

Dhelkaya Health Maternity Services

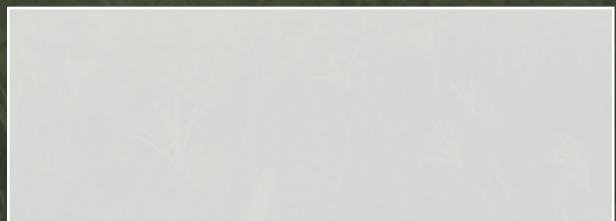
Handbook for Parents

Local care from pregnancy
to parenthood



Dhelkaya Health Maternity Services Important Phone Numbers

Your primary midwife is



Maternity Unit (03) 5471 3473
Visiting hours: 10am – 8pm daily

We recommend you limit the number of people who visit you in hospital. This is a time to get to know your new baby and to ask the midwives any questions. Your main support person can stay with you, but asking other family and friends to visit you when you are relaxed at home is a good idea.

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CONGRATULATIONS AND WELCOME

Whether you're having your first baby or expanding your family, at Dhelkaya Health we're here to support and care for you.

This handbook has been developed to provide you with helpful information about your pregnancy, labour and birth and early parenting as well as the services at Dhelkaya Health. Your midwife or general practitioner (GP) will be able to speak with you about any of the topics covered in more detail.

Please bring this handbook and your Victorian Maternity Record to all your pregnancy care appointments. Pregnancy is a time of enormous physical change for your whole body. Whatever your symptoms, speak to your midwife or GP.

If you experience complications, have any of the symptoms listed below or feel unwell in any way you should contact your midwife or GP immediately.

- Before your 14 – 16 week booking appointment - Contact your GP, visit urgent care at your closest hospital or call an ambulance by phoning 000.
- After your 14 – 16 week booking appointment - Contact your primary midwife. In an emergency always call 000.
- Spotting or bleeding
- Leaking fluid (clear or any colour) from your vagina
- Swelling in your face, hands or feet, which comes on suddenly and rapidly
- Severe swelling and pain in your legs
- Severe or long-lasting headaches, blurry vision or seeing spots
- Extreme dizziness
- Nausea or vomiting (once morning sickness is over)
- More back or stomach pain or cramping than is usual for you
- Discomfort, pain or burning whilst passing urine
- Excessive itchiness including itchy hands and feet
- A high temperature or chills
- You receive a physical blow or trauma to your tummy area – for example, from a fall, car accident or family violence
- You notice a change in your baby's movement pattern.

Even if you don't have any of the symptoms above but you feel there is something that isn't right. Trust your instincts and call.

If you can't reach your primary midwife or GP visit the Urgent Care Centre at Dhelkaya Health or the nearest hospital. In an emergency always call an ambulance by phoning 000

Ensuring equitable access to safe and inclusive care is an ongoing priority.

The words woman, women and mother appear in this handbook; however, our aim will always be to treat everyone who uses our services as an individual, providing care that is personal to them using language they are comfortable with. Your gender identity and your preferred pronouns will be respected and consistently used throughout your care.



A pregnant woman is lying on a table, and a man is sitting next to her. In the background, there is an ultrasound machine with a screen displaying a fetal image. The entire image has a green tint.

Your Pregnancy

What you'll learn in this section

- Yurpilang — First Nations pregnancy care
- Consent
- Pregnancy care appointments
- Tests and checks
- Wellbeing in pregnancy
- Weight and pregnancy
- Immunisation
- Common discomforts of pregnancy

YURPILANG — FIRST NATIONS PREGNANCY CARE

Yurpilang is a Dja Dja Wurrung word for birth, which means to bring forth.

Birth is a special time for families. It is a time of bringing people together as a new life comes into being. It is about family and community together acknowledging the spirit of the child and the unique connection they will have with Country as we have done since birth.

It is important to acknowledge the diversity of community and our cultural practices in bringing a new life into being. We honour and encourage First Nations people to embrace their cultural practice through this time. As First Nations people we wish to empower you during this time of pregnancy, birth and during the early stages of your child's life. Community caring for community, like in times past.

Dhelkaya Health First Nations
Maternity Advisory Group

Our service is a place where all people can feel safe, comfortable and respected.

We acknowledge the traditional practices and wisdom of First Nations people. We work with our local community to empower First Nations people to make choices about their pregnancy, labour and birth and early parenting that are right for them, their families and their babies.

If you, your partner or your baby identify as Aboriginal or Torres Strait Islander, you may have an Aboriginal Health Liaison Officer or other support person with you throughout your pregnancy, labour and birth and early parenting.

Dhelkaya Health has been granted permission to use the word Yurpilang by the Dja Dja Wurrung Clans Aboriginal Corporation.



CONSENT

Your consent is needed before any examinations or procedures during pregnancy, labour and birth and early parenting.

It's our responsibility, and the responsibility of all your caregivers, to make sure you understand the reasons for an examination or procedure, and if there are any alternatives.

If you are unsure about anything your midwife discusses with you, you can get a second opinion or ask for more time to consider what feels right for you and your baby.

PREGNANCY CARE APPOINTMENTS

Your first appointment with your primary midwife will be when you are 14 – 16 weeks pregnant. This is called the booking appointment and it's a chance for you and your midwife to really begin to get to know each other.

You can bring copies of any tests or ultrasounds to your booking appointment, if you have them. If you don't, that's fine, we can get them from your GP.

Once you've had your booking appointment a midwife will be on-call and available 24 hours a day to help you with urgent concerns. You'll have a mobile number you can call at any time.

At each of your appointments we'll check on your health and the health of your baby. We'll take your blood pressure, check the growth and position of your baby and listen to your baby's heart rate. We'll also speak with you about a range of topics related to your pregnancy, birth, early parenting, and postnatal care. You can see some of them in the table below. Feel free to add your own topics or speak to your midwife if there are some you'd prefer not to discuss.

All your appointments will be with your primary midwife. Occasionally your appointment may need to be rescheduled or you may need to meet with one of our other midwives if your primary midwife is attending a birth or is unavailable.

BIRTHING EDUCATION

Your education will be provided by your midwife and tailored to your needs and the needs of your family. We work closely with the Castlemaine and District Group of the Australian Breastfeeding Association who can provide breastfeeding education at a small cost.

SCHEDULE OF VISITS

When	Midwifery Group Practice	Shared Care with GPO	Tests and checks	We might talk about
Prior to 12 weeks.	GP or Midwifery Group Practice midwife	GP	Prenatal testing Routine blood tests Referrals	Pregnancy care options
14 – 16 weeks (Booking appointment)	Primary midwife	Primary midwife	Medical history Blood pressure	Healthy eating and supplement Exercise Emotional wellbeing and support Decision making When to call your midwife Due dates
22 weeks	Primary midwife	Primary midwife	Routine check-up	Hormones in pregnancy and labour and birth Breastfeeding Oral glucose tolerance test and other pathology
28 weeks	Primary midwife	Primary midwife	Routine check-up Anti D injection Review of any tests you have had done	Baby's movements When things don't go to plan: caesarean section, instrumental births, postpartum haemorrhage, neonatal concerns
31 weeks	Primary midwife	GPO	Routine check-up	Managing pain in labour Perineal massage Vitamin K, Hepatitis B, neonatal screening test Early labour When to come to hospital Vaginal examinations Artificial rupture of membranes Observation in labour Skin to skin with your baby Cutting of the cord
34 weeks	GPO* at Dhelkaya Health	GPO* at Dhelkaya Health	Routine check-up	Screening for Group B Streptococcus (GBS) Management options for third stage labour (birth of placenta) Developing a birth preference document/birth plan Indications for transfer of care to another service.

When	Midwifery Group Practice	Shared Care with GPO	Tests and checks	We might talk about
36 weeks	*Having your first baby or pregnant with any complications Obstetrician at Bendigo Health OR Primary midwife	Having your first baby or pregnant with any complications Obstetrician at Bendigo Health OR Primary midwife	Routine check-up	Early labour When to go to hospital What to bring to hospital Role of support people Antenatal expressing Optimal fetal positioning Birth preferences review
38 weeks	Primary midwife	Primary midwife	Routine check-up	Length of stay in hospital Early parenting supports Breastfeeding in early parenting Pelvic floor
39 weeks	Primary midwife	GPO	Routine check-up	
40 weeks	Primary midwife	Primary midwife	Routine check-up	Post-dates planning including Induction of labour: indications, process, risks and benefits
41 weeks	*Bendigo Health OR GPO/Primary Midwife...	Bendigo Health or GPO/Primary midwife Dhelkaya Health	Routine check-up Wellbeing and monitoring for baby	baby's movements, post dates monitoring and planning for labour

*Your midwife will discuss what to expect from your Bendigo Health appointment including IOL discussion and post dates planning.

Routine check-up includes:

checking you blood pressure, measurement of belly and listening to your baby's heartbeat.

TESTS AND CHECKS

During your pregnancy you'll be offered a range of routine tests and scans. You may also be offered additional tests if you have certain risk factors or health conditions. The results of these tests help your midwife and your GP plan for your pregnancy care and birth and protect you and your baby.

Having tests in pregnancy is your choice. You must give your permission for any test to be carried out. You can speak with your midwife or GP about the benefits of the information these tests gather.

A standard schedule of tests includes:

ULTRASOUNDS

An ultrasound is medical imaging technique that uses high frequency soundwaves to produce images of your unborn baby.

You will be offered an ultrasound at 9 - 14 weeks. Your midwife or GP will also usually recommend an ultrasound at 18 - 22 weeks. This will be your last scheduled ultrasound. You might have extra ultrasounds if you have a medical condition or have had complications in this pregnancy or previous pregnancies.

The 9 -14 week ultrasound:

- Shows whether you're having more than one baby
- Can work out the age and due date of your baby
- Can screen your baby for common chromosomal conditions.

The 18 - 22 week ultrasound:

- Checks your baby is growing and developing well
- Checks the position of your placenta
- Looks at your baby's body parts and can usually pick up problems like spina bifida, heart defects and limb defects
- Might indicate that your baby has a genetic condition
- May be able to determine your baby's sex, depending on the position your baby is in during the scan.

BLOOD TESTS

In early pregnancy you'll be offered a blood test to find out your blood type, Rhesus or Rh type and check for some infections and other health concerns.

These include rubella (german measles) immunity, varicella (chicken pox) immunity, HIV, hepatitis B, hepatitis C, anaemia, syphilis and sexually transmitted infections.

Depending on your results, your midwife or GP will let you know about the best treatment and care options for you and your baby.



RH TYPE BLOOD TEST

Some women have a blood type that is incompatible with their baby. That's why it's important to find out your blood type and Rhesus (or Rh) type early in pregnancy.

Rhesus is a protein on red blood cells. Everyone is either Rh positive or Rh negative. If you're Rh negative and your baby is Rh positive this could cause serious health problems for your baby and for any future pregnancies.

During pregnancy, a small amount of your baby's red blood cells can cross the placenta into your bloodstream. If your blood type is Rh negative, and your baby's blood type is Rh positive, your immune system may react by producing antibodies.

Antibodies are part of the body's natural defence system and may cross the placenta to your baby. If antibodies develop, they will not normally affect your pregnancy or your baby. But your immune system may produce high levels of these antibodies in future pregnancies leading to serious complications and condition known as haemolytic disease.

Your midwife or GP will be able to explain this to you in more detail.

GESTATIONAL DIABETES BLOOD TEST AND ORAL GLUCOSE TOLERANCE TEST OGTT

Diabetes is a common condition where there is too much glucose in the blood. Gestational diabetes is diabetes that happens during pregnancy.

Your body makes insulin to help keep your blood glucose at the right level. Sometimes, pregnancy hormones can stop your insulin from working properly and this causes blood glucose levels rise. If your blood glucose levels are high your baby's body responds by making more insulin. This can mean your baby will be larger. It can also cause problems for you and your baby during labour and after your baby is born.

Women with gestational diabetes can have healthy pregnancies and babies but you will need additional care and management during your pregnancy and birth. Gestational diabetes usually goes away after the baby is born.

Most women are diagnosed with a blood test at about 26-28 weeks of pregnancy. The test involves a glucose tolerance test which measures how your body responds to a 'glucose load', or how efficiently glucose (which is a sugar) is moved from your blood to your body's cells.

