, including dads and partners. The PANDA (Perinatal Anxiety and Depression Australia) national helpline is **1300 726 306** or there is a lot of invaluable information at www.panda.org.au

The Centre for Perinatal Excellence (COPE) is an online resource that provides information and support for the emotional challenges of becoming a parent. Find their service at www.cope.org.au.

Braxton Hicks Contractions

These are painless and harmless tightenings of your uterus. They are not labour contractions and are common from 20 weeks onwards.

If you are experiencing lots of braxton hicks contractions things you can do to try alleviating them are; ensure you are well

Why attend scheduled Antenatal visits if I feel well?

Antenatal care allows us to monitor your health and emotional well being and the baby's health and growth. Most pregnancies progress well but some problems are symptom-less and not easily recognised by the pregnant women. This may include a slowing in the baby's growth or a rise in your blood pressure.

We would prefer you do not worry unnecessarily. One way to ensure this is possible and you enjoy your pregnancy is to attend all scheduled appointments and available education sessions according to your needs.

hydrated, change positions or lie down on your left side, and ensure you have emptied your bladder recently. If you are concerned that your contractions are more than braxton hicks please contact Maternity Unit.

Sex during pregnancy

If you are experiencing a normal healthy pregnancy and you want to continue to enjoy sex there is no reason not to. It will not harm you or your baby. Talk with your midwife or contact Maternity Unit if spotting occurs during or after intercourse (this can be normal).

Sexual intercourse is not advised in some pregnancies including if there is heavy bleeding, you've had previous miscarriages or your waters are broken.

Sexually Transmitted Infections (STI)

Some STI's can be harmful to fertility, the unborn baby, cause premature births and infections in some newborns. Whilst some testing is done antenatally please discuss any concerns with your doctor/midwife. You can also access further information at www.healthdirect.gov.au

Exercise

It is important to remain active during your pregnancy. Activities like walking, swimming, supervised pregnancy pilates and yoga are all fine to continue whilst pregnant. Being active can help with weight management, build stamina, muscle strength, improve circulation, and assist your body in preparation for your

labour. It is important to remember that normal exercise should not cause pain and overheating during pregnancy can be harmful for your unborn baby. Drink plenty of water during and after exercise.

We also recommend all women attend the RHH physiotherapy classes as discussed on page 7.

- Throughout pregnancy aim for at least

150 minutes of moderate intensity activity every week

- Every activity adds up, in at least 10 minutes sessions
- Not an active person, start gradually
- Listen to your body and adapt
- Exercise can be done at home, out and about and leisure.

Physical activity for pregnant women

Helps to control weight gain | **Helps reduce high blood pressure problems** | **Helps to prevent diabetes of pregnancy**

Improves fitness | **Improves sleep** | **Improves mood**

Not active?
Start gradually

Already active?
Keep going

Throughout pregnancy aim for at least 150 minutes of moderate intensity activity every week

Home | **Out and about** | **Leisure**

Do muscle strengthening activities twice a week

Every activity counts, in bouts of at least 10 minutes

No evidence of harm | **Listen to your body and adapt** | **Don't bump the bump**

UK Chief Medical Officers Recommendations 2017: Physical Activity in Pregnancy. bit.ly/startactiveinfo

Fasting

The THS WACS understand that for some clients fasting may be required during pregnancy or whilst breastfeeding due to religious or other reasons. To help you make an informed choice about fasting, please discuss this at your antenatal visits and ask for any further literature that may be available.

Traditional Cutting/Female Circumcision

Your midwife or doctor may ask you about Traditional Cutting/Female Circumcision if you are from a cultural background where this is traditional practice. If you have experienced traditional cutting/female circumcision in any form it is important you see a doctor at some time during your antenatal care to discuss any special requirements for the birth of your baby.

Awareness of the circumstances before your baby's birth is very important as it allows discussion of any needs and postnatal expectations.

Dental care

The hormonal changes that occur during pregnancy can lead to dental problems such as tooth decay and gingivitis (where gums become red and bleed easily). Twice daily dental care is important whilst pregnant. If you make a dental appointment during pregnancy, x-rays or local anaesthetic may be required, so be sure to let your dentist know that you are pregnant. The increased incidence of gum disease or bacterial infection of the gums has been shown to be associated with low birth weight and premature infants.

Venous Thromboembolism (VTE)

VTE is defined as a condition in which a blood clot develops within the deep veins of the leg. VTE may lead to the blood clot breaking free and entering the blood circulation causing potential blood vessel obstruction to important organs such as the lungs. As blood clots can restrict blood flow, they can potentially lead to lifelong complications or fatality. Fortunately VTE can be prevented and if diagnosed effective treatment can be implemented.

Symptoms may include:

- Redness or warmth in one spot on the leg
- Pain and swelling in one leg
- If the clot has reached the lungs, shortness of breath or chest pain may occur

VTE does not always have symptoms, which is why it is important to understand the risk factors. Due to the hormonal changes pregnancy places women at an increased risk of developing a VTE. This combined with other conditions like obesity, elevated blood pressure, smoking or caesarean birth may further increase the risk of VTE.

The THS WACS have implemented into the booking in visit a screening tool to help determine if you are at risk of a VTE and to allow for appropriate management if the risk is identified. We ask all pregnant women to be mindful of the symptoms and report to staff if concerned. For more information go to www.healthdirect.gov.au/deep-vein-thrombosis.

Natural or alternative remedies

Natural or alternative remedies may also be drugs. To safeguard you and your baby, both through your pregnancy and afterwards, do not take any alternative remedies unless directed by your doctor or an accredited therapist. Midwives do not have the expertise to endorse or educate you in these matters.

Vaccination Advice

Influenza (Flu)

Under the National Immunisation Program all pregnant women are eligible to receive a free flu vaccine every year. It is safe to have the flu vaccine at any stage during pregnancy or when breastfeeding.

Influenza vaccination in pregnant women may protect them, and their unborn child, from the risk of severe illness and hospitalisation resulting from some strains of the flu.

Whooping Cough (Pertussis)

Whooping cough is an extremely contagious respiratory infection caused by the bacteria *Bordetella pertussis* which gives violent coughing spasms up to 100 days or more. This can cause sleep disturbances, vomiting, rib fractures,

pneumonia and in rare cases fatality in adults. For the first six weeks of a newborns life they have no immunity against whooping cough which if contracted can cause serious complications like pneumonia and fatality for babies under twelve months of age.

The recommendation is that it is safe for pregnant women to receive the Pertussis Vaccine in every pregnancy after 20 weeks gestation and if given prior to 32 weeks full benefit to the unborn baby is more likely. Please check the recommendations for other family members on the website below.

For more information on immunisations against childhood diseases, visit your local doctor or immunisation provider or go to www.health.gov.au/health-topics/immunisation



Scan the QR code for immunisation information.

Coronavirus (Covid-19)

For more information on Coronavirus (Covid-19) and immunisation go to www.coronavirus.tas.gov.au and have a conversation with a midwife or doctor if you have any questions.



Scan the QR code for Coronavirus information.



Healthy Smiles for Two..

- ✓ Healthy teeth and gums during and after pregnancy is important for you and your baby's health.
- ✓ Dental care during pregnancy is recommended and safe.
- ✓ Your baby will have less chance of developing tooth decay if your mouth is healthy.

Pregnant?

You can have a priority dental appointment with Oral Health Services Tasmania if you:

- Have a current Health Care Card or Pensioner Concession Card.
- Or are under 18 years of age.

Do I have to pay?

- There is a co-payment of \$45 per appointment.
- Under 18 years will be bulk billed.

How do I make an appointment?

- Your midwife or GP may refer you or you can call 1300 011 013 and say you are pregnant.

No concession card?

Please visit a private dentist.



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Diet and pregnancy

Pregnancy brings with it enormous changes in your body and because of the growing baby you need to eat a healthy diet. Healthy weight gain is important and a guide to this is given in the box below.

Women who do not gain enough weight have a risk of premature birth. Women who are overweight or gain too much weight during pregnancy have a higher risk of:

- high blood pressure;
- gestational diabetes;
- caesarean birth; and
- difficulty losing weight after the birth.

The THS WACS strongly believe in open disclosure and your right to be fully informed. To ensure this woman with a BMI above 35 will additionally be provided with (or upon request) the RANZCOG 'Weight Management during Pregnancy' guide which provides further information relevant to BMI.

Five food groups

Eat a variety of different foods from the essential food groups every day to get all the vitamins and minerals you and your baby need. The essential food groups for your health and baby's growth and development are:

1. Vegetables, legumes, and some fruit;
2. Grains;
3. Milk, yoghurt, cheese and dairy alternatives;
4. Lean meat, poultry, fish, eggs, nuts and seeds;
5. Healthy fats, herbs and spices.

Water intake of more than two litres daily is recommended. Limit salt and sugar whilst pregnant and breastfeeding to allow for steady baby growth and development.

For more information regarding maternity patient dietary requirements and portion sizes visit www.nutritionaustralia.org or www.nhmrc.gov.au/guidelines-publications/n55 (healthy eating during your pregnancy pdf).

Folate (or folic acid)

Folate is needed for the growth and development of your baby. A good source of folate can be found in green leafy vegetables, broccoli, oranges and fortified fruit juice, bread and breakfast cereal.

It is recommended that women planning pregnancy take a folic acid supplement

of 400 micrograms per day at least one month before pregnancy and 600 micrograms plus for three months after becoming pregnant to reduce the risk of their baby having a neural tube defect such as spina bifida.

Vitamin D

Vitamin D helps the body to absorb calcium from food to provide you with healthy bones and muscles. Your body will produce vitamin D when your skin is exposed to the UV light in sunlight. The amount of vitamin D your body makes depends on skin type, exposure time, amount of skin exposed, UV levels, lifestyle and health. It is good to spend time in the sun and sensible sun protection (sunscreen, hat and glasses) does not put people at risk of vitamin D deficiency. Women more at risk of Vitamin D deficiency:

- Have dark skin;
- Cover most of their body with clothing; and
- Spend most of their time indoors.

Speak to your doctor if you have any concerns or for further information on Vitamin D in Tasmania go to www.dhhs.tas.gov.au and search this topic.

It is safe to take vitamin D supplements during pregnancy and breastfeeding.

Calcium

Have four serves of calcium rich food every day to help your baby grow strong bones and teeth. Dairy foods or calcium fortified dairy alternatives, e.g. soy or rice milk and tinned fish are the best sources of calcium. If you don't eat these foods you may need a calcium supplement.

BMI and recommended weight gain for single pregnancy

First trimester (3 months)

One to two kilograms in the first three months of pregnancy.

Second and third trimesters

If your pre-pregnancy BMI was:	You should gain:	Recommended total gain range (kg)
Less than 18.5kg/m ²	500g/week	12.5-18
18.5 to 24.9kg/m ²	400g/week	11.5-16
25 to 29.9kg/m ²	Less than 300g/week	7-11.5
Above 30kg/m ²	Less than 300g/week	5-9

Recommended weight gain for twins or triplet pregnancy

If your pre-pregnancy BMI was:	Recommended total gain range (kg)
Less than 18.5kg/m ²	Discuss with Obstetrician/Dietitian
18.5 to 24.9kg/m ²	16-24
25 to 29.9kg/m ²	14-23
Above 30kg/m ²	11-19

Iron

Iron is needed to form red blood cells for you and your baby. It helps carry oxygen in your blood and is needed for your baby to grow.

During pregnancy your iron requirements are increased. A lack of iron can often leave you anaemic, tired and less able to fight off infection. The best sources of iron are lean meats, green leafy vegetables, legumes and fortified cereals. Citrus fruits and other foods high in Vitamin C will help the iron from your food to be well absorbed.

Your iron levels may be tested in your pregnancy especially if your hemoglobin is found to be low. It is safe to take iron supplements during pregnancy and breastfeeding.

Eating fish during pregnancy

Fish is a safe and important part of healthy eating. It is important to eat fish when you are pregnant but you need to be careful about the fish you choose. Some fish may accumulate mercury which may be harmful to your baby's developing nervous system.

For more information regarding Mercury levels in fish go to:

www.foodstandards.gov.au/consumerinformation/mercuryinfish.cfm

Iodine for pregnancy and breastfeeding

Adequate Iodine in pregnancy and breastfeeding is essential for the normal development of baby's brain and nervous system. It is recommended that all women who are pregnant, breastfeeding or considering pregnancy take an iodine supplement of 150 micrograms each day, which most pregnancy multi vitamins contain. You need to include good sources of iodine in addition to this supplement. These include fortified bread, dairy and seafood. Women with pre-existing thyroid conditions should seek advice from their medical practitioners prior to taking a supplement.

Ask your midwife or obstetrician for more information regarding iodine. For more information look at <https://www.nhmrc.gov.au/about-us/publications/>

iodine-supplementation-pregnant-and-breastfeeding-women and https://www.youtube.com/watch?v=_CrTnezBRVg&feature=youtu.be

Food safety and hygiene

Toxoplasmosis

Humans can be infected with toxoplasmosis through being in contact with the faeces of infected animals (commonly cats), eating undercooked or raw meat, consuming unpasteurised milk and contaminated vegetables.

Toxoplasmosis can reach the baby of an infected mother through the placenta and cause them to become very unwell.

For further information search toxoplasmosis at better health vic.

To reduce the risk of Toxoplasmosis:

- Wash hands well after gardening or handling pets;
- Wash salad and vegetables well;
- Cook meat well;
- Wear gloves when disposing of cat litter; avoid contact with animal faeces where possible.

Listeria

Is a bacteria that is not common but can cause a serious illness called listeriosis in some people. Pregnant women, their unborn and newborn children are at a higher risk of becoming unwell if they get listeriosis.

It can cause miscarriage, premature labour, babies being significantly unwell at birth and stillbirths. Some foods are more prone to contamination. Listeriosis can be treated with antibiotics but prevention is best. For further information please search listeria on www.foodstandards.gov.au

To reduce the risk of Listeria

- Thoroughly wash your hands, cooking utensils and chopping boards.
- Make sure hot foods are hot (above 60 degrees) and cold foods are cold (below 5 degrees) both at home and when eating out.
- Cook all meat, chicken, fish and eggs thoroughly.
- Avoid certain high risk foods, e.g. soft



Photo credit Bobbi-lee Hille

cheeses, cold cooked chicken, cold sliced meats, uncooked or smoked seafood, pre-prepared salads such as coleslaw, pate and soft serve ice cream.

