Pregnancy, Birth and your Baby

A guide to your care with
King Edward Memorial Hospital | Family Birth Centre | Community Midwifery Program
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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 275A

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 you can contact the King Edward Memorial Hospital Emergency Centre on (08) 6458 1431 anytime day or night.

When you are in need of urgent care after 20 weeks
If you need urgent care contact the Maternal Fetal Assessment Unit (MFAU) on (08) 6458 2199 anytime day or night.

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

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 to KEMH are at Daglish (670 metres) and Subiaco (1 km).

Planning your trip by public transport is made easy by using the website www.transperth.com.au or calling 13 62 13 for information on bus/train routes and timetables.

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.

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.kemh.health.wa.gov.au and www.healthywa.wa.gov.au

Please note that if you wish to contact King Edward Memorial Hospital via telephone our number is (08) 6458 2222.

Fact sheets and brochures
More information can be found at: www.kemh.health.wa.gov.au

KEMH (08) 6458 2222
Family Birth Centre (08) 6458 1800
Community Midwifery Program (08) 9301 9227
Welcome

Congratulations on your pregnancy and welcome to Women and Newborn Health Service, incorporating King Edward Memorial 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.

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

Depending on your individual needs and where you wish to give birth WNHS has a variety of pregnancy care options available:

Community Midwifery Program

The 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 to four 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, Cockburn and Rockingham.

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 the Community midwifery program, visit our website at 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 may birth in the Family Birth Centre (FBC) for low risk pregnancies, or in the main hospital.

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.

Clinic appointments are available Monday to Saturday including Wednesday evening.

Shared Care

This option enables you to continue appointments with your General Practitioner (GP) or an eligible privately practicing midwife (EPPM) during your pregnancy.

GP Shared Care

After seeing the midwife/doctor at KEMH 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 Practicing Midwife

Alternatively you may wish to consider a privately practicing midwife who is self employed and can admit pregnant women under their care.
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 e.g. 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 11.

Family Birth Centre
The FBC provides care for healthy women for whom a straightforward, 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.

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.

Services and support
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, the Family Birth Centre or with the Community Midwifery Program (KEMH as their nominated hospital).

Aboriginal Liaison Officer at KEMH
Aboriginal Liaison Officer
Tel: (08) 6458 2777
(Wednesday, Thursday, Friday)

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.

Outpatient Pharmacy
Lower Ground Floor, B Block, 374 Bagot Road, SUBIACO WA 6008
Phone: (08) 6458 2722
Open: Monday to Friday 8.30am - 5.00pm

Pastoral Care Services
Tel: (08) 6458 1036 or (08) 6458 1726

Crèche
Tel: (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.

Interpreters – Language Services
Tel: (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.

Are you or your baby of Aboriginal or Torres Strait Islander origin?
You will be asked this question when you attend King Edward Memorial Hospital (KEMH).

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 KEMH 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.

Visiting Hours
King Edward Memorial Hospital
Visitors are welcome to visit maternity wards 3, 4, and 5 each day from:
3.00 pm – 8.00 pm
Visitors outside these hours will not be permitted on the wards.
One nominated support person, such as a partner, is able to visit any time between 8am and 8pm.
Partners are unable to stay overnight at KEMH.

Family Birth Centre
Visitors are welcome to visit at any time during your stay in the FBC.

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.

Women and Newborn Health Library
This is a free library service which provides 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 9.00am -12noon Monday to Friday excluding public holidays.

2
Services and Support

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.
Tel: 1800 882 436

Department of Psychological Medicine
Tel: (08) 6458 1521
8.30am – 5.00pm
The Department of Psychological Medicine provide 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 six months after discharge or clinic attendance and for up to one year for parents of babies hospitalised in the Special Care Nursery.
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. KEMH 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 the SARC.

Providing feedback
Tel: (08) 6458 1444
(Customer Service Unit)
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
Tel: (08) 6458 2777
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
Tel: (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 KEMH website www.kemh.health.wa.gov.au
Women living with a disability or chronic health condition who need extra support may be referred to the KEMH 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, 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.

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 Community Advisory Council (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, 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.

The role of the CAC is to:
1. Advise and facilitate to WNHS on ways to increase community participation
2. Assist WNHS in monitoring quality of service and accessibility
3. To advocate on behalf of consumers, carers and community
4. To provide a consumer perspective on activities, initiatives and projects that impact on 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
Customer Service Unit
Women and Newborn Health Service
PO Box 134
Subiaco WA 6904
Send an email to kemhcsu@health.wa.gov.au and put ‘CAC issue’ as the subject heading.
Telephone the Customer Service Unit on (08) 6458 1444

Did you know?
Suggestion boxes and feedback forms are found around the hospital or ask a staff member about how you can provide feedback.
Benefits of breastfeeding

Health benefits for you
- Breast milk has all the nutrients necessary 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 your baby
- 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 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).