GROUP B STREPTOCOCCUS (GBS) SWAB

GBS is a common bacteria that is found in the body. Although it is usually harmless in adults, 10 to 30 per cent of pregnant women may carry the bacteria in their vagina and/or rectum.

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

At Dhelkaya Health we will discuss testing for GBS at your 34 week appointment. The test involves wiping a special stick (called a swab) just inside your vagina and around your anus. It's simple to do, painless and you can do it yourself. Your midwife or GP will send the swab away to be tested.

We recommend antibiotics during labour if:

- You have a positive GBS culture in urine or by vaginal swab in during pregnancy
- You have had a baby previously who was affected by GBS
- You have a fever in labour of 38°C or higher
- You went into labour before 37 weeks
- You had ruptured membranes more than 18 hours before the birth of your baby.

Your midwife or GP will be able to explain this to you in more detail.

WELLBEING IN PREGNANCY

YOUR HEALTH

Pregnancy is a time to focus on your health and wellbeing. Good food, gentle exercise, relaxation and reduced stress all provide the best conditions for a healthy pregnancy, labour and birth.

The Raising Children Network has created a series of excellent videos you might like to watch raisingchildren.net.au

EATING WELL

Eating well during pregnancy is essential for you and your growing baby.

Pregnancy is not a time for strict dieting but there's also no need to 'eat for two.' The actual amount you need to eat will depend on your weight before pregnancy and how active you are.

Nutrition requirements increase but the amount you need to eat is only slightly more than before you were pregnant. It's all about eating nourishing, healthy food, avoiding processed foods, foods high sugar and fast food.

What should I eat?

Pregnancy increases your need for protein and nutrients, particularly iron, folate, iodine, calcium and zinc, and certain vitamins, so the quality of the food you eat is really important.

IRON

Iron is used by the body to make red blood cells. These are the cells that carry oxygen around your body. Your body makes more blood when you are pregnant because you and your baby are growing. So, you need more iron when you're pregnant.

Having low iron levels can make you feel tired, have poor concentration and increase your risk of infection. Very low iron levels can affect your baby's growth and increase the risk of your baby coming early.

The best source of iron is red meat. Moderate amounts of iron are found in chicken, pork and fish. Smaller amounts of iron are found in plant foods such as lentils and legumes, nuts, green leafy vegetables, wholegrain breads, and breakfast cereals with added iron. Iron is harder to absorb when it comes from plant foods. Combining foods that are high in vitamin C with your plant iron sources can increase absorption for examples adding tomatoes or lemon juice to spinach or bean salads.

VITAMIN D

Vitamin D is important for muscle, bone and gut health and helps your body to absorb calcium from food. In pregnancy, vitamin D also helps to develop your baby's bones. The main source of vitamin D is exposure to sunlight, but a small amount comes from food (oily fish, egg yolk, margarine).

If you have a vitamin D deficiency it can affect the amount of calcium your baby has in their bones. In severe deficiency this can cause a bone deformity called rickets. Pregnant women at risk of vitamin D deficiency will have their levels measured with a blood test early in pregnancy and may be prescribed a vitamin D supplement.

IRON RICH FOOD

ANIMAL SOURCES

Equal to one serve

3.1 mg	One serve lean beef (100g)
2.5 mg	One serve lean lamb (100g)
0.9 mg	One serve lean chicken (100g)
1.4 mg	One serve lean pork (100g)
1.0 mg	Tuna 1 x small can (100g)
3.2 mg	Sardines 1 x tin (120g)
2.2 mg	Eggs x 2

KEEP IN MIND

- During pregnancy you should aim for 27mg per day, some of this may be covered by a supplement prescribed by your midwife or GP
- Plant based iron sources aren't as easily absorbed as animal based sources so you may require larger amounts
- By incorporating both kinds of iron sources into your diet you will ensure maximum absorption
- Drinking tea and coffee separate to meals can prevent these drinks from interfering with iron absorption.

PLANT SOURCES

Equal to one serve

3.0 mg	Iron-fortified breakfast cereal (Special K, Week-Bix) One serve (30g)
1.3 mg	1 cup of oats (100g)
0.65 mg	1 slice wholegrain / wholemeal bread
0.5 mg	1/2 cup brown rice
0.6 mg	1 cup cooked pasta
0.6 mg	4 x whole grain crackers (Vitawheats)
2.1 mg	1/2 cup kidney beans
2.24 mg	1 x small tin baked beans (140g)
5.2 mg	Tofu (100g)
2.2 mg	1/2 cup cooked spinach
1.5 mg	8-10 dried apricot halves
2.5 mg	handful of cashews (50g)
1.8 mg	handful of almonds (50g)
6.0 mg	4 heaped tsp Milo

Healthy eating during your pregnancy

ADVICE ON EATING FOR YOU AND YOUR BABY



www.eatforhealth.gov.au

WHICH FOODS SHOULD I AVOID?

PREGNANT WOMEN ARE AT GREATER RISK OF FOOD POISONING AND SHOULD PREPARE AND STORE FOOD CAREFULLY. THEY SHOULD ALSO AVOID ALCOHOL.

Pregnant women should avoid:

- Foods which may contain listeria bacteria like soft cheeses (brie, camembert, ricotta, feta and blue cheese), sandwich meats, bean sprouts, pre-prepared salads and pâté.
- Raw eggs as they may contain salmonella.
- Alcohol – not drinking is the safest option.
- Fish that may contain high levels of mercury – Food Standards Australia New Zealand recommend consuming no more than one serve (100g cooked) per fortnight of shark/fake, marlin or broadbill/swordfish, and no other fish that fortnight, or one serve (100g cooked) per week of orange roughy (deep sea perch) or catfish and no other fish that week.
- Foods such as nuts during pregnancy only if they are allergic to the foods themselves – avoiding these foods has no impact on the infant's risk of developing allergy symptoms.

Want more information?
www.eatforhealth.gov.au



WHAT ARE THE DIETARY GUIDELINES?

The *Australian Dietary Guidelines* provide up-to-date advice about the amount and kinds of foods that we need to eat for health and wellbeing. They are based on scientific evidence and research.

The *Australian Dietary Guidelines* of most relevance during pregnancy are included below:

GUIDELINE 1:

To achieve and maintain a healthy weight, be physically active and choose amounts of nutritious food and drinks to meet your energy needs.

GUIDELINE 2:

Enjoy a wide variety of nutritious foods from these five food groups every day:

- Plenty of vegetables of different types and colours, and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties, such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
- Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
- Milk, yoghurt, cheese and/or their alternatives, mostly reduced fat

And drink plenty of water.

GUIDELINE 3:

Limit intake of foods containing saturated fat, added salt, added sugars and alcohol.

- Limit intake of foods high in saturated fat such as many biscuits, cakes, pastries, pies, processed meats, commercial burgers, pizza, fried foods, potato chips, crisps and other savoury snacks.
 - Replace high fat foods which contain predominately saturated fats such as butter, cream, cooking margarine, coconut and palm oil with foods which contain predominately polyunsaturated and monounsaturated fats such as oils, spreads, nut butters/pastes and avocado.
- Limit intake of foods and drinks containing added salt.
 - Read labels to choose lower sodium options among similar foods.
 - Do not add salt to foods in cooking or at the table.
- Limit intake of foods and drinks containing added sugars such as confectionary, sugar-sweetened soft drinks and cordials, fruit drinks, vitamin waters, energy and sports drinks.
- For women who are pregnant, planning a pregnancy or breastfeeding, not drinking alcohol is the safest option.

GUIDELINE 4:

Encourage, support and promote breastfeeding.

GUIDELINE 5:

Care for your food; prepare and store it safely.



Want more information about healthy eating when you are pregnant?

www.eatforhealth.gov.au

HELPFUL HINTS

EATING WELL DURING YOUR PREGNANCY HELPS YOUR BABY DEVELOP AND HAS HEALTH BENEFITS FOR YOU TOO!

Both you and your growing baby need extra nutrients.

Steady weight gain during pregnancy is normal and important for the health of the mother and baby. However, it is also important not to gain too much weight.

So choose foods from the Five Food Groups and limit discretionary foods and drinks high in saturated fat, added sugars and added salt such as cakes, biscuits and potato chips.

You can eat well by:

- Enjoying a variety of fruits and vegetables of different types and colours.
- Increasing your grain consumption to 8-8½ serves a day – mostly wholegrain – in preference to discretionary choices.
- Choosing foods high in iron, such as lean red meat or tofu, which are important for pregnant women.
- Making a habit of drinking milk, eating hard cheese and yoghurt, or calcium enriched alternatives. Reduced fat varieties are best.
- Enjoying a wide variety of vegetables, legumes, fruit and wholegrains and drinking plenty of water every day can assist with constipation – a common occurrence during pregnancy.



The *Australian Dietary Guidelines* provide up-to-date advice about the amount and kinds of foods that we need to eat for health and wellbeing.

For more information visit:
www.eatforhealth.gov.au

or contact:

National Health and Medical Research Council
GPO Box 1421
Canberra ACT 2601
13 000 NHMRC (13 000 64672)

To order print copies contact:

National Mailing and Marketing
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Phone: 02 6269 1080

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Australian Government
National Health and Medical Research Council
Department of Health and Ageing

www.eatforhealth.gov.au

SERVE SIZES



Vegetables and legumes/beans

Serves per day

	18 years or under	19–50 years
Women	5	5
Pregnant	5	5
Breastfeeding	5½	7½

A standard serve of vegetables is about 75g (100–350kJ) or:

- ½ cup cooked green or orange vegetables (for example, broccoli, spinach, carrots or pumpkin)
- ½ cup cooked, dried or canned beans, peas or lentils*
- 1 cup green leafy or raw salad vegetables
- ½ cup sweet corn
- ½ medium potato or other starchy vegetables (sweet potato, taro or cassava)
- 1 medium tomato

*preferably with no added salt



Fruit

Serves per day

	18 years or under	19–50 years
Women	2	2
Pregnant	2	2
Breastfeeding	2	2

A standard serve of fruit is about 150g (350kJ) or:

- 1 medium apple, banana, orange or pear
- 2 small apricots, kiwi fruits or plums
- 1 cup diced or canned fruit (with no added sugar)
- Or only occasionally:
 - 125ml (½ cup) fruit juice (with no added sugar)
 - 30g dried fruit (for example, 4 dried apricot halves, 1½ tablespoons of sultanas)



Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

Serves per day

	18 years or under	19–50 years
Women	7	6
Pregnant	8	8½
Breastfeeding	9	9

A standard serve (500kJ) is:

- 1 slice (40g) bread
- ½ medium (40g) roll or flat bread
- ½ cup (75–120g) cooked rice, pasta, noodles, barley, buckwheat, semolina, polenta, bulgur or quinoa
- ½ cup (120g) cooked porridge
- ½ cup (30g) wheat cereal flakes
- ½ cup (30g) muesli
- 3 (35g) crispbreads
- 1 (60g) crumpet
- 1 small (35g) English muffin or scone



Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans

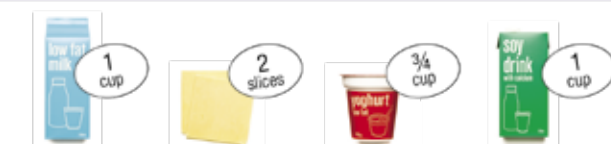
Serves per day

	18 years or under	19–50 years
Women	2½	2½
Pregnant	3½	3½
Breastfeeding	2½	2½

A standard serve (500–600kJ) is:

- 65g cooked lean meats such as beef, lamb, veal, pork, goat or kangaroo (about 90–100g raw)*
- 80g cooked lean poultry such as chicken or turkey (100g raw)
- 100g cooked fish fillet (about 115g raw weight) or one small can of fish
- 2 large (120g) eggs
- 1 cup (150g) cooked or canned legumes/beans such as lentils, chick peas or split peas (preferably with no added salt)
- 170g tofu
- 30g nuts, seeds, peanut or almond butter or tahini or other nut or seed paste (no added salt)

*weekly limit of 455g



Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

Serves per day

	18 years or under	19–50 years
Women	3½	2½
Pregnant	3½	2½
Breastfeeding	4	2½

A standard serve (500–600kJ) is:

- 1 cup (250ml) fresh, UHT long life, reconstituted powdered milk or buttermilk
- ½ cup (120ml) evaporated milk
- 2 slices (40g) or 4 x 3 x 2cm cube (40g) of hard cheese, such as cheddar
- ¼ cup (200g) yoghurt
- 1 cup (250ml) soy, rice or other cereal drink with at least 100mg of added calcium per 100ml

- To meet additional energy needs, extra serves from the Five Food Groups or unsaturated spreads and oils, or discretionary choices may be needed only by those women who are taller or more active, but not overweight.