- Wash raw vegetables and fruit well before consuming.
- Ideally, eat only freshly cooked food and well-washed freshly prepared fruit and vegetables. However, leftovers can be eaten if they are refrigerated promptly and kept no longer than a day. It is important you do not eat food if there is any doubt about its hygienic preparation or storage.

Eating nutritious meals is one of the best things you can do for your baby's health whilst pregnant.

For further information go to: www.pregnancybirthbaby.org.au/healthy-diet-during-pregnancy

Alcohol in Pregnancy

Drinking alcohol during pregnancy can harm the brain and body of an unborn child and increase the risk of miscarriage, low birth weight or premature birth. This can also mean underdeveloped organs within your baby.

Baby Alcohol Spectrum Disorder (FASD) is a term used to describe conditions caused by harmful effects of alcohol exposure on the unborn child. Most children with FASD do not look different but may have varying levels of brain damage, emotional and physical development delays, learning problems and behavioural disorders such as Attention Deficit Hyperactive Disorder.



Scan the QR code for Information on Alcohol and pregnancy

Frequently asked questions about alcohol in pregnancy

- Can Baby Alcohol Spectrum Disorders (FASD) be cured?

The brain damage caused by alcohol is permanent and lifelong.

- Will a little bit of alcohol be a risk?

Yes. It is therefore wise to have no alcohol if you are planning a pregnancy or are pregnant.

- What if I drank alcohol before I knew I was pregnant?

Many women are unaware they are pregnant until the 5th or 6th week. If alcohol was used at this time, don't panic.

The best action is to stop drinking.

For more information telephone the Drug Education Network Inc. local call: **1300 369 319 or www.den.org.au**

Smoking in pregnancy

There are many health risks associated with tobacco for both you and your baby. Smoking increases your risk of having a miscarriage, a premature birth or a stillbirth. Babies whose mothers smoke tend to be small for their age which can also mean poorly developed organs and frequently have breathing problems.

Talk to your doctor or midwife for a referral to the Smoking Cessation Service. Call Quitline 137 848 or visit:

www.quittas.org.au

An Aboriginal Quitline Counsellor is also available.

Use of drugs in pregnancy

There is no safe level of illicit drug use in pregnancy and some prescribed and legal medications can also be harmful to the unborn or breastfeeding baby including complimentary medicines. Many drugs can cross the placenta and harm your child. In Australia medications are classified into risk categories so it is important that you tell medical or midwifery staff if you are taking any kind of drugs (including over the counter) drinking alcohol or smoking.

It can also be dangerous if a woman who needs medication stops taking it so get advice prior to any changes.

Babies whose mothers use drugs and alcohol during their pregnancy may have lower intelligence and behavioural problems. These babies often go through withdrawal symptoms and may need to go to the Neonatal Paediatric Intensive Care Unit. There is also a risk of stillbirth or premature birth. A premature birth means your baby may not be well developed and have a low birth weight which tends to lead to them being more prone to childhood illnesses.

For help/information contact:

- **Quitline – 13 78 48**
www.quittas.org.au
- **Alcohol & Drug Service –**
1300139641 or www.den.org.au
(24hr Help 1800 811 994)



#growingmatters

Big or small. Your baby's growth matters.

All pregnancies are different. Regardless of your size, what's most important is a healthy rate of growth for your baby.

- **Assess:** Early in pregnancy your risk for fetal growth restriction (FGR) will be assessed. For women at a higher risk of FGR it may be necessary to monitor the growth of your baby with regular ultrasound.
- **Measure:** At each antenatal visit from 24-28 weeks onwards, your baby's growth will be measured and plotted on a growth chart.
- **Monitor:** If your baby is growing slower than expected, increased monitoring may be required and any concerns will be discussed with you.



The Safer Baby program recommends you attend all your pregnancy care appointments to assess, measure and monitor your baby's growth to reduce your risk of stillbirth.

Quit smoking for baby



#quit4baby



What are the risks for my baby from my smoking?

- **Miscarriage or stillbirth**
- Your baby may be born premature (before 37 weeks' gestation)
- Sudden Unexplained Death of an Infant (SUDI or cot death)
- Low birthweight and breathing problems

What are the benefits of quitting smoking when pregnant?

- Improved health and wellbeing
- More money in your pocket
- Your baby will get better nourishment
- Less harmful chemicals in your bloodstream

Smoking in pregnancy is one of the main causes of stillbirth

Call Quitline on 13 7848 or visit quitline.org.au



4



Labour and birth

Remember



Baby grows very quickly so it is good advice not to buy too many very small items of clothing.

When buying nursery equipment look for the Australian Standards Logo. Check the web site www.kidsafe.com.au for information on safety features for children's equipment.



What you will need to bring into hospital

For mother

- Loose and lightweight clothing for labour;
- Comfortable day clothes and footwear;
- Comfortable sleepwear;
- Nursing bras and pads;
- Sanitary pads;
- Medicare Card and Private Health Insurance Card;
- Hand held record (orange folder);
- Energy rich food for labour like bananas, grapes, barley sugar, cheese, yoghurt;
- Tea, coffee if required between meals;
- Massage Oil with no added scents;
- Watch or clock;
- Music playlist on your device or on CD
- battery charged 'tea light' candles are permitted only;
- Camera; and
- Mobile phones should not be used in areas where they might interfere with electronic equipment, if unsure please ask the staff. Mobile phone use should be restricted in double rooms – turn off overnight.
- Earplugs
- Eyemask
- Chapstick
- Period underwear
- Breast cream

Partners need to bring what they may require over 24 - 48 hours including all snacks (meals not provided for partners).

If you have medications that you need to bring, please let your midwife know on arrival.

Do not bring large amounts of money or valuables. You are responsible for their safe-keeping.

For baby

- 4-6 grow suits, either size 0000 or 000;
- 4-6 singlets;
- 4-6 light weight wraps;
- Nappies, pack of 32, newborn size;
- 2 Light weight blankets;
- Socks/Mittens;
- Hat for discharge;
- Nappy changing gear - face washers, baby wipes, cotton balls;
- Cloth nappies or hand towel for 'spill' cloth; and
- Tin of formula if artificially feeding.
- If you have a supply of expressed breast milk, remember to bring it with you and take it home on discharge.



What you will need for your baby at home

At minimum you will require a safe sleep environment for baby (cot or bassinet), approved rearward facing car seat and possibly a pram. Optionally you may like to purchase a baby bath and some type of baby rocker or play mat. Remember the only unsupervised safe sleep environment for baby is their cot/bassinet.

When buying second hand equipment

make sure they are safe for baby, with recommended 5 point harness for car seats, prams and high chairs. For further information on Australian standards go to www.productsafety.gov.au/products/babies-kids

If you are formula feeding your baby, you will need sterilising equipment, bottles, caps and teats.

Labour and birth

Your birthing preferences

Preparation for your birth is important and some couples decide to write down their birthing preferences which allows them the opportunity to share thoughts and special needs with the midwife/doctor and support people. It is important that you provide your midwife/doctor with a copy of your birth plan prior to your labour to allow an informed discussion to take place. The midwives will always try to fulfil your wishes provided that it is safe for you and your baby.

Some things to think about during your pregnancy, and possibly discuss with your midwife and doctor are:

- It's important to carefully choose your support team as they are there to keep the birthing environment calm and undisturbed.
- Positions for labour and birthing;
- What you will bring with you to personalise your environment;
- Your chosen methods of pain relief; and
- Discuss your preferences if there are complications.

Labour has three stages:

Labour is simply the muscles of your uterus contracting to thin and open your cervix (the lower part of the uterine muscle) and to help move baby down further into the pelvis. Oxytocin is your natural hormone

that works to allow this to happen.

- First stage is from the beginning of regular contractions until the cervix is fully open (10cm);
- Second stage is when the cervix is fully open until your baby is born. This is commonly called the pushing stage, although not all women feel the urge to push. If you do not feel the urge your body will usually do it involuntarily with contractions anyway. Women usually feel bowel pressure and a burning and stinging sensation around their vagina during this stage. This is normal and means your baby will be born soon; and
- Third stage is from the birth of your baby until the birth of the placenta.

How long is labour and how might I feel?

Labour and birth is unique for every woman. This can mean lots of variation in the length of each labour and feelings you may experience.

In the weeks leading up to your labour, it is very normal to experience varying emotions and body changes including increased vaginal discharge, increased Braxton hicks, feelings of anxiousness or excitement and other common discomforts like back or hip pain or the occasional sharp pain within the cervix region, as the body and mind prepare for labour.

The early phase of your first stage is when the contractions are often irregular around 5 to 20 minutes apart lasting 20 to 40

seconds and may range from approximately 8 to 16 hours. During this time your cervix is starting to change, thinning out and dilating to 3-4 cm. You may also notice a mucous plug referred to as a show (clear or white thick mucous often streaked with blood) or your 'waters' break; backache or diarrhea which are all normal signs of early labour. Remember though you do not have to have ruptured membranes to be in labour, this can happen at any stage.

Once the contractions become longer, stronger, more regular and painful you are in a more active part of your labour. This is still a part of the first stage of labour, your cervix is dilating from 4 to 8cm, the contractions are around 3 to 4 minutes apart and lasting up to 60 seconds. This active phase may take around 3-5 hours. Many women present to hospital during this part of labour.

During this phase your feelings need all your attention. Remember in between each contraction your body is able to relax and regain focus.

Transition is part of first stage of labour where your body is working really hard for approximately 1-2 hours. Contractions may be 2-3 minutes apart lasting 60 to 90 seconds and your cervix dilates to 10 cm. Common feelings include pressure in the bowels, nausea, intense emotions, a heavy vaginal show (thick mucous combined with blood) and spontaneous rupture of membranes if this has not occurred earlier. These feelings are a good sign your body is progressing well towards meeting your baby.

Stage two, the pushing phase to the birth of your baby, begins when your cervix is 10cm and fully thinned out, plus the baby has moved further down into your pelvis. Pushing for some women may only take 15 minutes but for other women it could be up to 2 hours. Strong, regular contractions continue during this phase.

Please remember this is only a guide, each labour is different. For more information please refer to www.raisingchildren.net.au pregnancy information or consider attending one of our antenatal education sessions.

How do you know you are in labour?

You are unlikely to mistake the signs of labour when the time really comes, but if you're in any doubt don't hesitate to contact Maternity Unit and ask for advice. Labour patterns are different for all women. You are likely to be in labour when your contractions are regular and cause strong period like pain or back ache and last more than 45 seconds.

Your time from the start of one contraction to the start of the next contraction and they do need to be strong, regular and painful. Remember normal labour is painful but many women cope well. You do not have to have ruptured membranes (waters) to be in labour.



Delivery of the Placenta (third stage)

During the delivery of the placenta and soon after, new mothers are at their greatest risk of abnormal heavy bleeding (known as haemorrhage). With modern medicine the incidence of haemorrhage can be reduced using oxytocin drugs to help the uterus (womb) contract and stop the bleeding, thereby reducing the risk of heavy bleeding.

Evidence from clinical studies demonstrates that active management (administration of oxytocin drug) of third stage is more effective than natural (physiological) management in reducing the risk of heavy bleeding immediately after birth. For this reason, active management is considered the best and safest practice around the world and is routinely practised in hospitals within Australia.

Please understand that if you choose to have a physiological third stage (i.e. no injection of oxytocin unless heavy bleeding occurs), the RHH will respect your decision but recommend that you discuss this at an antenatal visit to ensure your decision is fully informed.

Perineum and Stitches

During your baby's birth a tear to the vaginal opening (perineum) sometimes happens. The doctor/midwife will repair the area with stitches within an hour after the birth. Local anaesthetic is used to help numb the area so it doesn't hurt.

Episiotomy is a cut in the side of the vaginal opening - usually the right side. It is not routinely done but may be necessary depending on the circumstances to assist in the birth of your baby. After the birth the vaginal trauma will be assessed and sutured as required. Local anaesthetic is used in the area if suturing is needed.

Both tears and episiotomies usually heal quickly and the stitches will dissolve.

Care of stitches

- Ensure that you take some pain relief;
- Stool softeners may be required to decrease pressure on the stitches when opening your bowels;
- Keep the area clean and dry;
- Apply ice pack supplied by the hospital every three hours for 20 - 30 minutes in the first 24 hours, this helps with swelling and pain;
- If you have problems with wound healing or infection after giving birth talk with your midwife or see your GP; and
- For women who have sustained a 3rd or 4th degree perineal tear a physiotherapist will see you following the birth and you will also have an appointment to return to the Gynaecology Clinic in about 6 weeks from the birth.

Monitoring you and your baby during labour

When you come to the hospital in labour there are some routine checks that the midwife or doctor will usually do.

These may include:

- Regular check of your blood pressure, temperature and pulse;
- Check of your baby's heart rate;
- Palpation of your abdomen to feel the position of your baby;
- On admission a monitor (CTG) may be used to record your baby's heart rate and your contractions, and in certain circumstances may be required continuously throughout the labour process. In some circumstances when the quality of the external monitoring is poor, internal monitoring may be recommended. This involves attachment of a small probe via the vaginal passage and on to your baby's head; and
- An 'internal' or vaginal examination will need to be done at regular intervals to check the progress of your labour. This is to feel how open and thin your cervix is and the position of your baby in the pelvis. A vaginal examination is the only way we are able to accurately determine your progress through labour.

What to do if you are in labour

Telephone the Midwives in the Maternity Unit anytime about your labour. The midwife will ask you questions about:

- When your baby is due;
- The timing and strength of your contractions; and
- Whether your membranes have ruptured (waters broken). Please put a pad on if you suspect this so the midwife can check it. It should be clear or slightly pinkish.

Natural pain in labour

It is normal for women to feel pain in labour and everyone experiences this pain differently. Labour pain can also be seen as functional pain of the body that instinctively guides your body through, with each contraction.

You will feel each contraction reach a peak (like a hill or wave) but then it will recede or lessen and there will be a rest until the next contraction.

"However much we know about birth in general, we know nothing about a particular birth. We must let it unfold with its own uniqueness" - Elizabeth Noble.

It is important not to compare yourself and how you labour to other women. The most important thing is how you feel.

How you can be involved in your labour

Learning about the following hormones: oxytocin, endorphins and adrenaline can help you understand how these hormones play an important role in regulating labour and birth. Decisions you make about your care can support or disrupt the way your hormones work in labour. Having an understanding of how hormones function and are released is important for making informed decision-making.

