



Swan Hill Maternity Unit Birth and Babies



Swan Hill
District Health
Connected Care. Best Experience.

BIRTH & BABIES

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Introduction

The information in this booklet relates to childbirth and early parenting education for women birthing at Swan Hill District Health. This information is designed to enhance and support our childbirth education program.

Please note that this is general information and remember that care will be individualised according to your needs, and changing medical issues. Although this information has been designed primarily for singleton pregnancies, woman expecting two or more babies will also find most of this information valuable.

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Swan Hill District Health respects the inherent dignity, worth, unique attributes and human rights of all individuals. In this document the pregnant or birth person will be referred to as the pregnant or birth woman or mother and the partner or support person will be referred to as the support person.

It is important to remember that as a patient, you have rights – and Swan Hill District Health will respect and encourage your participation in your care. Being involved in decision-making is important, and communicating your thoughts and needs to your support person and your care team is just one step in that journey.

If you have further questions about anything in this booklet, you can chat with a midwife or obstetrician at your appointments or by phone.

Midwives Clinic

Swan Hill District Health Midwifery Department offers antenatal appointments on Mondays and Fridays between 9am and 4pm.

Obstetric appointments are on Tuesdays and Thursdays between 1.30pm and 5pm.

Clinic bookings can only be made between the hours of 9am and 4pm, Monday to Friday on 50339269. A partner/support person is welcome to attend all antenatal and Obstetric appointments.

If you have any concerns outside this time, please call 50339269 to speak to a midwife.

What services does Midwifery provide?

- Advice and care during your pregnancy. You can phone or come in and speak to us about your needs
- Support and assistance during labour and birthing
- Liaison with your doctor
- Parenting advice such as settling the newborn, nappy changing, bathing and breastfeeding
- One home visit after discharge (domiciliary), or more as required
- 24-hour consult service up to six weeks postnatal
- Referral service to other agencies
- Newborn hearing screening
- Childbirth education (see below)

Childbirth education classes

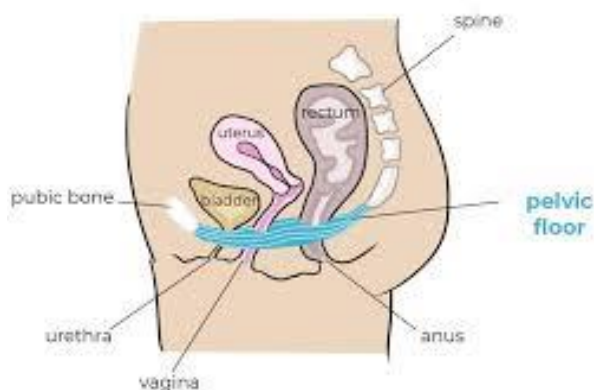
A Childbirth education class is offered to pregnant women and their partner or support person. Facilitated by a midwife, the class focuses on late pregnancy, labour, breastfeeding and early parenting. If you plan to attend a childbirth education class, you will be booked in by your midwife at any of your antenatal appointments.

The class is held on the third Sunday of each month from 9am until 4pm, at the SHDH Education Centre (62 McCrae Street, Swan Hill). There is no cost for the class.

During pregnancy

The Pelvic Floor

The pelvic floor is a group of muscles and ligaments that support the bladder, uterus (womb) and bowel. The openings from these organs - the urethra from the bladder, the vagina from the uterus and the anus from the bowel pass through the pelvic floor. The pelvic floor muscles attach to your pubic bone at the front and the tail bone at the back and form the base of your pelvis.



What do the pelvic floor muscles do?

When the pelvic floor is strong, it supports your pelvic organs to prevent problems such as:

- Incontinence (the involuntary loss of urine or faeces)
- Prolapse (lack of support) of the bladder, uterus and bowel.

The pelvic floor muscles also help you to control bladder and bowel function, such as allowing you to 'hold on' until an appropriate time and place.

What causes pelvic floor muscle weakness?

Some of the common causes of pelvic floor muscle weakness are:

- Pregnancy
- Childbirth – particularly following delivery of a large baby or prolonged pushing during delivery
- Being overweight
- Constipation (excessive straining to empty your bowel)
- Persistent heavy lifting
- Excessive coughing
- Changes in hormonal levels at menopause
- Growing older

How do I strengthen my pelvic floor muscles?

It is recommended that all women exercise their pelvic floor muscles everyday throughout life, to prevent weakness and improve strength.

Locate your pelvic muscles by pretending you are trying to avoid passing gas and stopping urine.

Work your way up to holding for 10 second intervals, also practice quick flicks lasting three seconds. Aim for 40 per day.

Exercises to improve pelvic floor https://youtu.be/yb_c9rGv_0o

Tests and Vaccinations

Anti D injection

A blood test in early pregnancy gives us important information about your blood type. It tells us if you are Rh positive or Rh negative.

About 17 out of 100 people in Australia have a negative blood type. If your blood is Rh negative, it can become a problem during pregnancy if your baby happens to be Rh positive. This can happen if the baby's father is Rh positive.

A problem can occur if a small amount of the baby's blood enters the mother's bloodstream during pregnancy or birth, the mother can then produce antibodies against the rhesus positive cells (known as 'anti-D antibodies'). This is called a 'sensitising event' and can occur during:

There are a number of ways that this can occur:

- Some tests you may have during your pregnancy can be invasive, such as chorionic villus sampling (CVS) or amniocentesis
- Vaginal bleeding
- Miscarriage or termination
- Abdominal trauma, such as a blow to the abdomen
- If your baby is in a breech position and you have an external cephalic version
- During labour

A sensitising event usually doesn't affect the first pregnancy, but if you have another pregnancy with a rhesus positive baby, your immune response will be greater and you might produce a lot more antibodies. These antibodies can cross the placenta and destroy the baby's blood cells, leading to a condition called 'rhesus disease', or 'haemolytic disease of the newborn'. Rhesus disease is uncommon these days because it can usually be prevented using injections of a medication called 'anti-D immunoglobulin'.

The injection is offered to all rhesus negative women regardless of their partner's blood type at 28 and 34 weeks of pregnancy. It can also be given at any time if there is concern that a sensitising event has happened. You can also have the injection after the baby has been born and tests confirm your baby is Rh positive. The only way to find out if a baby is Rh positive is after they are born and the umbilical blood can be tested.

The anti-D injection is safe for both mother and baby.

Late Pregnancy

Pregnancy is estimated to be about 40 weeks long but some babies come earlier and some come later.

After 36 weeks your baby will be putting on weight as well as maturing its lungs and brain. Around this time your baby is almost ready to be born and you will be checked more often and have more hospital visits. These visits are similar to the ones in earlier pregnancy but the midwife or doctor will also review your baby's heart rate, growth and their position.

By now most babies are head down, but if your baby is not in this position the midwife will discuss your options. You will also be offered the Group B Streptococci (GBS) test.

GBS are bacteria that occur naturally in the vagina and intestinal tract (anus) in about 15 percent of women. They are normal and rarely harmful when you are not pregnant. However, in a very small number of cases (one in 100, or one percent) the bacteria can pass to your baby when you give birth and can cause an infection that makes your baby sick. If you have GBS we can give you antibiotics when you are in labour to decrease the risk of this happening.

The test for GBS involves a swab of the vagina and anus, which you can easily do yourself.

Glucose Tolerance Test

About five percent of women (or one in 20) develop raised glucose (sugar) levels during pregnancy, which can potentially affect the baby. Many women can control their blood sugar levels with a diabetic diet and exercise, but others will need insulin to stop excessive sugar and fats crossing the placenta and causing problems with the baby's growth and placental problems. You will be offered a glucose tolerance test between 24 and 28 weeks. If it is positive, you will be taught to measure your blood sugar levels and advised about the right diet for you.

Flu Vaccine

The influenza vaccine is recommended during every pregnancy and at any stage of your pregnancy.

Flu vaccination during pregnancy is also highly effective in protecting babies against flu in the first six months of life.

In Swan Hill there are several facilities that can administer the flu shot;

- Priceline Pharmacy
- Soul Pharmacy
- Swan Hill Primary Health Medical Centre
- Swan Hill Medical Group
- Swan Hill Rural City Council

COVID-19 Vaccine

The Australian Technical Advisory Group on Immunisation (ATAGI) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologist recommend the Pfizer vaccine and Moderna vaccine as safe and effective at any stage of pregnancy, if breastfeeding or if planning to get pregnant.

Whooping Cough

Whooping cough is a

- Highly infectious disease that damages respiratory passages. It causes particularly severe infection in infants under 6 months, with severe spasms of coughing sometimes resulting in gasping for breath
- Coughing spasms may be followed by vomiting.
- The cough can last for months.

How is Whooping cough spread?

- Whooping cough is spread by respiratory droplets.
- Parents and family are the main sources of infection for babies.

We strongly recommend that pregnant mothers, partners, other adult household members, grandparents and carers of your baby are vaccinated against whooping cough.

It takes two weeks for the vaccine to work. For pregnant women, a whooping cough booster is recommended from 20 to 32 weeks' gestation during each pregnancy, regardless of the interval between pregnancies.

The vaccine is free and can be given any time up to delivery, or as soon possible after the baby is born if missed during pregnancy.

Partners of pregnant women can be vaccinated at any time during the pregnancy and should preferably receive the vaccine at least two weeks before contact with the baby.

Fetal Movements

Why are my baby's movements Important?



If your baby's movement pattern changes, it may be a sign that they are unwell.

Around half of all women who had a stillbirth noticed their baby's movements had slowed down or stopped.

What should I do?

In any instance, if you are concerned about a change in your baby's movements, contact your midwife or doctor immediately.