Ten Steps to Successful Breastfeeding

KEMH is a Baby Friendly Health Initiative (BFHI) Accredited Hospital where a mothers informed choice of feeding is encouraged, respected and supported. BFHI accredited hospitals follow the Ten Steps to Successful Breastfeeding.

1. Comply fully with the International Code of Marketing of Breast-Milk Substitutes and relevant World Health Assembly Resolutions
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 practice 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, speak to your midwife or book in with the KEMH Parent Ed department if you are having your baby at KEMH.
The following services & support are available specifically for patients at:

King Edward Memorial Hospital (KEMH) special services

Parent Education
The KEMH Parent Education department offers a wide range of classes to help prepare and assist women for the birth of their baby, ongoing care and the transition to parenthood. Your partner or support person are welcome.

Bookings are essential so please contact the Parent Education team on (08) 6458 1368 between Monday and Friday, 8.00am - 9.00am, or 3.00pm - 4.00pm (except Wednesdays) to book your place.

The Parent Education department is located on the first floor of A Block in the hospital and is staffed by clinical midwives. Student midwives are allocated to Parent education as part of their midwifery training.

Please book early to avoid disappointment.

Antenatal classes
Healthy pregnancy discussion for pregnant women between 12 and 20 weeks
An enjoyable evening for women and their partner or support person about understanding the physical changes pregnancy brings. This session involves discussion with the midwife, dietitian and physiotherapist.

Hospital tours
Tours are conducted by midwives three days a week and start in the main entrance of KEMH Bagot Road Subiaco.
Please note that for safety and wellbeing we ask that children do not attend.

Childbirth and Parenting Courses
This course is offered to first time mothers and their partner or support person. Each weekly session lasts for two hours and runs over a five week period.

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 postnatal issues.
A condensed course is also available, which includes the topics above and held over two sessions.
It is recommended that you attend the Breastfeeding and Physiotherapy classes also.

Breastfeeding workshop
The breastfeeding workshop provides the opportunity for all pregnant women to practise positioning and attachment of the baby at the breast in a small group setting. In this women-only environment, open discussion of breastfeeding is supported and encouraged.

Physiotherapy classes
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.
Please ring (08) 6458 2790 to book your place.

Vaginal birth after caesarean (VBAC) class
For women and their support person planning a vaginal birth after a previous caesarean birth.
Phone (08) 6458 1368 for details.

Planning a positive caesarean birth class
For women and their support person who are booked for a caesarean birth

Multiple birth class
An evening specifically designed for women and their support person expecting twins or triplets.
Please ring the Parent Education Department on (08) 6458 1368 for details.
Bookings are essential for classes and hospital tours.

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
Women who have their babies with the FBC can also access the Antenatal Breastfeeding Classes through the Breastfeeding Centre. All the KEMH specific services are available to the 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

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 page 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-rich foods

Folate (or folic acid) is a vitamin found in a variety of foods. It is recommended that you take a folate supplement 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 (a type of birth defect). As well as eating foods such as leafy vegetables and beans, a daily supplement containing 500mcg folic acid is recommended.

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 complications, like 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.

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 foods like 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.
**Taking care of yourself**

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.

**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. The NHMRC recommends that all women take a daily pregnancy vitamin that contains 150μg of iodine.

**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 can eat one serve of any fish or seafood not listed below (an average serve is 150 grams).

**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 to 16 kilos. 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 dietician (see back page for contact details). If your Body Mass Index (BMI) is more than 40 you will be referred to a dietician. 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 drinks 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.

**Take care!**

These foods may upset your stomach:

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

**Helpful hints**

**Morning sickness**

Tips for relief:

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

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

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.

**Ginger**

Ginger can be taken as:

- Ginger biscuits
- Crystallised or glace ginger
- Ginger beer (non-alcoholic) check contains ginger root
- Ginger biscuits
- Half a teaspoon of powdered ginger dissolved in herbal tea
- Ginger 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
- Eat slowly and sit upright
- Practice 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.

| Sources: National Health and Medical Research Council |

| Useful snacks for controlling morning sickness or nausea |

- Popcorn or dry breakfast cereal
- Crackers or bread or dry toast
- Grated ginger root in hot water (can strain and serve cold with honey)
- Half a teaspoon of powdered ginger dissolved in herbal tea
- Crystallised or glace ginger
- Ginger biscuits
- Ginger beer (non-alcoholic) check contains ginger root
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Taking care of yourself

Food safety and hygiene

There are two infections of particular concern during pregnancy. Although these infection 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, feta 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
- 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 4 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 degrees) 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 bounding 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 5 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 2 or 3 sets per day.

