Sunshine Coast University Hospital
Maternity Services Contact Phone Numbers

Maternity Clinic: 5202 4133
Make/change antenatal appointment

Maternity Day Assessment Unit: 5202 4144
Midwife advice Monday to Friday 8.30 to 5.00pm

Birthing Service (Birth Suite): 5202 3888
After hours advice/labour

Maternity Inpatient Unit (Ward) 5202 3555
Visiting hours 11.00am to 12.30pm and 4.00pm to 8.00pm

Gestational Diabetes Test: (to book an appointment)
Diagnostic Reception SCUH: 5202 2111
Pathology collection Nambour hospital: 5470 6165
Gympie Hospital: 5489 8632

Last updated May 2018
Important contacts

Child Youth and Family Health
Central Access Number: 5319 4824

Other facilities
Nambour General Hospital: 5470 6600
Maleny Soldiers’ Memorial Hospital: 5420 5000
Gympie Hospital: 5489 8444

Websites
www.raisingchildren.net.au
www.qcmb.org.au
(Queensland Centre for Mothers and Babies)
www.cyh.com

Breastfeeding help and advise
• Australian Breastfeeding Association
  24 hour Helpline: 1800 686 268
• Child Youth and Family Health
  Ph: 5319 4824 (lactation consultants available at all community centres)
  Hospital lactation consultant. Phone antenatal clinic for appointments.
Websites
www.breastfeeding.asn.au
www.mothersdirect.com.au (booklets)

Women’s Health
Queensland Wide Inc
1800 017 676 / www.womhealth.org.au
North Coast (Mooloolaba): 5444 8077
Gympie: 5483 6588

Postnatal depression support
• Child Youth and Family Health Central Access: 5319 4824
• PANDA: 9.00am - 7.00pm Monday to Friday 1300 726 306
  Web: www.panda.org.au
• Crisis Assessment and Treatment Team
  (24 hour local call) 5459 6900
• Lifeline (Crisis) 13 11 14 - (24 hour)
  www.ehub.anu.edu/welcome
  www.beyondblue.org.au
  www.blackdoginstitute.org.au

Young parents support groups
• Young Parents Program: 5479 5898
• STEMM: 5459 7333
• Gympie—Little Beginnings: 5482 6188
• United Synergies: 5442 4277

Other
• 13 health: 13 43 25 84 (health advice)
• Poisons Information: (24 hour) 13 11 26
• Playgroup Association: 1800 171 882
• Multiple Birth Assoc: 1300 886 499 or Sunshine Coast: 0447 854 920

Loss of a baby/child
• SIDS and KIDS: 1300 308 307 (24 hour)
• SANDS: 1300 072 637

Violence and Assault Counselling Service
• Laurel Place: 5443 4711
  www.laurelhouse.com.au (Free service)
• Erin House: 54827973 (Gympie)
• Community Action Inc. Gympie region: 5413 8088

Domestic violence
1800 811 811 or speak to your doctor or midwife for advice.
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Congratulations

We understand that awaiting the birth of your baby/s can be a mixture of excitement and anxiety about what to expect.

This booklet aims to assist you, by providing information about our hospital facilities and services; general information about your health care, routine tests and procedures; and information that may help when you come for the birth of your baby/s and during your hospital stay and the immediate period after the birth. Our staff are trained to provide you with a high standard of care.

If at any time you do not understand what is happening or why, please ask at the time of your visit for more information or clarification.

Getting to know my baby’s movements

What is my baby doing in there?

As a mother, it is very exciting to feel your baby move. You will usually start to feel your baby move when you are between 16 and 22 weeks’ pregnant. Women having their first baby may start feeling movements a little later than women having a subsequent baby. As your baby grows, you will become more aware of the movements. You won’t feel small movements, such as thumb sucking or stretching of fingers and toes but you will feel your baby’s arms and legs moving and other movements such as rolling and even hiccups.

What things might affect how I feel my baby’s movements?

Usually, an active baby is a healthy baby. Some women may not feel their baby move as much as others, even though their baby is healthy. Every baby is unique and it is important for you to get to know your baby’s movement patterns. You may feel your baby’s movements least while standing, walking or if you are busy with other things.

How much should my baby move: should I count kicks?

Being aware of your baby’s movement patterns each day is a very good habit to have during pregnancy. Most babies have developed a pattern of movement by 28 weeks (the third trimester), which helps the pregnant mother to notice and also report changes to her care provider. You will feel movements best when you relax while lying down (on your side is best) or sitting down.

There is no need to keep a written record of your baby’s movements, although some
women might find this helpful. As a general guide most healthy babies move more than 10 times over 2 hours. Movements can include rolling, stretching, jabs and kicks. If you think your baby’s movements have decreased in strength and/or number, contact your health care provider immediately. Do not wait until the next day.

**Do healthy babies move all the time?**

Babies do not move all the time, even when they are healthy. All healthy babies will be quiet or sleep for short periods of time. To better understand your baby’s wake and sleep cycles, imagine a healthy toddler running around and then having a regular daytime nap. This is normal behaviour for a toddler. But, if that toddler was to lie on the couch for a long time when they did not usually sleep, then it might mean that the toddler is unwell. Similarly, if your baby’s movements change at a time when they are normally active, then there may be cause for concern.

**Is it normal for my baby’s movements to slowdown in the last few weeks before birth?**

No, your baby’s movements should not decrease in strength or frequency in the last few weeks before birth. As you get closer to birth (after 36 weeks’ gestation) there is less room for your baby to move. Because of this you may notice the type of movements you feel changes. Women often describe more rolling, squirming and pressing movements that are more forceful. You may also be able to feel movement of particular body parts, such as your baby’s arms and legs.

**What can I do if I am concerned about my baby’s movements?**

If you are concerned about how often your baby is moving or the strength of your baby’s movements, contact your care provider immediately. Your doctor or midwife will need to assess you and your baby’s health.

**What do I do if I have recurring concerns about my baby’s movements?**

Remember you are the one who knows your baby’s movements best. It is important that whenever you are concerned about your baby’s movements to contact your doctor or midwife. Contact your doctor or midwife again even if you have already.

We hope that this information has helped you to get to know and understand more about your baby’s movements.

It is important that this information be shared with partners, family and friends so that they too can understand the importance of fetal movements.

For further information visit: http://www.stillbirthcre.org.au/ or ask your doctor or midwife for more information about your baby’s movements.

Contact us at: stillbirthcre@mater.uq.edu.au

**Acknowledgments**

This information brochure was compiled in 2010 and updated in 2016, by a multidisciplinary working group led by the coordinating center for the Centre of Research Excellence in Stillbirth, Mater Research Institute - The University of Queensland (MRI-UQ) in partnership with the Stillbirth Foundation Australia and the Stillbirth and Neonatal Death Alliance (SANDA) of the Perinatal Society of Australia and New Zealand (PSANZ).

We acknowledge the Queensland Centre for Mothers and Babies and SANDS Queensland for advice in the development of the initial version of the brochure. We thank the Mater Foundation, Brisbane for providing financial support.
About maternity services

- Our hospital offers quality service to all patients, both public and private.
- We accept responsibility for the training of medical and midwifery students so you may be asked if they can assist in your care. All students are supervised by trained midwives and/or doctors.
- You are welcome to bring your partner, family member or a friend to support you through the antenatal period and for the birth of your baby/s.
- Gympie Hospital is a public hospital that offers quality service to public patients. The maternity service consists of an antenatal clinic/prenatal classes, birth suite and a 12-bed antenatal/postnatal ward that includes four single rooms. These single rooms are allocated depending on the medical and/or surgical condition of the woman.

Birth suite and maternity ward tours

- Wednesday 10.30am and 7.30pm
- Sunday 1.00pm

No appointment necessary but please phone the birthing unit on 5202 3888 before coming because tours may be cancelled at very busy times.

Gympie Hospital

Time permitting or by prior arrangement. Please phone to arrange.

Waiting times

Sometimes unavoidable delays occur in the antenatal clinic. This may be because a woman before you has an unexpected problem, or it may be because the senior obstetrician has been called to birth suite for an emergency. We apologise in advance if this happens, however you will be seen at the earliest possible time. If you have any concerns or you are waiting longer than 30 minutes for your appointment please ask at reception.

Cost

If you have a Medicare card, there is no cost to you as a public patient for appointments, classes, hospital admissions or procedures performed at or through the hospital.

For those people who do not hold an Australian Medicare card, please contact the hospital finance department on SC-Patientbilling@health.qld.gov.au for more information.

Note: To ensure Centrelink payment after the birth of your baby you must now present your Medicare Card at antenatal clinic and birth suite.
Consent

- Prior to any examinations or procedures throughout your pregnancy, labour and postnatal period, your consent must be obtained. The reason for the examination or procedure and any alternative options must be explained and understood by you.

- You have the right to a second opinion and time to consider the information prior to giving consent.

- For examinations of a personal nature a chaperone will be offered. Please speak to a staff member if you have any concerns.

Services and support

- Antenatal clinics with specialist obstetrician and doctors.

- Midwife led share-care (See options of care in pregnancy).

- Antenatal classes, free-of-charge. (See childbirth education classes).

- Maternity Assessment Unit.

- Lactation consultant: Antenatal and postnatal support.

- Extended midwifery service: Home visits or phone support by a midwife in the early days after discharge.

- Indigenous liaison unit for families who are of Aboriginal and/or Torres Strait Islander descent.

- A dietitian is available for advice on healthy eating and special diets. If your Body Mass Index (BMI) is $\geq 35$ or $\leq 18$ we recommend you talk with our dietitian.
• **A diabetes educator** will assist with you care if you have diabetes or develop diabetes during your pregnancy (gestational diabetes).

• **Obstetric physician:** You will be referred to the obstetric physician if you have specific medical conditions such as diabetes, kidney or heart problems.

• **Social workers** are available to offer support. If you would like to speak to a social worker your midwife or doctor can arrange this for you.

Reasons for accessing the social work department could include:

- adoption
- domestic violence
- disabilities
- discharge planning and referral to community services
- loss of your baby or someone close
- emergency presentations to hospital
- assistance with family problems, accessing other agencies within and outside the hospital
- referral to agencies, for issues such as housing and accommodation, income support or emergency child care.

• **Anaesthetists:** For concerns regarding a previous spinal injury or other condition, or labour/birth epidural pain relief. If you are having an elective caesarean you will be referred to pre-admission clinic for assessment.

• **Child and family health:** For physical, emotional and practical support after the birth of your baby.

• **Interpreter service** can be arranged. Please notify the antenatal clinic if needed prior to your appointment if required.

• **Genetic counsellor**
• **Mental health support services**
• **Chaplaincy, spiritual and pastoral care.**

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**Gympie:**

• Social workers are available to offer support. Please ask the midwives to contact a social worker for you or you can contact the social work department by phoning 5489 8453.

• Indigenous health workers can assist families who are of Aboriginal and/or Torres Strait Islander descent.

• Genetic counsellor referrals can be arranged by Gympie Hospital.
Options of care in pregnancy

Although you may be feeling well, regular check-ups with a midwife or doctor can help identify and reduce risks to both you or your baby.

Women with no pregnancy or health concerns have a number of choices for their pregnancy care. Some women will be advised to see the hospital doctors at least once early in their pregnancy.

Any care provider you choose below, will refer you back to the hospital doctor if any concerns develop with you or your baby’s health.

Midwives’ clinic

Midwives provide all of your care and refer you to hospital doctors if required during the pregnancy. (Please try to choose a day that best suits and make follow up appointments for that day).

These clinics are held at Sunshine Coast University, Gympie, Nambour, Caloundra and Maleny hospitals, Noosa and Maroochydore community health centres.

G.P. shared care

Booking appointment with the midwife, then return to the G.P. for the majority of your care. You return at 36 weeks and 41 weeks if you haven’t birthed, to see the midwife and/or a doctor.

Midwife Group Practice “Bumps”

Continuity of care model. Your primary midwife provides the majority of your antenatal, labour and postnatal care within a small group of midwives. Sunshine Coast BUMPs is available for a limited number of women per month and individual needs will be considered in allocating to the model.

If there is no place available, your pregnancy will continue through another model of care. Your name will be kept on the waiting list and you will be contacted if a place becomes available.

Private midwives

You may choose to have a private midwife provide your care during pregnancy, labour, birth and the early days at home after birth.

You will need to source these midwives online as we are unable to make recommendations.

Doctors’ clinic

This clinic is for women who have more complicated pregnancies such as twins, or who have a medical history such as diabetes. If variances from normal occur during the pregnancy, the G.P. or midwife will refer you into this clinic as necessary.
<table>
<thead>
<tr>
<th>Gestation (weeks pregnant)</th>
<th>Appointment activities</th>
<th>Baby's growth highlights</th>
</tr>
</thead>
</table>
| Prior to 12 Weeks         | Visit to G.P. Confirmation of pregnancy  
• discuss prenatal testing  
• routine blood test  
• referral to antenatal clinic. | 12 weeks: covered in fine hair, 8cm long, 45g, genitals well defined. |
| 12 to 16 weeks hospital visit | Midwife booking visit at the hospital  
• medical/surgical/obstetric history gathered. An appointment is made for the hospital doctors clinic if required.  
• need for support services assessed/offered  
• pregnancy advice and information  
• booking antenatal classes. | 20 weeks  
Oily coating covers baby (Vernix), 25cm long-crown to heel, 435g, Movements felt by mother. |
| 16 to 20 weeks            | Gympie Hospital:  
• a midwife and doctor’s booking appointment 16-20 weeks. | 27-30 weeks  
Breathing and swallowing movements, eyelids open and shut, 28cm long, 1.5kg. |
| 20 weeks                  | Routine visit  
• morphology ultrasound (baby and placenta development) This ultrasound is arranged with your G.P. | 35 weeks onward: Baby usually head down, large movements are restricted as baby takes up most of the uterus, however should still be felt as often as usual for you. Full Term: 37-42 weeks. At term average weight, 2.5 - 4kg, average length 48-52cm. |
| 26 to 28 weeks            | Routine visit 26-28 week blood tests  
• anti D injection if your blood group is rhesus negative. | |
| 30 to 31 weeks            | Routine visit | |
| 34 weeks                  | Routine visit and 34-36 week blood tests.  
• anti D if your blood group is rhesus negative. | |
| 36 weeks hospital visit   | | |
| 38 and 40 weeks           | Routine visit | |
| 41 weeks hospital visit   | Visit to the hospital to discuss induction of labour (IOL). Timing of IOL is 10 to 14 days past your due date as determined by the obstetrician at your first hospital visit unless medically indicated. | More frequent visits may be advised when clinically needed |
What to expect at your next appointment

• Your blood pressure will be checked. (A urine test is only required if clinically indicated).

• Your abdomen will be examined to determine the growth and position of baby, as well as listening to baby’s heart rate. (Weight gain is not considered a reflection of the growth and wellbeing of your baby).

• Any questions you have will be answered. If you have any concerns please talk with your midwife/doctor.

Routine blood tests are recommended early in your pregnancy. These along with a urine test will be done at your initial visit with your G.P. Further blood tests are recommended at 28 weeks and 34 to 36 weeks.

Pathology tests

Routine blood tests are recommended early in your pregnancy. These along with a urine test are generally ordered by your G.P.

26 to 28 weeks: These tests include a full blood count to check for anaemia (low iron); a blood group antibody screen and a Glucose Tolerance Test (GTT) for Gestational Diabetes.
Glucose Tolerance Test (GTT)

Unless you already have diabetes, it is recommended all pregnant women have a fasting GTT at 24-28 weeks of pregnancy to screen for Gestational Diabetes (GDM).

The 1 hour test is no longer recommended.

You will need to book an appointment and allow 2 1/2 hours. Testing is available at Queensland health hospitals - refer to phone numbers and sites inside front cover.

Alternatively you can arrange this through your GP to have a private pathology.

You will need to book an appointment and allow 2 1/2 hours.

Testing is available at:
- Sunshine Coast University Hospital: 5202 2111
- Nambour - 5470 6737
- Gympie - 5489 8632

Alternatively you can arrange this through your G.P. to have at a private pathology.

Preparation for the test

- **Three days prior to the test**: Please remain on a normal diet and undertake normal activity.
- **The day before the test**: The test is performed after an overnight fast. After dinner and supper on the evening before the test, the 10 hour fast begins. Please do not eat or drink (except water) until the test is completed. Water only may be freely consumed - do not drink tea, coffee or cordial. Do not smoke during the fasting period prior to the test.

The test involves a blood test while fasted. You will be given 300ml of glucose in the form of a drink. 1 and two hours after the drink you will have further blood tests. After the test you are free to resume your normal activities and eat and drink.

If you are diagnosed with GDM you will be contacted and referred to our Diabetes team. The team will educate you on monitoring of your blood glucose levels (BGL’s) and diet and exercise changes that will help you maintain normal BGL’s. Medications may sometimes be required.

**34 to 36 weeks**: a repeat full blood count is recommended.

Urine tests are done only as clinically indicated.