- An allowance for unsaturated spreads and oils for cooking, or nuts and seeds can be included in the following quantities: 14–20g per day for pregnant and breastfeeding women.

- For meal ideas and advice on how to apply the serve sizes go to:

www.eatforhealth.gov.au

FOR FURTHER INFORMATION GO TO www.eatforhealth.gov.au



WHICH FOODS SHOULD I EAT AND HOW MUCH?

The Australian Dietary Guidelines provide up-to-date advice about the amount and kinds of foods and drinks that we need regularly, for health and well-being.

By eating the recommended amounts from the Five Food Groups and limiting the foods that are high in saturated fat, added sugars and added salt, you will get enough of the nutrients essential for good health. You may reduce your risk of chronic diseases such as heart disease, type 2 diabetes, obesity and some cancers. You may also feel better, look better, enjoy life more and live longer!

The amount of food you will need from the Five Food Groups depends on your age, height, weight and physical activity levels, and also whether you are pregnant or breastfeeding. For example, if you're pregnant you should aim to eat at least 8½ serves of grain (cereal) foods a day. You might notice that the number of serves you need from the Five Food Groups changes when you are pregnant or breastfeeding – this is due to changes in your nutrient requirements for your growing baby's needs and to support breastfeeding.

For further information go to www.eatforhealth.gov.au.

HOW MUCH IS A SERVE?

It's helpful to get to know the recommended serving sizes and serves per day so that you eat and drink the right amount of the nutritious foods you and your baby need for health – as shown in the tables above. We've given you the serve size in grams too, so you can weigh foods to get an idea of what a serve looks like.

The 'serve size' is a set amount that doesn't change. It is used along with the 'serves per day', to work out the total amount of food required from each of the Five Food Groups. 'Portion size' is the amount you actually eat and this will depend on what your energy needs are. Some people's portion sizes are smaller than the 'serve size' and some are larger. This means some people may need to eat from the Five Food Groups more often than others.

HOW MANY SERVES A DAY?

Few people eat exactly the same way each day and it is common to have a little more on some days than others. However, on average, the total of your portion sizes should end up being similar to the number of serves you need each day.

If you eat portions that are smaller than the 'serve size' you will need to eat from the Food Groups more often. If your portion size is larger than the 'serve size', then you will need to eat from the Food Groups less often.

FOOD SAFETY

During pregnancy there are certain foods that may be connected to food related illnesses, such as listeria and toxoplasmosis, and should be avoided.

Listeria bacteria can contaminate food and cause listeriosis which is a flu-like infection. You can reduce the risks by avoiding foods like soft cheeses and uncooked or smoked seafood and cleaning chopping boards and utensils carefully after preparing food.

Toxoplasmosis is an infection that can be carried by raw meat, cats' faeces and soil. You can reduce the risk by thoroughly cooking your meat and wearing rubber gloves if you're handling cat litter and washing your hands after handling cats or gardening.

Fish is important for developing your baby's brain and nervous tissue but there are certain types of fish that should be limited though because they contain high levels of mercury, which is dangerous for your developing baby. These are shark (flake), marlin, broadbill, swordfish, orange roughy (also called deep sea perch) and catfish.

Like to know more? The Royal Women's Hospital has a great fact sheet on Food Safety. Visit www.thewomens.org.au and choose Fact Sheets.

DENTAL HEALTH

During pregnancy some women experience problems with their dental health. Maintaining good oral hygiene throughout pregnancy is important to prevent infections and discomfort but also for the health of your baby. It is safe to see a dentist and have most dental procedures during pregnancy. If you have any concerns make an appointment to see your private dentist or book into your closet dentist. Let them know that you are pregnant and they will make sure you are seen quickly.

EXERCISE

Being active is good for you and your baby.

Regular exercise while pregnant helps you strengthen your muscles, maintain good posture and will assist you during labour and following birth. It can also help with your emotional health, reducing stress and improving your mood.

Physical activity may also:

- Help you sleep better
- Help you gain weight at a healthy rate
- Boost your energy levels
- Reduce constipation. It's safe for you to exercise throughout your pregnancy if you are healthy and have an uncomplicated pregnancy. It's a good idea to discuss your exercise with your midwife or GP as you move through your pregnancy, and especially if you're thinking of trying something new. They will be able to offer advice or suggest modifications if you need them.

SEX IN PREGNANCY

Unless your midwife or your GP advises you against having intercourse during your pregnancy, sex is absolutely safe for you, your partner and your baby.

Whether you feel like sex or don't want anything to do with it when you're pregnant, it's all completely normal. Hormonal changes and body changes affect everyone differently. The most important thing is to talk to each other about how you're feeling and what you want.

Your midwife or GP will be able to answer any questions you might have.



WEIGHT AND PREGNANCY

During pregnancy it's normal to gain weight as your baby grows and your body adapts to being pregnant. But how much should you gain?

Gaining too much weight or being overweight can cause complications for you and your baby while you are pregnant, during labour or after your baby is born. Not gaining enough weight can also lead to complications.

Your midwife or GP will be able to help you work out your BMI or Body Mass Index.

Like to know more?

The Royal Women's Hospital has a great fact sheet on weight gain during pregnancy.

Visit www.thewomens.org.au and choose Fact Sheets.

IMMUNISATION

To ensure you have the best protection against common infectious diseases that may affect you and your baby it's important to check that your vaccinations are up to date.

Vaccines currently recommended in pregnancy are:

PERTUSSIS VACCINE (WHOOPING COUGH)

Pertussis vaccine is a safe and effective way to provide your baby with some level of protection from whooping cough in the first six months of life. Pertussis vaccination does not last a lifetime. Most adults are not adequately vaccinated because their last immunisation was more than ten years ago. A single dose is recommended between 20 – 32 weeks of pregnancy to maximise the chance of the highest level of antibodies in the baby when it is born. Now is also a good time to check that the people who are part of your family are immunised. This will help protect your baby who will not be fully immunised until they are six months old.

In Victoria, the pertussis vaccine is free for expectant parents and parents of newborns. Speak with your GP.

INFLUENZA VACCINE

Influenza can be extremely serious for pregnant women. Infection during pregnancy can lead to premature birth, low birth weight and even miscarriage or stillbirth. Pregnant women are more than twice as likely to be admitted to hospital with influenza as other people.

The influenza vaccine is safe for you and your baby and can be given at any stage of pregnancy. Babies under six months of age are too young to receive the vaccine themselves. The only way they can be protected is if you have the vaccine during pregnancy.

In Victoria, the influenza vaccine is available free for expectant parents. Speak with your GP.

COVID VACCINE

The risk of severe outcomes from COVID is significantly higher for pregnant women and their unborn babies. This can lead to an increased risk of hospital admission and needing intensive care treatment such as invasive ventilation (breathing life support). Pregnant women who catch COVID are also at greater risk of stillbirth and premature birth and are more likely to need an emergency caesarean section. Babies may be more likely to be admitted to a Special Care Nursery.

The COVID vaccination is safe and recommended during pregnancy. In Victoria, the COVID vaccine is available free for all eligible people. Speak with your midwife or GP.

ALCOHOL

There are no known safe levels of alcohol use in pregnancy. The safest thing is to not drink at all during pregnancy.

DRUGS

When you're pregnant any drugs you take will travel directly from your blood, across the placenta and into your baby's bloodstream.

Prescription, illicit and legal drugs including alcohol, tobacco, marijuana, amphetamines and narcotics are a risk for you and your baby before and following birth. Some prescription drugs and herbal treatments can also be a problem during pregnancy.

You can speak openly with your midwife or GP about any drug use. We're here to help and support you and help reduce your exposure.

Dhelkaya Health is a totally smoke free zone.

LOCAL SUPPORT SERVICES

Alcohol and Other Drugs Counselling and the Rural Withdrawal Service are free services available to anyone who is affected by substance use through Dhelkaya Health.

For further information or support call 5479 1000.

Like to know more?

The Royal Women's Hospital has a great fact sheets on drugs and alcohol during pregnancy.

Visit www.thewomens.org.au and choose Fact Sheets.

COMMON DISCOMFORTS OF PREGNANCY

Pregnancy is a time of enormous physical change for your whole body. Not everyone will experience all of the following discomforts, but it's good to be aware of them, what might be the cause and how you might manage them.

Many of the changes that occur during pregnancy are due to normal hormonal changes. Progesterone is a hormone that plays a large role in pregnancy. Progesterone slows the contraction of muscles to prevent your uterus from contracting early in your pregnancy. It also slows down digestion and elimination and is the behind many of pregnancy's minor discomforts.

CONSTIPATION

Pregnancy hormones can slow down the muscles in the bowel and this may cause constipation. So can iron supplements.

If you're constipated, you might:

- Feel like you need to open your bowels less often than usual
- Feel bloated or have abdominal cramps
- Pass dry stools which cause you to strain, take a long time to pass and cause some pain
- Feel like your bowel hasn't fully emptied even when you have passed a stool.

Things to try:

- Eat generous amounts of high fibre foods like fresh fruit and vegetables (preferably unpeeled), wholemeal or multi-grain bread, wholegrain cereals, lentils and legumes, nuts and seeds. Fermented foods such as kraut and taking a good daily pro-biotic might also help.
- Drink plenty of water and other fluids. Aim for eight cups a day
- Exercise regularly.

FATIGUE AND INSOMNIA

There may be times throughout your pregnancy where you feel extreme fatigue. Fatigue can feel a bit like jetlag, if that's something you've had before, where you're so tired you feel foggy headed, weak, unable to concentrate and even moody.

It's common to feel worn out during pregnancy.

It won't harm you or your baby, but it can make it difficult to keep up with other children and work.

Things to try:

- Look after yourself. Eat a healthy diet and try some gentle exercise
- Rest as much as possible and accept any offers of help from friends and family, especially with any other children.

You might already be preparing yourself to be sleep deprived when you have a newborn to care for, but sleeplessness, or insomnia, is actually a very common thing for women to experience throughout pregnancy.

Insomnia is a difficulty falling asleep, staying asleep, or both, and it can be debilitating.

Things to try:

- Set a regular time for bed and a regular bedtime routine and stick to it.
- Limit caffeine, especially later in the day.
- Look after yourself. Eat a healthy diet and try some gentle exercise.
- Ask your midwife to check that you're not low in iron.
- Limit scrolling on your smart phone before bed. The bright artificial light can suppress melatonin, also known as the sleep hormone, and scrolling keeps the mind far too active.
- Put some lavender oil on your pillow or in a bath before bed to help with discomfort and to promote relaxation.
- Listen to a guided sleep meditation or sleep story.
- Look into natural or alternate therapies such as acupuncture.

NAUSEA AND VOMITING

It's often referred to as 'morning sickness' but nausea and vomiting can occur at any time of the day. Linked to changes in the levels of various hormones during pregnancy, it usually starts at about the sixth week of pregnancy and settles by about the fourteenth week.

Not all women have morning sickness. For those that do, symptoms can range from very mild to severe enough to mean they need to go to hospital. Your baby is not likely to suffer, even if you are feeling very unwell, but if you have lost a lot of weight quickly, are dehydrated or even just worried about it, speak to your midwife or GP.

A small percentage of women suffer from excessive and prolonged vomiting. This is called hyperemesis. If left untreated, hyperemesis can lead to dehydration. It's important to speak to your midwife or GP if your symptoms are severe.

Things to try:

- Eating plain, salty dry biscuits or dry toast before getting out of bed in the morning.
- Eating small, regular nutritious meals rather than large meals. Anything from six to eight small meals a day.
- Drinking liquids between meals rather than with your meals. Overfilling the stomach may trigger vomiting.
- Dehydration makes nausea and vomiting worse so try to keep replacing your fluids. Try slowly sipping some soda or mineral water.
- If your nausea is worse in the evening try preparing the evening meal early or keep some meals in the freezer.
- Suck something sour, such as a lolly or a wedge of lemon.
- Drink or eat food containing ginger.
- Avoid drinking tea or coffee.
- Avoid fatty or spicy foods and foods with strong smells.