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

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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) | 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
  - 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
  - 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 | 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) | 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 | Try stretching your calf before bed and as cramps start
| Seek medical advice for calcium and magnesium sources

Varicose veins and vulval varicosities | 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 | Avoid prolonged standing
| Exercise in water
| Walk regularly
| Rest with feet elevated

Constipation | 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 | 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.
Taking care of yourself

Medications and alternative medicines
General medication information

Before taking your medication
Medicines include those that are prescribed by your doctor, purchased over-the-counter at pharmacies or at a supermarket, health food stores, a naturopath and herbal medicines.

Throughout the course of a pregnancy, it may not be possible to avoid all medications. Some women have existing medical conditions that require treating whilst others may experience new conditions during pregnancy, such as morning sickness or heartburn, which may require treatment. Before starting any new medications or stopping regular medications 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, osteopathy, 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 medications in pregnancy and breastfeeding. Speak to your doctor, pharmacist or midwife before starting any of these medications.

Managing constipation during pregnancy
Constipation is common during pregnancy. There are a number of ways to help reduce and manage constipation, these include:

- Increased exercise – at least 30 minutes of moderate physical activity everyday
- Adequate fluid intake – at least 2 litres a day
- Adequate fibre intake – 30g of fibre everyday 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 the constipation, speak to your doctor, pharmacist or midwife for alternatives.

Vitamin D
Vitamin D is an important vitamin for both 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?
90% of Vitamin D is made from direct skin exposure to sunlight and only 10% is available from some 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 be required to spend a longer period of 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 using a blood test. This 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 in the back of this booklet).

Smoking
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 or you can find more information at www.quitwa.com or contact the Quitline on 13 78 48.

Quit smoking for baby

See page 46 for full poster

Helpful hints

When you feel the urge to smoke
Things you can do:

- Distract yourself for the five to ten minutes it takes for a craving to pass.
- Relax, take several deep breaths with a pause between each breath.
- Drink a glass of water slowly (this really works!)
- Use nicotine patches or gums.
- 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.
Taking care of yourself

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.

In pregnancy, dental care is important. 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 so 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.

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 6 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 – 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 (08) 794 744 or triage nurse about your assessment.

Additional information and resources
• A list of risks.
• A list of risks.

More information visit the Emotional Health for Parents section of our website at www.kemh.health.wa.gov.au

Mental Health Services
Pregnancy and the early months after birth are times when anxiety, depression or other mental health problems can begin or become worse (even if you’ve never experienced them before). If problems or emotional reactions feel ‘out of control’ or are getting in the way you can get help from the Department of Psychological Medicine at KEMH. Your midwife or doctor may recommend a referral for an assessment.

You can also call direct on (08) 6458 1521 and ask to speak to a triage nurse about your concerns.

For more information visit the Mental Health Services section of our website at www.kemh.health.wa.gov.au

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
Taking care of yourself

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 are 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 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 can make sure that you get the support you need.

Taking care of yourself

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)

“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.”

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
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 KEMH 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.

KEMH and FBC patients can contact the Social Work Department via our website.

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 beginning in a relationship for the first time.

Support and information

KEMH Social Work Department – (08) 6458 2777
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)
Domestic Violence Advocacy and Support Central – (08) 9227 5652
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)
Your visits

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 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, medications 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,

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, drug and alcohol use, sexually transmitted infections.

Digestive 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.

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 two hundred 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 1 and 2 hours after the drink. You will be required to remain at the laboratory for the 2 hour duration of the test.

Non-invasive prenatal testing (NIPT or Harmony Test)
PathWest and most private pathology providers offer NIPT. It is not currently funded by Medicare and patients are required to pay out of pocket for this service. KEMH 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).

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 KEMH in all cases. You can arrange the test through your local doctor (GP) which will involve some out-of-pocket expense. For more information visit www.kemh.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.

What is a routine check up?
At each visit a midwife or doctor will:
• Follow-up and discuss any tests you may have had or are about to have.
• Check that you are physically well (e.g. blood pressure check).
• Answer any of your questions (you may like to write 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.

What is a routine check up?
In this section we give you an overview of the recommended visits you will have, at KEMH, at 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.

Pregnancy, Birth and your Baby

• the risk of an open neural tube defect – based on the maternal serum alpha fetoprotein level (MSAFP).
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
- Whether they have support from family and friends
- Whether they are Aboriginal or Torres Strait Islander
- Emotional wellbeing and anxiety

This is to make sure 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) (AIDS).
- 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).

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.

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.

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 15 grams
- is forming fingers and toes
- is developing facial features
- is forming organs, the heart, brain and the nervous system.
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 talk to experienced breastfeeding mothers at the Australian Breastfeeding Association on telephone 1800 mum 2 mum (1800 686 2 686). If you plan to formula feed your baby you will be shown how to do this.

If you haven’t already organised an ultrasound appointment through your local doctor (GP), you will need to make one as early as possible.

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 tenth day. There is good circulation through the umbilical cord by the tenth week of pregnancy.

