Childbirth and Parenting Program

North Shore Private Hospital
Part of Ramsay Health Care

northshoreprivate.com.au

North Shore Private Hospital Telephone Contact Numbers

Main switchboard: (02) **8425 3000**
Birthing Suite: (02) **8425 3287** or (02) **8425 3288**
Postnatal ward: (02) **8425 3240**
Please do not give the Birthing Suite telephone number to your friends and relatives as it is for patients and doctors only.

Maternity Unit Visiting Hours

11.00am - 12.00 noon, 3.00pm - 5.00pm, 6.00pm - 8.00pm
Rest Period: 1.00pm - 3.00pm
The information contained in this booklet is correct at time of printing. All efforts are made to ensure the information is correct.

Reviewed and edited by: Lee Ellem RM, RN, Med and Coordinator of Childbirth and Parenting Education NSP July 2014

With acknowledgement to Karen Cole, Parent Education Coordinator, Ramsay Health Care. September 2007

Introduction

The information in this booklet is intended as a guide for North Shore Private Hospital's Childbirth and Parenting education program.

The aim of our childbirth and parenting program is to increase the understanding of the physiological and psychological events of pregnancy, childbirth and parenting. Attending antenatal classes will assist couples to make informed decisions regarding their care and management during pregnancy, labour, delivery and the postnatal period. In addition, the support and encouragement that couples receive during this time will help promote positive family relationships as they care for their baby in their new parenting roles.

Our Childbirth and Parenting program incorporates :

- Early pregnancy class (attended between weeks 8 and 16)
- Weekly or weekend childbirth and parenting classes
- Multiple birth class
- Active birth class
- Caesarean section and parenting workshop
- A refresher class for second-time parents
- Becoming a Grandparent workshop

Please bring this booklet with you to all of your classes

The following pages outline the course content specific to the 4 Childbirth and Parenting classes. We hope you enjoy the classes.

Words You Should Know

Abdomen Belly, tummy or stomach.
Afterbirth The placenta. It provides the baby with food and oxygen. It's attached to your baby by the umbilical cord.
Amniotic fluid The liquid the baby floats in inside the uterus. Sometimes called 'the waters'.
Amniotic sac The bag holding the fluid and the baby inside the uterus.
Amniotomy A midwife or doctor breaks the amniotic sac which holds the fluid and the baby inside the uterus.
Anaesthetist A doctor who specialises in providing pain relief
Anaemia A deficiency in the number or quality of red blood cells.
Antenatal (Prenatal) The time during pregnancy, up until labour and birth.
Anus The back passage.
Areola The circular dark area around the nipple.
Apnoea The baby stops breathing and needs help to start again.
Augmentation Medical treatment which may help labour to progress.
Birth canal Vagina.
Birth plan A written plan which says what you would like to happen during labour and birth.
Birth weight The weight of the baby when it's first born. 'Low birth weight' means weighing less than 2500 grams.
Braxton Hicks contractions Contractions that some women feel in late pregnancy. They are not labour contractions – more like the body practising for labour.
Breech birth When the baby is born feet or bottom first.
Caesarean section operation An operation to deliver the baby. The doctor cuts the abdomen and uterus open to remove the baby.
Cervix The neck of the uterus.
Contraction When the muscles in the uterus (womb) tighten.
Diaphragm The muscle between your chest and your abdomen.
Deep Vein Thrombosis (DVT) A condition caused by a clot in one of the deep veins of the body.
Ectopic pregnancy When a fertilised egg attaches anywhere outside the uterus, most commonly in a fallopian tube.
EDB Short for estimated date of birth, which is the estimated date your baby is due.
Embryo The baby is known as an embryo until about the 12th week of pregnancy.
Epidural A type of anaesthetic that makes you numb below the waist.
Episiotomy A surgical cut in the area between the mother's vagina and anus that may be done during labour.
Fallopian tubes Tubes that lead from each ovary to the uterus.
Fetus The baby is known as a fetus after about the 12th week of pregnancy.
Folate/Folic Acid An important B vitamin found in green leafy vegetables, cereals, fruits and grains. It's also available in supplement form.
Forceps Surgical instruments that fit around the baby's head. They can be used to help the baby out of the vagina.
Genetic counsellor A health professional who provides information and support if there is a risk that your baby has a genetic condition.
General Practitioner (GP) A local medical practitioner (doctor) who treats acute and chronic illnesses and provides preventive care and health education.
Gestation The length of pregnancy usually measured in weeks.
Hypertension High blood Pressure

Induction An intervention to start the labour rather than waiting for it to happen naturally.

Internal examination The doctor or midwife puts two gloved fingers into the vagina to check on the progress of labour.

Intervention Using a medical treatment or instrument to help in labour or birth (e.g. forceps or an induction).

Jaundice A yellowness of the skin, sometimes seen in newborns.

Lactation consultant A health professional with extra training to support women experiencing breastfeeding challenges.

Lochia Bleeding from the vagina in the weeks after giving birth.

Mastitis Inflammation or infection of the breast.

Midwife Health professional who cares for women and their babies during pregnancy, labour, birthing and the postnatal period.

Miscarriage The loss of a baby before the 20th week of pregnancy.

Neonatal To do with the first 28 days after birth. 'Neonatal care' means care of newborn babies.

Neonatologist Doctor who specialises in caring for newborn babies especially if the baby is unwell.

Nuchal Translucency Test An ultrasound scan to screen for congenital conditions in a baby.

Obstetrician Doctor who specialises in caring for women during pregnancy, labour and birthing.

Ovary Ovary produces eggs (ova). Women have two ovaries.

Ovum Egg produced by the ovary.

Paediatrician Doctor who specialises in caring for babies and children.

Pap smear test A screening test for cervical cancer.

Pelvic floor A group of muscles which supports your uterus, bladder and bowel.

Perineum The area between the vagina and anus.

Placenta This provides the baby with food and oxygen while in the uterus. It's attached to the inside of your uterus at one end and at the other to the baby via its umbilical cord. It's also called the afterbirth.

Placenta praevia When the placenta is close to or covers the cervix.

Postnatal (Postpartum period) The first six weeks after the baby is born.

Postpartum haemorrhage Heavier than normal bleeding after giving birth.

Pre-eclampsia Serious condition with symptoms of very high blood pressure, headaches and visual disturbances.

Premature When a baby is born before the 37th week of pregnancy.

Quickening When the mother first feels the baby moving in pregnancy.

Show Passing the mucus 'plug' which seals the cervix.

Stillbirth When a baby dies in the uterus and is born after the 20th week of pregnancy.

Trimester Pregnancy is divided into three trimesters. The first trimester is from week one to week 12, the second trimester is from week 13 to week 26 and the third trimester is from week 27 to the birth of the baby.

Ultrasound A way of looking inside the body from the outside using sound waves. These tests are used in pregnancy to check on the size, growth and wellbeing of the baby.

Umbilical cord The cord that joins the placenta to the baby.

Uterus / Womb The part of the body where the baby grows.

Vacuum extraction A process to help the mother deliver the baby. A cup-like instrument is attached to the baby's head in the vagina using suction. The doctor then pulls gently while the mother pushes the baby out.

Vagina Birth canal.

VBAC Vaginal Birth After Caesarean

(NSW Health 2012)

What to Bring to Hospital

Your expected length of stay varies and depends on the type of birth you have. For a vaginal birth it is expected that you will remain in hospital for 4 nights, going home on day 5 and for a caesarean section birth it is expected that you will remain in hospital for 5 nights, going home on day 6.
It is advised that you pack extra underwear and clothes in case you need to spend more than the mentioned times in hospital.

What to bring for your stay in hospital

- Breast Pads and Maternity Bras
- Sanitary pads
- Nightwear, dressing gown
- Slippers or comfortable footwear
- Comfortable clothes for daytime
- Toiletries
- Reading material/writing material and pen
- List of people to telephone
- Outfit to take baby home in (including wraps). During your stay we provide all clothing, nappies and wraps for your baby
- Hairdryer
- Nail scissors (to cut your nails short in preparation for breastfeeding).

Birthing Suite

- Antenatal card
- Toiletries
- Lip balm
- Socks
- Digital camera and charger
- iPod (please ask your midwife if you require a docking station)
- Telephone list
- Sweets to suck on
- Water spray
- Massage oil or anything you feel you may need during labour

What to take in the car

- Towel in case of ruptured membranes.
- Paper bag/ bucket in case of sickness.

What support person should bring

- Layers of clothing as temperatures can change.
- Personal toiletries to freshen up, e.g. deodorant, shaver, toothbrush and toothpaste.
- Whilst your partner is in the birthing suite we will provide all meals and refreshments.
- Bathers to assist mother in shower or bath.
- Car restraint to take baby home in on day of discharge.

Notes

Class One

Class Content

- The Three Stages of Labour
- How to recognise the onset of labour
- How to time a contraction
- When to come to hospital

Additional Reading Included

- **Labour and its management pamphlet**
- **Hypertension during pregnancy pamphlet**
- **Fetal monitoring during pregnancy and labour pamphlet**

Stages of labour - definitions:

Early labour: The cervix dilates to approximately 3cms. Contractions are irregular 5 – 30 minutes apart, lasting 30 - 45 seconds. Can last for several hours.

