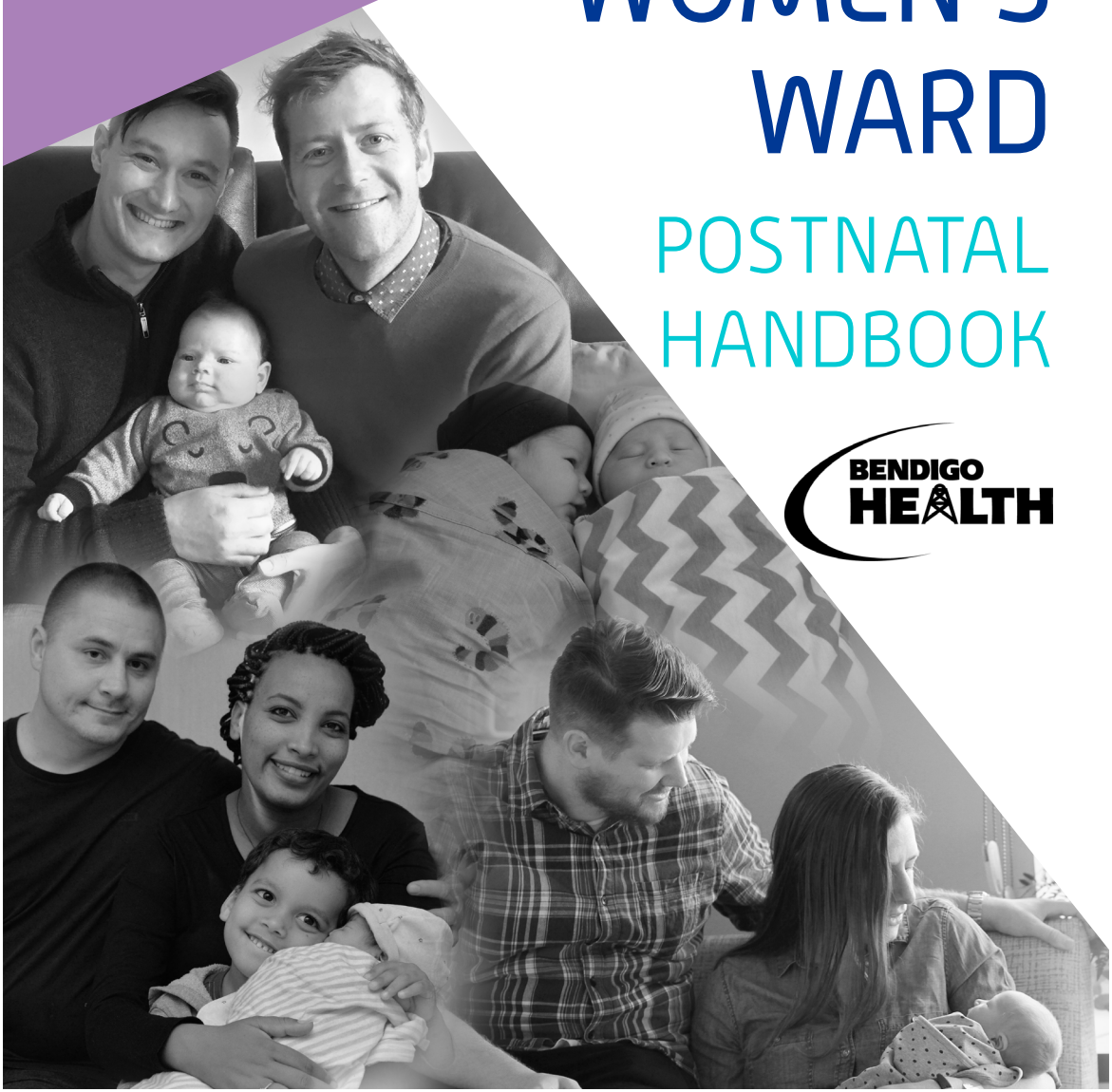
WOMEN'S WARD

POSTNATAL HANDBOOK



BENDIGO HEALTH

Excellent Care. Every Person. Every Time.

Congratulations

on the birth of your baby and welcome to Bendigo Health's Women's Ward

This handbook has been designed to provide you with information relevant to your stay at Bendigo Health's Women's Ward, and what you can expect in the postnatal period.

Women's Ward – 5454 8584 or 5454 8613

Bendigo Health – 5454 6000

Published by Women's and Children's Centre
Bendigo Health
Bendigo Hospital Campus
Barnard Street
Bendigo 3550

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INTRODUCTION

Our aim:

- To work together with you and your family to enable you to feel confident and equipped as you begin your journey as new parents
- To place families first
- To provide appropriate knowledge and explanations to enable informed decision making
- To provide quality client focused maternity and neonatal care
- To support you and your family by linking you in with relevant community support services, as required.

Our team:

Women's and Children's Centre involves a range of professionals including midwives, neonatal nurses, resident/registrar medical officers, staff specialist and consultant obstetricians, consultant paediatricians, anaesthetists, clerical staff, environmental staff, perinatal social worker, lactation consultants, childbirth educators, midwifery home care midwives and a women's health physiotherapist.

Duration of your postnatal hospital stay:

All women who have had a vaginal birth will be admitted for an average of 24-48 hours.

All women who have had a caesarean section will be admitted for an average of 48-72 hours.

Women's Ward – is a secure ward and visitors will be asked identity on arrival, before access to the area.

Visiting hours:

Visiting hours for your main support person is unlimited. For extended family and friends visiting hours are between 2pm-8pm. A complete rest period is suggested between 1pm-2pm.