You are **not** wasting their time.

How often should my baby move?



There is no set number of normal movements.

You should get to know your baby's own unique pattern of movements.

Babies movements can be described as anything from a kick or a flutter, to a swish or a roll.

You will start to feel your baby move between **weeks 16 and 24** of pregnancy, regardless of where your placenta lies.

What may happen next?

Your midwife or doctor should ask you to come into your maternity unit (staff are available 24 hours, 7 days a week).



Investigations may include:

- Checking your baby's heartbeat
- Measuring your baby's growth
- Ultrasound scan
- Blood test

Common myths about baby movements



It is not true that babies move less towards the end of pregnancy.

You should **continue to feel your baby move** right up to the time you go into labour and whilst you are in labour too.



If you are concerned about your baby's movements, **having something to eat or drink to stimulate your baby DOES NOT WORK.**



FIND OUT MORE: movementsmatter.org.au

Coping with the Common Discomforts of Pregnancy

It is quite normal to have a few discomforts in pregnancy. Sometimes they can become quite severe and you may need to talk to your doctor about what to do.

Morning sickness

Although nausea is more common in the morning and early stages of pregnancy, it can happen at any time of the day, or any stage of the pregnancy. It usually starts about the sixth week and settles by about 14 to 16 weeks. The cause is unknown, though it has been linked to the changes in hormone levels during pregnancy.

Suggestions that might help:

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

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

Constipation

Pregnancy hormones can slow down the muscles in the bowel causing constipation in some women.

It might help to:

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

Laxatives should be avoided until discussed with your doctor or midwife.

Constipation can sometimes be caused by taking iron tablets - ask your doctor if you can change to a different type.

Food cravings

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

Taste changes and food aversions

Women sometimes find that foods taste different or they 'go off' certain foods such as tea, coffee and meat. This usually settles down as the pregnancy progresses, so if you have found it difficult to eat particular foods that are important for your diet, you can try them again later in the pregnancy.

Heartburn

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

It might help to:

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

If these measures don't help your doctor may prescribe an antacid.

Tiredness and difficulty sleeping

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

Good sleep tips to try:

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

Haemorrhoids (Piles)

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

It might help to:

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

Vaginal thrush

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

Frequent urination

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

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

Any pain or stinging when you pass urine might mean you have an infection, so see your doctor.

Cramps

Muscle cramps in the foot, leg or thigh are very common during pregnancy, especially at night. The cause of cramps is unclear. Results of studies have shown that calcium supplements fail to show improvement or relief of cramps.

To help relieve muscle spasm/cramp:

- Massage and stretch the affected limb or muscle during the cramp.

Swollen ankles, feet and fingers

Eighty percent of pregnant women will experience swelling of this kind. There is extra fluid in the tissues of your body during pregnancy and some of it collects in your legs, particularly at the end of the pregnancy. If you stand for long periods of time, especially in hot weather, this fluid can cause swelling in the ankles and feet. It is more noticeable towards the end of the day and usually goes down at night while you sleep.

Tell your doctor or midwife if:

- The swelling is more than slight
- It's not relieved by rest
- You notice swelling in other parts of your body.

To relieve swelling:

- Avoid prolonged standing
- Rest frequently with feet elevated
- Wear comfortable/loose shoes.

Swelling might be a symptom of high blood pressure or pre-eclampsia.

Itching

As your baby grows, the skin of your abdomen gets tighter and may cause mild itching. This is common in pregnancy. However, contact your doctor or midwife if you have persistent itching, as this can be a sign of a more serious problem. Medication and further tests might be ordered.

Backache

Most women experience backache at some stage during their pregnancy. The causes include altered posture as the baby grows and hormonal changes leading to loosening of ligaments and greater water retention in the tissues. Backache is often worse at night, contributing to sleeping difficulties, especially during the later stages of pregnancy.

To prevent and relieve back pain:

- Avoid heavy lifting and housework
- Avoid prolonged standing
- Rest frequently with legs elevated
- Be aware of your posture
- Use chairs with good back support for sitting.

Contact the Physiotherapy Department on 5033 9390 for exercises to prevent and relieve backache.

Pelvic Girdle Pain

Pelvic pain can occur because of;

- Changes to your posture
- Increased pressure on your pelvis due to the growth of your baby
- Hormonal changes which soften the ligaments that support the pelvis.

These changes can place increased strain on the pelvic joints making the joints inflamed and painful. You might feel;

- Clicking, locking or grinding in the pelvic joints.
- Pain in the front or the back of the pelvis, buttocks, groin and radiating into the thighs.

To avoid increasing pelvic girdle pain:

- Don't push through pain
- Take smaller steps when walking
- Walk shorter distances
- Reduce heavy lifting and pushing and pulling activities such as vacuuming
- Break up large tasks into smaller activities
- Rest in between activities
- Keep your knees together when rolling in bed

Tips to reduce your pelvic girdle pain

- Use an ice pack on the painful area for 20–30 minutes every two to three hours
- Stand tall at all times
- Sit tall with back support
- Wear a compression garment or support belt
- Perform strengthening exercises for the hip, pelvic floor and deep abdominal muscles.

Our physiotherapy department have the ability to obtain and fit support belts, and teach you strengthening exercises. No referral is needed to see this service. Call the physiotherapy department on 5033 9390

Fainting

Some pregnant women will faint. You're most likely to feel faint if you get up quickly from a chair or hot bath or if you stand for too long. Lie or sit down at the first signs of feeling faint. In late pregnancy, lying on your back can make you feel faint. You will feel better if you turn onto your side. Contact your doctor or midwife if you have frequent dizziness or fainting.

Stretch Marks

About 90 percent of women get stretch marks. These usually appear across the abdomen, although they can affect the thighs, hips, breasts and upper arms. While the red streaks look prominent during pregnancy, after the birth they fade and become pale silvery streaks. Nothing you apply to the skin will prevent them.

Skin

Pregnancy can change the tone and colour of your skin. This is due to pregnancy hormones. The extra blood circulating around your body can cause your skin to 'glow' but for some women it can cause red patches, Acne can get worse and areas of your skin might become dry and scaly. You might notice deeper pigmentation across your face.

Allied Health support

Dietetics

Good nutrition during pregnancy is critical, both for the developing baby and mum. Nutritional advice from a dietitian has been shown to improve health outcomes for newborns and mothers.

While you are pregnant it is a great time to improve your food habits, which can set you and your growing family up with good nutrition for life.

A dietitian can provide nutrition and dietary advice to help meet the extra demands of pregnancy.

Dietitians can also help manage pregnancy discomforts such as nausea and constipation, and ensure the food you eat is safe for you and your growing baby. Pregnant women have a higher risk of developing a food borne illness, so pregnant mothers need to be more cautious about their food choices to keep their baby safe.

You can see a Dietitian at any point throughout your pregnancy. We offer one on one consultations are offered from the Health Promotion department Monday to Friday, and you do not need a referral.

Phone Health Promotion on 5033 9337 for an appointment

Dental

All pregnant women are eligible for a free initial visit with Swan Hill District Health Dental Services via a referral from a midwife.

Maintaining good oral health during pregnancy is important for you and your baby.

The hormones that help your pregnancy can affect your gums and teeth. Severe gum disease

has been linked to babies being born too early and too small.

It's also vital to treat tooth decay in pregnancy to reduce the decay-causing bacteria you can pass onto your baby. It is safe to visit the dentist while pregnant.

For more information, contact SHDH Dental Services on 5033 9336 or speak with your midwife.

Physiotherapy

During pregnancy, women can experience minor to significant musculoskeletal discomfort, including back, pelvis and hip pain. Physiotherapists can help to assess and improve this discomfort.

Labour TENS machines, a drug free pain relief method that can be used during labour, are available for hire from 37 weeks of pregnancy.

Specialised continence physiotherapists can also help with issues you might have with your continence and pelvic floor muscles, during both ante natal and post-natal periods.

Appointments are available in the outpatient Physiotherapy department and Continence Clinic. Call 5033 9390.

Exercise Physiology

Regular physical activity during pregnancy has numerous potential health benefits. These can include reducing pregnancy related complications such as pre-eclampsia, hypertension and gestational diabetes.

It can also assist in minimising excessive weight gain and improving fatigue and stress levels. Our exercise physiologist will provide you with

education regarding the best form of exercise for you.

They can also set up an appropriate and safe home exercise program to keep you active throughout your pregnancy.

Phone Allied Health on 5033 9390 for appointments.

Nutrition in pregnancy

Energy

The need to 'eat for two' once pregnant is not quite true. In the first trimester, you do not need any additional energy. In your second trimester you need an additional 1400kJ daily. This additional energy is necessary to support the growth of the baby and to maintain your daily energy levels. Your increased needs can be met by including more grain food (2 ½ serves extra) and lean meat and alternatives (one extra serve) per day.

Folate

Extra folate in the early stages of pregnancy can reduce the chance of having a baby with a neural tube defect such as spina bifida.

Folate is a vitamin that is found mostly in green vegetables, wholegrain breads and cereals, dried beans and nuts. Some foods like bread, breakfast cereals and juices might have folate added to them. However, even if you eat food naturally rich in folate as well as foods with added folate, it is still difficult to get the extra folate needed during early pregnancy. It is recommended you take 0.5 milligrams (mg) folate (folic acid) tablet, for at least one month before pregnancy and during the first three months of pregnancy or a pregnancy specific supplement, that contains this amount of folate. Some women are at a higher risk of having a baby with a neural tube defect and will be recommended a higher dose of folate.