Active labour: The cervix dilates to approximately 4 - 8cms. Contractions are rhythmical approximately 3 - 5 minutes apart, lasting 50 - 60 seconds. Can last for approximately 3 - 5 hours.

Transitional phase of labour: The cervix dilates from 8 - 10cms. Contractions are normally 1 - 3 minutes apart, lasting 60 - 90 seconds.

First stage: The closed cervix dilates to full dilation of 10cms. This can take up to 10 hours for a firsttime mother.

Second stage: This is the birthing stage that begins when the cervix is fully dilated and ends when the baby is born. This may last up to 2 hours for a first labour.

Third stage: The placenta is delivered. This stage usually occurs within 15 minutes of delivery of the baby.

Fourth stage: Observation of mother and baby in the Birthing Suite.
(Jackson, Marshall & Brydon 2014) (Downe & Marshall 2014) (Begley 2014)

The last weeks of your pregnancy: In the last 3 weeks before the birth, the baby's head engages into the pelvis ready for labour. Braxton Hicks contractions may become stronger and more frequent.

Onset of labour: The uterus begins 'practice runs' for labour. This pre-labour may soften and efface the cervix. It is often difficult to ascertain whether this is the "real thing" and not pre-labour. It may occur over several hours, days or even a couple of weeks. If you are uncertain don't hesitate to phone the birth suite

Signs of impending labour

- "Show" - passing a mucous plug or increased mucous discharge from vagina
- Nesting
- Intermittent back ache
- Discomfort and heaviness felt in lower abdomen and pelvis

- Loose bowel movements
- Waters break in 10-15% of pregnancies prior to labour
- Braxton Hicks tightenings

(Jackson, Marshall & Brydon 2014)

If you experience any of these signs before 37 weeks gestation please call the birthing suite Phone : (02) 8425 3287 or (02) 8425 3288

When to come to hospital

If you are unsure as to whether you are in labour or if you need any advice, and before coming into hospital please ring the Birthing Suite on Phone: (02) **8425 3287** or **3288**.

If this is your first baby with a healthy pregnancy and no complications you will be advised as a guide to come to hospital when your contractions are persistent, regular and frequent and increasing in intensity. However you are welcome to call and speak with a midwife who can advise you further.

- When you no longer feel comfortable at home
- If you require pain relief
- When your waters break. Of particular concern is green/yellow discolouration of the amniotic fluid
  – report this immediately to the birthing suite
- If you have vaginal bleeding
- If you are concerned with the movements of your baby i.e. If your baby's movements are reduced or they have stopped
- If you feel unwell
- If you have signs of preterm labour
- UTI symptoms
- If you have symptoms of pre-eclampsia – headache, visual changes (blurred vision, unable to focus vision, seeing spots etc.), sudden swelling, strong pain just below ribs
- If you are not coping with the contractions or require support and guidance.
- If you feel concerned or anxious.

Remember: If you have ruptured membranes or experience bleeding from the vagina, please wear a pad so that the Birthing Suite midwives can assess the loss.

Special Reasons

- If you live a distance from the hospital
- If your doctor has requested you come to hospital when you first come into labour, for example, with twins
- Booked for an elective caesarean section.
- Previous uterine surgery.

Stages of Labour

Stage	What is Happening	What the Labouring Woman May be Feeling	Non Medicated Pain Relief Strategies	What May Happen When in Hospital
Pre-labour (Braxton Hicks Contractions)	• Painless irregular contractions "practising" for labour. • Baby's head moving into the pelvis. • The cervix may thin and dilate (open) slightly. • The mucous plug (show) may come away.	• Excited • Braxton-Hicks contractions • A burst of energy • Urge to nest • Baby may seem quieter • Diarrhoea • Backache.	• Rest • Eat light, nourishing meals.	• A Midwife can answer any questions you may have while you are in labour, 24 hours a day. Don't hesitate to call. Phone (02) 8425 3287/3288
1st Stage Early Labour	• Uterus contracts rhythmically. • Cervix thins and begins to dilate (open). • Baby's head flexes onto the chest.	• Mild contractions that may be like menstrual cramps. • The membranes (waters) may rupture any time during labour. • Contractions gradually getting stronger, longer and closer together.	• Stay upright, rest between contractions. • Warm bath. • Empty bladder frequently. • Long slow, deep breaths. • Massage.	• During this part of labour it is usually safe to remain at home unless there are complications. However, keep in contact with the hospital and call prior to your arrival.
1st Stage Accelerated Phase (active labour)	• Contractions establish a pattern. • Cervix dilates from 4cm to 8cm.	• Contractions become noticeable. Lasting up to 60 seconds and may be 3 - 4 minutes apart. • The abdomen feels tense during contractions. • Back pain. • May start to feel quite tired, needing support to stay upright. • May find distractions quite annoying.	• Supported positions, try to remain upright e.g. Sitting, kneeling, or pelvic rocking. • Massage. • Breathe with long slow deep breaths. • Relaxation techniques / visualisation. • Hot packs.	• Blood pressure, temperature, pulse checked. • Timing of contractions and baby's heart rate will be checked regularly. • Abdominal palpation. • Vaginal examination to assess the progress of labour (will always be done prior to pain relief being given).

Stage	What is Happening	What the Labouring Woman May be Feeling	Non Medicated Pain Relief Strategies	What May Happen When in Hospital
1st Stage Advanced Labour (transition phase)	• Cervix dilates from 7cm to 10cm (fully dilated). • The baby's head is flexed and deep in the pelvis. • The uterus may make mild pushing efforts	• Very strong contractions lasting up to 90 seconds (all encompassing and powerful). • Irritable. • May have urge to push at the height of each contraction and you may have anal pressure. • Nausea and vomiting are common at this stage.	• Listen to advice from the Midwife regarding the best position to aid the descent of your baby – all fours or upright leaning forward.	• Regular listening to baby's heartbeat. • The Midwife will stay with you during pushing and encourage you both.
2nd Stage Pushing	• Cervix is fully dilated (10cm). • Baby rotates in the pelvis, trying to find the easiest way out. • Gradually more of the baby's head becomes visible. The head crowns and is born. • With the next contraction the shoulders and body are born.	• Urge to push. • May feel a burning sensation as the perineum stretches. • A sense of relief is generally felt when the birth of your baby is complete.	• Get into a comfortable pushing position. • Work with the urges, relax all parts of your body not directly involved with pushing, particularly the pelvic floor, mouth and throat. • Push only with contractions.	• The Midwife will stay with you. • The doctor will ease your baby's head out, and check that the cord isn't around his/her neck. • The doctor will then support the baby's shoulders and the rest of your baby will be born and placed on the mother's chest.
3rd Stage Delivery of the Placenta	• Placenta separates from the wall of the uterus.	• Milder uterine contractions • An intense interest in your baby.	• Push if asked to.	• The cord is then clamped and cut, often by the father or support person. • An injection of oxytocin is given to the mother to help the uterus contract and separate the placenta.

Pain in Labour

As labour progresses, most women find contractions become painful. The way a labouring woman perceives and reacts to this is affected by many different factors such as fear and anxiety, personality, fatigue, cultural and social factors, as well as your expectations.

During pregnancy it is important to think about how you will manage this. Try to think about your preferences when you experience pain, what makes you feel relaxed, and discuss them with your partner, any other support people you may have, and your Doctor. Pain experienced during labour is caused by uterine contractions, the dilatation of the cervix and, in the late first stage and the second stage, by the stretching of the vagina and pelvic floor to allow the baby's head through.

During labour the body in the presence of pain produces opiate-like substances called endorphins, which act as a natural pain relief. Endorphins prevent some pain messages from reaching the brain.
Endorphins also encourage the labouring woman to withdraw to a safe private place, create a sense of wellbeing and positive feelings, as well as altering a woman's memory of the birth, creating an amnesic effect. Everyone is different and so everyone feels a different level of pain in labour and childbirth. *(Jackson, Marshall & Brydon 2014)*

Non Medicated Pain Relief

There are things you can do to reduce the pain of labour, such as:

Positioning: Keep active, walk around in your room or the corridors of the Birthing Suite. Change positions regularly - sitting, lying on your side, rocking, all fours, standing, squatting, walking.

Relaxation: plays a large part in managing pain in labour. Fear leads to tension, tension leads to pain, and pain leads to more fear, creating a vicious circle. There is little doubt that relaxation can do much to relieve the physical and mental strain of labour and it is possible to achieve a state of physical and mental tranquillity during labour but you will need to practise and prepare for labour if you wish to achieve this.
START NOW! There are many relaxation tapes, music, yoga and books available. Try different techniques and practise your favourites often, in both relaxing and stressful situations.

Breathing Techniques: In the past, women have been taught specific breathing patterns for use during labour. While some women find these useful, in many cases trying to follow a set pattern becomes stressful. If you focus on what your body is demanding of you, you will probably find that you slip into a comfortable pattern of breathing, if this does not occur there are simple principles to remember.

