



Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

Have this book
with you at your
appointments and
when you have
your baby



Pregnancy, birth and your baby

A guide to your care with
Women and Newborn Health Service

WNHS (King Edward Memorial Hospital and Osborne Park Hospital) is a
Baby Friendly Hospital Initiative (BFHI) accredited maternity service



Table of Contents

Important information and contacts 4

About this book 6

Welcome 6

1 Pregnancy care options..... 7

Community Midwifery Program 7

Midwifery Group Practice..... 7

Hospital Antenatal Clinic midwives..... 7

Shared care 7

GP shared care..... 7

Private practising midwife 7

Private Obstetric Care..... 8

Family Birth Centre 8

Visiting hours 10

2 Services and support 10

Aboriginal liaison officer at KEMH..... 10

Agnes Walsh House Lodge..... 10

Crèche 10

Pharmacy 11

Pastoral Care Services..... 11

Women and Newborn Health Library..... 11

Are you or your baby of Aboriginal or Torres Strait
Islander origin? 11

Department of Psychological Medicine..... 12

Violence and sexual assault 12

Providing feedback..... 12

Social Work Department 12

Women living with a disability 12

Privacy of your personal information..... 13

Public or private admission at KEMH only 13

If you don't have a Medicare card 13

Student health professionals..... 13

Community Advisory Council..... 13

Parent Education..... 14

Pregnancy and Breastfeeding Information Service.. 14

Breastfeeding support and information..... 15

The Ten Steps to Successful Breastfeeding 15

King Edward Memorial Hospital (KEMH) special
services..... 16

Parent Education..... 16

Hospital tours..... 16

Childbirth and parenting courses 17

Physiotherapy classes..... 17

Family Birth Centre 17

Community Midwifery Program..... 17

3 Taking care of yourself..... 19

Nutrition for you and your baby 19

Morning sickness..... 21

Food safety and hygiene 22

Exercise..... 23

Managing common aches and pains 24

Medication and alternative medicines 26

General medication information 26

Drugs and alcohol in pregnancy 27

Smoking and vaping 27

Dental care..... 28

Cytomegalovirus (CMV) and pregnancy 28

Immunisations and vaccines 29

Work and pregnancy 29

Air travel 30

Wearing seat belts 30

Depression and anxiety 30

Emotional health and wellbeing 31

Your partner's feelings 31

Abuse 32

4 Your visits 34

What is a routine check-up?..... 34

Your first appointment..... 34

What happens at the first visit? 34

Screening tests 35

Diagnostic tests 35

Gestational diabetes screening..... 36

Rhesus D negative in pregnancy 36

Between 12 and 20 weeks 37

Thinking about breastfeeding 38

What is the placenta? 38

Braxton Hicks contractions 39

Ultrasound booking 39

Between 21 and 33 weeks 41

At 26 weeks 42

At 30 weeks 42

Preparing for your hospital stay 42

Diabetes in pregnancy 43

Between 33 and 40 weeks 48

At 36 weeks 48

Group B streptococcus (GBS) 48

Monitoring your baby during your pregnancy.....50

Things to talk about with your midwife or doctor....51

Between 40 and 42 weeks 52

Management of prolonged pregnancy 54

Induction of labour..... 54

5 Giving birth 59

Preparing for labour..... 59

What to bring to hospital 59

Medication during your hospital stay 61

Your birth plan 61

Support in labour..... 61

How do I know I'm in labour? 62

When labour begins 62

Stages of labour 64

Delivering your placenta after the birth of your baby 65

Pain management in labour..... 66

Pain relief 66

Water birth 70

6 After the birth of your baby 74

Immediately after birth..... 74

Your baby 74

You..... 74

Preventing falls for you and your baby 75

Tests and medication for your baby during the first few
weeks of life..... 76

Going home 78

Discharge medication at KEMH 78

Support at home 79

Postnatal care and the first six weeks..... 79

After pains 79

Bleeding 79

Pelvic floor exercises..... 81

Caesarean wound care..... 81

Contraception..... 82

Sexual intercourse 82

Contraceptive methods..... 84

Sexuality and childbirth..... 86

Physical factors..... 86

Emotional factors..... 86

When is it okay to start having sex?..... 86

Postnatal depression and anxiety..... 88

Community child health nurse 89

All About Me - personal health record 90

Settling your baby 90

Financial support and benefits..... 90

Your baby's sleep in the first year of life 91

Safe infant sleeping 92

Sudden Unexpected Death in Infants (SUDI) 94

7 Breastfeeding 96

Benefits of breastfeeding 96

Getting started 96

The first few days..... 97

Feeding cues 99

How breastfeeding works 99

Signs your milk is flowing 99

How long to feed your baby 100

Signs baby is getting enough 101

Helping your baby to breastfeed 101

Nipple care..... 102

Hand expressing 102

Expressing with an electric breast pump..... 103

Engorgement..... 105

Blocked ducts..... 107

Mastitis 107

Dummy use while breastfeeding..... 108

8 Unexpected outcomes..... 110

Bleeding during pregnancy 110

Miscarriage..... 110

Problems with the placenta 110

Breech baby 110

High blood pressure 110

Pre-eclampsia 110

Gestational diabetes..... 111

Premature labour and birth..... 111

Non-elective caesarean 112

Jaundice..... 112

Intensive and Special Care..... 112

When a baby dies 112

Women and Infants Research Foundation..... 112

9 Find out more..... 114

Women and Newborn Health Service contact details..... 114

Community support and information services 114

Websites about pregnancy and parenting 115

Glossary 116

Other resources..... 118

Important information and contacts

Outpatient clinics:

To change your appointment or check on the progress of your referral, please phone Outpatient Direct (OPD) 1300 855 275. For Osborne Park Hospital appointments, call 6457 8010 or email OPH. antenatalclinic@health.wa.gov.au.

Community Midwifery Program (CMP) or Midwifery Group Practice (MGP), phone your midwife on his/her mobile.

In the first 20 weeks

If you are in your first 20 weeks of pregnancy and you experience pain or bleeding, please contact your GP, health Direct on 1800 022 222 or attend your nearest ED if you require urgent care.

After 20 weeks

If you need urgent care, call the hospital you are booked to birth your baby, if booked to KEMH please contact the MFAU on (08) 6458 2199 and if in OPH on (08) 6457 8021 anytime day or night.

King Edward Memorial Hospital

KEMH is located at 374 Bagot Road, Subiaco.

How to get here

Public transport

Bus Route 27 stops right outside the front door of the hospital on Bagot Road.

The closest train stations are at Daglish (670 metres) and Subiaco (1 km).

Visit www.transperth.com.au or call 13 62 13

Parking

Two hour parking is permitted on a number of streets surrounding the Hospital. It is recommended you park your car in the patient/visitor carpark located on Hensman Road or one of the Subiaco City Council's carparks, as your appointment or visit may take longer than the parking time allows.

There are two ACROD/disabled parking bays located at the front of the Hospital and two in the Hensman Road carpark.

Please be aware, not following parking signs at KEMH and/or in the City of Subiaco may result in a fine.

Osborne Park Hospital

OPH is located at Osborne Place, Stirling

How to get here

OPH is only 10km from Perth CBD and is easily accessible from the Mitchell Freeway via the Karrinyup Rd exit.

Public transport

The 427 bus service travels from Warwick and Stirling Bus Stations. Bus routes 423, 425 and 435 travel through Sorrento, Duncraig, Marmion, Warwick, North Beach, Trigg, Karrinyup and Stirling. These services connect with trains at Warwick and Stirling. Use the Transperth journey planner to work out your best route or call 13 62 13.

Parking

Parking at OPH is free, with bays available at a range of locations around the site.

When to contact us:

Call your midwife, doctor or MFAU (24 hours a day) if you experience any of the following. Do not wait until your next appointment.

- Unusually strong headaches
- Vision problems
- Stomach pain
- Swollen hands and/or face
- Nausea and vomiting with or without diarrhoea
- You think you are in labour
- Very itchy skin
- Fever
- Urinary problems
- Watery and/or greenish vaginal discharge
- Reduced baby movements
- Any concerns or worries



Pregnancy care options

The Women and Newborn Health Service respectfully acknowledges the Noongar people, both past and present, the traditional owners of the land on which we work.

The Women and Newborn Health Service also recognises, respects and values Aboriginal & Torres Strait Islander cultures as we walk a new path together.

Welcome

Congratulations on your pregnancy and welcome to Women and Newborn Health Service, incorporating King Edward Memorial Hospital, Osborne Park Hospital the Family Birth Centre and the Community Midwifery Program.

This booklet is designed to give you information about the care you will receive with us. Keep it with you throughout your pregnancy and following the birth of your baby as it contains lots of information and advice you might find useful.

We encourage you, your partner and support people to be involved in your care. We want to give you the support, information and care you need to feel confident and ready for your baby’s birth.

Every birth is a special and unique event and you should receive care that meets your needs throughout pregnancy, birth and in the days after you and your baby go home.



About this book

The information provided in this book has been supplied with the aim of providing you with health information and information about the choices you have once pregnant. If you read this book and decide you need further information on any topic please talk to your doctor or midwife or visit us at:

www.wnhs.health.wa.gov.au and www.oph.health.wa.gov.au.

You can also contact KEMH via the switchboard on 6458 2222 and OPH via the switchboard on 6457 8000.

Fact sheets and brochures

You can find these on the above websites.

KEMH (08) 6458 2222	OPH (08) 6457 8000	Family Birth Centre (08) 6458 1800	Community Midwifery Program (08) 9301 9227
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Pregnancy care options

This first section outlines the types of care and birthing locations available to you with the Women and Newborn Health Service (WNHS). Depending on the reasons for your referral you may have the opportunity to choose pregnancy care options at King Edward Memorial Hospital, Osborne Park Hospital, Family Birth Centre (FBC) or with the Community Midwifery Program (CMP).

King Edward Memorial Hospital

King Edward Memorial Hospital (KEMH) offers world-class care and wide-ranging support services to WA women with complicated pregnancies, infants born prematurely and those who live locally.

Women experiencing a complex or ‘high-risk’ pregnancy may be referred to KEMH for their pregnancy care. Women who are not high-risk but want to receive care at KEMH must live within specific postcodes. To view a current list visit healthywa.wa.gov.au

Osborne Park Hospital

Osborne Park Hospital (OPH) offers obstetric care to women with low to moderate risk pregnancies. Women may choose to receive care at OPH for general convenience, while receiving equally specialised care at a small, suburban site. OPH also offers water birth for low-risk women.

Community Midwifery Program

The Community Midwifery Program (CMP) can support you to have your baby in a public hospital, at the Family Birth Centre or in your own home within the metropolitan area.

The CMP offers a unique service available to Perth women experiencing a low risk pregnancy. The CMP provides safe, evidence-based, continuity of care from known midwives throughout pregnancy, labour, birth and for two weeks in the postnatal period.

The CMP midwives hold antenatal/postnatal clinics and classes in various locations across Perth in order to keep your care within the community. These locations include Joondalup, Kalamunda, Subiaco and Atwell.

The CMP pride themselves in protecting, promoting and supporting natural birth with a high percentage of clients choosing to give birth in water.

For more information about CMP, visit www.kemh.health.wa.gov.au

Midwifery Group Practice

Midwifery Group Practice (MGP) provides women with pregnancy care from the same small group of midwives.

Women are cared for by the same midwives for the duration of their pregnancy, labour and birth and in the postnatal period.

Women choosing this model of care need to elect to either the Family Birth Centre or to be Hospital Based.

Hospital MGP need a GP referral and to be in the local catchment area.

Hospital Antenatal Clinic midwives

Women with uncomplicated pregnancies may choose to have their care with midwives at the Antenatal Clinic and deliver in the hospital.

Appointments are available Monday to Friday.

OPH clinic appointments are Monday, Wednesday and Thursday.

Shared care

This option enables you to continue appointments with your general practitioner (GP) or an eligible privately practising midwife (EPPM) during your pregnancy.

GP shared care

After seeing the midwife/doctor at KEMH or OPH for your hospital booking visit, you are then seen by a GP of your choice who is eligible to participate in shared care until approximately 36-38 weeks. A list of GP shared care providers is available on the KEMH website.

Private practising midwife

Alternatively you may wish to consider a privately practising midwife who is self employed and can admit pregnant women under their care.

More information?

A range of online fact sheets, brochures and booklets about pregnancy and birth are available.

Ask your midwife or doctor if there is more information or visit kemh.health.wa.gov.au or oph.health.wa.gov.au and view the brochures and information online.

You can also contact the Women and Newborn Health Library for further information and resources on (08) 6458 1100.

National Women Held Pregnancy Record (NWHPR)

You will be given a NWHPR at your first appointment. You must bring it with you to **ALL** your visits to the hospital, your midwife or doctor, your local GP and when you come to have your baby. You are encouraged to read this record and ask questions during your pregnancy.

Antenatal Clinic – Obstetric Doctor Care

This type of antenatal care is only available to women who have:

- A complicated medical history
- Had a previous pregnancy requiring specialist care and/or hospitalisation
- A pregnancy that is not progressing normally
- A multiple pregnancy, eg: twins

Some women are transferred from midwifery or shared care to obstetric doctor care if problems occur.

Private Obstetric Care

Women who wish to be cared for by an obstetrician with private admission rights at KEMH can be admitted as a private patient. More information is available on page 13.

Family Birth Centre

The Family Birth Centre (FBC) provides care for healthy women for whom a straight forward, low-risk pregnancy and birth is anticipated.

The Centre is a home-like environment, care is midwifery led only and available to women from anywhere in the Perth metropolitan area.

Due to high demand, it is recommended women book early as places at the FBC are limited.

Certain health issues may preclude some women from attending the FBC.

If you're unsure about whether you can attend, please check with the FBC midwives. For further information call the FBC or visit the KEMH website.



2
Services and support

Visiting hours

Check online for the most up-to-date information for KEMH, the Family Birth Centre and OPH.



Asking for a female doctor

In order to provide the best possible care, staff are allocated on the basis of skills required to care for our patients.

We are unable to provide doctors, midwives or nurses on the basis of race, gender or religion.

Services and support

The services listed below are available to women birthing with the Women and Newborn Health Service (WNHS), whether it be at King Edward Memorial Hospital, Osborne Park Hospital (OPH), the Family Birth Centre or with the Community Midwifery Program (with KEMH as their nominated hospital).

Aboriginal liaison officer at KEMH

Aboriginal Liaison Officer
Phone: (08) 6458 2777
Available Monday to Friday, 8am - 4pm

Coming to a large hospital, especially from a rural or remote area, can be a difficult experience. We want to make sure your time with us is positive and culturally respectful.

KEMH has an Aboriginal liaison officer (ALO) available to provide support to you during your stay at KEMH. Our ALO can assist by talking to staff, including doctors and midwives, on your behalf if you wish. They can also assist you in linking up with other services that might be able to help you when you are ready to go home.

Ngalla Mia and Moort Mandja Mia at KEMH

Ngalla Mia is a meeting place for Aboriginal women and is located on the lower ground floor of Agnes Walsh House at KEMH.

Moort Mandja Mia is an outdoor family gathering place, located on Hensman Rd, designed to acknowledge the traditional custodians of this land, the Noongar (Whadjuk) people and welcome women and their families to KEMH.

Agnes Walsh House Lodge

WNHS provides short-term temporary accommodation for women from regional or remote areas who are required to be in Perth for care at KEMH.

Agnes Walsh House Lodge is located next door to the main hospital and provides single rooms with shared kitchen and bathroom facilities. Speak to your midwife if you need support with accommodation.

Crèche

For opening times see the KEMH website.

Phone: (08) 6458 1370

The King Edward Crèche is a free child-minding service based at KEMH, next door to the East Wing Clinic, on the Hensman Road side of the hospital.

The crèche accepts children of parents/guardians who:

- Have an outpatient appointment before 2pm, or
- Have a baby in the special care nursery/neonatal intensive care unit.

The crèche does not take bookings.

There is no crèche at OPH.

Interpreters – Language Services

Phone: (08) 6458 2802

Professional interpreters, who are accredited through National Australian Authority for translators and interpreters, can be provided to patients and their families who are non-English speaking or have a hearing impairment.

If you would like an interpreter, please call the Language Services Department before your appointment.

If the patient needs to call the hospital and talk to staff with an interpreter, they can call TIS on 13 14 50 (free 24/7 service).

Pharmacy

KEMH

Lower Ground Floor, B Block,
374 Bagot Road, Subiaco

Phone: (08) 6458 2722

Monday to Friday, 8.30am – 5pm

OPH

J Block, Osborne Place, Stirling

Phone: (08) 6457 8148

Monday to Friday, 8am – 5pm

Pastoral Care Services

Phone: (08) 6458 1036 or (08) 6458 1726

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

After hours pastoral support is available to all inpatients in cases of emergency and bereavement. You do not have to be a churchgoer or have any religious beliefs to receive pastoral or spiritual support. Speak to your midwife or doctor or contact pastoral care directly.

Women and Newborn Health Library

This is a free library service providing health information from published sources to WNHS patients, their families and carers, health professionals and the general public of Western Australia. The collection specialises in women’s health, pregnancy, childbirth, and infant care. As well as books, the library has an extensive range of DVDs and health pamphlets including many specifically written for Aboriginal clients.

Items can be borrowed for a two week period and the library service can be accessed online even once you have returned home. The library also provides free Wi-Fi.

The service does not provide medical or counselling advice, but can provide contact details for appropriate services and support groups.

The library is located on the ground floor in the main corridor of KEMH next door to the café.

Opening hours are 9am–12noon Monday to Friday excluding public holidays. Phone: (08) 6458 1100.

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

You will be asked this question when you attend WNHS.

Why will I be asked?

The four main reasons are:

1. Deciding the origin of a person based on their looks is not reliable, the only way to find out is by asking.
2. The WA Department of Health collects data on the Aboriginal and Torres Strait Islander status of every person attending any health service in WA.
3. The answer provides information on the health status of all Australians and helps improve health care for everyone.
4. If there are culturally specific services available such as an Aboriginal Liaison Officer, they can be offered.

Respecting your privacy

KEMH has the responsibility to protect any information you provide and is bound to privacy rules which protect a person’s identity. If you are unsure, please ask about the privacy policy before answering the question.

You may also be asked other important questions such as:

- Your age
- Where you were born
- Where you live
- Your state of health
- Your GP details

These questions are not discriminatory and do not mean you will be treated differently. Australian state and territory governments and Aboriginal and Torres Strait Islander organisations need to know all they can about the health of people in WA to assist with planning and providing appropriate health services. The information you provide enables policies to be created, funds to be allocated and services to be developed in areas of most need.

Your answers may also help WNHS refer you to appropriate services when you are discharged. The aim of asking these questions is to work together to achieve better health for everyone.

More information?

The Healthy WA website provides families with information on pregnancy, birth and beyond and general health information. www.healthywa.wa.gov.au

The Pregnancy, Birth & Baby helpline is a free national 24-hour helpline for women and families.

Phone: 1800 882 436

Did you know?

Suggestion boxes and feedback forms are found around the hospital. You can also ask a staff member about how you can provide feedback.

Department of Psychological Medicine

Phone: (08) 6458 1521

8.30am – 4.30pm

The Department of Psychological Medicine provides expertise in the field of women’s mental health. We assess, treat and assist patients of King Edward Memorial Hospital whose medical condition is affecting their emotional health, or whose emotional health is affecting their medical condition.

You must be a patient of KEMH to qualify for access to services. Services are available for up to 12 months after discharge as clinically indicated.

Concerns about mental health in pregnancy and in the early postnatal period can be discussed and a referral to psychological medicine services made by your health care provider, midwife or doctor.

Violence and sexual assault

The Sexual Assault Resource Centre (SARC) 24-hour Emergency Line (08) 6458 1828 or Freecall 1800 199 888

Domestic violence and sexual assault, whether they are past experiences or current, can make pregnancy and birth a traumatic time. WNHS can provide you with support and assistance that is private and respectful of your situation. Talk to your doctor or midwife, the Social Work Department or SARC.

Providing feedback

Phone: (08) 6458 1444 (Consumer Liaison Service)

Feedback is valuable in improving services and ensuring we are providing a high-quality service. We encourage you to contact the Customer Service Unit if you have any concerns or wish to compliment a staff member.

Social Work Department

KEMH phone: (08) 6458 2777

OPH phone: (08) 6457 8165 or (08) 6457 8410

Pregnancy and childbirth can be a very challenging time. You may be feeling overwhelmed, isolated, anxious or stressed. Perhaps you are experiencing problems with relationships, childcare, immigration, money or housing.

We can provide support, advice and referrals to services in your local area to help you manage these issues. Please contact us directly or ask to see a social worker when you attend the clinic. We are always willing to talk about issues that may be worrying you and affecting your pregnancy experience.

Women living with a disability

Phone: (08) 6458 2870 (Occupational Therapy)

WNHS is committed to ensuring that people with disabilities, their families and carers are not discriminated against in any way and that they have the same opportunities as other people to access the hospital’s facilities, receive the same level of care and information. More about disability access is available on the WNHS website www.wnhs.health.wa.gov.au

Women living with a disability or chronic health condition who need extra support may be referred to the Occupational Therapy Department. Occupational therapy may include help to adapt your home environment, advice about assistive equipment and modifying everyday activities during pregnancy and the early months following birth.

Occupational therapists also have resources to help carers understand the practical challenges associated with a disability and ways to assist. They can also link you to Carers WA for advice and support.

Privacy of your personal information

WNHS protects privacy by keeping your personal information secure from unauthorised access, use or loss. All staff employed by WNHS have a duty to protect your personal information. Strict policies and guidelines are in place for the collection, use, release and disposal of your information.

Public or private admission at KEMH only

Under the requirements of the Medicare Agreement, all eligible patients, regardless of insurance status, being admitted to a public hospital, have the right to choose whether to be admitted as a public or private patient. There are no out-of-pocket expenses if you elect to use your private health insurance.

Patients with private health insurance can contact the private patient liaison officer on (08) 6458 1066 or email kemhpplo@health.wa.gov.au

If you don’t have a Medicare card

KEMH, OPH, FBC and CMP are public health services. All patients must have a Medicare card to receive free health care. Patients not eligible for Medicare benefits will need to organise payment before receiving care and services.

If you are a resident of a country that has a health care agreement with Australia (known as a Reciprocal Health Care Agreement) you are entitled to limited subsidised health services for ‘necessary treatment’ while visiting Australia.

Please call Medicare on 13 20 11 for more information.

Student health professionals

WNHS has a major teaching focus and provides important training opportunities for health care providers. Students are always under the direct supervision of an experienced practitioner.

You will be asked permission before a student observes or participates in your care and you have the right to say no. Your wishes will be respected at all times and this will not affect your care.

Community Advisory Council

The WNHS Community Advisory Council (CAC) is a group of community representatives, from all walks of life, who provide feedback on ways to improve services from a consumer’s perspective.

If you would like to join our CAC please contact the Customer Service Unit to register your interest.

The Community Advisory Council

The Community Advisory Council (CAC) represents the interests of patients, their support people and carers who use services at KEMH, OPH, the Family Birth Centre or Community Midwifery Program. Membership of the CAC is broadly based.

Members of the CAC are interested in receiving feedback about services from people of all ages, cultures and regions of Western Australia. They meet regularly to provide information to WNHS’s Executive on ways to improve services.

If you would like to become a member of the Consumer Advisory Council, please contact the Consumer Liaison Service directly.

The role of the CAC is to:

- 1. Advise WNHS and facilitate ways to increase community participation
- 2. Assist WNHS in monitoring quality of service and accessibility
- 3. Advocate on behalf of consumers, carers and community
- 4. Provide a consumer perspective on activities, initiatives and projects that affect WNHS services.

There are many different ways to contact the CAC. These include:

In a letter, explain your issue and address the letter to CAC Chairperson
Consumer Liaison Service
Women and Newborn Health Service
PO Box 134, Subiaco WA 6904
Send an email to WNHSCLS@health.wa.gov.au and put ‘CAC issue’ as the subject heading.
Phone the Consumer Liaison Service on (08) 6458 1444

No smoking or vaping at WNHS

Patients are able to access support to manage their smoking when they are admitted to hospital. Pamphlets on the Quit program are available from hospital staff. You can also visit www.quitwa.com or contact Quit on 13 78 48.

In the interest of your own health and the health of others in the hospital, smoking and vaping are not permitted inside the buildings or on the grounds of WNHS. There are no designated smoking areas and on-the-spot fines may be issued.

Parent Education

The WNHS Parent Education department offers online and in-house classes for first-time parents and covers topics such as labour and birth, baby care, breastfeeding and parenting.

The WNHS Parent Education web page also has links to online resources and the Women and Newborn Health Service Library.

The Parent Education department is on the first floor of A Block. For information on how to book classes at KEMH, see page 16.

Parent education for CMP, FBC, MGP and OPH have collaborated as one to promote physiological birth, options, and informed consent.

OPH Parent Education sessions are also available. To book, call the Antenatal Clinic on (08) 6457 8010.

Pregnancy and Breastfeeding Information Service

Phone: (08) 6458 2723

For expert, current practice information on:

- Medicine use during pregnancy
- Medicine effects on the fetus and neonate
- Neonatal medicine therapy and infant doses
- FAQs on medicine and breastfeeding.

Had previous breastfeeding challenges or concerns?

Ask your midwife to refer you to the Breastfeeding Centre of WA for advice and support, or the KEMH or OPH lactation consultant.



Breastfeeding support and information

Breastfeeding Centre of WA

Phone: (08) 6458 1844

Following the birth of your baby, your midwife will assist you with breastfeeding advice and support. There are also lactation consultants available at KEMH and OPH to advise hospital patients on how to manage any breastfeeding difficulties you may experience.

Benefits of breastfeeding

There are many emotional and physical benefits for both you and your baby from breastfeeding.

Some of these are listed below.

Health benefits for your baby

- Breast milk has all the nutrients for growth and development.
- Breast milk helps prevent respiratory and intestinal infections, and allergies.
- Babies fed only breast milk are less likely to develop inflammatory bowel disease and diabetes.
- Breastfeeding reduces risk of Sudden Unexpected Death of an Infant (SUDI/SIDS).

Health benefits for you

- Breastfeeding will make your uterus (womb) contract, which helps reduce the risk and amount of bleeding after birth.

Importance of skin-to-skin contact after birth

Keeping your baby with you promotes a feeling of closeness, which produces a strong hormonal response for both you and your baby that is linked to greater breastfeeding success, as close contact stimulates your baby's instincts to breastfeed.

Occasionally skin to skin contact may be delayed for medical reasons. In these circumstances you will be supported to commence skin-to-skin contact as soon as possible.

If you are having breastfeeding problems following discharge from hospital, please call the

The Ten Steps to Successful Breastfeeding

WNHS (KEMH & OPH) is an accredited BFHI maternity service, where a mother's informed choice of feeding is encouraged, respected and supported. BFHI accredited hospitals follow the Ten Steps to Successful Breastfeeding.

1	a Comply fully with the International Code of Marketing of Breast-Milk Substitutes and relevant World Health Assembly Resolutions. b Have a written infant feeding policy that is routinely communicated to staff and parents. c Establish ongoing monitoring and data-management systems.	2	Ensure that staff have sufficient knowledge, competence and skills to support breastfeeding.
3	Discuss the importance and management of breastfeeding with pregnant women and their families.	4	Facilitate immediate and uninterrupted skin- to-skin contact and support mothers to initiate breastfeeding as soon as possible after birth.
5	Support mothers to initiate and maintain breastfeeding and manage common difficulties.	6	Do not provide breastfed newborns any food or fluids other than breast milk, unless medically indicated.
7	Enable mothers and their infants to remain together and to practise rooming in 24 hours a day.	8	Support mothers to recognise and respond to their infants' cues for feeding.
9	Counsel mothers on the use and risk of feeding bottles, teats and pacifiers.	10	Foster the establishment of breastfeeding support groups and refer mothers to them on discharge.

If you have any questions or concerns about breastfeeding, talk about them now with your midwife or doctor. It is very helpful to attend an antenatal breastfeeding class, so speak to your midwife or book in with the WNHS Parent Education department if you are having your baby at KEMH. This booklet contains more information on breastfeeding on page 96.

Breastfeeding Centre of WA. Lactation consultants can help women who are having breastfeeding problems.

Appointments are essential (see contact details in the back of this booklet).

The following services & support are available specifically for patients at:

King Edward Memorial Hospital (KEMH) special services

Parent Education

The WNHS Parent Education department offers antenatal classes to help prepare and assist women for the birth of their baby and the transition to parenthood. Your partner or support person is welcome.

Book your classes once you have reached 20 weeks gestation and aim to complete your classes from 28 to 36 weeks.

The Parent Education department is on the first floor of A Block in the hospital and is staffed by clinical midwives.

Classes are available at different times and on different days to cater for all clientele. Please check the WNHS Parent Education web page for dates and times, as they can change.

Please book early to avoid disappointment.