Hormones in Labour

Oxytocin is often known as the “hormone of love”, the ‘calm and connect’ hormone because it is involved with love making, soothing and calming. It helps us feel good, and it triggers nurturing feelings and behaviours.

Oxytocin stimulates powerful contractions; these contractions create functional pain, which causes the release of endorphins (your natural pain relief). The endorphins give some moderation of the pain. Your natural birth hormones create a wonderful feedback loop.

Hormones feedback loop in labour

Feedback loop - Increased oxytocin drives strong contractions, leads to functional pain, release of endorphins, then your intuitive capacity takes over, and the loop continues for birthing. It is important to trust your body and try to create a calm, undisturbed environment.

Creating a calm birthing environment

Adrenaline also known as the “fight or flight” hormone that humans produce when feeling alert, fearful or threaten. Adrenaline alerts you to find a safe, undisturbed environment.

Adrenaline in early labour alerts you to contact maternity and maybe come in if it's time. The next time adrenaline will alert you is when your ready to birth your baby.

When your feeling over whelmed in labour there can be too much adrenaline being produced in your body, this may slow your labour down. Having a support person of your choosing that you feel comfortable with, to support how you want to labour and an understanding of keeping the birthing environment calm with minimal disruptions will hopefully regulate your adrenaline response.

Another not so well known hormone called prolactin sometimes referred to as the ‘mothering’ hormone. Just like the other hormones it also has an effect on your emotions and behaviour. Prolactin levels increase around the time you are preparing for labour (nesting) i.e. creating a safe place to birth your baby. Prolactin is an important hormone to be aware of if you are planning to breastfeed.

To enhance your bodies natural hormones in labour and birth, you can try the following:

- Understanding what is happening to your body; be positive and ask questions if you feel “out of control”;
 - Knowing that you are in a safe environment and the staff will respect your needs and support you;
 - Having a support person with you with whom you feel comfortable and confident;
 - Relaxation and slow breathing that concentrates on the ‘out’ breath;
 - Include your chosen support person and communicate your understanding of how best to create a calm, undisturbed environment, so you can optimise your body’s ability to follow its natural senses. Think about the birthing environment you want to create when in labour; dim the lights in the birthing room, ask for a birth ball and mat. This is something your support person can also do, so your labour is not disturbed.
 - Heat packs are very helpful in early labour and first stage of labour. Heat gently eases the muscle cramping. (are provided by the hospital, wheat packs or hot water bottles are not allowed in hospital);
 - Choosing to make a noise or be silent;
 - Massage;
 - Staying upright and using gravity so your baby is pressed against your cervix, stimulating oxytocin.
- When it gets closer to birthing your baby, you can ask the midwife to use a warm compress on the perineum (area between the vagina and anus) as the baby stretches the perineum and your feeling urges to push.
- Music or an object to help you focus your mind; and
 - Showers and water immersion

It is important to have an idea of what you think may work for you when establishing your labour at home. The suggestions provided can be useful at home and in hospital. Remember normal labour is painful but many women do find coping strategies that help them through the pain and reduce the need for medical pain relief options.

Please Note: You cannot bring flammable items such as incense burners or candles into the hospital.

Water Immersion for labour and/or birth

You may be considering using water for pain relief during your labour.

The Royal Hobart Hospital in alignment with other Maternity Services around Australia has developed guidelines to enable midwives and doctors to provide care that is considered safe for healthy pregnant women choosing to use water during labour.



Benefits for you and your baby

Water immersion in a bath or a pool during labour has been shown to reduce the need for pain relieving medication, making the experience more enjoyable for women.

- Reduce the need for strong pain relief in labour.
- Facilitates progress in labour
- Provides a positive experience for women in labour
- An increasing sense of control, privacy, freedom to move and follow your natural instincts
- Decreased perineal lacerations or tears
- Less requirement for medical procedures to manage labour
- No significant difference in operative birthing rates
- No significant difference in newborn health and wellbeing

Who can use water for labour and/or birth?

- Be at least 37 weeks pregnant
- Are in established labour

- Having only one baby who is presenting headfirst
- Be capable of getting in and out of the bath with minimal assistance.
- You will be advised not to enter the bath until four hours after receiving an injection for pain relief

Condition for using water during your labour.

- When sitting in the bath or pool the water should reach the level of your breasts
- You can leave the water at anytime
- You should keep well hydrated throughout your labour to avoid dehydration
- You should feel comfortably warm
- It is possible to use Entonox (gas and air) if desired.

If you choose to Birth in water

- Your baby will be brought to the surface as soon as baby is born, and the head must then always remain above the water
- Your baby will be kept warm after birth using skin-to-skin contact, drying the head, and keeping the rest of the body under water
- You may birth your placenta in the water following the administration of an oxytocic, or as a natural (physiological) third stage.
- If you require stitches this procedure will be delayed for at least one hour after you leave the water

Further information

You may like to explore more information about the use of water for labour which will always support your decision-making.

The Cochrane review provides a full overview of all the latest research and information at:

www.thecochranelibrary.com

If you have any further questions or require additional information, please discuss the use of water immersion during labour and/or birth with your midwife or doctor.

Acknowledge regarding basis for water immersion in labour and/or birth content extends to Women's and Newborns Health Network and Women's and

Newborn Health Services.

<https://www2.health.wa.gov.au>

Please ask your midwife or doctor for a copy of the RHH Maternity Services, Labour and/or Birth Using Water Fact sheet.

Medical pain relief options

Everyone manages labour differently and there are many pain relief options available to assist you.

TENS Machine (Transcutaneous Electrical Nerve Stimulation)

The TENS machine is a small, hand-held, battery operated unit, with wires and self-adhesive pads attached. The pads are placed on 4 points on your back. These pads produce an electrical pulse with a tingling sensation, that helps block the sensation of pain interpreted by the brain which occurs with contractions. It can work well for pain during any phase of labour, but it seems to work best for back pain.

Labour TENS machines can be hired privately through local medical companies and online. Operating instructions come with the machines.

For further information or hire call the Better Life Company on **6234 5144** or visit them at 83 Brisbane Street Hobart. Alternatively search Australian companies online for TENS hire.

Nitrous Oxide (Gas)

This is a mixture of nitrous oxide and oxygen sometimes called 'laughing gas'. It is a very safe option for pain relief in labour. Some women find the gas helps by taking the "edge" off the pain of the contraction, others find it is a good focal point to help slow down breathing during contractions. The midwife will instruct you on how to use it during labour. You may experience nausea, light headedness and a dry mouth for a short time. There are no after effects for you or your baby. This is a great option if wanting minimal intervention.

Morphine

Narcotic medication given as a single dose injection either under the skin, into a muscle or via an intravenous cannula. It helps take the edge off contraction pains through a sedative effect but will not take all the pain away. Further doses can be given after

around 2 hours. This medication does cross the placenta to the baby. It can make you and your baby sleepy, and this may reduce respiratory effort in your baby if given close to birth. Research indicates that this drug can delay your baby's sucking reflex and may affect initiation of breastfeeding in the first 12 to 48 hours. After this time your baby will become less sleepy and breastfeeding should improve. Please note these side effects are not seen in all babies whose mums have had narcotics during labour.

Remifentanil PCA (Patient Controlled Analgesia)

It is a strong short acting narcotic pain reliever given through an intravenous drip. Pressing a button delivers a measured dose of the Remifentanil into the drip. The woman can press the button anytime she requires pain relief, the machine has a lock out period set to prevent overdose. An anaesthetist will be present until the right dose is found for the woman. Increased monitoring of mother and baby is required but this can be attended to in a delivery or birthing suite.

Advantages:

- Reduces pain felt but does not take all the contraction pain away.
- Woman feels in control of the situation.
- In cases where morphine or pethidine have not been sufficient it offers an alternative to an epidural.
- Crosses the placenta but is quickly eliminated from mother and baby's body.

Disadvantages:

- Can cause nausea, vomiting, drowsiness, dizziness.
- Doesn't take pain away completely.
- Nasal prong oxygen will be used throughout the labour whilst the PCA is in use due to maternal drowsiness. The oxygen saturation levels in the blood will also be constantly monitored while the PCA is in use.
- Usually ceased during the second stage or pushing stage of labour to allow effective pushing and ensure the baby is less/not drowsy at birth.
- If used during the second stage a paediatrician (baby doctor) will be present at birth due to potential drowsiness of baby. Note we do not advocate the use of PCA whilst pushing and find women cope well with this.

Epidural Anaesthesia

Epidural Anaesthesia is one of the most effective means of pain relief and involves the injection of local anaesthetic and other pain relieving medication into the epidural space. This is the only pain relief that has the ability to take the pain of labour away almost completely.

You will always have an intravenous infusion inserted, a monitoring machine (CTG) to measure baby's heart rate and to measure your contractions. A urinary bladder catheter is always needed.

Only a specialist doctor called an anaesthetist can give an epidural anaesthetic. You will be given a local anaesthetic into the skin of your back before the epidural is inserted. After this you should only feel a dull pushing sensation on your back. A thin flexible plastic catheter is inserted into the epidural space and this will stay taped in place until after the birth when it will be removed.

Anaesthetic drugs are given continuously through this catheter via a pump to provide pain relief through the labour, pushing and any suturing that may be required. The most common regimen currently in place at the RHH is Programmed Intermittent Epidural Bolus (PIEB) plus Patient controlled epidural analgesia (PCEA). This means the pump will automatically give you local anaesthetic every hour (the PIEB part) but you can also give yourself local anaesthetic via a push button every 15 minutes (the PCEA part).

This regimen has been associated with greater maternal satisfaction, improved pain relief during the second stage of labour, less overall local anaesthetic needed and less motor block (numbness/heaviness).

If this regimen is not working well for you there are alternative regimens that your anaesthetist may consider.

If you have an epidural for pain relief in labour it will be turned off once any suturing has occurred after the birth of your placenta. Generally it will take 1-2 hours to feel full sensation and strength in your legs again. When you stand for the first time after having an epidural removed please ensure you are not at risk of falling by having a staff member with you to assess the situation.

Advantages of Epidural Anaesthesia

Good pain relief and the opportunity to rest if you are experiencing a long and painful labour.

The PCEA option allows you control over the delivery of pain relief.

An epidural that is working well can be used in theatre for anaesthesia if you need a forceps delivery or a caesarean section

An epidural does not necessarily lead to an increased risk of a Caesarean birth. However there is a slightly higher chance of a ventouse/forceps birth as the urge to push may not be felt.

Anaesthetic and pain-relieving procedures are typically reliable and safe but do have some risks. Despite the high standards of medical practice, complications can occur.

Possible complications of Epidural Anaesthesia

- Your blood pressure may fall and this may affect your baby. To prevent this, an intravenous drip line is inserted beforehand so fluid and medications can be given quickly.
- Walking around is not possible due to heaviness and numbness in the legs but you can usually move freely in the bed.
- Irregular or ineffective pain relief can sometimes occur if the anaesthetic agent does not spread evenly. A top-up may be necessary or a repositioning or replacement of the epidural may occur.
- A leak of spinal fluid can cause a severe headache. A number of leaks heal on their own while others may require a further epidural injection. The risk of this is about one in one hundred.
- Local tenderness and bruising can occur around the site of the epidural but usually resolves within 7-10 days.
- Shivering, nausea and vomiting may occur but this frequently occurs in a normal labour as well.
- Intense itching with some types of medication can sometimes occur.
- Rarely, an allergic reaction to an anaesthetic agent may occur.
- Occasionally, the anaesthetic service is unavailable or delayed because the anaesthetist may be tending to other urgent responsibilities.

Remember

Pain relief options in labour

It is important that you discuss medication options with your Midwife or Doctor. This will ensure you have a complete understanding of the drug, its use and effects on you and your baby. A good time for this type of discussion is during the antenatal period and your preferences can then be recorded prior to your labour.



Rare complications of Epidural Anaesthesia

- The site of the epidural may become infected and you will require antibiotics. Very rarely this may lead to meningitis or an epidural abscess.
- The local anaesthetic may be accidentally injected into a blood vessel causing dizziness, a metallic taste in the mouth, and in extreme cases, convulsions and significant heart problems.
- Temporary damage to spinal nerves outside the spinal column may occur. Virtually all of these cases recover within a few weeks or months.
- Permanent but rare damage may occur ranging from nerve damage to paralysis in one in 20,000 to 200,000 women undergoing an epidural anaesthetic depending on the severity and type of the damage.

External Cephalic Version (ECV)

In the last few weeks of pregnancy, most babies are head down in their mother's uterus and this is the easiest and safest position for birth. ECV is a procedure which the THS WACS may be able to offer to turn a baby from a breech (bottom/foot first) to a cephalic (head first) presentation. For more information go to www.ranzcog.edu.au and search for the patient information pamphlet 'Breech Presentation at the End of your Pregnancy'.

Prolonged Pregnancy

Most women will go into labour naturally between 37 and 42 weeks.

If your pregnancy has gone more than one week overdue it is considered to be prolonged. Approximately 10% of all pregnancies are prolonged, the majority of these being 'first time' expecting mothers. We know from the research that spontaneous labour allows for the best possible outcome emotionally and physically for the woman, her family and her baby. However, we need to balance this with the understanding that closer to the 42 weeks gestation, a very small percentage of prolonged pregnancies may lead to potential risk to the wellbeing of the baby.

If you are 10-12 days overdue and do not wish to be induced, we recommend the following:

- Baby heart monitoring three times a week; and
- An ultrasound scan to measure the amount of amniotic fluid around the baby.

If any tests suggest a medical reason to deliver your baby it will be fully explained to you so an informed decision can be made.

Timing of Birth

Some reasons for having an induction of labour may be:

- Being overdue (usually 10 days);
- Having a medical problem, eg. high blood pressure, diabetes, bleeding; and
- Baby is stressed or not growing well.

Induction of labour may progress differently to spontaneous labour. These changes can include:

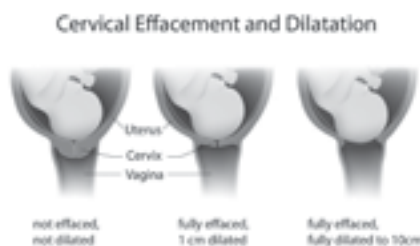
- Preparing the cervix, the neck of the uterus, for labour may take some time, even a few days, to be effective.
- Breaking your membranes (waters)
- Intermittent monitoring whilst preparing the cervix and then continuous electronic monitoring (CTG) of baby is required once regular strong contractions

Induction of labour often needs to be carried out in two phases. The first phase is called cervical ripening, where the cervix (neck of the uterus) is encouraged to soften, shorten, and open slowly to prepare for labour. This is called effacement or thinning of the cervix.