Try to keep your breathing: Slow, deep and even.

Heat: Heat, particularly moist heat, helps increase the blood flow to the body, bringing essential oxygen and endorphins to particular areas. A warm shower, bath or spa with the

jets directed over painful areas decreases pain considerably and is very relaxing for many women. A hot pack applied to the lower back in pregnancy or labour eases the discomfort significantly. Hot packs applied to the back or lower belly during labour are an excellent form of pain relief. When using hot packs, be sure to test the hot pack out pack on your support person's wrist before applying it because your endorphin levels may be so high that you do not realise it is too hot and you may burn yourself.

Visualisation: Visualisation is a technique where you concentrate on a specific area of your body and try to picture in your mind what it is doing. In labour you could try to visualise the uterus as it tilts forward and contracts or visualise the cervix as it thins and opens to allow your baby to move through your pelvis. Visualisation allows you to focus on the activity rather than on the pain.

Chanting: Chanting in labour is common in many cultures. It encourages you to concentrate on words that positively affirm your ability to give birth to your baby. An example of this might be: Pain leads to power, power is progress, and progress leads to birth. I can do this, my body was designed to do this, my baby and I can do this together.
Chanting is also thought to increase endorphin levels through repetitive noise making.

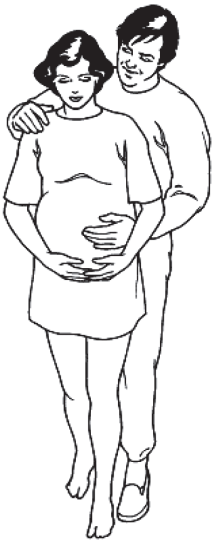
Massage: We have always used touch to express affection for one another: touch can provide relief from aches, pains and muscle tension. It is a skill that you can develop through experimentation and practice. There are many massage devices available on the market – a tennis ball is a cheap effective massage tool.
Face, hand and foot massages are all very relaxing and enjoyable. Find a good book on massage, experiment on each other and ENJOY.

TENS Machine (Transcutaneous Electrical Nerve Stimulation): A TENS machine consists of a small box and electrode pads which attach to your back: it delivers small electrical pulses to the body via the skin, which feel like 'pins and needles'. The TENS machine affects the way pain signals are sent to the brain. For more information and details on how to hire a TENS machine please consult NSP Physiotherapist department.
(Jackson, Marshall & Brydon 2014)

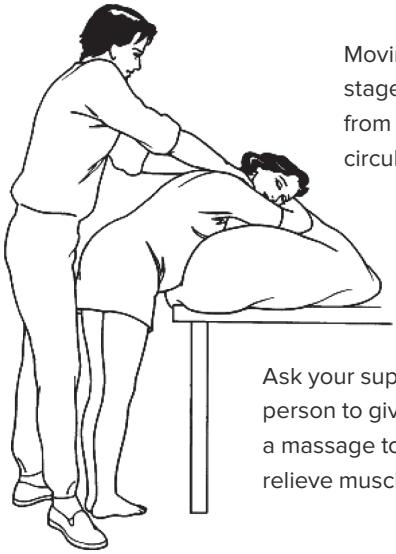
Notes

Positions for Labour

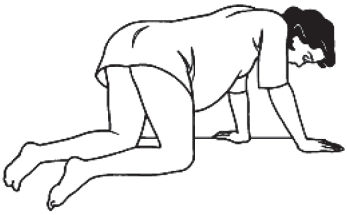
A hot bath or shower may help to reduce pain and ease backache in labour. Some hospitals provide these facilities.



Moving around during the first stage of labour can distract you from the pain and keep your circulation going.



Ask your support person to give you a massage to help relieve muscle tension.



Kneeling on all fours during the first stage of labour can help with pain relief because it takes pressure off your back.

Lie down or lean forward into a bean bag to rest between contractions.

(NSW Health 2012)

Role of the Support Person

The role of the support person cannot be emphasised enough. At times you may feel that you aren't helping, or don't know what to do, but just being there is often all that is required. You play a vital role in helping your partner cope with labour. Below is a short list of possible ways you can help support a labouring woman, be creative and support in any way which feels right.

- Keep calm yourself
- Give her something to eat during early labour, to keep her strength up
- Encourage relaxation between contractions
- Remind her to empty her bladder every 2 hours
- Time contractions
- Help distract her from the pain – TV, go for a walk
- Encourage her to do whatever her body tells her i.e.: vocalise, groan
- Help her into or to maintain positions
- Massage
- Give fluids
- Give encouraging comments – 'you're doing great', 'keep going', 'the baby is nearly here'
- Try to remain positive
- Help her maintain her privacy, by making sure curtains are pulled, doors are closed as desired
- Create a relaxed atmosphere – relaxing music, dimmed lighting etc.
- Run a bath
- Keep her focused on why she is doing this – 'think of our baby' 'soon we'll be holding our baby'
- Encourage her to change positions
- Be an advocate for your partner and liaise between hospital staff and your partner
- Support her decisions

(Jackson, Marshall & Brydon 2014)

Notes

Class Two

Class content :

- When self-help techniques are not enough
- Pharmacological alternatives for pain relief
- Unexpected outcomes
- Variations of labour and complications
- Maternity Tour

Additional reading included:

- **Pain Relief during Childbirth pamphlet**
- **Induction of Labour pamphlet**
- **Instrument Assisted Delivery pamphlet**
- **Caesarean Section pamphlet**

Further resources for your interest:

- Australian and New Zealand College of Anaesthetists
  www.anzca.edu.au/resources/books-and-publications/its-your-labour.html
- NHMRC Vitamin K PDF Brochure Download
  www.nhmrc.gov.au/_files_nhmrc/publications/attachments/CH38_vitamin_k_web.pdf
- Health Department immunisation Handbook
  www.health.gov.au/internet/immunise/publishing.nsf/content/Handbook10-home

Pain Relief in Labour

There are a number of methods available to relieve the pain experienced during labour and delivery. The type of pain relief provided for labour needs to be determined on an individual basis.

What is an epidural anaesthetic?

An epidural involves the injection of drugs at the lumbar level into the epidural space which surrounds the spinal cord and the traversing spinal nerves. The drugs are taken up by the spinal nerves affecting the passage of most sensations, including the blocking of pain. The area from the level of umbilicus to the top of the thighs and lower legs will become quite numb. An epidural may be used for post-operative analgesia with the injection of opioids after caesarean sections.

What is a spinal anaesthetic ?

A spinal needle is a finer needle and involves one injection and then the needle is removed. The advantage of a spinal anaesthetic is that the onset of the anaesthetic is much faster and more complete. It is only suitable for caesarean sections, not for ongoing analgesia during labour.

Who performs the epidural anaesthetic and what does it cost ?

All epidurals are performed by specialist anaesthetists who:

- Are accredited at North Shore Private Hospital;
- Are members of the division of anaesthesia; and
- Hold a fellowship awarded by the Australian and New Zealand College of Anaesthetists [FANZCA] or equivalent college.

The anaesthetist fees are calculated in accordance with the guidelines recommended by the Australian Medical Association and the Australian Society of Anaesthetists. These fees are substantially higher than the rebate allowed by the Medicare benefits schedule. Factors such as degree of difficulty, time of day, duration of service, travel time and urgency are taken into account.

Exact details regarding fees are available from your anaesthetist. Should you require the involvement of an anaesthetist, you will receive a separate invoice for this specialist service.

Before the epidural anaethetic

Epidurals are safe for both mother and infant; however your anaesthetist needs to know details of your medical history. The anaesthetist may ask you the following:

- Surgery to the lower back
- High blood pressure during this pregnancy
- Problems with excessive bleeding or easy bruising
- Any abnormal sensation, weakness or neurological problem
- Any allergies or a reaction to local or general anaesthetic drugs, codeine, morphine, analgesia or antibiotics
- Localised skin infections
- Previous epidurals
- Heart or lung disease

Possible side-effects and complications associated with epidural is:

- Decreasing bladder sensation and your ability to pass urine requiring the insertion of a urinary catheter while the epidural is effective.
- Epidurals may not provide adequate analgesia in some women.
- The dura may be punctured during the procedure which may cause a leak into the epidural space which may cause a headache.
- The possibility exists that the decreased sensation may also decrease your ability to push, thus increasing the chances of an assisted delivery. Your mobility is also decreased.
- Very rarely the local anaesthetic used for the epidural may effect respiratory muscles and require temporary assistance with breathing. Other rare complications with epidurals include permanent nerve damage, seizures, paraplegia and death.
- Vomiting, nausea and shivering

YOUR ANAESTHETIST AND THE MIDWIFERY STAFF ARE TRAINED TO PREVENT AND TREAT COMPLICATIONS SHOULD THEY ARISE.

Caesarean Section performed under an epidural

Caesarean sections can mostly be performed under an epidural anaesthetic with your partner present. However, there are a few situations in which an epidural may be unsuitable or inappropriate. Should you require a caesarean section and are considering an epidural or spinal anaesthetic, you should discuss this in detail with your obstetrician and anaesthetist.