Strict visiting hours apply due to a short hospital stay. This period of time is a big adjustment for you and your partner. Staff will be spending a large amount of time assisting you and your baby, and we suggest you limit your visitors during your hospital stay to close family and friends.

Support person staying overnight:

If your support person wishes to stay overnight, each room has a single reclinable chair that may be used to sleep in. They must abide by the 'support person code of conduct'. They will not be provided with meals and can access one of the five Zouki cafes throughout the hospital.

Toddlers/children:

Toddlers and children are welcome to visit but are not permitted to stay overnight.

THE HUGS AND KISSES INFANT PROTECTION SYSTEM

After your baby is born he/she will have an unobtrusive, soft, tamper-proof 'Hugs' tag attached around his or her ankle that will be worn for the duration of their hospital stay. A small tag known as 'Kisses' will be applied to your wrist which is linked with your baby's Hugs tag.

This security system identifies a mismatch if an incorrect infant is brought to the mother, it keeps baby safe by activating hospital security cameras, locking doors and security alerts if the strap is cut or tampered with, if the infant is moved to an unauthorised zone, or if the tag's signal is no longer detected. This Hugs tag will be in addition to the three hospital name tags.

If any of your baby's name tags come off, it is important that you notify your midwife immediately.

CARING FOR YOU

The first few weeks post birth is rewarding and enjoyable, but can also be very busy and tiring for most new families. The time for recovery post birth is very important and should focus on both your physical and emotional recovery. The following information will provide you with a guide on what to expect. If you have any further questions, please speak with your midwife/doctor or contact your healthcare provider.

EPIDURAL

If you have had an epidural during labour or birth you will have reduced control over your legs for the first 4-6 hours after removal. We ask that you stay in bed for this period of time, and if wanting to get up ring staff for assistance. A urine catheter will be left in your bladder for up to 24 hours, as you will have reduced sensation to pass urine during this time. When staff remove this catheter it is important that you pass urine within 6 hours. Please alert staff when you have passed urine and if you have any concerns, such as reduced sensation or incomplete emptying of your bladder.

While complications from an epidural are very rare, they can be serious. If you notice any new back pain, change in sensation (numbness or tingling) or weakness in your legs, altered bladder or bowel control in the next few days or weeks, please consult your doctor or an emergency department immediately. In case of concern, please phone Bendigo Health on 5454 6000 and ask to speak to the acute pain service or duty anaesthetist; or attend Bendigo Health Emergency Department.

SPINAL

If you have had a caesarean section birth, you would most likely have had a spinal block for analgesia. We will ask you to stay lying flat for four hours after this has been given to stop you from getting a headache. You will stay in your bed until you have full sensation in your legs. A catheter will be in your bladder as you will have reduced sensation to pass urine. This will be removed when sensation has fully returned.

FALLS PREVENTION:

Mothers of new born babies can fall whilst in hospital which can cause injury. As a new mother you have increased risk of falling if you:

- Are very tired, disorientated or drowsy
- Have had an epidural, spinal, general anaesthetic, sedation or pain relief medication
- Have had bleeding during pregnancy, birth or postnatally
- Have certain medical conditions such as epilepsy, low blood pressure or diabetes
- Are wearing badly fitting footwear, socks or surgical stockings without shoes
- Have a visual or physical impairment.

Mothers of new born babies can reduce the risk of falling in hospital by:

- **Use your call bell** if you require assistance
- **Take your time** when getting up from sitting or lying down. Let staff know if you feel unwell or unsteady on your feet. Use stable objects for support
- **Wear safe footwear,** only walk around in socks or surgical stockings with non-slip shoes
- **Use a shower chair** when showering
- **Use the rails** to get off the chair or the toilet. If you feel unsafe in the bathroom, remain seated
- **Familiarise yourself with your room and bathroom,** be aware of any hazards (eg spills and clutter) and tell staff when you see them
- **At night,** turn on the light before you get out of bed.

If you do have a fall, do not get up on your own – wait for help.

How to keep your baby safe from falling – safe sleep principles:

- Place your baby to sleep on their back from birth in their safe cot next to your bed
- Don't fall asleep while holding your baby as they can fall from your hold
- Never leave your baby unattended on a bed or surface from which they may fall
- Ask for assistance when moving your baby from their safe cot if you feel at risk of falling
- When transporting your baby around the unit, always place your baby in their own safe cot. Walking with your baby in your arms is not encouraged
- Take extra care when changing nappies and bathing your baby. These are situations where your baby may fall.

Please let your visitors know it is important to move your baby only in their wheeled cots.

Encourage your visitors to make sure that the bedside is clear when they leave and any extra chairs are put away.

DEEP VEIN THROMBOSIS (DVT):

During the postnatal period you can develop a DVT, which is a blood clot that forms in a vein. The most common time for this to occur is generally in the first 3-4 weeks and if you have had a caesarean section, or

were immobile during your pregnancy with a medical condition, you are at further risk of developing a DVT. To help prevent a DVT from forming, we will encourage you to do some leg exercises when in bed and to mobilise early after birth. If you have any risk factors or have had a caesarean section you will be asked to wear TED (anti-embolic) stockings and be given an injection into your leg to prevent clots from developing while you are in hospital.

If you have any of the following symptoms, please tell your midwife or seek medical advice;

- Feel generally unwell (may experience some chest pain)
- Have pains in your legs, such as red spot or tenderness in a specific area.

