

Welcome
to
**Maternity
Services**
AT THE
**Cairns
Hospital**



Contact Phone Numbers
Antenatal Clinic – 4226 8760
Birth Suite – 4226 6318
Maternity Unit – 4226 6162

Developed by Antenatal Clinic
Cairns Hospital
Revised July 2016

OUTPATIENT CLINIC

The services provided at the clinic include:

- Antenatal care
- Antenatal/Diabetes Care
- Day Pregnancy Assessment Service
- Women's Mental Health Liaison Service
- Prenatal diagnostics
- Gynaecology assessment
- Colposcopy
- Obstetric Anaesthetics

ANTENATAL CARE

Midwifery Group Practice (MGP)

- In this model women are cared for by the same group of midwives throughout the pregnancy, labour, birth and afterwards at home. This gives you and the midwives the opportunity to get to know each other and develop a partnership throughout your care. Appointments may be in the hospital, at home or in the community. You will be allocated a 'Named Midwife' who will oversee your care and consult with the obstetrician as needed. Numbers in this model are limited.

GP – General Practitioner

- Your GP provides the majority of your antenatal care

Obstetric

- Obstetric consultation through the Antenatal Clinic for high risk pregnancies

EXTENDED MIDWIFERY SERVICE

After you go home, your MGP Midwife or a Midwife from the Extended Midwifery Service (EMS) will call and arrange to visit you and your baby at home. The Home Maternity Service bridges the gap between hospital and home, allowing new mothers the comfort of their own home with the security of professional support. EMS offers one-to-one with the Midwife in your own home, providing the education and help you need with feeding and parenting your new baby.

The CH EMS service is provided for those mothers living between Gordonvale and Palm Cove.

IMMUNISATIONS

Pertussis - To protect newborn babies against whooping cough (pertussis) the dTpa (diphtheria, tetanus, pertussis) vaccine is recommended for pregnant women in their third trimester (from 28 weeks). Newborn babies (birth to 6 weeks) are too young to receive their first immunisation and are at greatest risk of severe complications if they get whooping cough. By getting vaccinated against whooping cough during pregnancy, mothers receive immunity from the vaccine, which passes to the baby through the placenta, so when the infant is born they already have some protection against whooping cough until they are old enough to be routinely vaccinated at 6 weeks of age.

MMR - is a vaccination offered to mothers who have been found, during the antenatal period, not to have immunity to **Rubella**. This injection is offered to women following the birth of their baby, and prior to discharge from hospital.

Hepatitis B The National Health and Medical Research Council of Australia recommend that all Australian babies are vaccinated against Hepatitis B. The first vaccination is offered before you leave hospital with your baby. A further three doses are given from two months of age onward, using combination vaccines when other vaccines are due. The four doses are recommended to provide long term protection against this disease.

BCG - is a vaccination against tuberculosis (TB). This chest infection is very common in some people and in some areas in the world. A vaccination at birth, or within the first 6 months of life, offers protection for the Under 5 year olds. Vaccination is offered to babies who live in high risk areas, and if you are planning to take the baby to live in a 'high risk' area for more than a month, you should get the baby immunised. The Department of Thoracic Medicine (Chest clinic) who come to the Maternity Unit - Mon, Tues, Thurs and Fri offers the service. To contact them outside these times or to make enquires please phone 42266240.

FORMS

A Birth registration and Centrelink/Medicare form will be given to you prior to discharge from hospital - it is your responsibility to register your baby's birth and name.

A Personal Record Book will be given to you. This provides information of baby's record of birth, milestones and immunisations.

LACTATION CONSULTANT

The Lactation Consultant is a midwife with an internationally recognised qualification to provide the latest information about breast milk and breastfeeding, and offer practical assistance to women who are breastfeeding.

Your decision to breast or formula feed your baby is respected and you will be given support and education to do so successfully. You can talk with, or see the Lactation consultant during your pregnancy, following the birth of your baby, and/or after you have gone home. DVDs are available for viewing by the whole family if required.