Nitrous Oxide & Oxygen

Is administered via a mouthpiece and a machine where the mixture of gas and oxygen can be varied. It is self-administered by the patient and can be easily started and stopped. The woman can remain upright and mobile.

Pethidine

Pethidine is a narcotic analgesic and also a muscle relaxant that lessens pain and muscle tension. It is administered via an injection and is given with an antiemetic to reduce the incidence of nausea and vomiting. *(The Royal Australian & New Zealand College of Obstetricians & Gynaecologists 2006)*

Pain relief options for labour

	Advantages	Disadvantages	Possible effects on baby
Nitrous Oxide	• Effective means of easing pain, especially for transition phase • Provides a distraction and a focus for attention during labour	• Nausea & Vomiting • Can cause drowsiness & confusion • Does not relieve the pain entirely	• Extra Oxygen to baby
Pethidine (Opioid)	• Sedation • Has a secondary effect as a muscle relaxant, lessens pain and reduces muscle tension – allows for faster dilatation	• Does not relieve the pain directly • Creates a "high" • Sedation & Drowsiness • Nausea & Vomiting	• Crosses the placental barrier - depresses respiratory rate • Can depress the sucking reflex • May need antidote to counteract the depressive effect on baby (this is very rare)
Epidural (Anaesthesia)	• Begins to work immediately; fully effective usually in 20 - 30 minutes. • Mother may feel positive about the birth & baby if she is free of pain. • If obstetric intervention is needed, the epidural/spinal will relieve the discomfort of the procedure. • Any suturing required after birth is often pain free. • Used safely for caesarean section, with mum and support person able to see babe at birth – different drugs given	• Decreases the sensation of the bladder therefore urinary catheter is needed • Local tenderness and bruising where epidural inserted into the back • Shivering, nausea and vomiting, Itching • May slow contractions - has been shown to increase the requirement of augmentation in primigravidas (with spontaneous labour) who have an epidural inserted prior to 4cm • May feel less urge to push • Unable to walk around	• Baby may be affected by the drugs, similar to the effects of opioids - slow to breathe at birth & slow to start to breastfeed. • If complications occur as a result of the epidural/ spinal, e.g. drop in blood pressure, it will have additional side effects on the baby. • Continuous fetal heart rate monitoring will be used once the epidural is sited.

	Advantages	Disadvantages	Possible effects on baby
Spinal Block (Anaethesia)	• Used mostly for Caesarean Section • Able to see birth of baby as mother remains awake during procedure	• Decreases the sensation of the bladder therefore urinary catheter is needed • Local tenderness and bruising where needle inserted into the back • Shivering, nausea and vomiting, Itching	• Baby may be affected by the drugs, similar to the effects of opioids - slow to breathe at birth & slow to start to breastfeed. • If complications occur as a result of the epidural/ spinal, e.g. drop in blood pressure, it will have additional side effects on the baby. • Continuous fetal heart rate monitoring will be used if spinal is used during labour
General Anaesthetic	• Lessens anxiety for extremely anxious patients • Most effective anaesthetic in an emergency situation where the time factor is critical.	• Unconscious during operation • Inherent risk of undergoing anaesthetic • Not involved and unable to see birth of baby • Support person may not be able to be present	• Able to be delivered quickly, therefore less affected by the emergency situation • Delay skin to skin contact which can affect the timing of the 1st breastfeed. • Baby may be affected by medication • Paediatrician will be present at birth to assess baby's condition after general anaesthetic

Induction of Labour

If labour does not commence naturally, induction may be considered by you and your obstetrician. Induction means starting labour artificially. This is usually done when there is believed to be some risk to the health of mother or baby and sometimes both, e.g. mother has high blood pressure, and the baby appears to have stopped growing. Induction is usually planned ahead, so you will be able to discuss the reasons with your Obstetrician.

There are a number of methods to induce labour. Some methods may be considered an addition to rather than a method used on its own to induce labour. Some women may require more than one method for labour to commence.

Cervical membrane sweep

A cervical membrane sweep is carried out by your obstetrician or a midwife. It is performed vaginally with the intention of separating the membranes around the baby from the cervix also increasing localised prostaglandins which are known to aid in the onset of labour in some women. *(Mitchell et al 1997)*

Prostaglandin E2

Prostaglandins are a natural occurring female hormone present in tissues throughout the body. Prostaglandin E2 is an active ingredient found in vaginal tablets, gels and pessaries replicating the effects the natural hormone and they are used to induce labour. A small amount of gel or the pessary containing Prostaglandin E2 is placed in the upper vagina near the cervix to aid in its softening and ripening and subsequent uterine contractions. *(Rimmer 2014)*

Cervical Catheter

A cervical catheter can be used to aid in ripening the cervix. This involves a sterile catheter or tube being introduced into the vagina and through the cervix, where a small balloon is inflated with water. This places a small amount of pressure on the cervix thus releasing prostaglandins which may aid in the onset of labour. This procedure is carried out by your obstetrician or a midwife in the birthing suite in a supervised environment. *(Crane 2001)*

Artificial Rupture of Membranes (ARM)

Additionally or alternatively to the fore mentioned methods, an ARM is the process whereby the membranes surrounding the baby is broken using a small hook called an amnihook or amnicot. This releases the amniotic fluid or ‘waters’ that surround the baby and can induce labour sometimes with no other method required. This procedure is carried out by your obstetrician or a midwife in the birthing suite in a supervised environment and can only be done if the cervix is ripened and dilated. *(Rimmer 2014)*

Oxytocin

Additionally or alternatively an intravenous drip (IV) may be placed in the mother's arm and an infusion containing the hormone oxytocin will be commenced. Once labour is induced continuous fetal heart monitoring will be commenced. *(The Royal Australian & New Zealand College of Obstetricians & Gynaecologists 2006)*

Caesarean Section

A lower segment caesarean section (LSCS) is an operation performed by an Obstetrician under anaesthetic (epidural, spinal or general) where the baby is delivered via an incision made into the mother's lower abdomen.

Some Caesareans are planned ahead due to risk factors occurring in pregnancy (elective caesarean), and others are performed in response to emergency situation that may arise during labour (emergency caesarean).

Possible indications for caesarean section :

- Fetal distress
- High blood pressure
- The baby appears to be too big to pass through the birth canal
- Labour in not progressing as it should
- Breech presentation/Twins
- Placenta praevia, where the placenta grows low and may cover the outlet of the cervix
- Placental Abruption, where the placenta breaks away from the uterine wall before birth
- Previous LSCS (depending on reason for last caesarean)
- A few women choose to have a caesarean electively

(The Royal Australian & New Zealand College of Obstetricians & Gynaecologists 2006)

Consent is always obtained by the doctor prior to the operation taking place. Here at NSP we aim to achieve family bonding from the beginning of your baby's life. Providing there are no complications to mother or baby i.e. the use of general anaesthetic or premature delivery, we will keep the family unit together for the procedure and the recovery process which normally takes 1-2hrs altogether.
This means that the family will remain together from booking in right through to returning to the maternity ward.

Instrument assisted delivery

Occasionally assistance to birth the baby vaginally is required. Your obstetrician may feel that you need assistance either using a vacuum cup or forceps.

The main indicators for assisted vaginal deliveries are:

- Baby descent through the birth canal is minimal despite pushing efforts from the mother
- The baby is showing signs of distress in the pushing phase
- Maternal exhaustion
- Ineffective pushing due to pain relief e.g. epidural block
- The positioning of the baby is making it difficult to pass through the birth canal *(The Royal Australian & New Zealand College of Obstetricians & Gynaecologists 2002)*

Episiotomy

Sometimes it is necessary for the obstetrician or midwife to cut an episiotomy during the birth process to facilitate the delivery of your baby. This is a small cut in the perineum, the tissue between the vagina and anus. An episiotomy may also be necessary in preventing tearing of the tissue and muscles particularly towards the anus.
(The Royal Australian & New Zealand College of Obstetricians & Gynaecologists 2002)

Notes

Immediate care of mother and baby

Immediate care of Mother post birth

- **Observations:** BP, Temperature and pulse are taken and uterus is checked to see how well it is contracted.
- **Blood loss:** Vaginal bleeding occurs after both vaginal and caesarean section births and can continue for up to 6 weeks. It is essential for your blood loss to be monitored closely by a midwife immediately after your birth and each day you remain in hospital.
- **Breastfeeding:** and skin to skin time with your baby is encouraged. A midwife will be present to assist you with your first feed
- **Transfer to maternity ward:** mother and baby will remain in the birth suite for up to 4 hours post-delivery. Once baby cares have occurred and you have passed urine, showered and had something light to eat you will be transferred to the ward for the reminder of your stay.