Hospital tours

Currently hospital tours are available as an online video and can be found under Parent Education on our website.

(KEMH)



(OPH)



Childbirth and parenting courses

Each weekly session lasts two hours or as a condensed course over one day and one evening session.

Topics include:

- When to come to hospital, normal labour and active birth
- Methods of pain relief, induction of labour and assisted birth
- Introduction to breastfeeding
- Parenting and newborn baby care

It is recommended that you also attend the breastfeeding and physiotherapy classes.

Physiotherapy classes

Sessions are held in the Physiotherapy Department.

For KEMH or OPH physiotherapy classes, scan the code to book through Eventbrite.

Family Birth Centre

The Family Birth Centre and Midwifery Group Practice midwives hold their own parent information sessions.

The FBC sessions will cover:

- Preparation for parenthood
- Breastfeeding
- Preparation of labour and birth
- Discussion forums

All KEMH specific services are available to FBC women on request.

Community Midwifery Program

The Community Midwifery Program classes are designed to inspire and inform expectant couples for the birth and to assist new parents during the first few weeks and months of their baby's life.

Classes are for all women and their partners or support person and workshops are conducted by midwives or trained childbirth educators experienced in all types of birth.

Please note that only women who have KEMH as their supporting hospital can access the KEMH specific services.



Taking care of yourself

Taking care of yourself

The following information is about the things you can do to help you and your baby stay healthy during pregnancy.

Nutrition for you and your baby

Eating well

During pregnancy it is important for both you and your baby that you eat well. You need more nutrients but not necessarily more calories. This means you need to focus on the quality and variety of foods you eat.

If you eat regular meals and include fruit and vegetables, wholegrain breads and cereals, dairy foods and lean meats (or other protein alternatives), you will be getting most of the nutrients that you need.

During pregnancy your body needs folate, iron, calcium, vitamin D and iodine. Sometimes these need to be taken as additional supplements.

A vegetarian diet can be very healthy if care is taken to replace meat with another protein. If you do not eat any meat, eggs or dairy you may need a vitamin B12 supplement while you are pregnant and breastfeeding. Vitamin B12 is an important vitamin for brain development in your baby.

Advice about food, diet, nutrition, supplements and weight during pregnancy is available from your midwife, doctor or a dietitian. Dietitians have specialist knowledge about nutrition during pregnancy and can provide expert advice about any problems with your diet. You can see a dietitian any time during your pregnancy. (See back of this booklet for contact details).

Caffeine

Tea, coffee, cola drinks, iced coffee and energy drinks all contain caffeine.

There is mixed evidence about the effects of large amounts of caffeine on the developing baby; however moderate

amounts appear safe. This is up to three cups of coffee or five cups of tea per day.

Guarana is a caffeine substance used in many brands of energy drinks.

These drinks are not recommended during pregnancy.

Do I need extra vitamins or minerals?

Folate

It is recommended that you take a daily supplement of 500 mcg of folic acid in pregnancy for two months before you get pregnant and for the first three months of pregnancy, to reduce the risk of your baby having neural tube defects such as spina bifida. Folate (or folic acid) is a vitamin found in a variety of foods such as leafy vegetables and beans.

Iodine

The National Health and Medical Research Council (NHMRC) recommends that all women take a daily pregnancy vitamin that contains 150µg of iodine. Iodine is needed for normal mental development of your baby.

The amount of iodine needed increases during pregnancy, but only small amounts are found in most foods.

Iron

It is important to eat a healthy and well-balanced diet during pregnancy to ensure an adequate supply of iron. Iron is needed to make red blood cells that carry oxygen around the body. During pregnancy you need more iron because the volume of your blood increases and your baby's blood is also developing.

Healthy iron levels are important during pregnancy and may reduce

Helpful hints

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

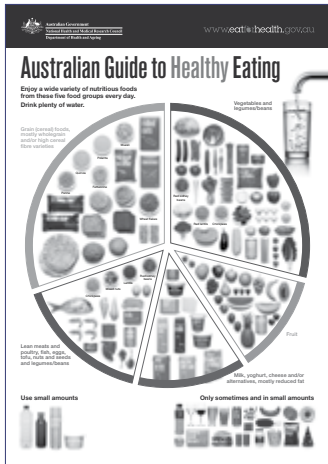
Iron is found in red meat, chicken and fish with smaller amounts in beans, pulses, nuts and seeds and green leafy vegetables, wholemeal breads and cereals.

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

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

Remember

- Eat a range of foods: grains, vegetables, fruit, dairy, meats and pulses.
- Quality not quantity.
- Make sure your hands, food and utensils are well washed to avoid contamination.
- Talk to you doctor, dietitian or midwife about supplements.
- Fish is a good source of omega 3 but some types should be limited.



complications, such as anaemia. If a woman becomes anaemic while pregnant, it will make her even more tired than expected.

Your doctor or midwife will guide you if additional iron is required in the form of tablets or liquid. It is important to take your iron supplements as instructed and inform your doctor or midwife if you are unable to take them due to side-effects.

Iron is normally absorbed by your body from the food you eat. For an iron-rich diet:

- Include at least two serves of meat, chicken, fish, eggs, legumes or nuts every day
- Eat wholegrain breads, cereals and green leafy vegetables regularly

The iron in animal-based foods is easier to absorb than the iron in plant-based foods. If you are a vegetarian or vegan, you will need to take extra care with your diet to get enough iron.

Some women can't get enough iron from food. Blood tests are performed at different stages throughout your pregnancy to check for iron deficiency. Your doctor, midwife or dietitian will let you know if you need an iron supplement and advise you on the recommended form of iron supplement.

It is important to remember that some foods help your body absorb iron and some have the opposite effect.

Supplements (if advised by your doctor or midwife) should be taken one hour prior to food.

Always speak to your doctor, midwife, dietitian or pharmacist if you are unsure about taking your supplements, if you have stopped taking any medicine or are still having problems taking it.

Calcium

Calcium is important for developing your baby's bones. If you don't eat calcium-rich foods regularly you may need a calcium supplement.

Fish

Fish is a good source of omega 3 fatty acids, which your baby needs for brain and nervous system development.

Eating fish is encouraged during pregnancy. However, some types should be restricted as they may contain higher levels of mercury. You may eat one to three serves per week of any fish or seafood not listed below (an average serve is 150g).

If you eat little to no fish or seafood you should consider a dietary supplement containing omega 3.

Fish with high mercury levels

Limit shark (flake), broadbill, swordfish, marlin, orange roughy (sea perch) or catfish, as all contain higher levels of mercury. You can eat one serve of these per fortnight, provided you do not eat any other fish that week.

Weight

Weight gain varies between women and may depend on your pre- pregnant weight. Weight gain in pregnancy averages from 10-16kg. If you were underweight at the start of your pregnancy, you can afford to gain more than the average. If you were overweight you should aim to gain 5-9kg. However, strict dieting is not recommended.

If you are worried about your weight and diet, talk to your midwife or contact the dietitian (see page 114 for contact details). If your body mass index (BMI) is more than 40 you will be referred to a dietitian. Ask your midwife or doctor at your appointment.

Morning sickness

Pregnancy nausea and vomiting (or morning sickness) is common, and normally occurs early in pregnancy and improves by the second trimester. It does not impact your chances of having a healthy pregnancy. It can occur at any time of the day, and for some women it can continue throughout the whole pregnancy. Although we are uncertain about the cause, we know that changing your diet may relieve your discomfort. Here are some great tips.

If you are vomiting continuously, it is very important to drink fluids to avoid dehydration. Drinks that contain some sugar are better tolerated. Try to sip something every 15 minutes. The best drinks for this are electrolyte or sports drinks (Hydralyte, Gastrolyte, Powerade, Gatorade); lemonade; ginger beer; mineral water; juices (diluted) or cordial. You could also try ice cubes or icy poles.

Aim to eat small amounts of food often, eg: something every 30 minutes.

Try the following foods:

- Crackers or bread or dry toast
- Jelly
- Popcorn or dry breakfast cereal
- Fruit – fresh or tinned
- Plain rice, pasta, potatoes or noodles
- Soups – fresh, tinned or cup-a-soups
- Dairy foods – milk, yoghurt, cheese, smoothies or custard
- Nuts or a trail mix

Things that can make nausea and vomiting worse include rich or fatty food; strong food smells; spicy food; chocolate; cigarettes; coffee and tea; cola and iron tablets.

There is some evidence that ginger helps settle pregnancy nausea. Ginger can be taken as:

- Half a teaspoon of powdered ginger dissolved in herbal tea
- Grated ginger root in hot water (can strain and serve cold with honey)

- Ginger beer (non-alcoholic), check the ingredients label to see it contains ginger root
- Crystallised or glace ginger
- Ginger biscuits

Other helpful tips:

- Cold food is better tolerated than hot food, because there is less odour
- Space out food and drinks so you're not overfilling
- Avoid skipping meals and snacks as an empty stomach can increase nausea
- Eat slowly and sit upright
- Practise relaxation techniques
- Wear loose clothing
- Get fresh air – try eating outside
- Rest after meals but avoid lying flat
- Chew foods well
- Keep something next to your bed and eat something before you get up in the morning
- Cook and freeze meals when you're feeling well, ready for when you're having a bad day

A small number of women may experience more severe nausea and prolonged vomiting that requires medical attention. Contact your midwife or doctor if you experience signs of dehydration (dark urine or dizziness with standing); repeated vomiting throughout the day (especially if you see blood in the vomit); pain or cramping; or weight loss over 2-3kg.

Helpful hints

Morning sickness

Tips for relief:

- Eat small meals and snacks frequently
- Drink plenty of water
- Get plenty of rest
- Avoid triggers such as rich foods and strong smells

If nothing works see your midwife or doctor. There are medication available for controlling morning sickness that are safe during pregnancy.

Take care!

These foods may upset your stomach:

- Fatty or fried foods
- Thick, creamy gravies or soups
- Overly sweet foods such as chocolate, rich desserts, cakes and pastries
- Strong smelling foods
- Coffee, tea, cocoa, cola drinks
- Spicy or rich foods
- Wholemeal or high-fibre bread

Helpful hint

Avoid high-risk foods such as soft cheeses like brie or feta, cold meats, pate, uncooked or smoked seafood, pre-prepared salads and soft-serve ice-cream.

Food safety and hygiene

There are two infections of particular concern during pregnancy. Although these infections are extremely rare, they can harm your developing baby.

Toxoplasmosis

Toxoplasmosis is caused by a parasite found in raw meat and in cat faeces.

To reduce the risk of toxoplasmosis:

- Wash your hands well after handling pets or gardening
- Wash salad vegetables
- Cook meat thoroughly
- Avoid contact with cat faeces, wear gloves to dispose of cat litter

Listeria

Listeria is a bacteria that can contaminate food and cause infection. Although listeria infection is rare, it is very dangerous for pregnant women and their unborn babies.

Listeria bacteria can survive and grow at low temperatures. Keep your fridge as cold as possible (below 5°C) without freezing the food. Many ready-to-eat foods are considered high risk foods for listeria infection.

People at risk of listeria infection should avoid the following foods:

- Paté
- Cold, ready-to-eat chicken
- Manufactured ready-to-eat meats, including polony, ham and salami
- Soft cheeses, including brie, camembert, fetta and ricotta
- Pre-packed, pre-prepared or self-serve fruit or vegetable salads
- Freshly squeezed fruit and vegetable juices
- Ready-to-eat cold, smoked or raw seafood, including smoked salmon, oysters, sashimi and cooked prawns

- Sushi
- Soft-serve ice-cream and thick shakes
- Tofu, both soft and hard types, and tempeh (cooked tofu is considered safe)
- Unpasteurised milk and unpasteurised milk products
- Hummus and tahini

Refrigerate leftover food as soon as it has stopped producing steam and eat within 24 hours. When you reheat food make sure it is piping hot, as heat kills listeria.

To prevent infections including listeria infection:

- Thoroughly wash your hands, cooking utensils and chopping boards
- Wash raw vegetables and fruit
- Refrigerate all food, including leftovers, as soon as the food is cool enough to touch
- Throw out food left at room temperature for long periods (more than four hours), especially in summer
- Defrost frozen food in your fridge or microwave, rather than on the bench

Excess vitamin A

Too much vitamin A can be harmful to your developing baby. As liver contains very large amounts of vitamin A, limit your intake to small amounts (50g per week at most). There is no danger of excessive vitamin A intake from other foods. However, it is often present in multivitamin supplements so before buying them ask the pharmacist if the supplements are recommended for pregnancy.

Exercise

Exercise can help you physically and mentally during pregnancy and the period after birth. It is best to check with your doctor or midwife before you commence exercise as there are certain conditions where exercise is not suitable and others where you need to be cautious.

Staying fit

- Choose exercises such as walking, swimming (not frog kick), low-impact aerobics and yoga.
- Avoid hot temperatures (spas and saunas) and don't do vigorous exercise in crowded rooms or hot/humid conditions (over 37°C) as this can affect your baby.
- Drink plenty of fluids, especially water.

You can still play sport during pregnancy if it is not too strenuous, but avoid contact sports or excessive twisting, jumping and bouncing movements.

Pelvic floor muscles

Your pelvic floor muscles are a group of muscles that form a sling across the floor of your pelvis.

They have a number of important functions:

- Prevent urgency and leakage of urine
- Maintain bowel control
- Better sexual function
- Prevent or reduce prolapse
- Back support
- Strengthen core muscles

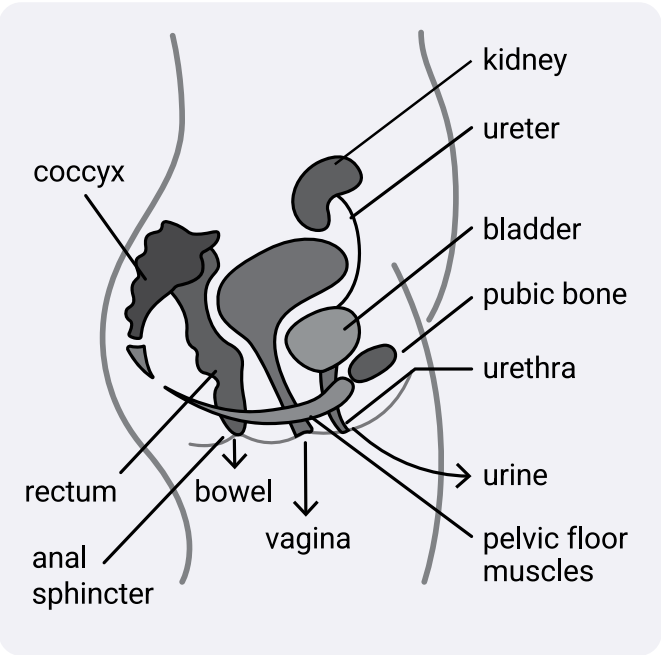
It is important to maintain good strength and control of your pelvic floor muscles. These muscles stretch during the 2nd stage of labour, as they relax to allow the delivery of your baby.

Pelvic floor exercises

- Sit with an upright posture. As you become better you can progress to standing.
- "Squeeze and lift" – close your front and back passages and gently draw them up inside you. Imagine that you are trying to stop urine midstream or trying to hold in wind.
- Try to hold this contraction for approximately five seconds whilst you breathe normally.
- Relax and feel your muscles let go.
- Rest for 10 seconds.
- Repeat this exercise 5-10 times (one set).
- Aim for two or three sets per day.

Do your pelvic floor exercises any time of the day and during everyday activities such as watching TV, cooking or standing in a queue.

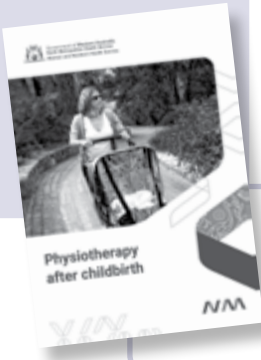
The female pelvic floor



Physiotherapy at KEMH

Phone: (08) 6458 2790

- The Physiotherapy Department can offer KEMH patients the following classes and appointments:
- Pregnancy ‘walk in’ clinic: Monday to Friday 11am – 12noon.
 - TENS for pain relief in labour How to use TENS during labour for pain relief and options for equipment hire.
 - Postnatal education class Includes information and exercises designed to help your body recover after pregnancy and childbirth. This class can be attended at any time after delivery and includes information relevant to the early postnatal period.
 - Postnatal exercise class Exercise classes with your baby aged between six weeks and six months (corrected age for premature babies). This class can be attended after you have attended the Postnatal Education Class.
 - Pregnancy Aqua Aerobics Classes held at Lords Recreation Centre from the 14th week of pregnancy. Patients must be cleared by midwife to attend. Cost: \$6.50 for pool entry.
 - Skills for birth and beyond This class involves learning about relaxation, breathing awareness, massage and positioning to improve your comfort during pregnancy and childbirth. Sessions are held in the Physiotherapy Department.
 - Individual consultations Physiotherapists are on the postnatal ward from Monday to Friday and will see patients if required.



Our Physiotherapy after childbirth booklet is also available online.



Physio after childbirth - 0556

Managing common aches and pains

Posture and back care

Your posture changes during pregnancy and your joints are more vulnerable due to softening ligaments. Good posture is the key to preventing and managing back pain:

- Stand tall – lengthen your spine
- Feel your shoulders relax back and down
- Sit tall with your back supported

Discomfort	Self-help
Pelvic girdle pain (very low back, buttocks, groin or pubic bone)	<ul style="list-style-type: none">• Avoid lifting and carrying heavy things• Change your position regularly• Stand with equal weight on both feet• Sit to put on your pants• Walking – slow down!• Avoid twisting your body<ul style="list-style-type: none">» Try a pillow between your knees when sleeping» Move onto your side first when getting in and out of bed, keeping your knees together• Getting in and out of the car<ul style="list-style-type: none">» Pivot, keeping your knees and ankles together, a plastic bag on the seat may help• Stairs – avoid if possible. If you can’t, take one step at a time• Sex – try side-lying• Exercise – keep moving but avoid high impact activities. Walking in water can be very beneficial
Back ache	<ul style="list-style-type: none">• Have work surfaces at waist height• Avoid lifting heavy objects• Keep the objects close to you

Discomfort	Self-help
Carpal tunnel (hand pain, numbness or tingling)	<ul style="list-style-type: none">• Reduce swelling by elevating hand and using cold packs• A wrist splint may be helpful (see physiotherapist)• Avoid prolonged repetitive activities (typing, cleaning).
Muscle cramps	<ul style="list-style-type: none">• Try stretching your calf before bed and as cramps start• Seek medical advice for calcium and magnesium sources
Varicose veins and vulval varicosities	<ul style="list-style-type: none">• Wear support stockings (chemist) for varicose veins• Try a sanitary pad in firm underwear for vulval varicosities• Avoid prolonged standing• Walk regularly• Elevate the legs and vulva where possible• Avoid constipation/ straining
Swelling in legs	<ul style="list-style-type: none">• Avoid prolonged standing• Exercise in water• Walk regularly.• Rest with feet elevated
Constipation	<ul style="list-style-type: none">• Increase soluble fibre and fluid intake• Increase activity (exercise, walking)• Try toilet position in diagram• Avoid straining• Change iron supplement – seek medical advice• Aim for a soft, formed stool
Haemorrhoids	<ul style="list-style-type: none">• Medication – seek medical advice from GP or pharmacist• Ice packs• Pad for support• Avoid constipation

See a physiotherapist if you are unable to manage your discomfort with the above tips.

Physiotherapy at OPH

Phone: (08) 6457 8059

In addition to exercise classes during and after pregnancy, physiotherapy treatment is provided Monday to Friday in the Maternity Ward/Outpatient departments for the following problems after birth:

- Guidance to recovery post-vaginal or caesarean delivery
- Return to exercise guidance
- Pelvic floor muscle training
- Rectus abdominal diastasis
- Cracked nipples
- Mastitis
- Blocked milk ducts
- Haemorrhoids
- Bowel issues (eg: constipation)
- Incontinence – bowel or bladder
- Reduced/absent bladder sensation
- Pain during/after intercourse
- Prolapse
- Painful episiotomy or tears

After your discharge, you can book an appointment with a women’s health physiotherapist up to six weeks postnatal without a referral on 6457 8059. After the six week period, you will need to obtain a referral from your GP.

Antenatal exercise classes

Bookings are essential and can be made online via Eventbrite.

Postnatal exercise classes

Patients must attend one postnatal education class prior to their first postnatal exercise class. The education classes are taken by a physiotherapist and held once a fortnight in A Block. Bookings for both the education and postnatal classes are required via Eventbrite.

Remember

- When you are pregnant or breastfeeding, do not take medication without first asking your pharmacist, midwife or doctor if it is safe.
- Illicit drugs are dangerous for your unborn baby. Contact the Women and Newborn Drug and Alcohol Service (WANDAS) on (08) 6458 1582 for assistance and support.

For expert, current practice on the safe use of medication during pregnancy and breastfeeding, contact the pregnancy and breastfeeding information service on (08) 6458 2723.

Medication and alternative medicines

General medication information

Before taking your medication

Medicines include those that are prescribed by your doctor, bought over the counter at pharmacies or a supermarket, from a health food store or naturopath and include herbal medicines.

Throughout the course of a pregnancy, it may not be possible to avoid all medication. Some women have existing medical conditions that require treating while others may experience new conditions during pregnancy, such as morning sickness or heartburn, which may require treatment. Before starting any new medication or stopping regular medication, ask your doctor, pharmacist or midwife for advice.

Complementary and alternative medicines

Herbal, traditional medicines and therapies are called complementary and alternative medicines. These may include therapies such as acupuncture, chiropractic, osteotherapy, naturopathy and meditation. They may also include herbal teas, homeopathic remedies, herbal medicines, nutritional and other supplements.

There is limited evidence available regarding the safety of most complementary and alternative medication in pregnancy and breastfeeding. Speak to your doctor, pharmacist or midwife before starting any of these medication.

Managing constipation during pregnancy

Constipation is common during pregnancy. There is a number of ways to help reduce and manage constipation, including:

- Increased exercise – at least 30 minutes of moderate physical activity every day
- Adequate fluid intake – at least 2L a day
- Adequate fibre intake – 30g of fibre every day, including wholegrain cereals, fruit, vegetables and legumes
- Respond to the urge to empty your bowels immediately

If the above methods are not helpful in reducing constipation, speak to your doctor, pharmacist or midwife about alternatives.

Vitamin D

Vitamin D is an important vitamin for mother and baby. It is essential in maintaining muscle and bone strength and helps your body absorb calcium from food, increasing bone and teeth strength.

It can also decrease the risk of some pregnancy-related conditions, such as pre-eclampsia, hypertension, cardiovascular disease and pre-term labour.

How does my body get vitamin D?

Ninety percent of vitamin D is from direct skin exposure to sunlight and only 10 percent is available from foods such as oily fish and eggs.

Exposure to sunlight is important to produce vitamin D. However, should be done without increasing the risk of skin cancer.

Stay out of direct sunlight in the middle of the day and do not stay in the sun long enough for your skin to become red.

In summer, many fair-skinned people are able to attain enough vitamin D from exposure of their hands, face and arms in the sun for a few minutes. People with darker skin may require more sunlight and will need to spend more time in the sun.

If you have had skin cancer before, discuss vitamin D and sun exposure with your doctor.

Testing and treating for low vitamin D

It is important to have good levels of vitamin D, as your baby’s vitamin D levels will be the same as yours.

Vitamin D levels can be tested with a blood test, which is done as part of your antenatal assessment in pregnancy and may be done again post-delivery.

If you have low vitamin D, you will be advised to take a vitamin D supplement and increase your sun exposure during pregnancy and breastfeeding.

Vitamin D supplements are taken every day.

Common concerns in pregnancy

Drugs and alcohol in pregnancy

Illicit or illegal drugs are harmful to your developing baby. If you are pregnant and using illegal drugs you will need professional support to help you stop safely.

As there is no known safe level of alcohol consumption in pregnancy, or while breastfeeding, the safest approach is to not drink alcohol at all.

The Women and Newborn Drug and Alcohol Service (WANDAS) can assist women who need support during pregnancy (contact details are on page 114 of this booklet).

Smoking and vaping

If you stop smoking during pregnancy your baby will immediately feel the benefits. It is never too late in pregnancy to stop. Smoking increases the risk of miscarriage, premature birth or having a low birth-weight baby.

Babies are also more at risk of infections and long-term health problems. Smoking in pregnancy and after the birth increases the risk of Sudden Unexpected Death in Infants (SUDI), also known as SIDS or cot death. There should be no smoking in your baby’s environment, including in or near the house or car.

Your midwife or doctor can give you free information, advice and support about quitting. You can also find more information at www.quitwa.com or contact the Quitline on 13 78 48.

Helpful hints for when you feel the urge to smoke

Things you can do:

- Distract yourself for the five to 10 minutes it takes for a craving to pass.
- Relax, take several deep breaths with a pause between each breath.
- Drink a glass of water slowly (this really works!).
- Use nicotine patches or gums.
- Call a friend or family member.
- Practise your pelvic floor exercises.
- Change any habits you associate with smoking.
- Take it a day at a time and reward yourself for success.
- Call the Quitline on 13 78 48.



Quit smoking for baby 

This imagery has been provided by NHMRC
Centre of Research Excellence in Stillbirth (Stillbirth CRE)

See page 46 for full poster

"I think you have more extreme emotions. You get easily upset about things and just as easily you're happy again!"

- JESSICA

"I didn't understand the feelings, let alone tell anyone."

ESTHER

Hair dyes and hair removers

Little research is available on the use of hair dyes or cream hair removers during pregnancy. Although generally considered safe (as very little is absorbed through the skin), we suggest you avoid using hair dye or remover products in the first three months.

If you do dye your hair when you are pregnant we advise you to:

- Go to a hairdresser rather than doing it at home.
- If you do it at home, always remain in a well-ventilated area.
- Wear gloves or ask someone else to apply it for you.
- Follow the instructions on the package and do an allergy test beforehand.

Dental care

In pregnancy, dental care is important. Due to hormonal changes, you are more likely to develop tooth decay and gingivitis (where gums become red, swollen and bleed easily). It's a good idea for all pregnant women to see a dentist, especially if they have any dental concerns during their pregnancy. Always let your dentist know that you are pregnant.

Cytomegalovirus (CMV) and pregnancy

CMV is a common viral infection, especially among young children. Congenital CMV occurs when the infection is passed across the placenta from a pregnant woman to her developing baby. Some babies with congenital CMV infection show signs of disability at birth, while others are born healthy.

There is no licensed vaccine against CMV currently available.

Pregnant women are recommended to take steps to reduce their risk of exposure to CMV and thus reduce the risk of their developing baby becoming infected. Preventative steps include:

- Wash hands often with soap and running water for at least 20 seconds and dry them thoroughly. This should be done especially after close contact with young children, changing nappies, blowing noses, feeding a young child, and handling children's toys, dummies/soothers.
- Do not share food, drinks, eating utensils or toothbrushes with young children.
- Avoid contact with saliva when kissing a child.
- Use simple detergent and water to clean toys, countertops and other surfaces that come into contact with children's urine, mucous or saliva.

Child care workers who are pregnant or are considering pregnancy should pay particular attention to good hygiene, especially after changing nappies or assisting with blowing noses or toileting.



Immunisations and vaccines

Before you fall pregnant it is good to check with your doctor that your immunisations (vaccinations) are up to date. If you do not get that chance before you fall pregnant, talk to your doctor and midwife about immunisations in pregnancy.

A blood test may be taken to see if you are immune to measles, mumps and rubella. There is no blood test to check for immunity to diphtheria, tetanus and whooping cough (dTPa), only vaccination history.

It is also recommended that anyone who will be in regular contact with your newborn get a whooping cough booster vaccination.

Covid vaccine

Pregnant women are a priority group for COVID-19 vaccination and are eligible for the Pfizer or Moderna vaccine at any stage of pregnancy.

This is because pregnant women have a higher risk of severe illness and death from COVID-19 and their babies have a higher risk of being born prematurely.

Vaccination is the best way to reduce these risks. Research has shown that the Pfizer and Moderna vaccines are safe for pregnant women. Research also shows that the antibodies produced by vaccination cross the placenta and may provide some protection to newborn babies.

Please discuss with your health practitioner any further questions or concerns around COVID-19 and vaccination.

Whooping cough vaccine

This vaccination is recommended for all pregnant women between 20 and 32 weeks of pregnancy to ensure optimal protection from birth to six months when baby is most at risk of whooping cough complications.

Flu vaccine

Symptoms of the flu, such as high temperature, can be harmful to you and your baby when you are pregnant. If you are pregnant over the flu season, the influenza vaccine is recommended regardless of which trimester you are in. Research has shown the flu vaccines to be widely safe in pregnancy and a mother is able to pass her antibodies to the baby, increasing their protection. Always speak to your doctor or midwife regarding your flu vaccine requirements.

Work and pregnancy

Unless your job involves heavy physical work or occupational hazards that may affect your baby, there's no reason why you can't work while you are pregnant. Some jobs bring you into contact with things that may harm an unborn baby. These are some examples, but it's not a full list of risks.