Important: women with a negative blood group

Your baby’s blood type is jointly inherited from you and the baby’s father. For this reason, you and your baby may have different blood types.

If you have a Rhesus (Rh) negative blood group, further doses may be given following some procedures, or if you have any bleeding during your pregnancy and following birth, if your baby’s blood group is positive.

If you have any vaginal bleeding during your pregnancy please contact your doctor or birth suite promptly as further injections may be recommended. For more information talk to your doctor or midwife.

Group B Streptococcus (GBS)

GBS is a common bacteria that is found in the body. Although it is usually harmless in adults, 10 to 30 per cent of pregnant women may carry the bacteria in their vagina and/or rectum. GBS does not need to be treated during pregnancy unless detected in your urine.

While many newborns exposed to GBS from their mothers during the birth process do not develop an infection, without antibiotic treatment one or two of every 100 of these babies will develop early onset Group B Streptococcal disease which can cause serious illness.

At Sunshine Coast University and Gympie hospitals the obstetric team follows the state wide recommendation for treatment with antibiotics early in your labour in the presence of risk factors which may include:

- If you have a positive GBS culture in urine or by vaginal swab in this pregnancy.
- If you have had a baby previously who was affected by GBS.
- If you have a fever in labour of 38°C or higher.
- Labour commencing before 37 weeks.
- Ruptured membranes more than 18 hours before the birth of your baby.

Some other hospitals use an alternative approach. This requires women to have a vaginal swab taken at 36 weeks of pregnancy and if GBS is detected then antibiotics are given in labour. While this is not routinely practiced here, we are happy to do this if you request it. Please speak to the midwife at your 36 week visit if you want to have this done.

If you wish to be routinely screened or have any questions about GBS please talk with your doctor or midwife.
Ultrasound scans

- You may choose to have a Nuchal Translucency Scan performed between 11 and 13.6 weeks. This test is used to determine the risk of your baby having chromosomal abnormalities including Down syndrome. This is not a diagnostic test.

- If your result is reported as high risk you will be offered further investigation. This may include a second opinion ultrasound, non invasive prenatal testing (blood test), a tertiary scan or amniocentesis. Your doctor or midwife can give you more information on your options. This ultrasound is not done at the hospital.

- An ultrasound scan between 18 to 20 weeks is recommended to check the development of your baby’s bones and organs and to confirm the position of the placenta. This ultrasound should be organised through your G.P. It is not routinely done at the hospital.

- Further scans may be recommended if your doctor feels this is necessary for further assessment.

For further information: Advanced Womens Imaging: ph: 54932044
www.advancedwomensimaging.com.au
Non Invasive prenatal testing: (NIPT)

The Harmony test is a simple blood test with no risk to the fetus and can be done from 10 weeks of pregnancy. NIPT, is an advanced screening test rather than a diagnostic test. It does not detect all cases of trisomy 21, 18 or 13 but has a lower false positive rate than combined first trimester screening (Nuchal Translucency) which means less women will require more invasive testing. This test costs approximately $580. No referral is required phone 54932044 to organize an appointment.

Note: Abnormalities not detectable by ultrasound include blindness and deafness. There may also be cases where there are normal variations in the baby’s appearance or anatomy, which can be puzzling and require follow-up examinations, or further testing.

Cord blood banking

There are several companies who offer storage banks for cord blood. If you are considering doing this you will need to arrange it privately with the company of your choice before the birth to ensure the correct equipment and a collector is available on the day.

- Stemlife (Queensland-based)  
  www.stemlife.com.au
- Cell Care Australia (Sydney-based)  
  www.cellcareaustralia.com.au
- Cryosite (Sydney-based)  
  www.cryosite.com/cordblood

Induction of labour

- Induction of labour may be recommended when there is a concern for the well-being of either mother or baby prior to the estimated due date. In these circumstances your doctor will discuss the reasons for the recommendation and gain your consent to proceed.

- Induction of labour will also be discussed if your pregnancy continues is a week past your due date. This is calculated from the agreed estimated due date as determined by the hospital obstetric team at your first visit, (for example if your due date is January 1, induction of labour would be planned between 11 and 15 January.)

- If the offer of induction of labour is declined by you, your doctor will discuss the recommended monitoring to assess your baby’s wellbeing.

Induction of labour may be recommended for medical reasons. Requests for induction of labour for social reasons are unable to be accommodated.

While we understand that many partners work away from home and that this can cause difficulties, you will need to plan well before your baby is due how you are going to manage this; including options such as your partner taking leave or organising other family members to provide support.

These websites may be helpful:
  www.miningfm.com.au or  
  www.fifofamilies.com.au
Whooping cough and immunisation

What is whooping cough?

Whooping cough is a highly infectious, serious illness that can lead to pneumonia and brain damage. Symptoms include long bouts of coughing and choking making it hard to breathe. Young infants are most at risk of serious complications, including death.

Why are pregnant women advised to have the whooping cough vaccine?

Newborn babies (up to six weeks of age) are too young to receive their first immunisation. Vaccination during pregnancy can protect newborns from contracting whooping cough until they are old enough to be vaccinated against whooping cough from six weeks of age.

When should I have the whooping cough vaccine?

Vaccination is recommended with each pregnancy to provide maximum protection for your newborn baby. This includes pregnancies which are close together (e.g. less than two years).

The Australian Immunisation Handbook recommends vaccination of pregnant women early in the third trimester (preferably between 28 and 32 weeks), but it can be given any time during the last three months of pregnancy.

Vaccination after delivery will help protect you from whooping cough and reduce the risk of you passing it on to your newborn. However, this may not provide direct protection to your baby once born.

How can I get vaccinated against whooping cough?

The vaccine is available—free of charge for pregnant women—from your general practitioner (G.P.). Your G.P. may charge a consultation fee.

I have had whooping cough. Do I still need to get vaccinated?

Yes. Anyone who has previously had whooping cough can still become reinfected and spread infection to others, including to your baby.

Possible side effects

Like all medications, vaccines may have side effects. Most side effects are minor, last a short time and do not lead to any long-term problems.

Contact your immunisation provider if you or your child has a reaction following vaccination which you consider serious or unexpected.

Other resources

For further information please contact: your doctor or your nearest public health unit 13 HEALTH (13 43 25 84)

Australian Childhood Immunisation Register (ACIR)

A website about the Australian Childhood Immunisation Register (ACIR), produced by Medicare Australia.


Reference: Adapted from the Queensland Health intranet website: Fact sheet 2016
Nutrition advice

Nutrition requirements are increased during pregnancy and breastfeeding, with only a small rise in additional energy requirements. Healthy eating is the key.

Some women who have morning sickness early in pregnancy find it difficult to gain weight; they even lose a small amount of weight. If this happens, do not be concerned as long as you start to gain weight from 14 weeks.

Healthy weight gain during pregnancy

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

- high blood pressure
- gestational diabetes (diabetes during pregnancy)
- a large baby
- caesarean sections
- birth defects
- difficulty losing weight after your baby is born. This can increase your long term risk of diabetes, heart disease and some cancers.


<table>
<thead>
<tr>
<th>Pre-pregnant BMI</th>
<th>Weight Gain (singleton)</th>
<th>Weight gain twins/triplets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 18.5 kg/m²</td>
<td>12.5 - 18kg</td>
<td>Discuss with dietitian</td>
</tr>
<tr>
<td>18.5-24.9 kg/m²</td>
<td>11.5 -16 kg</td>
<td>16-24 kg</td>
</tr>
<tr>
<td>25-29.9 kg/m²</td>
<td>7 -11.5 kg</td>
<td>14-23kg</td>
</tr>
<tr>
<td>Above 30 kg/m²</td>
<td>5 -9kg</td>
<td>11-19kg</td>
</tr>
</tbody>
</table>

If your pre-pregnancy BMI is below 18 or above 35 we recommend an appointment with a dietitian. This can be arranged though your midwife.

To control weight gain, limit foods that are high in fat and sugar. Make sure you are not ‘eating for two’ and include 30 minutes regular exercise most days.

Ref: Antenatal Guidelines 2012
## Healthy eating guide

<table>
<thead>
<tr>
<th>Food group</th>
<th>Serving size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breads and cereals</strong></td>
<td>• 1 thin slice of bread or 1 crumpet</td>
</tr>
<tr>
<td>8½ serves</td>
<td>• ½ medium bread roll</td>
</tr>
<tr>
<td>(choose high-fibre, wholegrain)</td>
<td>• ½ cup cooked rice, pasta, noodles, polenta</td>
</tr>
<tr>
<td></td>
<td>• ½ cup breakfast cereal flakes or porridge</td>
</tr>
<tr>
<td></td>
<td>• ¼ cup muesli or 3 crisp breads</td>
</tr>
<tr>
<td><strong>Fruit</strong></td>
<td>• 1 piece medium sized fruit (apple, banana, orange)</td>
</tr>
<tr>
<td>2 serves</td>
<td>• 2 pieces smaller fruit (apricot, kiwi, plum)</td>
</tr>
<tr>
<td></td>
<td>• 20 grapes or cherries</td>
</tr>
<tr>
<td></td>
<td>• ½ cup 100% juice</td>
</tr>
<tr>
<td></td>
<td>• 1 cup diced/canned fruit</td>
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<tr>
<td></td>
<td>• 30g dried fruit (1 ½ tbsp sultanas or 4 apricot halves)</td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td>• 1 medium potato/sweet potato/taro</td>
</tr>
<tr>
<td>5 serves</td>
<td>• ½ cup sweet corn, lentils, canned beans</td>
</tr>
<tr>
<td>(choose a variety of types and colours)</td>
<td>• 1 cup lettuce or salad vegetables</td>
</tr>
<tr>
<td></td>
<td>• ½ cooked green or orange vegetables</td>
</tr>
<tr>
<td></td>
<td>• 75g other e.g. 1 x small to medium tomato</td>
</tr>
<tr>
<td><strong>Meat, fish, poultry, nuts and legumes</strong></td>
<td>• 65g cooked lean red meat</td>
</tr>
<tr>
<td>3½ serves</td>
<td>• 80g cooked poultry chicken/turkey</td>
</tr>
<tr>
<td>(choose lean meats)</td>
<td>• 100g cooked fish or 1 sml can fish</td>
</tr>
<tr>
<td></td>
<td>• 2 small eggs</td>
</tr>
<tr>
<td></td>
<td>• 1/3 cup cooked dried beans,      \</td>
</tr>
<tr>
<td></td>
<td>• lentils, chick peas, split peas or canned beans</td>
</tr>
<tr>
<td></td>
<td>• 170g tofu</td>
</tr>
<tr>
<td></td>
<td>• 1/3 cup nuts, seeds or paste (unsalted)</td>
</tr>
<tr>
<td><strong>Dairy</strong></td>
<td>• 1 cup milk</td>
</tr>
<tr>
<td>2½ serves</td>
<td>• 40g (2 slices) hard cheese</td>
</tr>
<tr>
<td>(choose low fat)</td>
<td>• 200g yoghurt</td>
</tr>
<tr>
<td></td>
<td>• 120g ricotta</td>
</tr>
</tbody>
</table>
Gestational Diabetes

Gestational diabetes mellitus (GDM) is a type of diabetes that occurs during pregnancy and usually goes away after the baby is born. About five to eight per cent of pregnant women will develop gestational diabetes around the 24th to 28th week of pregnancy. If not controlled, GDM can have significant effects for you and your baby.

How is gestational diabetes diagnosed?
Gestational diabetes can occur in women with no risk factors therefore it is recommended all women be screened in every pregnancy. Your doctor/midwife will discuss having a GTT between 24 and 28 weeks (refer to routine pathology) This test can be performed earlier if there are significant risk factors present.

How is gestational diabetes treated?
Special attention is paid to home blood glucose monitoring, diet and physical activity. Sometimes medications may be needed.

Minimising my risk of developing gestational diabetes.
It is important to follow a healthy diet and maintain a healthy weight. It is recommended that you exercise for half an hour on most days of your pregnancy. (Refer to exercise in pregnancy)

How does gestational diabetes affect the baby?
As gestational diabetes usually develops around the 24th to 28th week of pregnancy, the baby's development is not affected. It is important to note that your baby will not be born with diabetes.

As glucose crosses the placenta, the baby is exposed to the mother’s high glucose level and this can cause the baby to grow bigger and fatter.
Untreated or uncontrolled gestational diabetes can mean problems for your baby such as:
• Being born very large and with extra fat; this can make birth difficult and more dangerous for the baby.
• Low blood glucose after birth
• Breathing problems
• Requiring admission to a special care nursery.
When gestational diabetes is well controlled, these risks are greatly reduced.

Low GI foods
The Glycemic Index (GI) ranks carbohydrates in foods according to how they affect blood glucose levels. Some research has shown that by eating meals with a lower GI, people with diabetes can reduce their average blood glucose levels.
This, in turn, is very important in reducing the risk of developing diabetes-related complications.

How can I apply the GI to my eating plan?
If you wish to apply the GI to your eating plan, or have been advised to do so, it is quite easy:
• Have at least three low GI foods throughout the day, ideally one at each meal. Remember, not all the carbohydrates you eat need to be LOW GI.
• You don’t need to avoid all high GI foods, but try to eat them with low or intermediate GI foods whenever possible. This will bring down the average GI of the meal.

• Include low saturated fat, high carbohydrate foods with each meal and snack.

• Try to evenly spread the amount of carbohydrate you eat throughout the day.

<table>
<thead>
<tr>
<th>Low GI</th>
<th>Intermediate GI</th>
<th>High GI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breads</td>
<td>Burgen® breads</td>
<td>Hamburger bun, rye bread, croissant, light rye, crumpet.</td>
</tr>
<tr>
<td>Breakfast Cereals</td>
<td>All Bran fruit’n oats®, All Bran®, Guardian®, porridge, Special K®, Rice Bran</td>
<td>Oat bran, untoasted muesli, Just Right®, Nutri Grain®, Sustain®, Weet-Bix®</td>
</tr>
<tr>
<td>Grains</td>
<td>Barley, pasta (all types), noodles, bulgur, semolina</td>
<td>Basmati rice, wild rice, Sunrice, Doongara® rice, couscous, cornmeal, tapioca</td>
</tr>
<tr>
<td>Legumes</td>
<td>All beans (eg: kidney, soy, baked beans) peas, and lentils</td>
<td></td>
</tr>
<tr>
<td>Starchy Vegetables</td>
<td>Sweet potato, taro, sweet corn</td>
<td>New potato</td>
</tr>
<tr>
<td>Fruit</td>
<td>Grapefruit, peach, dried apricots, apple, pear, plums, orange, grapes, kiwi fruit, banana</td>
<td>Sultanas, raw and canned apricots, mango, paw paw, raisins, rockmelon, pineapple</td>
</tr>
<tr>
<td>Dairy Foods</td>
<td>Milk, So Good® soy drink, low fat fruit yoghurt, custard, low fat ice cream, Norco Prestige light</td>
<td>Full cream ice cream</td>
</tr>
<tr>
<td>Biscuits</td>
<td>Oatmeal, Arnott’s Full O’ Fruit®, Spicy Fruit Roll®, Snack Right Fruit Slice®</td>
<td>Digestives, Shredded Wheatmeal, Milk Arrowroot</td>
</tr>
</tbody>
</table>
Supplements

Multivitamins during pregnancy are not necessary unless you do not have a balanced diet. Iron supplements may be advised if you are anaemic, and iodine is essential during pregnancy and breastfeeding.

**Folate supplements** It is recommended that women take an additional 500 micrograms/day folic acid through a supplement or in the form of fortified foods for at least one month before and three months after conception to reduce the likelihood of neural tube defects in the baby. Rich dietary sources of folic acid include green vegetables, fruit and fortified cereals.

**Iron** is required for the development of red blood cells which carry oxygen in your blood. Iron from animal sources is absorbed easier than iron from plants. The best sources of iron are lean meat (especially red meat), green leafy vegetables, legumes and fortified cereals.

Supplements are no longer given routinely because they can have unpleasant side effects for the mother such as constipation. However iron supplements may be advised by your midwife or doctor if your iron levels are low.

Avoid drinking tea or coffee with meals. Taking iron supplements with a meal including milk, cheese or yogurt and eating more than two tablespoons of unprocessed bran, may help with absorption.

To help absorb iron use antacids sparingly and include vitamin C with meals e.g. citrus foods, tomato and capsicum.

**Iodine** is required for brain and nervous system development of the unborn baby and infants.

The ‘National Iodine Study’ showed the Australian population to be mildly iodine deficient despite fortification of foods such as salt and bread. The National Health and Medical Research Council recommends pregnant and breastfeeding women and those women planning pregnancy take a supplement of 150 micrograms/day. Avoid kelp (seaweed) or kelp based products as the concentration of iodine varies.

Only use supplements designed specifically for pregnancy and check they contain the recommended amount of the supplement.

Reference:
1. Pregnancy Care Guidelines 2018
How much iron do you need?

Pregnant women need 27mg iron each day. Pregnant women should not eat more than 45mg iron each day.