Iron

Iron requirements increase during pregnancy. Iron levels should be tested in all women at 38 weeks' gestation to detect iron deficiency. Iron rich foods include:

- Lean red meat, poultry and fish contain haem iron (very well absorbed)
- Legumes, grains and iron fortified cereals contain non-haem iron (less well absorbed)

To maximise iron absorption, combine these foods with those rich in Vitamin C. Tea, coffee and unprocessed bran can reduce iron absorption. Therefore, try to separate consuming these foods with iron rich meals or iron containing supplements.

Iodine

Iodine is important for the normal development of your baby's brain and nervous system. Extra iodine is needed in pregnancy and it can be quite difficult to get enough iodine through food alone. Food sources of iodine include bread, dairy foods, eggs, iodised salt, canned salmon and seaweed.

It is recommended that all women who are pregnant, breastfeeding or considering pregnancy take an iodine supplement of 150 micrograms(ug) or a pregnancy specific supplement that contains this amount of iodine.

Recommended multi-vitamins include:

- Elevit with iodine
- Blackmore's Pre Conception/Pregnancy and Breastfeeding
- Swisse Pregnancy Ultivite
- Nature's Own Pregnancy Platinum

Calcium

Calcium is required during pregnancy for the development of foetal bones and to keep your bones strong and healthy too. Dairy products are the best source of calcium, because the calcium is more easily absorbed than from other sources.

Aim to include two to three serves of low fat dairy foods each day. If you are under 18 years of age you will need to eat more as your bones are still developing, so aim for three to four serves per day.

A serve of dairy equals **one** of the following:

- 200g tub of yogurt
- 40g cheese – two slices
- 250ml milk or custard – one cup

If you don't like drinking milk, make sure you get enough calcium by eating dairy based desserts like yoghurt and custard; using plain yoghurt on baked potatoes, curries or soups; or sprinkling cheese on pasta dishes. Calcium can also be found in some non-animal products such as almonds, broccoli, apricots, edible bones in fish (tuna and salmon) and silver beet. Remember that calcium-fortified soy products can also be used to help meet your daily calcium requirements (look for 120mg calcium/100ml or more).

Water

Water requirements are higher for women during pregnancy as more fluid is stored by body cells and used for foetal development and amniotic fluid.

Women should consume 750-1000mls of water in addition to the usual recommendation of 1500-2000mls per day.

How much weight should I gain?

Your recommended weight gain depends on your pre-pregnancy body mass index (BMI). To calculate your BMI, divide weight (in kilos) by height (in metres) squared. Check the table below for the recommended weight gain for your BMI range.

Pre Pregnancy BMI	Recommended Weight Gain	Weight Gain per Month in 2 nd and 3 rd trimesters
Underweight - BMI <18.5	12.5 to 18kg	2 to 2.5kg
Normal - BMI 18.5-24.9	11.5 to 16kg	1.5 to 2.2kg
Overweight – BMI 25 -29.9	7 to 11.5kg	1 to 1.4kg
Obese - >30	5 to 9kg	0.7 to 1.2kg

The average weight gain in the first three months is 0.5 to 2kg.

If you find you have gained a lot of weight early in pregnancy, aim to slow your weight gain down to the recommended monthly gain. Dieting is not recommended. Instead limit intake of high fat and high sugar foods and do some daily exercise such as walking. Speak to your doctor, midwife or physiotherapist if you are unsure what type of exercise is appropriate for you.

Foods to limit or avoid

High sugar/Fat Foods

These foods provide very few vitamins and minerals for your body, but contain a significant number of kilojoules. They include chocolate, sweets, pastries, biscuits and fast foods. While there is no harm in allowing yourself a treat every now and then. When you are trying to conceive or during pregnancy there are many foods available that better suit your body's needs. Try to include these "treat" foods only occasionally in your diet.

Caffeine

Tea, coffee and cola drinks contain caffeine. Large amounts of caffeine can increase the risk of miscarriage or having a baby with a low birth weight.

Over a 24-hour period it is best to drink no more than:

- a single shot of espresso coffee (e.g. small latte or equivalent) or three cups of instant style coffee
- Four cups of tea
- Four cans (375ml) cola drinks

Alcohol

Not drinking alcohol is the safest option during pregnancy. Alcohol can cause permanent damage to the physical and intellectual health of your baby.

Women seeking support to stop drinking can contact Swan Hill District Health's Drug and Alcohol Service on 5032 9755 or the Victorian Alcohol and Other Drugs Service (24-hour counselling) on 1800 888 236.

Smoking

Smoking when pregnant decreases the delivery of both oxygen and nutrients to the developing baby. This can have an effect on the development and growth rate of the child. Nicotine is also an addictive substance that can result in the newborn experiencing withdrawal symptoms. It is therefore recommended you stop smoking before becoming pregnant. Women seeking support to stop smoking can contact the Quitline on 137 848 or visit their website at www.quit.org.au

Salmonella

Salmonella is a cause of food poisoning that can trigger miscarriage. The most likely sources of salmonella are raw eggs and undercooked meat and poultry.

Good food hygiene is the best way to reduce the risk of salmonella and listeria infections.

- Always wash your hands before and after preparing food
- Keep your kitchen surfaces clean
- Do not let uncooked food contaminate cooked food
- Wash fruit, vegetables and salad before eating
- Cook food thoroughly
- Keep pets away from kitchen surfaces
- Wear rubber gloves when handling cat litter trays or gardening
- Store food at the correct temperatures.

Listeria

Listeria infection, or listeriosis, is an illness usually caused by eating food contaminated with bacteria known as *Listeria monocytogenes*. Healthy people can experience no ill-effects from listeria infection at all, but the risks are substantial for pregnant women. The greatest danger is to the unborn baby, with increased risk of miscarriage, stillbirth or premature labour. A listeria infection is easily treated with antibiotics, but prevention is best. Some foods are more prone to contamination with listeria and should be avoided during pregnancy. They include:

- Soft cheeses, such as brie, camembert and ricotta. These are safe if served cooked and hot
- Pre-cooked or pre-prepared cold foods that will not be reheated- for example pre-prepared salads, pate, quiches and delicatessen meats like ham and salami
- Raw seafood, such as oysters and sashimi, or smoked seafood, such as salmon (canned varieties are safe)
- Unpasteurised foods
- Pre-prepared or pre-packaged cut fruit and vegetables
- Soft-serve ice cream

The organism that causes listeria infection is destroyed by heat, so properly cooked foods are not a risk.

Mercury in Fish

It is suggested that pregnant women eat 2 to 3 serves of fish every week for their own good health and that of their developing baby. However, pregnant women or women intending to become pregnant within the next 6 months should be careful about which fish they eat. Some types of fish contain high levels of mercury, which can be harmful to the developing foetus. When choosing fish, pregnant women should:

- limit to one serve (150 g) per fortnight – billfish (swordfish, broadbill and marlin) and shark (flake), with no other fish eaten in that fortnight, OR
- limit to one serve (150 g) per week – orange roughly (deep sea perch) or catfish, with no other fish eaten that week, OR
- eat 2 to 3 serves per week – of any other fish or seafood (for example, salmon or tuna).

Note: 150 g is equivalent to approximately 2 frozen crumbed fish portions.

Don't worry if you've had the occasional meal of fish with high levels of mercury. Mercury build-up in the mother's blood is only a potential problem when that type of fish is eaten regularly.

Nausea and Vomiting

Morning sickness can occur at any time of the day. It usually begins in the 4th- 6th week and resolves by the 14th week of pregnancy but this can vary depending on the individual. Some tips to help with morning sickness:

- Eat small amounts every 2 hours- an empty stomach can cause nausea.
- Avoid smells and foods that make your sickness worse- cold foods may be better tolerated, if possible have somebody else help with food preparation.
- Eat more nutritious carbohydrate foods: try dry toast or crackers, breakfast cereals and fruit
- Ginger may help relieve your nausea e.g. dry ginger ale, ginger tea, ginger in meals
- Eat less rich, fatty or spicy foods, these foods are often less well tolerated.
- Eat when you do feel well, making every mouthful as nutritious as possible.
- If nausea is particularly problematic in the mornings, have some crackers left on your bedside table so you can have something to eat before getting out of bed.
- Have fluids in between meals rather than at mealtimes, try sucking on ice blocks or icy-poles if you find drinking difficult. Try sports drinks, diluted juice, cordial or clear soup if water is not well tolerated.

Family Violence support

The Orange Door

The Orange Door is a free service for adults, children and young people who are experiencing or have experienced family violence, and families who need extra support with the care of children.

You should contact The Orange Door if:

- someone close to you is hurting you, controlling you or making you feel afraid – such as your partner, family member, carer or parent(s)
- you are a child or young person who doesn't have what you need to be okay
- you are worried about the safety of a friend or family member
- you need more support with the care of children, e.g. due to money issues, illness, addiction, grief, isolation or conflict
- you need help to change your behavior and stop using violence in your relationships

Call 1800 290 943. This is a 24/7 service

What to bring to Hospital

For Labour

- Comfortable clothes such as an old t-shirt, warm socks, old knickers
- Own pillow (labelled) if desired
- Oil or lotion for massage
- Spray bottle (non-aerosol) for spraying cooling water
- Toiletries – soap, shampoo, toothpaste, toothbrush etc.
- Snacks - barley sugar, jelly beans, fruit bars etc.
- Thongs or slippers, non-slip socks
- Camera
- Phone charger
- Your favourite essential oil
- Your favourite music on MP3 player or phone

Support person(s)

- Their favourite snacks including juice, special teas, if desired.
- Comfortable clothes
- Toiletries (if staying in hospital)

Mother

- Comfortable clothing, shoes, slippers or non-slip socks
- Nightwear: Button up shirt or an easily accessible shirt for breastfeeding
- Nursing bras or a wire-free bra top and nursing/breast pads
- Underpants: waist-high, full brief
- Maternity pads (three packets)
- Please leave jewellery, credit cards and other valuables at home.