Infections – Working in health care, child care or with animals, for instance, can increase the risk of infections that may affect the baby.

Chemicals – Health care, dental care, veterinary care, manufacturing and pest control are just some areas that may involve risk.

Radiation – Working around x-rays or radioactive material is not harmful if normal occupation, health and safety measures are taken. Radiation from electrical appliances is not harmful.

Other risks – In jobs that involve heavy lifting or standing for long periods of time, make sure you take the chance to sit down during breaks (if possible, put your feet up on another chair). Standing for long periods may increase your chance of getting varicose veins in pregnancy.

If you sit at a desk or computer most of the day, take a few minutes every hour to get up and walk around. Care for your back by:

- Being aware of your posture – sit and stand tall
- Using a chair that gives you good back support.

Avoid heavy lifting or climbing ladders and try to bend over carefully, especially in late pregnancy when body changes can make these things difficult.

To make sure your work is safe during pregnancy, ask your midwife, doctor, occupational health and safety officer, union representative or employer.

You can also contact WorkCover WA for assistance on 1300 794 744 or go to www.workcover.wa.gov.au

Air travel

The safest time for a pregnant woman to travel by air is after 20 weeks and before 32 weeks, providing you are well. You should think about the standard of medical care in the country to which you are travelling. In some developing countries the quality of medical facilities is lower and the risk of disease is higher than in Australia.

Remember to get travel insurance and make sure it will cover you for pregnancy-related emergencies.

Air travel in the later stages of pregnancy can trigger premature labour. Your midwife or doctor will advise you about travel and vaccinations. Individual airlines also have policies on pregnancy and travel. When travelling on a plane, drink plenty of fluids and move and stretch your legs often.

Ask your travel insurer about cover for you and your baby.

Wearing seat belts

No matter what stage you are in your pregnancy, it is essential that you always wear a seat belt. By wearing a seat belt you are protecting yourself and your unborn baby in the event of an accident. Remember, it is illegal not to wear a seat belt, unless you have a current medical certificate from your doctor.

Emotional ups and downs

During pregnancy and after giving birth, women experience a range of physical and emotional reactions. This can be a time of much joy and satisfaction. However, there are often many physical and lifestyle changes to adjust to. Hormonal changes may be responsible for some of the emotional ups and downs you may experience.

Other stresses can affect your emotions at this time, such as moving house, changing jobs, relationship troubles and not having much practical or emotional support. If you have a personal or family history of depression, anxiety or other mental health issues you may also find pregnancy more emotionally challenging.

Talking to your partner, supportive friends, family or a health professional and sharing experiences and feelings can often help get you through this time.

Depression and anxiety

The signs and symptoms of depression and anxiety can go unnoticed or be excused as part of becoming a new mother. A little worry or anxiety is normal during pregnancy. For some people, however, feelings of depression and anxiety can start to interfere with day-to-day life.

It is important to keep a check on how you are feeling emotionally and to let someone know if you are:

- Not coping, feeling guilty or like you need someone to be with you all the time
- Feeling that things are hopeless
- Not enjoying things you used to enjoy
- Crying a lot
- Experiencing loss of appetite or comfort eating
- Irritable and snappy
- Finding it hard to sleep, concentrate or make decisions
- Avoiding others and withdrawing from friends and family
- ‘Spaced-out’, on edge or restless
- Feeling the need for control or perfection
- Having a sense of dread, or imagining something bad happening
- Having thoughts of harming yourself or your baby
- Not coping/overwhelmed
- Experiencing significant fear of pregnancy or childbirth
- Re-triggering of past trauma

Talk to your midwife or doctor if you think you might be experiencing depression or anxiety. They may recommend a referral for an assessment to the Department of Psychological Medicine. You can also call direct on 6458 1521 and ask to speak to a triage nurse about your concerns.

Emotional health and wellbeing

Having a baby is a life-changing experience and can affect your emotional health and overall wellbeing.

Here are some tips to help you look after yourself and your emotions when you’re expecting a baby.

- Don’t expect too much of yourself – make time to slow down, rest and relax.
- If you have a partner, talk about the difference a baby will make to your lives.
- Arrange as much time as you can for both you and your partner to be at home after the baby is born. Government-funded Dad and Partner Pay provides up to two weeks paid leave, and you may be able to negotiate additional time off with your employer.
- Set up extra support for the first few weeks after the baby’s birth – longer if you’re expecting more than one baby, or if there are other things going on in your life that may make this a difficult adjustment.
- Talk to someone you trust about your feelings. Sharing your concerns can be really helpful.
- Extend your support network – other expectant parents can be a valuable resource.
- Don’t be afraid to ask questions when you visit your GP, obstetrician or midwife.
- Be careful what you read – some websites and articles might make you feel worse. Look at who is writing it. Can you trust the source of the information?
- Be aware of any changes from how you normally feel. If your emotions are starting to interrupt your day-to-day life, talk to your GP, obstetrician or midwife – the earlier the better.

- If you’ve experienced mental health conditions in the past, discuss this with your health professional. This can help you identify and respond early if symptoms return.

Your partner’s feelings

Your partner may be feeling very excited about the new baby, but they might also be feeling a bit confused about how you both feel and the changes that are happening. Try to keep talking to your partner about what you are both experiencing.

This can help you adjust to the changes happening in your life. About 10 percent of new fathers report experiencing mental health issues after having a baby. This means fathers are experiencing depression and anxiety at similar rates to mothers.

In men, symptoms of depression may include feeling moody or irritable, which might come across as anger or aggression. Unfortunately, men are more likely than women to have their depression go unrecognised and untreated. This can also lead some men to try managing their symptoms by using alcohol or other drugs. There are contact numbers at the back of this booklet for services that can support new dads.

You can support your partner by encouraging them to be involved from day one and giving them space to explore parenthood.

It’s also important to remember your partner may parent differently to you, and there is nothing wrong with that. In fact, it can actually help a child’s emotional development to be exposed to different styles of parenting.

“Sometimes it draws us together and sometimes it pulls us apart. When we first found out about the baby, we were edgy. We snapped at each other a lot. Then it got better, but it can still be up and down.”

KEN

Remember

Partners or support people can:

- Be there for appointments and ultrasounds
- Participate in decisions about your care
- Talk to other friends who are parents
- Go with you to childbirth education classes
- Feel the baby kick
- Support you through your labour and birth
- Get involved with the care of the baby as soon as possible after the birth

Sex during pregnancy

Women and their partners are often concerned that having sex will harm their developing baby. If you are experiencing a normal healthy pregnancy and you want to have sex, there is no reason not to. It will not harm you or your baby.

Some women don't want to have sex during pregnancy. You may prefer just to be held, touched or massaged by your partner. Later in pregnancy, sex may not be that easy and you may have to find different positions that feel comfortable.

This can be a time to experiment and explore together.

Always ask your midwife or doctor for advice if:

- Spotting occurs following sex
- There is heavy bleeding
- You've had previous miscarriages
- Your waters have broken (this can increase the risk of infection to the baby)

Abuse

Doesn't have to be part of your pregnancy

If you are in a relationship where you feel scared or frightened by a family member, or you feel you are unsafe, talk to your midwife or doctor who can refer you to support services. Abuse can take many forms, including physical, emotional, sexual, financial or psychological. It can have an enormous impact on you, your pregnancy, your baby's health and the wellbeing of other children. Pregnancy can be a time of abuse starting in a relationship for the first time.

Support and information

KEMH Social Work Department
(08) 6458 2777

OPH Social Work Department
6457 8165 or 6457 8410

Sexual Assault Resource Centre
24-hour helpline (08) 6458 1828
or 1800 199 888 (free call from landlines)

You can also contact the following community services:

Crisis Care (24 hours)
(08) 9223 1111 or 1800 199 008 (free call)

Coping alone

If you are pregnant and on your own it can be difficult to find people to share your feelings with and who can offer you support. Sorting out problems, whether personal, medical or financial, is often more difficult by yourself. It is better to find someone to talk to rather than let problems get you down.

Things to think about:

- Choose a friend or family member to come to appointments and childbirth education classes with you.
- Is there a particular person who is close by and able to be there to support you after having your baby?
- Will your baby need child care if you go back to work?
- What family benefits are you entitled to and for how long?
- What services are available in your local community that can help to support you and your baby?

At WNHS, the Social Work Department can help put you in contact with support services that might be helpful for you (see contacts at the back of this booklet).

Will you need help when you go home?

Support services are available in your local community. Talk to a midwife or social worker if you need extra support with caring for other children or others dependent on you.

WNHS and Family Birth Centre patients can contact the Social Work Department via our website.

Domestic Violence Advocacy and Support Central
(08) 9227 5852

Family Helpline (24 hours)
(08) 9223 1100 or 1800 643 000 (free call)

Women's Council for Domestic and Family Violence Services
(08) 9420 7264

Women's Domestic Violence Helpline (24 hours)
(08) 9223 1188 or 1800 007 339 (free call)

Men's Domestic Violence Helpline (24 hours)
(08) 9223 1199 or 1800 000 599 (free call)



4

Your visits

Non-invasive prenatal testing (NIPT or Harmony Test)

PathWest and most private pathology providers offer NIPT. It is not funded by Medicare and patients are required to pay out of pocket for this service. WNHS does not offer NIPT, except in a strictly limited number of high-risk women with contraindications to invasive diagnostic testing, where it is considered on a case-by-case basis.

Turnaround times are up to 14 days from sample collection.

Maternal serum screening (Triple Test)

This test involves a blood test which is performed between 15 and 17 weeks gestation. No pre-test ultrasound is required unless the estimated date of delivery (EDD) needs to be confirmed. The test gives two results:

The risk of a chromosomal abnormality (Down syndrome most commonly)

The risk of an open neural tube defect - based on the maternal serum alpha fetoprotein level (MSAFP).

Your visits

In this section we give you an overview of the recommended visits you will have, at KEMH, OPH, the Family Birth Centre, with your shared care doctor or with the Community Midwifery Program. This is only a guide - some women will have fewer visits and some will need to have more. The visits will vary according to your needs. Try to use this section to make sure you are on track with tests, discussions with the midwives and the things you need to organise.

What is a routine check-up?

At each visit a midwife or doctor will:

- Follow up and discuss any tests you may have had or are about to have
- Check that you are physically well (eg: blood pressure check).
- Answer any of your questions (you may like to write any questions down before your visit)
- Check how your baby is growing and positioned by feeling your stomach and listening to your baby’s heartbeat
- Talk about preparing for your labour and birth and taking your baby home

Tests available in pregnancy

During your pregnancy you will be offered tests to make sure everything is going well for you and your baby. The types of tests will depend on how your pregnancy is progressing. Some tests need to be done by your GP or doctor in early pregnancy before your first antenatal appointment.

You can choose whether or not you want to have any tests after talking with your midwife or doctor. Genetic Services of WA provides information for women who are thinking about having tests done (see contacts at the back of this booklet).

Below are some of the tests you may be offered or recommended to have.

Your first appointment

When is the first appointment?

Your first appointment could be any time between 12 weeks and 22 weeks, depending on your pregnancy needs. It may be in person or by telephone or telehealth. It is our aim to see all women by 14-20 weeks.

What you will need for your first appointment

- Medicare card
- Health Care card (if you have one)
- Your appointment letter
- A copy of any test results from your GP (if you have any)
- Your local doctor’s contact details
- If you are from overseas, you will need to bring details of your private health insurance and your passport (some countries have Reciprocal Health Care Arrangements with Australia).

What happens at the first visit?

All women (including those who are doing shared care) will have their first visit either at the hospital, Family Birth Centre or with your community midwife.

The midwife or doctor will ask you questions about your health, illnesses, medication that you are taking, operations you have had and any previous pregnancies.

They will discuss:

- When your baby is due
- Information that may affect your pregnancy such as your family’s health
- Whether you are likely to have a straight-forward pregnancy or whether you have more complex pregnancy needs
- You will also be asked about your family’s medical history which includes diabetes, blood pressure, heart problems and even a history of twins.

We also ask all women about:

- Alcohol and illicit drug usage
- Family and domestic violence
- Previous miscarriages or abortions
- Smoking and vaping
- Whether they have support from family and friends
- Whether they are Aboriginal or Torres Strait Islander
- Emotional wellbeing and anxiety

This is to ensure that all women are offered appropriate information, support and referral. You will also be offered the following tests by your referring health professional:

Blood tests/screening required before your first appointment:

- Blood group, antibodies, haemoglobin and iron levels
- Immunity to rubella (German measles)
- Blood-borne virus screening, including hepatitis B, hepatitis C and human immunodeficiency virus (HIV).
- Sexually transmitted infections including syphilis, chlamydia and gonorrhoea.
- Cervical Screening Test if you have not had one in the past five years (you can also choose to have this test after your baby is born)

Screening tests

First trimester combined screening test

This test combines the results of a blood test taken at around 10-12 weeks and an ultrasound at 11-14 weeks. The test will show your chance of having a baby with Down syndrome, Trisomy 18 or Trisomy 13. It will not tell you if your baby has Down syndrome.

If you are at increased risk you will be offered a diagnostic test, either a CVS (chronic villus sampling) or amniocentesis (see below).

This test may not be available at WNHS in all cases. You can arrange the test through your GP which will involve some out-of-pocket expense. For more information visit www.wnhs.health.wa.gov.au

Second trimester screening

This is a blood test collected between 15-20 weeks of pregnancy. The test shows your chance of having a baby with Down syndrome, Trisomy 18, Trisomy 13 or neural tube defects such as spina bifida. If the test shows you are at an increased risk you will be offered amniocentesis or ultrasound.

This test is not required if you have had the first trimester combined screening.

Diagnostic tests

Chorionic villus sampling (CVS) – 11-12 weeks of pregnancy

In this test a small sample is taken from the placenta and is used to diagnose Down syndrome or, in some cases, other conditions such as cystic fibrosis. CVS has a one in one hundred or one percent (1%) risk of causing a miscarriage.

Helpful hint

Did you know it is safe for most women to have a pap smear up to 24 weeks gestation?

Things to talk about

The following topics will be discussed at your first visit:

- Your pregnancy health record
- Your pregnancy care options
- Breastfeeding – the benefits for you and your baby
- Diet and nutrition
- Genetic advice
- Physical and emotional changes in pregnancy
- Your birthing options if you have had a previous caesarean birth
- Things that can potentially harm your baby – smoking, vaping, drug and alcohol use, sexually transmitted infections.

Amniocentesis –
15-18 weeks of pregnancy

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

Ultrasound scans

A second trimester scan is undertaken at about 18-20 weeks of pregnancy. This scan is used to identify some problems with your baby, including spina bifida or heart and limb defects.

Additional scans in the third trimester to check baby’s growth and wellbeing maybe required if your midwife or doctor has any concerns about the progress of your pregnancy.

Gestational diabetes screening

Oral glucose tolerance test (OGTT)

This is a diagnostic test to screen for gestational diabetes. Your doctor or midwife will advise the best timing of this test.

The test requires fasting for 10 hours (generally overnight, missing breakfast). A fasting blood test is taken, followed by a 75g glucose drink and then blood tests at one and two hours after the drink. You will be required to remain at the laboratory for the two-hour duration of the test.

Calculating your due date

The average length of pregnancy (or gestation) is counted as 40 weeks.

Pregnancy is counted from the first day of your last period, not the date of conception. Your midwife or doctor will work out your due date at your first visit.

A baby is considered full-term if its birth falls between 37 and 42 weeks.

If you have a regular 28-day cycle, a simple method to calculate when your baby is due is to add seven days to the date of the first day of your last period, then add nine months.

For example, if the first day of your last period was February 1, add seven days (February 8), and then add nine months for a due date of November 8.

Some women are unsure of the date of their last period. An ultrasound can show how far along your pregnancy is if you are not sure about your dates.

- The following blood tests are also offered to women who are at risk:
- Vitamin D deficiency (that can occur from lack of exposure to sunlight)
 - Thalassaemia (an inherited disorder that affects the production of haemoglobin)

Rhesus D negative in pregnancy

At your first pregnancy visit you will be offered a test to determine if your blood has the Rh factor. Most women (85%) have the Rh factor and their blood type is called Rh (D) positive. If you don’t have the Rh factor, your blood type is Rh (D) negative. If you are Rh (D) negative, you will be given further information and offered preventative treatment with an injection of RhD Immunoglobulin (commonly referred to as Anti-D) at 28 and 34 weeks in case your baby has Rh (D) positive blood group.

Why we test urine

We routinely test urine after the first visit to see if you have medical problems such as an increased risk of developing pre-eclampsia or if your blood pressure is high.

Test results

We do not give test results over the telephone. Test results can only be given in person or if your midwife or doctor has any concerns with results they will contact you by telephone, email or letter.

Between
12 and 20
weeks

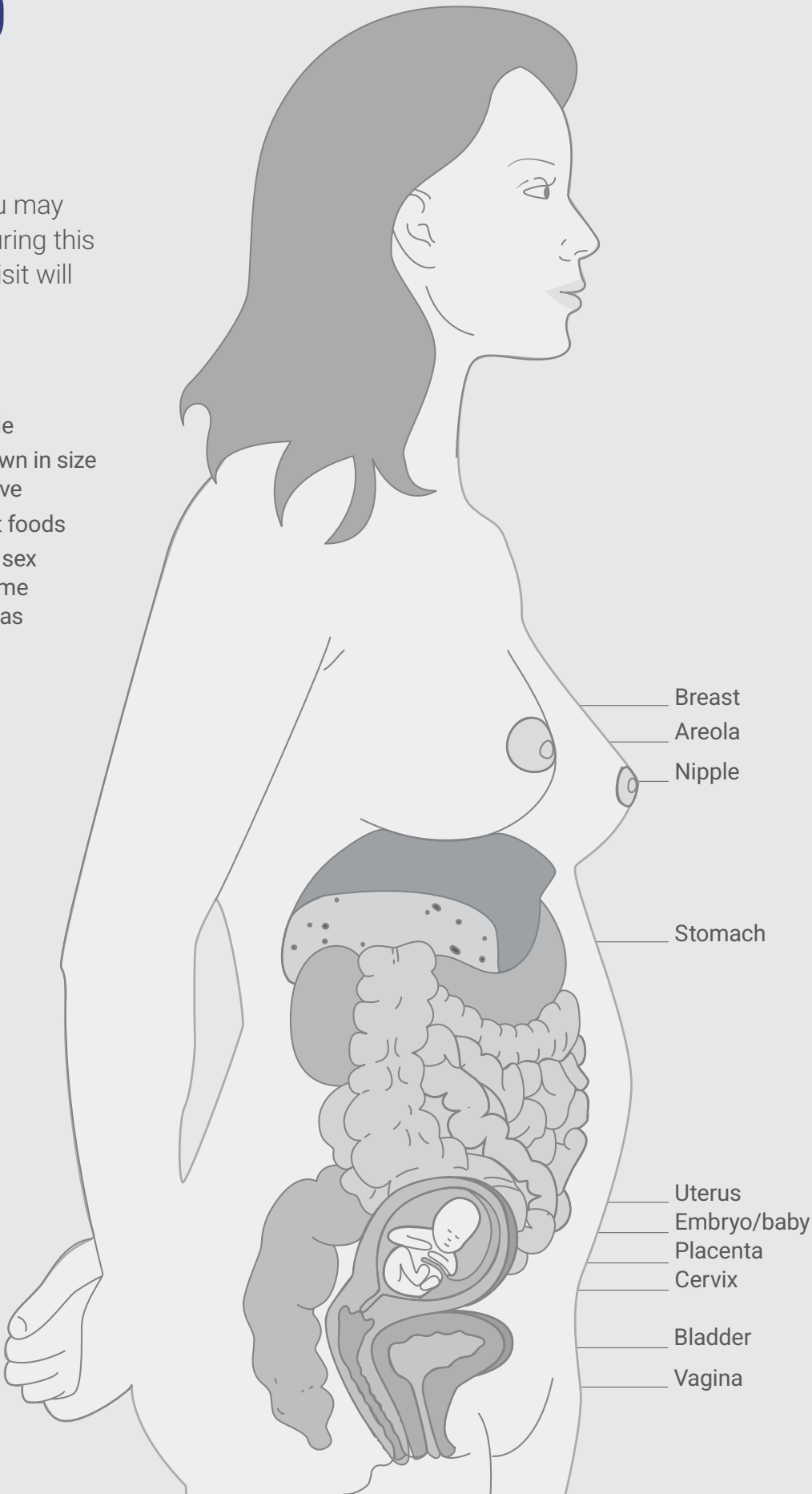
Apart from your first visit, you may have up to two other visits during this time. For most women this visit will be with your GP.

You

- May be feeling tired and irritable
- May feel your breasts have grown in size and have become more sensitive
- May have cravings for different foods
- Might be worried about having sex (but don’t worry, it is fine any time during your pregnancy as long as you are comfortable)

Your baby

- Is about 5cm long
- Weighs about 15g
- Is forming fingers and toes
- Is developing facial features
- Is forming organs, the heart, brain and the nervous system



Things to talk about

- Exercise, posture and back care
- Diet and nutrition
- Work
- Travel
- Sex
- Rest
- Booking your childbirth education classes
- Things that can harm you and your baby – such as smoking, vaping, drugs and alcohol use
- Breastfeeding

Before each hospital visit you might like to write down questions to ask your midwife or doctor.

We encourage you to book into physio exercise and education classes. Class times are on Eventbrite, book through the same QR codes on page 17.

Between 12 and 20 weeks

Thinking about breastfeeding

Breast milk provides all the nutrition your baby needs for the first six months of life and can form the major part of its nutritional requirements throughout the first year and beyond.

At your first appointment you will have an opportunity to start talking about feeding your baby with a midwife.

This will help to inform your decision about breastfeeding. If you have any questions or concerns about breastfeeding, talk about them now with your midwife or ask a lactation consultant at the Breastfeeding Centre of WA. Call to make an appointment (see back page for contact details), or book for breastfeeding classes through the Parent Education department.

You can also contact experienced breastfeeding mothers at the Australian Breastfeeding Association on 1800 mum 2 mum (1800 686 2 686).

There is a breastfeeding positioning and attachment session held on the wards from 10.30 to 11.30am at KEMH, and 9am-10am, Monday to Friday, at OPH.

If you plan to formula feed your baby, you will be shown how to safely prepare your formula and feed your baby during your visit to the hospital.

What is the placenta?

The placenta (or afterbirth) is responsible for the growth of the baby. It supplies the baby with nutrients and oxygen, removes waste products and acts as a barrier against some harmful substances.

Substances such as alcohol, nicotine and other drugs can pass to the developing baby through the placenta. It also produces hormones that help to maintain the pregnancy.

The placenta is commonly called the afterbirth because it is expelled from the uterus after the baby is born.

The placenta begins to form soon after conception and is well established after the 10th day. There is good circulation through the umbilical cord by the 10th week of pregnancy.

Position

The placenta usually attaches itself to the top wall of the uterus. However, sometimes the placenta attaches to the lower part of the uterus very near or over the cervix (this is called placenta praevia). This may lead to complications and sometimes causes bleeding in pregnancy and it may be necessary to deliver the baby by caesarean.

In many cases, the problem will correct itself in late pregnancy.

At 20 weeks

You

- May feel flutters (small, fast movements) from your baby
- May feel your morning sickness is getting better
- Can feel the top of your uterus at your belly button

Your baby

- Is about 16cm long
- Weighs around 300g
- Curled up, is about the size of your hand
- Has formed organs
- Is growing rapidly
- Is being provided for by the placenta

Braxton Hicks contractions

Most women start to feel Braxton Hicks contractions about halfway through their pregnancy. These weak, usually painless contractions will help to prepare your uterus for the birth of your baby. They might become more intense and frequent the closer you get to the birth.

Ultrasound booking

An ultrasound is usually done at around 18-20 weeks of pregnancy to check the development of your baby. Most women will have had a scan before their first antenatal visit. If you haven't already organised an ultrasound appointment through your GP, you will need to make one as early as possible.

Pelvic power

Your pelvic floor muscles make up the base of your pelvis and support your organs and uterus. Hormones and the weight of the baby can stretch these muscles and may cause you to leak urine when you cough, sneeze or laugh.

Try the following pelvic floor exercise:

Step 1

To start, sit comfortably with feet slightly apart.

Step 2

Tighten the muscles you would use to stop yourself from passing wind and 'to hold on' when you need to pass urine. You will feel a closing and lifting around the vaginal area. If you cannot feel a distinct tightening of these muscles, try a different position, such as laying on your side or standing.

Step 3

Now that you can feel the pelvic floor muscles working, tighten them around your front passage, vagina and back passage as strongly as possible and hold for three to five seconds. Fully relax for five seconds. By doing this you should feel your pelvic floor muscles 'lift up' inside you and feel a definite 'let go' as the muscles relax. If you can hold longer (up to 10 seconds), then do so. Remember, the lift must stay strong and you should feel a definite 'let go'. Repeat up to 10 times or until you feel your pelvic floor muscles fatigue.

This is one exercise set. If you can, do three sets per day in different positions. Your midwife or physiotherapist will help you with these exercises. Women booked at KEMH or FBC can attend a range of classes at the hospital's Physiotherapy Department, bookings are essential, please call 6458 2790.

Helpful hint

Relaxation

Now is the best time to learn how to relax. It will help you cope with stress, tiredness and ease pain in labour. Learning breath awareness and relaxation will also benefit you after your baby is born.

Childbirth education and physiotherapy classes are available for you to practise these techniques with your support person.

"I want to know if the baby is alright. I think it's always in the back of your mind, you worry about what you do and whether it will hurt the baby."

SARAH

Did you know that when you attend WNHS for your pregnancy care, we welcome you and your support persons. If you have chosen to engage the services of a doula, they too will be welcome. For more information about doulas, visit www.wnhs.health.wa.gov.au.

#movementsmatter

Your baby's movements matter.

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

Stillbirth
CENTRE OF RESEARCH EXCELLENCE

Mater
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Safer Care
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VICTORIA
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STILL
AWARE
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PERINATAL
SOCIETY
OF AUSTRALIA
AND NEW ZEALAND
PSANZ

SANDA
Stillbirth and Neonatal
Death Registry

acm
Midwives

Stillbirth
Foundation
AUSTRALIA

This information has been provided by NHMRC Centre of Research Excellence in Stillbirth (Stillbirth CRE)

Between 21 and 33 weeks

Most women have three routine visits during this time. If you are doing shared care, these visits will be mostly with your GP. Otherwise you will go to the hospital clinics, or see your midwife at the Family Birth Centre (FBC) or as part of the Community Midwife Program (CMP).

Most women will also have one longer visit during this time to prepare for their hospital stay. This visit is always at the hospital, FBC or with your community midwife.

A stylized illustration of a pregnant woman from the waist up, facing slightly to the right. She has long, dark, wavy hair and a gentle smile. Her torso is outlined in a simple line, and inside, a fetus is depicted in a curled position, ready for birth. The fetus is shown in a light grey tone, contrasting with the darker grey of the woman's body. The overall style is clean and modern, with a focus on the connection between the mother and her unborn child.

40

41

Things to talk about

- What to bring to hospital
- Plans for your hospital stay
- Breastfeeding
- Child safety and car restraints
- Smoking and vaping
- Community support services such as the child health nurse
- If you are Rh negative, Rh immunoglobulin is discussed

Meals

Breakfast, lunch and dinner are provided to all inpatients. Please advise staff of any special requirements or food allergies when you are admitted to the ward or FBC. If you are not on the ward when a meal is delivered, please advise staff when you return so that a meal can be arranged.

You will not have access to a fridge, microwave or oven during your stay in hospital.

Please note that meals are not supplied for support people but the Women and Infants Research Foundation café is open daily at KEMH and there are cafes at OPH.

At 26 weeks

You

- May feel Braxton Hicks contractions (sometimes called practice contractions)
- May have a little more discomfort as your uterus is now under your ribs
- May have heartburn and indigestion
- May have backache
- Are having check-ups every two to four weeks.

Your baby

- Is about 33cm long
- Weighs about 800g
- Is moving more and the movements are stronger and usually in a regular pattern
- Is usually awake when you want to sleep
- Responds to sound and light
- Has the first signs of hair growth
- Has a protective substance called vernix covering the skin
- Can swallow fluid and may get hiccups
- Practises sucking
- Has working kidneys

At 30 weeks

You

- May get breathless
- May have indigestion and heartburn
- Might have leg cramps
- May find it hard to get comfortable

Your baby

- Is 38cm long
- Weighs 1400g
- Has lungs and a digestive system which is almost mature
- Has fat building up under the skin, giving your baby a chubby look when it is born

Preparing for your hospital stay

Between 28 and 36 weeks your midwife will talk with you about preparing for your hospital or Family Birth Centre stay.

During your routine check, you can discuss a plan for your birth and your return home.

You will also be offered a blood test for gestational diabetes (a temporary form of diabetes that occurs during pregnancy) and your iron levels and antibodies will be re-checked. This visit will be longer than other visits.