<table>
<thead>
<tr>
<th>Food (serving size)</th>
<th>Iron (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Meat and meat alternatives</strong></td>
<td></td>
</tr>
<tr>
<td>Kangaroo (100g)</td>
<td>4.4</td>
</tr>
<tr>
<td>Lean beef (100g)</td>
<td>3.1</td>
</tr>
<tr>
<td>Lean lamb (100g)</td>
<td>2.5</td>
</tr>
<tr>
<td>Chicken (100g)</td>
<td>0.9</td>
</tr>
<tr>
<td>Lean pork (100g)</td>
<td>1.4</td>
</tr>
<tr>
<td>Tuna (100g or one small can)</td>
<td>1.0</td>
</tr>
<tr>
<td>Sardines (120g or one reg tin)</td>
<td>3.24</td>
</tr>
<tr>
<td>Egg (1 egg = 55g)</td>
<td>1.1</td>
</tr>
<tr>
<td>Snapper (100g)</td>
<td>0.3</td>
</tr>
<tr>
<td>Kidney beans (½ Cup)</td>
<td>2.1</td>
</tr>
<tr>
<td>Baked beans (1 sml can = 140g)</td>
<td>2.24</td>
</tr>
<tr>
<td>3 bean mix (½ cup)</td>
<td>2.0</td>
</tr>
<tr>
<td>Tofu (2 large squares = 100g)</td>
<td>5.2</td>
</tr>
<tr>
<td><strong>Bread and Cereal Foods</strong></td>
<td></td>
</tr>
<tr>
<td>Iron fortified breakfast cereal (1 bowl or 2 biscuits = 30g)</td>
<td>3.0</td>
</tr>
<tr>
<td>Non-fortified breakfast cereal (1 bowl or 2 biscuits = 30g)</td>
<td>1.0</td>
</tr>
<tr>
<td>Wheat biscuits (2 pieces)</td>
<td>3.0</td>
</tr>
<tr>
<td>Oats (1 cup)</td>
<td>1.3</td>
</tr>
<tr>
<td>Wholegrain bread (1 slice)</td>
<td>0.63</td>
</tr>
<tr>
<td>Wholemeal bread (1 slice)</td>
<td>0.69</td>
</tr>
<tr>
<td>White bread (1 slice)</td>
<td>0.36</td>
</tr>
<tr>
<td>Brown rice (100g)</td>
<td>0.5</td>
</tr>
<tr>
<td>Pasta (1 cup cooked)</td>
<td>0.6</td>
</tr>
<tr>
<td>Wholegrain cracker (4 crackers)</td>
<td>0.6</td>
</tr>
<tr>
<td><strong>Vegetables</strong></td>
<td></td>
</tr>
<tr>
<td>½ cup cooked spinach</td>
<td>2.2</td>
</tr>
<tr>
<td>5 asparagus spears</td>
<td>1.0</td>
</tr>
<tr>
<td>½ cup green beans</td>
<td>1.0</td>
</tr>
<tr>
<td>3 slices beetroot</td>
<td>1.2</td>
</tr>
<tr>
<td>½ cup cooked silver beet</td>
<td>1.3</td>
</tr>
<tr>
<td>Potato (1 small)</td>
<td>0.5</td>
</tr>
<tr>
<td>½ cup green peas</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>Fruit</strong></td>
<td></td>
</tr>
<tr>
<td>Dried Apricots (8-10 apricot halves)</td>
<td>1.5</td>
</tr>
<tr>
<td>Prunes (5-6 prunes)</td>
<td>0.55</td>
</tr>
<tr>
<td>Sultanas (1 little box = 37g)</td>
<td>0.74</td>
</tr>
<tr>
<td>Fresh fruit (100g)</td>
<td>0.2-0.7</td>
</tr>
<tr>
<td><strong>Dairy Foods</strong></td>
<td></td>
</tr>
<tr>
<td>Cheese (1 slice)</td>
<td>0.1</td>
</tr>
<tr>
<td>Milk (1 cup)</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Snack foods and drinks</strong></td>
<td></td>
</tr>
<tr>
<td>Cashews (2-3 tablespoons = 50g)</td>
<td>2.5</td>
</tr>
<tr>
<td>Pine nuts (50 g)</td>
<td>2.0</td>
</tr>
<tr>
<td>Pistachios (2-3 tablespoons = 50g)</td>
<td>1.95</td>
</tr>
<tr>
<td>Almonds (50 g)</td>
<td>1.8</td>
</tr>
<tr>
<td>Milo (4 heaped teaspoons)</td>
<td>6.0</td>
</tr>
<tr>
<td>Peanut butter (1 tablespoon)</td>
<td>0.5</td>
</tr>
<tr>
<td>Vegemite (1 tsp)</td>
<td>0.13</td>
</tr>
<tr>
<td>Liquorice (1 long strap = 50g)</td>
<td>4.4</td>
</tr>
</tbody>
</table>
Avoiding infections in pregnancy

Cytomegalovirus (CMV)

A pregnant woman infected with CMV can pass the virus to her baby during pregnancy. Most babies born with CMV infection will be fine and will not have symptoms or develop health problems.

However, some babies will have permanent problems, such as hearing or vision loss or mental disabilities, at birth, or develop problems later on.

CMV is passed from infected people to others through body fluids however, it does not spread very easily. Infants and young children are more likely to shed CMV in their saliva and urine.

If you’re pregnant or planning a pregnancy, the best way to protect your baby from CMV is to protect yourself.

- Wash your hands often with soap and water especially after changing a nappy; feeding, wiping a child’s nose or mouth, and touching their toys, pacifier, or other objects.
- Don’t share food, drinks, eating utensils, or a toothbrush with a child.
- Do not put a child’s pacifier in your mouth.
- Use soap and water or a disinfectant to clean toys, countertops, and other surfaces that may have a child’s saliva or urine on them.
- Avoid contact with saliva when kissing or snuggling.

Toxoplasmosis

The Toxoplasmosis parasite is found in mammals, especially cats and birds. It is estimated that 30 per cent of humans are infected. Primary infection in pregnancy may lead to infection of the baby in the womb.

Toxoplasmosis is a very severe infection for unborn babies and for people with lowered immunity. If you’re pregnant or have a weakened immune system you should:

- Avoid contact with cat faeces and soil. Wear gloves when handling soil and cat litter. (cat litter trays should be emptied daily).
- Cook meats until well done.
- Wash fruit and vegetables well before eating.
- Eliminate cross-contamination from raw foods to cooked foods by thoroughly washing hands, cutting boards, knives and other utensils.
- If symptoms do develop (usually a mild illness with fever, headache, muscle aches and enlarged lymph nodes) contact your doctor.

Listeriosis

Listeriosis is a rare (less than one per cent of food borne infections) but serious infection caused by eating food contaminated with bacteria called listeria which can lead to miscarriage, stillbirth, premature delivery, or infection in newborns. Infected pregnant women may experience a mild, flu-like illness.
Symptoms may vary but include:
• fever and chills
• headache
• stiff neck and sensitivity to light
• confusion and drowsiness
• muscle aches and pains
• nausea (feeling sick)
• diarrhoea.

What are high risk foods?
High risk foods are usually chilled ready-to-eat foods. Listeria can be present in foods such as: cold meat; cold cooked chicken; pre-packaged salad; soft cheese; unpasteurised dairy products; soft-serve ice-cream; pate and chilled seafood.

What foods are safe?
All freshly cooked foods, hard cheeses, fresh pasteurised milk and milk products, long life milk, yoghurt, freshly washed vegetables and fruit, and canned foods are usually considered safe.

How can food be prepared safely?
Refrigeration does **not** stop the growth of listeria. High risk foods that have been prepared and then stored in a refrigerator for more than 12 hours should not be eaten by pregnant women or other susceptible people.
• Freshly cooked foods are safest.
  Conventional cooking destroys listeria.
• Hot food should be thoroughly cooked and kept hot above 60 °C.
• Raw vegetables should be thoroughly washed before eating.
Lifestyle advice

Drugs in pregnancy

Drugs can be harmful to a developing fetus throughout the pregnancy. During the first three months the major organs and limbs of the baby are forming. This time is considered a higher risk period for deformities.

Drugs that are of a concern in pregnancy include: alcohol, tobacco, marijuana, amphetamines, heroin, cocaine, tranquillisers and sleeping pills, painkillers, LSD, ecstasy and other designer drugs, glues and aerosols.

Some prescription drugs and herbal treatments can also be a problem during pregnancy, so discuss this with your doctor.

Overall, drugs contribute to a higher risk of:

• premature labour and small babies who are at risk from infections and breathing problems
• possible congenital defects
• disturbed sleep patterns, irritability and difficulty feeding
• a negative effect on problem-solving ability, memory and the ability to concentrate, from about three years of age.

Help is available.

*Sunshine Coast ATODS(Alcohol, tobacco and other drugs) Ph:53194899 -self referral.

Prescription and over the counter medicines

Taking medications during pregnancy involves the balance between benefit to the mother and potential harm to the baby. Prescription medicines should be limited to circumstances where the benefit outweighs the risk. Talk to your doctor if you are on any medication.

Complementary therapies

Few herbal preparations have been established as being safe and effective during pregnancy. Herbal medicines should be avoided in the first trimester.

Please phone the National Prescribing Service Medicines line for any information regarding alternative treatments in pregnancy on 1300 888 763.

Smoking

Tobacco: For your own health and that of your baby, we advise that you and your partner do not smoke.

Studies have shown significant associations between cigarette smoking in pregnancy and increased risks of the baby dying in utero, SIDS, placental abruption, preterm premature rupture of membranes, ectopic pregnancies, placenta praevia, preterm delivery, miscarriage, low birth weight and the development of cleft lip and cleft palate in children.

Marijuana: Smoking cannabis while pregnant may increase the risk of developmental problems in children. The effects include:

* effects on memory reasoning
* brain function

No smoking policy

Smoking is not allowed at any Queensland Health facility and for five metres beyond the hospital boundary.

What can you do?

We understand that smoking is difficult to stop, please discuss ways we can help with your doctor or midwife.

• Make a list of your reasons for wanting to quit, for yourself and your baby.
• Ask for stop smoking materials and read them.
• Learn about your smoking habit and plan ways to cope with urges to smoke after you quit.
• Try the four D’s: Delay, Deep breathe, Drink water, do something else
• Nicotine replacement therapy is available through the QUIT program. Speak to your G.P. or Midwife.

Quitline® on 131848 (24 hour toll free)
Alcohol crosses the placenta and can lead to physical, growth and mental problems in babies. There are no known safe levels of alcohol consumption during pregnancy. Our recommendation is to remain alcohol free.

Caffeine

Cola beverages, some soft drinks, tea, coffee, chocolate, chocolate flavoured beverages, cocoa and guarana energy drinks all contain caffeine. Limit your total intake of these food and drinks to a maximum of three per day.

References: *Alcohol, Other Drugs and Pregnancy (Booklet); *The Royal Australian and New Zealand College of Obstetricians and Gynaecologists *Consensus Document of Queensland Dieticians

Travel

Car: Three point seat belts should be worn when travelling in the car with the straps above and below your ‘baby bump,’ not across it. (Refer to pregnancy health record)

Long distance: (Car, bus, plane). Long distance travel is associated with an increased risk of deep vein thrombosis (DVT) also known as blood clots.

Taking regular breaks to walk around, keeping your legs active, the wearing of correctly fitted compression stockings, avoiding dehydration and limiting caffeine and alcohol intake can reduce this risk.

If planning to travel overseas you should talk with your doctor with regards to vaccinations, insurance and flying.

Exercise in pregnancy

Beginning or continuing moderate exercise during pregnancy helps to maintain a healthy weight gain and has many additional benefits, including:

- less lower back pain
- better bowel habits
- lower stress and anxiety levels
- more energy; better sleep; better mood
- lower risk of diabetes and heart disease.

At least 30 minutes of moderate intensity exercise per day is recommended. Set a realistic goal; make a plan about a specific activity and set aside a time each day.

You don’t have to do it all at once, stop when you are tired.

Walking; swimming; low-impact aerobics; yoga; pilates and aqua aerobics are excellent forms of exercise for pregnancy.

- Limit your peak heart rate to 140 beats per minute.
- Avoid your temperature rising above 38°C by limiting periods of strenuous exercise to 15-20 minutes; avoiding exercising in hot/humid conditions and drinking adequate fluids.
- High-impact sports and vigorous racquet sports that may involve the risk of abdominal trauma, falls or excessive joint stress, and scuba diving — should be avoided.

Sexual intercourse

Generally there is no restriction on safe sexual activity for pregnant women. However women vary greatly in regard to comfort and libido. You will both need to make allowances for each other and talk over any problems you encounter. Sometimes there may be special circumstances where your doctor may advise you against intercourse during a period of your pregnancy. If you have any queries, please speak with your doctor or midwife.

References *Antenatal care: routine care for the healthy pregnant woman National Collaborating Centre for Women’s and Children’s Health 2003 *Exercise in Pregnancy pamphlet: The Royal Australian College of Obstetricians and Gynaecologists *Up to Date 2012.
Common discomforts of pregnancy

Many common physiological, psychosocial and emotional changes occur during pregnancy. Many of these changes may be due to the normal hormonal changes that are taking place in a pregnant woman’s body or due to worries associated with pregnancy, such as concerns about the birth or the baby’s wellbeing.

Not all women will experience all of the following symptoms but it is important for pregnant women to be aware that some of these changes are normal in pregnancy and to be alert to symptoms of potentially harmful complications.

Morning sickness

While it may be distressing nausea and vomiting usually resolves by 16 to 20 weeks of pregnancy and is not generally associated with a poor pregnancy outcome. Interventions that do not require prescription include ginger (up to 250 mg four times a day). acupressure(P6 acupressure) and acupuncture and vitamin B6. While there is limited evidence may assist. If you experience frequent severe vomiting you should see your doctor because you may become dehydrated.

Some tips to help morning sickness:
• Eat small amounts every two hours - an empty stomach can cause nausea.
• Avoid smells and foods that make your sickness worse.
• Eat more nutritious carbohydrate foods. Try dry toasts or crackers, breakfast cereals and fruit.
• Eat less fatty and sugary food.
• Ginger tea/tablets/biscuits.
• Avoid iron containing vitamins.

Constipation or haemorrhoids

May be caused by loss of intestinal muscle tone, pressure of baby on the lower intestine, iron tablets, lack of exercise or low fibre or fluid intake.

Some tips to help:
• Increase fibre intake. Good sources of dietary fibre include; vegetables, fruit, wholegrain or high fibre breakfast cereals, wholegrain or wholemeal bread, nuts, seeds and legumes.
• One to two tablespoons/day of unprocessed bran may be introduced slowly.
• Drink plenty of fluids (one to two litres of water/day).
• Exercise regularly.
• Haemorrhoid creams may help if they are painful, ask your doctor.
• Laxatives should not be taken unless you have talked with your doctor.

Heartburn

Heartburn is caused by acid that moves from the stomach back up the oesophagus. This happens because of hormonal changes during pregnancy that relax stomach muscles, and also as the baby grows, more pressure is put on the stomach.

Some tips to reduce heartburn:
• Eat small regular meals more often.
• Avoid fatty, fried or spicy foods.
• Avoid tea, coffee, cola drinks, chocolate drinks and alcohol.
• Sit up straight while eating.
• Do not bend after meals or wear tight clothes.
• Sleep propped up on a couple of pillows.
• There are medications that can be used safely during pregnancy to treat heartburn, discuss with your pharmacist.
• For those with diabetes or kidney disease please consult your doctor.
Leg cramps

Leg cramps commonly occur during the latter half of pregnancy and are generally experienced in the calves at night.

Stretching exercises may be an effective preventive measure. Stand facing the wall, feet together, about 60cm from the wall. With your heels firmly on the floor and the body aligned straight at the hips and knees, lean forward to the wall, stretching the posterior leg tissues. Hold this position for 10 to 30 seconds. Repeat five times per session, at least two sessions daily.

Varicose veins

Varicose veins are caused by the pooling of blood in the surface veins. They can occur as blue swollen veins on the calves and inside of the legs and vulva, causing itching and general discomfort. Feet and ankles can also become swollen. They are a common complaint in pregnancy. They will not cause harm. Wearing compression stockings can improve the symptoms but will not prevent varicose veins.

Deep vein thrombosis (DVT)

Pregnancy and childbirth may increase your risk of developing a blood clot. This most commonly occurs in the lower leg. If left untreated a blood clot can become life threatening. Please see your doctor if you develop a red, hot, swollen or painful area in your lower leg.

Vaginal discharge

The texture and quantity of vaginal discharge often changes in pregnancy. Women usually produce more discharge during pregnancy. If this is associated with itch, soreness, offensive smell or pain on passing urine, see your doctor.

Thrush

Thrush caused by an overgrowth normal bacteria and is common in pregnancy. Thrush only needs treatment if it is bothering you. For example if you are itchy in your vaginal area. If treatment is required topical creams bought over the counter can be used. Oral tablets are not recommended in pregnancy. Avoiding soaps, douching and feminine products as well as wearing loose fitting clothing and cotton underwear will assist in reducing/preventing thrush.