BREAST CHANGES

You will notice some changes in your breasts after giving birth, regardless of if you are breastfeeding or not, as a number of events are triggered to establish your breastfeeding after your baby and the placenta are birthed. You will notice that your breasts will become swollen, hard and sometimes sore. This only lasts for a short period of time, as your body will begin to regulate your milk supply. While you are in hospital your midwife will assist you with your breastfeeding.

If you have decided not to breastfeed, your midwife will advise you to wear a well-fitting bra with the straps pulled up tightly to help reduce the engorgement. Avoid putting hot water directly on your breasts for the first few days as you will want to avoid any stimulation to your breasts. Breast engorgement will decrease over a few days if your baby does not stimulate the breasts by sucking to produce milk. Ask your midwife for some pain relief if you find full breasts painful.

BLOOD LOSS/LOCHIA

After giving birth you will lose some blood from your vagina. It is normal for you to bleed and this blood loss is called 'lochia'. For approximately the first two days after giving birth you will notice your bleeding is heavy, but with each day this bleeding will become less and less. The colour of your blood will be bright red at first but will gradually change to a brown colour, usually stopping within 4-6 weeks. The blood loss is caused by your womb contracting as it returns to the way it was before you were pregnant. Your midwife will ask you about your blood loss while you are in hospital and check your uterus by gently 'rubbing' the top, called your fundus to make sure this stays contracted.

Many women will experience 'after pains' in the first 2-3 days after giving birth and you may notice these 'pains' when your baby cries or when you are breastfeeding. If you are in hospital, your midwife can give you some pain relief if you need something to help reduce this pain. The more children that you have, the more you will notice these 'after birth' pains. Some women compare these pains to contractions.

You need to tell your midwife or seek medical advice if:

- You are passing any clots
- You notice a bed smell coming from your lochia
- You are soaking a sanitary pad every hour or sooner.

Any of these signs could be the start of an infection or a sign of 'retained tissues'.

Note: in the first few weeks after birth, if you are soaking a sanitary pad every hour or sooner this can be a sign that you are going to have a large secondary bleed called a postpartum haemorrhage, which can occur for up to 6 weeks after you have your baby. If you are passing a lot of blood and need to change your pad every hour or sooner, please present to your nearest emergency department for treatment.

CARE OF THE PERINEUM (EPISIOTOMY/ TEAR/SUTURES)

Your perineum is the area between your vagina and back passage. If you gave birth vaginally you may have stitches, which can make sitting down, walking, and passing urine uncomfortable. You may wish to take some pain relief, but first discuss with your midwife, doctor or pharmacist to check they are safe to take after birth/ whilst breastfeeding. Sitting on a soft cushion or preferably lying down can help to relieve some of the discomfort which should gradually settle over the next week.While you are in hospital your midwife will check your perineum daily and you will be offered icepacks for the first 48 hours. Pain should subside after a week.

It is important that you wash your perineum frequently to keep the wound clean. Do not rub the area, but make sure you 'pat' dry after washing. Frequent sanitary pad changes are also necessary to try and keep your wound dry as this will allow for a

better healing process. Do NOT use tampons for the first six weeks as this can increase the risk of an infection occurring. Even if you did not have any stitches after giving birth you may still notice some discomfort and heaviness in your vaginal area due to some bruising and swelling.

Make sure you have plenty of rest, warm baths, perform good hygiene and begin your pelvic floor exercises, all of which will help with the healing process. If you have any concerns about any pain or discomfort please tell your midwife or seek medical advice.

Signs and symptoms of infected perineal tear or episiotomy
If you have any of these signs or symptoms, please tell your midwife, see your GP or go to Emergency Department:
•Temperature greater than 38 degrees on 2 separate occasions , taken 4 hours apart
•Increasing pain or swelling along or around the tear or episiotomy site
•Offensive discharge
•Opening up of the wound
•Feeling unwell, flu like symptoms, sweaty or cold

BLADDER

Hydration is very important for milk supply, healing and overall health. Try to drink 6-8 glasses of water every day. If passing urine is uncomfortable initially due to labial or urethral grazes, try pouring warm water over the area during urination or pass urine in the shower. Taking urinary alkaliniser during the day may also help to make your urine less acidic. These can be brought over the counter at the chemist.

BOWEL MOVEMENTS

You may have some concerns about opening your bowels for the first time after giving birth due to your sutures. This will not impact on your sutures and the sooner you can open your bowels the better. Your midwife will provide you with some tips, and you can use a clean pad to support the perineum while you open your bowels. Delaying opening your bowels can lead to constipation. To prevent this from happening, drink lots of water, eat plenty of fruit, vegetables and whole grain cereals, and mobilise frequently.

PRACTICE GOOD TOILET HABITS

Sit correctly when opening your bowels with your bottom to the back of the toilet seat, legs apart, up on toes or on a foot stool, keeping a straight back and leaning forwards with your abdomen and pelvic floor relaxed. Don't hold your breath. Stool softeners will be offered to help open your bowels comfortably. If you're troubled by haemorrhoids, apply ice to the area. Haemorrhoid creams are available from your doctor but not to be used longer than 2-3 weeks as it causes skin irritation.

BLOOD TESTS

If you are a rhesus negative blood group, you may need an Anti-D injection within 72 hours of your baby being born, once your baby's blood type is known. Your immunity to rubella would have been checked during your pregnancy and if this is low, we will offer the vaccine (MMR) before you are discharged home, otherwise you will be advised to follow this up with your GP.

If you lost a lot of blood at birth or you had a caesarean section, you will have a blood test done to check your iron levels before you go home.