Preparing for a home birth

Your midwife will talk to you about preparing for your home birth and the equipment you may need. It is a good idea to check you have adequate ambulance cover in case you or your baby need to be transported to hospital.

Diabetes in pregnancy

What is gestational diabetes mellitus?

Gestational diabetes mellitus (GDM) is a type of diabetes which occurs in pregnancy and goes away after the baby is born. GDM usually occurs after the 24th week of pregnancy and is due to placental hormones interfering with how insulin works. Insulin is a hormone which enables glucose to enter your body cells, eg: muscle cells to provide you with energy. During pregnancy the body needs to make two to three times more insulin to overcome this resistance.

An oral glucose tolerance test (OGTT) is needed to diagnose GDM as most women do not have any symptoms.

Between 5-7 percent of pregnant women will develop GDM. The incidence of gestational diabetes is increasing due to higher rates of obesity in the general population and more pregnancies in older women (NICE, 2015).

Developing GDM in pregnancy may result in a change to your planned place of birth. For example, if you were planning to birth in the Family Birth Centre or at home, you may be required to birth in the main hospital instead, should more monitoring of you and your baby be required.

Prevention is the key

Healthy lifestyle choices can reduce the risk of developing GDM and type 2 diabetes later in life. Eating a well-balanced diet, taking regular exercise and maintaining the correct weight for your height is essential.

Risk factors for developing GDM

- GDM in a previous pregnancy
- Family history of diabetes mellitus
- A mother or sister who have had GDM
- Previous raised blood glucose levels

- Maternal age >35
- Previous large baby >4kg at term or a baby large for gestational age.
- Pre-pregnancy obesity
- Polycystic ovarian syndrome
- Ethnicity: Asian, Indian Subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, Non-White African
- Some medication, eg: corticosteroids, antipsychotics.

What are the risks associated with GDM?

Most of the following risks can be minimised or avoided with good diabetes and antenatal care once a diagnosis is made.

Risks to the baby (may need to be admitted to the special care nursery):

- Macrosomia (large baby), which may lead to a difficult birth
- Polyhydramnios (excess fluid around the baby whilein the womb)
- Premature labour (prior to 37 weeks of pregnancy)
- Stillbirth can occur, particularly if diabetes is poorly controlled
- Breathing difficulties at birth
- Low blood sugar levels after birth, which must be treated early
- Childhood and adolescent obesity and type 2 diabetes

Risks to the mother:

- Pre-eclampsia risk is higher in women with diabetes
- Induction of labour, caesarean section is more likely
- Possible birth injury if baby is big
- GDM will most likely reoccur in future pregnancies
- The risk of type 2 diabetes later in life is high

Oral Glucose Tolerance Test (OGTT)

The oral glucose tolerance test (OGTT) requires fasting for 10 hours (generally overnight, missing breakfast).

You will be required to remain at the laboratory for the two hour duration of the test, which involves an initial fasting blood test, then drinking a 75g glucose drink, and then blood tests one and two hours after finishing the drink.

Remember

It's okay to ask questions

Asking questions helps you understand more about your care. Remember it's your right to:

- Be fully informed about any tests or treatments you're asked to have
- Refuse any treatment or tests you're offered
- Ask your midwife about antenatal colostrum expression

Ask your midwife about the brochure: Antenatal expression of colostrum for women with diabetes.

Who should be tested for GDM?

The Australasian Diabetes in Pregnancy Society (ADIPS) recommends early testing for those women who are at risk (as listed above) and routine testing for all women between 26 to 28 weeks of pregnancy.

Diagnosis of GDM

The diagnosis of GDM at any time in pregnancy is made if any one of the following values is elevated as follows:

- Fasting – equal to or greater than 5.1 mmol/L
- 1-hour level equal to or greater than 10.0 mmol/l
- 2-hour level equal to or greater than 8.5 mmol/L

There is no upper cut-off in GDM. Even if levels are in the diabetes range and the woman is pregnant the diagnosis remains GDM. If ongoing diabetes mellitus is suspected this should be reviewed and diagnosed after the birth of the baby.

What are the advantages of the test?

Early detection and diagnosis of GDM provides the opportunity to appropriately monitor and manage blood glucose levels through diet and exercise alone. Well-controlled GDM significantly reduces the risks.

What are the disadvantages of the test?

There are no risks to the mother or baby from having the test. The majority of women will experience little or no side-effects.

Can testing for GDM be declined?

As with all tests in pregnancy, screening for GDM is optional. However, it is recommended that all women are screened, therefore declining testing may affect your choice of place of birth. This will need to be discussed with a midwife or obstetrician.

What is the treatment for GDM?

All women diagnosed with GDM are invited to attend an education class/ session with the diabetes educator/ midwife and dietitian to learn how to manage the diabetes. This will include learning to check blood glucose levels at home and understanding the results.

If blood glucose levels are high despite changes to diet, medication, usually insulin, will be recommended to keep levels within the normal range.

Women diagnosed with GDM attending hospital antenatal clinics will continue with their usual antenatal care. All women with diabetes have ongoing review and support by the diabetes educator/midwives and dietitians.

Women with GDM who are receiving antenatal care through the CMP must have a plan of care, including the place of birth made in collaboration with the client, midwife and obstetrician. To ensure the best available care for you and your baby, it is possible that your planned place of birth may need to change when you have GDM.

The future with GDM

Approximately 50 percent of women who have had GDM will develop type 2 diabetes in 10 – 20 years. It is also likely that the GDM will return in a subsequent pregnancy.

Most women will return to normal glucose tolerance after the baby is born. However, it is recommended that an oral glucose tolerance test is performed around eight weeks after the baby is born to check that the diabetes has gone. This test should be repeated every two years.

Exclusively breastfeeding your baby can reduce the risk of developing type 2 diabetes in the future. If you would like antenatal discussion or postnatal support, contact the Breastfeeding Centre on (08) 6458 1844.

#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.

Either side is fine.

The important thing is to **start each sleep lying on your side.**

If you wake up on your back, **don't worry,** just roll onto your side.

FIND OUT MORE: www.health.nsw.gov.au/reducingstillbirth

For information on the side sleep study, visit <https://bit.ly/2PSJhhC>. We thank Tommy's UK for allowing us to adapt their campaign for our purpose.



51-674 (MSF) 190489, September 2019 | NH-0700547

This information has been provided by NHMRC Centre of Research Excellence in Stillbirth (Stillbirth CRE)

44

45

Learn ways to prevent stillbirth and have a safer pregnancy, based on the latest research and clinical best practice.

#Quit4Baby
Smoking is one of the main causes of stillbirth. Quitting at any time during your pregnancy reduces the risk of harm to your baby. However, quitting as early as you can means a better start in life for your baby. Free help with quitting is available.

#GrowingMatters
Your baby's growth will be regularly measured during pregnancy to check they are growing at a healthy rate. If your baby shows signs of not growing well enough, your maternity health care professional will monitor the growth of your baby closely and discuss with you how to manage this.

#MovementsMatter
It is important to get to know the pattern of your baby's movements. If you are concerned about your baby's movements, particularly from 28 weeks, contact your midwife or doctor immediately. Do not wait for your next checkup.

#SleepOnSide
Going-to-sleep on your side from 28 weeks of pregnancy can reduce your risk of stillbirth, compared with going-to-sleep on your back. Either left or right side is equally safe.

#LetsTalkTiming
The aim is to make every pregnancy and birth as safe as possible for you and your baby. It is important to speak with your maternity healthcare professional about your individual risk of stillbirth and how this may influence the timing of birth.

For more information about the Safer Baby program and reducing the risk of stillbirth contact your maternity health care professional or go to saferbaby.org.au

Quit smoking for baby  **#quit4baby**
Safer Baby
WORKING TOGETHER TO REDUCE STILLBIRTH

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

Quit smoking for baby

#quit4baby

Safer Baby
WORKING TOGETHER TO REDUCE STILLBIRTH

What can help you quit smoking in pregnancy?

Your midwife, GP or obstetrician can help if you are thinking about quitting. They will suggest:

- Counselling services to help address your triggers
- For some women, quit smoking products may be needed

The most common counselling service for pregnant women is Quitline, which is staffed by specially-trained counsellors who will support you in trying to quit - not make you feel guilty. Contact your local Quitline for free on 13 7848 or download the 'Quit for you - quit for two' app designed for pregnant women.



Quitting early is best, but stopping at any time in your pregnancy will benefit you and your baby.

Myths and facts about smoking in pregnancy

I'm already three months pregnant. What's the point of stopping now?

It is never too late to quit. Quitting at any time during pregnancy reduces the harm to you and your baby.

How about I just cut down?

Cutting down doesn't reduce the risks to your baby or you.

Smoking relaxes me when I'm stressed - isn't that better for my baby?

Smoking actually speeds up your heart rate, increases your blood pressure and affects your baby's heart rate. Finding another way to relax is much better and safer for you both.

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



Between 33 and 40 weeks

Pet safety

Many pets are tolerant of small children and babies, but it’s important to be aware of the potential dangers. Pets can be jealous of having to share you and not receiving the same level of attention. Getting prepared for when you bring your baby home is something that you can do during pregnancy.

Things to consider are:

- Where will your baby sleep and how can you keep your pet away from this area?
- How will you ensure that your pet is not left unsupervised with your baby?
- Good hygiene when handling your pet, especially when washing your hands, eg: reptiles carry a bacteria (germ) called salmonella that is very hard to kill.
- Ensure that your pets are up-to-date with vaccinations.

Most women have four visits over this time. They are mostly routine checks. Women doing shared care will attend the hospital for all appointments after 36 weeks.

At 36 weeks

You

- May find it harder to move around because of your size
- May have trouble sleeping
- May feel like cleaning and changing rooms around

Your baby

- Is 47cm long
- Weighs 2500g
- Has changing movements because there is less space to move around
- Has fingernails that reach the ends of the fingers
- Should be in a head down position ready to be born
- Has a mature heart, digestive system and lungs

Group B streptococcus (GBS)

What is Group B streptococcus?

Group B streptococcus (GBS) is a common bacterium that is found in the body and is usually harmless. About 10 to 30 percent of pregnant women carry GBS in their vagina and/or rectum where colonisation is transient (it comes and goes). It comes and goes. It is important to note that GBS is not sexually transmissible.

Between 15 and 25 percent of pregnant women show no signs of carrying GBS. Sometimes GBS bacteria can cross to the baby during labour and birth and occasionally cause serious illness and even death in the newborn. This is known as early onset GBS.

Thousands of newborn babies come into contact with GBS during birth each year and remain well. Why some babies become sick from GBS is unknown. GBS is the most common cause of severe infection in the newborn and can occur in the first seven days of life. Of the small number of babies who do become sick, 90% will show signs of GBS infection within the first 12 hours of life. Despite not knowing exactly which babies are likely to become sick from GBS, risk factors have been identified.

Risk factors of GBS infection in the newborn

- You have had a child who has been sick with GBS as a newborn;
- You have screened positive to GBS during this pregnancy;
- GBS found in a urine sample during your pregnancy;
- Preterm labour (<37 weeks pregnant);
- A fever in labour >38°C; or
- Your waters breaking for more than 18 hours.

It was found in the UK that 60% of early onset GBS had one or more of these risk factors. If you are GBS negative or have chosen not to have routine screening and develop any of the above risk factors your midwife or doctor will recommend treatment with antibiotics in labour.

Are there any tests and treatment for GBS?

Routine testing for GBS is recommended in Australia. Swabs are collected from your vagina and rectum between 35 and 37 weeks of pregnancy. You may be shown how to take your own swabs.

The results take 48 hours and are either positive or negative to GBS. They are considered reliable for up to five weeks. With a positive result it is recommended you receive antibiotics in labour. With this approach approximately 25 percent of women will receive antibiotics in labour, and this is estimated to reduce the rate of GBS infection in newborn babies by approximately 80 percent.

Antibiotics will be given at the hospital or in the FBC once your labour establishes or if your waters have broken.

If you choose to birth at home with the CMP, antibiotics can be given at home by your midwife and are given into the vein, either by a cannula in your arm or back of your hand, which remains throughout your labour, or by a fine butterfly needle that is inserted only for the administration of each dose of antibiotic.

Benzylpenicillin is the antibiotic of choice and is usually prescribed four hourly until your baby is born. If you are allergic to penicillin, clindamycin is the recommended alternative and is administered eight hourly. Eighty percent of GBS bacteria will be susceptible to treatment with clindamycin.

To achieve the maximum preventative effect from the antibiotics, the first dose of antibiotics should be given at least four hours before birth.

Are there alternative treatments to antibiotics?

There is no reliable research evidence to prove the effects of alternative therapies in treating GBS prior to birth.

Risks from antibiotics

It is important to note that the administration of intravenous antibiotics doesn’t come without risks. These risks include:

- Even with no prior history of allergies, one in 10 people can develop mild side-effects such as diarrhoea, nausea or a rash
- Between four in 10,000 and four in 100,000 develop a life-threatening allergic reaction (known as anaphylaxis) to penicillin-based antibiotics if there is no history of an allergy to penicillin. Your midwife is trained to respond to any such situation.
- An increased likelihood of strains of bacteria becoming resistant to antibiotics from such a large number of women receiving antibiotics for GBS
- Antibiotics given to women during labour may pass through the placenta. This may affect the balance of a baby’s bacterial flora in their gut, which can affect immune development and may lead to an increased likelihood of allergies and asthma later in life.

Helpful hint

Pack your bag for your hospital stay. Refer to What to bring to hospital on page 59.

Did you know?

It is normal for your baby to be born any time between 37 and 42 weeks.

When labour starts too early – preterm labour

If you recognise any signs of labour before 37 weeks you should contact the hospital, Family Birth Centre or your midwife straight away.

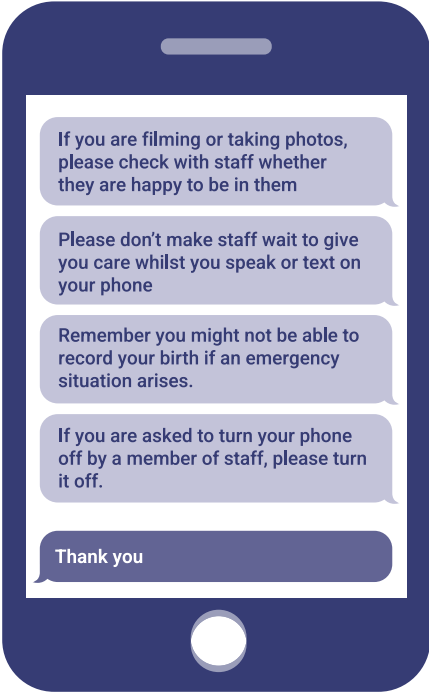
Remember

Children are not allowed in the Labour and Birth Suite at KEMH or in theatre.

The crèche is not available to patients at the time of birth, so now is a good time to make arrangements and have the peace of mind that your other children will be well cared for while you are away. At OPH, children are allowed in the birth suite under responsible parent supervision. No children are allowed in the theatre.

At the Family Birth Centre, children are able to be with you during your birth at your request.

Are you planning to use your phone in labour?
Things to consider...



What are the signs and symptoms of GBS infection in a baby?

In many cases symptoms of GBS infection are recognised at or not long after birth. Most babies show signs of GBS infection within the first 12 hours of life.

If you developed any risk factors before or during your labour, even if you received antibiotics, your midwife or doctor may advise you to be aware of the following signs and symptoms:

- High or low temperature - a well baby has a temperature between 36.5 and 37.4C
- Breathing faster than normal or very slowly - a well baby breathes between 40 and 60 breaths per minute
- Floppy and listless and unable to feed
- Pale or irritable
- High or low heart rate - a well baby's heart beats between 110 and 160 beats per minute

If your baby displays any of these signs or symptoms call the hospital, your midwife or GP immediately and go to your local emergency department as soon as possible. If you are in hospital notify staff immediately.

Monitoring your baby during your pregnancy

It's important to check your baby's heartbeat throughout pregnancy and when you are in labour to make sure your baby is okay.

The heartbeat can be monitored by:

Listening

The midwives and doctors check your baby's heartbeat with a Doppler monitor. This is placed on your abdomen to listen to the heartbeat. The midwife or doctor will do this at most routine visits and while you are in labour.

Recording

A CTG is a cardiograph which is a recording of your unborn baby's heartbeat. A graph is produced from the recording and your baby's heartbeat response to your womb's contractions or the baby's movements can be seen.

Examples of situations where you will be offered a CTG include:

- You are past your due date
- You have high blood pressure
- You have diabetes
- Your baby has been growing slowly
- Your baby seems to be moving less
- Your doctor or midwife is concerned about your baby

Things to talk about with your midwife or doctor

- Results of tests and investigations from your last visit
- Premature labour – what to look out for
- Who and when to call when you're in labour
- Labour and birth, what to expect and making a birth plan
- Planning for your hospital stay and going home with your baby (see page 69 for more information)
- Baby tests: vitamin K, hepatitis B and the Neonatal Screening Test.
- Pain management in labour – what you can do at home
- Planning for an elective caesarean birth



- Smoking and vaping
- Breastfeeding, including:
 - » The importance of 'skin-to skin' contact after the birth
 - » Demand feeding
 - » Getting positioning and attachment right
 - » Ask your midwife about an information session you can attend
 - » Exclusive breastfeeding to six months
 - » How often does a newborn baby feed
 - » The importance of 'rooming in'

Remember

In Australia, babies are not permitted by law to travel in a car without a restraint that is suitable for their age and weight. This includes for the trip home from hospital.

You should begin making plans for your return home before the birth of your baby.

For more information about child safety restraints in WA, visit www.kidsafe.com.au



Between 40 and 42 weeks



Between 40 and 42 weeks

You will have a routine check and the results of your Group B streptococcus (GBS) test will be discussed.

At 40 weeks

You

May have vaginal discharge around this time. This could be a ‘show’, a small amount of mucous and blood. It leaves the entrance of the womb (cervix) before labour begins. Sometimes you won’t even notice that it has happened.

Your baby

- Is 47-54cm long
- Weighs about 3400g
- Is fully matured
- Will decide when labour starts by sending a chemical signal to your womb

This visit will take place at the hospital clinic. You will have a routine check with a midwife and/or assessment by a doctor. Any tests and investigations will be reviewed.

General management of prolonged pregnancy and your options will also be discussed with you at this visit.

Things to talk about

- How do you know when you are in labour?
- When to come to hospital
- The possibility of caesarean
- Plan for a repeat elective caesarean birth
- The possibility of an induction (helping the labour to start)
- Breastfeeding
- Support at home
- Contraception and if it can be arranged before you leave hospital
- Postnatal depression and anxiety
- Birth plan and expectations of labour

Do you have questions about breastfeeding?

If you want to talk to a lactation consultant during your pregnancy or you have had a problem with breastfeeding in the past, an appointment can be made with the Breastfeeding Centre of WA (see contacts at the back of this booklet).

Management of prolonged pregnancy

What is prolonged pregnancy?

After 41 weeks your pregnancy is considered prolonged (overdue). About 10 percent of all pregnancies are prolonged.

Current evidence on management of prolonged pregnancy

The evidence available suggests that:

- There are very small additional risks to the baby after 41 weeks of pregnancy (the risk of stillbirth is about 1 in 1000)



- Beyond 42 weeks; however, the risks are increased further (to about 3 in 1000)
- There is no perfect way to monitor the health of every baby that is overdue
- An induction of labour when your pregnancy is prolonged (at 41 weeks and three days gestation) decreases the chance you will need a caesarean section

If your pregnancy is healthy, but clearly prolonged, you will be offered an induction of labour. If you choose not to be induced at this stage, you will be offered increased fetal monitoring.

Women wishing to await spontaneous labour

If your pregnancy is healthy but prolonged **and** you do not wish to have labour induced we recommend

- Fetal heart rate monitoring two times a week, and
- An ultrasound scan to assess the amount of amniotic fluid around the baby

At these visits your wellbeing is also assessed.

If you were planning a birth at home and your pregnancy goes beyond 42 weeks, a hospital birth is advised.

Induction of labour

When labour starts by itself it is called spontaneous labour. This is when you experience regular painful contractions of the uterus that open the cervix (neck of the uterus) to allow the baby to pass through.

A labour that is started by another method is said to be induced.

Why may I need an induction?

The most common reasons for induction are:

- There is a medical condition affecting either yourself or your baby that necessitates birth
- Your baby is overdue (pregnancy of 41 weeks and three days)
- Your baby is small for its age
- Your membranes have ruptured (waters have broken) and labour has not started by 18 hours after your water breaking
- Your blood pressure is high



When do I come to hospital?

Your doctor or midwife will discuss the reason for the induction and will book a date for this to occur.

Types of induction

What type of induction am I likely to have?

The type of induction you will have will depend on whether your cervix is 'ripe' or 'unripe'. You may need a combination of methods.

If your cervix is 'ripe' it has been naturally thinned and softened by the hormones present in your body and is ready to be opened by your contractions. Your doctor or midwife will break your membranes and/or administer an oxytocin infusion.

If your cervix is 'unripe' it is firm, long and closed and will need to be softened.

A hormone-based vaginal gel prostaglandin or cervical ripening catheter is used to soften and open an 'unripe' cervix, enough for the doctor or midwife to break your membranes.

Methods of induction
if cervix is unripe

An induction can be a lengthy process. It may be started in the morning or afternoon depending on what method for induction is chosen. Your support persons may be advised to go home as there are no facilities to accommodate them overnight.

Cervical ripening catheter

- Baby’s heart rate is monitored for 20 minutes using a CTG machine.
- The catheter is inserted through the opening of the cervix.
- The catheter is taped to the thigh with moderate traction on the cervix. This helps to soften and partially open your cervix.
- If the catheter has not fallen out in 12 hours the medical team will be advised and a review and management plan will be actioned. The catheter can be left in place for up to 24 hours.

This method is likely to be used if this is your first baby.

Prostaglandin hormone gel or tape

- Baby’s heart rate is monitored for 20 minutes using a CTG (cardiotocograph) machine.
- You will have a vaginal examination and insertion of gel or tape near cervix.
- Your baby’s heart rate will be monitored at intervals
- You will be assessed to identify if the prostaglandin hormone is ripening your cervix.
- Once your cervix has been ‘ripened’ by the above methods, a decision to break your membranes and or to commence oxytocin will be made by your medical team.

Methods of induction
if cervix is ripe

Artificial rupture of membranes (ARM)

If your cervix is already ‘ripe’ it may be possible for your doctor or midwife to break your membranes using a small hooked device.

This may trigger your body into going into labour; if not, an intravenous oxytocin (hormone) infusion will be started to bring the labour on.

Oxytocin

Oxytocin is a synthetic form of hormone. It stimulates contractions of the uterus in order to start labour. To administer this, a doctor or midwife will insert an intravenous cannula (small plastic tube) into a vein in your forearm. This is attached to an infusion line and a pump.

The oxytocin infusion is then started at a low rate. Which is increased every 15 minutes until your contractions are strong and regular. The infusion is continued until your baby is born. The baby’s heart rate will be monitored throughout this process.

What risks are involved with an
induction of labour?

Failure to ripen the cervix

The process used to ripen the cervix occasionally fails. This means your cervix may not soften or open enough for the membranes to be ruptured. If this happens and the induction is not urgent you may be sent home and re-booked for a second attempt at a later date.

If not, you may be offered an alternative induction method or you may require a caesarean section.

Overstimulation of the uterus

A rare side-effect of the vaginal gel and/or oxytocin infusion can be a strong and prolonged contraction.

Cord prolapse

This is extremely rare. When the waters are broken there is a very small risk of the umbilical cord slipping below the baby’s head with the fluid. This requires an immediate caesarean section.

Failure to establish labour

This sometimes occurs when the oxytocin infusion fails to produce contractions that open your cervix. You may need a caesarean section.

Will I need pain relief during my
induction?

Most women do not find the early stages of the induction process too uncomfortable. Paracetamol and natural pain relief such as hot packs and warm showers are helpful for period-type cramps. Discuss your options with your midwife as you go along.

In situations of high activity, you may give birth in a different hospital to where you received your antenatal care.





5 Giving birth

Giving birth

Preparing for labour

At around 30 weeks we encourage you to start thinking about your baby’s birth and your needs and expectations. This can help increase your confidence, to know what to expect and to prepare for the unexpected. Your midwife will talk to you about pain relief and answer any questions you have.

Childbirth education classes can help a lot with your labour plans. They can help to reduce your fears and worries by giving you good information and building your knowledge about what is going on and what you may experience.

What to bring to hospital

There is limited storage space available for your belongings in hospital, so please consider this when packing.

During labour

- Comfortable clothes for labour - a t-shirt, warm socks, knickers and tracksuit for afterwards
- Oil or lotion for massage
- Spray water bottle (non aerosol) for cooling
- Tissues
- Toiletries - soap, shampoo, toothpaste, toothbrush
- Energy food such as barley sugar, jelly beans, fruit bars
- Thongs or slippers
- Lip balm for dry lips
- Camera
- Own pillow (labelled) if desired

Support person

- Bathers and towel if you use the bath and shower during labour
- Coins for phone or parking meter
- Food – snacks, juice, special teas etc.
- **Please note there are no meals provided for your support person**

Mother

- Current medication
- Medicare card and/or private health insurance membership information
- Health Care card (if you have one)
- Loose, comfortable day clothes
- Nighties or pyjamas, dressing gown and slippers
- Maternity bras and one box of disposable breast pads
- Maternity (large) sanitary pads – several packets
- Toiletries including soap, shampoo, deodorant, toothbrush, toothpaste, brush/comb etc

Baby

- Nappies for use during your stay in hospital
- Baby soap
- Baby wipes
- Clothes and a blanket to take the baby home in
- A rear-facing baby car seat (suitable for a newborn) must be fitted into your car before taking your baby home

During your stay the hospital or birth centre will supply:

- Sanitary pads and nappies for use two hours after birth
- Clothes and beanies for your baby to wear while in hospital
- Blankets for your baby
- Towels and other linen

If you are planning to use formula to feed your baby, additional information will be provided for you. Please ask your midwife if you do not receive this information.

Who to call when you are in labour

If you think you are in labour and want to talk to a midwife, contact the Hospital you are booked to birth your baby at. If booked to KEMH or OPH you can call the Maternal Fetal Assessment Unit at **KEMH on (08) 6458 2222 and OPH on 6457 8148**. Those in the MGP, FBC and CMP call your midwife on his/ her mobile.

We advise that any personal items such as jewellery, mobile phones, cash, brought into the hospital are at the patient’s own risk and we do not take responsibility for any loss or damage, etc.

Please also note that there are no facilities available for heating food brought into the hospital.

Helpful hint

- Keep a list of important telephone numbers in your handbag, on the fridge or next to the telephone.
- Work out how you will get to the hospital and where to park.
- Stock up on things you may need after the baby is born, such as toilet paper, pads and nappies
- Make extra meals and freeze them.

Medication

What to bring when coming to the hospital:

Please bring all your medication including insulin with you to hospital in their original packaging if possible, including vitamins, herbal medicines, eye drops, creams, patches, puffers and any others you may take. Please also bring any Webster packs, Dosettes or other dose administration aids you may be using. If you have a list of your current medication, please bring this with you as well. Medication brought into the hospital should be handed to the ward midwifery staff to be stored in your medication cupboard. On discharge, your medication will be returned to you.

Please also bring with you, your Medicare card, along with your concession card, Health Care card, Repatriation Health Care card or Safety Net card if applicable.

What to pack for your stay

For you:



Medicare, private health and concession cards



Current medications



Comfortable clothing, sleepwear, slippers, dressing gown



Nursing bra and 1 x box of breastpads



5x packs of maternity or overnight pads



Personal care items e.g. toothbrush and paste, soap, deodorant, shampoo, hairbrush

For your baby:



1 x pack newborn nappies and baby wipes



Baby soap, cotton wool balls and cotton buds



Baby clothes and blanket for going home



Formula and feeding equipment if required
Formula, if you have chosen to formula feed.



Rear facing baby seat

If travelling home by car, the car must be fitted with a baby seat or capsule before taking your baby home, for child restraint guidelines and recommendations please visit www.kidsafe.com.au



Women and Newborn Health Service (WNHS) will not take any responsibility for the loss or theft of valuables, jewellery, monies and personal electronic devices.

These items should be given to a relative or friend on admission to WNHS. Should you choose to retain them at your bedside, WNHS does not bear any responsibility in the event of a loss.

Medication during your hospital stay

When you come to the hospital, you might be asked some questions in relation to medication:

- What medication are you are taking?
- What is the dosage of that medication?
- How often do you take the medication?
- When was the last time you took your medication?
- Who is your community doctor and pharmacist?

Once health care providers know what medication you are taking, a process called Medication Reconciliation is completed. Hospital pharmacists are available to assist you with information about your medication and answer your questions during your hospital stay.