Baby

- Baby wipes
- Muslin wraps - for bathing and taking baby home
- Newborn nappies (one packet)
- Baby clothes - singlets and long-sleeved onesies are best
- If you plan to use formula to feed your baby, please bring the formula of your choice, either a can or sachets.
- Infant car restraint (for day of discharge)
- Baby blanket/shawl for going home.

All about Labour

The process of labour

When the body and baby are ready, spontaneous labour will usually start around 37-42 weeks.

During your pregnancy the cervix remains long and closed so that the baby is kept safely inside. During labour the uterine muscle contracts, so that over time the cervix becomes softer, thinner, shorter and more open.

Labour is made up of three stages:

Stage one (early labour 0-5 centimetres dilated)

The beginning of labour (especially for first time mothers) is often characterised by contractions that are spaced apart and that are irregular. There might not be a set pattern to how often and how long your contractions last.

The contractions in this early stage might be short (approx. 10-20 seconds) and might feel like heavy period pain, or intermittent back pain. At this stage, the cervix is thinning and shortening before it actually begins to dilate and open.

As labour is unique for each woman, you might experience one or more of these things before or during labour:

- A thick mucus plug in the cervix passes through your vagina. This is called a "Show" and can be clear, pink or bloodstained.
- The bag of waters around your baby might break. The subsequent fluid loss might be a little or a lot.
- Baby movements should continue as normal throughout labour.
- Diarrhoea or vomiting can occur.
- Vaginal bleeding is not normal.

Early labour can last a long time if it's your first baby. We encourage you to rest as much as possible and call the hospital for advice.

Naps, baths, showers and localised heat are great options for this stage. Home is a good place to stay when:

- You have a low risk pregnancy
- Your baby's movements are still being felt regularly
- Your waters have not broken.

We know that the hormones of labour can work very well when women feel comfortable and safe, especially in their home environment.

As your uterus continues to contract, the cervix starts to open. For example, the contractions might be 10 minutes apart, lasting approximately 40 secs and will probably feel more intense. Breathing deeply during the contractions (in through the nose and out through the mouth, nice and slowly) is highly recommended.

If you have any of the following concerns speak with a midwife at the hospital:

- The membranes have broken and you are having a vaginal discharge that is green or yellow in colour
- Baby's movements have slowed down or stopped
- You are bleeding vaginally
- Your contractions are about five minutes apart lasting 40-60 seconds each.

Please call 5033 9269

The midwives will be able to answer your questions and help to identify what is happening.

Stage One (Active Labour 4-8 centimetres dilated)

Active labour is when contractions are three to five minutes apart and lasting 60 secs. Once this pattern establishes, it is a good time to come to the hospital.

As your uterus continues to contract, your cervix will continue to open. Using active, upright positions and working with the sensations will help assist your cervix to completely open. This allows more room for your baby to move down, getting ready to be born.

Stage One (Transition 8-10 centimetres dilated)

During labour, many women experience times where they feel like they can't do it anymore. You might notice your behaviour changes; it might be hard to get comfortable and you may find it hard to communicate your needs. This can happen at any time in labour but is often more obvious around this time of labour.

At this point, you might feel some pressure in your bottom as your baby moves down lower in the pelvis and pushes on the bowel. This pressure will intensify with each contraction until an involuntary urge to push might come with the contractions.

Stage Two (Pushing)

Your cervix is now fully open and your baby's head is usually well down in the pelvis.

If you are in an upright position it provides more space for your baby to navigate your pelvis and assists birth.

Working with the sensations, breathing deeply and focusing on releasing and altering positions will help birth your baby.

At the end of second stage, the midwife will offer guidance, aiming for a slow, calm birth of your baby's head and body.

After your baby is born, your baby will be placed on your chest for skin to skin contact.

At Swan Hill District Health, we practice delayed cord clamping for most women.

This means waiting for a short period of time before clamping the umbilical cord.

Research confirms that delayed cord clamping allows the baby to gain numerous benefits from the placenta even after birth has occurred.

Immediate clamping might be necessary if the woman or baby require immediate medical attention or when blood is required from the cord (such as when a mother is Rh negative).

Stage Three (Placenta)

The placenta will also be birthed through your vagina. It can be birthed naturally or with medical assistance. Medical assistance is advised if there are any risk factors. At this stage, your baby will be skin-to-skin and finding its way to the breast.

Supporting you through Labour

The Concept of Pain

Your relationship and experience with pain will affect the way you deal with pain in labour

Many people fear pain. This is usually because in the past they have experienced pain from surgery, accidents, illness, overuse of their body etc. We tend to want to fix this pain.

However, in labour, the pain surges or waves that you experience are positive, because they are a sign that your labour is progressing and your body is getting ready to birth your baby. Each wave/surge is helping the cervix to become softer, shorter and open up. That is why most of the pain is felt low down in the pelvis. Understanding the positive or physiological pain of labour can support you to work with the labour rather than fight against the pain.

Hormones that enhance labour

There are many hormones involved in pregnancy, labour and breastfeeding.

However, there are three that greatly enhance labour. Working with and promoting the release of these hormones can assist the birthing process. They are:

- Oxytocin
- Endorphins
- Melatonin

Oxytocin

This hormone is often referred to as the 'love and bonding' hormone due to its connection with falling in love, sexual activity, birth, breastfeeding and bonding.

Oxytocin builds in labour, making your uterus contract more frequently, effectively and with more intensity. Oxytocin can provide a sense of purpose, empowerment and acceptance of the labour process.

Endorphins

Endorphins are your body's built-in ability to cope with pain. They are released through movement, massage, and in response to pain or strong sensations, such as contractions.

They reduce your perception of pain and provide a sense of strength, motivation and euphoria.

Melatonin

Melatonin is a hormone that works best in the dark and aids oxytocin production. Keep lights turned low at home and in the birthing room. Rest in early labour, especially at night. Bright lights can negatively impact the labour process.

Hormones that can negatively impact labour

Adrenaline is produced by your body as part of the fight or flight mechanism in response to stress, fear and anxiety.

High levels in labour can inhibit oxytocin, slow the progress of labour, and increase your perception of pain. It is important to try and keep adrenaline levels low.

Support in labour

According to research, labouring women with continuous effective support in labour and birth are 50 per cent more likely to have a vaginal birth, have less use of medical pain relief and describe a more positive experience.

Advice for the birthing woman:

- Choose your birth support team carefully.
- Look after your health and wellbeing during the pregnancy and in preparation for the labour.
- Consider practicing mindfulness techniques, like breathing exercises.
- Understand the process of birth.

- Understand non-medical ways to work with your body during labour.

Advice for the support person(s):

- Create and maintain a positive birth space: private, safe and comfortable.
- Understand the labouring woman's birth wishes.
- Understand that labour and birth is a normal, healthy process.
- Watch the labouring woman's face and body for signals and encourage her to release tension.
- Remember to look after yourself - take breaks as needed and eat and drink as necessary. Encourage her to eat and drink.
- Massage if desired.
- Encourage activity and position changes.
- Encourage deep, rhythmical breathing.
- Have heat packs ready if wanted.
- Organise the logistics, for example know where the hospital bags are and where to arrive at the hospital.

Ideas for assisting the labour process

Creating a comfortable, familiar and safe environment helps optimise the positive hormones. Staying active and upright assists the descent of the baby:

- Dim lighting, supportive eye contact, pictures, flowers, familiar items and privacy.
- Music (more effective when headphones are used and you have chosen the music), mantras, affirmations, positive words, praise, love, prayer or silence.
- Massage, heat packs, ice packs, pillows, blankets, layers of clothing, holding hands, kissing, gentle touch, acupuncture, stroking a pet (at home).
- Spray bottle, electric oil burners, candles (at home), battery tea light candles, massage oils, spritzer, familiar items – comfortable clothing, food and drink.
- Upright positions, for example sitting on a fit ball, standing, walking, kneeling and squatting.
- Hip movement – slow dancing, walking, bouncing, rolling (fit ball provided) swaying, rocking and softening jaw, mouth and shoulders.
- Heat, such as shower or heat packs (provided.)
- Distraction techniques and visualisation.
- Deep, slow breathing.
- Water immersion (bath/shower).

Informed Consent and Pain Management

Informed consent and informed decision-making

It is important to remember when it comes to treatment that you have rights. This might include asking questions or refusing treatment for you or your baby.

We encourage you to ask questions and discuss options with your healthcare providers. Where possible, we also encourage you to take some time to make a decision regarding your care.

To help you understand the informed consent process, we suggest using the BRAIN tool for decision making, BRAIN stands for:

B – Benefit

Q: What are the potential benefits to me or my baby of this procedure, care or medication?

R – Risk

Q: What are the potential risks to me or my baby of this procedure, care or medication?

A – Alternatives

Q: Are there any alternatives to this procedure, care or medication? These might be medical, surgical or alternative forms of care.

I – Intuition, instinct or impact

Q: What does my intuition or instinct tell me about this decision? Q: What is the potential impact of the decision?

N – Nothing or Now

Q: What happens if I do nothing? Q: Does this need to happen now?

Medical Pain Management

There are five main options available for pain management during labour.

T.E.N.S. (Transcutaneous Electrical Nerve Stimulation)

This small portable machine is used to potentially relieve a woman's lower back and contraction pain. A TENS machine needs to be hired or bought before use.

A company that you can purchase from is TENS Australia - tensaustralia.com

Swan Hill District Health Allied Health hire TENS machines. 5033 9390.