The Cairns Hospital Maternity Unit recognises that breastfeeding provides health benefits for mothers and their babies. If you choose to breastfeed, we are committed to providing a high quality service that supports you to do so successfully.

CHILDBIRTH EDUCATION

Midwives conduct these group education sessions that are available to you, your partner and/or support person to attend during pregnancy.

Classes are conducted at:

- Edmonton Community Health Centre
- Cairns Hospital
- Smithfield Community Health Centre

The informative sessions cover such topics as pregnancy, childbirth and early parenting skills. You will also have discussions about informed decision-making, birthing options, postnatal feelings and emotions, safe infant sleeping and other topics you wish to discuss.

SUPPORT SERVICES

Social Workers

Social Workers are part of the Health Care Team. Their service is confidential and free.

Social Workers are available to counsel individuals and families in all areas, including:

- Counselling for women or families experiencing difficulties during and after pregnancy
- Counselling for women considering adoption or wishing to discuss aspects of their pregnancy
- Advice about financial assistance available during and after pregnancy
- Information about services available in the community, both during and after pregnancy
- Family breakdown
- Any area of concern for you, your partner or your family.

If you wish to contact a Social Worker, please ask the staff involved in your care to contact them, or phone direct on 42266345

An **Indigenous Liaison Officer** is available to help indigenous women, again ask staff to contact them or phone them on 42268343.

DIETICIANS

A Dietician is available to talk to you about nutrition and your eating plan, and to answer any questions that you may have. A good diet is important for you and your baby's well-being during pregnancy and beyond. Breastfeeding may be more successful and you may be more fit to cope with motherhood. If you have special dietary needs such as: diabetes, if you are an allergy sufferer, a coeliac or vegetarian, the Dietician will see you regularly to make sure that you are meeting all of your nutritional needs.

GOOD NUTRITION DURING PREGNANCY

Eating healthily during pregnancy is important to meet the needs of your developing baby and for your own wellbeing. This doesn't mean 'eating for two' - it is the quality not the quantity of food eaten that is important. You only need a little more energy (700 kilojoules or 160calories) daily during pregnancy and this is only equivalent to an extra cup of milk or large banana daily. However, pregnancy increases your need for many nutrients including:

- **Protein** for building muscle
- **Calcium** for the formation of bones and teeth
- **Iron** for healthy blood
- **Vitamins**, particularly folate
- **Fibre** to keep your bowels regular & prevent constipation
- **Water** to excrete waste products

HEALTHY EATING

Eating according to the Australian Guide to Healthy Eating will help you obtain the extra nutrients needed by you and your growing baby



AFTER BIRTH - YOUR BABY

Identification bands are placed on your baby's arm and leg at birth. If labour and birth have happened without any problems and you and your baby are well, you may choose to go home when your baby is 6 hours old.

Your baby remains with you throughout your stay in hospital. However, there are times following birth, when the baby may require special care and attention in the nursery, whereas, you are well. In times such as these, you can go home and receive continuing care from a midwife, while the baby remains in hospital. Parents are encouraged to attend the nursery at any time.

Vitamin K for the Newborn

Vitamin K deficiency bleeding in infancy is a condition that occurs due to immaturity in the baby's blood clotting mechanisms. In untreated babies bleeding occurs in approximately 1 in every 200 births. If this bleeding occurs within the brain it can be life threatening.

Should you feel that an injection of vitamin K is inappropriate for your child, vitamin K may be administered by mouth. The oral route should consist of many doses of vitamin K from birth, and continues weekly while the baby is breastfed. If you feel that either form of prophylaxis is inappropriate for your child we would welcome the opportunity to discuss this further.

Screening newborn babies

Some rare medical disorders in apparently healthy babies can be detected by blood tests before the babies become ill. Early diagnosis means that treatment can be started immediately and serious mental and/or physical disability prevented. After 72 hours of age, a few drops of blood are taken from the heel, collected on treated blotting paper, and sent to the Queensland Health Laboratory in Brisbane. Parents are not notified of normal test results. All babies in Australia are screened for: Phenylketonuria; Hypothyroidism; Cystic Fibrosis and Galactosaemia.