WHOOPING COUGH VACCINE

Should be received by all new parents and those in close contact with your new baby, if not attended before your baby's arrival. This can be obtained from your GP and should be received ASAP after the birth of your baby. Whooping Cough or Pertussis is a highly contagious and infectious disease, which is most serious in babies under the age of 12 months. Babies are at greatest risk of infection until they have at least two doses of the vaccine (minimum four months old) as the mother's antibodies do not provide reliable protection.

POSTNATAL BLUES ('BABY BLUES')

On the third or fourth day after giving birth it is common for you to feel sad, tearful or just a bit more fragile than usual. This is caused by fluctuating pregnancy hormones and is normal. Try to rest and relax, and accept as much help as you can. Please do not confuse this with postnatal depression.

POSTNATAL DEPRESSION (PND)

This can occur at varying times and to different degrees, requiring appropriate and early intervention. Some of the signs are prolonged sleep disturbance unrelated to baby's sleep needs, changes in appetite, crying for no apparent reason, inability to

contemplate daily activities, irritability, excessive anxiety about your own or the baby's health, negative or guilty feelings, fear of being alone, difficulty with concentration or memory, loss of confidence and self-esteem. If you were taking anti-depressant tablets and then ceased these during pregnancy, please discuss with staff the possibility/benefits of recommencing these tablets prior to discharge home. For more information also see your antenatal handbook.

MATERNITY PERINATAL SOCIAL WORK AND SUPPORT PROGRAM

While you are in hospital you can access our Maternity Support Clinicians, who offer emotional support and assistance to access other services in the community. Common issues requiring Maternity Support are a past history of depression or postnatal depression, the birth experience, mental health problems, issues with loss, miscarriage, stillbirth and neonatal death, past history of childhood abuse and other issues causing stress or emotional distress.

Hours: 9am-5pm.
Service availability: Monday – Friday
Phone: 5454 7282

Access: Maternity Support is primarily an antenatal emotional support service with some post-natal overlap when linking into other community support services is required. Maternity Support is always happy to receive post-natal inquiries to ensure prompt access to appropriate community support services for up to 6 weeks after you have your baby.

MIDWIFERY HOME CARE (MHC)

When you are discharged home from hospital, a midwife from the MHC team will visit you at home to ensure you and your baby are progressing appropriately prior to handover to the Maternal Child and Health Nurse (MCHN). Some of the things this visit will include are:

- A physical check of you and your baby
- Weighing the baby
- Providing assistance and support with feeding (document feeds in appendix I)
- Answering any questions or concerns expressed by you or your family.

If you have any questions regarding this service, please discuss with your midwife prior to discharge.

CARE FOLLOWING A CAESAREAN SECTION

If you have had a caesarean section your midwife will help you move in bed and care for your baby. Your midwife will regularly check your wound and perform other observations, offering pain relief as you need.

Initially you may find the incision site of your wound painful, especially when you cough. This is due to internal pressure on the wound. Placing a hand firmly on the wound when you cough will help reduce this pain. You will have intravenous therapy running until you are able to tolerate fluids and after 24 hours you will have your urine catheter removed and encouraged to mobilise out of bed. The midwife will be there to assist you until you feel comfortable moving around outside of the bed. You will need to keep your TED stockings on until you are discharged home. You will have a dressing over your wound, which will be removed by your midwife after a number of days. Depending on the type of material used you may need your sutures or staples removed. This will be done by your midwife on day five.

Do not lift anything heavier than your baby for at least six weeks after having your caesarean section. As a caesarean section is major abdominal surgery you will not be able to drive for 2-6 weeks following birth. You should also check with your insurance company about when you can start driving again.

ABDOMINAL WOUND CARE

When caring for your wound you should:

- Keep your wound clean and dry
- Have a shower or bath daily using unperfumed soap or body wash.
- Wash your wound with water only
- Gently pat your wound dry with a clean towel
- At least a few times a day allow fresh air and sunlight to get to your wound. This is especially important if you are overweight
- You can also try using a sanitary pad or roll up a clean towel in-between your underwear and wound to reduce the amount of moisture around your wound.
- If you need to touch your wound make sure you wash your hands with soap and water before and after.

When caring for your wound you should avoid:

- Applying soap or body wash directly on the wound
- Rubbing your wound
- Touching your wound
- Dressing your wound unless advised by your midwife or a healthcare professional
- Antiseptic creams, washes or sprays on the wound unless advised by your midwife or healthcare professional. This includes tea tree oil, honey, arnica and essential oils. When your wound is fully healed (may take 6 weeks) you can use these products
- Swimming pools, saunas and hot tubs until your wound is completely healed.

INFECTED WOUND

If you have any of the following symptoms, please tell your midwife, see your GP or go to the Emergency Department:

- Temperature greater than 38 degrees for more than two readings, taken four hours apart
- Increasing pain or swelling of the wound
- Your wound is oozing blood stained fluid, yellow fluid or becomes smelly
- Redness spreading to the skin around your wound
- Your wound appears to be opening up
- Feeling unwell, flu like symptoms, sweaty and cold.

POSTNATAL EXERCISES

Most of your body's pregnancy changes will return to normal automatically over time. Your uterus will gradually reduce in size over the next 6-8 weeks and your ligaments will tighten up by five months. You will need to put some effort into your abdominal and pelvic floor muscles to improve their strength and function, as these muscles have been stretched.

Postnatal physiotherapy classes are available on the second and fourth Friday of every month. Ask your midwife or Maternal Health Nurse to refer you for the class. Class bookings can then be made by calling 5454 8783.