Stress incontinence (pelvic floor exercises)

Strengthening exercises are very important to prevent future problems and to alleviate any current problems. Refer to the ‘exercises for new mothers’ in the postnatal section on how to do these exercises.

Pubic symphysis separation

Increased mobility of pelvic joints makes the pelvic area vulnerable to pain during pregnancy and/or postpartum; however symphysis pubis separation is not common. Signs include suprapubic pain, tenderness and swelling with pain radiating to the legs, hips, or back. The pain is often worse when walking and climbing stairs. Turning in bed, lifting, or getting up from a chair may also cause pain.

Treatment is conservative: bed rest in the lateral position, pelvic support with a brace or girdle, mobilising with a walker or crutches, and a graded exercise program.

Generalised itching

Should you develop generalised itching you should talk to your doctor to exclude medical causes.
**Backache**

One to two thirds of women experience backache during pregnancy due to an altered posture as the uterus/womb increases in size and weight, and increased laxity of supporting muscles, as a result of the hormone relaxin.

Back pain during pregnancy is potentially debilitating, because it can interfere with your daily activities and sleep patterns, particularly during the last three months.

- Wear low-heeled (but not flat) shoes with good arch support.
- Place a board under your mattress if your bed is too soft.
- Squat down, bend knees and keep the back straight when lifting. Get help when lifting heavy objects.
- Sit in chairs with good back support, or use a small pillow to provide support.
- Sleep on your side with pillow/s between your knees for support.
- Apply heat, cold, or massage to the painful area.
- If it is necessary to stand or sit for a prolonged period, taking breaks, and placing one foot on a low stool relieves pressure on the lower back.
- Exercising in water, massage therapy and back care classes might help to ease backache during pregnancy.
- Acupuncture and physiotherapy can be effective.

**Oedema/swelling**

Swelling of the ankles, fingers, face and hands is due to the body holding more fluid and hormones in pregnancy. While a certain amount is normal, especially in the last few months, more severe cases may indicate pre-eclampsia which can occur in the second half of pregnancy.

Check with your midwife or doctor if you have the following symptoms:

- severe headache
- visual disturbance, blurred vision or lights flashing before your eyes
- severe pain just below the ribs
- vomiting after 24 weeks
- sudden swelling of the face, hands or feet.

References:*Antenatal care: routine care for the healthy pregnant woman National Collaborating Centre for Women’s and Children’s Health 2003 * RANZCOG Pamphlet Exercise in Pregnancy* Up-to Date online.
Childbirth education classes

Who, where, when and how much do they cost?

Classes are run by midwives at the hospital and in the community. Classes are free-of-charge and generally commence at the 30th week of pregnancy. Parents, partners and support people are welcome to attend.

Why attend childbirth education?

• provides an opportunity to meet others expecting a child
• gain information to assist you to make informed decisions.
• to gain awareness of services available for continued support through pregnancy, birth and parenting.
• to maximise the experience of childbirth and parenting as a normal life event.

What are classes about?

• basic anatomy and changes of your body throughout pregnancy
• the stages of labour, what is happening, what can help
• self-help strategies and medications used for pain relief
• breastfeeding your baby and information to assist you to do so
• parenting and community supports available to you.

What programs are offered?

Three week program: Designed for the first time mum and their partner/support person.

Three weekly classes (one evening/week) 6.00pm to 8.30pm.

Saturday program
Designed for the first time mum and her partner/support person who prefer this weekend option due to work, transport or other commitments. This is a one off all day session on a Saturday from 9.00am to 4.00pm.

Breastfeeding class: This is held on a Friday at 1.30pm for those women who have had difficulty breastfeeding previously or those who would like extra information.

Refresher program: For those mums who have done it before. This is a one-off three-hour session.

Vaginal birth after Caesarian class: For women who for medical reasons have been advised to have a caesarian birth and for those women who have had a previous caesarian birth. 1 x evening session.

Classes for particular needs: This is a one off class for women and their partners/support person who have specific needs.

Young Parents Program: Young parents program provides support for under 25s.

Gympie

Childbirth education classes are run alternate months at Gympie on Wednesday evening 7-9pm and Saturdays 9am-3pm. Lactation classes every month on a Tuesday evening.

NOTE: Classes are in high demand, if you cannot attend your class please phone Maternity Clinic on 5202 4133 as soon as possible, Monday to Friday 9.00am to 2.30pm so that someone else can be given the opportunity to take your place.

Gympie: 5489 8724
Coming to birth suite (Birthing Services)

The midwives in the Birthing Services Unit are committed to helping you to achieve a positive birth experience.

When to contact Birthing Services

Birthing Services is staffed by qualified midwives 24 hours/day. No question is silly! Please phone Gympie Hospital on 5489 8550 or the SCUH birth unit on 5202 3888 if:

- you think you are in labour, especially prior to 37 weeks
- you have any bleeding
- your waters break (membranes rupture)
- you are concerned about reduced movements by your baby
- you are concerned about your pregnancy and are unable to contact your doctor.

Access to birthing suites

1. Via the level 1 link way from the car park (P1) or from the Main entrance take the Purple lift to level 4 (Women’s and Families). Continue past Maternity clinic and Maternity Unit. Birthing Unit is on the right.

2. If needing to access the Birthing Unit more urgently or for imminent birth: Use “Frazer Lane,” located at the southern end of the main building. This is entrance is boom-gated and requires “Intercom entry.” (Short term parking only. If using this entry point take the orange lift to floor to 4.

Access to Gympie

Birthing Services is on the fourth floor. 6.30am to 8.30pm: enter through the main hospital entrance. 8.30pm to 6.30am, entry is via the emergency department.

Facilities available in the birth suite

- Birthing Services has single birthing rooms, each with electric beds which can be configured into a range of supportive positions and a MP3 player for your favourite relaxing or inspiring music.

- Bathrooms are roomy and each shower has a double head to enable you to make use of the benefits of warm water.

- At SCUH a bath is also available for warm water immersion/water birth.

- Hot packs and a transcutaneous electrical nerve stimulation (TENS) machine are available for your use. Gym balls, bean bags, birth stools, squat bars and mats for the floor are available to assist you to find a suitable position during labour and birth.

Keeping your family/friends informed

Staff are unable to give any information to family/friends about your pregnancy or the progress of your labour. Mobile phones may be used in the birth suite. It is advisable to make a list of the telephone numbers of people you may wish to phone whilst you are in labour or after your baby is born.

We suggest designating one person whom you will telephone with information regarding your progress during labour. Your
Support people

You are encouraged to involve your partner, family member or close friend in your pregnancy and birth. The birth suite is air-conditioned and support people often feel cool. We advise them to bring a jumper and consider shoes and socks. While there is no restriction on the number of support people, as the birth suites are small, you may wish to limit the number to two or three.

Children are permitted in the birth suite if they have an adult who can be responsible for their wellbeing at all times. If you are considering including children at your birth we recommend that you prepare them about what to expect.

Caesarean section is under epidural/spinal anaesthesia—it is usual for one support person to be in theatre. If the caesarean section has to be performed under general anaesthetic (you are put to sleep)—the support person is not permitted in the operating theatre. Rather, the support person may remain in the birth suite or lounge or wait outside theatre.

Photography

You are encouraged to bring a camera for those special memories. While we aim to make this a positive experience for you, please understand your midwife/doctor may not wish to be included in images of your birth.

The use of images/video which contain any staff member may not be used in social media without their written/signed consent. Publications of staff images without their consent is a breach of that individual’s privacy rights. For further information please speak to a midwife.

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**What to bring for labour**

Space is limited especially in the maternity ward so staff would appreciate that any excess equipment be taken home again after the birth of your baby.

- Support people of your choosing
- Maternity pads
- Cool comfortable clothing for labour
- Toiletries
- Several changes of comfortable underwear (not ‘g-string’)
- Change of clothing or swim shorts for use in shower (support person)
- Lip balm
- Warm clothing for support person
- Playlist on your mobile phone
- Snack food/drinks/lollipops
- Camera/mobile phone and charger
- Massage oil if you wish
- Electric oil burner (if using aromatherapy) - checked and tagged by an electrician.

**Birthing options**

Each woman’s birth experience will be unique. If you have any special preferences regarding your birth please let the midwife know when you arrive in labour. Staff will make every effort to help you have the birth experience you would like. You may choose to complete the birth preferences section of your hand held record or to write your preferences in your own words.

During your labour and birth you will be encouraged to be upright and mobile to assist with comfort and progress. Beanbags, birth balls, hot packs, showers/bath are available and your midwife will help you with the use of these.

If any procedures or interventions are recommended they will be explained and discussed with you at the time in order for you to give your informed consent. You will be allowed time to consider the information given and to discuss it with your support team if needed. You have the right to refuse, to question and/or seek another opinion.

Your partner can assist with the birth or cord cutting. Staff encourage skin to skin contact with baby, from birth to the first feed. If you plan to have children present please ensure they are adequately prepared and have a carer provided.

Both Nambour and Gympie hospitals offer a ‘debrief’ service allowing you to discuss any part of your care or to answer any questions you may have.
Pain relief options

How women manage with the pain of labour is very individual and can vary from one birth to the next. The choice of options for pain relief is an individual one that only you can make.

Pain relief options both natural and pharmacological will be discussed in more detail during childbirth education classes or on request at a midwife/doctor antenatal visit. Please ask your midwife in birth suite if you have any questions or if you require any assistance.

Perineal massage

Perineal massage involves stretching and massaging the area of skin between the vagina and anus (perineum), in an effort to increase its flexibility in preparation for birth.

This has been shown to help reduce both the likelihood of perineal trauma (especially the need for episiotomy) during vaginal birth and perineal discomfort during and after birth.

Perineal massage can be commenced from 35 weeks of pregnancy. Benefits have been seen when practised just once or twice a week, no more than 3 times per fortnight. (More frequent massaging decreases this protective effect).

- Use a water based product (eg.KY jelly) or natural vegetable oil is best.
- A warm bath beforehand will help soften the tissues.

- Using your own clean hands or your partners, gently insert thumbs or one to two fingers, three to five cm into the vagina, and firmly sweep in a downward and side to side motion for five minutes.
- You will experience a painful burning sensation which will diminish over time.
- Do not to massage if genital herpes or vaginal infection present.

Reference:
3. Picture:www.parentresourcenetwork.org/perineal-massage/
Positions for labour/birth

Women in labour have always walked, moved, and changed positions to make themselves more comfortable. Pelvic dimensions vary with differences in maternal positions.

Upright positions and walking may reduce the duration of labour, the risk of caesarean birth, and the need for epidural anaesthesia.

- Rest is beneficial in the early stages of labour.
- Kneeling on all fours can be very beneficial for relieving backache during labour. Using pillows/beanbags/heat packs will increase comfort.
- Many useful positions can be adopted at home using your furniture.
- Leaning forward allows your partner to provide relaxing massage.
- A warm bath or shower can provide good pain relief.
Water immersion in labour

Water during labour and/or birth provides a woman with an alternative option for comfort, mobility and privacy. (Available at Sunshine Coast University Hospital only)

Benefits

• Water immersion in a bath 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.
• The privacy of the bath increases a woman’s confidence in her ability to manage her labour which in turn promotes a feeling of control.
• Waterbirths are associated with low-risks for both woman and baby when care is provided by midwives and/or doctors who follow best practice guidelines.

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 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.

• Your baby may develop an infection. There are strict guidelines for keeping the water clean during labour and for cleaning the bath to minimise the possibility of infection.

• Your baby may inhale water. If you choose to birth in water, your baby should be born under the water, then gently lifted out into the air. Your baby’s head should then be kept above the water so that breathing can not start and potential inhalation of water can be prevented.

Who can use the bath for labour/birth?

• If you accept to leave the bath when advised to do so for reasons of safety for your baby or yourself.
• If you are attended throughout by a midwife or doctor who is confident and experienced in conducting water births, should you decide to stay in the water.
• If you have read the information leaflet and had the opportunity to talk to a midwife/doctor to answer any questions you may have.
• You have a singleton pregnancy and are over 37 weeks gestation.
• You have no significant health problems or blood borne virus infections.
• Your BMI is less than 35 at term.
• If there is a recommendation to continuously monitor your baby’s heart effective monitoring equipment must be available.

As well as the many natural ways to relieve pain including hot packs, showers, bath, relaxation techniques and massage; the following options are available.

If there comes a time in your labour where the methods you have been using no longer meet your needs, being informed of the advantages and disadvantages of the below choices will help you to make the decision that is right for you. Please do not hesitate to ask for more information.
Transcutaneous Electrical Nerve Stimulation (TENS)

Small electrical impulses of variable strength and frequency travel down the wires which are connected to electrodes placed on your back. It is thought these impulses stimulate the release of your natural endorphins and block the deeper pain messages. Best used from early labour.

While there is no harm in using a TENS machine, there is limited evidence to show they are effective but some women find them helpful.

Sterile Water Injection (SWI)

- 30 to 60 per cent of labouring women will experience back pain in labour. SWI is found to an effective non-pharmacological intervention for relief of back pain. (85 per cent effective lasting one to three hours).

- A small amount, 0.1- 0.2ml of water is injected very superficially under the skin in four spots of the lower back (sacrum).

- The injections cause a wasp like sting during the procedure that lasts about 30 seconds and then wears off completely. To distract from the stinging sensation the injections are done during a contraction by two midwives.

- SWI is an excellent alternative for relief of back pain in labour. Though SWI will not provide pain relief from contraction pain, once the back pain is alleviated, you may cope better with labour pain. They do not limit your mobility, alter your state or slow the progress of labour.

- Injections can be repeated as many times as required. SWI is not a drug and has no known side effects to either mother or baby.

Gas and air (entonox/nitrous oxide)

Adjustable concentrations of nitrous oxide can be used at any stage of your labour or during procedures. Anecdotal reports have noted greatest relief when the woman begins inhalation approximately 30 seconds prior to the start of her contraction. This allows for peak serum levels of nitrous oxide to coincide with the peak of the uterine contraction.

- Nitrous oxide is self-administered by breathing in and out through a mask or a mouth piece and has a rapid onset of 30 to 50 seconds. Learning the correct technique by practicing with the fist few contractions is important in order to maximize results.

- Nitrous oxide analgesia can be administered quickly, easily, and safely. It has a very rapid onset of action analgesia and can be discontinued as quickly and easily as it is started. The effects begin to dissipate immediately after the woman stops breathing nitrous oxide and are completely gone within five minutes.
• Nitrous oxide analgesia has no adverse effects on the progress of labour, and the spontaneous vaginal birth rate is unaffected.

• Nitrous oxide is not associated with increased risk of maternal or fetal complications and does not require more intensive or invasive monitoring.


Morphine

• Morphine is an opioid and is usually administered as an intramuscular injection into the thigh, arm or buttock or intravenously though a drip. It can be given during the first stage of labour. It gives limited pain relief in labour.

• Can have side effects, such as nausea, feeling drowsy, or having trouble concentrating. An anti nausea medication is given at the same time.

• Intramuscular absorption of morphine peaks in 30 to 60 minutes after administration. The average elimination half-life for morphine is two to three hours, but effects may extend up to 24 hours. Women should not use the bath within two hours of opioid administration.

• Morphine is rapidly transferred across the placenta, with the fetus and neonate excreting the opioids more slowly than adults due to the immaturity of the liver enzymes. Morphine may cause respiratory depression in the newborn and may interfere with breastfeeding.

Epidural

Approximately 25 in every 100 women who birth at Nambour General Hospital choose to have an epidural. An epidural is available on request and can be inserted once in established labour. A small plastic tube is placed in the epidural space in your back through which a combination of local anaesthetic and fentanyl is delivered. This blocks the nerves of the spine providing pain relief until your baby is born.

How long does it take?

Usually once the anaesthetist is in attendance an epidural will take approximately 20 minutes to set up and following the anaesthetic being injected down the catheter, minutes to work. You will be positioned sitting on the bed with your shoulders slumped and lower back pushed towards anaesthetist.

A local anaesthetic is used to numb the area before the epidural is inserted. Once in place the epidural needle is removed and a plastic tube left in the epidural space and taped to your back.

Advantages:

• The most effective pain relief in labour
• Can be used if further procedures are required such as assisted birth or caesarean.
• Research shows epidurals do not increase your risk of requiring a caesarean or cause lower ‘apgar’ scores in newborns.

Disadvantages:

• Requires you to have a drip in your arm, a catheter in your bladder to drain your urine and continuous monitoring of your baby.
• Your legs may feel heavy or numb therefore you will need to remain in bed.
• May not always provide total pain relief requiring additional anaesthetic or occasionally replacement.
• May prolong the second stage of labour and increase the need for assisted birth with vacuum or forceps.
If you have any questions or concerns, please talk with your obstetrician or midwife who can arrange for you to speak with an anaesthetist.