Once your cervix is open the membranes can be broken to start your labour. If your contractions have not commenced and it's your first baby, they may start a hormonal drip.

There are multiple methods to ripening the cervix:

1. Placing a hormone called prostaglandin near the cervix either as a gel or pessary.
2. Placing pressure on the cervix and inserting a thin rubber tube called a balloon.



Balloon catheter in place



Cervical ripening methods may take several days to be fully effective, and in some cases more than one method is used.

The second phase occurs after the cervix has softened and is the labour phase. Labour may have commenced with the use of the prostaglandin hormone which may bring on contractions or by breaking the forewaters (artificial rupture of membranes or ARM) which typically occurs the following morning once the cervix is ripe.

If you do not begin to have strong, regular contractions (3-4 contractions in 10 minutes, lasting 45-60 seconds), an oxytocin infusion (hormone drip) will be started to encourage contractions to begin. The oxytocin infusion often needs to continue throughout labour and birth to allow for the contractions to continue.



For more information about Induction of labour scan the QR code.



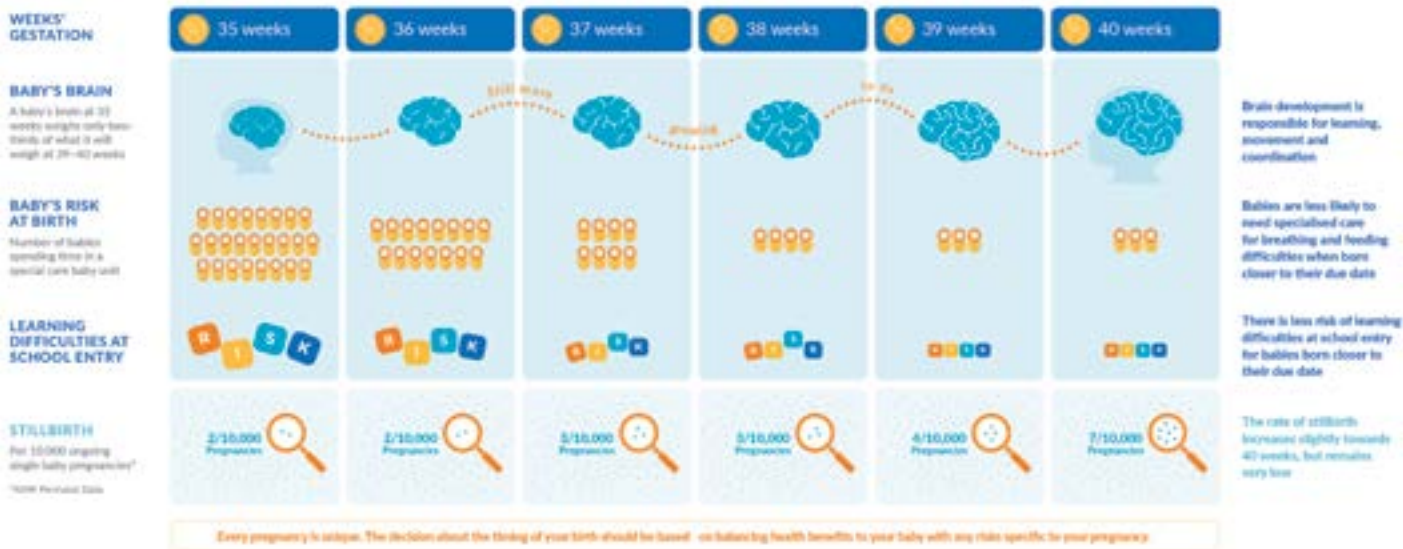
Scan the QR code to watch a video about the Induction of Labour.

What will happen when I arrive at the hospital?

- Present to Maternity Unit, bringing your bags with you.
- Initially you will be admitted into a shared room until labour has begun. This means that your partner will not be able to stay with you overnight. When labour is establishing and you are moved to a birthing room your partner/ support people will be contacted to come in to remain with you until your baby is born.
- You will need to remain in hospital, but are encouraged to walk around to assist labour to begin. Even though you are experiencing an induction of labour remember an active labour has been shown to improve time frames and reduce pain levels and further intervention. Your cervix will be re-assessed later depending on which method of induction has been chosen. If your cervix has not changed enough to allow your membranes to be broken, more gel or another balloon may be required.
- Your midwife will check on you and your baby regularly over this time.
- Our aim is to start your induction in a timely manner. Unfortunately sometimes we may need to delay or postpone your induction to ensure all our women are cared for in a safe environment. If you have any questions or concerns please contact the clinic or Maternity Unit on phone numbers provided in the front of this booklet.

EVERY WEEK COUNTS TOWARDS THE END OF PREGNANCY

Through research we're discovering that every week your baby continues to grow, and you makes a difference to their short and long term health outcomes.



#letstalktiming
www.everyweekcounts.com.au
www.womenandbabiesresearch.com



The University of Sydney | ABN 51 211 513 464
 Women and Babies Research, Ridding Institute | Level 5, Douglas Building | Royal North Shore Hospital | St Leonards NSW 2065
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#LetsTalkTiming

Let's Talk Timing of Birth



Information to help you
talk with your midwife or
doctor about the best timing
for your baby's birth.

Scan here to watch a video
summarising the information in
this brochure.



Assisted Births

In some births assistance may be required to allow your baby to be born vaginally. Whether you have a Ventouse or obstetric forceps depends on the circumstances of your labour and the individual needs of the labouring woman.

Ventouse (suction cup)

This may be used to assist in the birth of your baby if labour is not progressing with pushing. Reasons may include you being too exhausted to push effectively, or if your baby is showing signs of fatigue and needs to be born quickly. The cup is made of plastic and has a hand pump. It is carefully positioned by the doctor and placed onto your baby's head; the suction is applied, which allows for gentle traction when you are pushing. Your baby will have a swelling on the head immediately after birth which will begin to reduce over the following 24 hours.

Sometimes there is bruising on the head which will recede within about 10 days following the birth. An Episiotomy is not always necessary with a birth assisted with a Ventouse however the decision to use Episiotomy to assist the birth is decided following evaluation of each individual woman.

Forceps

Forceps are special instruments placed around your baby's head inside the vagina to help guide your baby out during the pushing or second stage. They are used if there is delay in the second stage, your baby is in a difficult position, or there are concerns for your baby's well-being. An episiotomy (small cut) in the perineum may be required to assist the birth of your baby's head.

Next Birth After Caesarean Section (NBAC)

For many women it is safe practice to have a Vaginal Birth after having had a previous Caesarean Birth. It is important you discuss your options and wishes with your doctor or midwife as this information does not

cover all the known facts about NBAC or all rare but possible complications that could occur. Everyone has different circumstances and personal requirements that need to be considered.

Many women who have had a caesarean section can have a vaginal birth in subsequent pregnancies. There is a small risk of problems with previous caesarean scars and you will therefore be monitored closely. Your doctor and/or midwife will discuss which conditions or precautions are necessary for you.

In some cases a repeat caesarean section will be recommended for certain medical or obstetric reasons.

It is important that you discuss all your options with your health care team. Write down any questions you have and your doctor/ midwife will be pleased to answer them.

What does the research say?

Caesarean section is a common operation with reported rates varying across the world. Australia's reported rate is 33% of all births.

Women considering their birthing options should understand that, overall the chances of a planned vaginal birth are 60-80% (RANZCOG, 2010) and 90% for those who have had a subsequent normal vaginal delivery following a caesarean section (RANZCOG, 2007).

Benefits of a planning a vaginal birth include:

- reduced blood loss;
- less likelihood of infection;
- shorter recovery time and hospital stay;
- reduced chance of readmission after giving birth;
- less need for strong pain relief medications;
- reduced risk of complications in future pregnancies;
- less risk of the baby having breathing problems and being admitted into the nursery;
- reduced complications associated with major abdominal surgery;
- improved chance of early physical contact with baby and initiating breast feeding;
- enhanced ability to care for baby more effectively after delivery;
- some women experience a high level of satisfaction after a vaginal birth; and

- reduced risk of future placental problems from repeat caesarean section.

When all the risks of labour are considered vaginal birth results in fewer complications for most women than routine, repeat caesarean sections.

What to consider when planning NBAC

- After a previous vertical/classical caesarean section birth where the uterine incision has involved the upper segment of the uterus.
- After some uterine surgery.
- After a previous uterine tear or rupture.
- Because of a maternal or baby reason for an elective caesarean section.
- If the baby remains in a breech presentation.
- If you have a multiple pregnancy, even if you have had a previous vaginal birth.
- Two or more previous caesarean deliveries.

A previous caesarean section leaves a scar on your uterus.

The reported risk of uterine rupture is 1 per 250 births. This is a rare but serious complication for the mother and unborn infant. To reduce the risk of a tear or rupture, spontaneous labour is preferred but labour may need to be induced for some women.

A repeat caesarean section may be required if labour does not progress.

Factors which improve your chance of a vaginal birth include:

- waiting at least 18 months after a caesarean section before becoming pregnant again;
- no complications such as medical problems;
- healthy weight range Body Mass Index (BMI) of less than 30 and eating low GI foods;
- going into labour naturally before 41 completed weeks of pregnancy with baby lying head down in an anterior position;
- baby's estimated weight less than 4000 grams; and
- continuity of midwifery care.

Factors which reduce your chance of a vaginal birth can include:

- induction of labour;
- being overweight ie BMI of more than 35;
- no previous vaginal birth or labour;
- previous caesarean section for failure to progress; and
- large baby (over 4000 grams).

Labour

- Phone the hospital to discuss when to come in if: you are experiencing regular painful contractions (every 5 minutes lasting at least 40 seconds);
- your membranes (waters) have broken;
- you are bleeding; and/or
- you have constant pain.

On admission, it is advisable that an intravenous cannula (IV) be inserted into your arm in case of bleeding due to possible scar problems.

It is advisable to monitor the baby's heart rate continuously by the cardio-toco graph (CTG) machine once you are in established labour. To remain active in labour, you can request telemetry CTG monitoring which enables you to walk around without being attached to the machine.

Caesarean Birth

A Caesarean is usually performed under spinal or epidural anaesthetic so that you are able to be awake for the birth of your baby. A general anaesthetic is not a common choice but may sometimes be necessary.

A Caesarean birth may be elective/planned or it may be an emergency/unplanned. There are many reasons why women have a Caesarean birth, and these may include:

- Concerns for mother – e.g. small pelvis, high blood pressure, bleeding, no progress in labour; and
- Concerns for baby – e.g. position, breech, size or distressed baby.

Preparation for a Caesarean birth

If the plan is for you to have an Elective Caesarean birth, you will be directed to go to the 9th floor Wellington Clinics to the pre-assessment clinic several days before the day of your operation. The theatre staff

will call you on the working day prior to the operation between 2.00 to 3.30pm. On the day of your Caesarean you need to present to the Day of Surgery Admission unit on the 4th floor of the RHH at your advised time. There is restricted access to theatre and no visitor waiting area on the Maternity Unit for the family of Caesarean birth patients. Please advise family to visit after you have given birth. Please only bring minimal baggage with you and get your family to bring your maternity baggage in later for when you are in the Maternity Unit.

For emergency caesarean births you will be prepared on the maternity unit and transported to theatre from there.

Skin to skin contact is advised as soon as possible after birth.

- However you feed your baby skin to skin will be encouraged for at least one hour, even if baby feeds early.
- Following a Caesarean, if both mother and baby are well, baby will be placed on the mother's chest whilst on the theatre table.
- If the above is not possible, your baby will have skin to skin within 10 minutes of arrival in the recovery room.
- If you have a general anaesthetic skin to skin will be within 10 minutes of being able to respond to baby.

Expectations

- For planned/elective Caesarean, do not eat for 12 hours prior to admission.
- The abdomen and pubic hair may be clipped.
- A urinary catheter will be inserted into your bladder to keep it empty.
- A dose of antacid or citrate preparation is given to neutralise stomach acid.
- You may be in the operating theatre for more than an hour.
- Your support person/partner may come into the operating theatre with you unless you are having a general anaesthetic.
- You may take still photos of your baby at birth, but hospital policy does not allow videoing of procedures.

Remember



Feelings

When a baby has been born by a Caesarean birth the mother or the baby may have been ill. A woman may sometimes be disappointed if she does not experience the expected surge of maternal love. These feelings are quite natural but it is important to remember that despite the difficulties experienced, it is expected that mother and baby should soon be relating to each other normally.

Pain relief and baby

If you are taking regular medication for pain you should be aware of the possibility of becoming drowsy when you are feeding or cuddling your baby. Ask for help to place your baby back in the cot.

A Caesarean birth is a major operation where the baby is born through an incision or cut in your abdomen and uterus. The incision is usually just below the 'bikini line' so after healing is often hidden or less noticeable.

- If you and your baby are well, and you have someone to help you at home, you can go home after 24 hours
- You will only be separated from your baby if;
 - You need a more prolonged stay in the Recovery Room;
 - You require a general anaesthetic;
 - Baby needs to go to the NPICU or Special Care Nursery; and
 - If your baby is well but you require attention, then your partner or support person is encouraged to have contact and bond with your baby, on the Maternity Unit.

You and your baby after a Caesarean birth

Whilst still in the operating theatre, your baby will be checked to ensure he/she is well. Your partner and you will be able to cuddle your baby. We will assist you to begin skin to skin contact with your baby as soon as possible after the birth. If you have chosen to breastfeed you should begin feeding as soon as your baby is showing signs of wanting to do so.

If your baby is premature, has medical reasons or having problems with breathing, he/she may need to go to the NPICU or Special Care Nursery (SCN) for observation. If this is the case, staff will take you and your partner to see your baby as soon as possible. You will need to express breastmilk if your baby is unable to feed from the breast, starting as soon as you can after birth.

After the operation

Pain relief

It is important after the operation to ensure you have adequate and regular pain relief so that you can move around freely. Support your wound by applying firm pressure with the help of a rolled towel or a small pillow. Your need for pain relief should decrease with each day.

The Anaesthetic Service will visit you on the day after your Caesarean birth to discuss your pain relief. You are usually confined to bed for 12-24 hours after the birth. When confined to bed there is a risk that you can develop clots in your legs (deep

vein thrombosis). A drug is given as a small injection into the fatty tissue just under the skin, to help prevent deep vein thrombosis.