INDIGESTION, HEARTBURN AND REFLUX

Once your food is swallowed it's pushed down the tube connecting your stomach to your mouth which is called the oesophagus, into the stomach. Sometimes during pregnancy, hormonal changes or your growing baby pressing on your stomach can cause food or acid to move back up to the oesophagus.

It might feel like a burning in your chest, or a bitter taste in the back of your throat and a sour taste in your mouth. It's uncomfortable but not unsafe for you or your baby.

Things to try:

- Eating small, regular nutritious meals rather than large meals. Anything from six to eight small meals a day.
- Eating slowly and chewing your food well
- Not eating right before bed. It's good to allow about three to four hours between your last meal and bedtime.
- Drinking fluids between meals.
- Avoiding alcohol, caffeine, spicy and fatty foods
- Avoiding bending or lying down for one to two hours after a meal.
- Drinking milk or yoghurt
- Herbal teas such as peppermint or 'tummy tea'
- Reducing stress. The brain and the gut are closely connected so stress could be linked to your symptoms.

If none of these help, speak to your midwife or GP who may suggest an antacid.



MUSCLE CRAMPS AND RESTLESS LEGS

Many women experience muscle cramps in their leg cramps during pregnancy. They're caused by a build-up of acids in the muscles that makes them contract. They're more likely to happen at night in the second and third trimester.

Restless leg syndrome refers to a persistent feeling that you need to move your legs because you have a burning, tingling or itching feeling, or jerky movements in your legs (and even arms) that you don't feel like you can control. These feelings are more likely to happen at night.

Both conditions can make it hard to sleep.

Things to try:

- When you feel a cramp, walk, stretch and massage the muscle or try a warm heat pack.
- During the day keep up your walking and gently stretching the muscles in your legs.
- Stay well-hydrated by drinking water throughout the day.
- Taking a magnesium supplement.
- Reducing your caffeine.



PELVIC AND BACK PAIN

Lots of women experience backache or sciatic pain (pain in the leg from irritation or compression of the sciatic nerve in the lower back) during pregnancy. This can be due to changes in your posture as your uterus increases in size and weight, or an increase in the hormone, relaxin, which softens the ligaments and pelvic muscles in preparation for birth.

Back pain can really interfere with your daily life and sleep, particularly during the last three months of your pregnancy.

Things to try:

- Regular gentle exercise and stretching. Yoga, pilates or water fitness classes may help.
- Treatment with a physiotherapist or osteopath

URINARY TRACT INFECTIONS

A urinary tract infection (UTI) is a bacterial infection of the urinary system. Symptoms of a UTI include a burning sensation when you pass urine and feeling the urge to pass urine more often than normal. You might also feel unwell and have pain in the lower back and pelvis.

UTIs are quite common during pregnancy, especially with all the changes going on in your body. The pressure of your growing baby may also reduce the flow of urine which can lead to infection. But pregnant women are also more likely to develop repeated or more severe infections.

It's important to treat a UTI as soon as possible as infections can develop quickly. A UTI during pregnancy can sometimes increase your risk of developing high blood pressure and going into early labour. UTIs are treated with antibiotics that are safe to in pregnancy.

Contact your midwife or GP as soon as possible if you have any symptoms.

Things you can try to reduce the risk of getting a UTI:

- Drink plenty of fluids, especially water
- Try not to become constipated
- Go to the toilet immediately after sex
- Go to the toilet as soon as you feel the need, don't hold on unnecessarily
- Wipe from the front to the back after going to the toilet
- Wear cotton underwear.

ITCHINESS

Mild itching is common during pregnancy. There's an increased blood supply to your skin and it's stretching to fit your growing baby. Many women say they feel a general itch across their whole body.

Mild itching is nothing to worry about and can usually be soothed with a cool bath, calamine, aloe-vera or natural body lotions.

If the itching becomes severe it can be a sign of a serious liver condition called obstetric cholestasis. This causes severe itching that starts on the palms of hands and the soles of feet but can spread over the whole body.

If your itchiness is severe you need to let your midwife or GP know straight away. Cholestasis can lead to premature birth and even stillbirth.

VARICOSE VEINS & VULVAL VARICOSITIES

Varicose veins are blue swollen veins that mainly develop in the legs. You can also get varicose veins in your vulva (vulval varicosities).

Varicose veins happen when blood pools or collects in the surface of veins due to:

- An increase in the amount of blood in your body to help your baby grow
- An increase in pregnancy hormones affecting your circulation
- The pressure of your growing baby affecting your circulation

You may find that your legs swell, itch and ache. Your feet and ankles may also swell but varicose veins won't cause you or your baby any harm.

They will not cause harm.

Things to try:

- Keep moving. Try some regular gentle exercise like walking.
- Wearing compression stockings
- Rest with your legs up, higher than your heart.
- For the vulva, using ice packs on the area may decrease swelling and discomfort

HAEMORRHOIDS

Haemorrhoids (also known as piles) are swollen varicose veins around the anus. They can be internal or external and can be quite painful, especially when passing a bowel motion.

Haemorrhoids are generally caused by the pressure of your growing uterus and baby on your rectal veins, combined with the increased blood flow that happens in pregnancy. Straining on the toilet because of constipation can also trigger or worsen haemorrhoids.

It's important to let your midwife or GP know if you think you may have haemorrhoids as soon as possible. Occasionally, surgery is required to remove them so don't hold off getting treatment.

Things to try:

- Place ice packs, pure aloe-vera, raw manuka honey or Anusol on the area
- Keep a foot stool next to your toilet so you can raise your feet slightly and pass bowel motions in a squatted position.

OEDEMA/SWELLING

A certain amount of swelling in the ankles, fingers, face or hands during pregnancy is perfectly normal, especially in the last few months.

However, there are times when swelling could indicate something more serious.

Contact your midwife, GP or hospital immediately if your swelling comes on suddenly and you have any of the following symptoms. Don't wait for your next regular appointment.

- Severe headache
- Visual disturbance, blurred vision or lights flashing before your eyes
- Severe pain just below the ribs
- Vomiting (after 24 weeks of pregnancy)

These are warning signs for pre-eclampsia, a very serious condition you and your baby.

DEEP VEIN THROMBOSIS (DVT)

Some swelling or discomfort in your legs during pregnancy is common but sometimes it can indicate that something more serious is happening.

DVT is a blood clot that forms in a deep vein of the leg, calf or pelvis. If left untreated DVT can become life threatening.

You should speak to your midwife or see your GP if you have:

- A red, hot, swollen or painful area in your lower leg.
- Swelling of your entire leg or just part of it, or it may just feel heavy.
- Pain and/or tenderness in your leg when standing or walking.

VAGINAL DISCHARGE

Almost all women have more vaginal discharge in pregnancy. The way your discharge looks and feels changes as well. Normal healthy discharge is clear or white and does not have an offensive smell. If you have vaginal discharge that is associated with itchiness, soreness, an offensive smell or pain, speak to your midwife or GP.



VAGINAL THRUSH

Vaginal thrush is a common yeast infection that causes itching, irritation and swelling of the vagina and surrounding area. It also sometimes causes a creamy, white cottage cheese-like discharge. Changes in hormones when you're pregnant increase your chances of getting thrush.

Thrush only needs treatment if it is bothering you. You can use a topical cream from the chemist. Oral tablets are not recommended in pregnancy.

To reduce the risk of thrush you can try:

- Avoiding soaps, douching and feminine products.
- Wearing loose fitting clothing and cotton underwear.

STRESS INCONTINENCE

Incontinence is losing the ability to control your bowel and bladder.

When you're pregnant or after you've had a baby, you may be more likely to experience urinary incontinence. That's because the pelvic floor muscles (the muscles that support the bladder, uterus and bowel) can become weakened. This means organs like your bladder are less supported and can be more difficult to control.

The best way to prevent incontinence is to strengthen the pelvic floor muscles. Check out the Exercises for New Mothers in the Early Parenting section of this handbook and speak to your midwife.



PELVIC INSTABILITY/MOVEMENT

It is common to experience pain in your pelvic area during pregnancy or after you've had your baby. The pain is often worse when walking and climbing stairs. Turning in bed, lifting, or getting up from a chair may also cause pain.

Wearing a brace or girdle can help. Your midwife will be able to speak with you about the best treatment for you.





Planning for Birth

What you'll learn in this section

- Your birth plan and preferences
- Perineal massage
- Expressing colostrum
- Packing your hospital bag



PLANNING FOR BIRTH

Your birth experience is unique. Some women have a really clear idea of the type of birth they want. They know how they want to work with their contractions, who they'd like to be there to support them, and the things they want around them to make them to feel comfortable, like music or items from home. Other women prefer not to do too much planning and are happy to see how things go.

There's no right or wrong way to plan for your labour and birth. It's also ok to feel a bit unsure about what you want, especially if this is your first baby.

As your due date gets closer your midwife or GP will speak to you about what to expect from your labour and birth and the options available to support you. They'll also talk to you about things you can do to prepare for your birth and get ready to bring your new baby home.

Feeling prepared can be a big help, especially if you're feeling nervous. Even little things like packing your bag, sorting out a plan for older children when you do go into labour or cooking food to freeze so you'll be able to focus on baby when he or she arrives, can make you feel more at ease.

YOUR BIRTH PLAN AND PREFERENCES

A birth plan or birth preferences is a written record of what you would like to happen during your labour and birth. It can include things like who you want to be there with you, what kind of pain relief you'd like to use and the position you'd like to birth in.

You don't have to have a written birth plan, but it can be helpful because when the time comes to have your baby, everyone will know what you want.

It can be very detailed or quite simple. There's no right or wrong way to do it. Every woman's plan will be different because it's all about what's important to you.

Partners or support people are likely to feel more able to advocate for you if they know how you feel so preparing your birth plan together is a good idea.

Your birth plan should be flexible, think of it as a guide rather than a locked in plan. Things often happen differently to what you expect during labour and birth and you don't want to feel disappointed if things don't go exactly as you planned. You might also find you change your mind about some things once you're in labour. That's completely fine.

PERINEAL MASSAGE

Your perineum is the area of skin between the opening of the vagina and the anus. It connects with the pelvic floor muscles that support your reproductive organs, bowels, and bladder.

The perineum stretches over your baby's head and body during a vaginal delivery.

Perineal massage involves stretching and massaging the area of skin between the vagina and anus (perineum) to increase flexibility. This prepares your body for the stretching and pressure sensations during birth.

Perineal massage has been shown to help reduce both the likelihood of perineal tears and soreness during and after birth.

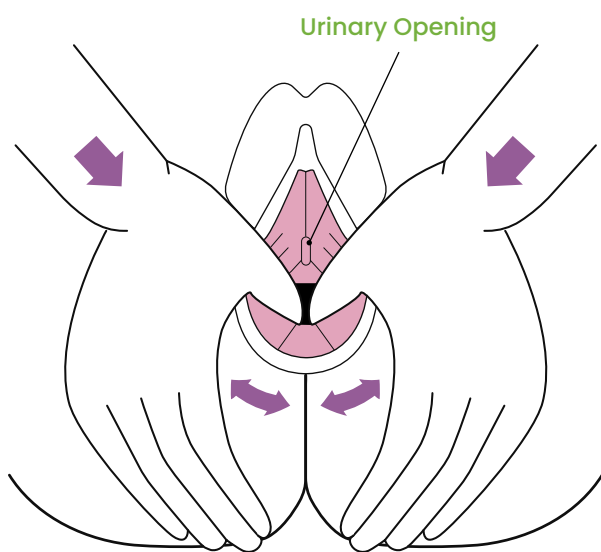
Starting at week 35 of pregnancy, you (or your partner) can start massaging the perineum once or twice a week. Keep to a maximum of three times each fortnight. More frequent massaging can actually make it less effective.

Perineal massage should not be performed if you:

- Are less than 34 weeks pregnant
- Have cervical shortening
- Have placenta praevia or any other condition where there is bleeding from the vagina during second half of pregnancy
- Have an active vaginal infection like herpes or thrush
- Have severe blood pressure problems
- Have varicose veins
- Pelvic pain
- Have haemorrhoids

How to do a perineal massage

- Use a water-based product such as K-Y Jelly or a natural vegetable oil. A warm bath beforehand will also help to soften the tissue.
- Using your own clean hands or your partner's, gently insert lubricated thumbs or one to two fingers, three to five cm into the vagina.
- Firmly sweep in a downward and side to side motion for five minutes. You will experience a tingling or burning sensation which will diminish over time.