PELVIC FLOOR MUSCLES

Having strong pelvic floor muscles gives us control over the bladder and bowel. Weakened pelvic floor muscles mean the internal organs are not fully supported and you may have difficulty controlling the release of urine, faeces (poo) and flatus (wind). Pelvic floor muscles are also important for sexual function.

Voluntary contractions (squeezing) of the pelvic floor contribute to sexual sensation and arousal. The pelvic floor muscles also provided support for your baby during pregnancy and assist in the birthing process. The muscles of the pelvic floor work with the abdominal and back muscles to stabilise and support the spine.

Common causes of a weakened pelvic floor include pregnancy, childbirth, obesity and the associated straining of chronic constipation. Hormonal changes at menopause, repeated heavy lifting and a chronic cough may also contribute to weakness of the pelvic floor.

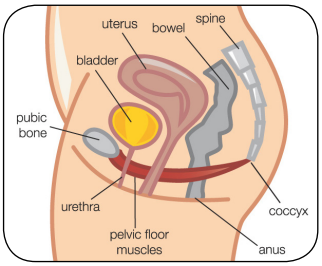
There are some other factors that can increase the risk of pelvic floor problems developing after giving birth. These include:

- Use of forceps to assist with the birth
- Use of vacuum device to assist with the birth
- Third of fourth degree tears (tearing of the perineum that is close to or includes your anus)
- A baby with a birth weight of more than 4kg
- Long pushing stage of labour.

If you experienced any of these, you need to give your pelvic floor recovery some more attention. If you have pain, find it difficult to feel your pelvic floor muscles or have any problems with bladder or bowel control after birth, treatment is available from a continence professional.

WHAT IS YOUR PELVIC FLOOR?

The floor of the pelvis is made up of layers of muscles and other tissues. These layers stretch like a hammock from the tail bone at the back, to the pubic bone at the front. A woman's pelvic floor supports the bladder, uterus and the bowel. The urethra (front passage), the vagina (birth canal) and the anus (back passage) pass through the pelvic floor muscles. The pelvic floor muscles normally wrap quite firmly around these holes to help keep the passages shut. There is also an extra circular muscle around the anus (the anal sphincter) and around the urethra (the urethral sphincter). When the pelvic floor muscles are contracted, the internal organs are lifted and the sphincters tighten the openings of the vagina, anus and urethra. Relaxing the pelvic floor allows passage of urine and faeces.



The diagram following shows the pelvic organs and pelvic floor muscles in women.

Although the pelvic floor is hidden from view, it can be consciously controlled and therefore trained, much like our arm, leg or abdominal muscles.

HOW CAN I FIND MY PELVIC FLOOR MUSCLES?

The first step in performing pelvic floor muscle exercises is to identify the correct muscles.

PELVIC FLOOR RECOVERY AFTER BIRTH

Resting in lying position rather than sitting reduces the dragging on the stretched pelvic floor muscles and is helpful to allow your pelvic muscles to recover in the first two weeks after childbirth. Icing the perineal area in the first few days after birth also helps to reduce swelling and pain, which also helps your long-term recovery.

Gentle pelvic floor muscle contractions can be commenced after 2-3 days even if you have had stitches. Correct pelvic floor exercises will help to improve the circulation in the area and will assist healing by reducing swelling. A correct pelvic floor contraction will not place any strain on the stitches and should not be painful. Commence pelvic floor exercises while lying down, first holding gently for up to three seconds, resting for 15 seconds, and repeating this three times. Aim to do these gentle exercises 3-4 times per day. Build up to longer and stronger holds as you are able to.

In at least half of all women, the pelvic floor muscles return to normal within 3-6 months after childbirth. In 30-50% of those who have given birth vaginally, these are permanent changes to the pelvic floor due to over stretching or tears (avulsion), which may not be visible at the time of vaginal childbirth. Intact perineal skin does not mean the muscles or support structures behind the skin are intact. Early treatment with pelvic floor exercises may help prevent long-term problems, but if your symptoms do not improve you may want to seek help from your doctor. Midwife continence nurse advisor or women's health physiotherapist.

GETTING THE TECHNIQUE RIGHT

This is the most important part of the pelvic floor muscle exercises as there is no point doing them if you are not doing them correctly.

Imagine letting go like you would to pass urine or to pass wind. Let your tummy muscles hang loose too. See if you can squeeze in and hold the muscles inside the pelvis while you breathe. Nothing above the belly button should tighten or tense. Some tensing and flattening of the lower part of the abdominal wall will happen. This is not a problem, as this is part of the tummy, it works together with the pelvic floor muscles.

Try tightening your muscles really gently to feel the pelvic floor muscles lifting and squeezing in. If you cannot feel your muscles contracting, change your position and try again. For example, if you cannot feel your muscles contracting in a seated position, try lying down or standing up instead. After a contraction it is important to relax the muscles. This will allow your muscles to recover from the previous contraction and prepare for the next contraction.

It is common to try too hard and have too many outside muscles tighten. This is an internal exercise and correct technique is vital. Doing pelvic floor muscle exercises the wrong way can be bad for you, so please see a health professional if you cannot feel your muscles, hold or relax.

EXERCISING YOUR PELVIC FLOOR MUSCLES

If you have mastered the art of contracting your pelvic floor muscles correctly, you can try holding the inward squeeze for longer (up to 10 seconds) before relaxing. Make sure you breathe easily when you squeeze.

If you can do this exercise, repeat it up to 10 times, but only as long as you can do it with perfect technique while breathing quietly and keeping everything above the belly button relaxed. This can be done more often during the day to improve control.