Moving - getting out of bed

For your health and recovery, it's really important to get moving out of bed the day after a Caesarean birth. Circulation and deep breathing exercises are important to do regularly while resting in bed, until you are moving freely around the ward. These exercises and walking on the ward are encouraged to help prevent post-operative chest infection and deep vein thrombosis (DVT). When you return from theatre you may have pressure devices on your legs called SCUDS and special stockings called TEDS. This helps with the circulation until you are able to ambulate freely.

When getting out of bed for the first time ensure a staff member is present. Whilst you may feel normal when in bed you may find your legs are weak or you become dizzy the first time you try to stand. You may also find the wound pain increases. It is safer to be accompanied until you are sure any risk of falling has been assessed.

Wound Care

The incision will be located below your bikini line. The type of wound dressing used changes from time to time. Often the wound will be covered with a clear dressing that should remain intact for 7-10 days. You can remove it yourself in the shower. Generally you do not need to have your stitches removed. Sometimes staples are used which need to be removed, this can be done by the Extended Midwife Service (EMS), MGP Midwife or your GP.

If there is any redness or discharge from your wound notify midwifery/medical staff or when you get home see your family doctor.

Vaginal discharge

There will be some bleeding after the operation and this usually decreases over the next few days. If it increases tell your doctor or midwife. See page 31 for further information.

Intravenous cannula (drip) and urinary catheter

- You will be encouraged to sip fluids soon

Morphine

This is a strong pain reliever and so the midwife or doctor will need to assess the progress of your labour. It takes between 5 to 30 minutes to work depending on the way the drug is given.

after the operation and eat a light meal when you feel ready. Once you are able to tolerate fluids the intravenous drip is usually removed.

- The day after your operation the urinary catheter is usually removed. This enables you to move freely, get up, shower and care for your baby.

Some people find difficulty with passing urine following removal of the catheter, the midwife caring for you will instruct you on how to measure the amount passed the first few times. Passing urine may also sting, if this happens tell the midwife, who can administer you some medication to help neutralise the urine acidity. If stinging continues a specimen may be sent to pathology to rule out an infection.

Returning to normal activities

Help at home is necessary over the first few weeks caring for your baby.

Initially you should only lift things around the weight of your baby but increase this activity as you feel able.

Ensure you do not put yourself or your baby at risk by taking on too much too soon. Be aware that it will take time to heal and stay safe.

Check with your insurance company before you begin to drive – some may not cover you in the first 6 weeks post operatively.

Will a Caesarean birth be necessary in the future?

If a woman has had a lower uterine segment Caesarean birth and there is not a recurrence of the problem that led to the first Caesarean, then she may be able to have a vaginal birth next time. Factors such as the size and position of your baby can affect whether your next baby is born vaginally or by Caesarean. Discuss this with your doctor/midwife.

Caesarean birth is a safe method for the birth of your baby but it is a major operation, and therefore the decision to have a Caesarean is made carefully.

If further information is required please request the RANZCOG leaflet on Caesarean Section or Vaginal Birth After Caesarean Section.

Unexpected events of pregnancy

If unexpected complications occur with your pregnancy, the hospital has staff and services available to support and assist you. Any concerns can be discussed with the midwives and doctors.

Loss and grief are not usually associated with pregnancy, but not all pregnancies progress smoothly. Unfortunately, miscarriages do occur, as do stillbirths, and some babies are diagnosed with medical problems. We are able to call on resources in the hospital and community that can support you during your time of need.

Contacts:

Beyond Blue website:
www.beyondblue.org.au

Perinatal Anxiety & Depression Australia (PANDA) website:
<http://www.panda.org.au>

Centre of Perinatal Excellence (COPE) website: <http://www.cope.org.au>



5



Infant feeding

Infant feeding

All THS hospitals are Baby Friendly Accredited providing a supportive environment for women regardless of their feeding choice.

Our policies support the establishment and maintenance of breastfeeding. Should you wish to see a copy of the complete breastfeeding policy, ask your midwife.

If you are unsure about how to feed your baby, feel free to discuss with your midwife or doctor so an informed decision can be made. We also have further literature we can give you to support your decision.

If you did not breastfeed last time or had issues it can be good to talk this over with your midwife, attend a breastfeeding class or see a Lactation consultant.

Breastfeeding

Antenatal education

Research indicates the importance of learning about breastfeeding during your pregnancy. We suggest you include your partner in your education as they then understand better what to expect in regards to labour and breastfeeding. The hospital runs breastfeeding education opportunities regularly. To find out more information, ask your midwife or see page 7. You need to book early as these sessions are very popular. If you have any specific breastfeeding concerns you can also book an antenatal appointment with one of our accredited Lactation Consultants through the clinic reception or through direct referral to our Lactation Consultants.

Please cancel if you are unable to attend as sometimes there is a waiting list.

There is no special preparation required for breastfeeding however it can be helpful to learn a little more before the baby comes. Mums do best if they have read all the available information about feeding, watched a baby being breastfed, gone to a breastfeeding class or sorted out any concerns before baby comes. Doing these things can help you be more prepared and you may find the establishment of breastfeeding easier.

Usually your breasts will increase in size during your pregnancy due to hormonal influences, with most of the growth occurring in the first 20 weeks or in the last few weeks.

Avoid using soaps and perfumed creams or body lotions on your breasts, especially in the last few weeks of pregnancy. This helps preserve the action of the natural lubricant secreted by pores on the areola.

Exclusive breastfeeding

- Breastmilk alone is the only food or drink a baby needs for the first 6 months of life.
- Breastfeeding continues to be important after 6 months when other food is introduced.
- The World Health Organisation recommends breastfeeding for 2 years and beyond.
- Offering your baby bottles or a dummy can lead to less frequent breastfeeds and you may not make enough milk.

Breastfeeding is a learnt skill and like many other skills, it takes time, patience and practice.

Why is breastfeeding better for your baby?

- A healthier baby - helps protect against gastroenteritis (tummy upsets), ear infections, allergies, chest and urinary tract infections and juvenile diabetes.
- Longer term, breastfeeding protects against childhood cancers, obesity and heart disease.
- Perfect food - helps baby grow, develop and learn.
- Breastfed babies have improved speech,

sight, muscle development, reduced tooth decay and gum disease.

- Perfect way to bond and feel close to mother.

Breastfeeding is best for you because:

- Saves money – bottle feeding can cost up to \$3,000 per year;
- With fewer trips to the doctor, medical expenses will be less;
- Saves time – breastfeeding is quick, efficient and hygienic - more time to relax and enjoy your baby;
- Helps you return to your pre pregnant weight more quickly;
- Protects against breast and ovarian cancer and osteoporosis;
- It is also VERY good for the environment - no packaging, transport or factory costs; and
- One important aspect for prevention of SIDS.

Baby's behaviour before the first breastfeed

If left skin to skin on your abdomen after birth your baby will gradually crawl toward your breast.

Your baby will start mouthing; hand to mouth movements; licking fingers and touching your nipple which makes it erect and easier to attach to.

As your breast brushes baby's cheek, baby will turn his/her head towards your breast: open the mouth wide and protrude his/her tongue over the bottom lip to lick your nipple.

When ready baby will attach to your breast and begin to suck. This usually occurs within the first hour of birth.





Baby is often alert, awake and responsive in the first hour after birth - making it the perfect time for the first breastfeed.

Babies breastfeed they don't nipple feed. It is essential baby takes a good mouthful of your breast not just your nipple. Encourage your baby to self attach for the first feed. If possible babies should be kept skin to skin with their mother for an hour or more after birth even if they feed earlier.

The first few days

This is a good time to learn and practice getting your baby on the breast (attachment). All midwives on the Maternity Unit are able to assist you to achieve good attachment. Babies need to take a good amount of breast tissue into their mouth for this to occur and to try and ensure feeding is comfortable for you. Getting it right in the first few days can make the transition at home easier.

Your breasts are soft in the first few days before your breastmilk changes from the highly nutritious colostrum to mature milk. It is important during these days that your baby is offered breastfeeds as often as they demand it. A baby that appears sleepy may need stimulating to feed more often after the initial settling in period (around the first 24 hours).

Hints to achieve and recognise good positioning and attachment

- Have baby's body facing you and held close to your body, with their mouth next to your nipple.
- Point your nipple towards baby's nose and tickle their bottom lip with the edge of the areola until their mouth is wide open, then bring baby into your breast with your hand behind their shoulders.
- When attached well, baby's lips should be turned outwards and their chin should be well into your breast, leaving their nose clear.
- It is normal to feel some tenderness for the first 6-8 sucks while baby stretches your nipple to the back of their mouth, then the feed should feel comfortable – not painful.
- Your baby should have rhythmic sucking with well rounded cheeks and you should hear swallowing.
- Your nipple may be elongated at the end of a feed but will still be a good shape and colour.
- Any problem with this – ask your midwife to review a feed, also get our 'Positioning & Attachment checklist'.

Demand feeding

- Is feeding your baby according to their needs – the more often you feed the more milk you will make. This is called supply = demand.
- In the early days it is normal for your baby to feed a minimum of 6-8 times and up to 12 times in 24 hours to help your breastmilk supply to establish.
- Rooming in (keeping your baby in your room) allows you to recognise hunger cues and provides the right environment for demand feeding. See page 11 for further information on rooming in.

The only time a newborn needs fluids other than breastmilk is when there is a medical reason.



For more information regarding breastfeeding scan the QR Code



For more information in languages other than English, scan the QR code.

Expressing and storage of breastmilk

Some mothers find it necessary to express milk from the breast to give to the baby later. If you plan to express on a long term basis, you need good skills to keep your milk supply. You should talk about this with your midwife or lactation consultant before the birth.

You will find information on how to store breastmilk in your baby's Personal Health Record book (given to you after your birth). Support from your Child Health & Parenting Service (CHAPS) and the Australian Breastfeeding Association (ABA) is invaluable **1800 MUM 2 MUM** or **1800 686 268**

Thaw breastmilk in cold water or it can be thawed in the fridge overnight. Warm in a jug of hot water when ready to use. Microwaves should not be used. Once heated it cannot be reheated and used again so only thaw what you need to feed baby.

Avoiding teats, dummies and complementary feeds

- Your new baby is learning to breastfeed and can become confused if offered a teat or dummy before he has learnt to breastfeed well.
- Offering fluid other than breastmilk will decrease the time he breastfeeds, and reduce your milk supply.
- Frequent unrestricted sucking at the breast will satisfy your baby.

Feeding cues (signs that your baby is ready to feed)

- Hands up to mouth.
- Sucking movements.
- Soft cooing, sighing sounds.
- Head movements and stretching.
- Crying is a late sign of hunger – don't wait until then!

Once the milk comes in

Breastmilk, once established, looks a little like skim milk, whitish blue in colour, and thin. It is not “too weak”, it always has the right amount and type of nutrients, perfect for your baby.

Is my baby getting enough milk?

- Baby will have some settled periods.
- You will be reassured when you can hear swallowing sounds with feeds.
- Baby's wet nappies will increase in number after the milk comes in – at least 5 heavy disposable nappies in 24 hours.
- During the first few days your baby's bowel actions change from black meconium to a soft mustard yellow in appearance. Most babies will have 1-3 bowel actions per day in the first 3 months of life.
- Your baby starts to gain weight after an initial loss of 5-10 % and will regain birth weight by 10 days to 2 weeks. There should be an average gain of 150 gms per week.

If breastmilk supply is a problem, talk to a midwife, Lactation Consultant or CHAPS nurse about the many things you can do to improve your supply.



Raising Children
baby's wees and
bowel action
information
QR code

Breastfeeding and returning to work

- It is possible to work and breastfeed, many mothers express at work for their baby's feeds.
- Discuss with your midwife, lactation consultant or CHAPS nurse.

Support after birth

Lactation consultant telephone advice

Available from 8.30am-4.00 pm, Monday to Friday. Telephone **(03) 6166 7929** (office – leave message) or telephone RHH switchboard **(03) 6166 8308** and Page 52 for Lactation Consultant.

Australian Breastfeeding Association (ABA)

Telephone **1800 686 268** (**1800 MUM 2 MUM**) for Breastfeeding Helpline, local group contacts and enquiries www.breastfeeding.asn.au

Child Health and Parenting Services (CHAPS): incorporates Parenting Centre

Telephone **(03) 6233 2700** for general enquiries.

Tasmanian Multiple Birth Association

Telephone **0420 588 805** or go to www.tasmba.org.au for enquiries.

Pregnancy assessment available within the post-natal period (birth to 6 weeks)

Telephone **(03) 6166 8352**

Parent Helpline

24 hour telephone **1300 808 178** for advice and support for any stressful feeding or parenting issues that need immediate attention.

Your Doctor

Your family doctor or obstetrician if the symptoms are not getting better in 8-12 hours, or immediately if you feel very unwell.

Formula feeding

Some mothers who plan to formula feed give their baby the first feed at the breast, so the baby gets a very precious feed of colostrum (mothers first milk). If you don't want to do that, you could consider expressing some and giving it to your baby.

If you have chosen to formula feed prior to

your baby's birth we strongly recommend skin to skin contact immediately following the birth for at least one hour. This first contact is important for all babies regardless of method of feeding.

Remember to bring a tin of formula suitable for a newborn baby under 6 months to hospital with you. Your midwife will show you how to make up the formula and discuss how to sterilise the bottles, teats, and caps when you are in the maternity ward. You don't need to bring your own teats or bottles as these are provided.

Refer to the formula tin for appropriate amounts per feed. The amount will increase as baby grows. Ask the Child Health & Parenting Service for advice.

If you choose formula feeding remember to offer skin to skin contact on a regular basis. As formula fed babies sleep heavily it is recommended by Red Nose (previously known as Sids and Kids) in accordance with the safe sleeping guidelines that your baby sleeps in the same room as you in its own safe sleep environment.

When formula feeding always hold your baby during the feed as this offers your baby visual stimulation and close physical contact with you. It is not a recommended safe practice to prop feed your baby as there is a danger of choking.

Further literature to support your choice of feeding is available on request. Help after discharge with bottle feeding issues can be obtained from your midwife at home visits, child health nurse or doctor.

Infant tooth decay

The following may increase the risk of infant tooth decay:

- Honey or sweetener on the dummy;
- Infrequent tooth brushing or not cleaning after the first tooth appears;
- Prolonged and frequent bottle feeding when teeth are present;
- Adding any sweeteners to the bottle; and
- If your baby has a bottle or dummy which has been in the mother's mouth bacteria will be transferred which may cause decay or infection in your baby's mouth.