Healthy Hearing screen

The Healthy hearing screen aims to identify babies born with a hearing loss. Early diagnosis and treatment means that children develop language skills earlier and schooling is less likely to be affected. This screen will not harm your baby and will be offered before you leave hospital. You will be notified of the results of the screen straight after it is performed.

A Guide to Labour and Birth

First stage - onset of regular contractions to full dilatation of the cervix.

Labour usually starts between 37 - and 42 weeks gestation. At this stage you may feel excited that this is finally happening, and you will feel more comfortable walking around in your home. You may want to come to hospital when the contractions are demanding all your attention, and you would like the support of a midwife. You need to be aware of what makes you feel comfortable i.e.: pelvic rocking or hot showers/hot packs. The midwife will be with you and will be monitoring the progress of your labour, including observing how you and your baby are coping.

Second stage of labour - birth of the baby

Indications that the baby will soon be born are:

- The contractions are coming every 2 - 3 minutes and lasting 60 - 90 seconds
- Heavy 'show'
- Breaking the waters and the urge to push

Third stage of labour - birth of the placenta

- Active management:

Research shows that women bleed less and the 3rd stage is completed sooner if you are administered intramuscularly with a synthetic oxytocic drug, called Syntocinon.

- Physiological management:

The alternative way of birthing your placenta, is to wait until you start contacting again. A contraction may be stimulated naturally by breastfeeding the baby. You will feel the need to push the placenta out, with guidance from your midwife.

You need to discuss your plans for birth with your midwife.

EAT MOST

Breads & Cereals provide energy, fibre & vitamins.

Have at least 6-8 servings of wholegrain products daily.

One serving =

- 1 slice of bread, a small bread roll or pocket bread(multigrain, wholemeal, white hi-fibre, and rye)
- 2-3 large or 6-8 small cracker biscuits
- ½ cup cooked rice or pasta
- 2 Weetbix or Vitabrits
- 2/3 cup breakfast cereal (e.g.. Porridge, Sultana Bran, Weeties)

Fruit & Vegetables provide energy, fibre & vitamins.

Have at least 2 pieces of fruit each day.

One serving =

- 1 piece of fresh fruit (e.g.. 1 apple, orange or banana)
- ½ cup of tinned or stewed fruit
- 1 tablespoon of dried fruit
- ½ glass of fruit juice

Have at least 3 serves of vegetables each day

One serving =

- ½ cup cooked vegetables
- 1 cup raw vegetables (salad)

EAT MODERATELY

Milk & Dairy Foods provide calcium, protein & vitamins. Pregnant women need 1200mg of calcium daily. **Have at least four servings of dairy foods or calcium fortified soy foods each day.**

One serving =

- 1 cup of milk (whole, low fat, skim, soy or flavoured)
- 1 x 200g carton of yoghurt (plain or flavoured or soy)
- 30g hard cheese (cheddar, fetta, Edam etc.)

Meat & Alternatives provide protein, iron, zinc & B vitamins. **Have 1- 2 serves of high quality protein foods each day.**

One serving =

- 100g meat or chicken or 200g of seafood.
- 2 eggs
- 1 cup cooked lentil or beans (legumes)
- 1 cup of nuts or 4 tablespoons of peanut butter

EAT LEAST

Butter, Margarine & Oil provide energy, essential fatty acids & fat-soluble vitamins (A, D, E & K). **You only need one tablespoon daily.**

WEIGHT GAIN

Gaining weight is a normal sign of a healthy pregnancy and an indication your baby is growing and developing properly. Weight gain during pregnancy averages 9-13kg. The usual pattern of weight gain is 1-2kg during the first three months followed by 1-2kg per month during the final 6 months. The weight is made up of your baby, placenta, amniotic fluid, extra blood, breast tissue and body fat. This extra fat is normal and essential to provide energy for breastfeeding after the birth.