The TENS machine promotes the release of endorphins that help reduce pain and still allow you to move about and change positions as required. It sends small electrical signals into the body via electrodes placed on your back. This provides both a distraction and helps to block pain messages reaching the brain. It is most beneficial to start using it in early labour.

Why use a Labour TENS machine?

Benefits of Labour TENS include:

- Effective drug-free pain relief option
- Quick and effective pain relief that the user is in control of
- Easy to use, light weight and portable
- Can be used for as long as necessary
- Does not cause drowsiness to mother or baby
- Can be used at home as soon as contractions begin
- Can continue to be used on the way to and while in hospital
- Can be used in conjunction with other pain relief methods
- Non-invasive and able to be used while walking around or moving

NOTE: The TENS machine cannot be used while in the shower or bath.

Hiring a Labour TENS machine

In order to hire a Labour TENS machine you will require a 30 minute appointment with a physiotherapist who will explain and demonstrate the use of the machine. Appointments are scheduled from 37 weeks of pregnancy as this is the time that the use of Labour TENS has been deemed to be safe.

Costs include:

\$50 security deposit (refundable on return of the machine), plus

\$40 fee which includes your physiotherapy appointment, purchase of single patient use electrodes and the hire fee.

The labour TENS machine should be returned to the Physiotherapy Department as soon as you are finished with it. Your \$50 deposit will be refunded upon satisfactory

Frequently Asked Questions

Q. Can I use the Labour TENS machine before labour?

A. Yes. After 37 weeks of pregnancy you can practice using the machine with the electrodes placed on your forearm to ensure you're confident using it. If you experience back pain after 37 weeks of pregnancy you can also use it to help treat this.

Q. When should I start using it for labour?

A. As soon as you begin to experience contractions. Using it in the early stages of labour helps the body build up endorphins, which help to relieve pain.

Q. How long can I use it for?

A. This machine can be used for as long as desired.

Q. When should I NOT use it?

A. This machine should not be used if you have a pacemaker. It should not be used in the presence of water. Seek doctor's advice if you have epilepsy.

Q. Can I use it after my baby is born?

A. Yes. It can be useful as a pain relief option during uterine contraction after the baby is born or while breastfeeding.

What the Labour TENS kit includes

Switch (boost button) and arm band

Single patient use electrodes (x 4)

Battery (x 2)

Leads to connect electrodes to the machine

Instruction guide and operator's manual

Neuro Trac Obstetric TENS machine with remote hand.

Sterile water injections

Sterile water injections are most beneficial during the first stage of labour and can be used if you experience a lot of back pain in labour or when your baby is in the posterior position (baby's back against your back).

These injections consist of tiny amounts of water injected just under the surface of the skin, to four sites on your lower back, forming 'pockets' of water. These pockets can offer relief from back pain by blocking the pain messages from the lower back and by aiding the release of endorphins. The injections can provide pain relief for one to four hours and can be repeated.

GAS (nitrous oxide and oxygen)

This gas is a mixture of nitrous oxide and oxygen, often called 'laughing gas'. The gas is available by the bedside and in the bathroom of the hospital birth room.

A long length of tubing attaches to a mouthpiece. The woman inhales the gas through the mouthpiece during a contraction using regular deep breaths. The gas is eliminated via the lungs and so the effect is temporary.

Its purpose is to reduce the sensation of the contraction. It is most beneficial during the first stage of labour. The gas does not enter your

bloodstream so does not affect the baby. It also does not affect your ability to move freely and stay upright, therefore does not impact your ability to push.

Morphine

Morphine is a drug that provides strong pain relief. It is usually given by injection into the thigh or bottom. It is most beneficial when given during the first stage of labour. It can help women who are tired to rest or women who are tense to relax.

As morphine is a strong drug that can affect the baby, a vaginal examination is recommended prior to having the injection. This can help to estimate your baby's time of birth. Morphine tends to have the greatest impact on the baby about one to two hours after it is given. Morphine can affect your baby's breathing and/or their ability to breastfeed after birth (their first breastfeed). If this is the case, the midwife can help you express breast milk and feed your baby. Morphine cannot be administered after 8cm dilated. Morphine does not affect your ability to move freely and stay upright, therefore does not impact your ability to push.

Epidural

In labour, epidurals are used to potentially remove pain sensations from the waist down to the toes.

An epidural is an anaesthetic administered by an anaesthetist. It is a sterile procedure. The drug is passed via a needle and fine-tubing into the epidural space in a woman's spine. The procedure can take 10-20 minutes to perform. The drugs are delivered via a computer pump that you are able to control. The drug can take 15-25 minutes to be effective. The drugs commonly used are local anaesthetics and opioids or narcotics such as Fentanyl. Because of the length of the procedure and the drugs used, we recommend a vaginal examination prior to having an epidural to estimate the time of birth.

Once the epidural is removed or turned off, the return of full physical sensation takes between 30 minutes to three hours.

An intravenous drip is required for fluids and/or drugs. A catheter is required to keep the bladder empty. A fetal monitor machine (CTG) is required to monitor the baby and the contractions. You are unable to get out of bed. Active birth positions are generally not possible with an epidural and the pushing sensation is usually absent.

NOTE: Vacuum birth and forceps birth are more likely when epidural analgesia is used. Episiotomies are commonly used with forceps. Epidurals can also have a detrimental impact on breastfeeding as they can interfere with the baby's initial breastfeeding instinct.

Variations to Spontaneous Labour

Induction of labour

This is the process by which labour is started medically due to certain risk factors such as diabetes or prolonged pregnancy. It may occur in two stages:

Step 1: Cervical softening

This is where the cervix is made softer and shorter by vaginal insertion of a synthetic hormone gel or a cervical catheter. It might take several hours or days for the cervix to ripen. Once the cervix is approximately 2-3cm dilated, the second part of the induction process can start.

Step 2: Induction of labour

Inducing labour begins in the birth suite with breaking the waters and then starting a synthetic oxytocin drip to make the contractions begin. Usually this will make the labour start more quickly and become more intense. Synthetic oxytocin does not have the same benefits to the woman or baby as natural oxytocin. The baby will require continuous monitoring during the labour. This restricts the woman's freedom of movement.

Note: Use of medical pain management is statistically higher in induction of labour and assisted births (vacuum, forceps and caesarean sections) are more common.

Augmentation of labour

This is a process to assist the progress of labour when you have gone into labour spontaneously but the labour has slowed down or stalled. This can be done using interventions like breaking the waters and/or providing synthetic oxytocin via an intravenous drip.

Assisted birth

Assistance might be advised if labour is not progressing or you or your baby are showing signs of medical distress. Assisted birth can mean vacuum, forceps or caesarean section.

Depending on the reason and at what stage of labour you are in, an obstetric doctor will discuss which method is most suitable.

Vacuum birth

A vacuum birth can only happen when the woman's cervix is fully dilated.

During a vacuum birth an obstetric doctor performs a vaginal examination to apply a small vacuum cap to the baby's head. During a contraction, while the woman pushes, the doctor will use the vacuum to assist the baby's head to be birthed. A red swollen area might form on the baby's head and can take several days to resolve. The mother might require an episiotomy (a cut made at the opening of the vagina into the perineal muscle)

Forceps birth

A forceps birth can only happen when the woman's cervix is fully dilated.

When the woman's cervix is fully dilated, an obstetric doctor performs a vaginal examination to apply two forceps, one either side of the baby's head. During a contraction, and when the woman is pushing, the doctor assists the baby's head to be birthed. Most babies will develop temporary red marks or bruises on their face or head from the forceps. An episiotomy is usually required.

Caesarean birth

- A planned/elective caesarean is arranged because of known reasons during your pregnancy - a date and time will be planned for the birth.
- An emergency caesarean might be required if, once labour has started your baby needs to be born via surgery, when complications might have developed and birth needs to happen quickly.

A caesarean is a surgical procedure done in an operating theatre to birth your baby via a cut into your lower abdomen and uterus. This is done by an obstetric doctor with an epidural/spinal anaesthetic. This allows you to be awake for the birth and your support person to be with you. A screen is used so the operation is not visible to you or your support person.

It can take 10-15 minutes before your baby is born, however, the actual surgery can take about an hour. There will be time spent in recovery after the surgery is completed. Where possible, a midwife will stay with you throughout the birth and in recovery to assist with skin to-skin contact and your baby's first breastfeed

After your Baby is born

Important things to know about your stay at Swan Hill District Health

Length of stay in hospital

If you have a vaginal birth, the expected stay is 48-72 hours. Early discharge is also available four to six hours post birth.

If you have a caesarean birth, the expected stay is 72-96 hours.

Postnatal care in the home

A midwife from the hospital will visit your home one or two times, and then a Maternal Child Health Nurse (MCHN) from your local council will organise your next visit. The hospital will notify the MCHN about your birth. They will contact you about a week after your baby is born to organise your first visit.

If you have medical concerns once you are home, please see your local doctor (GP) or attend an emergency department.

You can also call:

- Emergency Services 000
- Nurse on Call 1300 606 024
- Maternal and Child Health Line 13 22 29

Other important numbers can be found in the My Health and Development Record (Green Book) given to you at your baby's birth.

Visiting hours in the hospital

Visiting hours are 10:30am to 1:00pm and 3:00pm to 8:00pm.

However, due to the ongoing COVID-19 pandemic, visitor restrictions might be in place. Please speak with the Midwifery Department for up-to-date information regarding visiting hours.

Overnight Stays

Swan Hill District Health offers three private family rooms and a single private room.

Partners can stay if there is no need for another patient to be admitted to the room.

We are unable to have other children/siblings stay overnight.