Immediate care of Baby post birth

- **Apgar score:** this is a score out of 10 given at birth by the midwife. Assessment of your baby's colour, breathing, heartbeat, muscle tone, reflex irritability is undertaken at 1 minute after birth and 5 minutes after birth.
- **Breastfeeding:** and skin to skin time with your baby is encouraged
- **Baby checked:** by midwife/ paediatrician, Baby dressed and wrapped warmly
- **Measurements:** weight, length and head circumference.
- **Rh negative:** If the mother is Rh negative blood group, blood will be taken from the cord to determine the baby's blood type.
- **Vitamin K:** is offered to all babies at birth it helps blood to clot. Babies do not get enough vitamin K from their mothers during pregnancy or when they are breast feeding. Without vitamin K, they are at risk of getting a rare disorder called Vitamin K Deficiency bleeding or VKDB. The easiest way of administration is by single vitamin K injection. Injection is the preferred method. Vitamin K can also be given by mouth and requires several doses: at birth; 3 to 5 days later and in the fourth week. (Babies fed mainly by formula do not need the third dose)
- **Hepatitis B injection:** this is offered at birth also. Hepatitis B is caused by a virus that affects the liver and can result in liver cancer or liver failure later in life. Several doses of Hepatitis B vaccine are required to provide full protection.
- **Baby identification:** Two ID bands will be fitted to your baby. The safety and security of your baby is of paramount importance to all staff at NSP. Each time you are separated from your baby (for example, if you leave your baby overnight in the nursery between feeds) you will be asked to confirm and sign with the maternity staff your baby's identification on the verification chart. Staff will check the identity bands at birth, on arrival in the postnatal ward, at any time of separation, prior to any medication/ formula or expressed breast milk given.
- **Seen by paediatrician:** All babies are under the care of a paediatrician
- There is a separate costing for all paediatric services. This can be discussed with your paediatrician at the time of birth. Any questions regarding costs prior to your birth should be directed to your obstetrician.

Vitamin K

Is Vitamin K important for my baby?

Vitamin K prevents a rare but often fatal bleeding disorder of babies called Vitamin K deficiency bleeding [VKDB]. VKDB can cause bleeding into the brain that can result in brain damage and even death. This can be avoided by giving babies extra Vitamin K until they build up their own supply at approximately six months of age. Babies do not receive enough of the vitamin from their mothers during pregnancy or from breast milk. As Vitamin K helps the blood to clot, it is essential to prevent serious bleeding.

How is Vitamin K administered?

One injection of Vitamin K will protect babies for many months. This is the preferred route for reliability of administration and compliance. It has been given to most Australian babies just after birth for many years. Recently, a new form of oral Vitamin K that is better absorbed when given by mouth has become available in Australia. Several oral doses are essential to provide enough protection because Vitamin K is not absorbed as well when administered by mouth and the effect does not last as long.

If oral Vitamin K is used, it is very important that babies receive three doses:

- Dose 1: at birth.
- Dose 2: between three and five days after birth.
- Dose 3: in the fourth week if the baby if fully breastfed.

If your baby vomits within one hour of being given the oral dose of Vitamin K, the treatment will need to be repeated in order to ensure they receive adequate protection.

Can all babies have Vitamin K?

All babies can have Vitamin K. Very small or premature babies may need smaller doses. Your doctor will advise you in these circumstances.

Does it matter how Vitamin K is administered?

Vitamin K administered by mouth is not suitable for some babies. Babies who are sick at birth or born prematurely should be given the vitamin by injection. If you have chosen to give your baby Vitamin K orally and he/she is unwell when a dose falls due, your baby may need to have the injection instead. Medication for epilepsy, blood clots or tuberculosis taken while pregnant may interfere with your baby's absorption of Vitamin K. Under these circumstances, you should advise your doctor or midwife as your baby may require the injection instead.

Are there any side effects ?

Vitamin K has been used routinely for approximately twenty years in Australia without apparent problems.

Does my baby have to have Vitamin K?

As with any preventative measure, this is your choice. However, medical authorities in Australia are united in strongly recommending that all babies be given Vitamin K including those who are premature, sick or undergoing any surgery such as circumcision. Giving Vitamin K to your newborn baby is a simple way to prevent a serious disease. If you choose to refuse the administration of Vitamin K to your baby, you will need to discuss this with your paediatrician and be especially alert for the early symptoms of VKDB.

What should I look out for?

All parents need to be aware that bleeding and bruising are not normal in the first months of life and should be investigated by a doctor if they occur. This is especially important if your baby has not received Vitamin K. Babies with liver problems are particularly at risk, even if they have received Vitamin K. Warning signs of VKDB may appear as jaundice after the first few weeks of life. If your baby has jaundice [yellow colouring of the skin or whites of the eyes] after the first three weeks or has any unexplained bruising, you should consult your doctor or health care worker.

How do you obtain Vitamin K for your baby?

You will be asked about your preferences regarding Vitamin K during your pregnancy. The injection or first oral dose of Vitamin K is administered just after birth, either by the doctor or a midwife. Either parent will be asked to sign a consent form. The second oral dose can be administered when your baby's newborn-screening test is given in the hospital, or by your local doctor or health worker.

Doses of Vitamin K administered to your baby must be recorded in his/ her personal health record. If you have chosen the oral Vitamin K option, it is important that you ensure your baby receives the vital third dose at four weeks of age. You should continue to seek support and advice from healthcare workers at this time if required.
(National Health & Medical Research Council 2010)

Hepatitis B Immunisation

It is important that you read and understand this information on Hepatitis B. Babies born at North Shore Private are offered the first dose of Hepatitis B soon after birth, prior to your baby receiving Hepatitis B immunisation you will be asked to give written consent.

Hepatitis B

Hepatitis B is a serious disease that can be contracted throughout life. It is caused by a virus that affects the liver. Babies that get this disease may only have mild symptoms, or have no symptoms at all. However, babies are at much greater risk than adults of becoming lifetime carriers of the virus.
A carrier may then be able to pass it on to other people. The Hepatitis B virus is present in

infected body fluids including blood, saliva and semen. The risk of contracting Hepatitis B from saliva is very low. Babies whose mothers have Hepatitis B are at very high risk of being infected with the disease at birth. Other ways in which Hepatitis B can be spread are by blood to blood contact, sharing of syringes, sexual contact, and contaminated instruments such as those used for body piercing.
Immunisation has proven to be a safe and cost effective way of preventing this disease.

Hepatitis B immunisation

Several doses of Hepatitis B vaccine are required to provide full protection against the disease. For babies, the first dose of Hepatitis B is given soon after birth, the second at 2 months of age, the third at 4 months of age and the final dose at either 6 or 12 months of age. The last three doses of Hepatitis B are combined with other vaccines, such as DTPa or Hib. Some preterm babies do not respond as well as term babies do to Hepatitis B vaccines. These babies may require an extra dose of Hepatitis B vaccine to ensure that they have adequate protection against Hepatitis B disease. Parents of preterm babies should discuss the need for an extra vaccination with their doctor. The vaccines used in Australia contain a modified part of the Hepatitis B virus. They are produced in yeast cells and are free of association with animal or human blood or blood products.

Possible side effects of Hepatitis B immunisation

Most side effects of hepatitis B vaccine are minor and disappear quickly. Soreness at the injection site may occur, as may mild fever, nausea, feeling unwell and joint pain. More serious side effects are extremely rare. *(Department of Health 2014)*

For more information about immunisation visit the immunise Australia website at http://immunise.health.gov.au Call the Immunise Australia Information Line on 1800 671 811 or discuss with your obstetrician/paediatrician.

Notes

Class Three:

Class Content :

- The benefits of breastfeeding for both mother and baby
- Breast Anatomy & Physiology, Breast Changes
- Skin-to-skin, Rooming-in, Recognising Feeding Cues
- Attachment and Positioning
- Trouble Shooting

Additional reading included :

- **NSW Health Breastfeeding Your Baby booklet**

Further resources for your interest :

- The Women's How to Breastfeed PDF Brochure Download www.thewomens.r.worldssl.net/images/uploads/fact-sheets/Breastfeeding-How-to-breastfeed.pdf
- thewomens.r.worldssl.net/images/uploads/factsheets/Using_a_breastpump.pdf 2012

Breastfeeding

Breastfeeding is a learned skill for both you and your baby. As health professionals, we are keen to provide you with current information on infant feeding. Our aim is to be supportive of the choices made by you & your partner so when you leave us you are confident in feeding & caring for your newborn baby. It is instinctual for your baby to suck and when placed on your chest, skin to skin they will look to feed.

Your body will produce thick rich milk called colostrum for the first few days once your baby is born. Colostrum is sticky and deep yellow in colour. Colostrum is nutritionally rich and provides an immunological boost for your baby's start to life. By approximately day 3-4 your milk will "Come in" making your breast feel larger and heavier. This milk is whiter and more watery than colostrum. The volume of milk you produce is also larger than that of colostrum seen in the first few days. Breast feeding can take the stress away from whether your baby is getting what it needs, it is never too strong or weak, too hot or cold it is always just right. (NSW Health 2011) The recommendation from the World Health Organisation is that breast milk or a milk supplement is adequate for your baby for the 6 months of life before introducing any solids. Please consult with the Early Childhood nurse in your area and/ or your paediatrician if you have any questions regarding commencing solids.