Teenagers and women who are underweight at the beginning of pregnancy need to gain additional weight (12-14kg). If you are overweight at the beginning of pregnancy your weight gain may need to be less than average. However pregnancy is not the time for strict dieting as this can damage the baby.

If you are concerned about gaining too much or too little weight during pregnancy ask to be referred to the dietician.

SPECIAL NUTRITION REQUIREMENTS IN PREGNANCY

Calcium

Calcium is very important for the formation of baby's bones and teeth particularly in the last months of pregnancy when the baby is growing rapidly. Your daily calcium needs increase significantly from 800mg pre-pregnancy to 1200mg during pregnancy. If your calcium intake is too low, the baby's requirements will be drawn from your own bones. This can put you at risk of osteoporosis later in life.

The additional calcium you need during pregnancy can be obtained by having 4 serves of high calcium foods each day. The best sources of calcium are dairy foods and fish with edible bones e.g. salmon and sardines. If you prefer soy milk choose one that contains the same amount of calcium as cow's milk (at least 120mg of calcium per 100ml).

One serving of high calcium foods =

- 1 cup of milk (whole, low fat, skim, soy or flavoured)
- 1 x 200g carton of yoghurt (plain or flavoured or soy)
- 30g hard cheese (cheddar, fetta, Edam etc.)
- 1 cup (250g) of cottage or ricotta cheese
- 60g of tofu
- ½ cup (~100g) of canned salmon
- 4-5 sardines (60g)

COMING TO HOSPITAL

Please phone the midwife in Birth Suite 42266318 or your MGP midwife anytime of the day or night, if you are concerned about your pregnancy or if any of the following occurs:

- Your membranes rupture or there is a constant trickle of fluid
- Bright bleeding from your vagina
- Regular painful contractions

WHAT TO BRING

Remember your Pregnancy Health Record

For women:

- Your choice of comfortable clothing .
- Footwear - slippers or casual shoes
- Toiletries - hairbrush, toothbrush and paste, soap
- Sanitary pads

For baby:

- Disposable nappies, baby wipes & baby bath solution.
- Baby clothes, singlets & bunny rugs

If you decide to bottle feed your baby, you are required to provide the formula, bottles, teats and cleaning equipment of your choice.

Have a baby capsule fitted into the car in the last weeks of your pregnancy

MOBILE PHONES & OTHER RECORDING DEVICES

Photography and digital recording of 'normal' births in birth suite is permissible provided it does not conflict with the primary role of the support person. Any request to cease the photography or recording in the interests of providing care to the woman and her baby must be immediately met as patient safety needs and care remain our primary consideration.

Members of the hospital staff should not be photographed or recorded without their specific consent. (Under the information of Privacy Act – Qld 2009)

GENERAL INFORMATION

Visiting Hours: 10am to 1pm
3pm to 8pm

Rest time: 1pm to 3pm **NO VISITORS at this time**

Phone calls: There is a phone at each bedside so you can receive incoming calls at no cost to you. On admission to the Unit ask for your extension number, you can give it to family and friends so they can contact you directly. Telephone cards (Phone away) can be purchased from the Information desk in "D" block.
Mobile phones are able to be used in Maternity in most instances

Car Parking: The multi-story car park is available for a fee and is open between 6:30 and 8pm.

Smoking: As smoking is detrimental to good health and also a fire hazard, patients and visitors are asked not to smoke in the hospital. Cairns Hospital has a smoke-free policy.

Television: There is a set available for your use at each bed. For information regarding television hire, please ask.

Lounge: The lounge area is available in each area for patients, family and friends. It is an ideal area for seeing those visitors with children, and its facilities include comfortable chairs and a TV.

Meal times: Meal times are approximately:

Breakfast	7.30am
Lunch	12md
Dinner/Tea	5.30pm

Drinks will be offered at morning and afternoon tea. Food and beverages are available at the cafe on the ground floor of the hospital during business hours or from vending machines in various locations around the hospital after hours.

IRON

Extra iron is needed during pregnancy to form both the baby's blood and also extra blood for the mother to enable her to supply nutrients to the baby via the placenta.