Legal Forms

You will be given the following forms to complete and register:

- Online birth registration
- Centrelink Family Allowance Benefit

Care in hospital after your baby is born

On the day of birth

Mother

- If you and your baby are well, skin-to-skin contact and baby-led breastfeeding is encouraged immediately after birth. If you have a vaginal birth, you will spend one to two hours in the birth suite after your baby is born. Checks will be done on your uterus size and the amount of vaginal bleeding you have.
- For caesarean births, we aim for skin-to-skin care to start as soon as possible. It can be supported in the operating theatre or recovery room also.
- You will generally be in recovery for 30 minutes after the operation is completed.

Baby

- Skin-to-skin contact is encouraged to promote bonding and breastfeeding.
- Baby led feeding is encouraged.
- Your baby will usually have at least one wet/urine nappy and one dirty/meconium nappy. Meconium is the name of the green/black poo that your baby passes in the first one to two days.
- Hepatitis B immunisation and Vitamin K injection are offered and only administered with your consent.
- Your baby will be examined, weighed and checked regularly with your consent.

24-48 hours after birth

Mother

- In this period, you and your baby might still be in hospital or discharged home with support.
- Over the first few days, you will have your temperature, breathing, blood pressure and heart rate checked.
- Your abdomen will be felt to ensure your uterus feels firm and is reducing in size.
- Your vaginal bleeding will be checked and asked about regularly.
- Your ability to pass urine and have bowel actions will also be monitored.

Baby

- Baby's temperature, breathing and heart rate will be checked.
- Baby's feeding patterns, and wet/dirty nappies will change.
- A hearing screen is offered for all babies. For more information visit www.rch.org.au/vihsp/
- Your baby will be weighed again after 48 hours. Weight loss is normal (usually about 7-10 per cent of the birth weight). It is expected your baby will return to the birth weight by 10-14 days of age.
- A midwife will offer guidance with breastfeeding and your baby's first bath if required.

48-72 hours after birth

Mother

- Your hormone levels are changing. This might cause you to feel 'flat', weepy or have premenstrual symptoms, commonly called 'Baby Blues'. This usually resolves within 24-48 hours. Support and care is encouraged.
- Pelvic floor exercises can be started again if comfortable to do so.
- Breast milk is increasing, your breasts might feel warm and sometimes tender (cool packs after feeding can be helpful at this time).
- Midwives from Swan Hill District Health will visit you one to two times during your first week at home.

Baby

- It is common for babies to breastfeed 8-12 times every 24 hours.
- We expect about 5-6 wet and at least 1-2 dirty nappies. Usually yellow stools.
- Your baby might have unsettled periods and small vomits (called possets).
- Your baby's cord stump might separate about five to ten days after birth. The midwife can guide you with cord care.

Postnatal Recovery Strategies

After the birth

Rest – lie flat for 30 minutes, twice a day. This will help to minimise discomfort, reduce swelling and take extra weight off your pelvic floor and lower abdominal muscles.

Ice – following a vaginal birth or an attempted vaginal birth, ice helps to reduce pain and swelling around the perineum. Ice should be placed inside your pad for 20-30 minutes every

two to three hours and can be continued until pain and swelling cease.

Compression – firm supportive underwear will help support the perineum and lower abdominal muscles and reduce pain and discomfort. This will also help to start the healing process. Control briefs can be purchased from department stores and can be worn for the first six weeks. As a guide, garments should be two sizes bigger than your pre-pregnancy size.

Exercise – Pelvic floor and deep abdominal exercises help you return to your pre-pregnancy shape and assist with healing around any stitches you may have. They can be safely started one to two days following the birth of your baby, provided there is no increase in your pain.

Postnatal Emotions and Psychological Health

Your hormone levels have been altering throughout pregnancy and labour. They will continue to change after the birth and as breastfeeding establishes.

There can be a sudden change around three to six days after the birth, and this might cause you to feel 'flat', weepy or have premenstrual symptoms, commonly called 'Baby Blues'.

Any new parent can experience changes to their feelings and behaviour after the birth of a baby. However, it is important to recognise symptoms of postnatal depression and/or anxiety and seek support.

If you or your partner are experiencing signs or symptoms that might negatively affect behaviour, feelings, thoughts or physical health for two weeks or more, it's time to get support.

Learning about your Baby

Apart from you – the pregnant woman – one other person is physically present throughout your pregnancy: your baby. Many new families in today's society have little previous experience caring for babies before they become parents, therefore, it's important to understand the behaviours and needs of babies.

This can also help you have a better understanding of the consequences of some of your choices.

Just like the impact of choices made about smoking, alcohol and diet during pregnancy can have positive or negative effects on your baby's growth. Similarly, choices made during labour, birth and the early postnatal period can have positive or negative effects on your baby's physical and psychological development.

Here we begin to look at how babies communicate and their brain development.

How babies communicate

During pregnancy and after your baby is born, babies understand their world through their five senses.

Situations that cause stress to you can also cause stress for your baby.

By understanding and watching your baby, you can learn to decode their messages and better understand their needs. Being able to understand and communicate with your baby helps their development, aids bonding and supports further brain development.

Your baby's senses at birth and in the first weeks

Sight

At birth babies can see within cuddle or breastfeeding range and are:

- Attracted to black and white. Contrasting shades and colour vision develop over the next few weeks and months
- Able to gaze for periods of time immediately after birth
- Drawn to human faces more than anything else and can distinguish between a happy and sad face. Your face is your baby's best toy
- More likely to engage with an animated or moving face. We call this 'mutual gaze', it aids with their brain development. Tracking and mutual gaze often leads to your baby responding to your actions.

Hearing

- Hearing is the most developed sense at birth and will continue to develop.
- Your voice is the most familiar. We recommend your support person or partner spend considerable time speaking with you before the birth so their voices will also become familiar to the baby.
- Babies are drawn to sounds, especially rhythmic or repetitive sounds. Lullabies, soothing voices and gentle sounds may comfort your baby.
- Sounds and situations that make you feel positive, can have a similar effect on your baby. Sounds and situations that have a negative effect on you can also have a similar effect on your baby.

- A hearing test is offered for your baby whilst you are in hospital or as an outpatient.

Touch

- Gentle and loving touch assists the release of the bonding hormone oxytocin.
- Once born, infants can feel pain just like adults and children.
- The startle reflex is present up to 12 weeks after birth. Therefore, babies need to feel supported either by being held, carried, wrapped or worn in a suitable carrier or sling.
- When a baby is unwrapped for nappy changing, bathing or dressing they will often cry, therefore they may like to be loosely wrapped with their arms together.
- Baby's mouth and hands have strong touch receptors in the first few weeks assisting their ability to breastfeed.
- Babies are used to movement and find it soothing. Rhythmic patting and movement might remind them of your heartbeat.

Research shows that skin-to-skin contact is important. Skin-to-skin is when your baby is placed naked on your bare chest.

Skin-to- skin contact:

- Helps your baby's heart and breathing rates to stabilise
- Allows for transfer of good bacteria from you to your baby
- Eases the transition from the womb
- Encourages breastfeeding instincts
- Enhances parent child communication
- Produces strong bonding hormones
- Can reduce crying
- Is important for both parents and significant family members.

Taste and Smell

- A baby's sense of taste and smell are developed in the womb.
- As baby swallow amniotic fluid, it becomes familiar with your taste and smell.
- The areola area of your breasts release a scent when baby is born to help the baby find the breast. Babies that initiate their own way for the first feed generally feed better overall.

Caring for your Baby

Tests and immunisations

The following are tests, investigations and immunisations that you will be offered for your baby in the first few days after birth.

- Hepatitis B immunisation offered and administered with your consent.

Hepatitis B is a disease caused by a virus that affects the liver.

- Vitamin K is a drug that is offered and administered with your consent.

Vitamin K is needed in the body to help the blood clot and to prevent bleeding.

- A hearing screen is offered for all babies; this is offered in the hospital or as an outpatient. For more information visit www.rch.org.au/vihsp/

The Newborn Screening Test is offered 48-72 hours after birth.

- With your consent blood is taken from your baby's heel and placed on a card. This is used to identify babies at risk of having rare but serious medical conditions. This test can be taken either in hospital or during some home visit.

- A midwife will check for signs of jaundice (yellow skin colour).

Jaundice can occur as your baby's system breaks down excess red blood cells, developed before birth. This process can cause a temporary yellowing colour of your baby's skin and whites of their eyes and make your baby very drowsy.

Jaundice is common in newborn babies and can be managed easily.

Baby crying and settling

Crying is one of your baby's ways of communicating with you. Babies usually cry to tell us they have a need that they can't fix themselves.

Crying can mean they feel insecure, tired, hungry, uncomfortable, sick, overstimulated or for unclear reasons.

It is a normal part of brain development for a baby to cry. Babies will generally cry for up to two hours a day, over several times in the day. It is important that baby feels supported and secure whenever they cry. Early responses to your baby's needs is important for their growth and development.

Long periods of crying might mean baby is sick or in pain. See your healthcare provider if you think your baby is crying a lot.

Settling a crying baby does not always mean getting them to sleep, but reducing their stress or distress is important.

Things you can try to settle your baby include:

- Feeding them
- Talking/singing to them
- Using repetitive actions like gently rubbing or patting their back.
- Holding them, wearing them or wrapping them
- Bathing them
- Going for a walk with them
- Soothing music
- Changing their clothes or nappy
- Checking if they are unwell.

Crying can be very challenging for families. It is important and encouraged, for you to ask for help if you feel you need support.

Some crying might be avoided or minimised through observing your baby and responding early to their needs.

Parents who suffer birth trauma or postnatal depression, might find it harder to manage their baby's crying. Always seek help during this time.