The benefits of breast feeding for baby include :

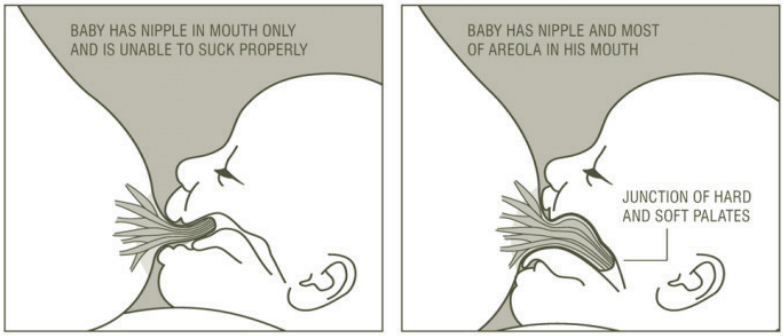
- Increases immunity (colostrum has high concentration of immunoglobulins)
- Promotes normal health and development
- Reduces obesity
- Promotes brain development
- Protects against diabetes and inflammatory bowel diseases
- Reduces the risk of SIDS
- Reduces allergies
- Improves visual acuity
- Better dental health

The benefits of breast feeding for mother include :

- Help body return to pre-pregnancy state
- Reduces the risk of ovarian cancer
- Reduces osteoporosis
- Empowers mother/baby bonding
- Reduces the risk of breast cancer
- Reduces heart disease
- May assist weight loss
- Emotionally satisfying

Tips for successful breast feeding

- Position yourself comfortably and you are well supported
- Hold your baby close to you, chest to chest
- Position your baby on its side with nose to nipple
- Hold your breast from underneath
- Keep fingers away from the areola/nipple so your baby is able to take a big mouthful of breast tissue
- Touch your baby's lips with your nipple to encourage your baby to open his mouth wide
- Make sure your baby's mouth is very wide (like yawning); bring your baby to breast with its chin to breast.
- Continue to support your breast until your baby is sucking and swallowing in a deep rhythmic pattern
- If you experience pain, when your baby starts swallowing, take your baby off and re-attach



Poor attachment Optimal attachment

(The Royal Women's Hospital Victoria 2013)

Indications of correct attachment

- The baby's mouth will be wide open and the lower lip will be curled back.
- Baby's chin fully in contact with the breast. There should be no space between the chin and the breast.
- Baby's lips flanged out and back.
- The cheeks should be rounded and not dimpled when the baby sucks.
- Jaw movement extending to the baby's ear should be visible.
- Baby's nose will be free.

What to expect during your hospital stay

It is important to remember that each baby and Mother is different therefore the following table is a guide of some general feeding patterns and behavioural patterns of the newborn. Please do not be concerned if your newborn baby does not follow this pattern exactly but talk with your midwife or paediatrician if you are concerned at any point your hospital stay.

Day 1	Day 2
• **Mother:** adrenaline high, awake • **Baby:** sleeping, well hydrated from the amniotic fluid, mucousy vomits from the birth, • **Feeds:** 1-5 feeds in 24 hours. • **Nappies:** 1 – 2 in 24 hours, meconium	• **Mother:** Recovering from the birth • **Baby:** more awake, and becoming more alert. • **Feeds:** 6 – 8 in 24 hours will suck for approx. 1 hour per feed. • **Nappies:** 1 – 2 in 24 hours and could have concentrated urine, meconium
Day 3	**Day 4**
• **Mother:** tired, emotional, breasts firming as milk comes in • **Baby:** unsettled, looking for frequent feeds. • **Feeds:** 6 – 12 feeds in 24 hours. When the transitional milk begins to flow the baby tends to have shorter feeds and then a longer sleep. • **Nappies:** at least 3 – 4 in 24 hours with possible urates and transitional stools.	• **Mother:** Breasts will regulate milk production but continue to feel quite firm between feeds. • **Baby:** More settled, feeding pattern becomes more predictable, 8 – 12 in 24 hours, • **Feeds:** 6 – 12 feeds in 24 hours. • **Nappies:** at least 4 in 24 hours mustard yellow in colour and watery in consistency. Regularity of stools can vary enormously between babies.

Expressing breast milk

The aim of expressing breast milk is to stimulate, as closely as possible, normal breastfeeding. There are a number of ways to do this and using a breast pump may not always be the most effective way.

Reasons for expressing:

- If you are separated from your baby
- If your baby is premature or too small to be fed
- If there are any issues such as engorgement, blocked ducts or mastitis
- To increase your supply

Expressing

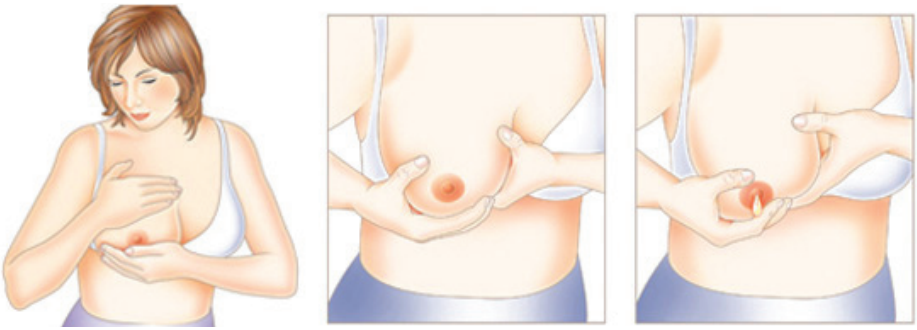
If your baby is unable to feed, expressing should start as soon as possible after delivery. When expressing, ensure that you have washed your hands with soap and water prior to commencing.

Techniques to assist the let-down reflex:

- Express in a comfortable, private place
- Gentle fingertip massage - stroke towards the nipple
- If you are separated from your baby, have a photograph of your baby at hand
- Thinking about your baby may be beneficial

Hand Expressing

Place the pads of the thumb and forefinger opposite each other at the edge of the areola. Gently push back towards the chest then squeeze gently and rhythmically, similarly to a baby's sucking action. Rotate fingers around the areola to ensure all the sinuses are expressed.



(NHS 2012)

Hand and Electric Breast Pumps

There are a variety of pumps available that are easily cleaned and portable. Using a hand or electric pump may be a quicker method of expressing however it may not always be the most effective method of expressing breast milk. Breast pumps are quite expensive and can be hired when expressing for long term use. A combination of hand and pump expression is sometimes more effective.

Guidelines for storing breast milk

Breast Milk Status	Room Temperature (26°c or lower)	Refrigerator	Freezer
Freshly expressed into a container	6-8 hours if refrigerator is available store milk there	3-5 days Store at back where it is coolest	2 weeks in freezer compartment inside refrigerator 3 months in freezer section of refrigerator with months separate 12 door 6 - in deep freezer (-18°C or lower)
Previously frozen thawed in refrigerator but warmed	4 hours or less- that is the next feed	24 hours	Do not refreeze
Thawed outside refrigerator in warm water	For completion of feed	4 hours or until next feed	Do not refreeze
Infant has begun feeding	Only for completion of feeding	Discard	Discard

(The Royal Women's Hospital Victoria 2012)

Transporting breast milk

The transportation of breast milk must maintain the chilled or frozen state of the milk. The use of insulated containers with re-freezable ice packs is practical.

Infant formula feeding

85-90% of the time staff spends with you on the postnatal ward concerns feeding & settling your baby. As health professionals, we are keen to provide you with current information on infant feeding. Our aim is to be supportive of the choices made by you & your partner so you leave us you are confident in feeding & caring for your newborn baby.

If you have chosen to formula feed, you will be advised about the different aspects of bottle feeding. While you are in hospital, a midwife will assist you in learning to prepare formula, bottle feed, and clean equipment. The hospital will supply bottles, teats and formula during your stay.

Helping Hands

'Helping Hands' is an outpatient service offered here at NSP for parents and babies up to 12 months of age. We would encourage you to book a private appointment at 'Helping Hands' for any breastfeeding and parenting concerns and advice.

This service is run by our experienced mothercraft nurse and lactation consultant through private consultation and appointments are available Mon-Fri.

Notes

Class Four

Class Content :

- Review what happens following birth
- The first days – behaviour for both mother & baby
- Sleep & settling
- Relationship changes
- Postnatal anxiety/ depression
- Community support

Additional reading included :

- **SIDS & Kids brochures**
- **Beyond Blue booklet**

Further resources for your interest :

- www.beyondblue.org.au/resources/for-me/pregnancy-and-early-parenthood
- www.mybabyandme.org.au
- www.kidsfamilies.health.nsw.gov.au/
- www.chw.edu.au/prof/services/newborn/tests030194.pdf
- www.gidgetfoundation.com.au
- www.sidsandkids.org
- www.karitane.org.au
- www.tresillian.net
- www.families.nsw.gov.au/support/child-health-services.htm

Caring for the New Mother and Baby

Daily Postnatal Check

Each day a midwife will monitor your physical and emotional wellbeing, provide encouragement and support in both feeding and practical parenting skills.