Position

The placenta usually attaches itself to the top 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 300 grams
• 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.

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.

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 ‘let go’ 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 5 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 ten 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 practice 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 KEMH 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, please visit our website.
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 FBC or as part of the 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, Family Birth Centre or with your community midwife.
Between 21 and 33 weeks

**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 800 grams
- is moving more and the movements are stronger and usually in a regular pattern
- is usually awake when you want to sleep
- responds to sound and light
- has the first signs of hair growth
- has a protective substance called vernix covering the skin
- can swallow fluid and may get hiccups
- practices sucking
- has working kidneys.

**At 30 weeks**

**You**
- may feel breathless
- may have indigestion and heartburn
- might have leg cramps
- may find it hard to get comfortable.

**Your baby**
- is 38cm long
- weighs 1400 grams
- 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 you**

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.

Preparation 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 e.g. muscle cells to provide you with energy. During pregnancy the body needs to make 2-3 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% 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

**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 drinking the drink.

**Risks to the baby:**

- Macrosomia (large baby) which may lead to a difficult birth
- Polyhydramnios (excess fluid around the baby whilst in 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 recurr in future pregnancies
- The risk of Type 2 diabetes later in life is high.

**Risk factors for developing GDM**

- Maternal age >35
- Previous large baby >4kg at term or a baby large for gestational age.
- Pre-pregnancy obesity
- Poly cystic ovarian syndrome
- Ethnicity: Asian, Indian Subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, Non-White African
- Some Medications, e.g. 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 mother:**

- Macrosomia (large baby) which may lead to a difficult birth
- Polyhydramnios (excess fluid around the baby whilst in 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 baby:**

- Macrosomia (large baby) which may lead to a difficult birth
- Polyhydramnios (excess fluid around the baby whilst in 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.
Who should be tested for GDM?
The Australasian Diabetes in Pregnancy Society (ADIPS) recommends early testing those women who are at risk (as listed above) and routine testing for all women between 26 – 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 discussion 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 KEMH 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% 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 6 weeks after the baby is born to check that the diabetes has gone. This test should be repeated every 2 years.

Exclusively breastfeeding your baby can reduce the risk of developing type 2 diabetes in the future. If you would like antenatal discussion / postnatal support contact the Breastfeeding Centre.
Quit smoking for baby

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

Smoking in pregnancy is one of the main causes of stillbirth

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

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

This information has been provided by NHMRC Centre of Research Excellence in Stillbirth (Stillbirth CRE)
Pregnancy, Birth and your Baby

Between 33 and 40 weeks

Most women have four visits over this time. They are mostly routine checks. For women doing shared care you will attend the hospital for all your 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 2500 grams
- 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. 10-30% of pregnant women carry GBS in their vagina and/or rectum where colonization is transient i.e. it comes and goes. It is important to note that GBS is not sexually transmissible.

Between 15 and 25% 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 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% of women will receive antibiotics in labour, and this is estimated to reduce the rate of GBS infection in newborn babies by approximately 80%.

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. 80% 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 1 in 10 people can develop mild side effects such as diarrhoea, nausea or a rash;
- Between 4 in 10,000 and 4 in 100,000 develop a life threatening allergic reaction (known as anaphylaxis) to penicillin based antibiotic 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; and
- 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.

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 handing your pet, especially when washing your hands e.g. reptiles carry a bacteria (germ) called salmonella that is very hard to kill.
- Ensure that your pets are up to date with vaccinations.

Pet Safety
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Between 33 and 40 weeks

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 37.4 degrees Celsius;
• 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;
• Irritable; or
• High or low heart rate - a well baby’s heart beats between 110 and 160 beats per minute.

Monitoring your baby during your pregnancy
It’s important to check your baby’s heartbeat throughout pregnancy and when you are in labour to make sure your baby is ok.

The heartbeat can be monitored by:
• Listening
  The midwives and 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 cardiotograph 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.
• Breastfeeding, including:
  – the importance of ‘skin-to skin’ contact after the birth
  – demand feeding
  – getting positioning and attachment right
  – exclusive breastfeeding to six months
  – how often does a newborn baby feed
  – the importance of ‘rooming in’.

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 if you are going to require child care when you are in hospital now is a good time to make arrangements and have the peace of mind that your other children will be well cared for whilst you are away.
The Family Birth Centre has a different policy on children and families and 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...
If you are filming or taking photos, please check with staff whether they are happy to be in them.
Please don’t make staff wait to give you care whilst you speak or text on your phone.
Remember you might not be able to record your birth if an emergency situation arises.
If you are asked to turn your phone off by a member of staff, please turn it off.

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

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’ which is 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 3400 grams
- 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). Approximately 10 per cent 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 1,000)
- beyond 42 weeks however, the risks are increased further (to about 3 in 1,000)
- 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 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 well-being 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 or more weeks).
- 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 a 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 Foley’s Catheter is used to soften and open an ‘unripe’ cervix, enough for the doctor or midwife to break your membranes.
Between 40 and 42 weeks

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.