The TEN STEPS to Successful Breastfeeding

1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...

- Not promoting infant formula, bottles or teats
- Making breastfeeding care standard practice
- Keeping track of support for breastfeeding

2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...

- Training staff on supporting mothers to breastfeed
- Assessing health workers' knowledge and skills

3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...

- Discussing the importance of breastfeeding for babies and mothers
- Preparing women in how to feed their baby

4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...

- Encouraging skin-to-skin contact between mother and baby soon after birth
- Helping mothers to put their baby to the breast right away

5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...

- Checking positioning, attachment and suckling
- Giving practical breastfeeding support
- Helping mothers with common breastfeeding problems

6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...

- Giving only breast milk unless there are medical reasons
- Prioritizing donor human milk when a supplement is needed
- Helping mothers who want to formula feed to do so safely

7 ROOMING-IN

Hospitals support mothers to breastfeed by...

- Letting mothers and babies stay together day and night
- Making sure that mothers of sick babies can stay near their baby

8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...

- Helping mothers know when their baby is hungry
- Not limiting breastfeeding times

9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...

- Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers

10 DISCHARGE

Hospitals support mothers to breastfeed by...

- Referring mothers to community resources for breastfeeding support
- Working with communities to improve breastfeeding support services

6



Your baby is born

Remember



To take time out if you are feeling angry, stressed or frustrated with your baby. A couple of minutes time out and a breath of fresh air can make all the difference.

Your body after birth

Afterpains

Straight after birth the fundus or top of your uterus can be felt like a 'cricket ball' just below your navel. Your midwife will check to see if your uterus is shrinking each day. By six weeks it should be back to its pre-pregnant size.

Some mothers experience 'after pains' for the first few days. They may be mild or severe contractions and often get worse during breastfeeding. Breastfeeding makes the uterus shrink back to its normal size more quickly.

Bleeding

Lochia is the word used to describe the blood loss you have vaginally after birth. To begin with it will be red, just like a heavy period, but within a few days your vaginal loss will be less in amount and much lighter in colour. It may increase during breastfeeding as your uterus contracts.

Over the next six weeks the loss becomes lighter and stops. If your loss becomes bright red again and gets heavier after going home you should let your doctor know.

Bladder and Bowel Care

If you have problems in the first few days with:

- Sensing the urge to void (pass urine);
- A slow or hesitant flow of urine;
- Pain on passing urine;
- A feeling that you are not emptying your bladder properly;
- Frequent leakage of urine; and
- Passing urine more frequently than every 2 hours.

Let your midwife, doctor or physiotherapist know.

It is important to have regular bowel motions after birth. Drink plenty of fluids and eat a diet that is high in fibre. The midwives caring for you can offer you medication that can help to soften your bowel motion if needed.

If you have any problems with your bowel or bladder in hospital please talk with one of the staff. After you have gone home, you can telephone the Community Continence Clinic on **(03) 6282 0760** or the RHH Continence & Women's Health Physiotherapist on **(03) 6166 8634**.

Perineum and stitches

Any sutures in your perineum are dissolvable. Please see page 32 for further care of stitches information.

Wound care after a Caesarean Birth

After your caesarean birth you have a dressing covering your wound that should remain intact for 7-10 days. Refer to page 41 for wound care at home.

Physiotherapy

Essential information is covered in our classes 'Education and Physiotherapy Exercise class' - see page 7.

Physiotherapy may be able to assist you further with some of the common aches and pains of pregnancy (such as back or pelvic pain and carpal tunnel syndrome). Community Physiotherapy and THS Physiotherapy offer individual appointments to help you – please discuss your problems with your midwife or doctor.

After your baby is born

Be guided by the handouts and information learned in the physiotherapy class – see page 7.

A Continence & Women's Health Physiotherapist is available on the maternity ward – if you have any questions or concerns ask your midwife to refer you. All women are seen on a priority basis.

Pelvic Floor Muscle Exercise

Our pelvic floor muscles help with control of our bladder and bowel and are important for sexual function. All women need to strengthen these muscles after being pregnant. However, over

Keeping your infant safe in hospital

- All hospital staff are identified by authorised THS identification tags.
- Baby should not be taken outside Maternity unit until you are discharged. When taking your baby out of your room put your baby in the cot and push the cot. Do not carry your baby in your arms outside the room or allow others to either unless you have been discharged.
- Your baby will wear two identification name bands throughout his/her stay in hospital. If your baby's name band is loose or has come off, please tell your midwife.
- The maternity unit has a rooming-in policy, which means having your baby with you all the time. It is your responsibility not to leave your baby unattended. If you leave your room/ward during visiting hours, ask a family member to watch your baby.

one third of women will do the exercise incorrectly. All women who deliver at the RHH are invited to book in for a one-off 'pelvic floor activation check' with one of our Continence & Women's Health Physiotherapists (located at RHH and select Community centres). The appointment takes around 20 minutes and an ultrasound machine (like the one used during pregnancy) is placed over your lower tummy. You can then see if you are performing the correct contraction and your physiotherapist can discuss how you can best strengthen your pelvic floor muscles.

Bookings are essential. Please telephone the RHH Physiotherapy department on **(03) 6166 8634** to make an appointment (Community Physiotherapy appointments will be arranged if closer and more convenient for you).

We suggest that 4-6 weeks after delivery is a good time for this check – please book ahead as there may be a waiting list for this service.

Remember



Look after yourself

Save energy by trying to have a rest during the day so you can cope with evening tiredness. Sleep when your baby sleeps.

Prevention of falls

Mothers and newborns can be at risk of falls. After you have had your baby, you may be very tired and drowsy because of lack of sleep, blood loss or pain-relief medication and it is important that you take steps such as the following to reduce this risk of falls:

- Obtaining help when you first get out of bed after having your baby. Later on, take your time when getting in or out of bed.
- Ensuring that the area around your bed is free from obstacles such as extra chairs, presents, surplus blankets, clothes and footwear left lying on the floor.
- Placing frequently used items within easy reach.
- Asking for assistance if you feel unsteady or when moving your baby into or from the cot.
- When using the bathroom facilities, use the shower chair and rails provided. If you feel unsafe, remain seated and call staff for assistance.
- Placing baby on his/her back in the cot if you are feeling sleepy.
- Wear non-slip footwear.
- Turn the light on when getting out of bed or attending to your baby during the night.

To keep your baby safe from falling:

- Addressing any safety issues when changing nappies or at bath time.
- Change the nappy in the cot rather than on the bed.
- Never leave the baby unattended on any raised surface without supervision.
- Don't carry your baby in your arms while you are walking around the unit. Use the cot when you are walking around the maternity unit.

Sex and intimacy

After you have given birth to your baby, you may feel a variety of emotions about your body. It has created another living being and you should feel proud of it.

Your vagina may be tender, especially if you have had stitches. If your baby is feeding frequently, you may feel tired of physical contact.

Share these normal feelings with your partner. Let your partner know that you do care, that you do enjoy cuddling and touching, but that you may not be feeling up to sexual intercourse for a few weeks. You can be sexually intimate without penetration occurring. Be imaginative but always be sensitive to one another's feelings. While you are breastfeeding, there is a change of hormones in your body. This will mean that your vagina may be drier than usual and that you may need a lubricant. If dryness is a major problem, please talk to your doctor.

Also during sex, your breasts may leak, so don't be surprised!

Use a lubricant, go gently, relax and don't forget to **use contraception!**

Contraception

There is a chance that you could become pregnant before your six week check so we recommend that if you are sexually active, and you don't want to get pregnant, that you use some form of contraception, eg condoms. Some women choose to have the implant called "Implanon" and this medication can be given to you prior to you leaving hospital. There are other options available that may be more appropriate for you and your lifestyle.

Your midwife and doctor are available to discuss your contraceptive options and can assist with making a plan with you before having your baby.

For more information visit Family Planning Alliance Australia www.familyplanningallianceaustralia.org.au/resources/

Family Planning Tasmania www.fpt.asn.au/advice/contraception

Scan the QR codes below for more information.



Scan the code to watch a video about contraception.



Family planning in Tasmania

Postnatal VTE prevention

After giving birth to reduce the risk of a VTE all women are encouraged to:-

- Resume walking after your baby is born if safe to do so.
- Avoid becoming dehydrated, especially during the warmer months.
- Wear elastic compression stockings if you have been advised to do so, especially if you have had a Caesarean birth.

Women who have been assessed as having a high risk of developing a VTE will be prescribed medicine called anti-coagulation (injections) to prevent blood clots forming during the pregnancy and after the baby is born. These medications plus the above steps should prevent the development of a VTE. These medications are safe to use if you are breastfeeding.

Emotional changes after birth

Baby blues

Some women experience mood swings about 3-4 days after the birth of their baby. One moment they are happy and the next they may be crying. These 'blues' are normal and usually go away within 10 days. They are like an emotional release after the pregnancy and birth and are often hormonally induced.

During your hospital stay we are able to provide counselling services if you begin to feel overwhelmed.

Remember



Baby blues

Remember... It is normal for all mothers to experience times of emotional and physical exhaustion. If your depression or anxiety lasts more than two weeks, seek help.

Adjustments to parenting

It is normal for parents to have times when they feel angry, frustrated and helpless.

The responsibility of parenting can weigh heavily, especially when you are unable to feel in control of a situation you are responsible for (an example can be when your baby is crying for no apparent reason). If you have tried all the settling techniques and nothing is working and you are feeling fed up...

STOP

- Put your baby down in a safe place - in the cot with the cot side up.
- Leave the room – no baby has died from being left to cry for 5-10 minutes but some have died from brain damage from being shaken by an angry parent.
- Consider why am I (or was I) angry? Where does it stem from?
- Take 10 slow deep breaths – concentrating on making the out breath slow.
- Take action: Talk to someone if you are still feeling angry.

Lifeline telephone 131 114

Tasmanian Parent Line telephone 1300 808 178

Beyondblue telephone 1300 224 636, www.beyondblue.org.au

Pregnancy Birth & Baby helpline 1800 882 436

- Nothing is too awful that it can't be talked about.
- Everyone has a right to feel safe - including your baby.

Birth Trauma

For most women birth is a wonderful and a positive experience, however for some women their birth was not what they had planned or expected. This can leave new mothers and families feeling guilty and disappointed. Birth trauma can be psychological and/or physical. Unexpected complications and/or interventions (e.g., induction, emergency Caesarean Section, instrumental birth (forceps, vacuum) painful labour and premature birth) can create a traumatic birth experience. The effects of birth trauma may continue long after birth, and women are at an increased risk of developing PTSD and Postnatal depression (PND). Don't be afraid to ask questions about your labour and birth, speak with midwives and/or obstetric team about your experience; reach out for support from family and friends. Birth trauma recovery is central to the healing process after childbirth and transition to parenting.

Resources

Australasian birth trauma Association: birthtrauma.org.au

Postnatal Depression

Around one in 5 mothers and one in 10 partners develop Postnatal Depression (PND). Postnatal depression is very different to "baby blues," and there is not a single one cause. Symptoms of PND usually persists for longer than two weeks and usually develop within the first year of having your baby.

Signs/Symptoms of PND include the following (but are not limited):

- A past history of depression and/or anxiety;
- A stressful pregnancy;
- Experiencing severe 'baby blues';
- Sleep deprivation;
- Prolonged labour and/or delivery complications;
- A lack of practical, financial and/or emotional support;
- Past history of abuse;
- Unrealistic expectations about motherhood; and
- Moving house.
- persistent low mood,
- numbness or feeling nothing at all.

- Increasing levels of anxiety, loss of interest in usual activities and pleasure in life.
- feelings of helplessness, self-doubt and finding it difficult to cope
- being unable to sleep even when having the opportunity
- having thoughts of harming yourself, baby and/or other children
- PND can affect your ability to care and bond with your baby

Signs resulting in you getting support immediately may be:

- Feeling like life isn't worth living;
- Having thoughts about hurting yourself; and
- Worrying about hurting your baby.

Your family or partner may notice that you are depressed before you do. They should encourage you to seek help, if they suspect you are suffering from depression.

It's important to recognise signs and symptoms early so effective treatment can begin. You are not alone and adjusting to parenting can be challenging. Protective factors include identifying depression/ anxiety early in pregnancy and having good support networks. Discuss your feelings with your family and friends. Seek help from a doctor or health professionals.

Resources and Supports services

000 Emergency services

Lifeline 131 114

Cope: www.cope.org.au

Panda: www.panda.org.au

Beyond Blue: <https://healthyfamilies.beyondblue.org.au/pregnancy-and-new-parents>

Parenting line ph. 1300 808 178
<https://parentline.com.au/parents-carers>

Women's Health Tasmania, appointments ph. 6231 3212

https://www.women.tas.gov.au/organisations/womens_health_tasmania

Migrant Resource Centre Tasmania: Mental health support <https://mrctas.org.au/phoenix-centre/>

Parenting Centre South, appointments ph. 6166 6105

- If you attended appointments with the Perinatal and Infant Mental Health

Service antenatally you can also contact them on the numbers provided in the front of this booklet.

- Mental Health Service hotline freecall **1800 332 388**.

Neonatal Paediatric Intensive Care Unit (NPICU) and Special Care Nursery (SCN)

Sometimes all does not go as planned in pregnancy, labour, or birth. Some newborns require additional neonatal support and may be admitted to the Neonatal Paediatric Intensive Care Unit (NPICU)

The RHH NPICU is the Tasmanian Referral Centre for premature and unwell babies (this also includes children). NPICU is a 28-bed capacity unit located on level 8 East of K- Block (K8E)

NPICU (K8E) includes:

- Eight neonatal intensive care unit bays
- Four paediatric intensive care unit bays
- 13 special care nursery bays.

K8E has large private rooms and a family lounge.

Private rooms provide space for parents to have skin to skin time with their baby's, this is also known as kangaroo care.

Single rooms have a daybed. This provides family members a comfortable area to rest when they need to spend many hours by their baby's bedside. K8E has been designed to make it as parent friendly as possible.

NPICU has highly trained medical and nursing staff that provide the latest in technological care for unwell babies and premature babies this includes children.

If it is anticipated that your baby may need to go NPICU and/or SCN after birth. For further information check the NPICU app available from your app store, android, and apple mobile phones. Finding your way (NPICU app) includes photos of the family

spaces, SCN and Intensive care rooms. Check with staff for further information.