The pharmacists also:

- Review your medication and work with your doctor to maximise the benefits and the safety of the medication you are receiving.
- Explain your medicines, including the purpose of your medication, how to take them, possible side-effects, and any other important information you may need to know.
- Dispense your medication while you are on the ward, and may dispense the medication you will need when you are going home.

Your birth plan

Writing a birth plan can be a useful thing to do to help prepare you for birth. You can find a birth plan in your National Women’s Health Pregnancy Record (NWHPR) which should have been given to you at your first appointment. As well as letting your partner and midwife know what your expectations are, the birth plan also helps you and your support person to explore what you might want in a variety of situations.

Some of the things you might like to consider and discuss with your midwife or doctor include:

- What you will bring to hospital to personalise your environment
- Methods of pain relief during labour and birth
- Positions for labour and giving birth
- Options for labour and birth in water
- Your preferences if there are complications or unexpected events

You should discuss your birth plan with your midwife or doctor during your antenatal appointments. Birth can be unpredictable and while your wishes will be respected, it may become necessary to change from your plan to protect the health of you or your baby. Being prepared and having back-up plans can help to reduce disappointment should this happen.

Support in labour

It is important to have a support person during labour, preferably someone who can stay with you the whole time. Research shows that a support person who is present throughout labour can reduce the need for pain relief, assisted vaginal birth and caesarean section.

The right support person can make a difference to your labour and how you feel, so choose them carefully.

Being upright and active during your labour can assist with your baby’s birth.

Choose someone who will help you do this, but who will also respect your wishes and speak up for you.

“I felt like I was in control, but I also felt secure in the knowledge that I was in the best possible hands if there was an emergency.”

SUSANNAH

Discuss with relatives and friends how you would like them to receive any news during your labour. You probably won’t feel much like entertaining visitors and lots of phone calls can be distracting. Some people organise a contact person who delivers the news to everyone and manages visits and phone calls.

Privacy laws prevent midwives from giving any information about you without your permission, even to family or close friends.

How do I know I’m in labour?

Labour can be difficult to describe because it’s different for every woman. It may help to understand what is happening to your body.

In the very early stages, your cervix begins to soften and thin. During this early stage you may experience some pain and discomfort, but often your contractions are not regular. Most women stay at home during this time.

In early labour you may have:

- A blood-stained mucous discharge called a ‘show’
- Lower back pain
- Period-like pain which comes and goes
- Loose bowel motions
- ‘Breaking waters’ (ruptured membranes), which may occur with a sudden gush or a slow leak; the fluid should be clear or slightly pink. If you think your waters have broken please call the hospital or your midwife immediately.
- A desire to vomit (it is quite common to vomit during labour)

When labour begins

It can be difficult to tell when labour has started. If you are unsure and you are booked to have your baby at KEMH you can telephone the hospital. If there are strong signs of labour, such as your waters breaking, regular contractions or blood loss you should call WNHS or your midwife immediately, depending where you had planned to give birth.

Ring the hospital and the midwife will ask you where you feel your contractions, how often the contractions come and how long they last. This will help the midwife to know how much your labour has progressed.

Depending on what is happening, the midwife may reassure you that it is okay to stay at home or she may ask you to come in so that you and your baby can be checked.

Usually, on arrival, you will be seen by a midwife or doctor in the Maternal Fetal Assessment Unit and then admitted to the Labour and Birth Suite.

If you are not in labour, or if the labour is not yet established, you may be advised to go home at this time. Research tells us that women labour much better if they stay at home in the early stages.

Community Midwifery Program

If you are having your baby with the Community Midwifery Program you should contact your midwife on his/her mobile at the first sign of labour. Your midwife will ask you where you feel your contractions, how often the contractions come and how long they last. This just helps the midwife to know how much your labour has progressed and what the next course of action will be.

Family Birth Centre

If you are booked at the Family Birth Centre, call your midwife on his/her mobile. Once she has asked you a range of questions, depending what is happening, the midwife may reassure you that it is okay to stay at home, or they may ask you to come into the FBC so that you and your baby can be checked.

It is important that you have your emergency contact numbers readily available in your homes and that you call either the Maternal Fetal Assessment Unit (KEMH patients) or your midwives on their mobiles immediately if you experience any of the following:

Contractions

Your uterus (womb) has already been practising with toning up contractions called ‘Braxton Hicks’ contractions. These contractions can be either irregular or regular and may continue for hours without changing in strength, frequency or duration. These contractions don’t last very long but can be uncomfortable.

Contractions that mean labour has started are different. These early contractions are usually (though not always) short and mild. They can last 30 to 40 seconds (the gap between them may be as long as 15 or 20 minutes) and can be painful. However, some labours begin with contractions closer together and rather intense. As labour advances you will feel the contractions in your abdomen or in your lower back, or both. This pattern varies between women.

The length of time between contractions is from the start of one contraction to the start of the next. Contractions become stronger and last longer as labour progresses. During contractions you usually have to concentrate and use the relaxation techniques and positions of comfort you have learned at preparation for childbirth classes.

You may be asked to observe your contractions to see whether they are getting closer together. If you would like to discuss how your labour is progressing, please ring the hospital.

Your waters break (ruptured membranes)

This means the sac that your baby has been growing in has broken. The water that has been surrounding your baby now starts to come away. You may have either a sudden gush or a slow trickle. Once your waters have broken, one of your baby’s barriers against infection is gone. It is important to phone the hospital or your midwife as soon as this happens. You will need to be assessed even if your contractions have not started.

Vaginal bleeding

It is not normal to bleed during pregnancy. If you experience any bleeding it is important that you phone the hospital and come in straight away. Please save and bring with you any pads or blood-stained clothing so the midwives and doctors can check the amount you have lost.

Change in pattern of baby movements

If you have noticed that your baby isn’t moving as much as it normally does please telephone the hospital, FBC, CMP, MGP or your midwife.

Any persistent abdominal pain

Especially if this is associated with bleeding.

Symptoms of high blood pressure

Some swelling of the hands and feet is normal in pregnancy. If any of the following occur please phone the hospital, FBC or your midwife:

- Significant and sudden swelling of your face and hands
- Headaches
- Blurred vision
- Upper abdominal pain

Remember

Will you need child care after the baby is born?

Child care can be in short supply in some areas. You may need to book a place well before the baby is born. Contact your local council for more information.

Stages of labour

First stage

Regular, usually painful, contractions cause the cervix to thin and open to 10cm.

In the early stages you may experience:

- Vaginal discharge, such as thick mucous stained with blood – ‘a show’
- Ruptured membranes (breaking of the waters)
- Diarrhoea
- Lower abdominal, period-like contractions that may be 10 to 30 minutes apart
- Dull backache

What to do

- Have regular drinks and small meals or snacks
- Call the hospital or contact your midwife
- A bath or shower can be helpful
- Go to the toilet regularly; every two hours
- Try to rest if it’s during the night
- Stay at home for as long as you can



In the later stages of labour you may experience:

- More intense contractions, becoming stronger and closer together; they may be three to five minutes apart (this is the time to come into hospital)
- Tiredness and restlessness

Second stage

This is from when the cervix is fully dilated (completely open), until the birth of the baby.

You may experience:

- Longer and stronger contractions with a one to two-minute break
- Pressure in your bottom
- The desire or urge to push
- Nausea and vomiting
- Stretching and burning in your vagina

Pushing

The pushing stage may last for more than an hour, but the length of time is different for each woman. The time spent pushing is usually quicker if you have had a baby before.

The urge to push can be overwhelming. Try to relax and allow your body to control its own breathing pattern.

If possible, get off the bed or try different positions on the bed.

As baby’s head moves down you may experience:

- Pressure, the feeling of wanting to go to the toilet
- Stretching and burning in your vagina

Third stage

This stage lasts from the birth of your baby until after the delivery of the placenta.

You may experience:

- More contractions to expel the placenta
- Feelings of soft fullness in the vagina

Delivering your placenta after the birth of your baby

To assist delivering the placenta, a hormone injection, oxytocin, is given to a woman after the baby is born; this is known as ‘active management of the third stage’. Oxytocin is the same hormone produced by the brain to get the uterus to contract in labour. The oxytocin is usually given in an injection in the thigh or arm.

In addition to giving the oxytocin, the cord is clamped and cut and the delivery of the placenta is helped by pulling (often called traction) on the cord by the midwife or doctor.

Why do we recommend active management of the third stage of labour?

Active management of the third stage reduces the risk of maternal postpartum haemorrhage (PPH) and shortens the third stage of labour. The recommendation for active management of third stage is based on current evidence for best practice.

Do I have to have active management of my third stage of labour?

No, if you choose not to have an active management of the third stage your decision will be respected. This is called expectant third stage management and it is associated with:

- A two-fold increase in postpartum haemorrhage (PPH), leading to possibility of blood transfusion
- Increased risk of blood and or iron infusion
- Increased risk of anaemia (this can make you tired and short of breath)

Your midwife or doctor will record your decision in your notes.

Delayed cord clamping

At some point after your baby is born the umbilical cord will be clamped and cut, separating your baby from the placenta which has nourished and provided oxygen to your baby during your pregnancy. The World Health Organization recommends that clamping of the umbilical cord is delayed for at least a minute post birth for all babies (WHO 2014). Delaying clamping of the umbilical cord post birth will enable your baby to receive more of the oxygen and nutrient rich cord blood and ease its transition into life outside of the uterus. In some cases babies may require assistance to breathe (resuscitation) post birth. Your midwife is available to answer any specific questions you may have regarding delayed clamping of the cord.

Keeping your placenta

Once you have birthed your placenta and the midwife has checked that it is complete, you may choose to keep it. If you choose to keep your placenta there are many things to consider, including issues around storage and disposal and the potential risk of infection. Please discuss this with your midwife. You will be required to sign a form confirming you will comply with the correct procedures. Please be aware that the Department of Health does not endorse the consumption of placentas.

Helpful hints

- Try to breathe deeply
- Follow your body’s urge to push
- Find a position that is comfortable
- Listen to your midwife who will guide you
- Concentrate on one contraction at a time
- Rest between contractions
- Change positions from sitting, standing and walking
- If you are hot, a cold face washer on the neck and face can be soothing
- Continue to drink plenty of water and eat light snacks if you feel like it
- A bath or shower can be helpful

If you decide you'd like to take your placenta home, it is recommended you bring with you a small cooler bag to transport the placenta home.

Natural pain relief and active birth

- Move around and change positions frequently. This can help you to cope with contractions. If you stay upright, gravity will help your baby to move down through your pelvis.
- Heat and water may help to ease tension and backache in labour. Apply heat and cold packs or try a shower or bath.
- Touch and massage can reduce muscle tension. Practise with your partner during your pregnancy and find out what you like.
- Use music to distract you.
- Some people find complementary therapies helpful. Some complementary therapies, such as acupuncture, should only be undertaken by a qualified practitioner.
- Eat and drink for energy.

Pain management in labour

Your experience of pain in labour can be influenced by a number of things like the environment in which you give birth, the support you receive, the position of your baby and the method of pain relief that you use.

Find out your options for pain relief before your labour and make sure your midwife or doctor knows what you want.

There are a number of natural and medical methods available for you to use in labour.

Although some of the non-medical methods have not been subjected to rigorous research, you may find them helpful and they are unlikely to cause harm.

Pain relief

Warm bath or shower

Available at: KEMH, OPH, FBC, CMP

Some women find a warm bath or shower can help ease the pain of labour.



TENS machine

TENS stands for Transcutaneous Electrical Nerve Stimulation. TENS is a small machine that is attached to your back and sends small electrical pulses through the skin and helps decrease the pain messages your brain receives. You can control the TENS machine yourself throughout your labour. TENS classes are available through the Physiotherapy Department at KEHM (not OPH).

Gas (known as Entonox™)

Available at: KEMH, OPH, FBC

The gas given to women in labour is a mixture of nitrous oxide and oxygen, sometimes known as 'laughing gas'. Gas may reduce the intensity of pain during a contraction and is found to be helpful by some women. It is inhaled through a mask or a mouthpiece during a contraction. You may experience nausea, light headedness and a dry mouth for a short time and become drowsy with frequent use.

Epidural

Setting up your epidural

- You will need to have an intravenous cannula and intravenous fluids running prior to insertion of the epidural.
- While the epidural is being put in, it is important that you keep still and let the anaesthetist know if you are having a contraction.
- It usually takes 10-20 minutes to set up and insert the epidural, and a further 5-10 minutes before it starts to work.
- Some epidurals do not work fully and need to be adjusted or replaced.
- Continuous CTG monitoring will be required post insertion.

Advantages of an epidural

- Usually provides excellent pain relief
- Sometimes a spinal is given first for a quicker effect
- Usually you can move about and still be able to push your baby out

- In general epidurals do not affect your baby
- Can be topped up for caesarean section if required

Disadvantages of an epidural

- Repeated top-ups with stronger local anaesthetic may cause temporary leg weakness and increase the risk of forceps or ventouse delivery (ie: assisted vaginal delivery)
- The epidural may slow down the second stage of labour slightly
- You may develop low blood pressure, itching or a fever during the epidural
- The epidural site may be tender but usually only for a few days. Backache is not caused by epidurals but is common after any pregnancy

Source: Epidural Information Card.
<http://www.lv.labourpains.com>

LabourPains.com is the public information website of the Obstetric Anaesthetists' Association

Risks of having an epidural or spinal to reduce labour pain		
Type of risk	How often does this happen?	How common is it?
Significant drop in blood pressure	One in every 50 women	Occasional
Not completely relieving the pain of labour, requiring adjustment, extra doses, re-siting, or consideration of other pain management techniques	One in every 10 women	Common
Severe headache	One in every 100 women (epidural) One in every 500 women (spinal)	Uncommon
Nerve damage caused by the epidural (numb patch on a leg or foot or having a weak leg)	Temporary - One in every 1,000 women	Rare
Nerve damage effects lasting more than six months	Permanent - One in every 13,000 women	Rare
Epidural abscess (infection)	Permanent - One in every 13,000 women	Very rare
Meningitis	One in every 50,000 women	Very rare
Epidural haematoma (blood clot)	One in every 100,000 women	Very rare
Accidental unconsciousness	One in every 170,000 women	Very rare
Severe injury, including being paralysed	One in every 250,000	Extremely rare

Monitoring your baby during labour

All babies will be monitored during labour by checking the baby’s heartbeat. The level of monitoring will depend on your medical history, whether there are any problems with your baby or whether there are any expected problems with the birth. Monitoring can be done in these ways:

Listening

The midwife or doctor places a Doppler monitor on your abdomen and listens to the baby’s heartbeat through your abdomen.

Continuous external monitoring

This is when an electronic monitor is attached to a belt around your abdomen. The monitor continuously records the baby’s heartbeat and any contractions on a paper printout. Some monitors restrict your movements, so ask if there’s one available that lets you move around.

Internal monitoring

This uses an electronic monitor that attaches a small clip to the baby’s head. It is mostly used if the quality of the external monitoring is poor.

Fetal scalp pH

This is when a few drops of blood are taken from your baby’s scalp (like a pinprick). It gives an immediate result on the baby’s condition in labour. This test is done if the doctors need more information than just continuous heart rate monitoring. The result will show if the baby needs to be born immediately.

Assisted birth

Forceps birth

Forceps are a special instrument placed around the baby’s head, inside the vagina to help guide the baby out. They may be used when the mother is too exhausted to push, the baby is in an awkward position or there are concerns for your baby’s wellbeing. Sometimes the forceps leave marks on the baby’s cheeks, but these soon fade. You will usually need an episiotomy.

Vacuum (ventouse) birth

This is more commonly used instead of forceps. The vacuum cup is made of either plastic or metal and is attached to a pump. The cup is inserted into the vagina and creates a vacuum against the baby’s head. This lets the doctor gently pull the baby out. It may cause a raised bruise on the baby’s head, but this soon fades, usually within a day. You may also need an episiotomy.

Episiotomy

This is a cut made in the perineum (tissue between the vagina and the anus). Sometimes it is necessary to make the vaginal opening bigger, especially if you need a forceps birth or if the baby is distressed. It is usually done with a local anaesthetic. You will need stitches afterwards. The stitches will dissolve by themselves and you will be offered ice packs to reduce swelling and pain.

We are committed to reducing third and fourth degree tears during your birth. For more information about third and fourth degree tears, please visit the publications section of our website.

Caesarean birth

A caesarean section is a major surgical operation in which your baby is born through a cut in your abdomen. It is usually performed under a spinal or epidural anaesthetic. Sometimes it is necessary to give a general anaesthetic to make you go to sleep.

Some caesarean births are planned in advance during pregnancy, if this is the safest option for giving birth. This is called an ‘elective caesarean’. In other cases, the decision to perform a caesarean is made during labour. This is called a ‘non elective’ caesarean.

A non-elective caesarean is recommended for the following:

- Concern for your baby’s wellbeing
- Your labour is not progressing
- There are maternal complications, such as severe bleeding or severe pre-eclampsia (high blood pressure)
- There is a life-threatening emergency for you or your baby

What to expect if you need a caesarean:

- You are likely to be in the operating theatre for well over an hour
- Your baby will remain with you during that time where possible and you are encouraged to share skin-to-skin time in both the operating theatre and recovery
- Unless you are having a general anaesthetic, in most cases your partner can be with you in the operating theatre
- Your anaesthetist will look after you continuously from when you arrive until when you reach the recovery room

- As much as possible your midwife will stay and look after you and your baby in the theatre and the recovery area before taking you both to the postnatal ward.
- You midwife will apply white TED stockings to prevent blood clots forming in your legs (deep vein thrombosis - DVT). You will be expected to wear these during the length of your hospital stay.
- The midwife will help you with breastfeeding.

Important information - caesarean admission

For caesareans scheduled Tuesday to Friday, please call the Day Surgery Unit (DSU) between 5pm and 6pm, the evening before your admission, on (08) 6458 1459.

The DSU will:

- Confirm your admission
- Tell you what time to arrive for your caesarean
- Provide fasting instructions

For caesareans scheduled on a Monday, please call between 5pm and 6pm on the Friday before.

Special instructions

- Have your blood test to check your blood group at the date and time discussed with your midwife in your caesarean clinic or with your doctor.
- Do not shave, wax or use hair removal cream prior to your caesarean surgery.
- Shower with soap on the morning of your operation but do not use talcum powder, deodorant or perfume.
- Remove all jewellery and nail polish.

For elective caesareans at OPH

- The date of your surgery will be given to you, along with medication, in the antenatal clinic or by your GP or obstetrician.
- On the day, please come in at 6.30am fasted, and present at the main entrance reception. You will then be guided to the maternity unit.

Enhanced Recovery After Surgery (ERAS)

Enhanced Recovery After Surgery (ERAS) is the innovative approach to improve your experience and recovery following caesarean section.

WNHS has an ERAS program for women undergoing caesarean section. This is an evidence-based approach designed to help you recover from surgery sooner so that your life can return to normal as quickly as possible and you are better able to care for your new baby.

As part of this program we will:

- Encourage you to eat and drink normally the day before your operation
- Facilitate skin-to-skin contact with your baby in theatre, if you are both well
- Encourage you to eat and drink as soon as you feel able after your operation.
- Remove the tube (cannula) from your vein as soon as you are drinking normally
- Assist you to get up and about after your operation. This is important as it can aid your recovery, and help reduce the chance of developing a blood clot in your legs.
- Ensure you have adequate pain relief to move easily and we expect you to be able to get out of bed on the evening of your operation
- Remove the tube (catheter) from your bladder once you are able to walk to the toilet

- If your baby is unwell or needs to be monitored, they will go to the Intensive or Special Care Nursery while you are still in theatre or recovery
- After surgery, a number of different pain-relieving medication will be offered to you by the anaesthetist

Water birth

You may be considering using water for pain relief during the first stage of your labour or having a waterbirth.

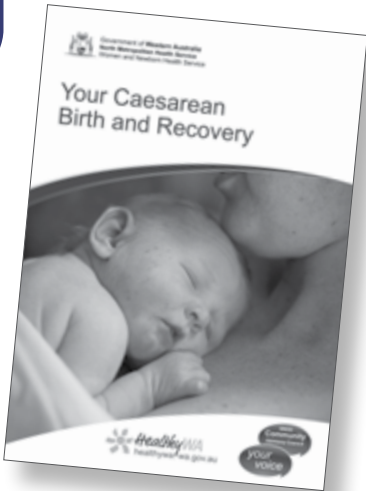
WNHS has developed statewide guidelines to enable midwives and doctors to provide care that is considered safe for healthy pregnant women choosing to use water during labour and/or birth.

Benefits for you and your baby

- Water immersion in a bath or a pool during the first stage of labour has been shown to decrease the need for pain-relieving drugs and make the experience more enjoyable for women.
- Waterbirths are associated with minimal risks for both the woman and baby when care is provided by midwives and/or doctors who follow best practice guidelines.

Exploring your choices

- Write down what you would like in your birth plan.
- Talk to a midwife and/or doctor to find out more information, in particular:
 - » Whether there are any reasons why immersion in water is not advisable for you
 - » The benefits and risks to you and your baby
 - » Details about when you would be required to leave the water.
- You will be asked to sign an agreement form if you choose to use water for your labour and/or birth.



Common concerns about using water for labour and/or birth

You and your baby may get too hot

If your body overheats your baby may also get too hot and this can cause the baby’s heart rate to increase. You should feel comfortable in the water but not too hot. Your midwife will check the water temperature regularly while you are in the water during labour and/or birth.

Infection control

There are strict guidelines for keeping the water clean during labour and for cleaning the bath or pool to minimise the possibility of infection.

Prevention of water inhalation

If you choose to stay in the water to birth, your baby should be born under the water, then gently but immediately lifted out into the air. Your baby’s head should then be kept above the water so that breathing can start and potential inhalation of water can be prevented.

Who can use water for labour and/or birth?

You and your baby must fit all of the following criteria to use a bath or pool for your labour and/or birth:

- Be healthy with no medical or pregnancy complications
- Be having only one baby who is presenting head first
- Be at least 37 weeks pregnant
- Not be a carrier of, or infected with, HIV, hepatitis B or C virus
- Not be excessively overweight at booking
- Your baby’s heart rate must remain within the normal range
- You must not enter water until four hours after receiving an injection for pain relief

Conditions for using water during your labour

- You must never be alone while immersed in the water.
- You must not require continuous fetal monitoring (often required with induction of labour).

- The midwife or doctor will advise you about the best time to enter the water.
- The bath or pool must be filled with only pure tap water with no additives such as bath oils, gels, soaps or salt.
- When sitting in the bath or pool the water should reach the level of your breasts.
- You should feel comfortably warm.
- You can leave the water at any time.
- You must leave the water to urinate.
- You should keep well hydrated throughout labour to avoid dehydration.
- You must leave the water when advised to do so by the midwife and/or doctor:
 - » If there are changes in the baby’s heart rate
 - » If the colour of your waters are not clear.
- You cannot have an injection for pain relief or an epidural when in the water but it is possible to use Entonox (gas and air) if desired.



If you choose to birth in water

- All the conditions for using water during labour must be met at all times.
- You must leave the water if the midwife or doctor is concerned about you or your baby's wellbeing and safety.
- You must be assisted when you leave the water to avoid any injury to you or your baby.
- Your baby must be brought to the surface as soon as he/she is born and the head must then remain above the water at all times.
- The baby must be kept warm after birth using skin-to-skin contact, drying the head and keeping the rest of the body under water.
- The baby must be removed from the water immediately if he/she needs help to breathe.
- You must leave the water for the delivery of the placenta after the baby is born unless you want to have a natural 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 wish to seek out more information about the use of water for labour and/or birth which will help you to be fully prepared for the experience.

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



6
After the birth

Did you know?

Skin-to-skin contact after birth helps baby:

- Regulate breathing
- Maintain blood sugar levels
- Encourages instinctive feeding behaviours

Visiting hours

Check online for the most up-to-date information for KEMH, the Family Birth Centre and OPH.

After the birth of your baby

After the birth you will hopefully have the chance to spend some quiet moments cuddling and enjoying skin-to-skin contact with your baby. Parents are often filled with wonder when they meet their new baby and find themselves counting fingers and toes and examining their baby for family resemblances. Enjoy these special moments together as a family and take time to get to know each other.

Immediately after birth

After the birth of your baby the midwife or doctor will examine you and your baby to make sure you are both well.

- Uninterrupted skin-to-skin contact should be maintained with your baby for at least an hour, and then as often as possible.
- Common practices such as early weighing, bathing or passing around your baby should be delayed until after the first feed if possible.

Your baby

- The umbilical cord is clamped and cut. This does not hurt your baby. Eventually the dried piece of cord turns black, dries up and usually falls off five to seven days later.
- The Apgar score is recorded. This is a check of your baby’s health, including breathing, heart rate and colour. This is done at one minute and at five minutes after birth. The Apgar score simply tells your carers how well your baby has made the journey from inside the womb to outside life.
- The baby’s weight is recorded.
- Your midwife will apply an external oxygen saturation probe on your baby’s right wrist, to monitor oxygen levels and heart rate while breastfeeding.
- Two identification bands with your details will be applied on your baby’s feet. These must stay on at all times during your hospital stay and if they fall off, let your midwife know and your baby will have them replaced.

You may notice that your baby has some swelling or bruising, or your baby’s eyes may look a little puffy. Babies who have been born with the help of forceps or vacuum suction may also have a slightly misshapen head from the birth. This is all very normal and is only temporary.

Other things you may notice include:

- The baby’s first poo (called meconium) will be black and very sticky. After a few days it will turn yellow.
- There is a soft spot on top of the baby’s head (called the fontanelle) where the bones have not yet come together. It is safe to touch this spot gently.
- The genitals can sometimes be swollen in boys and girls. Girls may also have some white or bloody vaginal discharge caused by mother’s hormones.
- A rash can appear on the face or body in the first days after birth. This is common and will fade away but your baby will be checked every day.

You

- Will frequently have your pulse and blood pressure taken
- Will have your uterus checked. The midwife will gently push on your abdomen to feel if it is firm and has contracted
- May need stitches in your perineum or labia

- May be offered icepacks if you have had stitches
- Can shower and use the toilet
- Will be offered pain relief if you need it

If you are transferred to the postnatal ward this will usually be within two to three hours after the birth of your baby.

You and your baby will stay together during your hospital stay. A midwife will care for you and will help you with looking after your baby. When you arrive in the ward the midwife will show you around and explain what you need to know.

If you and your baby are well enough, you can expect to go home from four hours after an uncomplicated vaginal birth, and between 24 and 72 hours after a caesarean birth. At the Family Birth Centre, you can expect to go home at around 4 hours after birth unless you or your baby need to be transferred to the main hospital for additional care.

If you are having a home birth your midwife will leave you between two to three hours after birth. Your midwife will return to check on you within 12 to 24 hours.

Preventing falls for you and your baby

Some mothers may have a risk of falling after having a baby.

As a new mother you have an increased risk of falling or accidentally dropping your baby if you:

- Are very tired, disorientated or drowsy
- Have had an epidural, spinal, general anaesthetic, sedation or other pain relief
- Have had bleeding during pregnancy, birth or in the postnatal period
- Have certain medical conditions such as epilepsy, low blood pressure or diabetes
- Are wearing badly fitting shoes or socks
- Have a visual or physical disability



Preparing to go home after the birth of your baby

The health and safety of you and your baby is our priority. Discharge will only occur when it is clinically appropriate and safe to go home.

You will be ready to go home when these things are done:



Mother ready

- ✓ Health check
- ✓ Eating and drinking
- ✓ Passing urine
- ✓ Any pain managed
- ✓ Moving/walking
- ✓ Understanding of any ongoing healthcare needs
- ✓ Social, cultural and emotional needs have been considered
- ✓ Awareness of your baby's physical, social and emotional needs
- ✓ Received referrals/instructions for follow up treatment and checks.



Baby ready

- ✓ Health check
- ✓ Have a feeding plan
- ✓ Vitamin K and Hepatitis B considered
- ✓ Birth registration paperwork and purple Health Record given and explained
- ✓ Received referrals/instructions for follow up treatment and checks.



Home ready

- ✓ Discharge medication arranged
- ✓ Transport and baby car seat arranged
- ✓ Understanding and awareness of available support services
- ✓ Discharge paperwork completed
- ✓ Social and home environment have been considered
- ✓ Safe sleeping environment for baby discussed.

Before leaving hospital, make sure that any questions or concerns are addressed by your healthcare team.

The length of your hospital stay will vary depending on your individual circumstances and healthcare needs. You will be ready to go home when all of the above things are done, which could be:

- From 4 hours after a vaginal birth.
- From 24 – 72 hours after a caesarean birth.



1800 136 1317

To help prevent falls

Use your call bell if you require assistance

Keep your baby safe

After birth when you are tired, have been given medication for pain or to help you sleep, you are at increased risk of accidentally dropping your baby. Please use your call bell to ring your midwife before you lift your baby in or out of their cot. They will help supervise the feed and make sure you are both safe.

If your baby is unwell

If your baby is premature or unwell you will receive additional advice and support.