Your midwife will talk to you about other things we can do together to reduce the risk of third and fourth degree tears.

EXPRESSING COLOSTRUM

Colostrum is the first milk your breasts make during pregnancy. Your breasts also make colostrum in the first few days after your baby is born.

Your breasts don't produce a lot of colostrum but what you do produce is often referred to as 'liquid gold'. It's high in energy, protein and fat and is easy for newborns to digest. It helps boost your baby's immunity and protect them from infection.

Colostrum is thick and sticky. It varies in colour from dark yellow to clear. Every woman's colostrum is different.

WHY EXPRESS?

Some babies need more milk in the first few days after birth than they can get from their mother. If you express colostrum during pregnancy and store it, if your baby does need extra milk you'll have your own supply and be less likely to need infant formula.

Anyone can express colostrum but it is an especially good idea if:

- You have pre-existing or gestational diabetes. Your baby is more likely to require extra feeds.
- Your baby is small or large for dates (your midwife or GP will be able explain this)
- You have experienced low milk supply in the past
- You are having a caesarean section
- You have had breast surgery

HOW TO EXPRESS

Expressing in pregnancy is done by hand. You can start from 37 weeks. Begin with three to five minutes of expressing on each breast, twice a day.

Hand expressing should not hurt and you should stop expressing immediately if you are having uterine tightening or contractions.

- Always wash your hands well before handling your breasts.
- Find a comfortable place and apply a warm cloth to your breast (you can also try expressing after a warm shower). This will help your breasts release colostrum.
- Start with one breast and gently massage from the outside towards the nipple in small circular motions with a flat hand.
- Place two fingers underneath your breast and your thumb on top about three - four cm back from the nipple.
- Gently press your fingers and thumb pads (not your fingertips) back towards your chest.



- Move your fingers and thumb together to compress your breast and hold briefly
- Release your breast, allowing the milk ducts to expand
- Repeat: pull back, compress, release
- Rotate your fingers and thumb around your breast so that you are expressing from all the milk ducts.
- Leaning forward collect any drops you see into a sterile syringe or container. If you are expressing twice a day you can use the same syringe or container. The amount you collect will vary from a drop to a few more. Don't be discouraged, this does not mean you will not make enough milk for your baby.
- Switch to the other breast, massage and express again.

At the end of the day, label your syringe or container with a sticker showing the name, date and time of the first expression. Put it in a zip-lock bag with another label and freeze.

Keep your colostrum frozen until you come to hospital.

When you come to hospital, give the colostrum to your midwife to store in a freezer until your baby needs it.

PACKING YOUR HOSPITAL BAG

Your midwife will go through this with you in more detail, but here are some ideas to get you started.

FOR MUM

Labour

- Comfortable clothes
- Lip balm
- Hair ties/clips
- Drinks that will give you some energy like sports drinks, juice, coconut water, herbal tea, cordial.
- Snacks like fresh or dried fruit, lollies, crackers, nuts.
- Phone and phone charger
- Personal birth kit. This might include:
 - Comb
 - Stress ball
 - Affirmation cards or photos
 - Music and a speaker or headphones
 - Essential oils or air freshener you use at home to give your birth space a familiar smell
 - Massage oils
 - Gel heat packs (no hot water bottles or wheat packs)
 - Pillow or blanket from home (no doonas)
 - TENS machine*

***See Pain Relief in this handbook**

AFTER BIRTH

- Pyjamas and slippers
- Comfortable clothes and breastfeeding friendly tops/shirts
- Underwear and socks
 - Choose darker coloured high waisted underwear. Two pairs per day.
- Maternity bras
 - No underwire bras, even if you're not breastfeeding. They can become uncomfortable or cause mastitis by blocking your milk ducts.
- Sanitary pads, about eight for each day. No tampons.
- Breast pads
- Toiletries



FOR BABY

- Expressed colostrum
- Nappies and wipes
 - Enough nappies for eight changes each day
 - Two packets of wipes
 - Cotton buds and balls (handful of each)
- Clothing
 - Singlets, growsuits, hat and socks (enough for two changes per day)
- Bunny rugs/wraps muslin and stretchy cotton ones are great for swaddling.
 - One or two for each day
 - Two or three thicker blankets for warmth
- If you are planning on bottle feeding
 - Formula and bottles

FOR YOUR BIRTH PARTNER

- Change of clothes and toiletries (including a bathing suit to wear in shower)
- Copy of birth plan or birth preferences
- Phone and phone charger
- Camera
- Important contact numbers
- Snacks, frozen meal and drinks

ORGANISING YOUR SUPPORT PEOPLE

Support people are there to care for you and encourage you during labour and birth. They should be people you trust and who make you feel comfortable.

While there's generally no restriction on the number of support people you can have, you may wish to limit the number to one or two people. This is something you can talk about with your midwife as you get closer to your due date.

A support person might be your partner, another family member, or a close friend. They might also be a doula.

A doula, or birth attendant, offers non-medical, physical and emotional support before, during and after childbirth. The cost of a doula depends on the provider and is not covered by Medicare.

You can bring children with you as long as they have an adult who can be responsible for their wellbeing at all times. If you are considering including children at your birth we recommend you prepare them about what to expect. Your midwife will be able to help with this.

A pregnant woman is lying down, smiling, while a medical professional uses a fetal Doppler on her belly. A partner is sitting beside her, also smiling. The entire image is overlaid with a semi-transparent green filter.

Having Your Baby

What you'll learn in this section

- Early labour
- When to come to hospital
- Pain relief



HAVING YOUR BABY

Our Midwifery Group Practice midwives will be on-call 24 hours a day for your labour and birth and will be the main health professionals who will care for you.

We'll work with you to help you have the birth experience you'd like, making sure you feel heard and supported.

Our three private, home-like birthing rooms have views over the Castlemaine Botanical Gardens. Rooms have their own ensuites with showers and there's also a deep bath for comfort and relaxation during labour.

During labour and birth we'll provide a private, safe, comfortable environment that supports normal physiology so you can respond to your body and channel your innate ability to birth your baby. Supported by a calm, familiar person and without any unnecessary disruption you will be able to move freely and allow the natural process of labour and birth to unfold.

You'll be encouraged to be active and move about the space. This helps your labour progress and can help with your comfort. We have the bath and shower, exercise balls and mats which you can use.

Your consent is needed before any examinations or procedures. Any procedures or interventions that we suggest will be explained and you will have time to ask questions and think about what you'd like to do. See the section on consent at the start of this handbook if you'd like to know more.

If you're a healthy person with a normal pregnancy it's unlikely you'll need to see a doctor but if your midwife thinks you need extra medical care they will call on our on-call team of doctors.

EARLY LABOUR

Normal labour begins sometime after 37 weeks. If your labour begins before this time your care will need to be transferred to Bendigo Health, our regional health service. As a Level 2 maternity service, Dhelkaya Health can only support women during labour and birth who are between 37 and 42 weeks pregnant.

Early labour is the phase that comes before active labour. It's usually the longest phase, taking more than half the total labour time.

The average length of early labour is six to twelve hours for your first baby. It may even last 24 hours or more, which can be perfectly normal. Early labour may be shorter if this isn't your first baby.

During early labour your

- Contractions are getting stronger and settling into a regular pattern
- Your cervix dilates and your baby moves down in your pelvis

It's a good idea to stay home for as long as possible. Early labour tends to progress more quickly and with less complications the longer it unfolds at home. Staying at home gives you more flexibility to move freely. It also helps increase your levels of oxytocin, the labour hormone, which allows the cervix to thin and open.

Timing contractions is only useful when you feel you are nearly ready to come to hospital. Until then it is best to sleep, eat, drink and distract yourself with enjoyable, relaxing activities rather than focus on timing contractions.

In early labour you could try:

- Resting and relaxing
- Drinking plenty of fluids and eating things you like
- Going for a walk
- Using a warm pad or ice pack on your lower back
- Asking your birth partner or doula for a gentle massage

WHEN TO COME TO HOSPITAL

It's time to come to hospital when active labour begins. You are in active labour when:

Contractions are:

- Roughly three minutes apart
- Last for one minute
- Have been that way for about two hours.

Listen to your body though. If you feel it's time to go to come to hospital, call your midwife. You should also call your midwife if your water breaks.

THIRD STAGE OF LABOUR

Your midwife will discuss with you options and recommendations around the delivery of your placenta.

There two different options, active management and physiological management.

If you would like to take your placenta home with you please discuss this with your midwife.

PAIN RELIEF

There are natural and medical ways you can use to manage pain during labour. Your midwife will be able to explain them to you in more detail and help you learn some of the techniques.

NATURAL PAIN RELIEF

Breathing and relaxation techniques can be very helpful. Fear can be a very normal response to labour and this can make you tense and anxious. Letting go and trusting that your body knows what to do can help you relax and cope better with pain.

Keeping active during your labour is also very helpful. Staying upright, walking, changing positions, using massage, heat and water can all help ease pain naturally. We'll encourage you to move around as much as possible and we have showers in each of our private rooms and a deep bath that can be used for relaxation and pain management during labour.

Positions for labour/birth

Women in labour have always walked, moved, and changed positions to make themselves more comfortable. The shape of your pelvis changes depending on your position. Being upright, standing, sitting, kneeling on all fours, leaning, and walking may reduce the length of your labour and the need for interventions.

ASSISTED NON-MEDICAL PAIN RELIEF

Transcutaneous Electrical Nerve Stimulation (TENS)

This small, portable, battery-operated device sends small electrical pulses to the body, through wires which are connected to electrodes stuck to the skin. Some women find this helpful and it is best used from early labour

Sterile Water Injection (SWI)

For women who experience persistent lower back pain we can use a technique involving sterile water injections in the lower back. Once back pain is reduced some women find they are better able to cope with contractions. The injections do not limit your ability to move about, alter your state or slow the progress of labour.

MEDICAL PAIN RELIEF

Gas and air

A mixture of nitrous oxide and oxygen can be used at any stage of your labour or during procedures. Inhaled through a mask or a mouthpiece 30 seconds before the start of your contraction it can help take the edge off pain.

Nitrous oxide can make some people feel nauseous or light-headed but there are no after effects for you or your baby. It has no effect on the progress of your labour and does not require any intensive or invasive monitoring.

Gas and air needs to be used at the right time to help with pain. Your midwife will be able to show you what to do and you can practice with the first few contractions.

MORPHINE

Morphine is a strong painkiller (opioid) given by injection during the first stage of labour to reduce the severity of pain. The effects peak 30 to 60 minutes after the injection is given. They generally last for about two to three hours, but they can last for up to 24 hours.

Morphine can make you feel nauseous, drowsy and you might find you have trouble concentrating. Because of this you won't be able to use the bath within two hours of your morphine injection.

You'll be given an anti-nausea medication at the same time.

Morphine is rapidly transferred across the placenta, with the fetus and neonate excreting the opioids more slowly than adults due to the immaturity of the liver enzymes. Morphine may cause your baby's breathing to slow down immediately after birth. It may also interfere with breastfeeding.

We do not offer epidural at Dhelkaya Health.

INDUCTION OF LABOUR

Some women do not go into labour naturally and some need to give birth before labour starts on its own. When labour is started by other methods it is called an induction of labour.

Approximately one-quarter of women have an induction of labour. It is recommended when you or your baby will benefit from birth being brought on sooner, rather than waiting for labour to start on its own.

The most common reasons for recommending induction are:

- Your pregnancy has gone longer than 41 weeks
- You have a health concern, such as high blood pressure
- Your doctor or midwife is concerned about your baby's growth, movements or wellbeing
- Your waters have broken and labour has not started on its own.

If your midwife or GP think an induction is the best thing for you and your baby they will speak with you about it in detail. You'll be able to ask any questions and we'll make sure you have all the information you need to make a decision that is right for you.

If this is your first baby and your midwife or GP recommends an induction, your care will be transferred to the regional health service, Bendigo Health. Dhelkaya Health midwife may be able to continue to support you at Bendigo Health.