Resources

Scan below for a free app on your phone:



QR code for NPICU app

Free download for Android phone



QR code for NPICU app

Free download for iPhone

- Austprem resources <http://austprem.asn.au/resources/links.shtml>
- Miracle babies: <https://www.miraclebabies.org.au/>
- Family integrated care: <https://familyintegratedcare.com/about/parent-participation-in-ficare/>
- Tasmanian Multiple birth association: www.tasmba.org.au
- Australian Breastfeeding Association: www.breastfeeding.asn.au





Early parenting

Everyone loves to welcome a new baby, but your rest is important especially in the first few days after the birth. It may be hard for you to say no to well meaning friends and relatives.

Adjustment to parenthood

Look after yourself

Give yourself time to adjust to the changes of parenthood.

- Learn to ask for help.
- Develop a practical support system.
- Take time out just for you – do something you really enjoy.
- Try to allow some time for exercise. It increases health, makes you less tired, helps to regain your figure, and increases self esteem.
- Don't feel guilty ignoring the phone or doorbell, especially at bath time, during meals, feeding and rest times.
- Put time aside for meals, especially with your family. Sit down and take your time to eat. Try not to miss meals.
- Seek out new mothers so you don't feel lonely or isolated.

Playgroup Tasmania

<https://playgrouptas.org.au>

Women's Health Tasmania

www.womenshealthtas.org.au

Care of your baby

During your hospital stay the midwives will assist you in many aspects of baby care. Please feel free to ask your midwives questions as they are trained to give the appropriate information.

Sleep

It is important to understand that baby is born with a sleep/wake pattern already in place; we call it the baby's 'natural biorhythms'. Therefore if you have a baby that is active in the uterus when you are in bed at night then chances are you will have an awake and alert baby at night when they are born. It can take up to 6 weeks or longer for this natural sleep pattern to turn around.

Best of all try to sleep when your baby sleeps. Be patient as there will be a time when your family routine will be normal again.

First bath

At this time the midwife will also measure your baby's length and head and record it into your baby's Personal Health Record book. Ask your midwife questions, there are many things to learn about your baby at this time.

Baby's fingernails are sometimes long and cause scratches to their face. Be careful as the nails are adhered to the ends of fingers until baby is about three months old, so cutting them with scissors or clippers before this time may cut baby's skin. Gently peel the nails back after a bath.

- Baby skin is new and very sensitive. Try to restrict the amount of products used on baby.
- The more natural the better it is for baby's skin ie there is nothing wrong with using water to clean the nappy area.

Cord care

The cord and clamp will be still attached when you go home. The cord takes from 5-10 days to wither and fall off. It is important to keep the cord area clean and as dry as possible.

- Clean the cord with cotton buds or cotton wool and tap water.
- Keep it as dry as possible.
- Keep the nappy away from the cord.
- It is not normal if the tummy area around the cord looks red or inflamed, if this happens it is very important to take your baby to your doctor or Child Health and Parenting Clinic to have it checked.

Remember

Best of all try to sleep when your baby sleeps.

There will be a time when your family routine will be normal again.



Care of baby's genital area

With baby boys the foreskin is attached to the head of the penis up until about three years of age. Therefore it is important not to attempt to retract the foreskin as it may cause damage. Nature has designed it like that to protect the sensitive penis from faeces and urine. Normal cleaning as your baby is bathed and normal nappy care is enough to clean the penis. Infant male circumcision is not performed at any THS hospital in any circumstance including religious and cultural reasons.

With baby girls the labia are often swollen and red and sometimes there is sticky mucus which appears around the vaginal area and on occasions some light bleeding. This is caused by the mother's hormones and will disappear soon. If you are concerned ask your midwife.

A light orange/pinkish stain is sometimes noted in the nappy and mistaken for blood. This is caused by a reaction between chemicals in the babies urine called urates and chemicals in the nappy fibres. If you are at all concerned please seek advice.

Unwell baby

Sometimes without prior warning a full term baby becomes sick or requires special monitoring and may need to spend time in Neonatal Paediatric Intensive Care Unit or Special Care Nursery. If this period extends beyond the normal length of stay for the mother then she is often discharged before the baby. This can be difficult and hard for the parents to deal with. It is important to discuss your feelings with the staff caring for you and your baby.

Please see information on NPICU and SCN in this booklet.

Accepting help

If friends and relatives offer help, they will often take it as a compliment if you accept. Suggested helpful things for them to do

Remember



Back to sleep
Tummy to play (supervised)
Sit up to watch the world



may include household chores, especially the odd bit of laundry or vacuuming, an occasional meal things are twice as helpful as minding the baby because they give you more time to rest, to take time out with your partner, and for both of you to spend time with your baby. Learn to accept the offer of help.

Tasmanian Personal Health Record (Blue Book)

After the birth of your baby you will receive a Personal Health Record, a blue book, in which you may record all details about your child's growth, development and health for the next four years. The book should be taken with you when visiting with a health professional, Child Health & Parenting Services (CHAPS) nurse, doctor, or dentist.

Getting to know your baby

During your stay in hospital we will help you and your new baby get to know each other. To assist this we encourage "rooming in" which means having your baby with you all the time. A midwife will care for you, and assist and support you

with the practical aspects of caring for your baby. This is a learning time so ask lots of questions!

Take notice of your baby after birth and understand their cues. Your baby is capable of eye contact with you (for short moments), they know your voice and this can be reassuring for them. Your baby will respond to light, sound, facial expressions and be capable of visual tracking with certain objects. They learn very early to protect their sleep in known environments where they feel safe. A baby communicates through their behaviour, watch for these cues.

Baby's communication

Babies communicate in many ways. Crying is just one way of communicating with you.

Other ways include; eye rubbing, jerky movements, yawning, rooting or sucking if hungry, not holding your gaze, grizzling.

Is your baby?

Hungry...

Your baby has "growth spurts" regularly, so may want to feed more often to satisfy hunger. If you are breastfeeding this frequent feeding will also build up your milk supply.

Crying is the last sign of hunger, baby will mouth about and try to suck on their hand or something else first.

Lonely...

Your baby needs to have the warmth and reassurance of your presence.

Lots of cuddles is a good thing, you can't spoil a child with love.

Uncomfortable...

Maybe your baby is too hot or too cold, or has a wet or dirty nappy, or is wrapped too tightly, been in the same position too long.

In pain...

Baby may show this by screaming, drawing their knees up and/or generally fussing.

Tired...

Avoid over stimulation and excitement. Gentle rocking before settling will help.

Recognise the three key tired signs:

- Grizzly;

Babies communicate in many ways.

Spend time each day observing your baby's non-verbal cues.

- Jerky movements; and
- Facial grimacing.

When your baby is showing these signs, it may help to swaddle them gently and put them straight to bed. Some babies need help settling, refer to the section on Settling techniques.

Overstimulated...

Babies are learning a lot and very quickly so can get overwhelmed and need quiet time to calm down. Signs of overstimulation include; not interested in playing, turning head away or not meeting your gaze, yawning. If you recognize these signs give your baby even a few minutes of time and space, watch for a happy and alert baby before resuming interactions.

For further information on crying babies, see your Tasmanian Personal Health Record book (blue book), your Child Health & Parenting Service or Doctor, or contact the Tasmanian Parent Helpline, telephone **1300 808 178**.

There is also good information found at www.raisingchildren.net.au

Settling techniques

There are many ways of settling and comforting your baby, and during your stay on the postnatal ward your midwife will help you to learn and practice some of these. They include:

- Rhythmic patting;
- Rocking/cradling;
- Walking: with a pram or cuddling baby;
- Baby Massage;
- Swaddling or wrapping in a bunny rug or sheet;
- Relaxation bath;
- Sucking;
- Positioning baby over your knee, or arm or shoulder;

- Nappy change;
- Soothing and rhythmic sounds, eg lullaby, music, vacuum cleaner, washing machine, singing or talking to your baby;
- Allowing someone else to hold baby.

Take time out if you are feeling angry, stressed or frustrated with your baby. A couple of minutes time out and a breath of fresh air can make all the difference.

It is important to understand that you may try all of the above suggestions and still not settle your baby. Try to stay calm and not take it personally.

If you need support or advice at home, telephone the Parenting Centre during business hours on **(03) 6233 2700** or Tasmanian Parent Helpline on **1300 808 178**.

You may also find information and videos on www.raisingchildren.net.au to be beneficial.

Prevention of sleep accidents

Although the causes of SIDS have not yet been found, research has identified factors that will reduce the risks of SIDS (cot death) and unexpected sleep accidents.

- Sleep baby on their back.
- Keep your baby in a smoke free environment during pregnancy and beyond.
- Avoid letting your baby get too hot.
- Breastfeed your baby, if possible.
- Use light bedclothes. No doonas, pillows or cot bumpers.
- Use firm well fitting mattress.
- Tuck bedclothes in securely.
- Make sure baby's head and face is uncovered.
- Place baby's feet at the bottom of the cot.
- Place baby in a safe cot in their parents room for six to 12 months.
- Provide a safe sleep environment day and night.

www.rednose.com.au

Safe sleeping

It is important to be familiar with information on how to safely sleep your baby and ways to reduce the risk of Sudden Unexpected Death in Infancy (SUDI) including Sudden Infant Death Syndrome (SIDS). It is important that you understand this information before your baby is born, so you can be prepared and get your baby's cot/bassinet ready.

For information on Australian standards for infant cots go to www.kidsafe.com.au When purchasing a cot the code you need to see is AS2172 to meet Australian standards.

It is THS Policy not to have your baby sleep in your bed with you during your stay on the maternity unit.

For further information on safe sleeping please go to www.rednose.com.au

Immunisations

Immunisation is a simple yet safe and highly effective way of protecting both adults and children from some harmful and contagious diseases before contact occurs. It has been estimated that through vaccination programmes up to 3 million lives are saved per year worldwide.

Vaccinations use the body's natural defence mechanisms to help build resistance to targeted viruses. This means if you are exposed to that virus in the future your body's immune system is able to respond and prevent you from developing that

disease or in some cases ensure only a milder strain occurs.

Immunising your child not only gives them protection but means there is a lower chance that your child will pass on these viruses to vulnerable children and adults who cannot be fully immunised. Fortunately modern advances mean vaccinations today are very safe and serious reactions are rare. Please go to www.health.gov.au/health-topics/immunisation for further information.

Your baby will be offered Hepatitis B vaccine at birth. Please refer to page 13 for comprehensive information on Hepatitis B vaccination.

In your babies Personal Health Record book (given to you after your baby's birth) you will find the immunisation schedule recommended from birth to 4 years. We strongly recommend you immunise your child. For further discussion on childhood immunisations please see your GP or Child Health Nurse.

Plagiocephaly (misshapen head)

It is common for a newborn baby to have an unusual head shape. This can be caused by the position of your baby in the uterus during pregnancy, or can happen during birth. Your baby's head should go back to normal shape within about 6 weeks after birth. Flattening of the head in one area may happen if a baby lies with its head in the same position for a long time.



safe sleeping

Six ways to sleep baby safely and reduce the risk of sudden unexpected death in infancy:

Sleep baby on back

Keep head and face uncovered

Keep baby smoke free before and after birth

Safe sleeping environment night and day

Breastfeed baby

Sleep baby in a safe cot in parents' room



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saving little lives

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Prevention of misshapen head

Sleep position

Place baby at alternate ends of the cot to sleep, or change the position of the cot in the room. Babies look at fixed objects like windows, by changing their cot position you will encourage them to look at different angles.

Tummy time

Place your baby on their tummy or side to play when awake and supervise. Change the position of toys they like to look at.

Talk to your Child Health & Parenting Service Nurse or GP if you are worried about your babies head shape.

Screening tests for your baby

Newborn Screening Test (NST)

The Newborn Screening Test is a routine procedure to screen for several rare disorders. Early diagnosis and appropriate treatment can prevent or greatly reduce the effects of these disorders. A pamphlet explaining these rare disorders will be given to you before the procedure is performed on your baby.

It needs to be at least 48 hours after your babies first feed when the test is taken (baby is more than 48 hours old). A few drops of blood are taken from baby's heel, collected on a special blotting paper, and sent to a laboratory on the Mainland for testing. The blood can be taken in hospital or at home. You only hear about the results if a potential disorder is detected.

To prevent discomfort for your baby during this procedure we advise you to feed your baby. We can also offer baby some sucrose according to the hospital 'pain relief guidelines for babies'.

Hearing Test (National Screening)

Most children hear and listen from birth. They learn to talk by copying the sounds around them and the voices of their families. But that's not true for all children. In fact, two out of every 1,000 children are born with a hearing loss. Many of these babies are healthy and have no family

history of hearing loss. Hearing loss can be easily overlooked because babies and toddlers cannot tell us they are unable to hear. The first few months and years are the most important time for learning speech and language. Hearing-impaired babies who receive help early have much better chance of learning to talk and understand what people are saying than children who are not diagnosed until they are older.

For this reason, the THS offers a trained hearing screener to test your baby's hearing while your baby is asleep or resting quietly. The screen takes about 10-20 minutes with results discussed at the end of the test and recorded in your baby's Personal Health Record book.

If this is not done in hospital the screener will contact you for an outpatient appointment.

For further information please request the Audiology Service pamphlet 'Your baby's hearing check'.

Jaundice

Jaundice is a yellow discolouration of the baby's skin due to a build up of a pigment called bilirubin. This pigment is a product of the breakdown of excess red blood cells. The breakdown of cells is a normal occurrence in all newborn babies. Babies that get jaundiced are not ill, but they sometimes need help to reduce the amount of pigment as may become ill if this continues to increase.

If your baby becomes very jaundiced, a test to measure the level of bilirubin will be taken, and your baby may need to be placed under special phototherapy lights. These lights help to break down the bilirubin causing the jaundice to gradually subside.

Your baby will continue to room in with you during phototherapy so you are still able to feed, change and cuddle your baby.

Usually the jaundice subsides quickly over 24-48 hours with this treatment. Please ask your midwife and the doctor any questions you might have, if your baby has jaundice.



Pets and bringing baby home

Research has found that most animal accidents involving young children occur in the home from the family dog or cat. Children from ages 1 to 4 years are most at risk. If you have a family pet try to get the animal used to being in its own bed space, before you bring your new baby home. Don't leave a young child alone with a dog or cat no matter how safe you feel the animal is. Some owners have their animals sleeping in/on the bed up until their baby comes home and the animals are suddenly put outside when the baby arrives home. Think about this while you are pregnant, and gradually get your pet into better habits before your new baby is brought home.