We will encourage you to express breast milk if your baby is unable to feed from the breast, starting as soon as you can after birth and within

three hours and then about eight to 10 times per day. The midwife will assist you with expressing.

- Take your time when getting up from sitting or lying down. Let staff know if you feel unwell or unsteady on your feet. Use stable objects for support.
- Wear safe footwear. Only walk around in non-slip shoes.
- Use a shower chair when showering.
- Use the rails to get off the chair or the toilet. If you feel unsafe in the bathroom, remain seated and call for assistance.
- Familiarise yourself with your room and bathroom. Be aware of any hazards (eg: spills and clutter) and tell staff when you see them.
- At night, use the light button on the call bell to turn the light on before getting out of bed. Turn the light on in the bathroom.

If you have a fall, do not try to get up, call for assistance.

Do not get up on your own, wait for staff to help you.



Tests and medication for your baby during the first few weeks of life

You will be asked for your permission before any special treatments or tests are done. If you don't understand why the test or treatment is needed, ask for more information.

Newborn vitamin K

It is recommended that babies be given a single dose of vitamin K injection or three doses orally, the first within a few hours of birth. Newborns may be low in vitamin K in the first eight days of life. Vitamin K is needed to help the blood clot and to prevent bleeding.

Hepatitis B

What is hepatitis B?

- Hepatitis B (hep B) is a viral infection that attacks the liver and can cause serious illness.
- Hep B can lead to scarring of the liver, liver cancer or even death.
- While most adults will recover completely from hep B and can't catch the disease again, most babies who are infected with hep B will become long-term carriers.
- Carriers may have no symptoms and feel well, but they can infect others.

How do you get hepatitis B?

- Hep B is much easier to catch than HIV/AIDS.
- The virus can live outside the body for more than seven days.
- It is spread by:
 - » Blood-to-blood contact (only needs a tiny amount)
 - » Bodily fluids
- Hep B is not spread by contaminated food or water and cannot be spread casually in the workplace.

How does your baby get hep B?

- From even a very small amount of blood (eg: through contact between open sores or wounds)
- Through other body fluids including
- saliva (eg: a human bite)
- By sharing any personal items, such as a toothbrush with someone infected with hep B.

Why vaccinate your baby?

- The hepatitis B vaccination provides immunity to the disease.
- Hepatitis B is much more likely to develop into a long-term infection in people who are infected at birth or when very young.
- Up to 90 percent of infants infected at birth remain infected for many years (ie: they become carriers and can infect others)
- Most of the serious complications that can occur with hep B occur in carriers.

Hepatitis B vaccine

- The hep B vaccine is known to be both safe and effective.
- Since 1982, more than one billion doses of the hep B vaccine have been given worldwide.
- Side-effects are not common - there may be soreness at the injection site and, in a very small number of babies, a mild fever.

Newborn blood spot screening test

Bloodspot screening – often referred to as the “Guthrie” or “heel-prick” test – is an important health check for your baby that can help detect serious genetic conditions that may not be obvious at birth.

The test can detect conditions in your baby before he or she becomes ill and while there is still time for treatment to make a difference.

About one in 1000 babies will be born with one of these conditions but most will seem healthy, showing no early signs of the underlying illness. Without early treatment these conditions can cause irreversible physical and/or intellectual disability – even death.

You do not need to have a family history of these conditions for your baby to be at risk – most babies with these conditions come from families with no history of the condition.

The screening test is strongly recommended for all newborns. Your doctor or midwife will seek your consent to perform the test and can answer any further questions you may have about the program.

The test is provided free to all babies and has been a routine part of Australian newborn care for more than 50 years. It currently finds about 35 babies with a condition in WA each year.

There are 25 conditions covered by this screening, including congenital hypothyroidism, galactosaemia, cystic fibrosis, amino acid disorders, fatty acid oxidation disorders and organic acid disorders.

Hearing screen

A small number of babies are born with a hearing loss that could affect their speech and language skills. Hearing loss may not be obvious in the first few weeks of life but can be detected by a hearing screen. You will be given the results as soon as the screen is completed. Ongoing hearing tests will also be part of your care in the community via your local Child Health Clinic.

Going home

Childbirth is a natural process and one which mothers, family and friends share together. Planning to go home as soon as possible means that the experience of the new baby is shared in the comfort of your own home.

Once you and your baby have been checked, the doctor or midwife will let you know when you may go home.

If you and your baby are well enough, you can expect to go home from four hours after an uncomplicated vaginal birth, and between 24 and 72 hours after a caesarean birth. At the Family Birth Centre, you can expect to go home about four hours after birth unless you or your baby need to be transferred to the main hospital for additional care.

Following discharge, you will receive continued care from the Visiting Midwifery Service for up to five days following birth.

This service offers postnatal care for you and your baby in your home environment. For those outside the hospital boundaries, follow-up care can be received from your local hospital, child health nurse and/or GP. Other support services are available depending on individual circumstances and these will be discussed with your midwife if required.

If you have changed your address or telephone number recently, or intend to stay at a different address, you need to let your midwife know to update your contact information.

In some instances when a hospital stay is extended, you may be required to transfer to another hospital for postnatal care.

Once you and your baby have been checked and the doctor or midwife has decided that it is clinically safe and appropriate for you to be discharged, you will be informed that you may go home.

We ask that you have made suitable arrangements for going home so that you can leave soon after being formally discharged by your healthcare team.

Discharge medication at KEMH

Any medication you require when you go home can be provided by the WNHS Pharmacy. Getting your medication from the hospital pharmacy is likely to cost around the same amount as having it dispensed at your community pharmacy.

All discharge and outpatient prescriptions at WNHS will require a payment. The cost of these medication will be as per the patient contribution set out by the Pharmaceutical Benefits Scheme and the Health Department in January each year.

The pharmacist, midwife or doctor will discuss payment with you. When you receive your discharge or outpatient medication, you will be given an invoice and may go to the hospital cashier to pay for your medication on your way home.

Alternatively, you can choose to be invoiced, and an account will be sent to your home address. You may then pay according to the directions on the payment advice. Options include paying over the phone, B-Pay and credit card billing.

If you believe you will experience difficulty in paying for the medication please talk to your midwife or doctor, or contact the KEMH Social Work Department on (08) 6458 2777 or the OPH Social Work Department on (08) 6457 8165 or (08) 6457 8410).

KEMH cashier opening hours:
Monday - Friday, 8.45am – 4.45pm
(closed weekends and public holidays)

OPH cashier opening hours:
Monday – Friday, 9am - 3pm

At the time of discharge

At the time of discharge you may receive a supply of medication dispensed by the hospital pharmacy for you to take home, especially if your medication have been changed during your admission. Please read the labels on your medicines carefully to ensure you are not taking duplicates of medication previously prescribed by your community doctor (GP).

Your pharmacist or midwife will explain your medication and provide additional counselling and/or an updated medication list if required.

Support at home

When planning to go home from hospital it is a good idea to organise an extra support person to be with you for the first week. Talk to your partner and family about rearranging household tasks and making sure you find time to be together with the new baby.

Your partner or support person can help with:

- Answering the phone/door
- Keeping visitors to a short stay
- Ensuring you get enough rest during the day
- Caring for other children and keeping their daily activities as normal as possible
- Preparing meals
- Shopping
- Housework

Visiting Midwifery Service

The Visiting Midwifery Service (VMS) is available to most women attending KEMH and the Family Birth Centre who reside within about a 40km radius of the hospital. Women who live outside this limit can see their GP, child health nurse or local hospital for postnatal support.

The VMS operates seven days a week (including public holidays) and can be contacted on (08) 6458 1530.

They will also answer any questions you may have and provide advice and support about care for you and your baby.

The midwife will visit you at home each day until your baby is five days old, or longer if needed. The community child health nurse will then be available to continue your care at clinic visits.

The service operates seven days a week, including public holidays. Please be available for the midwife’s visit between 8am to 4.30pm each day. Due to distance and time constraints we are unable to give allocated times for each visit.

Things you can do at home to relax

- Take 30 minutes time out just for you
- Have a bath
- Go for a walk
- Keep a journal to write in
- Read the paper or a book

- Sleep when baby sleeps
- Accept help from friends and family
- Tell people what you need

Postnatal care and the first six weeks

After giving birth to your baby, your body may take up to six weeks or more to feel normal again. This six-week period can be a lovely opportunity for bonding and spending time with your baby. It is also a time when you may feel very up and down emotionally. Allow yourself time to recover; accept any help that is offered and use every opportunity to rest.

After pains

You may experience contraction-like pains for the first couple of days after the birth, especially while breastfeeding and more so if this is not your first baby. This is quite normal. After pains can usually be helped with ordinary pain-relief tablets.

Bleeding

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

Contact your GP or the WNHS Emergency Centres if:

- You are concerned about the amount of bleeding
- You pass clots larger than a 50-cent coin
- The bleeding stops and then starts again suddenly, and becomes bright red again
- You have a fever, chills or generally feel unwell
- Your vaginal discharge has a bad odour
- You have increasing pain in your wound or your stitches are hot and red

Codeine-containing products are not recommended while breastfeeding.

If you have difficulty managing your pain, contact your doctor, pharmacist or midwife for more information.

Pain relief after the birth of your baby

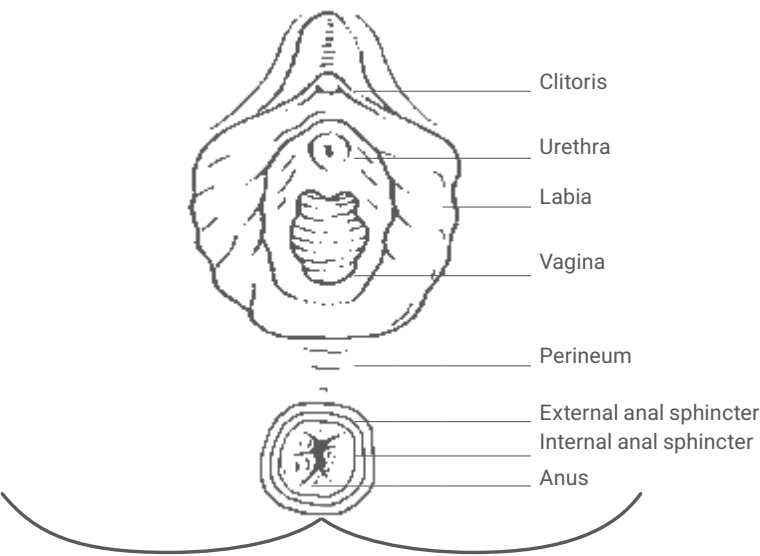
A number of pain medication may be safely used while you are breastfeeding. Paracetamol is recommended for mild pain and is safe to use. Anti-inflammatories such as ibuprofen and diclofenac are also considered safe to use.

The perineum

The perineum is the skin between the vagina and the anus, which thins out and stretches as the baby is born. Many women will need stitches (sutures) to repair any tears or cuts (episiotomy) of the perineum that occur during childbirth. Perineal tears are graded by the extent of the tear.

These are:

- **1st degree tear** is a small skin-deep tear which usually heals naturally without stitches
- **2nd degree tear** involves skin and muscles of the perineum (pelvic floor muscles)
- **Episiotomy** is an intentional cut made through the vaginal wall and perineum
- **3rd degree tear** extends from the vaginal wall and perineum to the anal sphincter, which controls the anus. A 3a or 3b tear involves the external anal sphincter and a 3c involves the external and internal anal sphincters
- **4th degree tear** extends from the vaginal wall and perineum, through the anal sphincters to the lining of the anal canal



Caring for your stitches

- Keep clean – by showering daily, plus using the shower hose or pouring water over the area every time you go to the toilet
- Avoid using soap
- Keep dry – pat gently with a clean towel
- Change pads every two to three hours
- For six weeks avoid: Soaking in baths, creams, powders, tampons

Reducing discomfort and swelling

- **Crushed ice** – place in a plastic bag, wrap in a damp clean cloth and apply directly to swollen area for 10 minutes, every two hours, until swelling has resolved.
- **Position** – lie flat on your bed or rest on your side every few hours. Avoid sitting for long periods.
- **Compression** – wear a double pad pulled up with firm fitting underwear.
- **Ultrasound therapy** – contact the ward physiotherapist or Physiotherapy Department if discharged (see *Physiotherapy after childbirth* booklet).
- **Pelvic floor exercise** – four or five gentle squeezes and lifts every time you feed your baby will help reduce bruising and swelling. See *Physiotherapy after childbirth* booklet.
- **Pain relief** – take two paracetamol tablets, no more than every six hours.
- **Bowels** – avoid straining. Support area between vagina and anus with a wad of toilet paper with your first bowel motion. See *Physiotherapy after childbirth* booklet.

Healing

- The perineum usually heals in two to three weeks.
- Stitches can take between 10 and 90 days to dissolve. This will depend on the type of material they are made from. Your stitches will not need to be removed and small pieces may fall away from time to time, when they are ready to come out.

In hospital your stitches should be checked daily. If you have a concern please speak to your midwife.

Let your midwife know if you have any:

- Increase in pain or bleeding
- Smelly discharge
- Bladder discomfort or burning when passing urine
- Pain or difficulty using your bowels

After discharge from hospital see your doctor if you have any of the above problems.

What to expect after 3rd or 4th degree tears

1. Early management

- Antibiotics – you will be given a course of antibiotics to reduce the risk of infection
- Laxatives – you may need to take laxatives for four to six weeks to prevent constipation. A soft-formed stool makes it easier to open your bowels. However, if the stool becomes loose or runny it can be difficult to control and you will need to reduce the laxatives.

2. Long-term effects

- Most women who experience tears will be back to normal after 12 months.
- Having a 3rd or 4th degree tear puts you at increased risk of:
 - » Reduced control over wind
 - » Urgency to open bowels
 - » Leakage (incontinence) of urine or faeces
 - » Perineal pain
 - » Pain during sexual intercourse

3. Vaginal births

- When planning future births, we recommend seeking advice from an obstetrician. Advice will vary with individual circumstances, the reason for your tear and your subsequent pregnancy.

Pelvic floor exercises

The muscles in your pelvic floor have been stretched after the birth of your baby, so it is an important part of your recovery to help them return to normal. If you have had stitches, you may feel reluctant to start exercising your pelvic floor muscles. Whether you have had stitches or not, you should be able to start your exercises between one and two days after the birth. If you have been doing these exercises during your pregnancy, you will notice that they may feel very different (Refer to your *Physiotherapy after childbirth* booklet).

Caesarean wound care

After you have had a caesarean birth there will be a dressing covering your wound.

Contact the hospital or your GP if you notice any of the following:

- Wound redness or discharge
- Fever or you are feeling generally unwell
- Increasing pain

Always wash your hands before and after touching your wound.

Once your wound dressing has been removed:

- Gently wash with water when in the shower
- Leave it to ‘air dry’ or gently dry around your wound with a clean towel
- If your clothes are rubbing your wound, place a clean sanitary pad between the wound and your clothing. You may wish to purchase underwear and clothing with a higher waistband to prevent rubbing
- Staples/stitches will be removed as instructed by the doctor. They may be removed at hospital or at home by the visiting midwife.

Remember

Before you go home be sure to speak to your midwife about:

- Positioning your baby for breastfeeding
- How you will know if your baby is getting enough breast milk
- Expressing breast milk either by hand or pump
- Changing nappies
- Bathing your baby
- How to settle your baby
- Exercises for your back and pelvic floor
- Postnatal depression and anxiety
- How to take care of yourself
- Who to call if you need help
- Support services close to home
- Safe sleeping environment for baby

“My GP put me in touch with a range of community services. It made me feel like I wasn’t alone and that there were people out there who could help me.”

THUY

Contraception

Your options for contraception will be discussed with you before you leave hospital. It’s safe to have sex following the birth of your baby once any bleeding has stopped. You may feel reluctant to have sex even after a number of months, especially if you have had problems with your pelvic floor or stitches. Discuss any problems that continue after six weeks with your family doctor or child health nurse. After you have given birth, pregnancy can still occur, even when you are breastfeeding. We encourage you to think about contraception before you give birth and discuss with your midwife or doctor the methods of contraception that are suitable for you after birth.

Sexual intercourse

Women resume sexual intercourse at varying times, this may be around six weeks or whenever you feel comfortable. If you experience any discomfort, Physiotherapy can help. For contact details of Womens Health Physiotherapists see *Physiotherapy after childbirth* booklet.

Your extras

Six-week postnatal check

After you leave hospital, your child health nurse or GP will be able to provide you with ongoing care and advice about your baby.

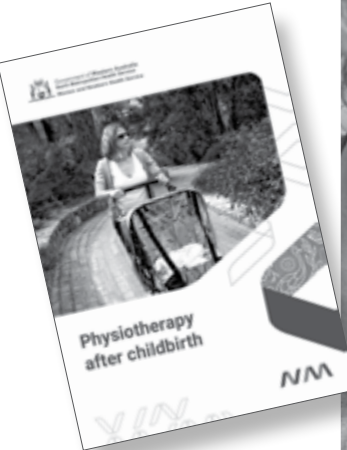
At six to eight weeks after the birth of your baby you will need to make an appointment with your GP for a check-up for both you and your baby.

If you have concerns about yours or your baby’s health within the first six weeks, please arrange to see your GP sooner.

(OPH)



KEMH



Scan for booklet



During your check-up, your GP will:

1. Check your baby

Some serious medical conditions can be picked up early at the six-week check, such as:

- Hip problems
- Eye problems
- Heart problems
- Developmental problems

2. Check yourself

Your six-week check is a good time to discuss your health and wellbeing after the birth of your baby.

Your GP will check:

- Your healing after labour or caesarean section
- Your mental health for signs of postnatal depression or anxiety
- If you need cervical screening

If you had diabetes during your pregnancy, let your GP know. You will need to have a blood test to check for diabetes about six to eight weeks after having your baby, then every one to two years. Your GP will give you a request form for this test.

3. Discuss your baby’s immunisations

The first immunisations are due when your baby is eight weeks old. Your baby will be immunised for:

- Diphtheria, tetanus and whooping cough
- Hepatitis B
- Polio
- Haemophilus influenzae type B (Hib)
- Pneumococcal disease
- Rotavirus

These vaccines are given in two injections and the rotavirus vaccine is given by mouth.

When your baby is older, immunisations are given for:

- Measles, mumps, rubella (German measles)
- Meningococcal C (one form of meningitis)
- Varicella (chicken pox)

For more details, call the Immunisation Information Line on 1800 671 811 or visit www.immunise.health.gov.au

4. Discuss immunisations for you

Some mothers need a booster vaccination against:

- Rubella

It is also recommended that all new parents and people who will be caring for newborns babies get a whooping cough booster vaccination to help prevent them from passing whooping cough to the baby.

You can discuss this with your GP.

5. Discuss family planning

This is a good time to discuss what contraception you would like to use. Options include the contraceptive pill, hormonal implant or injection, an intra-uterine device (IUD) barrier methods. The choice will depend on whether you are breastfeeding, if you have any medical conditions, and your personal preferences.

6. Answer your questions

You can discuss any issues you are having with parenting your baby, such as sleep or feeding difficulties.






Your GP is able to refer you to many different services to assist you, including your local child health nurse.







Remember to take your baby’s purple ‘All About Me’ book to your doctor’s appointment.

Contraceptive methods

Perfect use – when the rules are followed perfectly **every** time.

Typical use – real-life use where mistakes can sometimes happen (for example: forgetting a pill or condom not used correctly).

Contraceptive methods that don't depend on you remembering to take or use them.				
	What is it?	Effectiveness	Advantage	Disadvantage
<div>Contraceptive implant (Implanon®)</div> 	A small, flexible rod inserted under the skin of the upper arm that releases progesterone.	Perfect use: over 99% Typical use: over 99%	Effective for 3 years but can be removed sooner.	Irregular bleeding is common in first few months. Scarring can occur.
<div>Hormonal intrauterine system (Mirena®, Kyleena®)</div> 	A small “T” – shaped, progesterone releasing plastic device which is inserted into the uterus (womb). A low dose option (Kyleena®) is available.	Perfect use: over 99% Typical use: over 99%	Works for 5 years but can be removed sooner. Mirena® can be used to treat heavy periods.	Irregular bleeding or spotting is common up to the first 6 months.
<div>Non-hormonal intrauterine device (Copper IUD)</div> 	A small plastic and copper device which is inserted into the uterus (womb).	Perfect use: over 99% Typical use: over 99%	Works for 5 or 10 years but can be removed sooner.	Periods may be heavier, longer or more painful.
<div>Contraceptive injection (Depo)</div> 	An injection of progesterone into the muscle.	Perfect use: over 99% Typical use: over 94%	Works for 12-week routine cycles.	Can't be removed from the body so side-effects may continue while it works and for some time after.
<div>Permanent (sterilisation) (tubal ligation/vasectomy)</div> 	The fallopian tubes in women or the tubes carrying sperm in men (vas deferens) are cut, sealed or blocked.	Overall failure rate is about 1 in 200 for females and 1 in 2000 for males.	Sterilisation is permanent with no serious side-effects.	Should not be chosen if in any doubt about having children in the future.

Contraceptive methods that you have to use and think about regularly or each time you have sex.				
	What is it?	Effectiveness	Advantage	Disadvantage
<div>Progesterone - only pill (POP)</div> 	A pill containing progesterone, taken orally, each day	Perfect use: over 99% Typical use: around 91%	Can be used if you smoke and are over 35 years of age.	Late pills, vomiting or severe diarrhoea can make it less effective.
<div>Combined pill (CHC)</div> 	A pill containing estrogen and progesterone, taken orally	Perfect use: over 99% Typical use: around 91%	Often reduces bleeding and period pain. May help with premenstrual symptoms.	Missing pills, vomiting or severe diarrhoea can make it less effective. Not suitable if breastfeeding.
<div>Condoms (male and female)</div> 	Female – loose fitting sheath sits in vagina and outer ring over vulva. Male – A thin latex, polyurethane sheath put over the erect penis	Perfect use: 95% female 98% male Typical use: 79% female 82% male	Best way to help protect yourself from sexually transmitted infections (STIs).	Female – skin irritation, clicking noise and spillage. Male – may slip off or split if not used correctly.
<div>Diaphragm (Caya®)</div> 	A flexible silicone device is put into the vagina to cover the cervix	Perfect use: over 86% Typical use: over 82%	Can be put in any time before sex. Non hormonal method.	Lower effectiveness. Requires lubricant gel for insertion.
<div>Contraceptive vaginal ring (Nu-Va Ring)</div> 	A small, flexible, plastic ring put into the vagina that releases estrogen and progesterone	Perfect use: over 99% Typical use: around 91%	One ring stays in for 3 weeks, you don't need to think about contraception every day.	You must be comfortable inserting and removing it. Not suitable if breastfeeding.
<div>Fertility awareness (basal temperature)</div> 	Ovulation times of the menstrual cycle are identified by noting different fertility indicators	Perfect use: over 99% Typical use: around 76%	No physical side-effects, can also be used to plan as well as prevent pregnancy.	Need to avoid sex or use a condom at fertile times of the cycle.

Sexuality and childbirth

Having a baby brings many physical, emotional and social changes that will be experienced differently by everyone. Sexual desire and response often change after childbirth and it is common to have less frequent sexual activity. Below are some reasons and suggestions.

Physical factors

Tiredness: Many couples are just too tired for sex. Try making time to rest or sleep when baby is sleeping. Time out alone or with your partner may also help - perhaps a trusted friend or babysitter can look after baby for an hour or two.

Breastfeeding: Breasts can be tender or leak with pressure or arousal, which can be off-putting for some women. Oestrogen levels are also lower, sometimes causing vaginal dryness and tenderness. Consider using a water-based lubricant.

Pelvic floor muscles: The muscles that surround the vagina are designed to stretch in pregnancy and childbirth. Pelvic floor exercises can help tone the muscles again – see your *Physiotherapy after childbirth* booklet. It is also important that these muscles can relax to allow comfortable sex – please see below.

Pain: Several factors can cause pain with sex after childbirth.

Hormonal changes can cause vaginal dryness. You can try a water-based lubricant or you may just need to wait a little longer while hormones normalise. Talk to your GP as sometimes an oestrogen cream may be helpful.

Stress or anxiety may make the pelvic floor muscles contract instead of relaxing with sex – this feels as if the entrance to the vagina is too tight or has a burning sensation. Notice whether you feel emotionally ready for sex. Check you are well aroused before trying penetrative sex.

Stitches are usually completely healed by six weeks, but some women experience pain at the site of the scar tissue. Gentle massage can help, as can trying different positions. A tender caesarean scar may make it difficult to relax, thereby causing discomfort with attempted sex. Avoid positions that put pressure on your stomach.

Tight pelvic floor muscles – if you have a history of painful sex, difficulty using tampons or very painful pap smears, your pelvic floor muscles may not relax fully. Focus on fully relaxing and lengthening the muscles between each contraction when you do your exercises.

Although it may be common to have some discomfort with sex after childbirth, it is not normal. Talk with your partner and perhaps try other forms of intimacy that are acceptable and enjoyable for you both. These may include kissing, cuddling or oral sex.

Women’s health physiotherapists are very experienced in treating women experiencing painful sex – you can ring the women’s health physiotherapist at KEMH or OPH (wherever you delivered) or talk with your doctor or child health nurse.

Emotional factors

The months following the birth of your baby can be very emotional. Changes in body image, mood and the relationship with your partner may affect your sexual relationship. Eating healthily, exercising and communicating with your partner may all help. Although it is common to feel a bit stressed or tired, deeper anxiety, tearfulness, lack of interest in life or a sense of panic may indicate postnatal depression. This commonly starts two to four weeks after birth. Please seek help from your child health nurse, GP or counsellor.

When is it okay to start having sex?

If you have had a third or fourth degree tear or a caesarean section, you will be advised not to have sex for 6 weeks – until you’ve had your 6 week check with your GP.

If the doctor or midwife has not given a time frame, it is best to wait until all stitches are healed and comfortable and until you feel both physically and emotionally ready for sex.

Remember that your sexual relationship includes all forms of intimacy, such as spending time together, massage, kissing and cuddling.



“It’s one of those things that I never imagined would happen to me.

I was so in control of my life, so organised, until my baby came along. I felt so angry and spending time with my baby became stressful. Then it just hit me, I realised, I have postnatal depression and I went to see my GP.”

Postnatal depression and anxiety

If you feel you need help or support you can call these services:

- Post and Antenatal Depression Association (PANDA) helpline 1300 726 306 9.30am to 4.30pm
- Mental Health Emergency Response Line on 1300 555 788 (metro) or 1800 676 822 (rural)
- Crisis Care on (08) 9223 1111, 24 hours, 7 days a week.

Postnatal depression and anxiety

With about one in seven women suffering from postnatal depression and even more suffering postnatal anxiety, it is essential to recognise the symptoms. Becoming a mother for the first time or adding a new baby to your other family responsibilities can be stressful. A few days after the baby is born, almost all women experience some low mood, tearfulness, anxiety or irritability called baby blues - these generally fade after a few days. Some women may develop more serious depression or anxiety.

You might experience:

- Crying more frequently than usual or for no reason
- Excessive worry or hypervigilance about the baby
- Feeling flat or emotionally disconnected
- Feeling sad, anxious and irritable
- Poor appetite or overeating
- Trouble sleeping or sleeping too much
- No energy
- Trouble coping with the baby
- Low libido (less interest in sex)
- Avoiding seeing family and friends
- Feelings of wanting to harm yourself or the baby

Every woman will have their own reactions to postnatal depression or anxiety. This is just a guide to help you recognise symptoms. If you are concerned, try to talk openly about your feelings and seek help.

The KEMH Psychological Medicine Department has expertise in perinatal mental health. It assesses, treats and assists patients of KEMH whose medical condition is affecting their emotional health, or whose emotional health is affecting their medical condition.

These are some of the areas that we specialise in:

- Emotional distress, trauma or anxiety around pregnancy and birth
- Depression
- Anxiety
- Adjustment to parenthood and positive approaches to your baby
- Management of medication around pregnancy
- Psychological preparation and support for medical procedures
- Grief and loss
- Psychological management of pain related to obstetric issues
- Sexual health problems and their impact on adjustment to parenthood and relationships

Mother Baby Unit

Pregnant women and women and their babies 0-12 months may be admitted to the inpatient program if they have significant mental health problems following the birth of a baby such as severe depression, anxiety or a psychotic illness such as a bipolar mood disorder or schizophrenia.

The unit

The eight-bed, free-standing unit is situated in Subiaco within the WNHS campus. It includes:

- Eight single rooms with ensuite
- Facilities for partners to stay when appropriate
- A nursery and sleep rooms for babies when they are not rooming in
- A laundry
- A kitchen and milk preparation kitchen
- Several living rooms

Admission criteria

Women who are pregnant or who have a baby or babies aged 12 months of age or younger and have moderate to severe mental illness that impacts or inhibits their level of functioning and/or ability to parent are eligible for referral. Moderate to severe mental illness in this sense may include a diagnosis of:

- Psychosis
- Bipolar mood disorder
- Schizophrenia
- Schizo-affective disorder
- Severe anxiety disorders
- Major depressive disorder (including perinatal depression)

“I don’t think you realise how valuable offers of help and support can be during those first few weeks.”