Safe Sleeping

The key sleeping messages are:

- Always sleep your baby on their back
- Place your baby at the bottom of the cot
- Tuck blankets firmly around the cot mattress
- Never include soft toys or soft furnishings in the cot
- Keep their head uncovered; no hats, bibs or overlong bedding
- Promote breastfeeding
- Maintain a smoke free environment
- Have baby sleep in your room.

For more information, visit rednose.org.au/section/safe-sleeping

Tummy time

Allowing your baby to play on their tummy, and in a variety of positions, is important for their growth and development. Do this when your baby is awake and while being observed by an adult. They might enjoy this from birth but usually for short periods of time. For more information, visit rednose.org.au/section/tummy-time

Safe Wrapping

Wrapping is a useful method to help babies settle and sleep on their back.

The key messages when wrapping your baby are:

- Use muslin or light cotton fabrics
- Wrapping should be firm but not too tight
- Do not wrap your baby above the shoulders (to reduce the risk of their head becoming covered)
- Allow for chest and hip expansion when wrapping.
- Ideally your baby hands are under their chin
- Stop wrapping your baby when they show signs that they can roll over.

Pets and babies

For advice about preparing your pet for a new baby, safe handling of pets during pregnancy and pet discipline around babies and children refer to www.wearefamily.vic.gov.au

The key messages are to ensure your pet is well trained before your baby arrives home and to supervise or separate your child and pet at all times. Never leave them alone together.

Car restraints

Infants must travel in a rear facing child restraint. The type of restraint will change depending on their age and size.

Swan Hill and District Driver Education is one of Swan Hill's accredited child restraint installers. Kevin Edwards 0408 500 730

Visit the VicRoads website for more information [Children from birth to 4 years : VicRoads](#)

Breastfeeding

Swan Hill District Health is working towards accreditation for the Baby Friendly Health Initiative and follows the WHO/UNICEF (World health organisation) 'Ten Steps to successful Breastfeeding' - a guide for healthcare providers to protect, promote, and support breastfeeding.

The World Health Organisation recommends that babies be breastfed exclusively for six months with family foods then gradually introduced. The advice is to continue breastfeeding for two years or more as desired.

Some women might choose a different option for feeding their baby and we recognise their right to make an informed choice. Discussion about this can be done on an individual basis.

Your midwife will discuss breastfeeding at your booking in appointment. You will receive help and support to establish breastfeeding while in hospital and can continue to access breastfeeding support from Midwifery up to six weeks post birth.

You can also access outpatient breastfeeding care from skilled midwives including a qualified lactation consultant at any stage at the Swan Hill District Health Breastfeeding Support Service - 60 McCrae Street, Swan Hill (home visits also available). Phone 5033 9337 for an appointment.

Common reasons for referral include;

- Latching difficulties
- Nipple pain
- Low milk supply
- Engorgement
- Mastitis
- Use of nipple shields
- Antenatal breastfeeding education
- General breastfeeding support

Why Breastfeed?

For you:

- Protects against breast and ovarian cancer as well as osteoporosis.
- Assists your uterus to return to its pre-pregnancy shape, so reduces blood loss post birth.
- Assists with weight loss after birth, together with a well-balanced diet
- Helps decrease risk of type 2 diabetes and heart disease.
- Assists bonding, through skin-to-skin contact and release of bonding hormones.
- Is convenient and free.

For your baby:

- Perfect food for your baby's needs, easily digested and helps build immunity.
- Protects against gastroenteritis, diarrhoea, ear and chest infections.
- Decreases the chance of your baby developing allergies and type 2 diabetes.
- Promotes positive mental development.
- Comes ready-made at the right temperature and changes to meet your baby's needs.
- Colostrum (early milk) is high in immunoglobulins and acts as a food, helps your baby to sleep and aids digestion.
- Assists bonding through skin-to-skin contact and release of bonding hormones.
- Breastfeeding reduces the risk of sudden unexplained death of an infant – SUDI (and SIDS).

For the family and community:

- Less rubbish, greenhouse emissions, and environmental footprint.
- Less impact on our healthcare system (less sick time/hospitalisation for women and babies).

Rooming in

During your stay at Swan Hill District Health, you and your baby will stay together day and night. This is in line with safe sleeping practices and supports breastfeeding and bonding. You will also be better able to see your baby's cues and learn their different states.

How often should a young baby feed?

Breastfeeding according to your baby's needs (sometimes called baby led or demand feeding) is recommended. This means offering a feed whenever your baby shows signs of wanting to feed (feeding cues). In the first few months' babies require a minimum of eight feeds every 24 hours and often more. It is common for babies to feed 10-12 times every 24 hours including overnight (especially in the first six months). Baby feeding cues include making noises, becoming alert, bringing their hand to their mouth, licking their lips and turning their head with an open mouth.

Positioning and attachment

Some of the problems women experience in their early breastfeeding days are from babies finding it difficult to attach to the breast. Spending time practising this skill and asking for some assistance, might increase your success with early breastfeeding. After a few weeks, women often say they feel more confident with breastfeeding. So be patient and get support, especially in the early days.

The Raising Children Network has a number of videos that offer tips on how to position your baby and assist attachment.

Advice regarding the use of teats/dummies

Teats and dummies might confuse the young baby's sucking pattern and make breastfeeding difficult. They will possibly decrease your milk supply because your baby might be spending less time at the breast. Therefore, we do not recommend using them especially in the first six weeks when milk supply is developing.

How to know your baby is feeding well and getting enough milk

- Baby shows they want to feed
- You can see and hear your baby swallowing while feeding.
- Their suck/ swallow rhythm changes from short sucks to long deep sucks with pauses.
- Baby often finishes a feed by falling asleep or coming off the breast looking satisfied.
- Baby's body softens and relaxes at the end of a feed.
- Appropriate number of wet and dirty nappies.
- Baby will gain weight, grow in length and increase head size.

Initial weight loss of 7-10 percent of your baby's birth weight is considered normal. Baby usually returns to their birthweight by day 10-14.

Expressing

If your baby requires extra milk or is not feeding from the breast, the midwife will explain how to express breast milk (by hand or with a pump). Some women might need to hire a pump to use at home if their baby is unwell or premature. We will help you if this happens and can provide information on pump hire. You do not need to buy an expressing pump before baby is born.

Resources

The 10 steps to successful breastfeeding

The TEN STEPS to Successful Breastfeeding

1 HOSPITAL POLICIES

Hospitals support mothers to breastfeed by...

- Not promoting infant formula bottles or teats
- Making breastfeeding care standard practice
- Keeping track of support for breastfeeding

2 STAFF COMPETENCY

Hospitals support mothers to breastfeed by...

- Training staff on supporting mothers to breastfeed
- Assessing health workers' knowledge and skills

3 ANTENATAL CARE

Hospitals support mothers to breastfeed by...

- Discussing the importance of breastfeeding for babies and mothers
- Preparing women in how to feed their baby

4 CARE RIGHT AFTER BIRTH

Hospitals support mothers to breastfeed by...

- Encouraging skin-to-skin contact between mother and baby soon after birth
- Helping mothers to put their baby to the breast right away

5 SUPPORT MOTHERS WITH BREASTFEEDING

Hospitals support mothers to breastfeed by...

- Checking positioning, attachment and suckling
- Giving practical breastfeeding support
- Helping mothers with common breastfeeding problems

6 SUPPLEMENTING

Hospitals support mothers to breastfeed by...

- Giving only breast milk unless there are medical reasons
- Prioritizing donor human milk when a supplement is needed
- Helping mothers who want to formula feed to do so safely

7 ROOMING-IN

Hospitals support mothers to breastfeed by...

- Letting mothers and babies stay together day and night
- Making sure that mothers of sick babies can stay near their baby

8 RESPONSIVE FEEDING

Hospitals support mothers to breastfeed by...

- Helping mothers know when their baby is hungry
- Not limiting breastfeeding times

9 BOTTLES, TEATS AND PACIFIERS

Hospitals support mothers to breastfeed by...

- Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers

10 DISCHARGE

Hospitals support mothers to breastfeed by...

- Referring mothers to community resources for breastfeeding support
- Working with communities to improve breastfeeding support services



Loddon Mallee Region Pregnancy Journey Map



Acknowledgments: Gateway Health and Bendigo Health, 2021

Breastfeeding Journey Map

BEFORE BABY'S ARRIVAL...

Speak with Swan Hill & District Australian Breastfeeding Association (ABA) Counsellor Kristin on 0417 355 329.

You can also contact the Breastfeeding Support Service at Swan Hill District Health on (03) 5033 9337.

Consult your workplace (if relevant) regarding maternity leave and returning to work while continuing to breastfeed.



Before Baby

Prepare for Breastfeeding and attend Antenatal classes.



Baby's Birth

Skin to skin contact and first breastfeed with colostrum in the first hour.



Day 3-4

Milk comes in - visit the ABA for more info. Home visit from midwife. Visit the Breastfeeding Support Service.



Day 6-12

Visit/Support from Maternal & Child Health Services.

Week Three

Increase in breastfeeding. Breasts may soften.

Check out: "Breastfeeding in Public - Your Legal Rights" on ABA website.



7-8 Months

Breastfeeding continues alongside solids.

6 Months

Starting solids and family foods. Breastmilk is still the main source of nutrition for your baby.



3-4 Months

Baby feeding more efficiently so feeds can be quick! Increased distractibility during feeds.

Week Six

Some increase in crying is normal. Breastfeed more often to comfort. Baby starts to smile.



For more information visit www.breastfeeding.asn.au



9 Months

Increased waking at night. Balancing Breastfeeding with work.