Foley Catheter (a thin hollow soft tube)
- Baby’s heartrate 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 heartrate 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.

Oversimulation 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. Occasionally an induction of labour may be delayed when labour and birth suite is busy.
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, 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, deodorant, toothbrush, toothpaste, brush/comb etc.
• 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 medications
• 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.

Please leave jewellery, credit cards and other valuables at home and do not bring in large amounts of cash. Please also note that there are no facilities available for heating food brought into the Hospital.

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 whilst 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 you want to talk to a midwife you can contact the Maternal Fetal Assessment Unit on (08) 6458 2199 or for those in the MGP call your midwife on his/her mobile.

For women booked to Family Birth Centre call your midwife on his/her mobile.

For women booked to Community Midwifery Program – phone your midwife on his/her mobile.
Giving birth

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 like toilet paper, pads and nappies
- Make extra meals and freeze them

What to pack for your stay

For you:
- Medications, private health and concession cards
- Current medications
- Comfortable clothing, shoes, socks, dressing gown
- Nursing bag and 1 box of breast pads
- Soap of baby's or mother's choice
- Personal care items
- A light snack and a drink

For your baby:
- 1 pack: wet wipes, nappies, stretchy sleepers
- Baby toys, clothes and all nappies
- Blanket and your clothes for going home
- Formula, if you have chosen to formula feed.

Do not bring valuables
We recommend that you leave valuable items at home as our health service cannot accept responsibility for loss or damage to any property left in your room or ward.

You may wish to bring a small amount of money for telephone calls, newspapers or magazines etc.

Medications during your hospital stay:
When you come to the hospital, you might be asked some questions in relation to medications:
- What medications are you 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 which medications you are taking, a process called Medication Reconciliation is completed. Hospital pharmacists are available to assist you with information about your medications and answer your questions during your hospital stay. The pharmacists also:
- Review your medications and work with your doctor to maximise the benefits and the safety of the medications you are receiving.
- Explain your medicines, including the purpose of your medications, how to take them, possible side effects, and any other important information you may need to know.
- Dispense your medications while you are on the ward, and may dispense the medications 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.
Giving birth

“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 KEMH 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 to KEMH 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 a Community Midwife through 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:

Contrainctions
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 water 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

Pregnancy, Birth and your Baby
Giving birth

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. Practice 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, 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.

Gas (known as Entonox™)

Available at: KEMH, 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 (i.e. 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 and painful post insertion.
- Needle insertion and removal of epidural catheter may cause discomfort.
- There is a risk of infection which may become epidural abscess (infection).

Risks of having an epidural or spinal to reduce labour pain

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

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

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.

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 5.00pm and 6.00pm, the evening before your admission, on (08) 6458 1459.
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 5.00pm - 6.00pm 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.

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.
Giving birth

Enhanced Recovery After Surgery (ERAS)
Enhanced Recovery After Surgery (ERAS) is the innovative approach to improve your experience and recovery following caesarean section. King Edward Memorial Hospital for Women 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.
• Allow you 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 whilst you are still in theatre or recovery.
• After surgery a number of different pain relieving medications 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.

The Western Australian Women and Newborn Health Network 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:
• 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.

Your extras

- details about when you would be required to leave the water.

- whether there are any reasons why immersion in water is not advisable for you

- the benefits and risks to you and your baby

- 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.
Giving birth

- 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 heartrate
  - 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 well being 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.
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 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 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 mothers 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 everyday.

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.

Preparing falls after you have had 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 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
- Use your call bell if you require assistance

Visiting Hours

King Edward Memorial Hospital
Visitors are welcome to visit maternity wards 3, 4, and 5 each day from:
3.00 pm – 8.00 pm
Visitors outside these hours will not be permitted on the wards.

One nominated support person, such as a partner, is able to visit any time between 8am and 8pm.

Partners are unable to stay overnight in the FBC.

Family Birth Centre
Visitors are welcome to visit at any time during your stay in the FBC.
After the birth of your baby

Tests and medications 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 e.g. through contact between open sores or wounds.
• Through other body fluids including saliva e.g. 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% of infants infected at birth remain infected for many years – i.e. 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 over one billion doses of 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
It is recommended that all babies in WA have a newborn screening test to identify those at risk for rare, but serious medical conditions, Phenylketonuria (PKU), hypothyroidism and cystic fibrosis.

In most cases, if the diseases are found they can be treated and the baby will grow and develop normally.

How is the test performed?
When your baby is between 48 and 72 hours old a midwife will do a heel prick test. If the results are normal you will not be contacted. This is the case for more than 98 percent of babies.

If there are abnormalities with the test, you will be contacted and your baby will be referred to a specialist for tests and treatment.