Tips for good pelvic floor exercises include:

- Quality is important. Fewer good exercises will be more beneficial than many half-hearted ones

- Give each set your full attention
- Share lifting heavy loads
- When on the toilet, keep your back straight and support your feet so your knees are higher than your hips
- Relax your pelvic floor, bulge your lower tummy forward, then push your tummy wide, hold the push, then relax. Repeat as needed.
- For the first few days after birth, when you empty your bowel it is a good idea to support the entrance of your vagina and perineum with your hand covered with toilet paper
- Seek medical advice for hay fever, asthma and bronchitis to reduce sneezing and coughing
- Keep your weight within the right range for your height and age
- Avoid constipation and prevent straining during bowel movements.

WHEN TO SEEK PROFESSIONAL HELP

Seek professional help when you have bladder or bowel control problems with symptoms such as:

- Needing to urgently or frequently go to the toilet to pass urine or bowel motions
- Accidental leakage of urine, bowel motions or wind
- Difficulty emptying your bladder or bowel
- Vaginal heaviness or bulge
- Pain in the bladder, bowel or in your back near the pelvic floor area when exercising the pelvic floor or during intercourse.

These problems may not be necessarily be linked to weak pelvic floor muscles and should be properly assessed.

Like all exercises, pelvic floor exercises are most effective when individually tailored and monitored. The exercises described are only a guide and may not help if done incorrectly or if the training is inappropriate.

Incontinence can have many causes and should be individually assessed before starting pelvis floor muscle training program. Tightening or strengthening pelvic floor muscles may not be the most appropriate treatment so speak to a health professional if you have persistent problems with your bladder or bowel.

HEALTH PROFESSIONALS

Continence and women's health physiotherapists specialise in pelvic floor muscle exercises. They can assess your pelvic floor function and tailor an exercise program to meet your specific needs. For a list of continence and women's health physiotherapists, visit the Australian Physiotherapy Association or call the National Continence Helpline on 1800 33 00 66.

POSTNATAL PHYSIOTHERAPY CLASS

Book in for your postnatal physiotherapy class with the physiotherapy department (5454 8783) to discuss pelvic floor exercises and learn about safe exercise after pregnancy and childbirth.

ABDOMINAL MUSCLES

Your abdominal muscles stretch and grow during pregnancy so in the first three or four days after your baby is born, you will feel like you have a floppy tummy. It is important to start gentle and safe abdominal exercises to shorten and strengthen these muscles to enable them to support your spine and abdominal contents.

Unless you have pain in your abdominal or back area, you do not need to wear firm abdominal support as it may slow your recovery.

ABDOMINAL HOLLOWING EXERCISES

These exercises can be done in different positions, eg sitting, standing, lying on your back, but initially you will find it easiest to start with lying on your side or in the hands and knees position. If done in standing position, remember to correct your posture first by standing up straight.

Place your hand on your low tummy, on your breath out gently and slowly draw in the muscles away from your hand towards your spine. Your back should not move when pulling the muscles in. The exercise is not done by sucking in your breath – you should be able to breathe in and out normally.

It takes practice.

Once you have the right action hold for three seconds, then relax your tummy right out again. You should be able to hold this gentle abdominal contraction for a longer time after a few days. If you have had a caesarean delivery continue with this exercise until after your six week check.

If you would like a safe progression of abdominal and

postnatal exercise, attend a postnatal physiotherapy class or refer to the Continence Foundation 'Pelvic Floor First' website.

CARING FOR YOUR BACK

Some of the things you do with, and for your baby can lead or add to back pain if performed awkwardly or incorrectly. It is important that you take care of your back as this can be vulnerable for 5-6 months after giving birth.

Some of the ways you can protect your back include:

- Bed mobility- when moving in and out of bed, roll on your side first, then push up into sitting position. This protects your back and prevents strain to your abdominal muscles
- Feeding- you may find it helpful to place a cushion behind your back and a pillow on your lap. Sit well back in your chair and have a low stool for your feet
- Changing and bathing- don't bend and stoop over your baby. Change and bathe your baby on a surface that is the right height for you
- Lifting- avoid low cots. Always bend your knees, keep your back straight and hold your baby or child close to you when you pick them up
- Posture- standing well protects your back and flattens your stomach. Hold your head up, ribs lifted, bottom tucked under and tummy drawn in.

RETURN TO SPORT AND OTHER EXERCISES

You can return to the gym 2-3 months after giving birth. Delay returning to sport or other high impact exercises until you have good control over your pelvic floor and abdominal muscles. Some good exercises include:

- Swimming- you can begin swimming once all vaginal loss has ceased
- Walking- this is cheap and easy and you can take your baby for a walk in the stroller when you go. Walking for 30 minutes to one hour provides the best effects
- Cycling- this is a good aerobic exercise for your whole body, although this will not specifically strengthen your abdominal or pelvic floor muscles.

Check out the 'Pelvic Floor First' website for other safe exercises. Even if you choose not to do any exercise it is important that you make time everyday where you can 'switch off' for at least 5-10 minutes. Looking after your baby can be very tiring and you should accept any offers of help.

SEXUAL INTERCOURSE AND CONTRACEPTION – YOUR CHOICES

You need to be guided by your body as to when you decide to have intercourse for the first time after having a baby. Tiredness and comfort need to be considered. Gentleness is advised initially as you may feel sore or tender. If vaginal dryness is a problem, try using a water-based lubricating jelly temporarily until natural lubrication returns. Please see your healthcare provider if painful intercourse persists.