TRANSFER TO ANOTHER HEALTH SERVICE

The likelihood of a transfer during labour is low. Women who receive continuity of care from a midwife they know and trust are more likely to have a normal birth and less likely to require surgical interventions.

However, as Dhelkaya Health does not have an on-call surgical team or its own special care nursery, if you or your baby require emergency care during labour you would be transferred to a higher level service by ambulance or medical transport.

It could be necessary to transfer your care to a higher level service during your pregnancy if there was an urgent medical issue. Your midwife or GP would speak to you about this in detail.



A photograph of a newborn baby being held by a person, with a green overlay. The baby is lying down, and the person's hands are visible, gently holding the baby. The background is a soft, out-of-focus light color.

Early parenting

What you'll learn in this section

- Cuddling your baby skin-to-skin
- Keeping baby safe
- Going home
- Newborn tests and checks
- Breastfeeding
- Your body after birth
- Getting help
- Crying babies
- Sleep
- Exercise for new mothers



EARLY PARENTING

In the hours after you give birth you'll be able to stay in your birthing room and spend some quiet time with your baby, cuddling and enjoying skin-to-skin contact. This promotes bonding and breastfeeding and is a lovely way to get to know your baby. We suggest you use deodorant and any perfumes or fragrances lightly, or not at all, for the first 24 hours, so baby can get used to your unique smell.

This time is so special. We encourage minimal interruptions.

Our midwives will gently guide you through those life-changing early hours, days and weeks. In the early hours after your baby is born our midwives will be there, quietly helping with feeding, nappies, dressing, and any questions you have as you get to know your baby and prepare to take them home. We'll do some routine checks to make sure you and your baby are well, like checking baby's breathing, heart rate and colour. We'll also record their weight and measurements. Vitamin K and Hepatitis B injections will be given with your permission.

Once you do get home, your midwife, will visit you and your baby for about two weeks. Regularly checking in on you both. Seeing how you're settling into parenthood, talking through any challenges you might be experiencing, sharing the joys, and linking you to additional support or services if you need them.

Once this period is over it might be time for our midwives to say goodbye but that doesn't mean the care ends.

We'll connect you with your local Maternal and Child Health service, which is free to residents of all our local councils. They'll care for you and your family as your baby grows. They'll also connect you with resources for children and families in your community.

CUDDLING YOUR BABY SKIN-TO-SKIN

Skin-to-skin contact is when you lay your baby, belly side down, directly on your chest with no clothing between you.

We encourage you to do this immediately after your baby is born and for as long as possible. It promotes bonding between you and your baby, can make breastfeeding easier and helps your newborn feel safe and connected and helps trigger parenting instincts. Being close can also help babies regulate their temperature, heartbeat and breathing.

Skin-to-skin is not just for birthing mothers. It's just as special and important for establishing a loving connection between your baby and their other non-birthing parent.

We have found that babies who experience skin-to-skin contact:

- Are more likely to latch onto the breast
- Are calmer and cry less
- Have higher blood sugars
- Have higher skin temperatures
- Will breastfeed longer and more exclusively.

KEEPING BABY SAFE

During the early hours of life all babies need to be carefully and closely observed by parents and midwives.

Your midwife will talk you through this in detail but a few things to watch include:

- That your baby's head is in a good position that keeps his or her airway open. Baby's head and neck should be in a neutral position.
- That your baby's breathing is easy and regular.
- That your baby's skin is a good, pink colour

ROOMING-IN RESPONSIBILITY

At Dhelkaya Health your baby will be in the room with you and you will be responsible for him/her at all times. Rooming-in helps you get to know your baby and how to respond to his or her needs.

Some important safety reminders:

- Never leave baby on your bed unattended. They may fall off even at this young age.
- Your baby must stay in the maternity unit until you go home.
- For security reasons do not leave your baby unattended by your bed.

GOING HOME

If there are no complications, your baby is feeding and you have enough support you can go home as soon as four to six hours after your baby is born.

We find that women who recover in their own environment tend to get more rest and bond with their babies. If you decide to go home early your midwife will be able to provide more home visits.

If you want to go earlier or stay longer, or you're not sure, you can talk with your midwife.

NEWBORN TESTS AND CHECKS

YOUR BABY'S HEARING SCREEN

Healthy hearing is critical to your child's development from the earliest months of life. About one or two babies out of every 1,000 will have a significant hearing loss. If this loss is not picked up at an early stage, it could affect their speech and language development and future learning at school.

The Victorian Infant Hearing Screening Program (VIHSP) is free and provides newborn hearing screening to babies born at all Victorian maternity hospitals.

At Dhelkaya Health the Victoria infant screening program (VIHSP) holds a session once a month for our families, your midwife will advise when and where your baby is booked into this service.

NEWBORN SCREENING TEST

Every newborn baby in Australia is offered a test for rare, but serious, medical conditions. Commonly referred to as the 'heel prick test', newborn bloodspot screening identifies babies at risk of uncommon but potentially serious medical conditions including phenylketonuria, hypothyroidism and cystic fibrosis. It is usually done when your baby is between 48 & 72 hours old.

Your midwife will take a blood sample by pricking your baby's heel and collecting a few drops of blood on a piece of card. This card is then sent to a laboratory for testing.

The test is safe and will not harm your baby. It might cause your baby some brief discomfort but cuddling them feeding them while the sample is being collected usually helps. The test is over very quickly.

Early detection allows for early treatment helping to lessen or avoid permanent damage to the long-term health of your child. However, you can choose whether you want your baby to have this test.



VITAMIN K FOR NEWBORN BABIES

Babies have very little vitamin K at birth. Breastfed babies can be low in vitamin K for several weeks until the normal gut bacteria start making it. Infant formula has added vitamin K, but even formula-fed babies have very low levels of vitamin K for several days.

Vitamin K helps blood to clot. Without vitamin K, babies are at risk of getting a rare disorder called Vitamin K Deficiency Bleeding, which can cause bleeding into the brain and may result in brain damage or even death.

Vitamin K injections have been routinely given to all babies born in Australia for over 20 years and remain the best way to reduce the risk of haemorrhagic disease. By about six months of age your baby will have built up his or her own supply of vitamin K.

How is vitamin K given?

The easiest and most effective way to give babies vitamin K is by injection. One injection just after birth will protect your baby for many months.

Vitamin K can be given via the mouth, but is not the preferred delivery and to be effective all 3 doses must be given. Oral doses are given at birth, day 3-4, and one month or age.

Does my baby have to receive vitamin K?

Whether your baby receives vitamin K is your choice. If you choose not to give your baby vitamin K you need to watch very carefully for any symptoms of haemorrhagic disease. This includes any unexplained bleeding or bruising and any signs of jaundice (yellow colouring of the skin or whites of the eyes).

HEPATITIS B IMMUNISATION

Hepatitis B is a serious liver infection caused by the hepatitis B virus. Babies can contract the virus from their infected mother during pregnancy or at the time of birth.

Children with hepatitis B are less likely than adults to have symptoms of infection but they are more likely to develop serious liver problems, including liver cancer, later in life. In Victoria the hepatitis B vaccine is offered free of charge to all infants and is about 95 per cent effective.

Newborn babies receive a vaccine against hepatitis B alone by injection within 24 hours of birth. This is followed by three further doses at two months, four months and six months. These vaccines are given in combination with other childhood immunisations.

The most common side effects from the vaccine are mild and do not last long. They may include localised pain, redness and swelling at the injection site and a low-grade temperature. Some babies may be unsettled, irritable or tearful for a short period after vaccination.

Does my baby have to receive the vaccine?

Whether your baby receives the hepatitis B vaccine at birth is your choice. Even though you may not be a carrier, it is possible your baby could contract the virus from someone else in your home soon after leaving hospital.

The Hepatitis B virus is found in body fluids including vaginal secretions, breast milk, blood, semen and saliva. It can be spread through exposure of broken skin or mucous membranes to the blood or other body fluids of an infected person.

SPECIAL CARE NURSERY

Dhelkaya Health does not have its own special care nursery. If your baby needs emergency care, we have the equipment and skills to care for them until transfer to a special care nursery at another health service can be arranged.

BREASTFEEDING SUPPORT

Your midwife will support you and your baby with breastfeeding in early parenting.

Lactation Consultants for specialist feeding advice and support.

Dhelkaya Health has a breastfeeding support service available to parents who would like extra feeding support. Our staff have specialised lactation training and qualifications who will work with you and your baby to develop individual feeding plans and support. You can access our lactation consultants in both the antenatal and postnatal period. Please ask your midwife for more information and referral into this service.

We work closely with the Castlemaine and District Group of the Australian Breastfeeding Association who can provide breastfeeding education at a small cost.

BREASTFEEDING

What makes breastfeeding so special?

Your breast milk is the perfect food for your baby and breastfeeding provides benefits for both of you.

Babies who are breastfed have a reduced risk of gastroenteritis, ear and chest infections, allergies, diabetes, obesity, childhood leukaemia and sudden infant death syndrome.

Breastfeeding reduces your risk of bleeding after birth and means you will be less likely to develop obesity, breast and ovarian cancer, diabetes, heart disease and osteoporosis. Every time you breastfeed your body releases oxytocin and prolactin (also known as the happy hormones) so it can also help you adjust emotionally to motherhood.

Breast milk changes continually to meet your baby's growing need and provides all the nutrients they need for the first six months of life. It's also convenient and costs nothing.

Learning to breastfeeding can take a little time. Our midwives are there to help and support you. We'll make sure breastfeeding is comfortable right from the start.

BREASTFEEDING PATTERNS

The way your baby feeds, when they feed and how long they feed for will change depending on their hunger and thirst. Babies do best when they decide how often and how long they feed for. Trying to set a rigid routine is not good for your baby.

If you just feed your baby whenever they seem hungry you will produce plenty of milk to meet their needs. Each time your baby feeds it builds up your milk supply. That's because when they feed, messages are sent to your brain and then to your breasts to produce more milk.

MORE FEEDING = MORE MILK.

The first few days

The milk your breasts produce in the first few days after your baby is born is called colostrum.

Colostrum is thick and sticky and varies in colour from dark yellow to clear. Your breasts don't produce a lot of colostrum but what you do produce is often referred to as 'liquid gold'. It's high in energy, protein and fat and is easy for newborns to digest. It helps boost your baby's immunity and protect them from infection.

Because it is so concentrated your baby only needs small amounts of colostrum, often. It's normal for your baby to feed a lot, up to 12 times or more every 24 hours. As your breasts produce more colostrum you may find your baby settles longer between feeds but they will still need eight or more breastfeeds every 24 hours.



When your milk 'comes in'

Around the fourth or fifth day after your baby is born your breasts start to produce lots of milk. This is known as the milk 'coming in'.

Sometimes your breasts may produce more milk than your baby needs and will full and uncomfortable for a few days. They may also look a bit pink. Don't worry, this will settle as your milk supply adjust to your baby's needs.

Breastfeeding once your milk 'comes in' can feel quite different. Your breasts feel fuller and with more milk flow your baby may take less time to be satisfied and pull away from your breast. If your breasts still feel full after your baby has finished their feed, you might like to express a little milk to feel more comfortable.

Some babies can be unsettled around this time, they may also have lots of loose, green coloured bowel motions. This is all normal.

Your body releases a hormone called oxytocin' when you breastfeed. This moves your milk through ducts to the nipple and you may feel a tingling sensation as this happens, you may also find that milk leaks from the opposite breast. This is called the 'let down' reflex and it's all very normal.



YOUR BABY'S BREASTFEEDING CUES

Your baby lets you know in lots of little ways when they need to feed. Trust your own instincts as you respond to your baby's cues.

Your baby will show some or all of the following signs that they are ready to breastfeed.

- Rapid eye movement
- Stretching and stirring
- Licking lips
- Putting hands in mouth
- Opening their mouth
- Turning their head.

Crying is a late feeding cue. Don't wait until you baby is crying to offer them a breastfeed. Do it when you notice one of the early signs. If your baby is crying you will need to calm them down before they can feed.



BABY-LED BREASTFEEDING

Most babies attach to the breast when they lead the way. This is the most natural way for babies to feed and what we recommend you do for at least the first few feeds.

If your newborn baby is placed directly on your chest for skin-to-skin contact most will slowly find their way to your breast, latch and start feeding. You may need to give your baby a little help by shaping your breast. Your midwife can help you with this.