The best sources of iron are red meats, liver and kidney, with smaller amounts in chicken and fish. Iron is also found in plant foods such as breakfast cereals, legumes (e.g. baked beans), nuts and green leafy vegetables but is not well absorbed from these foods. Eating foods rich in Vitamin C such as fruit, juice, and vegetables at the same meal helps the absorption of iron from foods. Have some fruit or juice with your breakfast and salad or vegetables with your lunch and evening meal to maximise iron absorption. Avoid large amounts of tea, coffee, antacids and aspirin as these reduce iron absorption from foods.

If you develop anaemia during your pregnancy you may need to take an iron supplement.

FOLATE

Folate (folic acid) is a vitamin needed for forming blood and body cells for you and the baby. It is very important for normal development of the baby particularly around the time of conception and in the first weeks of pregnancy to help prevent some types of birth defects. For this reason women who are pregnant or planning a pregnancy are encouraged to increase folate in their diet and to take a folate supplement of 0.5mg of folate daily.

Foods high in folate include green leafy vegetables such as salad greens, broccoli, spinach and brussel sprouts. Folate is destroyed by overcooking, so freshly prepared salads or lightly cooked green vegetables (steamed, microwave) are best. Folate is also found in nuts, yeast extracts (marmite, promite and vegemite), many breakfast cereals, wholegrain breads and legumes (baked beans, kidney beans, chickpeas).

IODINE

Adequate iodine in pregnancy is essential for your baby's growth and brain development. Iodine is needed in higher amounts during pregnancy. It is now recommended that all pregnant women should take a supplement containing 150 micrograms of iodine. You still need to consume good food sources of iodine in addition to this supplement.

These food sources include:

- Fruit & vegetables
- Bread with added iodine
- Seafood and Eggs
- Iodised salt (look for the green label).

TAKE SPECIAL CARE WITH ...

VEGETARIAN DIETS

A vegetarian diet can provide the extra nutrients needed for pregnancy if carefully planned to include adequate protein, iron, Vitamin B₁₂ and calcium. If you are a Vegan, that is you eat no foods of animal origin (no eggs, dairy foods, meat, chicken or fish) you will need to take extra care your diet is adequate in protein, iron, Vitamin B₁₂ and calcium.

Nuts, seeds and legumes (dried beans and lentils) and foods made from these such as tofu and soy milk are good sources of protein and iron.

Iron is also found in iron-enriched breads, breakfast cereals and pastas as well as some green leafy vegetables. Calcium can be obtained from calcium-fortified soy milk, tofu, soy yoghurt and 'soy cheese' or consider taking a calcium supplement.

Vegans are especially at risk of Vitamin B₁₂ deficiency as Vitamin B₁₂ is found only in foods of animal origin and requirements are increased in pregnancy and when breastfeeding. Vitamin B₁₂ is essential for formation of blood cells, nerve function and for normal mental development in the baby. Vegans should drink a soymilk fortified with Vitamin B₁₂ or take a B₁₂ supplement. Please discuss this with your doctor or dietician. Marmite contains small amounts of Vitamin B₁₂ and iron.

ALCOHOL

Avoid drinking alcohol during pregnancy.

LISTERIA

Listeria is a bacteria found in some foods, which can cause an infection called listeriosis. If passed on to your unborn baby it can cause premature birth, miscarriage or damage. The risk is the same through your whole pregnancy.

Always keep your food 'safe' by:

- Choosing freshly cooked and freshly prepared food.
- Thawing food in the fridge or defrosting food in the microwave.
- Cooling left over food in the fridge rather than the bench.
- Wash your hands, chopping boards and knives after handling raw foods.
- Make sure hot foods are hot (above 60 degrees Celsius) and cold foods are cold (below 5 degrees Celsius), both at home and when eating out.

PELVIC FLOOR EXERCISES

The pelvic floor muscles can be weakened by:

- Pregnancy and childbirth
- Continual straining to empty your bowels (constipation)
- Being overweight
- Lack of general fitness
- Women with stress incontinence, that is, those who regularly lose urine when coughing, sneezing or exercising, should especially benefit from these exercises. For pregnant women these exercises help the body cope with the increasing weight of the baby. Healthy, fit muscles prenatally will recover more readily after the birth.