If you don't want to get pregnant, you need to use contraception. Every month, your ovaries produce an egg. The semen that is released when a man ejaculates contains millions of sperm. It only takes one of these sperm to fertilise one of your eggs to begin a pregnancy. Using contraception reduces your risk of getting pregnant when you have sex.

No matter what contraception you choose, you still need a condom to protect you from sexually transmitted infections (STIs).

In Australia, there are more than 20,000 new sexually transmitted infections each year.

One of the most common is chlamydia, which can lead to infertility if left untreated. A condom is your best protection against infections. If you use a condom with a water-based lubricant every time you have sex, you will have less chance of getting HIV/AIDS and many other STIs.

CHOOSING YOUR CONTRACEPTION

The Pill is not your only option. Other 'worry free' options might work better.

You and your healthcare provider can talk about the best contraception for you. Most women are comfortable and familiar with the pill, though this is not always the most reliable method. Other methods known as LARCs or Long Acting Reversible

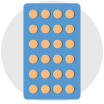
Contraception can protect you for long periods of time without you having to do anything. Even though they are worry free methods, women are still becoming familiar and comfortable with the idea of using them.

THE MALE CONDOM

The male condom is a fine rubber or synthetic sheath that is worn on a stiff (erect) penis. It collects the sperm and stops them from entering your vagina and uterus. You can easily buy condoms from a chemist or supermarket. Condoms reduce the risk of both pregnancy and sexually transmitted infection. Condoms are 98% effective if they are used correctly. Typically though, if they are not used correctly they are 82% effective, which means you have a two in 10 (18%) chance of getting pregnant or catching an STI. Our condom fact sheet will tell you more.

DIAPHRAGMS

A diaphragm is a soft silicone cap worn inside the vagina to cover the entrance to the uterus (the cervix). It stops the sperm from getting into the uterus. A diaphragm can be used at any time, even during your period and can be washed and used over and over again. A diaphragm has to be put in before having sex (up to 24 hours before) and removed after sex. When used correctly, diaphragms are 94% effective at preventing pregnancy. But if they are not used properly, eg the diagram slips, they are 88% effective, which means you still have a one in 10 chance of getting pregnant.



PILLS

There are two main types of oral contraceptive pills.

The combined pill

This pill has two hormones, which stop the ovaries releasing an egg each month. You still bleed each month, but not as much as usual. The combined pill can also bring some relief for acne and premenstrual syndrome (PMS). Some women have side effects from the pill, such as bloating, feeling sick sometimes or minor weight gain. The combined pill is 99.7% effective with perfect use but one in 10 (10%) may still get pregnant. There are a number of reasons for this, such as women forgetting to take it, which is common.

The progestogen-only pill (mini pill or POP)

This pill has only one hormone and works by changing the mucus at the entrance to the womb (uterus) so that sperm cannot pass through to fertilise the egg. The progestogen-only pill is different to the combined pill because it doesn't stop ovulation. It's 99.7% effective with perfect use. If mistakes happen, such as missed pills, around one in 10 women (10%) may get pregnant.

THE VAGINAL RING

The vaginal ring contains two hormones, just like the combined pill. It works in the same way as the pill to prevent an egg being released each month. The ring is placed high in the vagina and left in place for three weeks. It is removed for one week to allow you to have a regular monthly bleed. After you have bleed, a new ring is put in. It is not listen on the PBS (Pharmaceuticals Benefits Scheme) which makes it more expensive. The vaginal ring is 99.7% effective with perfect use. Like the pill, one in 10 women (10%) who are using the vaginal ring may get pregnant if they are using it incorrectly.

EMERGENCY PILL ('MORNING AFTER PILL')

If you had sex without contraception, or you were using a condom that broke, you can purchase an emergency pill. Emergency pills are available from the chemist with no prescription.

Emergency pills must be started within three days (72 hours) after unprotected sex and work best if they are taken as soon as possible after sex.

THE CONTRACEPTIVE INJECTION

DMPA (also called Depo Provera or Depo Ralovera) is an injection of a long-acting synthetic hormone. Women have the injection every 12 weeks for contraception. It can also be used when you are breastfeeding. There can be irritating side effects, such as mood changes, tummy discomfort and headaches, which can last for up to 12 weeks. Depo Provera is 99.8% effective with perfect use. Even though it is a very effective form of contraception, around 1 in 20 (6%) of women will still get pregnant using this method, usually because more than 12 weeks has passed without having another injection.

CONTRACEPTIVE SKIN IMPLANT

This is a small plastic rod, which is inserted underneath the skin on the inside of the upper arm. It slowly releases the synthetic hormone progestogen, which stops the ovaries from releasing an egg each month. Most women will have a different bleeding pattern and some stop bleeding all together. Some women will notice skin changes, mood changes or minor weight gain. The implant will last for three years and is 99.95% effective in preventing pregnancy.
It can be removed.

INTRA UTERINE DEVICE (IUD)

This a small contraceptive device that is placed in your uterus. There are two kinds of IUD:

- Copper IUD – lasts for 5-10 years and is 99.4% effective.
- The hormonal Progestogen IUD (Mirena) – lasts for five years and is 99.8% effective.

Although the IUD has been used for more than 30 years to prevent pregnancy, how it works is still not fully understood. The IUD effects sperm movement and survival in the uterus (womb) so that they cannot reach the egg to fertilise it. The IUD also changes the lining of the womb (endometrium) so that it is not suitable for pregnancy. This prevents a fertilised egg from developing.

It is a very effective long-term contraception. The copper IUD may cause your periods to be heavier and the progestogen IUD will make your periods lighter. The hormonal IUD (Mirena) is occasionally removed because of hormonal symptoms such as headache, breast tenderness, acne and increased appetite. It does, however, generally result in very light periods. The copper IUD tends to make the periods heavier, but doesn't cause hormonal side effects.