ROSE

“Nothing can prepare you for the overwhelming tiredness and the stress you feel when you find yourselves yelling at one another at four in the morning, when the baby won’t feed or sleep.”

ELLIE

Community child health nurse

Community child health nurses work in local child health centres. As registered nurses with qualifications in child health, they offer an initial home visit to all parents of a new baby in WA, as well as health and development checks at key stages of your child’s first three years of life.

They can also assist with many aspects of parenting and family health and are able to link you to doctors, hospitals and other health professionals when needed.

Community child health nurses provide information and support about health, development and behaviour of babies and young children. They home visit and see families in child health centres, parenting groups and other community venues.

They can help with a range of issues including:

- Feeding your baby, introducing solids and family nutrition
- Sleep and settling
- Growth, development and play
- Injury prevention and child safety
- Postnatal anxiety, stress and depression
- Immunisations and free access to some of them
- Playgroups and other community resources
- Referrals to Aboriginal and ethnic health workers, lactation consultants, physiotherapists and speech pathologists, among others

WNHS will notify your local child health nurse about the birth of your baby. The child health nurse will then contact you and arrange your first appointment. Most child health centres operate an appointment system Monday to Friday, but some are only open part time. All services are free.

To find your local child health centre, look in your baby’s purple All About Me book (on page 8), in the phone directory, or visit www.health.wa.gov.au/ services and, click on *Maternal, Child and Family Health* and enter your suburb.

Family Birth
Centre morning
tea

- Community Midwifery Program
- Midwifery Group Practice
- Family Birth Centre

Mothers who have given birth at any of these will be invited to return to FBC for a supportive chat and catch up with midwives and other mums.

All About Me - personal health record (the purple book)

Your baby’s purple personal health record book, *All About Me*, will be given to you before you go home from hospital. It is an important record for you to use and keep for your child. It includes health information for parents and is a record of your child’s health, growth, development and immunisations from birth to three years of age.

It is important to take your baby’s purple book with you when you visit the following:

- Child health nurse
- GP or hospital
- All immunisation sessions
- Community Health Centre
- Any time you are seeking advice about your baby with a health professional

Settling your baby

Your crying baby

All babies cry. Crying is your baby’s way of communicating. Your baby will cry because of hunger, a full nappy, sickness, pain, feeling tired or lonely. Often it’s unclear why your baby is crying, which can be frustrating and upsetting.

Try to respond in a consistent way when your baby cries. Start by checking that your baby is comfortable, not hungry or thirsty, then help them settle. Settling may take longer than you expect and can be stressful. There are a number of things you can try when your baby has been fed, changed and cuddled but still continues to cry.

You could try:

- Feeding again
- Relaxing your baby by bathing, gently massaging, cuddling, walking around
- Taking your baby for a walk in fresh air
- Singing or talking to your baby
- Settling in a quiet and dark room
- Giving your baby to another person to hold and settle

If your baby keeps crying, try to stay calm. If you are worried, speak to your child health nurse, GP or call the Ngala helpline on (08) 9368 9368 (metro), 1800 111 546 (rural). If you need immediate assistance, call the Parenting WA Line on (08) 6279 1200 or 1800 654 432 (24 hours).

If you are feeling tired and frustrated with your crying baby, it is okay to make sure your baby is safe in its cot and walk away for a few minutes until you feel calmer.

Financial support and benefits

Once you have your baby, you will receive a package at the hospital which includes claim forms for government payments that you may be entitled to now you are a parent. For the most up-to-date information, contact:

Family Assistance Office and
Centrelink Parenting Payment Line

Phone: 13 61 50
www.familyassist.gov.au

Medicare

Phone: 13 20 11
www.hic.gov.au

Remember

If you need any help and support with coping or looking after your baby, there are a number of options in the community.

These include:

- Your GP or child health nurse
- Ngala helpline (8am – 8pm, seven days a week)
- 9368 9368 (metro), 1800 111 546 (rural)
- Midwife or obstetrician
- KEMH Psych Med Department
- Post and Antenatal Depression Association (PANDA) helpline 1300 726 306 (9.30am – 4.30pm)

If you require assistance after hours, please call one of the following services:

- Emergency 000
- Pregnancy Birth and Baby Helpline (24 hours) 1800 882 436
- Mental Health Emergency Response Line (24 hours) 1300 555 788 (metro) 1800 676 822 (rural)
- Parenting WA Line (24 hours) 6279 1200 (metro) 1800 654 432 (rural)
- Lifeline 131 114
- Lifeline Suicide Helpline 1300 651 251
- Men’s line 1300 789 978

Your baby’s sleep in the first year of life

How baby’s sleep is one of the most popular topics for mothers. Baby sleep can be a source of anxiety, low mood and conflict between partners and other family members.

It can also lead to unwanted advice and judgment from the people around us. Mothers now compete with an abundance of information from many different sources about baby sleep, including social media, infant sleep ‘experts’, as well as well-meaning family and friends, and service providers.

The key for any new mum is to think about what their expectations are for their baby’s sleep, and to understand what might influence these

expectations. For example, when my baby wakes at night and signals to me (eg: by crying), do I perceive this as a ‘problem’ that needs to be ‘fixed’?

This perception is based on western culture’s expectation for babies to ‘sleep through the night’ as soon as possible without requiring attention from caregivers. However, these expectations do not account for the biology of a human baby, and it is this expectation about what a ‘good’ baby looks like that can lead to distress when babies show developmentally normal sleep behaviours and night wake.

Perhaps the question is not how to ‘fix’ a baby’s sleep behaviour, but how parents can adjust to accommodate the mother or partner attending to the baby at night.

Birth registration

You are required by law to register the birth of your baby within 60 days. The hospital will provide you with a Birth Registration Statement. Once registered, a birth certificate will be issued. This is an important document that should be stored in a safe place.

For more information, contact:

Registry of Births, Deaths and Marriages
10/141 St Georges Terrace
Perth WA 6000
Phone: 1300 305 021

Information for parents, carers and families

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

- Sleep baby on back*
- Keep baby’s head and face uncovered
- Keep baby smoke free before and after birth
- Safe sleeping environment night and day
- Sleep baby in a safe cot in parent’s room
- Breastfeed baby**

* Medical advice may be needed for babies with a severe disability

** While breastfeeding is best, it may not be possible for every mother

To sleep your baby safely, follow these recommendations wherever your baby sleeps, including at the home of friends or relatives.

Identify the factors within your control:

An important lesson we can see in the research is that baby sleep varies widely across the first year both between different babies and within each baby. If your baby is night waking, focus on the factors within your control to get the rest that you need. You might be able to do this by:

- Having a nap during the day when your baby does
- Arranging a schedule with your partner or a family member for them to look after the baby so you can sleep – start small and build on this routine together (eg: once a week, then twice a week, then three times a week)
- Telling your family and friends what your sleep needs are, and ensuring they understand the impact of giving you time to have a nap – remember, if you take care of yourself, you have more capacity to take care of your baby
- Considering sleeping in closer physical proximity to your baby to allow for quicker access at night when your baby wakes or requires overnight feeding
- Thinking about your own sleep hygiene to reduce the time it takes to get to sleep so you can maximise your sleep windows (eg: temperature of your bedroom; lighting; use of mindfulness meditation before sleep)

- Taking the opportunity to catch up on sleep whenever the opportunity presents. You can pay off your sleep debt in this manner.

If you are interested in learning more about your baby’s sleep, see How Babies Sleep – BASIS, or download the Infant Sleep app.

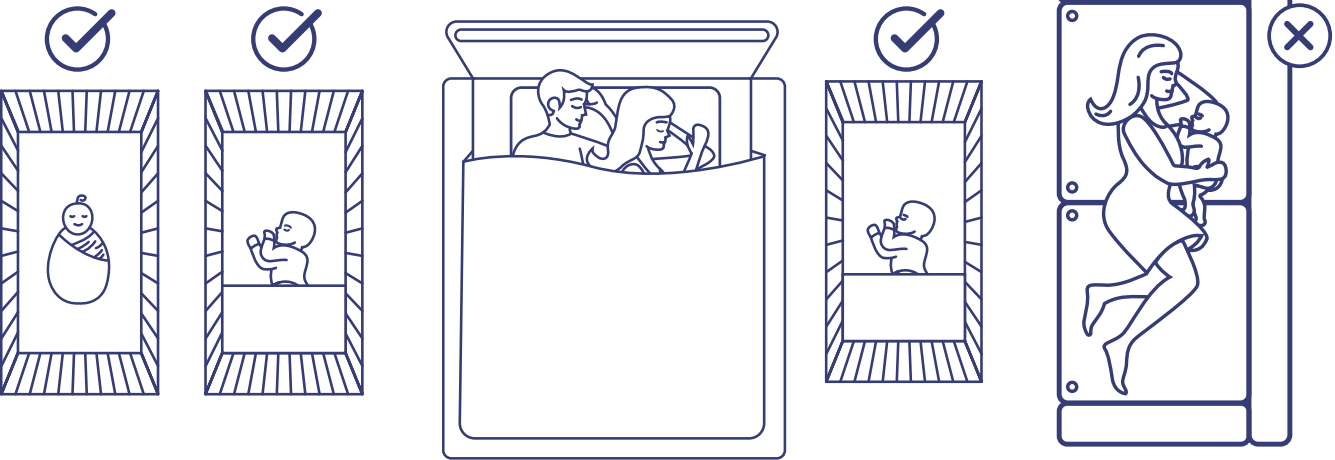
Safe infant sleeping

Room-sharing recommended

Room-sharing is when your baby sleeps in their own cot next to your bed for the first 6 to 12 months of life.

This can help you to:

- Respond quickly to your baby’s needs
- Settle and comfort your baby more conveniently than if sleeping in a separate room
- Bond with your baby
- Maintain breastfeeding
- Reduce the risk of your baby dying from Sudden Unexpected Death of Infants (SUDI), including Sudden Infant Death Syndrome (SIDS) or fatal sleep accidents



Safety tips for cot sleeping

Where to place your baby

- Place your baby in the cot with their feet close to the bottom end.

What bedding or covers to use

- Baby sleeping bag with fitted neck and arm holes, **or**
- Lightweight bed covers (not a doona) that are tucked in firmly and only come up to your baby’s chest.

Mattress, cot and bassinette

- The mattress should be firm, flat and fit the cot/bassinette without any gaps around the edges.
- Make sure your baby’s cot meets the Australian Standards for cots AS2172; secondhand cots older than 10 years will not be safe. There should be no large gaps between the bars which could trap your baby’s head.
- If you are using a portacot, it is important it meets Australian Standard AS2195. Portacots are not suitable for babies 15kg and over. Only use the firm, thin, well-fitting mattress that is supplied with the portable cot. Never add a second mattress or additional padding under or over the mattress, as baby may become trapped face down in gaps between the mattress and the sides.

These two Australian Standards for cots are the only two that meet the mandatory standards for long-term unsupervised sleep in Australia, according to the Australian Competition and Consumer Commission (ACCC)

Wrapping and clothing

- Wrapping your baby may help them to settle and stay on their back.
- The wrap should be loose enough to allow your baby’s hips to bend and chest to expand.

- Do not wrap your baby when they are unwell.
- To stop your baby from overheating, do not overdress your baby and keep their head uncovered (no beanies).

Co-sleeping is not recommended

Co-sleeping is when a parent or carer is asleep with a baby on the same sleep surface, such as a bed, couch, or beanbag.

There are some situations when co-sleeping is associated with an increased risk of Sudden Unexpected Death in Infants:

- Babies under four months of age, and when your baby is premature or very small
- Where your baby would share the same sleep surface with a parent/ carer who is a smoker
- Where there are pillows, adult bedding or covers that may cover your baby’s face
- Where your baby could become trapped between the wall and bed, could fall out of bed, or could be rolled on
- Where the parent/carers is overly tired or has been drinking alcohol or using drugs that may make them sleepy
- Where your baby would share the same sleep surface with other children or pet.
- If you choose to share the same sleep surface with your baby after four months of age

Where to place your baby

- Place your baby on their back and beside one parent/carers (not in-between), so they do not overheat, become covered, or slip underneath pillows, adult bedding or covers.
- Make sure your baby is not too close to the edge of the sleep surface where they could roll off.

Other children or pets should never share the same sleep surface with your baby.

Any benefits of co-sleeping must be carefully considered with the risk factors stated above.

The safest place for your baby to sleep is in its own cot by the side of your bed.

Your baby should not be left to sleep unsupervised in a pram, stroller or bouncinette.

Soft toys, cot bumpers, pillows, sleep positioning aids, sheepskin rugs or wool underlays should NOT be placed in your baby’s cot, as they may cause suffocation and reduce airflow.

What is SUDI?

SUDI is short for Sudden Unexpected Death in Infants and is the most common cause of death in babies between one month and one year of age. Most babies who die of SUDI are under six months.

Immunisation is not linked to SUDI.

- Do not place pillows at the side of your baby to prevent them from rolling off.
- If the mattress is put on the floor as a safer option, make sure it is away from the wall and other furniture, so there are no gaps for your baby to slip into.

Mattress and bedding or covers

- The mattress must be firm and flat.
- Pillows, adult bedding or covers, and any other soft items, should be kept away from your baby.
- Make sure there is nothing soft underneath your baby, such as a sheepskin rug or a wool underlay
- Your baby should be dressed in a baby sleeping bag with fitted neck and arm holes, so they can lie outside the adult bedding or covers, or only use light weight blankets (not a doona) that won't cover your baby's face.

Wrapping

- Your baby should not be wrapped when sharing the same sleep surface as a parent/carer to prevent overheating.

For more information, talk to your child health nurse, or contact Red Nose on 1300 308 307.
www.rednose.org.au

Sudden Unexpected Death in Infants (SUDI)

The following is a list of ways that have been shown to reduce the risk of SUDI:

- Breastfeed your baby
- Put your baby on his/her back
- Keep your baby's face uncovered and with blankets tucked in

- Place your baby at the bottom of the cot
- Make sure your baby is not too hot or cold
- Do not use doonas, bumpers or pillows in the cot
- Do not let anyone smoke near your baby – babies need a smoke-free environment

Babies can become ill quite quickly; when this happens immediate action is required.

See your doctor immediately if your baby:

- Is pale, drowsy and hot
- Is lethargic and crying
- Is vomiting green fluid
- Will not feed
- Has convulsions
- Stops breathing for more than 15 seconds.

Where to get help when your baby is sick

- Healthdirect (24 hours) on 1800 022 222
- Poisons Information Centre on 131 126
- Your GP
- Public hospital with paediatric facilities
 - » Armadale Hospital
 - » Fiona Stanley Hospital
 - » Joondalup Health Campus
 - » Princess Margaret Hospital
 - » Rockingham Hospital
 - » Peel Health Campus
 - » St John of God Midland
- Emergency 000



WNHS (KEMH&OPH) is a BFHI accredited maternity service

Breastfeeding

Breastfeeding

Remember

Breastfeeding is a skill that needs to be learnt over time and requires patience and support. The midwife on the ward can assist you. We also have a breastfeeding class for you and your baby week days at 10.30am at KEMH and 9am at OPH.

Benefits of breastfeeding

There are many emotional and physical benefits for both you and your baby from breastfeeding.

Some of these are listed below.

Health benefits for your baby

- Breast milk has all the nutrients for growth and development.
- Breast milk helps prevent respiratory and intestinal infections, and allergies.
- Babies fed only breast milk are less likely to develop inflammatory bowel disease and diabetes.
- Breastfeeding reduces risk of SUDI.

Health benefits for you

- Breastfeeding will make your uterus (womb) contract, which helps reduce the risk and amount of bleeding after birth.
- Breastfeeding reduces the risk of breast cancer and epithelial ovarian cancer.

Benefits to your family and community

- Breastfed babies have fewer infections because of the protective qualities of breast milk.
- The cost of extra food required to breastfeed is small in comparison to the large cost of formula and equipment needed for its preparation.

Vulnerable babies

- Some babies need more support to establish breastfeeding. Your midwife will give you an information leaflet and a feeding plan if your baby requires extra assistance.

Formula feeding of healthy breastfed babies is best avoided because:

1. Formula can interfere with the protection against infection that colostrum/breast milk is creating in your baby's gut.
2. Formula is more slowly digested than breast milk and increases the time between feeds. This may prevent full drainage of your breast at feeds and give less stimulation to your breast. This often leads to a reduced breastmilk supply.
3. Frequent full drainage of your breast prevents engorgement. Formula (or water) feeds can interfere with breast drainage and thus contribute to engorgement.
4. If your family has a strong history of allergy, formula can create an allergic response in your infant.
5. Babies who have bottle feeds in the first month of life have a shorter duration of breastfeeding.

If you choose for personal reasons to give your breastfed baby a formula feed, you will be asked to indicate your consent by signing your baby's medical record.

Formula feeds ordered for individual medical reasons will only be given after a full discussion with you.

Getting started

Skin-to-skin contact between mother and baby is important after birth to:

- Encourage bonding and release of hormones
- Help keep your baby warm and adapt to life outside your womb/uterus

Keeping baby skin to skin encourages breastfeeding instincts in your newborn.

The first few days

- Skin-to-skin contact during this time can help you to bond with your baby. It can also help calm your baby.
- After an initial alert period some babies become very sleepy for the next 24 hours or so. This may be due to the birth experience and/or pain-relieving drugs given to the mother during labour. If this happens, colostrum/breast milk will need to be expressed and given to the baby if he/she is not interested in feeding.
- The early use of teats and dummies, especially before the first breastfeed, can interfere with breastfeeding.
- Some babies may have periods of wishing to feed very frequently, especially at night, in the early days. This is normal, and your baby is helping your milk supply establish by stimulating your breasts regularly.

- Getting some rest during the day will help you manage these night-time feeds. Reducing or limiting the number of visitors you have during the day may also help.
- If you have other small children, try to get some extra help with them if you can.
- A breastfed baby may feed between eight to 12 times, or more, in a 24-hour period. This is normal.

The best way for a mother and baby to learn to breastfeed is to let the baby follow their natural instincts. This is called 'baby-led attachment' and can be done straight after birth or at any time later.

Many babies are born able to search for the breast without much help. A mother's role is mainly to support and encourage her newborn.



Start when your baby is awake and calm and remove his clothes, except for the nappy.

- Take off your bra and top – you could wear something over your shoulders for warmth or privacy.
- Sit comfortably, leaning back a little, with your back well-supported.
- Place your baby skin-to-skin on your chest. Talk to him, look into his eyes and gently stroke him.

- Gently support your baby behind his shoulders and under his bottom, but allow him to move freely when he wants. He may ‘bob’ his head on your chest and then move across to one breast.
- When his chin contacts the breast, he may attach by himself. Don’t be in a hurry. Let your baby take his time to attach when he is ready. Enjoy your baby!

Place your baby upright skin-to-skin, supported, calming him/her by gentle rocking, stroking and talking.



Baby starts to follow their instincts, allow your baby to ‘bob’ their head around on your chest, they may look at you.



Baby may nuzzle your breast and lick for a little while. That is fine.



Baby is using his/her cheek to feel their way. This is a learning process for both of you. It is okay to take your time.



Digging in his/her chin, the baby reaches up with an open mouth, and attaches to the breast.



If the baby’s back is straight, their body touching yours, and you are both feeling comfortable, that is all that matters.



Rooming in – feeding according to need

If both you and your baby are well, you should remain together 24 hours a day whilst establishing breastfeeding. This allows unrestricted breastfeeding and helps you learn about your baby’s feeding and behaviour patterns.

Feeding cues

Babies should be allowed to feed as often as they need. There should be no limit on the number of feeds you give your baby. In a 24-hour period a well newborn will feed at least eight to 12 times or more.

Do not wait until your baby is crying for a feed; be aware of early signs of hunger such as:

- Mouth opening
- Hand to mouth movements
- Rapid eye movement
- Shallow state of sleep after one or two hours of deep sleep.

How breastfeeding works

The more your baby feeds, the more milk you make. When your baby sucks at the breast, hormones are released. These hormones make the milk and cause the milk to ‘let down’ or flow.

The first milk you produce looks thick and yellowish. This first milk (colostrum) is important for your baby as it contains substances to nourish and protect from disease. Only small amounts of colostrum are produced at first as this is all your baby needs. The milk gradually becomes thinner and more watery-looking and the amount you produce increases. This is **normal**; your milk contains everything your baby needs to grow and satisfy hunger.

Signs your milk is flowing


- A change in your baby’s sucking rate from rapid sucks to suckling and swallowing rhythmically, at about one suckle per second
- While feeding on one side, your other breast may start to leak milk
- Sometimes there is a sudden feeling of fullness in the breast
- You may become thirsty
- Some mothers feel a tingling or pins and needles sensation in the breast


Your milk flow can be affected by emotions such as anxiety, embarrassment, tension or extreme tiredness. Being relaxed when breastfeeding helps your milk flow.


Metro North Hospital and Health Service
Putting people first

Baby feeding cues (signs)


Early cues – “I’m hungry”


Stirring


Mouth opening

Turning head Seeking/rooting


Mid cues – “I’m really hungry”


Stretching


Increasing physical movement

Hand to mouth

Late cues – “Calm me, then feed me”


Crying

Agitated body movements


Colour turning red


Time to calm crying baby


- Cuddling
- Skin-to-skin on chest
- Talking
- Stroking



For more information refer to the Queensland Health booklet *Child Health Information: Your guide to the first twelve months*
Visit the Queensland Health breastfeeding website: <http://www.health.qld.gov.au/breastfeeding/>

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Comments and/or corrections provided feedback on this publication.
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View the Copyright Statement and Frequently Asked Questions (FAQ)

 Queensland Government

99



Please scan this QR code to access the Australian Breastfeeding Association's Breastfeeding Confidence booklet full of tips for the early days. Click on the Free info kit at the top of Homepage.



Please scan this QR code to take you to the Breastfeeding Centre website. Scroll to the Breastfeeding Resources section to watch helpful videos.



Please scan this QR code for information about the breastfeeding, positioning and attachment course.

How long to feed your baby

The length of time a baby feeds will vary. A newborn baby is often sleepy and may need waking during a feed and encouragement to fully drain the breast (having your baby unwrapped during feeds will help). Most babies take both breasts at each feed. Seek assistance if you don't think your baby is having adequate feeds or is unsettled between feeds.

If you feel pain after you start to feed, your baby is not attached correctly and this may cause sore or cracked nipples. If pain is experienced, put a clean finger into the side of your baby's mouth between the gums to break the suction. Gently take the baby off the breast and reposition and reattach him/her. After the feed your breast should feel lighter with no lumps.

Breast compression

Breast compressions can help if your baby is sleepy while feeding or slow to gain weight. By compressing your breast you will encourage your milk to flow which will provide your baby with more milk.

Gently press with your hand around the breast, and close to your chest wall, without causing pain. When your baby is no longer drinking release the pressure.

When your baby starts to suckle again he/she may be drinking but if he/she doesn't resume suckling well, compress your breast again. Keep doing this until your breast feels soft and drained and baby is no longer drinking. Then offer your baby the other breast and if he/she becomes tired start your compressions again.

How your milk supply increases

As your baby grows, their appetite increases and he/she will demand more feeds. These appetite increases or growth spurts may last a few days. Your breast milk will increase to match your baby's needs if you breastfeed more frequently. Growth spurts occur at anytime but are often around six weeks, three months and six months.

Remember your breasts are never empty. As your baby feeds, your body makes more breast milk.

You can build up your milk supply by:

- Feeding more often
- Offering both breasts twice
- Putting baby back to the breast 20 to 30 minutes after a feed
- Expressing breast milk after feeds
- Not giving baby formula feeds, water or juice
- Resting as much as possible – a few quiet days at home are helpful
- Eating well and drinking when thirsty
- Gently stroking or compressing your breasts during feeds and when expressing

Signs baby is getting enough

Fully breastfed babies will have one to two wet nappies and have passed meconium in the first 24 hours. After this, the number of bowel actions and wet nappies will gradually increase. In addition, your baby's bowel movements will increase in number and change in colour as your milk supply increases in volume.

Once your baby is receiving mature breast milk then expect:

- Five or more wet nappies every 24 hours
- Clear or pale urine
- Soft yellow bowel action – at least two to three per day for the first six to eight weeks
- An alert, healthy baby with good skin tone
- An average weight gain of 150g or more per week in the first three months

For more information about signs baby is getting enough, go to: Breastfeeding Centre of WA website.

Helping your baby to breastfeed

- How you and your baby are positioned may help him/her to latch on more easily.
- Make yourself comfortable, unwrap your baby and remove clothing that may come between you both. Leave baby's hands free to move.
- Lie baby on your chest or next to your breast. Baby's whole body needs to be facing you.
- Baby's chin is on the breast and your nipple is above baby's top lip, opposite the nose.
- Baby's bottom lip and chin should be firmly contacting the breast below the nipple.
- Wait for baby to respond with a wide-open mouth and latch on.
- If baby is unable to latch on, seek help from a midwife or lactation consultant.



Go to the Breastfeeding Centre of WA website. In the resources section there is a short video to show positioning and attachment. As an inpatient, you may also attend the breastfeeding positioning and attachment session. Ask your midwife for details.

Common questions:

My baby gets fussy and wants to feed very often, especially around dinner time, is that normal?

Yes, all babies can have fussy periods and may have several feeds close together.

Today my baby seems to want to feed all the time, much more than other days. Why?

As your baby grows, his/her appetite increases. He/she will demand more feeds during growth spurts which may last a few days.

Nipple care

- Do not use soap or shampoo on your nipples.
- Harsh abrasive conditioning or treatment of nipples is not required.
- If you think your nipples are flat or inverted, seek advice.
- If baby is correctly attached at the breast you won't experience any discomfort.
- After each breastfeed, express a few drops of milk to smooth over your nipple and allow to dry. The milk moisturises the nipple and provides a barrier against infection.
- Ensure you change your nursing pads regularly.
- If your nipples are sore or damaged, it is important to seek assistance. Purified lanolin may be applied to nipples, using a cotton bud, if they are damaged.
- Always handle breasts with clean hands.
- Causes of sore nipples can be related to any of the following:
 - » Poor positioning of baby
 - » Tongue-tie
 - » Infection
 - » Dermatitis or eczema
 - » Vasospasm (tightening of the blood vessels in the nipple)
 - » If your nipples become damaged, express milk to feed your baby while you seek assistance

Expressing for a preterm baby or baby who is unable to breastfeed

- If possible, it is important to start expressing milk within one to three hours after the birth of your baby - even if your baby is moved to the Neonatal Clinical Care Unit or away from you to receive special care.

- If your baby is unable to attach to your breast, it is important to continue expressing regularly, every three hours or eight times in 24 hours, including during the night.
- This will help your body to produce milk, even if your baby is not ready to feed yet.

Hand expressing

Expressing may be used to:

- Help you attach your baby to the breast when your breast is full
- Give your baby expressed milk when breastfeeding is not possible

Procedure

1. Wash hands with soap and water and dry well.
2. Use a clean container.
3. Stimulate the letdown reflex by gently stroking your breast towards your nipple.
4. Place your fingers underneath your breast so that the first finger is just below and the thumb is just above the areola, about three to four centimetres back from the nipple.
5. Gently **press** the fingers and thumb pads (not fingertips) back towards your chest. Then **compress** the breast tissue and hold briefly. Release your breast tissue. Do not squeeze or pinch your nipple.
6. Repeat the action in a rhythm similar to the baby's sucking, about once a second.
7. Rotate the position of the finger and thumb around the breast, so that all the milk ducts are expressed.
8. When colostrum is pearling or dripping easily, it is time to collect the colostrum.
9. Express both breasts in turn while the colostrum is dripping.

If regular expressing is required to give extra breast milk to your baby, an electric breast pump is recommended.

Visit the Breastfeeding Centre of WA page on the WNHS website to view a short video on hand expressing and using a breast pump.

Expressing with an electric breast pump

1. Wash hands with soap and water and dry well.
2. Assemble clean expressing equipment.
3. Ensure the correct size breast shield is used.
4. Double pump until milk slows or stops, then single pump each breast. Gentle breast compression to assist letdown until breast is soft and light.
5. You need to express your breastmilk as often as you expect your baby to feed, at least eight times a day if your baby is not breastfeeding, or between feeds if you need to increase your milk supply.

See page 105 for storage of breast milk.

Feeding baby with expressed breast milk

Finger feeding

Finger feeding is a way of giving your baby expressed breast milk without using a bottle teat, as some babies may start to prefer a teat and refuse the breast. Finger feeding uses a bottle with a thin tube rather than a teat.

Note: Nails should be trimmed short and artificial nails should be secure.