If you feel the muscles working, exercise them by:

1. Tightening and drawing in around the anus, the vagina and the urethra all at once, lifting them UP inside. Try and hold this contraction strongly as you count to five then release and relax. You should have a definite feeling of 'letting go'.
2. Repeat ('squeeze and lift') and relax. It is important to rest for about 10 seconds in between each contraction. If you find it easy to hold for a count a five, try to hold for longer - up to ten seconds.
3. Repeat this as many times as you are able up to a maximum of 8 - 10 squeezes.
4. Now do five to ten short, but strong contractions.
5. Do this whole exercise routine at 4-5 times every day.

While doing the exercises:

DO NOT hold your breath

DO NOT push down instead of squeezing and lifting up.

DO NOT tighten your tummy, buttocks or thighs.

Continence Clinic

Two thirds of women experience leakage of urine during pregnancy due to the changes to the urinary and bowel systems. Along with pelvic floor exercises, other strategies are to drink mainly water, pee every 3-4 hours (although peeing more frequently can be normal in pregnancy), and avoid excessive weight gain. Double voiding (leaning forward to pee, then sit back, count to 30, then lean forward again) will also help empty your bladder completely. Women may also experience problems with control of bowel and/or wind. If you have any problems with your bladder or bowel, **help is available by contacting the Continence Clinic, Cairns Hospital, phone 42266595. A referral is not required.**

If you are unable to feel a definite squeeze and lift action of your pelvic floor muscles, you should seek professional help to get your pelvic floor muscles working correctly. There are many health professionals qualified to assist you with this, and you should let the staff who are caring for you know about the problem.

PHYSIOTHERAPIST

Exercise during pregnancy can benefit a woman in many ways. It can help to keep you feeling well and relaxed and to speed your recovery after the birth of your baby.

Some women experience backache during pregnancy that limits the amount of exercise that they can do. The physiotherapist will be able to assess your condition and suggest exercises especially for you.

Because of changes that occur in your body during pregnancy, certain types of exercise are more suitable:

- Walking three times a week is an excellent start.
- Swimming: Your weight is supported in water and you keep cool so that there is no straining and you avoid jarring your joints.
- Prenatal Yoga classes: Stretching with a focus on breath awareness and relaxation.
- Exercise bike: Good for the circulation without weight bearing.

If you had a regular exercise routine prior to your pregnancy, then you may wish to continue this. However, be prepared to adjust your program to a lower intensity, duration and frequency as your pregnancy advances. There are certain conditions that may preclude you from exercising, and it is a good idea to discuss your exercise program with your caregiver. There are a few activities to avoid: contact sports, scuba diving, parachuting, water skiing, competitive sports and high intensity aerobics.

Guidelines for Exercise during pregnancy - Consult your caregiver if unsure

- Always warm up and cool down
- Listen to your body - your breathing rate should increase but you should not become breathless *Work on good posture - protect your back by bracing your pelvic floor and sucking in your abdominals below your belly button.
- Avoid jerky, jarring and overstretching exercises *Drink plenty of water - avoid dehydration
- Don't get overheated - avoid saunas and walking during the heat of the day.
- Eat some form of carbohydrate 1 - 2 hours prior to exercise - energy
- Avoid exercising for long periods on your back
- Learn to relax - after 34 weeks lie down for at least 30 minutes each day

COPING WITH COMMON DISCOMFORTS OF PREGNANCY

MORNING SICKNESS

Although nausea is more common in the morning and early stages of pregnancy, it can happen at any time of the day, or any stage of the pregnancy. It usually starts at about the sixth week and settles by about 14 to 16 weeks.

The cause is unknown, though it has been linked to the changes in hormone levels during pregnancy.