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.

Pain relief after the birth of your baby
A number of pain medications may be safely used whilst 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.

Codeine – containing products are not recommended whilst breastfeeding. If you have difficulty managing your pain, contact your doctor, pharmacist or midwife for more information.

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 3 hours and then about 8 to 10 times per day. The midwife will encourage you to express breast milk, starting as soon as you can after the breast, starting as soon as you can after birth and within 3 hours and then about 8 to 10 times per day.

Do not get up on your own, wait for staff to help you.
• 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 (e.g. 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.

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After the birth of your baby

**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 inform you of when you may go home.

If you and your baby are well enough, you can expect to go home from 4 hours after an uncomplicated vaginal birth, and between 24-72 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.

Following discharge, you will receive continued care from the Visiting Midwifery Service for up to 5 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 Medications at KEMH**
Any medications you require when you go home can be provided by the KEMH Pharmacy. Getting your medications 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 KEMH will require a payment. The cost of these medications 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 the payment process with you. When you receive your discharge or outpatient medications, you will be given an invoice and may go to the hospital cashier to pay for your medications 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 paying for your prescribed medications please talk to your midwife or doctor, or contact your KEMH Social Work department.

Cashier Opening hours:
Monday-Friday, 8:45am – 4:45pm (Closed Weekends and Public Holidays)

**At the time of discharge**
At the time of discharge you may receive a supply of medications dispensed by the hospital pharmacy for you to take home, especially if your medications 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 medications 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 approximately a 40km radius from the hospital. Women who live outside this limit can see their GP, Child Health Nurse or local hospital for postnatal support.

The VMS midwife will 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 8:00am 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

**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 local doctor (GP) or the KEMH Emergency Centre if you experience the following:
- You are concerned about the amount of bleeding
- You pass clots larger than a 50 cent coin
- The bleeding stops and then starts again suddenly, and becomes bright red again
- You have a fever, chills or generally feel unwell
- Your vaginal discharge has a bad odour
- You have increasing pain in your wound or your stitches are hot and red
After the birth of your baby

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 often 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 4 to 6 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 ‘Physio after Childbirth’ book).

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

Contact the hospital or your local doctor (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.
- 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.
After the birth of your baby

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.

Your extras
Six week postnatal check
After you leave hospital, your Child Health Nurse or General Practitioner (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 you or your baby's health within the first six weeks, please arrange to see your GP sooner.

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 information 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) and barrier methods. The choice will depend on if you are breastfeeding, if you have any medical conditions, and on 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.
After the birth of your baby

“*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.*”

Child safety/car restraints
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 the trip home from the hospital. For more information about the different types of car restraints, hire services and professional fitting visit www.childcarerestraints.com.au

Postnatal depression and anxiety
With around 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 nearly all women experience some low mood, tearfulness, anxiety or irritability called ‘baby blues’ which 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 the field of women’s 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
- Adjustment to gynaecological cancer
- Management of medications around pregnancy
- Psychological preparation and support for medical procedures
- Adjustment to medical or genetic diagnoses
- Grief and loss
- Psychological management of pain related to gynaecological or obstetric issues
- Adjustment to menopause
- 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 campus of the Women and Newborn Health Service. 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 health problems that severely impacts on or inhibits their level of functioning and/or ability to parent are eligible for referral to MBU. Moderate to severe mental illness in this sense includes an Axis I diagnosis of:

- Psychosis
- Bipolar Mood Disorder
- Schizophrenia
- Schizo-Affective Disorder
- Severe Anxiety Disorders
- Major Depressive Disorder (including Perinatal Depression)

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.

KEMH 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.

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.

None 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
After the birth of your baby

Open House
Postnatal Program and Baby Massage
(KEMH patients only)
All new parents and their babies up to nine months old are invited to come back to KEMH to meet and socialise with other new parents and share experiences.

FBC Morning Tea
• CMP
• Midwifery Group Practice
• FBC
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 will be given to 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 Personal Health Record 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.

The Next Nine Months
Join in a series of informal discussions led by Parent Educators and guest speakers every second and fourth Tuesday of the month exploring a range of topics relating to newborns and women’s health.

Share your experiences, get advice from the experts and socialise with other new parents.

Who
New parents and their babies up to nine months old

What
Refer to the WNHS website to confirm topics for discussion at the Open House Program

When
1.30pm every SECOND and FOURTH Tuesday of the month

Where
Agnes Walsh House (next door to KEMH, Bagot Road)

Settling your baby

Baby Massage Course
Time used for massage can benefit both you and your baby, come and learn the correct techniques from a trained infant massage instructor.

Who
Parents and their babies between six and twelve weeks (3 months)

When
Once a week for four weeks (1-1.5 hours per session), Bookings essential

Where
KEMH Parent Education Department, 1st Floor, A Block

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 telephone 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 ok 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
Telephone 13 61 50
Web www.familyassist.gov.au

Medicare
Telephone 13 12 02
Web www.hic.gov.au

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

If you need any help and support with coping or looking after your baby, there are a number of options in the community.