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<thead>
<tr>
<th>What are the risks?</th>
<th>How common?</th>
<th>How often?</th>
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<tbody>
<tr>
<td>Requires additional anaesthetic</td>
<td>Common</td>
<td>1 in 8</td>
</tr>
<tr>
<td>Blood pressure changes</td>
<td>Common</td>
<td>1 in 20</td>
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<tr>
<td>Headache</td>
<td>Uncommon</td>
<td>1 in 100</td>
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<tr>
<td>Nerve damage</td>
<td>Very rare</td>
<td>Less than 1 in 13,000</td>
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<tr>
<td>Epidural infection/meningitis</td>
<td>Very rare</td>
<td>1 in 50,000</td>
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<tr>
<td>Epidural blood clot</td>
<td>Very rare</td>
<td>1 in 170,000</td>
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<tr>
<td>Unexpected anaesthetic spread</td>
<td>Very rare</td>
<td>1 in 100,000</td>
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<tr>
<td>Severe injury, including paralysis</td>
<td>Extremely rare</td>
<td>1 in 250,000</td>
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*Anaesthetics Department Nambour General Hospital 2014*
Information for patients and family members of Maternity Services

If you choose to stay on the postnatal ward after the birth of your baby, you have the choice to have someone stay overnight with you as a support person.

This person will be strongly encouraged to help with baby cares and your needs. Being awake and helping through the night would be expected. It is unlikely they will get much opportunity to sleep.

This should be considered before deciding who stays. It is also expected that they follow some simple guidelines listed below for the safety and wellbeing of all women, babies and staff.

- Only one adult support person may stay overnight; children (under 16) or family members who are unwell would be unable to stay.
- Appropriate dress and footwear must be worn at all times.
- Rooms are to be kept clean and tidy.
- Violence and aggression towards staff will not be tolerated and the offending person would be asked to leave.
- All other visitors must adhere to ward visiting hours.

Your support person will be asked to register on the ward and will be given an armband for identification. Please discuss this with the midwife caring for you on the postnatal ward.

You will be offered a home visit from a midwife within 24-48 hours after leaving hospital. The postnatal period is a timeframe of six weeks which begins as soon as your baby/s is born. During this time, a number of physical as well as psychological changes take place in your body.

The midwives look forward to helping you to learn the skills necessary to care for your new baby.

The maternity unit also has videos for you to view on baby settling techniques, breastfeeding, baby massage and a range of other topics. Please do not hesitate to ask any questions about anything not included in this booklet.

No question is too silly.
Gympie

The maternity ward at Gympie Hospital is a 12-bed unit caring for antenatal, postnatal and gynaecology women.

Gympie has a quiet area where educational DVDs and videos can be viewed with your baby and partner. The midwives are available to discuss this educational option with you.

What to bring, limit to one bag of the following dimensions:

Space is limited, so please bring only enough for two to three days. All personal belongings need to be placed in the bedside cupboard. To avoid trip and fall hazards in the ward area, no bags can be stored on the floor and must be taken home.

For mother
- Day and night clothes/slippers
- Toiletries
- Super/maternity pads (two packs)
- Nursing pads/maternity bras
- Several changes of underpants (not G-string)
- Mobile phone and charger
- A favourite pillow (optional)
- Pen/pencil.

DO NOT
- Leave money and valuables at the bedside. Please keep them with you at all times or send home.

For baby
- Baby clothes/wraps/mitens
- Newborn disposable nappies (small pack)
- Bath solution if you choose (we recommend water only for four to six weeks)
- Bottles, teats and formula if you choose to bottle feed
- Baby safety restraint on the day of discharge; fitted by 38 weeks.

Please see page 76 for companies that provide a child restraint / car capsule hire and check in the Sunshine Coast, Hinterland, South Burnett and Fraser Coast Region regions.
Visiting hours

Are strictly adhered to. This helps to enable you to rest and receive education from the midwives. It is important for family and friends to adhere to visiting times. Your time in hospital is short. Visiting hours are 11.00am to 12.30 pm and 4.00pm to 8.00pm

We encourage you to minimise visitors or to keep visits short to allow yourself and other new mothers to ‘catch up’ on missed sleep and have the opportunity to learn the skills needed to care for their babies. The maternity staff strongly advises that you limit visitors to immediate family only.

Other friends and family can visit when you are relaxed at home.

- Children are only allowed to visit in normal visiting hours.
- Gympie visiting hours are from 10.00am to 12.00pm and from 3.00pm to 8.00pm.

Rooming-in responsibility

Rooming-in means your baby remains with you and you are responsible for him/her at all times, 24 hours/day.

Rooming-in is ‘Step seven’ of the 10 steps to successful breastfeeding and helps parents grow to know their baby and how to respond to their needs. Some important safety reminders about rooming-in are:

- Do not leave baby on your bed unattended. They may fall off even at this young age.
- When moving baby around the ward, wheel them in the cot, do not carry him/her in your arms.
- Babies must stay in the maternity ward area at all times.

- For security reasons do not leave your baby unattended by your bed.
- Do not allow your baby to sleep with you in bed.

At Gympie your baby may be fitted with a ‘Hugs Safe Movement’ system tag. ‘Hugs’ creates a safe area where babies are monitored at all times, through the use of a waterproof and latex free tag on the ankle.

Keeping baby safe

Skin-to-skin in the early hours after birth helps babies to make an earlier transition to life outside the womb.

During the early hours of life all babies need close observation by parents and staff which includes:

- Baby's head is in a good position that keeps baby's airway open. Place his/her head and neck in a neutral position, avoiding neck flexion and head extension.
- Easy, regular breathing.
- Good colour (pink).

(Your midwife will explain these to you.)

Call for help if you are concerned

Please read the ‘Keeping Babies Safe in Hospital’ brochure.
Meal times
Tea and coffee making facilities are available for women and their partners only in the ward lounge. Please keep the area clean and avoid times when catering staff are working in the area.

Phone calls
Sunshine Coast University hospital will have phones by each bedside. Staff are unable to give any information over the phone.

We ask you to turn phones down so as not to disturb other women in the ward, and to turn them to silent at 9.00pm and when staff are attending you.

Television
Each room has a television. Enquire on admission as to cost and how to gain access to regular channels.

The radio and education channel on the television are available at no cost. There is a lounge area where a television is provided free of charge.

Neonatal Unit
The Neonatal Unit is committed to providing high quality, family centred care to babies. Care is provided in discussion with family and is monitored and reviewed in order to provide the appropriate treatment for the baby. Nurses and doctors who are trained in the care of sick and preterm babies work in the unit and provide care for babies who require close observation or treatment shortly after birth.

Babies may be admitted to the Neonatal Unit because they are:
- having difficulty adapting to the extra-uterine environment
- have low blood sugars
- babies born to diabetic mothers on insulin.
- small or preterm
- withdrawing from addictive substances
- babies who require ongoing treatment, for example oxygen therapy, intravenous fluids, antibiotics or tube feeding.

In some circumstances babies may be required to be transferred to the Royal Womens or Mater mothers Hospital.

Once the baby’s condition has stabilised, they are transferred back to the NNU until they are ready to be discharged home. to establish feeding and gain weight before discharge.

Mobile phones
May be used, away from the clinical area, for example in the family room. Please keep mobile phones on silent at all times.

Visiting
We encourage parents to see their baby as often as possible, day and night, and also to participate with their baby’s care. If you are no longer an inpatient you may choose to stay overnight with your baby. Visiting of other family members and friends is encouraged but they must be accompanied by one of the baby’s parents and only two people at a time please.
Siblings are very welcome to visit their new baby brother or sister; however we ask that other children do not visit neonatal unit.

Hand washing by all visitors is required when coming in to the unit. We cannot give details about your baby to anyone, except for mum and dad. Please advise your family and friends, and ask them to phone you for information.

Quiet time
Preterm babies benefit from a quiet environment to be able to develop and gain weight. NNU can be a noisy environment with voices, monitors etc. Ask your nurse to discuss with you your baby's neurological development and the special things that you can do to ensure he/she grows well (skin to skin, touch, noise, light, positioning).

Doctors rounds
We have a team of neonatologists paediatricians who care for the babies in the NNU. Your baby will be admitted under one of these paediatricians. A doctor will examine and review your baby's progress every day and advise you when your baby is fit for discharge to the Maternity Inpatient Unit or home.

Times of ward rounds can change due to the differing demands of NNU, emergency department and the children’s ward, but it is our aim to have ward rounds completed by 12.00pm daily. Parents are encouraged to be present during ward rounds to discuss their baby’s care.

Rooming-in
When your baby is getting ready to go home you will be asked to room in. The length of stay depends on your individual needs and will be discussed with you when this time is approaching.

Lactation support
Babies requiring admission to NNU, especially those born prematurely, often require extra support to establish feeding and lactation consultants are available to assist as required.

If you are transferred ante-natally to Brisbane or you expect your baby will be admitted to Neonatal Unit, we encourage you to visit for an introductory tour, prior to your baby’s birth or baby being transferred back to Sunshine Coast University Hospital.

Gympie:
Babies born at Gympie who require care in the neonatal unit will be transferred either to Sunshine Coast University Hospital or to the Royal Brisbane and Women’s or Mater hospitals in Brisbane.
Vitamin K for newborn babies

Why is vitamin K important for my baby?

Vitamin K helps blood to clot. It is essential to prevent serious bleeding. Babies do not get enough vitamin K from their mothers during pregnancy, or when they are breastfeeding. Without vitamin K, they are at risk of getting a rare disorder called Vitamin K Deficiency Bleeding, or VKDB. VKDB can cause bleeding into the brain, and may result in brain damage or even death.

VKDB can be prevented by giving new babies extra vitamin K. By the age of about six months, they have built up their own supply.

How is vitamin K given?

The easiest and most reliable way to give babies vitamin K is by injection. One injection just after birth will protect a baby for many months. Since about 1980, most newborn babies in Australia have been given a vitamin K injection.

Vitamin K can also be given by mouth. Several oral doses are essential to give enough protection, because vitamin K is not absorbed as well when it is given by mouth and the effect does not last as long.

If you choose vitamin K by mouth, your baby must have three doses: dose 1 at birth; dose two usually three to five days later, and dose three in the fourth week, if the baby is fully breast fed (babies fed mainly by formula do not need the third dose).

If your baby vomits within one hour of swallowing the vitamin K, the baby will need to have another dose.

Can all babies have vitamin K?

All babies need to have vitamin K. Very small or premature babies may need smaller doses, your doctor can advise you about this.

Vitamin K by mouth is not suitable for some babies:

- Babies who are premature or sick should be given the vitamin by injection. There are two main reasons for this: the very small dose needed is difficult to measure by mouth; and these babies are also more likely to have feeding difficulties.
- If you choose vitamin K by mouth but your baby is unwell when a dose is due, the baby may need to have the injection instead.
- If, while you were pregnant, you took medication for epilepsy, blood clots or tuberculosis, you should tell your doctor or midwife. Your baby may not be able to absorb vitamin K by mouth, and may need the injection instead.

Does vitamin K have any side effects?

Over the 30 years vitamin K has been given to new babies in Australia, it seems to have caused no problems.

A few years ago, one study suggested that injections of vitamin K might be linked to childhood cancer, but six studies since could not find any link with cancer.

The National Health and Medical Research Council has looked carefully at these studies and other evidence available, and has concluded that vitamin K is not associated with childhood cancer, whether it is given by injection or by mouth.
Does my baby have to have vitamin K?

This is your choice. However, giving vitamin K to your newborn baby is a simple way of preventing a very serious disease. Medical authorities in Australia strongly recommend that all babies be given vitamin K.

This includes babies who are premature or sick, and babies having surgery (including circumcision).

Parents who decide against vitamin K need to watch very carefully for any symptoms of VKDB.

What should I look out for?

You should always see your doctor or health care worker:

- if your baby has any unexplained bleeding or bruising – this is particularly important if your baby has not had vitamin K.
- if, when your baby is more than three weeks old, there are any signs of jaundice (yellow colouring of the skin or whites of the eyes).

Babies with liver problems are particularly at risk, even if they have had vitamin K. If you need more information, please talk with your doctor, midwife or child health nurse.

Reference:
This information is based on the Joint statement and recommendations on vitamin K administration to newborn infants to prevent vitamin K deficiency bleeding in infancy, that was re-issued by the National Health and Medical Research Council (NHMRC) in October 2010.
Can Hepatitis B be prevented?
Yes, immunisation with the Hepatitis B vaccine is highly effective.

Why is Hepatitis B vaccine recommended for all infants?
This is part of a prevention strategy to reduce illness and death from complications of disease.

Why do babies need to be immunised against Hepatitis B at birth?
The birth dose of Hepatitis B vaccine is recommended by the National Health and Medical Research Council because:

• A baby of a Hepatitis B carrier mother is at high risk of being infected.
• Even though you may not be a Hepatitis B carrier, it is possible that someone else in your home or family is, and could infect your baby through an open cut or sore soon after leaving the hospital.
• The risk of becoming a carrier of the Hepatitis B virus is highest in the very young, when the infection causes no (or very few) symptoms.
• It provides some protection against the hepatitis B virus for babies who may be late with their two month vaccinations.

Is it safe to give newborn baby the birth dose Hepatitis B vaccine?
The Hepatitis B vaccine for newborn babies is a very refined vaccine. It does not contain any preservatives or antibiotics. It is not a live vaccine and therefore cannot either cause disease or upset the liver.

It is produced in yeast cells and is free of animal or human blood products. It is a very safe vaccine for newborn babies.

How many doses of Hepatitis B vaccine does my baby need?
With your consent, the first dose of vaccine will be given soon after birth. Three more doses are required to be fully immunised and are given at two, four and six months or two, four and 12 months of age, depending on the vaccine is used.

It is given in combination with other childhood immunisations, so your baby will not need to have any extra needles. If your child does not receive a birth dose, the first dose of the vaccine would then be due at 2 months of age.

Are there any side effects after the vaccine has been given to babies?
The Hepatitis B vaccine is very well tolerated, even in newborn babies. The most common side effects are minor and disappear quickly. Side effects may include mild swelling and redness at the injection site. There is no increased likelihood of a baby developing a fever or having an allergic reaction.

What if my baby is born prematurely?
Premature babies are most prone to infections and therefore they also need to be protected against Hepatitis B. If your baby is born before 32 weeks or weighs less than 2000gm, they will need an extra dose of vaccine at 12 months of age.

What if my baby is on antibiotics?
Immunisation should only be postponed if a baby is very unwell or has a high fever.

If my baby is too sick when can the birth dose be given?
The benefits of giving the birth dose can still be achieved if the vaccine is given within the first seven days of life.

If this cannot be done, the course of Hepatitis B vaccines are commenced with
Healthy hearing is critical to your child’s development from the earliest months of life. About one or two babies out of every 1000 will have a significant hearing loss. If this loss is not picked up at an early stage, it could affect their speech and language development and future learning at school. The Healthy Hearing program aims to identify babies born with a permanent hearing loss.

It is free and available to all babies born in Queensland. This screen should be done as soon as possible after birth. If it is not possible before you and your baby leave hospital, your baby can still have the screen as an outpatient soon after discharge.

How is the screen done?

A hearing screen cannot hurt your baby at all. A person trained in hearing screening will do the test when your baby is quiet or asleep.

Several small pads will be placed gently on your baby’s head and a soft earphone will be lightly placed over their ears. Soft clicking sounds will then be played into your baby’s ear and your baby’s response to these sounds recorded.

When will I know the results?

The person doing the test will discuss the results with you immediately and will record them in your baby’s Personal Health Record.

What does a ‘pass’ result mean?

If the screening test shows a strong response from both of your baby’s ears it is unlikely your baby has a hearing loss. Your child’s hearing can be tested at any age.

A child’s hearing may not stay the same over time. If you have any concerns about your baby’s hearing, contact your baby’s doctor, or staff at your local clinic.

What does a ‘refer’ result mean?

A refer result means that another test is needed. You will be asked to bring your baby back for further tests. You will be given a brochure that explains what this involves. It could mean:

• Your baby may have a hearing loss.
• Your baby was unsettled during the screen.
• There may have been background noise during the screen.
• Your baby may have had fluid or a temporary blockage in their ear.

Where can I get more information?

If you would like more information about your baby’s hearing screen contact your local hospital, your baby’s doctor or staff at your local clinic.
Newborn screening test

When: This is a blood test ideally collected between day three and five, though acceptable after 48 hours of age.

This test can be done while you are in hospital, or after discharge by your home visit midwife, at your local Child and Family Health Centre or at a private pathology service (requires a request form). If the test is collected prior to 48 hours it will need to be repeated before day five.

Why: This important test allows early detection of rare but serious health disorders, four of which are listed below.

Early detection allows for early treatment helping to lessen or avoid permanent damage to the long-term health of your child.

How: The heel is pricked and blood dripped onto three circles of special blotting paper. This sample is dried then sent to a laboratory at the Department of Health in Brisbane.

Results: Results take 4 to 6 weeks. A positive result indicates that the child is at risk of having that particular disorder.

Confirmation of the diagnosis of the disorder requires further testing. This may be a blood test, urine test or both. You will hear nothing if the test was negative.