A check will be attended by your midwife each day of your stay both on you and your baby. This check is documented in your hospital records. The following will be assessed:

Mother

- Temperature, pulse, blood pressure checked.
- Fundus (top of uterus) felt at or below umbilicus.
- Moderate red blood loss (lochia) decreasing each day.
- May pass small blood clots during first 24 hours.
- Breast soft - may have leaking of colostrum, breasts becoming fuller with transitional milk day 3-4.

Vaginal Birth

- Perineum - clean and dry, use ice packs to prevent swelling and bruising.
- Passing urine normally.
- May experience mild after birth pains.
- Pain relief as required.

Additionally for Caesarean

- Epidural/IV drip remains in place for pain relief for approximately the first 24 hours.
- IV drip until tolerating clear fluids (or diet your doctor requests).
- Catheter in place to drain bladder and is removed after 24 hours.
- Check dressing dry and intact.

Baby

- Attachment of ID tags to both ankles
- Temperature, heart rate, respirations
- Centrally pink with mildly bluish hands and feet
- Umbilical cord - clean and dry
- Passing wet and dirty nappies
- Jaundice level monitored
- Feeding pattern

Postnatal Classes

Postnatal education is offered throughout the week. Times are advertised in your room folder. Classes are:

- Breast feeding
- Bathing
- Physiotherapy
- Settling and discharge home

Visiting hours and rest period

Maternity visiting hours are 11am - 12pm, 3pm-5pm and 6pm-8pm. There is an allocated rest period between 1pm to 3pm daily.

Celebration Dinner

To help celebrate your new addition we invite you and your partner to enjoy a beautiful dinner at the end of your stay.

Notes

Premature Babies

The Special Care Nursery at North Shore Private Hospital can care for babies born from 32+ weeks gestation. The staff are highly qualified registered nurses, midwives and lactation specialists who specialise in the care of babies requiring extended specialist care. Five paediatricians are on staff, one of whom is on-call twenty-four hours a day. In the event of a baby being born prematurely or very ill, transfer from our Special Care Nursery to a Neonatal Intensive Care Unit can occur without delay. Entering the Special Care Nursery may feel unfamiliar; some equipment might even generate feelings of concern. Special Care Nursery staff encourage parents to participate in all aspects of the baby's care. In the event that you require the services provided by our Special Care Nursery, the Special Care Nursery staff will explain any piece of equipment or procedure that may be involved in caring for your baby.

It is important that you have "family cover" with your health fund to cover the cost of care for the Special Care Nursery. Usually this must be done three months prior to the birth of your child. Please ensure you check your level of cover with your health fund directly.

Newborn Spot Screening Test

This free test is recommended for all babies in NSW. With parental consent it is performed 48 to 72 hours after birth. A few drops of blood are taken from the baby's heel and collected onto a special absorbent card. The dried sample is sent to the NSW Newborn Screening Laboratory for testing. Over thirty different congenital disorders can now be detected. The main disorders the test is checking for are congenital hypothyroidism, phenylketonuria, cystic fibrosis and galactosemia. Early diagnosis means treatment can be started quickly, before the baby may become sick. Parental consent is gained before this test is carried out. *(NSW Health 2012)*

Hearing Test (SWISH)

The NSW State-wide Infant Screening – Hearing (SWISH) Program aims to make sure these babies with hearing difficulties are identified early. This test will usually occur whilst mother and baby are in hospital: the test takes about 10 – 20 minutes and is done when your baby is asleep or resting quietly.
You can stay with the baby while the test is being done. You will get the results as soon as the test is completed. These results will also be recorded in your baby's Health Record book. Parental consent is gained before this test is carried out. *(NSW Health 2011)*

Routines

There is an enormous adjustment for new parents when a baby is born. Your previously predictable and organised day may be suddenly disrupted by the newborn whose needs are immediate and constant. Routines develop at different stages and are always changing as the baby grows.

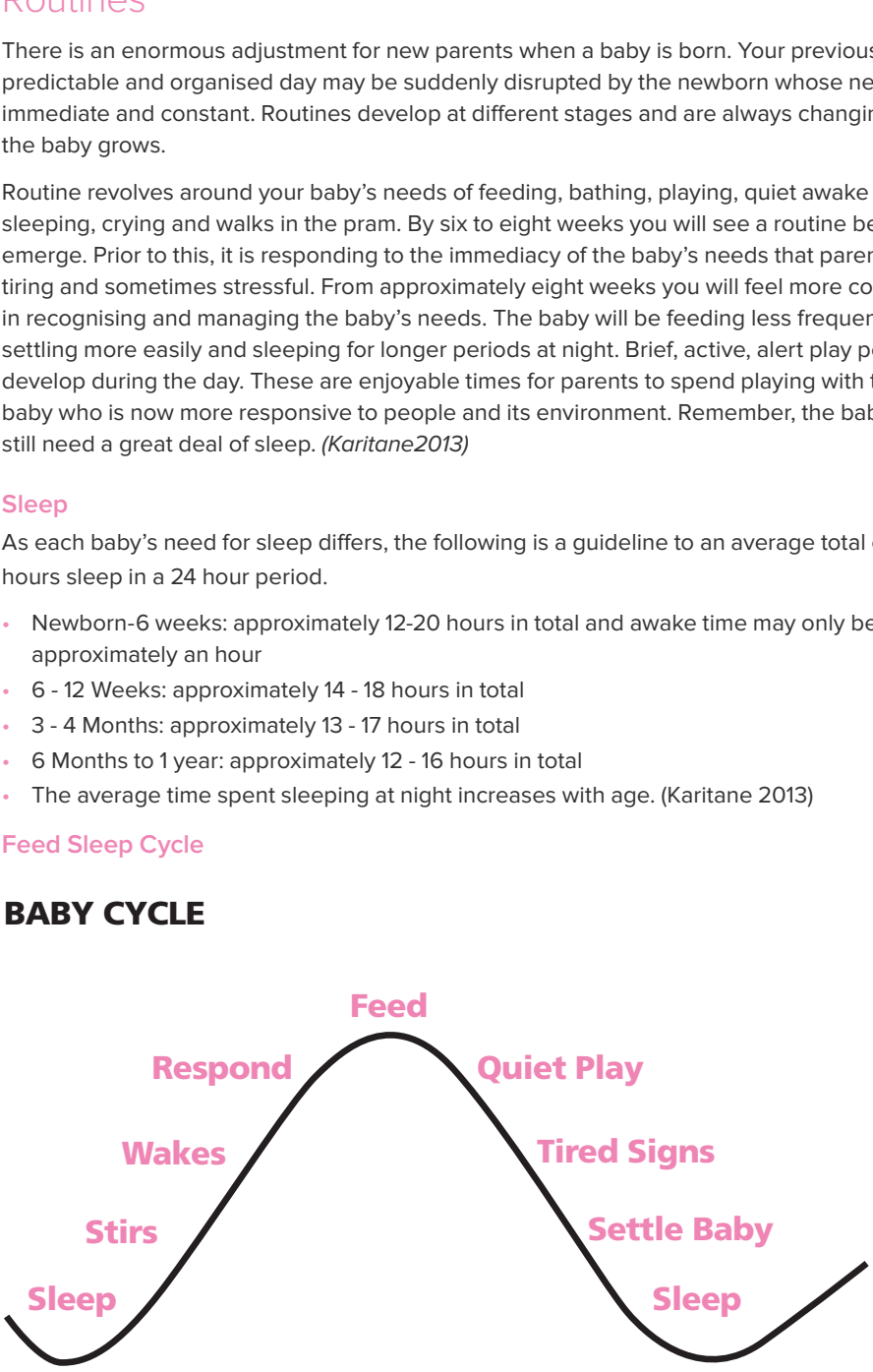
Routine revolves around your baby's needs of feeding, bathing, playing, quiet awake time, sleeping, crying and walks in the pram. By six to eight weeks you will see a routine begin to emerge. Prior to this, it is responding to the immediacy of the baby's needs that parents find tiring and sometimes stressful. From approximately eight weeks you will feel more confident in recognising and managing the baby's needs. The baby will be feeding less frequently, settling more easily and sleeping for longer periods at night. Brief, active, alert play periods develop during the day. These are enjoyable times for parents to spend playing with their baby who is now more responsive to people and its environment. Remember, the baby will still need a great deal of sleep. *(Karitane2013)*

Sleep

As each baby's need for sleep differs, the following is a guideline to an average total of hours sleep in a 24 hour period.

- Newborn-6 weeks: approximately 12-20 hours in total and awake time may only be approximately an hour
- 6 - 12 Weeks: approximately 14 - 18 hours in total
- 3 - 4 Months: approximately 13 - 17 hours in total
- 6 Months to 1 year: approximately 12 - 16 hours in total
- The average time spent sleeping at night increases with age. (Karitane 2013)

Feed Sleep Cycle



Settling

Learning to settle your baby in the first few weeks can be a stressful and tiring experience for parents. Settling can be facilitated by a calm and consistent approach. As parents gain confidence in the handling of their baby, settling becomes easier. From the beginning, it is important to set a pattern for sleeping and feeding that can be easily continued in the months to come. In helping the baby to settle to sleep, it is important to provide quiet, familiar surroundings away from the general household activities.