These include:
• Your local doctor (GP) or Child Health Nurse
• Ngala Helpline (8am – 8pm, 7 days a week) 9368 9368 (metro), 1800 111 546 (rural)
• Midwife or obstetrician
• Private practitioner such as a psychologist, psychiatrist or counsellor
• Post and Antenatal Depression Association (PaNDA) helpline
• 1300 726 306 (9.30am to 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

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
Telephone 1300 305 021
Pregnancy, Birth and your Baby

After the birth of your baby

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 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 won’t cover your baby’s face.

Mattress, cot and bassinet:

- The mattress should be firm, flat and fit the cot/bassinet without any gaps around the edges.
- Make sure your baby’s cot meets the Australian Standards for cots AS2172, second hand 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 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 over dress 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/carer 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 pets.

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/carer (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.
- 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 e.g. 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.com.au

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.

Information for Parents, Carers and Families

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

1. Sleep baby on back*
2. Keep baby’s head and face uncovered
3. Keep baby smoke free before and after birth
4. Safe sleeping environment night and day
5. Sleep baby in a safe cot in parent’s room
6. 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.
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 local doctor (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

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.
Breastfeeding

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

Benefits to your family and community
- Breastfed babies have less infections because of the protective qualities of breast milk.
- The cost of extra food required by you to breastfeed is small in comparison to the large cost of formula and equipment needed for its preparation.

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.

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 babies 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刺激ulating 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 8 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.

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 weekdays mornings at 10.30am ‘P&A Everyday’ – Ask your midwife
Breastfeeding

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!

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 8 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.
Breastfeeding

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 like anxiety, embarrassment, tension or extreme tiredness. Being relaxed when breastfeeding helps your milk flow.

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 receiving colostrum (present from birth) have one to two wet nappies and at least one bowel movement every 24 hours for the first few days. 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 four to six weeks
• An alert, healthy baby with good skin tone
• An average weight gain of 150gm or more per week in the first three months

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 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. Visit the KEMH website on the Breastfeeding Centre WA page to view a short video to show positioning and attachment.
Breastfeeding

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.

My baby gets fussy periods and may be fussy periods and may wish to eat all the time, is that normal?
Yes, all babies can have fussy periods and may be fussy periods and may wish to eat all the time, is that normal?

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.

Breastfeeding

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
- vasoconstriction (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, or
• 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:
   • rolling your nipple between your finger and thumb, and
   • gently stroking your breast towards your nipple.
4. Position your finger and thumb about 2cm to 3cm behind the tip of the nipple.
5. Position your finger and thumb together towards your chest without sliding the fingers on the skin and gently compress.
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 nipple, so that all the milk ducts are expressed.

If regular expressing is required to give extra breast milk to your baby, an electric breast pump is recommended.
Visit the KEMH website on the Breastfeeding Centre WA page 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 as one that is too small can damage the nipple and will not adequately drain the breast.
4. Double pump until milk slows or stops, then single pump each breast. Gentle stroking to assist letdown until breast is soft and light.
5. You need to express your breast milk 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 96 - 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. As some babies may start to prefer a teat and refuse the breast, you will need to feed your baby expressed breast milk at least eight times a day if your baby is not breastfeeding, or between feeds if you need to increase your milk supply.

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.
Breastfeeding

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.
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 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.

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.
• Hold the container under running cold water, gradually make the water warmer until the milk becomes liquid. do not use boiling water, this 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.

<table>
<thead>
<tr>
<th>Room temperature</th>
<th>Refrigerator</th>
<th>Freezer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly expressed into a clean container</td>
<td>Store in back of refrigerator where it is coolest</td>
<td>Two weeks in freezer compartment inside a refrigerator (store in the back to prevent thawing while the door is open)</td>
</tr>
<tr>
<td>6 to 8 hours (26°C or lower)</td>
<td>Store in back of refrigerator if one is available</td>
<td>Three months in freezer section of refrigerator (with separate door)</td>
</tr>
<tr>
<td>3 to 5 days (4°C or lower)</td>
<td></td>
<td>6 to 12 months in deep freeze (-18°C or lower)</td>
</tr>
</tbody>
</table>

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 – all women can call the Breastfeeding Centre of WA (BFC). Lactation consultants can help women who are having breastfeeding challenges.
Women who gave birth at KEMH, 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 (i.e. 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 8 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 e.g. 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 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 the website www.kemh.health.wa.gov.au
Breastfeeding

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 e.g. 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.
Remember
It’s important to remember that:
• A healthy mother and baby is what matters the most
• Sometimes things happen that are outside your control

Unexpected outcomes

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 separate 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) in pregnancy 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 40.