1. Phenylketonuria
A genetic problem that prevents the baby’s digestive system from metabolising food properly. In untreated babies this can cause brain damage. A special diet begun soon after birth allows these babies to develop normally.

2. Hypothyroidism
In this condition the thyroid gland is not working properly. There is a noticeable delay in an infants development and growth at several months of age. Early detection and early treatment with thyroid hormone medication allow these children to grow and develop normally.

3. Galactosaemia
Babies with Galactosaemia cannot break down a milk sugar called galactose. If untreated this can cause major health problems like cataracts, brain and liver damage and may result in the infants death. A special diet can prevent most of these problems.

4. Cystic fibrosis
This is an inherited problem which mostly affects the lungs (sticky mucus) and gut (affecting the digestion of food). Detecting cystic fibrosis early significantly improves the life of children with cystic fibrosis, although it does not prevent all the problems.

5. Testing also now covers a wide range of other rare disorders.
Breastfeeding your baby

The World Health Organisation (WHO) recommends that babies are fed exclusively on breast milk for the first six months of life.

Solid foods may be introduced at six months. Ideally, breastfeeding should also continue for the first year and beyond.

Breastfeeding gives your newborn baby the best possible start in life, and provides benefits for both baby and mother.

The Sunshine Coast Hospital and Health Service uses the Ten Steps to Successful Breastfeeding’ as a guide for protecting, promoting and supporting breastfeeding. Mothers who decide not to breastfeed will be respectfully supported and assisted in their feeding choice.

The ten steps

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.

2. Train all health care staff in the skills necessary to implement this policy.

3. Inform all pregnant women about the benefits and management of breastfeeding.

4. Place babies in skin-to-skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.

5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.

6. Give newborn infants no food or drink other than breast milk, unless medically indicated.

7. Practice rooming-in, allow mothers and infants to remain together 24 hours a day.

8. Encourage breastfeeding on demand.

9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.

10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Breastfeeding gives your newborn baby the best possible start in life, and provides benefits for both baby and mother.
Benefits of breastfeeding for your baby

- reduction in infections: ear, chest, urine and tummy
- reduction in allergies: such as asthma, eczema, coeliacs disease
- less chance of SIDS (Sudden Infant Death Syndrome)
- reduced chance of being obese
- reduction in bowel diseases
- reduced chance of developing diabetes
- reduced risk of childhood cancers: leukaemia
- higher intelligence
- straighter teeth
- better speech
- better eyesight.

Benefits of breastfeeding for mothers

- helps mother’s emotional adjustment as ‘happy hormones’ oxytocin and prolactin are released every time baby feeds
- reduced risk of breast and ovarian cancer
- reduced risk of osteoporosis
- lose weight more easily
- delayed return of periods
- less trips to the G.P. with your child
- breastfeeding is free.

Formula is not the same as breast milk

- Breast milk is a living fluid which changes continually in composition, meeting baby’s growing needs.
- Breast milk is easier for your baby to digest than formula, and provides all the nutrients the baby needs for the first six months of life.

Risks of formula

- five times more likely to be admitted to hospital with gastroenteritis
- twice as likely to be admitted with respiratory disease
- twice as likely to suffer from ear infection
- five times more likely to develop a Urinary Tract Infection (UTI)
- twice as likely to develop eczema or a wheeze if there is family history.

Skin-to-skin

Your body is your baby’s new ‘habitat’. Cuddling baby skin-to-skin, heart-to-heart during these early days encourages baby to seek the breast and comforts baby in his/her new world.

Babies who are skin-to-skin with the mother for one to two hours after birth:

- are more likely to latch on to the breast
- are more likely to latch on well
- will cry less
- have higher blood sugars
- have higher skin temperatures
- will breastfeed longer and more exclusively.

Benefits of skin-to-skin contact

- promotes breastfeeding
- maintains baby’s temperature
- regulates heartbeat
- regulates breathing
- aids brain development
- calms baby, reduces crying
- aids bonding.

Demand feeding

Babies vary the length of feeds and patterns according to their hunger and thirst. Demand feeding means allowing baby to breastfeed as often as he wants and for as long as he wants, at each feed. Allowing baby to do this means there will be frequent stimulation of the breasts which helps establish and maintain a good milk supply to meet his/her ever-changing needs and ensuring your breasts continuously adjust to provide optimal nutrients and milk as baby grows.

Frequent feeds = more milk
Breastfeeding patterns

Babies thrive when they determine the frequency of feeds and how long the feed takes. Rigid routines can be dangerous to baby’s physical and mental health and should be avoided.

In the first few days of your baby’s life your breasts produce rich, yellow milk called colostrum. Colostrum is packed full of anti-oxidants and antibodies to boost your baby’s immune system, and is highly concentrated so only small amounts are required frequently to meet all baby’s needs.

It is normal and natural for baby to feed frequently (12 or more times in 24 hours) in the first few days. As the volumes of colostrum increase baby may settle longer between feeds but still requires eight or more breastfeeds per 24 hours.

Around day four or five your breasts become warm and full as colostrum changes to transitional milk; your milk ‘comes in’. The breasts feel full and the milk flows freely and baby will take larger volumes of milk, often in a shorter time at the breast. Babies will self release from the breast when satisfied.

Remember, breastfeeding is a learned skill which takes some time to develop. Seek help from the midwives with positioning and attachment.

You already know your baby better than anyone else, and baby lets you know when he needs to feed. Trust your own instincts as you respond to your baby’s cues.

Most babies around a week old begin to take their breastfeeds in a couple of phases; like an entrée and main course.

Typically they will take the ‘entrée’ quite quickly; self release from the breast and have a little sleep. When baby stirs after 15-30 minutes he/she may need a burp or nappy change.

The ‘main course’ is offered from the same breast as the entrée. Allowing the baby to feed until satisfied allows him/her to obtain some of the fatty hind milk and ensures the breast is well drained and stimulated to make plenty of milk again.

If he/she ‘cues’ again the other breast can be offered.

The opposite breast is offered first at the next breastfeed so that both breasts are well drained to promote milk production.

Feeding cues

Your baby will show some or all of the following signs of readiness to breastfeed.

- rapid eye movement
- stretching and stirring
- licking lips
- putting hands in mouth
- opening his mouth
- turning his head.

It is important to offer baby a breastfeed at this time, before he starts crying. Crying is a late feeding cue and you will need to calm baby down before attempting a breastfeed.
How to breastfeed

The midwives on maternity ward are there to help you learn to breastfeed. We recommend you ask for guidance with the first few feeds, so that breastfeeding is comfortable right from the start.

Baby-led breastfeeding

Immediately following your baby’s birth you will be assisted to hold your baby skin-to-skin on your chest. Most babies will slowly find their way to the breast and will eventually latch and start feeding.

You may need to give your baby a little help by shaping your breast, but most babies manage to attach well when they lead the way. The midwife will assist you with this. We recommend that you continue feeding your baby this way once you are on the postnatal ward, as this is the most natural way for babies to feed.

However, most mums want to know how to breastfeed sitting up and in other positions, so we suggest the following technique:

**Sit comfortably and unwrap your baby.**
Holding baby in skin-to-skin contact helps to calm baby and stimulates baby to seek the breast.

**Bring baby to the natural position of your breast.** Do not lift or move the breast to meet your baby, bring baby to where your breast falls naturally.

Baby should be snuggled in close to the base of your breast with his whole body facing you, and his head and body in a diagonal line. Hold your baby behind the back and shoulders, allowing baby’s head to tilt back slightly, with the chin forward.

Rest baby’s chin underneath your breast, keeping your nipple above the baby’s top lip and opposite baby’s nose. Position baby’s bottom lip three-four cms below the nipple, and ‘tease’ baby by stroking his lips and chin with your areola/lower breast tissue.

**Wait for a very wide mouth,** with tongue down. As he gapes widely, firmly push between baby’s shoulders, bringing baby on to the breast.

If needed, you can use your thumb or finger to guide the breast into baby’s mouth, helping baby to take a big mouthful of breast.

If baby is crying, calm him first and try again. A crying baby will have his tongue up and will not be able to attach to breastfeed correctly.
**Signs of good attachment**

His chin is in deep contact with the breast.

His gape is wide and he has a big mouthful of breast tissue as well as the nipple.

His cheeks are full and lips are curled outwards.

You may see more of the areola (brown or pink circle around the nipple) above his top lip, and no areola visible below his bottom lip.

His sucking pattern changes from short sucks at the beginning of the feed to long deep sucks, with frequent swallows. At the end of the feed you will notice ‘flutter’ like sucks with fewer swallows, and long pauses.

Feeding should not be painful. However while you are learning to breastfeed you may feel some pain or discomfort when the baby first attaches to the breast. This sensation should fade quickly after the first few sucks and then the feed should not be painful.

If it continues to hurt it probably means that baby is not attached well. Take baby off gently by breaking the seal with your little finger and try again. Ask for help from your midwife or lactation consultant if breastfeeding is still painful.

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**Observing baby’s nappies**

Below is a chart to help you understand what to expect in your baby’s nappy. If your baby’s output is less than shown below it indicates insufficient milk intake. Seek advice from your midwife, lactation consultant, child health nurse or G.P.

**Day 1-2 wet nappy**

Day 1: one nappy  
Day 2: two or more nappies per day

**Day 3-4 wet nappy**

Three or more per day, nappies feel heavier

**Day 5-6 wet nappy**

Five or more per day, heavy wet

**Day 7-28 wet nappy**

Six or more per day, heavy wet

**Day 1-2 dirty nappy**

One or more dark green/black ‘tar-like’ per day (meconium)

**Day 3-4 dirty nappy**

Two or more, changing in colour and consistency - brown/green/yellow

**Day 5-6 dirty nappy**

Three or more yellow, can be quite watery if breastfeeding

**Day 7-28 dirty nappy**

At least three or more, size of a 50 cent coin (minimum), yellow and watery
After about six weeks of age a breastfed baby may change to doing one bowel action per day, or miss some days, which is normal. It is not normal for a younger baby to do less poo than as shown above.

Some baby girls may pass mucous and small amounts of blood from their vaginas in the first week of life. This indicates baby’s hormones are responsive and is normal.

Newborn babies may pass small amounts of orange-tinged urine in wet nappies in the first few days of life. This is called urates, and indicates baby’s kidneys are functioning. It is NOT normal to see urates in an older baby’s nappy. Discuss concerns with a midwife or G.P.

Signs of breastfeeding problems

Once your milk has ‘come in’ if you notice any of the following you should seek help from a midwife, lactation consultant or child health nurse:

- feeding less than six times in 24 hours
- Regularly feeding more than 12 times in 24 hrs
- every breastfeed is taking longer than one hour.
- breasts are engorged (firm and extremely full)
- baby is not settled after feeding from both breasts
- red and/or painful areas on the breasts
- Nipples are painful during feeds, misshapen when baby comes off the breast, or any visible signs of trauma such as cracks or bleeding
- difficulty attaching baby to the breast

• if baby sucks in a rapid pattern throughout the feed (you should see a change from rapid sucks at the start of the feed to deeper, slower sucks with pauses and you should hear baby swallowing)

• baby is ‘fussy’ at the breast - comes on and off a lot during the feed, or refuses to breastfeed.

Help with breastfeeding is available.

Australian Breastfeeding Association (ABA) Breastfeeding Helpline: 1800 686 268 (24 hours) and local group meetings.

Child Youth and Family Health: 5319 4824

Drop-in service: Local Child Health Centres (information on days and times available on discharge from the Maternity Unit or from child health)

Private lactation consultants www.ilca.org (Resources: Find an LC)

Queensland Health Information Hotline: (13HEALTH) 13 43 25 84

Helpful websites:

www.breastfeeding.asn.au
www.breastfeedingonline.com
Hand expressing your breast

Naturally the best way to remove milk from your breast is by feeding your baby, but there may be occasions when this is not possible and you need to express your milk. Hand expressing is a skill that nearly all mothers will use at some stage. It is therefore a good idea to learn and practice this before your baby is born. This helps you to become familiar with how your breasts work and if for some reason you need to express milk for your baby you will already know what to do.

Any expectant mother can choose to express and store colostrum during their pregnancy. In some situations expressing colostrum before babies are born to reduce the chance of breast fed babies receiving formula may be recommended. Reasons may include:
• you have diabetes or gestational diabetes.
• expecting more than one baby
• expecting baby to be born before 37 weeks
• baby has a cleft lip/palate
• you have had breast surgery or problems with breast milk supply in the past.

Discuss expressing with your midwife and she/he will supply you with some syringes and stickers.

How to hand express

Breast massage and the use of warm compresses or a warm shower before expressing, assists your breasts to release milk for your baby. Always wash your hands well before handling your breasts. This stimulation should take no more than 20-30 seconds.
• Gently massage your breasts in small circular motions.
• Lightly stroke down all around the breast stroking gently across the nipple.
• Leaning forward, very gently shake your breasts. This helps the milk flow into the areola.

Hand Expressing

1. Position the thumb and first two fingers two to three centimeters from the nipple; the thumb above and fingers below.
2. When the thumb and fingers are placed correctly, simultaneously press back towards the chest wall. Avoid stretching the skin during this action, press straight back.
3. Then move the pads of the thumb and fingers towards each other gently compressing the milk ducts behind the areola and release.
4. Repeating this action will result in small beads of colostrum appearing at the nipple pores which can be collected in a syringe. Tap the syringe to help colostrum fall lower and collect again.

Rotating the position of the thumb and fingers while always keeping them opposite each other during each expressing session, will access different milk ducts. Alternate breasts at each session, even a small amount of colostrum is worth collecting and freezing.

You can also watch “The Joy Series Video 3” Antenatal hand expressing from 36-38 weeks. https://youtu.be/q56QyDteGso

Photo reference: Mater Mothers Hospital
Pacifier or dummy use

It is the policy of our hospital not to recommend or encourage the use of pacifiers for newborn babies, in line with step nine of the Ten Steps.

We encourage you to feed your baby when he or she shows feeding cues, in other words whenever your baby wants to feed. Frequent breastfeeding in the first days and weeks ensures a good supply of milk.

Sucking on a pacifier can interfere with this process, reducing baby’s time at the breast, which can lead to less milk production, poor weight gain and early weaning.

In addition:

- sucking on a pacifier differs from suckling at the breast, which may affect how well your baby attaches to the breast
- there is an increased risk of thrush and ear infection when a pacifier is used
- pacifier use can lead to poor teeth and jaw development.

If your baby is unsettled, the maternity staff will show you other settling techniques which will not interfere with your ability to successfully breastfeed.

Storing your expressed breast milk

<table>
<thead>
<tr>
<th>Breast milk</th>
<th>Room temperature</th>
<th>Refrigerator</th>
<th>Freezer</th>
</tr>
</thead>
</table>
| Freshly expressed into a closed container                | 6 to 8 hrs (26°C or lower). If refrigeration is available store milk there | 3 to 5 days (4°C or lower) Store in back of refrigerator where it is coldest | • 2 weeks in freezer compartment inside refrigerator.  
  • 3 months in freezer section of refrigerator with separate door.  
  • 6 to 12 months in deep freeze -18°C or lower. |
| Frozen breast milk which has been thawed in refrigerator but not warmed | 4 hours or less (the next feeding) | Store in refrigerator 24 hours | Do not refreeze |
| Frozen breast milk which has been thawed outside refrigerator in warm water | For completion of feeding. Refrigerate if not using immediately | 4 hours or until next feeding | Do not refreeze |
| Baby has begun feeding                                   | Only for completion of feeding, then discard | Discard, do not refrigerate | Discard, do not freeze |

NEVER HEAT MILK IN A MICROWAVE
Substances and breastfeeding

The following information was sourced from the following website. For more detailed information: http://www.breastfeeding.asn.au/bfinfo/drugs.html.

Alcohol

- Breastfeeding mothers are advised not to drink alcohol because alcohol passes into your breast milk.
- Excessive amounts of alcohol may lead to drowsiness, deep sleep and weakness for both mother and baby. A drowsy baby may not suckle well which may lead to a reduction in supply of breast milk.
- Any drug that causes drowsiness in the infant may be implicated in SIDS.
- If necessary (e.g. a special occasion), preferably limit your intake of alcohol to one standard drink, breastfeed just before consuming alcohol or express and store alcohol-free breast milk for use after drinking alcohol. For each standard drink you consume, your baby should not be breastfed again for two-three hours.
- For more information, speak to a child health nurse, lactation consultant or your local Australian Breastfeeding Association representative.

Caffeine

- Caffeine is contained in a wide variety of beverages, food and medication including coffee, tea, cola-based soft drinks and chocolate.
- Small to moderate caffeine intakes are acceptable while breastfeeding. Intake of drinks or foods containing caffeine should be restricted to two-three cups (or serves) per day.
- Newborn infants, preterm or sick infants are more vulnerable to mum’s caffeine intake.
- Caffeine may also be associated with a poor breast milk supply.

Nicotine

Breast milk is always the best choice for your baby whether you smoke or not. If you are breastfeeding, you should try to stop or decrease your smoking as much as possible.