How to finger feed

1. After washing your hands, securely wrap your baby.
2. Sit in a comfortable position.
3. Support your baby with a pillow.
4. Rest index or middle finger on the ridge between nose and top lip (philtrum) until baby's mouth is open.
5. Allow the baby to begin sucking your finger (with your finger pad towards the top of baby's mouth).
6. If your baby is sleepy gently introduce your finger into their mouth. If baby's lower lip is sucked in pull down gently on their chin to release the lip.
7. Insert the large end of the tube into the bottle below the milk line. Gently insert the tube along side your finger to the finger tip and raise the bottle so that the milk flows down the tube.
8. The technique is working if the baby is drinking. If the feeding is very slow – but the baby is swallowing well – raise the bottle to increase the flow. If your baby is gulping, lower the bottle to slow the flow.



Visit the Breastfeeding Centre of WA page on the WNHS website to view a short video on how to finger feed your baby

Cup feeding

Cup feeding is an alternative means of providing colostrum or expressed breast milk (not formula) to babies unable to attach and/or suck at the breast successfully. It is most successful when your baby is wide awake and interested.

1. Wash hands in soap and water and dry well.
2. Wrap your baby securely.
3. Support your baby in an upright sitting position.
4. Fill a small clean medicine cup half full with expressed milk.
5. Tip the cup so that the milk is touching your baby’s lips. Do not pour the milk into baby’s mouth.
6. Tilt the rim of the cup touching the baby’s bottom lip, towards the upper lips and gums.
7. As your baby’s jaw is lowered, a small amount of feed will be taken and swallowed.
8. Leave the cup in the correct position during the feed as this allows your baby to self-regulate the feed as desired.
9. After use, wash the cup in warm soapy water and rinse well.

Feeding older babies

Using a bottle is another method of giving your baby expressed milk. A bottle teat does not always allow a baby to ‘pace’ their intake as they do when breastfeeding. If the bottle is held vertically, the milk pours out. It is important to adjust the angle of the bottle to allow your baby to ‘pace’ themselves.

Method

1. Place your baby in a more upright position than ‘traditional’ bottle feeding techniques.
2. Support the baby’s back so the baby’s head can extend into a natural drinking position.

3. Use a slow-flow round teat.
4. Rest teat on ridge between nose and top lip (philtrum). When baby’s mouth is wide open, place entire teat into his/her mouth. Important: Avoid pushing the teat into a baby’s mouth that is not open.
5. Hold the bottle horizontally so there is just enough milk in the teat. This will ensure no air is in the tip of the teat. This will encourage your baby to suck on the teat without gulping or using their tongue to slow the flow.
6. Withdraw the teat slightly every few minutes to allow your baby to take a pause as they would naturally on the breast.
7. Switch sides to assist with eye stimulation and to prevent preference for one side.
8. As the amount of milk in the bottle decreases, gradually lean your baby backward.

How long should a ‘paced’ bottle feed take?

You should aim for the feed to take at least 20 minutes. If a feed takes less time than this, the flow is too fast and if the feed takes more than 45 minutes, then the flow is too slow.

Watch your baby’s cues to know when to finish the feed rather than encouraging them to finish the bottle.

Storage of breast milk

Freshly expressed breast milk should be cooled before being added to previously expressed chilled or frozen milk.

Breast milk	Freshly expressed into a clean container
Room temperature	6 to 8 hours (26C or lower) Store in refrigerator if one is available
Refrigerator	3 to 5 days (4C or lower) Store in back of refrigerator where it is coldest
Freezer	Two weeks in freezer compartment inside a refrigerator (store in the back to prevent thawing while the door is open) Three months in freezer section of refrigerator (with separate door) 6 to 12 months in deep freeze (-18C or lower)

Thawing and warming of breast milk

Do not leave frozen expressed milk to stand at room temperature to thaw. Either:

- Thaw the milk in the fridge overnight, or
- Holding the container under running cold water, gradually make the water warmer until the milk becomes liquid. Do not use boiling water, as can cause loss of vital nutrients and minerals in breast milk.

Warm the container of chilled or thawed milk in a jug of hot water until it is body temperature.

Microwave ovens should never be used to thaw or heat milk. Their safety is unknown and heating is uneven. Microwaves also reduce the anti-infection properties in breast milk.

Expressed milk cannot be reheated if your baby doesn’t finish the feed – so warm only a small amount at a time.

Note: Thawed expressed breast milk:

- That has not been warmed can be stored in the refrigerator for 24 hours
- That is not refrigerated must be used within four hours
- Must not be re-frozen

When you need breastfeeding help

Following the birth of your baby, your midwife will assist you with breastfeeding advice and support. There are also lactation consultants available in the hospital to advise you on how to manage any breastfeeding difficulties you may experience.

If you are having breastfeeding challenges following discharge, you can call the Breastfeeding Centre of WA (BFC). Lactation consultants can help women who are having breastfeeding challenges.

Women who gave birth at KEMH, OPH, FBC or with CMP and KEMH as their supporting hospital, can make an appointment to visit the BFC and see a lactation consultant.

Appointments are essential.



Engorgement

Your milk will come in around 24 to 72 hours after birth. A degree of fullness may be experienced at this time, when baby may only want one side per feed.

Engorgement is caused by a build-up of blood, milk and other fluids in the breast. This occurs if the breasts aren't drained well during a feed.

Prevention

- Ensure baby attaches correctly to the breast
- Feed your baby often without limiting the time at the breast
- Ensure your baby drains the first breast before offering the second side
- Avoid use of dummy or complimentary feed (eg: formula)

If your breasts are very full, you may need to express a little milk to soften the areola so your baby can attach well.

Engorgement will occur if your baby is not feeding and attaching well. Less commonly, it may occur if your body is making more milk than the baby has needed.

Treatment

- Ensure your baby is attached well when breastfeeding
- Feed your baby often, at least eight to 12 times per 24 hours
- Do not limit time at the breast
- Express to soften areola to attach your baby to the breast
- Use cool gel packs from refrigerator (not freezer) for comfort
- If the breasts are full and heavy 24 hours after the milk comes in, a one-off complete drainage of the breast is necessary. This is done by using a hospital grade electric pump if possible. An electric pump is available at the KEMH Breastfeeding Centre or KEMH Emergency Centre. Ensure a correct size breast shield is used when expressing.
- Seek professional advice to ensure the condition resolves

Blocked ducts

A blocked duct causes a lump that is tender or painful because of milk building up behind the blockage.

Prevention

- Ensure correct positioning and attachment
- Frequent drainage of the breast
- Alter position during feed to include underarm position, cradle position or lying on your side
- Check for a white 'bleb' or spot on the nipple as this may be blocking the milk duct

Avoid

- Sudden long gaps between breastfeeds or expressing for your baby
- Tight or restrictive clothing eg: bra
- Pressing or holding one area of the breast too tightly, especially close to the nipple

Management of blocked ducts

- Feed frequently from the affected side first.
- Gently stroke towards the nipple during the feed. This may assist the let-down reflex.
- For comfort and to reduce swelling from excess fluid apply a cold cloth or cool gel pack.

- Express after feeding.
- If a white 'bleb' or spot is present, soak the nipple with a warm moist cloth and rub or scratch it off using a sterile needle to allow the milk to flow again.
- Use paracetamol or anti-inflammatory tablets according to directions until the lump clears.
- If the lump has not cleared after the next breastfeed, therapeutic ultrasound treatment (by a physiotherapist) of the affected breast may help clear blocked ducts – contact the Breastfeeding Centre of WA or your hospital lactation consultant to arrange.
- It is important the breast is well drained within 20 minutes of having the ultrasound treatment. This may be either by breastfeeding or expressing the breast.
- Seek professional help if a blocked duct hasn't cleared within 24 hours.

The Perron Rotary Express Milk (PREM) Bank

Mothers producing more milk than their own baby needs may want to donate their excess milk to the Perron Express Rotary Milk (PREM) Bank located at KEMH.

Breast milk is the best food for babies, especially when they are born sick or premature. Giving these babies breast milk helps reduce the number of gastro-intestinal infections and supplies special immuno-protective properties to increase their chances of survival for long- term growth and development.

Before accepting milk from donors, we ensure they are healthy by screening them through completing a questionnaire and undertaking a blood test.

The PREM Bank welcomes enquiries from women who are breastfeeding or planning to breastfeed in the future.

For more information, visit www.caHS.health.wa.gov.au



Please scan this QR code to access the Australian Breastfeeding Association's Breastfeeding Confidence booklet full of tips for the early days. Click on the Free info kit at the top of Homepage.



Please scan this QR code to take you to the Breastfeeding Centre website. Scroll to the Breastfeeding Resources section to watch helpful videos.



Please scan this QR code for information about the breastfeeding, positioning and attachment course.

Mastitis

Mastitis occurs when there is a blockage of milk in the milk duct. Some milk may leak out of the duct into the surrounding tissues causing inflammation and infection.

Signs and symptoms

- The breast has a red, painful area
- An aching flu-like feeling such as a fever, feeling shivery and generally unwell

Seek medical help as soon as possible if you think you have mastitis.

Treatment

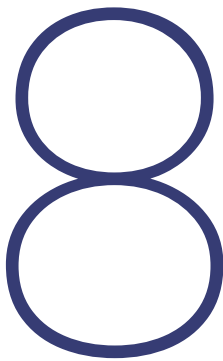
- Drain the breast frequently. Attach your baby to the affected side first.
- Keep the breast drained by expressing the affected breast after each feed.
- Cool gel packs from the refrigerator (not freezer) or cool cloths can relieve discomfort and pain.
- Anti-inflammatory medication, such as ibuprofen, will reduce the inflammation and pain.

- Paracetamol may be taken to ease discomfort.
- It is important to get extra rest. You may need household help to achieve this.
- You will need antibiotics for 10 to 14 days.
- If it is too painful to feed, express your milk using a hospital grade electric pump if possible.
- Seek advice from a lactation consultant to determine a cause and prevent a reoccurrence.

Dummy use while breastfeeding

Dummies are not recommended while establishing breastfeeding because:

- Baby feed cues may be missed
- Dummy use has been linked to less time spent breastfeeding which can lead to low milk supply and lower baby weight gain



Unexpected outcomes

Unexpected outcomes

Remember

It's important to remember that:

- A healthy mother and baby are what matters the most
- Sometimes things happen that are outside your control

Most women have a normal, healthy pregnancy. But sometimes health complications can affect the outcome for both the mother and baby. This chapter briefly looks at some of the complications and unexpected outcomes of pregnancy and birth.

Bleeding during pregnancy

If you have any bleeding during your pregnancy contact your midwife, doctor, or the hospital immediately so that appropriate tests and treatment can be started.

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

Miscarriage

One of the most common complications in early pregnancy is spontaneous miscarriage. A miscarriage is defined as the loss of pregnancy before 20 weeks gestation. It is often an emotionally distressing event. Hospital staff can support you and your family during your experience of miscarriage.

Problems with the placenta

Problems with your placenta are a common cause of bleeding during the second half of your pregnancy. Both placenta praevia and placental abruption cause bleeding with the abruption occurring when part, or all, of the placenta separates from the wall of your uterus before the birth of your baby. Placenta praevia occurs when the placenta implants in the lower part of the uterus instead of being attached to the top part of the uterus. Both these conditions may involve you being admitted to hospital for careful monitoring and could require a change in your planned birth.

Breech baby

A breech baby is one with its bottom down and its head up towards the top of the uterus. Your baby may be breech when you are six or seven months pregnant but in most cases will turn in the last couple of months. If your baby does not turn, you will be offered external cephalic version (ECV), where the baby is turned by encouraging it to do a somersault. If this is not successful, or the baby turns back to a breech position, you will need to discuss your birth options with your doctor.

High blood pressure

High blood pressure (hypertension) may develop during pregnancy or you may already have high blood pressure. It can occur after 20 weeks gestation, be a one-off event, or part of a more complex condition such as pre-eclampsia. Treatment includes rest, monitoring of your blood pressure, monitoring of your baby and your wellbeing and may require medication. If your blood pressure doesn't settle, then you may need to have your baby earlier.

Pre-eclampsia

Pre-eclampsia is one of the more common complications of pregnancy and can occur at any time during the second half of pregnancy and the first few days after the birth. The signs of pre-eclampsia are severe headache, high blood pressure, visual problems and sudden excessive swelling of the face, hands and feet. Pre-eclampsia is

a serious condition of pregnancy. It may be anywhere between mild and severe and treatment varies accordingly.

Women with pre-eclampsia are closely monitored and have access to extra care. In the case of severe pre-eclampsia, more intensive monitoring of you and your baby will be provided and you may have to have your baby earlier than planned.

Gestational diabetes

About five percent of women develop raised glucose (sugar) levels during pregnancy which can potentially affect the baby. Please see more information on gestational diabetes on page 35.

Premature labour and birth

Premature labour is when labour begins before 37 weeks gestation. The reason for labour starting prematurely is often not clear. Causes can include multiple pregnancy, fibroids, an abnormal cervix or uterus, urinary tract or other infection in the mother, smoking and drug use. If you have had a premature baby before, your chances of having another premature baby are higher.

In some cases, your doctor may suggest that your baby be born early if there is a problem. The main reasons for this are pre-eclampsia, infection, placenta praevia and placental abruption.

If things don't go as planned, WNHS has many specialist services to support you during this difficult time. You may have been transferred from a regional hospital, particularly if you are between 24 and 32 weeks pregnant and are at risk of having a premature baby. If you need to stay in hospital, the Social Work Department can help you organise accommodation for your partner and family, as well as helping you organise any social support you may need. You will be able to talk to a paediatrician and take a tour of our nurseries. If you remain stable and reach beyond 35-36 weeks in your pregnancy, you may be transferred back to a hospital closer to your home. If you are planning to breastfeed your baby, it is important to commence expressing your colostrum within the first hour after the birth to help build your milk supply. Ask your midwife for assistance.

More information?

WNHS has a number of information brochures that focus on the individual needs of women experiencing pregnancy complications.

Ask your doctor or midwife if there is more information that can help you to understand what is happening or to help you make a decision about what to do next.



Non-elective caesarean

If problems develop during labour the medical team may decide that a caesarean delivery is the safest way for the baby to be born. There is more information about caesarean birth in the assisted birth section, on page 69.

Jaundice

Jaundice occurs because your baby’s body has more bilirubin than it can get rid of. Bilirubin is a yellow substance that’s made when the body breaks down old red blood cells and causes a yellowing of the skin and eyes. Jaundice usually appears about 24 hours after birth. It gets worse until the third or fourth day, and then it goes away in about a week.

Some babies may need phototherapy treatment, which involves special lights and controlled surroundings.

Intensive and Special Care

Some babies are born in need of special care or observation and may need to go to KEMH’s Neonatal Intensive Care or Special Care Units, or OPH’s Special Care Nursery. It may be for only a few hours or several weeks, or months if your baby is premature. Being separated from your baby at this stage can be very distressing. It may help a little to know that your baby is receiving the very best care. If you are well enough, you can visit intensive or special care. If you are not well enough, your partner can visit. If your baby is sick or premature, you will receive additional advice and support.

Sometimes, when babies no longer need our specialised care, but still need to be in hospital, they will be transferred to a hospital that is closer to your home.

For more information visit <https://cahs.health.wa.gov.au/Our-services/Neonatology/Neonatal-Units>

When a baby dies

Pregnancy loss can occur at any time, from very early in the pregnancy through to babies that die soon after birth. Despite advances in medicine and technology, a small percentage of pregnancies end prematurely, often for unknown reasons. Regardless of the gestation of the pregnancy, each loss is unique. Bereaved parents will react in their own individual way depending on their personal values and beliefs. The hospital aims to respond to the needs of individual women and their families at this time.

The Perinatal Loss Service at WNHS can offer you support and advice including:

- Crisis counselling
- Pastoral care
- Information
- Practical support and referral to community supports as needed

When a loss happens, particularly a loss in later pregnancy or a still birth, you will need to make many choices about your care and how you would like us to provide bereavement services. We encourage you and your partner to take your time

in making these decisions and NMHS will support you to do this. You will also be offered a follow-up visit at the hospital with a senior doctor to discuss questions you might have about your pregnancy, the care you received and the reasons for your pregnancy loss.

Please contact the Perinatal Loss Service on 0416 019 020.

Women and Infants Research Foundation

Women and Infants Research Foundation (WIRF) research focuses on the major health issues that affect newborns, reproduction and women’s health at all ages. WIRF is also the charity of King Edward Memorial Hospital, helping to raise vital funds for equipment, new initiatives and essential research studies into women’s and infants’ health.

For more information or to donate, call (08) 6458 1437.



9
Find out more

Find out more

Women and Newborn Health Service contact details

To contact any service, you can call the hospital switchboard on (08) 6458 2222 (KEMH) or (08) 6457 8000 (OPH) and ask to be connected.

Aboriginal Health Promotion
(08) 6458 1123

Aboriginal Liaison Officer
(08) 6458 2777

Antenatal Clinic
(08) 6458 2222

Bears of Hope Pregnancy & Infant Loss Support
1300 114 673

Breastfeeding Centre of WA
(08) 6458 1844

Community Midwifery Program
(08) 9301 9227

Crèche
(08) 6458 1370

Customer Service Unit
(08) 6458 1444

Day Surgery Unit
(08) 6458 1459

Department of Psychological Medicine
(08) 6458 1521

Early Pregnancy Assessment Service
(08) 6458 1431

Family Birth Centre
(08) 6458 1800

Genetic Services WA
(08) 6458 1525

Languages Services
(08) 6458 2802
If the patient needs to call the hospital and talk to staff with an interpreter, they can call TIS on 13 14 50 (free 24/7 service).

Mother and Baby Unit
(08) 6458 1799

Nutrition and Dietetics
(08) 6458 2795

Pregnancy and Breastfeeding Medicines Information Service
(08) 6458 2723

Occupational Therapy
(08) 6458 2870

Outpatient appointments
Outpatient Direct 1800 855 275

Parent Education
(08) 6458 1368

Pastoral Care and Spirituality Services
(08) 6458 1036 or (08) 6458 1726

Patient Advocacy Service
(08) 6458 1444

Patient enquiries
(08) 6458 1869

Perinatal Loss Service
(08) 6458 2128 Page: 3430

Perron Rotary Express Milk Bank
(08) 6458 1563

Pharmacy KEMH
(08) 6458 2722

Pharmacy OPH
(08) 6457 8148

Physiotherapy Department
(08) 6458 2790

Private Patient Liaison Officer
(08) 6458 1066

Sexual Assault Resource Centre (SARC)
(08) 6458 1828 or 1800 199 888
(24-hours 7 days a week)

Social Work
(08) 6458 2777

Visiting Midwifery Service
(08) 6458 1530

Women and Infants Research Foundation (WIRF)
(08) 6458 1437

Women and Newborn Drug and Alcohol Service (WANDAS)
(08) 6458 1582

Women and Newborn Health Library
(08) 6458 1100

Community support and information services

Australian Breastfeeding Association
(formerly Nursing Mothers)
1800 mum 2 mum
(1800 686 268)

Centrelink
13 61 50

healthdirect Australia
1800 022 222

Immunisation Information Line
1800 671 811

Kidsafe
(08) 6244 4880

Lifeline
13 11 14 or suicide helpline
1300 651 251

Medicare
13 20 11

Men’s help line
1300 789 978

Mental Health Emergency Response Line
1300 555 788 (metro) or
1800 676 822 (rural)

Medicine Information Service
(08) 6458 2723

Ngala - Early Parenting and Early Childhood Services
(08) 9368 9368 and Hey Dad WA
(08) 9368 9379

PANDA
(Post and Antenatal Depression Association)
(03) 9428 4600 or 1300 726 306

Parenting WA Line
(08) 6279 1200 or 1800 654 432
(free for STD callers)

Perth and Districts Multiple Birth Association
(08) 6458 1536

Poisons Information Centre
13 11 26

Pregnancy, Birth & Baby helpline
1800 882 436

Quitline
(24-hour telephone and information service) 13 78 48

Red Nose Grief and Loss
24-hour crisis line - 1300 308 307

Registry of Births, Deaths and Marriages
1300 305 021

Relationships Australia
1300 364 277

SANDS
Telephone support for loss
1300 308 307

WorkCover WA
1300 794 744

Websites about pregnancy and parenting

Austprem
www.austprem.org.au

By families who have experienced the challenge of parenting a premature infant. Includes information about emergency caesarean birth premature babies.

Australian Breastfeeding Association
www.breastfeeding.asn.au

Informative and reputable site run by mothers for mothers; women supporting each other with a common interest in breastfeeding.

Australian Multiple Birth Association
www.amba.org.au

For families with twins, triplets, quadruplets or more. Support from ‘those who know’.

Beyondblue
www.beyondblue.org.au
Information about depression, anxiety and other mental health issues, including mental health during pregnancy and after birth.

COPE (Centre of Perinatal Excellence)
www.cope.org.au
Providing support for the emotional challenges of becoming a parent.

Having a baby in WA
www.health.wa.gov.au/havingababy

Information about pregnancy, birth and your baby’s first 12 months from the WA Health Department. Explains the pregnancy and birth care options in WA.

Supports informed decision making for pregnant women and families.

It gives clear information about types of care, definitions, what is available and where. It can help you decide what’s right for you and how to get the most out of the care you receive.

Kidsafe
www.kidsafe.com.au
Site of the Child Accident Prevention Foundation of Australia.

Lamaze
elearn.lamaze.org/courses/free-labor-confidence-with-lamaze

Online classes provide an engaging and self-paced learning environment, allowing parents-to-be and new parents to virtually interact with Lamaze educators and content experts through all stages of pregnancy, preparing for labor or a VBAC, breastfeeding, and parenting.

Maternity Coalition Inc.
www.maternitycoalition.org.au
National umbrella organisation committed to the advancement of best-practice maternity care for all Australian women and their families.

MensLine Australia
www.mensline.org.au
The national telephone support, information and referral service for men with family and relationship concerns. The service is available from anywhere in Australia for the cost of a local call, 24 hours a day, 7 days a week.

Mother to Baby
<https://mothertobaby.org/>
Information about medication and other exposures during pregnancy and while breastfeeding

Ngala
www.ngala.com.au
Ngala is a provider of early parenting and early childhood services with a passion for supporting and guiding families through the journey of parenting.

Post and Antenatal Depression Association (PANDA)
www.PANDA.org.au
Support and information for women and their families who are affected by postnatal and antenatal depression, and anxiety.

Raising Children
www.raisingchildren.net.au
An excellent Australian parenting website with parenting information from newborns to school age children.

Relationships Australia
www.relationships.com.au
Finding information on the web
There is a lot of pregnancy information on the Internet and the quality can vary widely. Websites often change, some will be modified, new ones will appear and others will be abandoned. Consequently, you will need to be selective when using the internet to research pregnancy and birth

Red Nose
www.rednose.org.au
Information and support following the loss of a baby.

Statewide Perinatal and Infant Mental Health Program
www.kemh.health.wa.gov.au
Information about emotional health for parents during pregnancy and beyond.

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

Amniocentesis – a pregnancy diagnostic test performed to determine chromosomal and genetic abnormalities and some birth defects. The test involves a procedure done by a doctor inserting a needle through the abdominal and uterine wall into the amniotic sac to retrieve a sample of amniotic fluid.

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

Anaemia – any condition in which the number of red blood cells is less than normal. The term usually applies to the concentration of the oxygen transporting material in the blood, which are the red blood cells.

Antenatal – the period of time before giving birth. Also called prenatal.

Braxton Hicks contractions – irregular, painless tightening of the uterus during pregnancy.

Caesarean section – when the baby is delivered by a doctor cutting into the uterus through the abdomen. Elective caesareans are planned during pregnancy while non-elective caesareans are planned during labour.

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

Chlamydia – Chlamydia is the most common sexually transmitted infection (STI) in Australia and can be serious for both men and women.

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

Conception – when the ovum or egg is fertilised by the male sperm.

Contraction – a word used to describe the pains felt during labour as the uterus contracts and relaxes to open up the cervix.

Chorionic villus sampling (CVS) – taking a small sample of the placenta for tests, eg: Down syndrome.

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

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

Fetal heart monitoring (CTG) – a method of listening to the baby’s heartbeat during pregnancy and birth. Monitoring of the baby can be through the abdomen or internally through the vagina.

FGM – term used to describe types of female cutting or knicking.

Flu vaccine – An annual immunisation; speak to your doctor or midwife regarding your flu vaccine requirements.

Folate (folic acid) – a vitamin that can help reduce the risk of birth defects of the brain and spinal cord (also called neural tube defects).

Forceps – a special instrument placed around the baby’s head, inside the vagina to help guide the baby out during delivery.

Genetic – inherited, hereditary gestation, a term that refers to the duration (in weeks) of the pregnancy.

Group B streptococcus (GBS) – bacteria that occur naturally in the vagina and intestinal tract (anus) in about 15 percent of women. This is normal and rarely harmful when a woman is not pregnant. However, in a very small number of cases (1 in 100), the bacteria can pass to the baby during birth and may cause an infection that makes the baby very sick.

Hepatitis B/hep B – a viral infection of the liver.

Hepatitis C – Hepatitis means inflammation of the liver. Hepatitis C is a blood-borne virus. It’s passed on by blood-to-blood contact, when infected blood enters another person’s bloodstream. It is sometimes called hep C.

HIV – human immunodeficiency virus, the virus that causes AIDS.

Hypertension – high blood pressure

Induction of labour – labour brought on using a synthetic version of the hormone (oxytocin) that starts contractions.

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

Meconium – greenish black sticky substance passed as baby’s first bowel motion.

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

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

Nitrous oxide – a gas mixed with oxygen used in birth to help with pain relief.

Obstetrician – a specialist doctor with extra qualifications and training in pregnancy and birth.

Cervical screen – a vaginal examination to detect cell abnormalities in the cervix.

Pertussis (whooping cough) – whooping cough is a highly infectious disease that can be a life threatening for babies and young child.

Morphine – a medication given by injection to help with pain.

Phototherapy – treatment of jaundice in a newborn baby.

Placenta – an organ inside the uterus that is attached to the baby by the umbilical cord. Its function is to exchange blood, oxygen and nutrients between the mother and baby. Also called afterbirth when it is expelled following the birth of the baby.

Placenta praevia – low attachment of the placenta. Very close to or covering the cervix.

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

Pre-eclampsia – a condition of pregnancy characterised by high blood pressure and protein in the urine.

Premature – a baby born before 37 weeks of gestation.

Prenatal – the term used to describe the time during the pregnancy before the birth of the baby. Also referred to as antenatal.

Prostin – a prostaglandin (synthetic hormone, oxytotic) gel or pessary that is inserted into the vagina to assist induction of labour.

Rubella (German measles) – a viral disease that can cause major abnormalities in the unborn baby if the mother has the infection in early pregnancy.

Shared care – care shared between hospital and community carers, eg: midwife or doctor.

Spina bifida – a congenital abnormality characterised by a defect in the spinal column. Membranes of the spinal cord and the spinal cord itself protrude outside the protective bony canal of the spine.

Toxoplasmosis – an infection caused by a parasite; can be contracted from handling raw meat or cat faeces.

Ultrasound – a test to view the internal organs of the baby in the uterus. It uses sound waves that echo off the body to create a picture of the baby.

Umbilical cord – the connection between the baby and the placenta.

Uterus (womb) – a muscular organ in which the baby grows.

Vacuum extraction – a procedure used to assist the birth of the baby by using gentle suction to the baby’s head. Also called ventouse.

Other resources

This book has been designed to provide women who visit the Women and Newborn Health Service (WNHS), with general information about their pregnancy journey.

Other resources are available for more specific information and these can either be seen online via the WNHS website or in the Women and Newborn Health library, or ask your midwife for more information.



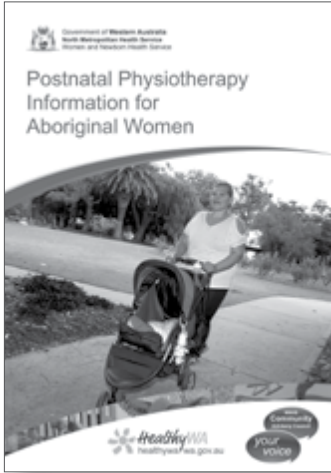
Your Caesarean Birth and Recovery - 011



Physio after Childbirth - 0556



After your Epidural or Spinal Block - 0309



Postnatal Physiotherapy Information for Aboriginal Women - 0623



If you, or the person you care for gets sicker, tell us right away

Step 1

Worried about a change in your condition or the person you care for? Tell us.

Step 2

Still worried? Speak to a senior staff member.

Step 3

If your concern is urgent, make a call on 1800 792 621

You know yourself or your loved one best.
We will listen to you.



Thank you

Thank you to our WNHS Consumer Advisory Council for their valuable input into the creation of this book and to our King Edward Memorial Hospital patients who kindly agreed for their photos to be featured.

Tell us what you think of this book

Please email kemh.pr@health.wa.gov.au

to tell us what you think about this book and whether you enjoy having it as part of your pregnancy journey.



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