Transporting baby home

It is a legal requirement that baby travels in an approved baby car seat which should be properly fitted. Baby capsules can be hired from Hire for Baby **1300 363 755**.

For further assistance the RACT can also be contacted on **132 722** or information viewed at www.ract.com.au/child-restraints-faq.

Breastfeeding Support Clinic

Run by the Lactation Consultants for anyone having problems with their breastfeeding after discharge. Telephone **(03) 6166 0000** to book an appointment.

CU@home

A home visiting program for young first time parents (15-19 years of age).

The cu@home program is via referral only and starts at 28 weeks gestation and continues until the infant is 2 years old. This program is a part of the Child Health and Parenting Service (CHAPS) and is designed to support young parents in their transition to parenting and promote good health outcomes for their babies.

For further information visit **www.dhhs.tas.gov.au** and search cu@home.

Wetaway program

For children over 5 years who want to overcome bed wetting call 1300 064 544.

Parent Line 1300 808 178

A 24 hour statewide telephone service that provides parents and carers support and information. NB: cost for local call or mobiles charges apply.

To find out the location of your nearest service telephone:

1300 064 544 or go to **www.dhhs.tas.gov.au/children/child_health** where you will also find further information on recommended schedule of visits, centre locations and opening hours.

Strong Families, Safe Kids Advice and Referral Line

The Strong Families, Safe Kids Advice & Referral line is the first point of contact for child wellbeing and safety.

Our goal is to work with the whole community so that everyone takes on shared responsibility for the welfare of every child, ensuring that help comes earlier, and that information, advice and assistance is provided in the right way at the right time.

Contact: **1800 000 123**



8



Twins and more

Multiple Birth

Being a parent of twins or a further multiple is a unique and very special experience. Our aim is for you and your family to enjoy the experience through an informed journey including offering links to community support networks.

To help prepare you for your journey we offer information sessions specifically tailored for families expecting more than one baby which provides opportunities for discussions with a Birth and Parenting Educator, Lactation Consultant, Physiotherapist and a representative from the Australian Multiple Birth Association. If you are a first time parent, it is beneficial that you attend a birth and parenting class prior to the multiple births sessions to ensure you have comprehensive understanding of the process of labour and birth.

For further parenting support the Tasmanian Multiple Birth Association can be contacted on 0420 588 805 or website www.tasmba.org.au

In the early weeks of any pregnancy hormone levels increase and can produce symptoms such as nausea and swinging emotions. These symptoms can be more severe in a multiple pregnancy due to the added hormone levels. The hormone relaxin which helps to prepare your pelvis for birth may also cause problems with lower back pain, you may also notice discomfort from extra weight, an increase in lower abdominal and pelvic pressure and tiredness as the pregnancy progresses, all of which can occur in any pregnancy but may be greater in a multiple pregnancy.

It is important to note that women with a multiple pregnancy can be well during this experience. Of consideration though is that women expecting more than one baby are twice as likely to experience gestational diabetes due to the increased hormones interfering with the body's ability to process insulin (please see page 14). High blood pressure and a condition called pre-eclampsia can also occur more often in a multiple pregnancy.

To allow for optimal care you will be placed into a clinic that provides a multidisciplinary approach giving readily access to health professionals including: Midwives, Doctors, Paediatricians, Anaesthetists, Social Workers and a Birth and Parenting Educator. On top of the normal schedule of visits and tests (please see page 16-17) your care will encompass an early blood test for gestational diabetes, additional antenatal visits, further appointments for ultrasounds for baby growth and wellbeing and baby heart monitoring.

If your babies are born prior to 36 weeks they are considered premature and may be cared for in the Neonatal and Paediatric Intensive Care Unit (NPICU). A multiple pregnancy has a greater possibility of not reaching 37-38 weeks gestation due to the uterus carrying more than one baby, along with the extra physical demands this brings to the pregnant woman. Most Obstetricians prefer twin pregnancies to deliver by 38 weeks for the wellbeing of both mother and babies. See page 52 for further information on NPICU.

Whilst in hospital you will be offered support from a Lactation Consultant as feeding more than one baby can offer different challenges than feeding just one baby. How your babies initially feed will often depend on the gestation they are born. If they are not able to breastfeed initially you will be assisted to commence expressing your breast milk as soon as possible. Please see pg 33-35 for further information on feeding your babies.

If your babies are born closer to term (after 36 weeks) and are a good weight and feeding well you may be home within 3 to 5 days after the birth. Support on discharge from the Maternity Unit as with all parents is our Extended Midwifery Service and the Child Health and Parenting Service (see pg 45). If your babies are in NPICU they will have additional follow up appointments made on discharge.

There is no doubt that parents of multiples may require more assistance in the early days of parenting. It is therefore important to utilize practical support offered from family and friends. If support is limited consider outsourcing such as childcare

when the babies are a little older, a baby sitter for occasional outings or a house cleaner if financially viable. This will allow you to rest and care for yourself, time to spend with older children, and also more time to spend with your babies instead of on household chores. For information on siblings adjusting to new babies in the house got to **www.raisingchildren.net.au** Gentle exercise and a good diet will help you feel well. If you feel you are not coping please ask your midwife, GP or Child Health Nurse as there is a lot of support you can access antenatally or in the community once your babies are born.

Purchasing double the equipment can be expensive. Your local multiple birth group will be happy to share information about various types of equipment they have found satisfactory. Please ensure equipment especially if purchased second hand meets Australian safety standards if required.

For further information on these standards go to:

www.productsafety.gov.au or www.raisingchildren.net.au

Twins safe sleeping: www.rednose.com.au

Practical tips

- Always have your nappy bag restocked and ready for outings
- Shop online or have groceries delivered
- Accept help with daily routines from family/friends
- Prioritise housework
- Freezer, microwave and dishwasher are great time savers if this is in the budget
- Limit visitors but accept help, you don't want to have to entertain in the early days
- Connect with other families of multiples, not only will they show you that life is do-able, they can give you solid advice on how to cope.
- Sleep when babies sleep, it is a precious commodity
- Routines are good, but keep it a bit flexible, what works for one baby may not work for the other

Savour the special moments, cuddles, giggles and smiles. They grow up fast!

9



General information

Arriving at the Maternity Unit for Elective Admissions

Patients requiring admission to the Maternity Unit between 7am and 4.30pm Monday to Friday should go to the Pre-operative admissions, located on the 4th Floor, RHH. On weekends please present to reception desk of the Maternity Unit.

If you are in labour please proceed straight to the Maternity Unit, K-Block, Level 7 East on Campbell Street.

Telephone contact for women in labour is (03) 6166 8352 or through the RHH switchboard (03) 6166 8308.

Visitors

The Maternity Unit security doors will be closed at all times. Only visitors with valid entry reasons will be permitted access to the Maternity Unit.

Visiting Hours:

K7 East - two support people permitted for labour and birth.

K7 West - Please refer to reception staff for visiting hours.

Parking

Argyle Street Car Park

Open everyday from 7am to 10pm.

Market Place Car Park

24 hours a day, 7 days a week.

Vodafone Central (on Argyle Street)

24 hours a day, 7 days a week

This information was correct at time of publication. For updated information please refer to www.hobartcity.com.au or www.sultanparking.com.au

Street parking

Metered parking spaces are available outside the RHH.

Short term parking

Short term parking for people with disabilities, and/or for patient drop off/pick up is available in the forecourt of the RHH in Liverpool Street and outside the RHH in Argyle Street.

Please note: The Liverpool Street entrance to the RHH is accessible 24 hours a day, seven days per week.

Additionally, access is Argyle Street entrance and Campbell Street entrance during business hours.

Students

All THS hospitals are teaching hospitals of the University of Tasmania, and have the responsibility for teaching a wide range of students in the health care professions.

We ask for your permission to involve students in your care, this will help to educate the students who will be the health care professionals of the future.

Interpreter service

The THS provides interpreters as required, to interpret medical information for patients of non English speaking background. This service is provided to ensure the best clinical outcomes for the patient are achieved. Interpreters are provided for women free of charge. This is regardless of Medicare eligibility or private health care.

The Hospital does not use family members or friends to interpret medical information, other than in the case of emergencies. Please discuss any interpreter needs with your doctor or midwife.

Aboriginal Health Liaison Service

An Aboriginal Health Liaison Officer (AHLO) is employed by the hospital to help Aboriginal and Torres Strait Islander people access, understand and enhance their hospital care. The AHLO is here to offer you and your family support. You can ask the staff to arrange this for you. The AHLO Service is available to both patients and their families.

Telephone: **(03) 6166 8264**

Mobile: **0409 523 131**

Aboriginal health Liaison Officer:

Tasmanian Health Service (South)
Royal Hobart Hospital
1st Floor, C Block
GPO BOX 1061, Hobart, Tasmania 7001
Phone (03) 6166 8264
Mobile 0409 523 131
Fax (03) 6173 0487

South East Tasmanian Aboriginal Corporation (SETAC)

Parenting and Family Support

New Directions - antenatal, post-natal and maternal child health services (Birth to 5 years).

Women's Health Clinics

Services available for Aboriginal and Torres Strait Islander families who live South of Kingston.

Contact: (03) 6295 1125,
email: health@setac.org.au

Address: 7393 Channel Hwy, Cygnet, TAS 7112.

Refugee/Migrant Liaison Officer

The Refugee/Migrant Liaison Officer is employed by the Hospital to assist patients and their families from culturally and linguistically diverse backgrounds to fully access and benefit from the hospital and support services. Staff can arrange a referral for you too if needed.

Telephone: **(03) 6166 8126**

Mobile: **0448 902 042**

Smoking

All THS hospitals are smoke free environments for patients and visitors. This includes the hospital grounds. Smoking is not allowed within the yellow lines on the footpaths.

Television

Overhead televisions (free to air channels) are available.

Kiosk

Royal Hobart Hospital main kiosk hours are 8.00am to 7.00pm weekdays and 11.00am to 7.00pm weekends.

Meal times

Approximate times are: Breakfast 8.00am, Lunch 12 midday, and Dinner 5.00pm. Snack items are available in the pantry on the ward (for mothers only).

Please advise us if you have any special dietary requirements. For example if you are diabetic or vegetarian, and we will advise catering services. All food and drink placed in the pantry fridge must be labelled with your name and a date (labels provided, just ask the midwife caring for you).

Safety - small electrical appliances

For safety reasons patients are discouraged from bringing small electrical items (ie, computers, electronic tablets etc) into THS hospitals. However, if you do bring small electrical appliances into hospital you must comply with THS policy. Further details on the policy can be obtained from ward/unit staff.

Prior to bringing small electrical appliances into hospital they must be tested and tagged to ensure compliance with electrical safety standards (at your expense). The THS does not accept any responsibility/liability for damage or theft of appliances.

All THS hospitals are teaching hospitals of the University of Tasmania, and have the responsibility for teaching a wide range of students in the health care professions.

Find out more about birth and parenting

Some ways to find out more information about birth and parenting are:

- Book-in and attend Antenatal Classes.
- Ask questions at your antenatal visits.
- Browse book shops and libraries for childbirth/parenting books that interest you.
- Raising Children website: www.raisingchildren.net.au



who is in your family?

one dad



two mums



MUM and dad



co-parents

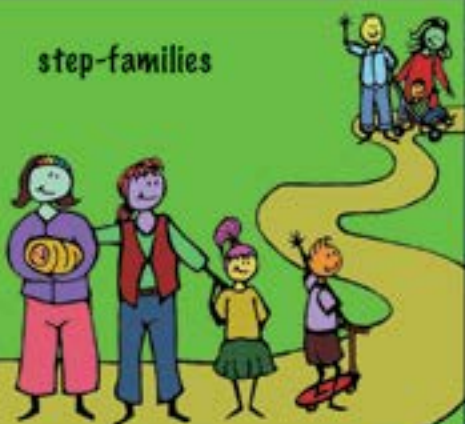
one mum



two dads



step-families



extended family

foster family



our families come in all different shapes and sizes.

These are just some of the family formations in our community. Australian children are being raised by mum and dad, by two mums or two dads, by one parent, step-parents, co-parents and grandparents, by aunts, uncles, brothers and sisters, and in blended, extended, intergenerational, kinship, adoptive and foster families. Some children have a sperm or egg donor or a surrogate who helped to make them. Sometimes that person is known to the child, and might be part of their family.

In rainbow families, one or more parents or carers identifies as lesbian, gay, bisexual, trans, gender diverse, intersex or queer. Australian and international research shows that it is the quality of parenting relationships that determines children's wellbeing, not their family structure or the gender identity of their parents or carers.* It's love that makes a family.

*Simpson, S. (2013) Same-Sex Parental Families in Australia. Child Family Community Australia Research Paper No. 38, Australian Institute of Family Studies.

People use different words to describe their family. At childcare, in kindergarten or at school, this poster can help start discussions about different families. Children can be asked, 'Who is in your family?' They can draw pictures of families, read books about different kinds of families and bring family photos to share. Community, health and family support services can put up the poster to show support for diverse families. Service providers can ask, 'Who is in your family?', and explain why this information is important to providing their service, and what they will do with the information.



Proudly produced by Rainbow Families Victoria. For information and more resources visit www.rainbowfamilies.org.au.

Our thanks for initial project funding from City of Darwin.



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Consumer Liaison Unit

Feedback Form

By providing us with your valuable feedback we have the opportunity to continually improve the service we provide

Please return your completed form to:

Consumer Liaison Unit
Level 1, C Block
GPO Box 1061
Hobart 7001

Phone: 6166 8154

Email: south.feedback@ths.tas.gov.au

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A final word

We at THS South Maternity Services wish your family all the best for a healthy future. If you have any questions, or suggestions for improving the services we provide, including this booklet, please use the included feedback form, contact the Manager, Consumer Liaison Unit by telephoning 61 66 81 54 or access consumer feedback online at www.dhhs.tas.gov.au/contact/contact_form

The Royal Hobart Hospital (RHH) is Tasmania's largest hospital and provides a number of state-wide services that include cardiothoracic surgery, neurosurgery, burns, hyperbaric and diving medicine, neonatal and paediatric intensive care and high-risk obstetrics.

It is the major teaching and research hospital for the state and works closely with the University of Tasmania. Many health care professionals are taught within the RHH, gaining skills in examining and interviewing patients is an important part of their education and training. We ask for your cooperation and encourage you to participate in our teaching and research activities.

Your permission is required for participation.

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***Thank you to our wonderful parents for allowing the
THS to share part of their journey to parenthood.***