- Nicotine smoking may lead to a decrease in breast milk supply and can also interfere with the let-down reflex.
- Nicotine can also alter the taste of breast milk. Babies may express their distaste for the milk by fussing and struggling at the breast or even refusing the breast.
- To reduce potential harm from smoking all parents should be encouraged to:
  - quit if at all possible
  - smoke outside the house and car
  - smoke only after feeding to reduce nicotine exposure. Try other comforting techniques for the baby for 90 minutes after smoking.
  - breastfeed exclusively for the first six months to maximise the infant’s protection against respiratory disease, and continue to breastfeed as long as possible.
  - do not take the baby into smoky environments.
Marijuana

- Any use of marijuana is dangerous for any new mother and baby, whether breastfeeding or using an infant formula.
- Using marijuana will reduce a mother’s ability to care for her baby; this includes breastfeeding, preparing formula correctly and being responsive to baby’s needs.
- Infants exposed to marijuana through breast milk often exhibit signs of sedation, weakness, poor feeding patterns and may reduce breast milk supply.
- Marijuana exposure may also affect a baby’s growth and development particularly the central nervous system.

Cleaning/sterilising equipment

It is very important to keep any equipment used for expressing or feeding your baby (such as breast pumps, bottles or teats) completely clean. This will help to protect your baby against infection.

To do this you need to thoroughly clean your equipment after you have used it. You may choose to also sterilise your equipment once a day if you are using expressed breast milk. If you are formula feeding you will need to clean and sterilise all your equipment in between every feed.

Cleaning

Wash all bottles and other equipment thoroughly first in cold water then in warm soapy water using a bottle brush. Scrub the inside and outside of the bottle to remove fatty deposits. Pay particular attention to the rim. Rinse in warm water.

Use a small teat brush to clean the inside of the teat (or turn it inside out) and wash in warm soapy water, squeezing it through the hole. Rinse in warm water.

Rinse all your washed equipment thoroughly before sterilising. Check teats and bottles regularly for signs of deterioration. If you are unsure about a bottle or teat, it’s safer to throw it away.

Sterilising

- Boiling: Put the equipment into a large pan filled with water. Make sure there is no air trapped in the bottles or teats. Cover the pan with a lid and bring to the boil. Boil for at least 10 minutes. Ensure that the pan does not boil dry. Keep the pan covered until the equipment is needed.

- Steam or microwave sterilisers: Follow the manufacturer’s instructions.

Always wash your hands before removing equipment from your steriliser. Take care when handling equipment that may be hot.

Sterilising with chemicals is no longer recommended.
What to expect physically

Vaginal bleeding

After the birth of your baby, regardless of the type of birth you have, you will have some vaginal loss/discharge that comes from the uterus, this is called Lochia.

The amount of loss may increase when breast-feeding or when first getting up after sleeping.

- **Red Lochia**: this is dark red in colour and lasts 3-4 days. This is blood coming from the placental/afterbirth site on the wall of your uterus.
- **Serous Lochia**: this is pink in colour and lasts for the next five to nine days. This consists of less blood as well as serum and white blood cells from the placental site.
- **White Lochia**: The colour is paler, creamy brown containing white blood cells, mucus from the cervix and healing tissues. This may last a further week or two.

Please inform your midwife or doctor if:

- if you need to change your pad more frequently than every two hours because it is ‘soaked’ or if you are concerned about the amount of loss
- you are passing clots
- your loss has an offensive smell. Lochia usually has a musty, stale odour but is not offensive.

Perineum and vaginal changes

- The perineum is the area of skin and muscle between the vaginal opening and the anus (back passage). Following vaginal birth your perineum and the walls of your vagina may be swollen and bruised.

Regardless of whether you required stitches or not, keeping the area clean is important to help prevent infection and facilitate healing.

- The tone of the vaginal opening and strengthening of the pelvic floor muscles can be improved by pelvic floor exercises which can be commenced soon after the birth. (See ‘Postnatal exercises for new mothers in this booklet’).
- Stitches usually dissolve in two to six weeks, (up to three months).

Hints

- Ice packs applied to the perineum for the first 24 to 48 hours and simple analgesia will help decrease swelling and reduce discomfort.
- Good hygiene. Three showers a day, no soaps, disinfectants or creams are required; pat dry with a clean towel and change your pads frequently.
- Drink plenty of fluids and eat fruit/fibre to help keep bowel motions soft.

Haemorrhoids

Are swollen veins in or around the rectum or at the anus. They are very common in pregnancy and childbirth. They sometimes itch, cause pain or bleed. You can assist to ease the discomfort by:

- ensuring you increase your fluid and fibre intake
- applying ice packs
- using suppositories or creams
- gently pushing haemorrhoids back into your rectum with a lubricated finger.

If you find the haemorrhoids are hard, or if pain/bleeding continues see your doctor.
Abdomen/stomach
Many women experience ‘afterbirth pains’ in the first few days especially when breastfeeding their baby. They usually occur for two to three days after the birth. They can be mild like a period pain or quite severe like labour pains.

These can be managed using simple analgesia, such as paracetamol/panadeine and nurofen taken approximately an hour before feeding, or heat packs.

If cramps continue or are associated with an increase in bright bleeding or offensive loss over the next 12 weeks see your doctor. The height of your fundus (top of the uterus) will decrease on average 1cm/day.

On the first day you will be able to feel it at the level of your belly button. The abdominal wall has been stretched during pregnancy. It will look and feel somewhat loose or ‘flabby’. The uterus and reproductive organs return to their pre-pregnancy places during the first six weeks. Exercise will assist the abdomen to regain tone within two to three months.

Exercises can be commenced immediately after vaginal birth and within a few weeks after caesarean birth. Talk to your midwife or ask to see a physiotherapist to help with this. (See ‘Postnatal exercises for new mothers’ in this booklet.)

Stretch marks caused by the rupture of the elastic fibres of the skin, gradually fade from red/purple to silver or white streaks, but do not disappear totally.

Urine and bowels
For the first 24 to 48 hours it is normal to have to empty your bladder frequently. This is due to the extra fluid your body carried when you were pregnant and no longer need. Your bowels may not open for two or three days after birth.

- Some women may experience some burning or stinging when they pass urine if they have sustained grazes or small tears to the vagina. This can be minimised by increasing your water intake to keep the urine diluted and less acidic. Sitting forward on the toilet and having at least three showers a day will also assist.
- Good fluid and fibre intake keep bowel movements soft. Avoid straining.
- It is important to empty your bladder frequently especially in the first 24 hours after birth. If your bladder is full it may prevent your uterus contracting effectively and bleeding may be heavier.
- Emptying your bladder frequently and practising good hygiene will also help to reduce your chances of developing a urinary tract infection. There is an increased risk of infection if you have had a catheter inserted at any time e.g. during caesarean birth or if you had an epidural.
Inform your midwife or doctor if you:
- have any incontinence of your bowels or bladder
- are unable to pass urine or feel you can’t empty your bladder
- have any signs of infection (pain, swelling, offensive discharge, fever)
- have not emptied your bowels by day three.

What to expect emotionally

Having a baby changes every woman’s life dramatically. Many new mothers find the early months of adjusting to parenthood a time of mixed emotions. Nothing can prepare you for the feeling of responsibility of a new baby. Minor events can sometimes cause a flood of tears or feelings of anxiety and helplessness.

Not everyone falls in love with their baby immediately. Do not feel guilty, take each day as it comes; with time things will improve.

If your concerns/anxieties interfere with the pleasure in your life, get some help. Your feelings are not uncommon and not permanent.

The ‘baby blues’

In the first weeks after the birth of a baby, most women experience sudden changes in their emotions. One minute you are on top of the world, the next upset or tearful for no apparent reason. Some mothers feel very tense and anxious.

Others feel generally unwell and excessively tired. This is often called ‘baby blues’. It usually occurs during the first week or so and lasts a short while. Up to four out of five women experience the ‘baby blues’.

Postnatal depression/mood disorders

A small number of women have feelings of depression which are more severe than baby blues. Postnatal depression usually occurs within three months, possibly up to one year after childbirth and can last from several weeks to several months. It may begin slowly and become more distressing; or develop immediately following the birth.

This condition affects not only the mother, but also her relationships with her baby, her partner, other family members and friends. The effects of this disorder are so strong that they can be overwhelming.

What should I do if I think I have postnatal depression?

Family and friends are often unaware of this condition and can feel almost as frightened, confused and helpless as the affected mother.

It is important to get help as soon as possible. Postnatal depression can be treated successfully with the right help. The quicker the intervention the quicker the recovery.
What are the symptoms of postnatal depression?

Women with postnatal depression have varying symptoms. If you have four or more of the following symptoms at any one time lasting two or more weeks you may have postnatal depression.

You may feel:

- tearful, anxious, miserable, or numb
- disinterested in the baby, other family members and life in general
- disorganised, with things ‘getting on top of you’
- guilty
- worthless and inadequate
- unable to cope with the baby.

You may experience:

- mood swings and irritability
- difficulty sleeping or eating
- exhaustion or loss of energy
- forgetfulness or difficulty with concentration
- panic attacks
- thoughts of suicide or harming baby
- loss of interest in a sexual relationship
- loss of self confidence.

You are not a failure if you seek help. Moral support and encouragement are very important. You can talk to a trusted relative, another mother, or a friend, your G.P. or your local child health nurse.

Survival strategies in the early weeks

You should expect to feel extremely tired. Babies do not just eat and sleep. It will take at least six weeks to get a baby established into a feeding pattern and to know your baby’s different cries. Baby’s go through growth spurts around every three weeks. This time of stress does not last forever and there are some things you can do to make it easier for yourself.

- share your worries with your partner, family or friends. A problem shared is a problem halved.
- make each day as simple as possible: set simple daily goals (e.g. shower and dress). Do not feel guilty about things that don’t get done.
- accept or ask for help, no matter how small the job.
Prepare evening meals in the morning. Babies are often unsettled between 5.00pm and 9.00pm.

- Try to get plenty of rest. Make sleep a number one priority. Sleep when your baby is asleep, even during the day. Remember to unplug the phone and put a ‘DO NOT DISTURB’ sign on the door.

- Leave the house for some time every day (e.g. take your baby for a walk or a drive in the car). Plan this for the afternoon when baby is usually unsettled.

- Try to have some regular child care to allow you some time for yourself. Even half an hour can make a difference. Go to the hairdresser, lunch/coffee with friends, or for a walk or to the gym.

- Keep some special time for you and your partner every day. Include him in the care of your baby.

- Make the effort to talk to a friend at least once a week. Team up with other mothers so you can phone or visit when things get you down. Give yourself a treat once in a while, no matter how small. Go to a movie or out to dinner.

Taking care of you

A large part of parenting is trial and error, and you’ll soon learn to anticipate baby’s needs. A crying baby can be very stressful for new parents. When you know your baby’s needs have been met and you’ve tried to calm them but they are still crying, it’s time to take care of yourself so you don’t feel too frustrated.

- put your baby in a safe place
- call a friend and ask for advice and support
- give yourself a break and let someone else take over
- put on some quiet music to distract yourself
- take deep breaths
- ring the Child and Family Health Helpline 5319 4824.

Fortunately, babies (and their parents) somehow manage to get through even the most difficult crying episodes. Take heart that by the time your baby is eight to 12 weeks old, they will be better able to be soothed, and much of the crying will stop.

Why is my baby crying?

Babies cry for many reasons. It is normal for your baby to have at least one unsettled period per day. A baby’s cry is his/her way of communicating that they need something. Picking up and cuddling or nursing your fretful baby will not start bad habits or spoil them. When nothing you’ve done seems to help them, you may find your motherly feelings turning to despair and even anger.

The breastfeeding mother immediately worries about whether it’s her milk. Family and friends often recommend a change to formula. But breastfeeding is rarely the reason for the crying. If your baby is having six to eight really wet cloth nappies or five heavily wet disposable nappies in 24 hours, and frequent soft motions, (mustard colour and seedy appearance); then you know baby is having plenty of milk.

While most crying babies are not sick you need to eliminate illness as a cause of crying. If your baby cries inconsolably for long periods each day, you will want to make sure they are not sick. Have a thorough check up with your local doctor or paediatrician.
<table>
<thead>
<tr>
<th>Possible cause</th>
<th>Possible solution</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hungry?</strong></td>
<td>Feed baby.</td>
</tr>
<tr>
<td>Signs that your baby wants to be fed: they will fuss, make noises, and root around for your breast.</td>
<td></td>
</tr>
<tr>
<td><strong>Dirty nappy?</strong></td>
<td>Check and change nappy.</td>
</tr>
<tr>
<td>Some babies will let you know right away when they need to be changed; others don’t.</td>
<td></td>
</tr>
<tr>
<td><strong>Wind?</strong></td>
<td>Hold baby upright and gently pat/rub the back or gently rub the tummy. This can be soothing even if they don’t burp.</td>
</tr>
<tr>
<td>Wind does not usually bother babies</td>
<td></td>
</tr>
<tr>
<td><strong>Uncomfortable?</strong></td>
<td>Check baby is not too hot or cold and is wearing comfortable loose clothing without irritating the skin. It may be something as subtle as hair wrapped around a toe or a clothing tag that’s poking into the skin.</td>
</tr>
<tr>
<td>Newborns like to be bundled up and kept warm. (As a rule, they need to be wearing one more layer than you to feel comfortable.) Babies are less likely to complain about being too warm. Be careful that you don’t overdress.</td>
<td></td>
</tr>
<tr>
<td><strong>Needing your attention?</strong></td>
<td>Hold your baby facing you and gently sing, whisper or talk to them.</td>
</tr>
<tr>
<td>Babies like to see their parents’ faces, hear their voices, listen to their hearts, and can even detect their unique smell.</td>
<td></td>
</tr>
<tr>
<td><strong>Feeling insecure?</strong></td>
<td>Swaddle and hold close or carry your baby in a sling as you walk around. You will not ‘spoil’ your baby by holding and carrying him/her.</td>
</tr>
<tr>
<td>Babies like to feel warm and secure by being physically close to their parents. They also find movement soothing.</td>
<td></td>
</tr>
<tr>
<td><strong>Overtired/overstimulated?</strong></td>
<td>Take baby somewhere calm and quiet and try to settle him/her. Try making the room darker and quieter or alternatively soft music, rhythmic sounds (e.g. near a washing machine.)</td>
</tr>
<tr>
<td>Babies have difficulty filtering out all the stimulation they receive, the lights, the noise, being passed from person to person and can become overwhelmed by too much activity.</td>
<td></td>
</tr>
<tr>
<td><strong>None of the above?</strong></td>
<td>Give baby a bath, make it warm and deep enough to float with your support. Take baby for a walk in the pram. Go for a drive- The movement and sound may settle them.</td>
</tr>
<tr>
<td>Sometimes you might be unable to figure out what’s wrong. Many newborns have periods of fussiness when they’re not easily soothed.</td>
<td></td>
</tr>
</tbody>
</table>
A book entitled ‘Why is My Baby Crying?’ contains 20 different suggestions for soothing and comforting a baby, as well as ideas for how to manage everyday life with an unhappy baby. Booklets are available for purchase from Mothers Direct. (www.mothersdirect.com.au)

Tired cues
• awake more than 1½ hours
• closed fists
• have jerky arm movements
• frowning
• difficulty focusing
• arching backwards
• eye rubbing (older baby).

Feeding cues
Refer to breastfeeding information.

Tummy time
While you will be encouraged to put baby on their back to sleep, to reduce the risk of Sudden Infant Death Syndrome (SIDS) it is still important to give baby some tummy time each day while awake for muscle and brain development.

This is an opportunity for play time and allows baby to practise skills that will lead them to crawl. Having baby spend some time on their tummy also reduces the occurrence of misshapen head; i.e. flattening of the head.

Bed/surface sharing
It is recommended that your baby shares a room with you for at least the first six months, this helps with breastfeeding and protects babies against SIDS.

Safe sleeping
Breastfeeding is best for your baby’s health and your own health. The longer you breastfeed, the greater the health benefits for you both. Bringing your baby into bed with you means that you can breastfeed in comfort.

This may be why mothers who share a bed with their baby tend to breastfeed for longer than those who don’t. It is easy to fall asleep while breastfeeding; especially when lying down.

Important points to consider before taking your baby into bed with you:
• Adult beds are not designed with infant safety in mind. Babies can die if they get trapped or wedged in the bed or if a parent lies on them.
• Never lie down or fall asleep with your baby on a sofa or armchair as babies can become trapped down the sides or in the cushions.
• The safest place for a baby to sleep is in a cot by your bed.

If you are NOT breastfeeding and giving your baby formula milk DO NOT share a bed with your baby.
Important: when not to sleep with your baby

- Smoking increases the risk of cot death. You should never fall asleep with your baby in your bed if you (or any other person in the bed) are a smoker, even if you never smoke in bed. Falling asleep with your baby is also dangerous if you (or any other person in the bed) might find it hard to respond to the baby.

For example if you have:

- consumed alcohol
- taken any drug which could make you extra sleepy
- any illness or condition that affects your awareness of your baby
- are otherwise unusually tired to a point where you would find it difficult to respond to your baby.