10-11 Months

Baby more active. May cup breast with hand.



1 Year & Beyond

Congratulations on Breastfeeding for 1 YEAR! Breastfeeding your toddler can provide:

- 29% of their daily energy needs
- 43% of their protein requirements
- 75% of their Vitamin A requirements
- 60% of their Vitamin C requirements





EVIDENCE-BASED, UP-TO-DATE INFORMATION YOU CAN TRUST



For information about **Pregnancy and birth**
scan the QR code below
or visit www.raisingchildren.net.au/pregnancy

Topics include:

- Week by week
- Dad's guide to Pregnancy
- Health & Wellbeing
- Preparing for a baby
- Labour & birth
- Covid-19: family guide
- Premature birth
- Miscarriage & stillbirth
- Pregnancy & birth: videos
- Parenting in Pictures: pregnancy
- Breastfeeding videos
- First 1000 Days





EVIDENCE-BASED, UP-TO-DATE INFORMATION YOU CAN TRUST



For information about **Newborns: safety**
scan the QR code below
or visit www.raisingchildren.net.au/newborns/safety

Topics include:

- CPR
- Home & pet safety
- Safe equipment & furniture
 - new baby checklist: home and baby equipment
 - baby carriers, slings and backpacks
 - prams and strollers: safety guide
 - safe baby furniture checklist
 - baby breathing monitors
- Bath & water safety
- Choking and Strangulation safety
- Burns, scalds & fire safety
- Poison's safety
- Outdoor & sun safety
- Car Safety
 - child car seats: a guide
 - child car safety
 - babies and children in hot cars





A Brief Guide: Digital Mental Health Resources for New and Expecting Parents

HOW CAN DIGITAL MENTAL HEALTH HELP?

Taking care of yourself while parenting during the early years also benefits the wellbeing and emotional adjustment of your baby. While you may be time-poor and lacking a routine, Digital Mental Health services can offer information and support when you need it.

Digital mental health services are programs, tools or applications delivered online or over the phone. These are designed to help Australians of all ages with mild to moderate mental health symptoms. Some services can be used in crisis or as an 'in-the-moment' coping tool, while others are designed as full treatment interventions, with modules to complete over weeks or months. They may be self-driven or practitioner guided and can be used alone or in combination with face-to-face therapy.



DIGITAL MENTAL HEALTH CAN HELP YOU:

For Parents

- Cope with low moods, anxiety, or everyday stress.
- Manage your changing roles, relationships, and identity.
- Access mental health support specifically developed for fathers.
- Cut back or quit smoking, drugs, and/or alcohol.

Also see *A Brief Guide to Digital Mental Health Programs and Resources Brochure*

Parenting Tools

- Build confidence in coping with pregnancy, the birth, and parenting.
- Find parenting tips to assist you in caring for your baby.
- Learn how to work together with your partner as parents.

Crisis Support



Suicide Call Back Service
National 24/7 professional telephone and online counselling for anyone affected by suicide.
suicidecallbackservice.org.au
1300 659 467 (24hrs)



Beyond Blue Support Service
Telephone, online and email counselling for people going through a tough time.
1300 224 636 (24hrs)



Lifeline
24/7 phone counselling, and online crisis support chat available each evening.
13 11 14



1800RESPECT
Phone and online counselling for people seeking help for themselves or someone else in domestic violence situations.
1800respect.org.au
1800 737 732 (24hrs)



Digital Mental Health Gateway

Head to Health

Head to Health

A website that links Australians to online and phone mental health services, information and resources.
headtohealth.gov.au

Phone Supports



Pregnancy, Birth and Baby

Information website, phone or video chat with a maternal child health nurse for personal advice and guidance on pregnancy, birth, being a parent and raising a child.
pregnancybirthandbaby.org.au
1800 882 436



Mensline Australia

Advice, therapy and support for men with family and relationship concerns.
mensline.org.au
1300 78 99 78



Australian Breastfeeding Association:

Breastfeeding Helpline
Breastfeeding support, information and email counselling.
breastfeeding.asn.au
1300 072 637



Sands

Miscarriage, stillbirth and newborn death support website, email, live chat, Facebook groups and phone line.
sands.org.au
1300 072 637



PANDA

Resources, online forum and national helpline providing emotional supports for new and expecting parents.
panda.org.au
1300 726 306



Guiding Light

Resources, information and links to support for the sudden or unexpected death of a baby or young child.
rednosegriefandloss.org.au
1300 308 307

Information Sites



Beyond Blue: Pregnancy and New Parents

Information, mental health checklists and personal stories of depression and anxiety.
healthyfamilies.beyondblue.org.au/pregnancy-and-new-parents



COPE

Information for expectant and new parents, with links on where to get support.
cope.org.au



MumSpace

A 'one stop shop' for the mental health of new mums, including information, free resources and access to a range of online mental health treatment programs.
mumspace.com.au



Raising Children Network

Tools, information guides, mobile apps and other products to help your family grow and thrive.
raisingchildren.net.au



Direct Advice for Dads (DADs)

Articles and tips by dads for dads.
directadvicefordads.com.au

Apps



MumSpace: MindMum

An app that gives information, tips, monitoring and planning tools to help pregnant women and new mothers.
mumspace.com.au



MumSpace: What Were We Thinking?

Week-by-week information on essential topics to help mums and dads adjust to the first six months of life with a baby.
mumspace.com.au



Quit for You - Quit for Two

App providing support for pregnant women, or those planning pregnancy, to give up smoking.
<http://itunes.apple.com/au/app/quit-for-you-quit-for-two/id49772042>



ReachOut Breathe

An app to help reduce the physical symptoms of stress and anxiety by slowing down your heart rate with your mobile phone or Apple Watch.
<http://itunes.apple.com/app/apple-store/id985891649?mt=8>



Deadly Tots

Information for every Aboriginal family of 0 to 5 year olds to help their Bub learn and grow.
deadlytots.com.au



MoodMission

App based on cognitive behavioural therapy designed to help individuals overcome low moods and anxiety by discovering new ways of coping.
<http://www.moodmission.com/>

Self-Guided Programs



This Way Up: Pregnancy and Postnatal Courses

Two short, self-guided CBT courses for anxiety and depression during pregnancy and/or the postnatal period. Clinician can 'supervise'.
thiswayup.org.au/courses/perinatal-mental-health-courses/



MumSpace: BabySteps

Free online program that aims to enhance the wellbeing of new mums and dads.
mumspace.com.au



MumSpace: MumMoodBooster and Mum2BMoodBooster

Online CBT treatment for pregnant women and new mothers who are experiencing depression or anxiety with SMS support.
mumspace.com.au

Therapist Assisted Programs



MindSpot

Free online mental health clinic for Australian adults who are experiencing difficulties with anxiety, stress, depression and low mood.
mindspot.org.au
1800 61 44 34



Mental Health Online

Free online programs for a range of issues, with self-guided or therapist support options.
mentalhealthonline.org.au



New Access

Assessment and up to six face-to-face or phone sessions with a NewAccess coach to help tackle everyday pressures.
beyondblue.org.au/get-support/newaccess

Useful Contact Details

SWAN HILL DISTRICT HEALTH SERVICES

Midwifery Unit and Midwife Clinic

Level 1- entry through main hospital entrance

48 Splatt Street, Swan Hill 3585

03 5033 9269

midwifery@shdh.org.au

Physiotherapy

Allied Health

48 Splatt Street, Swan Hill 3585

03 5033 92390

areception@shdh.org.au

Breastfeeding Support Service & Dietetics & Well Women's Clinic

Health Promotion

60 McCrae Street, Swan Hill 3585

03 5033 9337

hpreception@shdh.org.au

Counselling Services

13 Pritchard Street, Swan Hill 3585

03 5033 9880

creception@shdh.org.au

LOCAL PHARMACIES

Marraboor Pharmacy

34 McCrae Street, Swan Hill 3585

03 5032 2192

Priceline Pharmacy

202 Campbell Street, Swan Hill 3585

03 5032 2838

OTHER SERVICES

Australian Breastfeeding Association

1800 686 268

www.breastfeeding.asn.au

Immunisation Information

Swan Hill Rural City Council

03 5036 2591

Mallee District Aboriginal Services

Koori Maternity Service & Maternal Child & Health

70 Nyah Road, Swan Hill

03 5032 8600

Maternal Child & Health Service

Swan Hill Rural City Council

154 Curlewis Street, Swan Hill

03 5032 0300

24 hour Maternal and Child Health line

13 22 29

Other Councils:

Buloke Shire

03 5493 7254

Shire of Balranald

03 5071 9800

Wakool Shire

03 5453 3299 (Barham)

03 5030 5189 (Tooleybuc)

Shire of Gannawarra

03 5450 9333

LOCAL GP CLINICS

Swan Hill Primary Health Medical Centre

31 High Street, Swan Hill

03 5033 9900

Swan Hill Medical Group

54-56 McCrae Street, Swan Hill

03 5033 1711

Royal Children's Hospital

<https://www.rch.org.au/home/>

Royal Women's Hospital

<https://www.thewomens.org.au/>

OTHER USEFUL WEBSITES AND PHONE NUMBERS

Better Health Channel

<https://www.betterhealth.vic.gov.au/>

Beyond Blue

www.beyondblue.org.au

Head to Health

www.headtohealth.gov.au

Nurse on call

1300 606 024

<https://www.health.vic.gov.au/primary-care/nurse-on-call>

PANDA- Perinatal Anxiety & Depression Australia

1300 726 306

<https://panda.org.au/>

Poisons Hotline

13 11 26

Raising Children

<https://raisingchildren.net.au/>

Red Nose

<https://rednose.org.au/>