After the baby has been fed, spend a brief period of quiet play then make sure the baby is comfortable and relaxed. Settle the baby into the cot even though the baby may not be asleep. Remember to place the baby on its back to sleep. The baby can easily develop a dependence on being fed, rocked continuously or being held in someone's arms in order to go to sleep. Over time this will become stressful for parents and the baby will have difficulty adjusting to settling alone. *(Karitane 2013)*

When parents are consistent in their settling techniques, the baby will learn to recognise the cues that it is sleep time and will feel secure and settle happily in their own time in their own way. Brief wakeful periods during the baby's sleep times are normal and often the baby will resettle to sleep if left undisturbed. If there are any signs of distress, you may like to try settling your baby using the settling techniques outlined.

Settling Techniques

Start developing a settling technique when your baby is a newborn that is calming and relaxing for both of you. When you recognise the signs of tiredness – fist clenching, jerky movements, facial contortions, grizzling - settle the baby in the cot.

Settling can be assisted by:

- A warm deep bath and/or massage
- Cuddling and rocking
- Wrapping snugly
- Talking or singing softly and gently
- Playing relaxing music
- Gentle rhythmical patting, gradually slowing down

Do not try all of these things at once. Try one or two for a week before trying another. Fathers and other familiar adults can share this settling routine. If your baby is still unsettled, it might be helpful to try something different, such as carrying the baby in a pouch or a walk in the pram, outdoors if possible. A dummy might also be useful. Ask a friend, relative or neighbour for help.

Crying

Crying is the only way babies have initially to communicate their needs. As the baby grows, you will learn to recognise the difference between a distressed cry and one for attention. Babies from two to eight weeks of age may average short periods of crying that total two hours per day. This is a very stressful time for parents and the settling techniques listed may prove helpful. By four months, most infants appear to be more settled with very little distressed crying time, provided they are healthy and feeding well. *(Karitane 2013)*

If your baby's crying becomes distressing for you and you are unable to comfort the baby, place the baby safely in the cot and take a short break to relax and gather your thoughts. Remember, if your baby's distressed crying continues for long periods, please seek the advice of your Early Childhood Health Centre Nurse on the twenty four hour help lines listed in your baby's personal health record book.

Why do babies cry ?

- Hungry
- Tired
- Wet or soiled nappy
- Feel too hot or too cold
- Suffering from wind
- Need reassurance
- Sick/ unwell (consider if baby is unsettled for a long period of time)

Some useful suggestions are :

Going through the checklist of why babies cry and eliminating these factors. Discussing your baby's feeding technique and sleep pattern with the Early Childhood Health Centre Nurse may be helpful.
You may also like to book an appointment at NSP's Helping Hands outpatient service. If you are breast feeding, consider whether there is something in your diet that could be upsetting your baby.
This may include medications - hot, spicy foods, rich foods, dairy products, or those containing caffeine such as coffee or chocolate.

Professional support & advice

If you continue to be concerned by your baby's crying, unsettled behaviour, sleep pattern, feeding concerns or lack of routine, you should seek assistance from:

- NSP 'Helping Hands' outpatient services
- The Early Childhood Health Centre
- Tresillian services
- Karitane services
- Parent support services
- Private mothercraft services
- Australian Breastfeeding Association
- Private lactation consultants

SIDS (Sudden Infant Death Syndrome)

The following guidelines recommended by the SIDS & Kids Association, will greatly reduce the risk for your baby:

- Sleep baby on the back from birth, not on the tummy or side
- Sleep baby with head and face uncovered
- Keep baby smoke free before birth and after
- Provide a safe sleeping environment night and day
- Sleep baby in their own safe sleeping place in the same room as an adult caregiver for the first six to twelve months
- Breastfeed baby

(SIDS & Kids 2014)

Postnatal feelings

Most women eagerly anticipate the birth of their baby. However, some women can experience distressing emotions that may be overwhelming.

These may include:

- Sadness, feelings of inadequacy,
- Anger and resentment
- Exhaustion or hopelessness
- Low self-esteem
- Loss of confidence
- Anxiety and panic

Post natal depression is the name given to the mood disorder that occurs in the months following childbirth. Onset may occur at any time during the first year after birth and even during pregnancy. It affects approximately 20% of women and 10% of men and can last from several weeks to months.

It is important for women who are having such difficulties to receive support and encouragement. Should these feelings persist, talk to your obstetrician, midwife, GP or Early childhood nurse. The services of a social worker are available through North Shore Private Hospital should they be required. Further support is available through specific support groups such as Beyond Blue or the Gidget Foundation. Treatment may include counselling, a support group, or medication.
(Beyond Blue 2014) (Gidget Foundation 2014)

Early Childhood Health Services

The Early Childhood Health Service is provided by nurses with training and experience in child and family health nursing as part of your state's community health services. The service provides free advice, support and management regarding parenting issues, particularly baby's feeding and sleeping problems as well as immunisation information.

This service is primarily for parents and caregivers with children aged from 0-5 years.

Nurses can help with a wide range of questions from feeding advice to immunisation, to finding a local GP. Any time you have a concern regarding your child, drop into your local early childhood health centre or telephone for advice. The details of your local early childhood centre will be given to you during your hospital stay.

Your first visit requires an appointment; your midwife will advise you in hospital how to make contact with the Early Childhood Health Centre. Growth and development checks also require appointments but you can make these at your convenience as the relevant time approaches. Please fill in your baby's personal health record book before the visit. (www.families.nsw.gov.au/support/child-health-services.htm)

Community Resources

Early Childhood Centre:

Your General Practitioner:

Helping Hands NSP: **8425 3240**

Poisons Information Line: **13 11 26**

Healthdirect Australia: **1800 022 222**

Immunise Australia Information Line: **1800 671 811**

Mothersafe: **9382 6539** Medications in pregnancy and breastfeeding service.

Karitane: **1300 227 464**

Tresillian: **1800 637 357** 24-hour phone parenting or **9787 0855** information and counselling.

Australian Breastfeeding Association: **1800 686 268**

Parent Line: **1300 130 052** Advice and information for parents with children up to 18 years

Gidget House: **9460 1550**

Beyond Blue: **1300 555 578**

Internet Sites

- **www.anzca.edu.au/resources/books-and-publications/its-your-labour.html** – Epidural information
- **www.beyondblue.org.au** – community awareness of perinatal anxiety and depression.
- **www.breastfeeding.asn.au** – promotion and protection of breastfeeding
- **www.birthinternational.com.au** – Support and resources for midwives, expectant parents and childbirth educators
- **www.chw.edu.au** – child health and parenting information for health professionals and parents from the Children's Hospital at Westmead
- **www.continence.org.au** – information on pelvic floor muscle exercises and bladder care
- **www.families.nsw.gov.au/index.htm**
- **www.gidgetfoundation.com.au** – Awareness and help for women and families suffering from Perinatal anxiety and depression
- **www.health.nsw.gov.au** – publications from the Department of Health that can be downloaded
- **www.mybabyandme.org.au** – publications and resources from Karitane on parenting
- **www.northshoreprivate.com.au** – For more information on North Shore
- **www.raisingchildren.net.au**
- **www.rta.gov.au**
- **www.sands.org.au** – Promotes awareness, knowledge, support and understanding following the death of a baby from the time of conception through to infancy
- **www.sidsandkids.org** – Contains information and publication on Sudden Infant Death Syndrome
- **www.tresillian.net** – Information about parenting issues
- **www.thewomens.org.au** – for more information on pregnancy, labour, birth and breastfeeding from the royal women's hospital in Victoria
- **www.zerotothree.org** – provides health professionals and parental resources about child development
- **www.continence.org.au** – information on pelvic floor muscle exercises and bladder care

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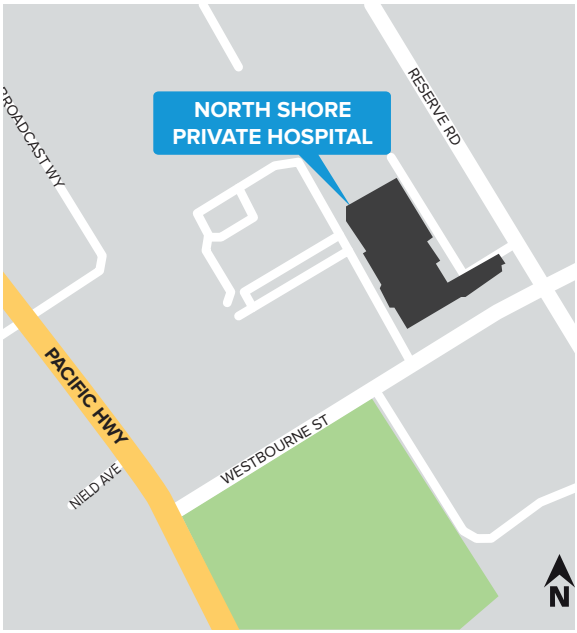

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