Suggestions that may help:

- Eat small meals and snacks frequently; feeling empty or hungry can make the nausea worse
- Drink plenty of fluids to avoid dehydration; try cordial, juices, soups, icy poles or jelly, lemonade, dry ginger ale, soda or mineral waters
- Avoid anything that may trigger your nausea such as: rich, spicy or fatty foods and strong food smells, coffee, tea, alcohol or tobacco smoke
- Sudden movements such as jumping out of bed or racing to the shower can make you feel sick too
- Get plenty of rest as nausea is often worse when you are tired.

Important things to remember:

If nothing works, you feel exhausted, or you are vomiting and losing weight, see your doctor or midwife. There are medications available for controlling morning sickness that are safe in pregnancy.

CONSTIPATION

Pregnancy hormones can slow down the muscles in the bowel causing constipation in some women. It will help to:

- Make sure you include plenty of fibre in your diet e.g. Fresh fruit and vegetables, wholemeal breads and breakfast cereals, dried fruit, nuts and legumes
- Take a fibre supplement such as psyllium
- Drink plenty of water and fluids
- Exercise regularly.

Important things to remember:

Laxatives should be avoided until discussed with your doctor or midwife. Constipation can sometimes be caused by taking iron tablets.

FOOD CRAVINGS

Some women experience food cravings during pregnancy. We don't really understand the reason for this but, interestingly, the cravings are often for foods that we seem to need, such as milk (we need more calcium during pregnancy), or tomatoes and oranges (vitamin C requirements double during pregnancy)

HEARTBURN

Heartburn is partly caused by hormonal changes and then later by the growing baby pressing on your stomach. Heartburn is a burning feeling in your chest, accompanied by a bitter taste of fluid in the mouth. It will help to:

- Eat small meals more frequently and slowly
- Avoid fatty, fried or spicy food
- Sleep semi-upright, well supported by plenty of pillows
- Drink a glass of milk sometime before you eat
- Avoid drinking with meals

If these measures don't help discuss with your doctor or midwife

TIREDNESS AND DIFFICULTY SLEEPING

Most pregnant women experience difficulty sleeping in late pregnancy. At this stage, sleep is easily disturbed by visits to the toilet, heartburn, a kick from the baby or a feeling of discomfort lying down. Some women may experience disturbing dreams or nightmares in the last couple of months, which can be due to anxiety about approaching childbirth and parenthood.

Good sleep tips to try:

- Lie on one side with a pillow under your tummy and another between your knees
- Rest during the day
- Avoid stimulants such as tea, coffee and alcohol before bedtime
- Only get into your bed when you are tired
- Exercise, such as walking, in the late afternoon or early evening
- Do relaxing things before bed like soak in a bath, listen to music, massage or meditation.

HAEMORRHOIDS (PILES)

These are swollen veins around the rectum and anus (back passage) that may itch, ache or feel sore. Piles may bleed a little and make going to the toilet uncomfortable. They can be triggered by constipation and or pressure from the baby's head.

It may help to:

- Include plenty of fibre in the diet e.g. Fruit and vegetables,
- Wholemeal breads and breakfast cereals
- Avoid standing for long periods
- Avoid straining when sitting on the toilet
- Talk to your midwife or doctor about a suitable ointment or
- Suppository if bleeding and pain persist.

VAGINAL THRUSH

Almost all women have increased vaginal discharge during pregnancy. If the discharge smells unpleasant, causes soreness, itching or is discoloured, you may have a vaginal infection. The most common infection is thrush. It is important to discuss with your midwife or doctor so treatment can be recommended.

FREQUENT URINATION (NEEDING TO PASS URINE OFTEN)

In early pregnancy, frequent urination is caused by hormonal changes, but in later pregnancy it can be related to the increasing size of the baby pressing on your bladder. You may find it more difficult to empty your bladder completely in late pregnancy.

In the last few weeks of pregnancy you may 'leak' some urine when you cough, sneeze or lift something. You can discuss pelvic floor exercises with your midwife or doctor.

Important things to remember:

If you have any pain or discomfort when you pass urine, discuss with your midwife or doctor.

Ask for the brochure: Pelvic Floor Exercises