Is my baby getting enough milk?

Signs your baby is getting enough milk include:

- After your milk 'comes in' your baby has between five and seven heavy wet nappies every 24 hours*.
- Your baby's stools change from black meconium to soft, watery, and mustard yellow to brown coloured.
- Your baby settles between most feeds.
- After an initial, normal weight loss your baby regains their birth weight by around two weeks.

*In the first few days of life some newborns may have small amounts of orange-tinged urine in a wet nappy. This is called urates and is normal.

EXPRESSING BREASTMILK

There may be times when you need to express your breastmilk. For example:

- If your breasts feel full and uncomfortable
- If your baby is too small or sick to breastfeed
- If you need to be away from your baby
- If you are going back to work

You can express breastmilk by hand or with a hand operated or electric pump.

Milk can only be expressed from one breast for a few minutes before the supply slows down or appears to stop. You can then move to the other breast. If you like, you can keep changing breasts until the milk stops or drips very slowly.

See Expressing Colostrum in Your Pregnancy for a step-by-step guide to hand expressing.



STORING EXPRESSED BREASTMILK

It's best to refrigerate or freeze breastmilk after expressing. Make sure you add a date.

You can add fresh breastmilk to a container or bag of chilled or frozen breastmilk, just make sure you cool the fresh breastmilk in the fridge first. The date should be the date when the oldest breastmilk was expressed.

Breastmilk	Room temperature	Fridge	Freezer
Freshly expressed	6 to 8 hrs (26°C or lower).	3 to 5 days (4°C or lower) Store in back of refrigerator where it is coldest	2 weeks in freezer compartment inside fridge • 3 months in freezer section of fridge with separate door. • 6 to 12 months in deep freeze -18°C or lower.
Frozen, thawed in fridge but not warmed	4 hours or less	24 hours	Do not refreeze
Frozen, thawed outside fridge in warm water	For completion of feeding. Back in fridge if not using immediately	4 hours or until next feed	Do not refreeze
Baby has begun feeding	Until feed is finished then throw away	Do not refrigerate. Throw away	Do not refreeze

PREPARING EXPRESSED BREASTMILK FOR USE

You can give your baby expressed breastmilk with a cup, spoon or bottle.

Don't use a microwave oven to thaw or warm your breastmilk.

Put your container or bag of breastmilk in a bowl of warm water to warm or thaw if frozen.

To test the temperature of your breastmilk gently swirl it and test a small amount on the inside of your wrist. You want the milk to be around body temperature or lukewarm.

Transporting expressed breastmilk

You can take your fresh or frozen breastmilk with you when you leave the house. Just put it in an esky or a cooler bag with some freezer bricks to keep it cool. You'll need to use it within four hours and don't refreeze.

Cleaning expressing equipment

Any equipment used for expressing or feeding your baby needs to be thoroughly cleaned with warm soapy water, rinsed well in warm water and stored in a clean, closed container. This includes pumps, bottles, teats and storage containers.

Make sure you:

- Scrub the inside and outside of bottles to remove fatty deposits. Pay particular attention to the rim. Rinse in warm water.
- Use a small teat brush to clean the inside of the teat (or turn it inside out) and wash in warm soapy water, squeezing it through the hole. Rinse in warm water.
- Regularly check teats and bottles for signs of deterioration. If you are unsure about a bottle or teat, it's safer to throw it away.

You may choose to also sterilise your equipment once a day if you are using expressed breast milk. If you are formula feeding you will need to clean and sterilise all your equipment in between every feed.

YOUR BODY AFTER BIRTH

VAGINAL DISCHARGE

After you have your baby, no matter what kind of birth you have, you will have some vaginal discharge or bleeding. This is called lochia. For the first few days after birth it is bright red, like a heavy period. The amount of blood will gradually reduce and change to a reddish-brown colour, then pink, then watery. It can last for up to six weeks and will gradually stop. Lochia usually has a musty, stale smell but is not offensive.

Speak to your midwife or GP if you your pad is so soaked you need to change it more pad more than every two hours, if you are concerned about the amount of loss, you are passing blood clots or your loss has an offensive smell.

YOUR PERINEUM, VAGINA AND VULVA

If you've had a vaginal birth your perineum, vulva and the walls of your vagina may be swollen and bruised. Some women may also have a graze or small cut or tear that has required stitches.

This area heals well and any stitches will dissolve over a few weeks but you might feel tender for several days. If you do, an icepack and over-the-counter pain medication should be enough to reduce the swelling and give you some relief. Speak to your midwife if you find this isn't working.

Keep the area clean. Shower as often as you need but don't use soap or creams. Be gentle when drying yourself and change your pads frequently.

You can start doing pelvic floor exercises to tone and strengthen your perineum soon after birth.

YOUR UTERUS

Your uterus will take a little time to go back to a normal size. The height of your fundus (the top of your uterus) will decrease by about 1cm a day. Returning to its pre-pregnancy place some time during the first six weeks after your baby is born.

AFTER PAINS

You may experience 'after pains' in the first few days. They tend to happen when you breastfeed and are more common if it's not your first baby. They can be like a mild period pain or more severe like a contraction during labour. The pain is caused by the hormone oxytocin causing your uterus to contract, like it did during labour.

Normal painkillers like paracetamol or ibuprofen should be enough to give you some relief. It's a good idea to take them about an hour before feeding. A heat pack can also help.

If after pains continue longer than 12 weeks or are associated with an increase in bright bleeding or offensive loss see your GP.

URINE AND YOUR BOWELS

It's normal to feel like you need to empty your bladder a lot in the first 24 to 48 hours. This is due to the extra fluid your body carried when you were pregnant and no longer need.

Emptying it often is actually very important, especially in the first 24 hours. If your bladder is full, it may slow down your uterus contracting and your bleeding may be heavier. Emptying your bladder also reduces the chance of you developing a urinary tract infection (UTI).

If you have a graze or small tear in the vagina you may feel some burning or stinging when you pass urine. Drinking plenty of water will dilute your urine making it less acidic and this will help reduce these symptoms. Leaning forward when you sit on the toilet can also help.

In the first few weeks you might experience some incontinence. You might accidentally urinate when you laugh or sneeze. This will usually fix itself as any swelling goes down and your muscles get stronger again. Pelvic floor exercises will help.

If you're still having problems with incontinence when your baby is six weeks old or older, talk to your GP about seeing women's health physiotherapist or continence specialist.

Being a bit constipated is also normal after you've had your baby. It's also very normal to feel a bit scared of using your bowels. Remember that it is quite safe. Try to avoid straining. Try to drink lots of water eat high fibre foods and fruit to help keep bowel movements soft. If you have not had a bowel motion by day three speak to your midwife.

HAIR LOSS

Changing hormone levels in your body after you give birth can cause hair loss for some women. This is all very normal and should settle down by the time your baby is about six months old.

HAEMORRHOIDS

Haemorrhoids (also known as piles) are swollen varicose veins around the anus. They can be internal or external and can be quite painful, especially when passing a bowel motion. They are very common during pregnancy and after childbirth. See common discomforts section for some suggestions to get relief.

YOUR EMOTIONS AFTER BIRTH

It normal to feel tired and overwhelmed after giving birth. It's also normal to feel happiness, fear, joy and relief – sometimes all at once! You've been through a lot and, especially if this is your first baby, your life has gone through an enormous change.

You might feel teary and anxious 3-5 days after birth – this is very normal. It's called the 'baby blues'.

Thankfully the 'baby blues' generally only last for a few days. Keep talking to your partner, family and friends about how you're feeling. It helps to be able to talk and it means they'll be aware of any changes in your mood and how long they go on for.

If you feel like the 'blues' just won't shift or if they are making it hard to find pleasure in your life, reach out for help.

POSTNATAL DEPRESSION

Postnatal depression is more than the 'baby blues.' It is more than the usual emotional changes that you might expect after giving birth.

Postnatal depression is depression that happens in the first year after birth. It shows itself in serious, negative emotional changes. These changes last longer than two weeks and they stop you from doing things you need or want to do.

What are the symptoms of postnatal depression?

If you experience any of the changes listed below for more than 2 weeks, it's important to find professional support.

You might feel

- In a low mood a lot of the time
- Teary or sad
- Less confident than normal
- Worried about your baby or yourself
- Scared and panicky
- Angry or cranky
- Overwhelmed
- Fearful about being alone or going out
- Fearful about being alone with your baby.

You might think

- Everything that goes wrong is your fault, or that you're worthless or a failure
- Your baby would be better off with someone else
- 'I can't do this' or 'i can't cope'
- That your baby doesn't love you
- About hurting yourself or your baby.
- You might also have trouble thinking clearly, concentrating or making decisions



How you behave or relate to other people might change

- Losing interest in activities you normally enjoy
- Finding it hard to get moving
- Struggling with everyday tasks like cooking or shopping
- Choosing not to see close family and friends
- Not looking after yourself properly.

You might experience physical changes:

- Sleep problems – for example, you can't sleep or you're sleeping a lot more than usual
- Changes in appetite – for example, you're not eating or you're overeating
- Low energy levels.



GETTING HELP

Getting help early for postnatal depression is very important.

Speak to your partner, friends or family and reach out for professional support through your GP, your midwife, child health nurse or local community health centre.

The national Perinatal Anxiety & Depression Australia (PANDA) Helpline supports women, men and families across Australia affected by anxiety and depression during pregnancy and in the first year of parenthood.

The PANDA Helpline operates 9am – 7.30pm
Monday – Friday

1300 726 306

Lifeline (Crisis) 13 11 14 - (24 hour)

www.beyondblue.org.au

www.blackdoginstitute.org.au

Treatments for postnatal depression include therapy with an experienced psychologist and counselling, either in a group or one-on-one. Sometimes, medication may be recommended alongside therapy. Hospital admission is needed only in very rare cases.

Your GP will help you put together a treatment plan that suits you and your family. It's important to let your GP and anyone else you might see you see know if you've experienced mental illness in the past. Past mental illnesses can come back in pregnancy.

If you're having thoughts about hurting yourself or your family, you should urgently speak to your GP or call Lifeline Australia on 131 114. If you believe that someone's life is in immediate danger call 000 or go to your local hospital's emergency department.

THINGS YOU CAN DO

If you have postnatal depression, you need professional support, but there are some simple things you can do every day to help you manage your symptoms and feel better sooner.

These tips are useful for anyone bringing home a new baby.

Talk

Talk to your partner, your friends, your family. Talk to other new parents, to your GP and your midwife. Just talking to someone about how you're feeling can sometimes make you feel a little bit better and a bit less alone.

Connect with other people

Join a playgroup, catch up with your mother's group, find an online community, reach out to a neighbour or a work colleague who also has young children to see if they'd like to meet up for a coffee or a walk. Having something to do and someone to share things with can help you get through the day.

Ask for help.

If you're feeling overwhelmed ask for help. Ask a friend or family member to cook a meal, or hang out a few loads of washing so you can have a sleep, or maybe just take a long, uninterrupted shower. And say yes to offers of help. Don't feel like you have to do everything yourself. People like to help out and will often be really glad if you ask them to do something specific.

Look after yourself

Your emotional and physical health are so closely connected.

- Keep up some regular exercise. Movement is important for your recovery and your mental health. A gentle walk around the block each day. Maybe walk older children to school rather than take the car. They will most likely love the extra time with you, baby will sleep and you'll feel better for moving.
- Eat well. What you eat is just as important now as it was when you were pregnant, especially if you're breastfeeding. Try to prepare some healthy foods to graze on throughout the day like fresh fruit, cut up vegetables and yoghurt. Prepare easy meals like salads and casseroles.
- Rest. Try to sleep when your baby is sleeping, or at least put your feet up, turn off your phone and ask partners and family not to disturb you. It can be tempting to sit up once baby has gone to bed at night, especially if you've been on your own all day, but the extra sleep is so important.
- Keep things simple. The first few weeks after your baby is born are a time for you to recover and get to know each other. Don't set yourself a huge to-do list or have too many people over you need to entertain. And don't feel guilty if you get to the end of the day and there's still washing that needs to be put away.
- Plan ahead. Babies are often unsettled in the late afternoon, right around the time you want to be getting dinner ready. Try preparing your meal in the morning, or put something in the slow cooker if you have one. Then you can take your baby for a walk or a drive in the car instead and know dinner is already taken care of.
- Get out of the house. Even if it is just once a day for a walk around the block or a drive.