Reduce the risk of accidents and overheating

Adult beds are not designed for babies. To prevent your baby overheating, suffocating or becoming trapped, be aware that:

- The mattress must be firm and flat – waterbeds, bean bags and sagging mattresses are NOT suitable.
- Your baby can’t fall out or get stuck between the mattress and the wall.
- The room is not too hot, where possible.
- Your baby should not be overdressed – he should not wear any more clothes than you would wear in bed yourself.
- The covers must not overheat the baby or cover the baby’s head.
- Your baby must NEVER be left alone in or on the bed as even very young babies can wriggle into dangerous positions.

- Tell your partner if the baby is in the bed with you.
- If an older child is also sharing your bed, you or your partner should sleep between the child and the baby.
- Pets should NEVER share a bed with your baby.
- If you have any questions, your midwife or child health nurse will be able to advise you in more detail.

Your sleeping position

If you are bed sharing, it is important to make sure that your baby cannot go under the covers or into the pillow. Most mothers who are breastfeeding naturally sleep facing their baby with their body in a position that protects the baby by stopping him moving up or down the bed.

Your baby will usually lie on his side to breastfeed. When not actually feeding, baby should be put on their back to sleep, NEVER on their front or side.

Based on the ‘Sharing a bed with your baby: A guide for breastfeeding mothers’.

Child and Family Health

We are here to support you with your new baby:

• Breastfeeding support
• Nutrition
• Growth and developmental checks
• Parenting support
• Mothers well-being and mental health
• Immunisation for Aboriginal and Torres Strait Islander infants
• Networking opportunities with other mothers

We are also here to continue to provide support as your child grows:

• Childhood behaviour
• Speech and language development
• Toileting concerns
• Healthy weight assessment and support through childhood.

We have a group of skilled child health nurses, lactation consultants, Indigenous workers, psychologists/social workers, physiotherapist and dietician (child health lifestyle team) speech therapists, school based youth health workers, and a continence occupational therapist.

Our services are available from five community health centres, Gympie, Noosa, Nambour, Maroochydore and Caloundra as well as outreach services at Beerwah, Cooroy, Coolum, Tin Can Bay and Kawana.

For further information, support, advice and appointment bookings please contact Child Health Access on:

Ph: 07 5319 4824
Monday to Friday 8.30am to 4.00pm (except public holidays)
Exercises for new mothers

- post-natal exercises can be started two to three days after the birth of your baby
- these exercises should not cause any pain or strain
- they should be done slowly
- consult a physiotherapist if you are unsure about any exercise
- it is recommended that all women exercise their pelvic floor muscles regularly throughout life.

Pelvic floor exercises


The pelvic floor muscles support the pelvic organs and help control continence of the bowel and bladder.

During pregnancy hormones and the weight of the baby may cause these muscles to stretch and sag and can result in poor bowel or bladder control, loss of sexual satisfaction and prolapse (sagging) of pelvic organs.

Strengthening exercises are important if you have these problems now or to prevent them in the future. Pelvic floor muscles can be exercised in any position.

- Begin by lying on your back or side with your knees bent and legs slightly apart. Your back should be straight not curved.
- Squeeze and draw up the muscles around your anus, vagina and urethra as strongly as possible as if to stop the flow of urine. Try to hold this squeeze and lift for two to three seconds then relax completely. Repeat this exercise three to five more times, at least four to five times a day.

Always stop exercising when the muscle fatigues. Go gently at first and as the swelling subsides you can increase the strength and length of your pelvic floor muscle contraction.

To further help the healing process:

- rest in a horizontal position (15-30 minutes at least twice a day) or as much as possible on tummy or back
- support the perineum when opening your bowels
- do not lift anything heavier than your baby.

Twelve (12) weeks after your baby’s birth, check your pelvic floor strength by:

1. Coughing with a full bladder.
2. Prior to commencing strenuous exercise, check your pelvic floor strength by jumping with a full bladder.

If there is no urine leakage you can reduce your pelvic floor exercises to one maximum set a day. This set should include the long holds and the quick squeezes. If you have leakage, see a women’s health physiotherapist.
Abdominal exercises

Stretching of the abdominal muscles during pregnancy may reduce their efficiency in maintaining good posture and back support. It is therefore important to exercise these muscles regularly, after you have had your baby, to regain strength and your pre-pregnancy shape.

Lie on your back with knees bent or on your side with a pillow between your legs (keep your back straight).

1. Tighten your tummy muscles by pulling your ‘belly-button’ in and upward toward your spine. Hold three to five seconds increasing to 10 seconds. Try to breathe normally. Rest and repeat five times. This exercise can be done in other positions such as lying on your tummy, on hands and knees, sitting or standing. It should be done as often as possible.

2. Tighten tummy muscles as above, then flatten lower back, tucking bottom under and tilting pelvis towards ribs. Repeat this exercise five times, holding two to three seconds while breathing normally. Gradually increase the number of exercises to 10 repetitions and then hold to 10 seconds.

Sit-ups are not recommended in the first six weeks postnatally.

General exercise

• brisk walking
• swimming: You can swim in the ocean as soon as you wish, but wait until your discharge has stopped and your six-week check up before swimming in chlorinated pools
• cycling
• aqua-aerobics
• yoga
• pilates
• low impact aerobics
• light weight training.

Wait eight to 12 weeks before starting high impact aerobics or jogging and take special care of your back. Avoid exercises that jar your body and over stretch muscles and joints.

Exercise after caesarean birth

Be guided by your doctor or physiotherapist, but general suggestions include:

• Once you are home, follow all self-care recommendations given by your doctor.
• Generally speaking, any exercise at all should be strictly avoided for at least the first three days.
• You may need to avoid heavy lifting for a few weeks.
• Regular aerobic exercise may not be an option for some weeks - it may be best to wait until you’ve had your six-week check up.
Back care

Special care needs to be taken to protect your back from strain, especially over the next two to three months. It will be up to 12 months before you may be back to normal. When caring for your new baby, take care of your back by:

**Working heights**
Making sure that your surfaces are at the waist/hip height (just below your elbow). If work heights are low, bend at the hips and knees or move your legs. Alternate sitting and standing jobs.

**Standing ‘tall’** with your tummy muscles pulled in and your bottom tucked under.
Keep your spine straight and your weight on both feet. Avoid sudden and repetitive bending and twisting movements.

**Sitting** in a comfortable chair with good back support particularly when feeding your baby.
Sit well back in the chair. A cushion behind your back and a footstool may be more comfortable.

**Lifting correctly**
Avoid heavy lifting and twisting. Lift correctly by bending your knees, keeping your back straight, tightening your stomach and pelvic floor muscles and holding the object firmly and close to your body. Push up through your legs.

Further information

Speak with your doctor, midwife or physiotherapist.
Pelvic rocking

These exercises will gently work abdominal muscles, improve posture and may help relieve backache.

- Lie on your back with knees bent and your arms by your side. Keep your chest relaxed.
- Flatten the hollow in your back by rocking your pelvis backwards.
- At the same time draw in your lower abdomen to make it flat. Don’t hold your breath.
- Repeat slowly 10 times and up to four times per day.

Sex after childbirth

A baby brings change to most parts of a couple’s life, including your sex life. You can start having sex as soon as you and your partner feel comfortable, unless advised to avoid it by your health care provider.

- **Tiredness:** Waking throughout the night for feeds, caring for baby, regular day-to-day chores and recovering from pregnancy and birth all lead to new parents being tired. This often leads to a decrease in the desire for sex. Trying to sleep when the baby is asleep and seeking support from family and friends may help improve energy levels.

- **Pain:** Stitches, grazes, bruising in and around the vagina, haemorrhoids and an abdominal scar from a caesarean section may cause pain for a number of weeks post birth. Try to relax pelvic and vaginal muscles with intercourse, use water based lubricant if necessary and try different positions until comfortable. Seek medical advice if pain does not improve. Start pelvic floor exercises to assist in toning the vaginal muscles to increase sexual sensation.

- **Chance of interruption:** Fear of the baby waking or crying may interfere with a couple’s ability to relax and have intimate time together. Put baby to sleep in a separate room to give you and your partner privacy or asking family and friends to baby sit may give you that uninterrupted time together.

- **Body image:** A change in body shape and appearance after pregnancy and birth, can lead to a woman feeling sexually unattractive. With gentle exercise and healthy eating, your weight will return to what it was pre-pregnancy after 12 months.

- **Depression:** A small percentage of women will suffer post natal depression. These women will often experience a lack of sex drive and it is important that they seek help and are supported by their partner, family, and friends.

- **Breastfeeding:** Breastfeeding women have a delay in the return of normal hormone levels which may cause a reduction in their desire for sex. Women may also experience heavy and sensitive breasts and dryness in the vagina. Some women will have a release of milk when stimulated. Openly communicate with your partner about what is comfortable and take time with each other to establish intimacy.

Remember sexual intercourse is only one way of giving sexual pleasure. Alternatives such as massages, kissing and touching may be just as satisfying.
Contraception after childbirth

Contraceptives do not cause miscarriage, they work in a variety of ways to prevent pregnancy from occurring. There are a number of contraceptive options available to prevent pregnancy, however not all are suitable for everyone. When selecting your contraceptive method you should consider:

- Effectiveness
- Lifestyle
- Side effects
- Reversibility
- Availability and cost
- Sexually transmitted infections (STI).

Where to go for further information

Sunshine Coast Sexual Health Clinic (Clinic 87) provides a range of free services including women’s health, sexual health and contraceptive services by appointment. No referral is required. Outreach clinics also available are at Gympie, Caloundra and Noosa.

Sunshine Coast Sexual Health Clinic (Clinic 87)

Located across from Nambour General Hospital
Ph: 5470 5244
Address: First Floor 80-82 Blackall Terrace Nambour
Office hours: Monday to Wednesday 8.45am to 4.15pm
              Thursday  9.00am to 6.00pm
              Friday: 8.45am to 12.00pm (Closed 12.00pm to 1.00pm)

Natural methods

Lactation (breastfeeding) may be 98 per cent effective if all three of the following criteria are met.
1. If fully breastfeeding (no artificial feeds, supplements or solids)
2. Menstrual periods have not returned
3. Baby is less than six month old.

Periodic abstinence (fertility awareness)
Avoiding sex or using condoms at the most fertile time of your cycle. This method requires commitment of both partners, knowledge of your cycle and awareness of your body. (75-99 per cent effective). More difficult if:
- You have irregular periods
- You are breastfeeding
- After childbirth and not breastfeeding
- After stopping hormonal methods of contraception
- Approaching menopause.
Withdrawal: The male withdraws his penis from the vagina before he ejaculates in an attempt to deposit all sperm outside the vagina. Many couples find it difficult to use withdrawal effectively. As sperm can be present in pre-ejaculation fluid there is the risk of pregnancy even if a man withdraws before ejaculation.

### Barrier and reversible methods

<table>
<thead>
<tr>
<th>Type of contraception</th>
<th>Breastfeeding suitability</th>
<th>Additional information</th>
<th>Effectiveness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Condoms</strong> Male and female</td>
<td>Yes</td>
<td>Can be used immediately</td>
<td>82 to 98 per cent 79 to 95 per cent</td>
</tr>
<tr>
<td><strong>Diaphragm/cervical caps</strong></td>
<td>Yes</td>
<td>Used six weeks after birth when vaginal tone returns</td>
<td>88 to 94 per cent if correctly fitted/used.</td>
</tr>
<tr>
<td><strong>Mini pill Progesterone only pill</strong></td>
<td>Yes</td>
<td>Must be taken every day at the same time (within three hours).</td>
<td>92 to 99 per cent</td>
</tr>
<tr>
<td><strong>The pill</strong> (combined oral contraceptive pill) Less than six weeks: No Six weeks to six months: No (see note) more than six months: Yes</td>
<td>No</td>
<td>Not advised under six months if fully/almost fully breastfeeding Yes if six weeks to six months breastfeeding only one or two per day.</td>
<td>99 per cent if taken at a regular time daily.</td>
</tr>
<tr>
<td><strong>Implanon</strong> Progesterone implant</td>
<td>Yes</td>
<td>Long acting/reversible. Inserted by doctor under the skin on upper arm. Lasts three years.</td>
<td>99 per cent</td>
</tr>
<tr>
<td><strong>Depo Injections DMPA</strong> (Progesterone only injection)</td>
<td>Yes</td>
<td>Recommended to commence after six weeks. Given every 12 weeks. Possible delay in fertility when ceased.</td>
<td>99 per cent</td>
</tr>
<tr>
<td><strong>Mirena</strong> IUD-Hormonal</td>
<td>Yes</td>
<td>Recommended $\geq$4 weeks. Effective within seven days. Lasts five years and rapid return to fertility when removed.</td>
<td>99.8 per cent</td>
</tr>
<tr>
<td><strong>IUD-Copper</strong></td>
<td>Yes</td>
<td>Recommended $\geq$4 weeks. Effective immediately. Lasts five years and rapid return to fertility when removed.</td>
<td>99.2 per cent</td>
</tr>
<tr>
<td><strong>Emergency contraception</strong></td>
<td>Yes</td>
<td>Most effective within 24 hours. Decreasing effectiveness up to five days.</td>
<td>85 per cent if taken within 72 hours</td>
</tr>
<tr>
<td><strong>NuvaRing</strong> (vaginal ring)</td>
<td>No</td>
<td>Vaginal ring left in place for three weeks and removed for one week. Releases low dose hormones.</td>
<td>99 per cent</td>
</tr>
</tbody>
</table>

### Permanent methods (must be considered as not reversible)

- **Tubal Ligation (Females)** requires surgery in a hospital as a day procedure.
- **Vasectomy (Males)** can be performed in a doctor’s surgery.
Important information

We hope this booklet helps to answer some of your questions. Please do not hesitate to ask questions or ask for more information.

We realise that sometimes it is difficult to understand all the events that happened in relation to the birth of your baby. Often it helps to talk to those who were involved in your care before, during or after the birth so they can answer any questions you may have.

If you, your partner or support people would like to discuss any issues regarding the standard of care provided to you, please write or phone the nurse unit manager of the area concerned.

Please phone the hospital and ask to be put through to the Nurse Unit manager of the area concerned or write a letter.

Gympie: Phone 5489 8550 and ask for the nurse unit manager or write a letter.

‘What to know before you go’
Discharge information for new parents may be viewed on Youtube.
## Child restraints / car capsule hire and check

<table>
<thead>
<tr>
<th>Company</th>
<th>Contact</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kidsafe QLD</strong>: must provide baby capsule hire and child restraint checking and installation throughout Sunshine Coast</td>
<td>3854 1829</td>
<td>A child restraint installation and hire service is available through Kidsafe QLD at various locations throughout the region these include Sunshine Coast, Noosa, Gympie, Nambour, Caboolture, Caloundra, Bundaberg, Maryborough and Hervey Bay. <a href="https://www.gobookings.com/au/kidsafe/">https://www.gobookings.com/au/kidsafe/</a></td>
</tr>
<tr>
<td><strong>Hire for Baby</strong>: provide a baby capsule hire and child restraint checking service in Bundaberg; Hervey Bay; Gympie; Sunshine Coast and Caloundra</td>
<td>1300 363 755</td>
<td>A child restraint fitting and hire service is available through Hire for Baby.</td>
</tr>
<tr>
<td><strong>RACQ</strong>: Child restraint checking service is available on the Sunshine Coast.</td>
<td>13 19 05</td>
<td>Retail sale of child restraints is available – no hire. Checking and installing of child restraints is available at Inspection Stations, plus a mobile service is also available.</td>
</tr>
<tr>
<td><strong>Baby Bunting</strong>: retail shop at Kawana provides a child restraint checking/installation service.</td>
<td>5437 7600</td>
<td>A child restraint hire, checking and installation service.</td>
</tr>
<tr>
<td><strong>Kelvin Edwards Baby Car Seat Fitting Service</strong>: provides a mobile fitting service on the Sunshine Coast.</td>
<td>0414 939 209</td>
<td>A child restraint checking and installation service only</td>
</tr>
<tr>
<td><strong>Buckle Up Baby Australia</strong></td>
<td>0450 765 049</td>
<td>A mobile child restraint checking and installation service, including child restraint hire.</td>
</tr>
<tr>
<td><strong>Emu Holiday Hire</strong>: provides a hire service to the northern end of the Sunshine Coast.</td>
<td>1300 368 447</td>
<td>A child restraint hire service only.</td>
</tr>
<tr>
<td><strong>ABC Nursery Hire</strong>: provides a hire service on the Sunshine Coast.</td>
<td>0423 959 714</td>
<td>A child restraint hire, checking and installation service.</td>
</tr>
<tr>
<td><strong>Holiday Hiring Services</strong>: provides a hire service on the Sunshine Coast</td>
<td>0418 710 790</td>
<td>A child restraint hire service only.</td>
</tr>
</tbody>
</table>
Standard 2
Partnering with consumers

Standard 11
Service delivery

Standard 6
Clinical handover

Standard 12
Provision of care