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 is 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, KEMH 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.

More information?
KEMH 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 56.

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. 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.

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 KEMH 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 decision and KEMH 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.

Contact details for the Perinatal Loss Service can be found at the back of this booklet.

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.
### Women and Newborn Health Service contact details

To contact any service you can call the hospital switchboard on (08) 6458 2222 and ask to be connected.

- **Aboriginal Health Promotion** (08) 6458 1123
- **Aboriginal Liaison Officer** (08) 6458 2777
- **Bears of Hope Pregnancy & Infant Loss Support** 1300 114 673
- **Breastfeeding Centre of WA** (08) 6458 1844
- **Crèche** (08) 6458 1370
- **Customer Service Unit** (08) 6458 1444
- **Early Pregnancy Assessment Service** (08) 6458 1431
- **Emergency Centre** (08) 6458 1431
- **Family Birth Centre** (08) 6458 1800
- **Genetic Services WA** (08) 6458 1525
- **KEMH tours Bookings essential** (08) 6458 1368
- **Interpreters** (08) 6458 8256
- **Maternal Fetal Assessment Unit** (08) 6458 2199
- **Mother and Baby Unit** (08) 6458 1799
- **Nutrition and Dietetics** (08) 6458 2795
- **Occupational Therapy** (08) 6458 2870

### Community support and information services

**Australian Breastfeeding Association**
(formerly Nursing Mothers)
1800 mum 2 mum
(1800 686 268)

**Registry of Births, Deaths and Marriages**
1300 305 021

**Centrelink**
13 61 50

**Immunisation Information Line**
1800 671 811

**healthdirect Australia**
1800 022 222

**Pharmacy**
(08) 6458 2722

**Physiotherapy Department**
(08) 6458 2790

**Psychological Medicine**
(08) 6458 1521

**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

**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

### 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’.

**Birthrites**
www.birthrites.org
Comprehensive resources and information on Vaginal Birth After Caesarean (VBAC).

**Beyondblue**
www.beyondblue.org.au
Information about depression, anxiety and other mental health issues, including mental health during pregnancy and after birth.

**Cochrane Consumer Network**
www.cochrane.org/consumers
Comprehensive information and review of journal articles on all aspects of birth.

**From the Heart WA**
www.fromtheheartwa.org.au
A volunteer-run, consumer organisation providing support, understanding and information to women, partners and families who are affected by stress and depression related to pregnancy, childbirth, and the addition of a new child to the family.

**Having a Baby in WA**
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.

**Lamaze Foundation of Australia**
www.lamazefoundation.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.

**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.
Glossary
This section explains some of the medical terms used in this booklet, in your Pregnancy Record and by your midwife or doctor.

Aminoacentsis – 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.

Aminiotic 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, e.g. 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).

Forces – 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.

Mechonium – greenish black sticky substance passed as baby’s first bowel motion.

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

Maternal Serum Screening Test (MSST) – a blood test used to identify possible abnormalities in the baby.

Morphine – a medication given by injection to help with pain.

Pertussis (Whooping cough) – Whooping cough is a highly infectious disease that can be a life threatening for babies and young child.

Pneumonia – a condition of breathing abnormalities in the unborn baby if the mother has the infection in early pregnancy.

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

Prenatal – the term used to describe the time during the pregnancy before the birth of the baby. Also referred to as antenatal.

Prostoglandin (synthetic hormone, oxytocic) gel or pessary that is inserted into the vagina to assist induction of labour.

Rubella (German measles) – a viral disease that can cause major abnormalities in the unborn baby if the mother has the infection in early pregnancy.

Shared care – care shared between hospital and community carers e.g. 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.

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Find out more

Other resources
This book has been designed to provide women who visit Women and Newborn Health Service, with general information about their pregnancy journey.

Other resources are available for more specific information and these can either be seen online via the KEMH website or in the Women and Newborn Health library or ask your midwife for more information.

Are you worried?

Call and Respond Early (CARE) gives you a pathway to call for assistance when you are concerned about your health or that of someone you care for.

1. Contact your nurse/midwife/doctor
Use the call bell or go to the nurses’ station and talk to your nurse/midwife or doctor regarding your concerns.

2. Talk to the shift coordinator
If you are still concerned, ask to speak to the nurse/midwife in charge of the shift.

3. Make the Care Call
If you think it is urgent or remain concerned and feel that you have not had an appropriate response, call 0414 930 196. You will need to provide the following information:
   • Name of patient
   • Reason for the call
   • Ward and room

Call and Respond Early (CARE) is for when a patient, family member or carer feel that the health care team has not fully recognised the patient’s changing health condition. If you wish to report other concerns (eg: catering, staffing, housekeeping) please speak to a member of the healthcare team or provide feedback via the Customer Service Unit.
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.

This document can be made available in alternative formats on request for a person with a disability.

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