CRYING BABIES

Crying is your baby's main way of communicating. It can be hard to work out what your crying baby needs, especially if you're a first-time parent.

Babies cry when they're hungry or tired, when they're uncomfortable or feeling unwell. Babies also cry when they need comfort.

While most crying babies are not sick. If your baby cries for long periods each day and you are unable to comfort them, speak to your midwife or make an appointment with your GP.

Most babies cry for about three hours a day, some babies cry for a lot longer. Babies tend to cry more in the late afternoon and early evening. By about eight to twelve months most are more settled and much of the crying will stop.

Some breastfeeding mothers worry that crying means there is something wrong with their milk or that their baby is not getting enough. Breastfeeding is rarely the reason for your baby's crying. See the information on wet nappies and breastfeeding if you are concerned.



HOW TO MANAGE YOUR BABY'S CRYING

The first thing to do is check whether your baby is hungry, tired or uncomfortable.

You could try:

- Feeding your baby. If you've read the section on breastfeeding you'll remember that crying is a late feeding cue.
- Putting your baby down for a sleep. Newborns can get tired very quickly. Your baby could be ready for a sleep one to one and half hours after waking. Try wrapping baby gently to help them feel secure and put them down to sleep in a safe place.
- Checking if your baby's nappy needs changing.

If these don't work and your baby is still crying you might find this list helpful.

- Could it be wind? Try holding your baby upright against your chest and gently pat or rub their back. You could also try gently rubbing their tummy. Your baby may be soothed by this even if they don't burp.
- Is your baby too hot or too cold? Is what they're wearing uncomfortable or is something irritating them? Newborns need loose clothing and generally need to be wearing one more layer than you to feel comfortable.
- Does your baby need comfort? Babies are comforted by your voice, your smell, the sound of your heart. You may like to gently rock them, speak to them softly or carry them in a sling. Picking up and cuddling your crying baby will not start bad habits or spoil them.
- Is your baby overstimulated? Babies find it hard to filter things like light, noise and lots of people out and can become overwhelmed. You could try taking your baby somewhere quiet where the lighting is dimmed. Some babies may also be soothed by white noise like the washing machine.



SLEEP

Your baby will show you they're tired through changes in behaviour. By watching for your baby's tired signs you'll start to know when it's time to start settling them down for sleep.

Newborns can get tired very quickly. Some are tired as soon as 1-1½ hours after waking.

If you notice your newborn doing any of these things it could be time to put them down for a sleep:

- Closing their fists
- Pulling at their ears
- Having difficulty focusing or seem to be staring into space
- Making jerky arm and leg movements
- Arching backwards
- Frowning or looking worried
- Sucking on their fingers.

Nothing working?

If you feel like you've tried everything and your baby is still crying you might like to:

- Give your baby a warm bath. Make it deep enough for them to float with your support.
- Give your baby a gentle massage. Your midwife can show you how.
- Take your baby for a walk in the pram or in the sling.
- Go for a drive. The movement and white noise of the car may settle them.

Looking after yourself

You'll soon learn to read your baby's signals and understand their needs but in the early days a crying baby can be very stressful. It's important that you also take care of yourself.

Remind yourself that everything is OK. Crying very normal and you're doing all you can to help your baby. You might like to try:

- Asking your partner or a friend to take over for a bit.
- Go for a short walk and breathe deeply.
- Go to another room and listen to some music, meditate or just lie down.

Never shake a baby. It can cause bleeding inside the brain and likely permanent brain damage. If you feel like you can't cope, put your baby in a safe place like a cot, urgently speak to your GP or call Lifeline Australia on 131 114. If you believe that someone's life is in immediate danger, call 000 or go to your local hospital's emergency department.

Where your baby sleeps

It's recommended that you share a room with your baby for at least the first six months of their life. The safest way to do this is for your baby to sleep in a safe cot next to your bed.

This kind of room-sharing has been shown to halve the risk of sudden unexpected death in infancy (SUDI) including sudden infant death syndrome (SIDS) and fatal sleeping accidents.

We recommend you visit www.rednose.org.au to find out more about safe sleeping. Red Nose is Australia's leading authority on safe sleep and safer pregnancy advice.

EXERCISES FOR NEW MOTHERS

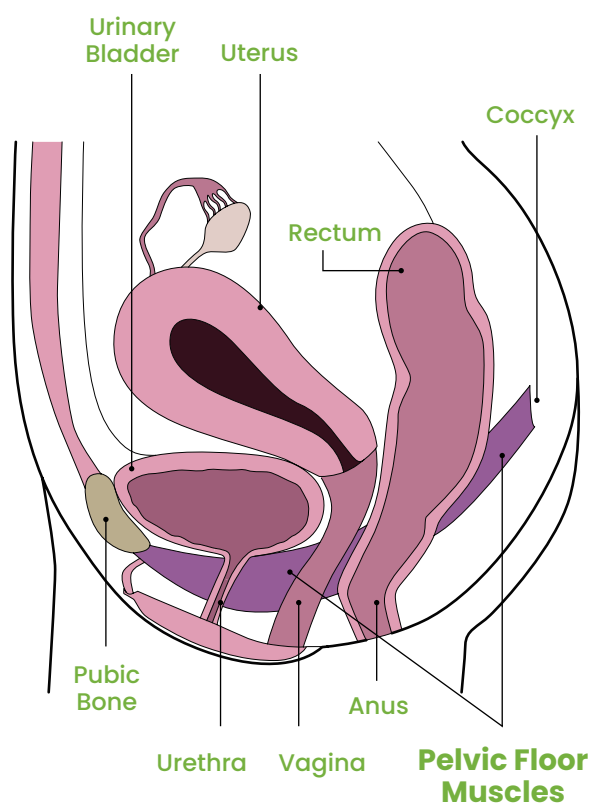
You can start pelvic floor exercises two to three days after the birth of your baby. Do them slowly. These exercises should not cause any pain or strain. Speak to your midwife if you are unsure about any of them.

Pelvic floor exercises

The pelvic floor muscles support the bladder, uterus and bowel and help control continence of your bowel and bladder.

During pregnancy your hormones and the weight of your baby can cause these muscles to become weakened. This means organs like your bladder are less supported and can be more difficult to control. Weakened pelvic floor muscles can also lead to a loss of sexual satisfaction and, in extreme cases, prolapse (sagging) of the pelvic organs.

Pelvic floor exercises work to strengthen these muscles and reduce the likelihood that you will experience any of these things.



Simple pelvic floor exercises

- Lie on your back or side with your knees bent and legs slightly apart. Keep your back straight.
- Now squeeze and draw up the muscles around your anus, vagina and urethra as strongly as possible. Imagine you're trying to stop the flow of urine. Hold this squeeze and lift for two to three seconds then relax completely.
- Repeat this exercise three to five more times, at least four to five times a day.
- Stop exercising when the muscle fatigues. Go gently at first and as the swelling subsides you can increase the strength and length of your pelvic floor muscle contraction.

You can check the strength of your pelvic floor about 12 weeks after your baby's birth by coughing or jumping with a full bladder. If there is no urine leakage you can reduce your pelvic floor exercises to one set a day. If you have leakage speak to your GP.

Other things you can do to support the healing of your pelvic floor:

- Lie horizontal (flat on your back or on your tummy) and rest for 15 to 30 minutes at least twice a day.
- Support the perineum when opening your bowels
- Don't lift anything heavier than your baby for the first six weeks.

Abdominal exercises

When you're pregnant your abdominal muscles stretch to accommodate your baby. These muscles are important for good posture and providing back support. After your baby is born these muscles may be weaker and need to be strengthened with gentle exercise. Your midwife will be able to provide you with some exercises to try. Sit-ups are not recommended in the first six weeks after your baby is born.

General exercise

Exercising after you've had your baby can help your body recover, boost your mood, raise your energy levels, help you sleep and make you stronger.

It might feel hard at first to fit exercise in, especially if you have older children as well, but there are lots of ways to make exercise a part of your day. You could try walking older children to school with your baby in the pram or doing an online exercise class while your baby has some play time on the floor with you.

Start gently. A walk around the block might be enough to begin with. You can gradually build up to a 30 minute walk every day. You could also try yoga, pilates, light weight training, cycling or low-impact aerobics.

SEX AFTER A BABY

You can start having sex as soon as you and your partner feel comfortable, unless your midwife or your GP recommends you wait for medical reasons. It's important to be patient. Sex and intimacy can be challenging for new parents.

Your body is healing so you might feel some discomfort or pain during sex, especially if you have a graze, stitches or bruising, but this usually improves over time. Using a water-based lubricant and trying different positions can help. Pelvic floor exercises will also help tone the vaginal muscles.

You might feel anxious about what having sex after childbirth is going to be like or feel self-conscious about how your body has changed. If you feel like this, try to relax. Talk to your partner about how you're feeling and what you want. Find a pace that suits you. Remember there are other ways to feel connected and give sexual pleasure like massage, kissing and touching.

You might find it hard to relax, thinking your baby will wake up and need you. Once you get to know your baby you'll probably be able to work out a time when they are more likely to be settled. It's also ok to put your baby down to sleep in another room, or ask someone to look after your baby so you and your partner can have some time.

If you're breastfeeding your hormone levels will be a little slower to return to normal. For some women this means their desire for sex takes a little longer to return too. This is normal. It's also normal for milk to leak from your breasts during sex. You could try feeding your baby, or expressing, before having sex if you find this affects your enjoyment.

Contraception after a baby

It's a good idea to think about contraception before you start having sex again. Some women start to ovulate even before their period returns so it is possible to become pregnant if you have sex without using contraception. Your midwife or GP will be able to explain the options and help you work out what suits you best.

You may like to look at the Sexual Health Victoria to find out more about your contraception options at:

shvic.org.au

THANK YOU

We hope you have found this handbook helpful. Your midwife or GP will be able to speak with you about any of the topics covered in more detail.

You might also find the following websites and factsheets helpful.

Pregnancy

www.betterhealth.vic.gov.au

www.nutritionaustralia.org

www.quit.org.au

Parenting

www.raisingchildren.net.au

<https://www.betterhealth.vic.gov.au/healthyliving/parents#support-services-for-new-parents>

<https://rednose.org.au>

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

Breastfeeding

<https://thewomens.r.worldssl.net/images/uploads/fact-sheets/How-to-breastfeed.pdf>

<https://www.thewomens.org.au/health-information/breastfeeding>

Royal Children's Hospital Kids Health Info Fact Sheet
https://www.rch.org.au/kidsinfo/fact_sheets/

www.lcanz.org (Lactation Consultants of Australia and New Zealand)





Other health services

Bendigo Health Women's Clinics: 5470 6600
Bendigo Health Women's Ward: 5454 8584
Bendigo Health Birthing Suite: 5454 8582/5454 8587

Breastfeeding help and advice

Australian Breastfeeding Association
24-hour Helpline: 1800 686 268 www.breastfeeding.asn.au
Castlemaine and District Group contact Rachel
abacastlemaine@gmail.com

Community/local government services

Maternal and Child Health Mount Alexander Shire 5472 1364
www.mountalexander.vic.gov.au/Maternal_and_child_health
Mount Alexander Shire Community Directory Children and Families
www.connectmountalexander.com.au/cat/children-families/

Depression support

PANDA: 1300 726 306 Web: www.panda.org.au •
Lifeline (Crisis) 13 11 14 – (24 hour)
www.beyondblue.org.au
www.blackdoginstitute.org.au
Raphael Services (sjog.org.au)
Pehp – Mental Health Care & Services

Family violence

Centre for Non-violence
www.cnv.org.au
The Orange Door
www.orangedoor.vic.gov.au

Dhelkaya Health support services

Aboriginal Liaison Officer
Continence clinic
Dietician
Emotional wellbeing service
Lactation consultant
Paediatrics
Physiotherapy
Speech pathology
Social workers

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Dhelkaya Health is located on the traditional lands of the Dja Dja Wurrung People. We pay our respects to their Elders past, present and emerging, and acknowledge all Aboriginal and Torres Strait Islander peoples as the first people of this nation. Dhelkaya Health is committed to achieving equality in health status between Aboriginal and Torres Strait Island peoples and non-Indigenous Australians.





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