STERILISATION

Both men and women can have an operation to make them sterile. The woman's operation involves blocking the fallopian tubes. It is done through the abdomen and called a tubal occlusion and tubal ligation. The male operation is called a vasectomy. The operations are more than 99% effective and are permanent. This method is for people who have already had all the children they want.
There are also now tiny inserts that can be placed inside a woman's tubes by means of a special instrument. This procedure is done through the vagina and can be done while the woman is awake.

NATURAL METHODS OF CONTRACEPTION

The rhythm or Billings methods, fertility awareness, mucus, ovulation and temperature monitoring, are all methods you can use to understand your cycle and when you are fertile. These methods take practice and are most effective when you have regular periods. If they are done perfectly, these methods are effective most of the time (between 95-99.6% effective). However, five in 20 women (24%) may get pregnant using these methods.

WITHDRAWAL

This is when the man takes his penis out of the vagina before he ejaculates and sperm is released from the penis. This doesn't work if he forgets to withdraw his penis or is not quick enough. Also there may be some sperm in the pre-ejaculate (fluid that comes out of his penis before he ejaculates). If he ejaculates at the entrance to the vagina, some sperm may still swim inside and a woman could still get pregnant. Perfect use of the withdrawal method is 96% effective. Approximately two in 10 women (20%) get pregnant using this method of contraception.

CARING FOR YOUR BABY

The appearance of your baby will change over the first few weeks. The final colour of your baby's eyes can take up to two months. You may notice that your baby's head appears pointed, this is because your baby's skull has bones that overlap in the birthing processes. If you had a vacuum birth you may also notice a soft round cup mark on the top of your baby's head. Overlapping and cup marks are both normal and there is no cause for concern. Within a few days you will notice your baby's head shape returning to normal.

Make sure you have a clean environment for your baby as they have not yet developed a good immunity to many germs. Always wash your hands with soap and water after changing your baby's nappy. Always ask your visitors to wash their hands before holding your baby. Over handling of your baby can make them irritable.

During your hospital stay, your baby will stay in a cot next to your bed. We encourage mother/baby rooming in so you can begin to recognise and respond to your baby's needs ready for when you are discharged home. Avoid placing your baby on the bed at any time as this can lead to increased risk of your baby falling off, especially as they grow and develop.

Your midwife will check the following with you regarding your baby:

- Feeding pattern
- Output- wet and dirty nappies
- Colour of your baby's skin- signs of jaundice
- Sleeping pattern
- Settling strategies
- Care of the umbilical cord
- Weight gain/loss, head and length measurement.

Your midwife will get your written consent before giving your baby the following injections/tests:

- **Vitamin K:** this is known to be low in all newly born babies. Vitamin K is one factor required in the normal clotting process. We offer the choice of giving your baby Vitamin K after birth to prevent haemorrhagic disease of the newborn
- **Hepatitis B:** this is a free vaccination schedule that commences from birth, helping to provide some immunity against Hepatitis B
- **VIHSP (Victorian Infant Hearing Screening Program):** this is offered to all newborns to detect deafness at birth. It is a simple screening test which can sometimes give false positives, due to fluid in the ears and may need to be repeated
- **NST:** Newborn Screening Test is performed when your baby is 48-72 hours of age. It may be completed by the Midwifery Home Care (MHC) team, if you have been discharged. Newborn screening is a program that identifies babies at risk of having uncommon, but serious medical conditions that can affect normal development. 4 small drops of blood are collected on blotting paper and sent to the Victorian Clinical Genetic Services laboratory. Signed parental consent is required before the test is completed. You would have received more information about this in the brochure given to you in the antenatal period
- **Oxygen saturation:** an oxygen screening test will be completed on your baby prior to discharge. The test is used to unsure your baby's blood oxygen is at a safe level.

Before you are discharged home, a doctor will perform a baby check, similar to what was done after birth. If you are discharged home before 48 hours, you will be asked to see your GP in the next 5-7 days for a repeat baby check.

JAUNDICE

This is very common, occurring in approximately 60% of all newborn babies and is called 'physiological' jaundice. Your baby's skin and the whites of their eyes take on a yellow tinge due to the excess levels of bilirubin. This type of jaundice is visible within the first few days of life and usually disappears within 10 days without any treatment.

You may notice that your baby is sleepier and you are having to wake them up to feed. Increasing your feeds to every three hours will help your baby reduce the amount of bilirubin present. If the level of jaundice continues to increase and the midwife or doctor are concerned, they may order a blood test to check the levels of bilirubin. If this is high, a paediatric doctor (baby doctor) will see your baby and if treatment is needed, phototherapy (light treatment) is commenced. This process will help to eliminate bilirubin from the blood, which is then excreted through the baby's urine and faeces (poo). You will be asked to feed your baby regularly as increasing the amount of fluid will help to resolve the problem. Breast milk jaundice is also common and usually occurs 4-7 days after birth, lasting for up to 3-6 weeks.

Sometimes jaundice can be a sign of a serious problem. For example, jaundice appearing in the first 24 hours of birth, in premature babies, or as a sign of infection, when the baby's body is unable to process and remove bilirubin.

Significant signs of jaundice in a baby include:

- The skin takes on a yellow colour; beginning on the face and then moving down to the chest and body
- Your baby is tired and sleeps all the time
- Slow to feed and does not feed well
- Nappies are dry
- Your baby appears to have a temperature and ap pears sick/not well.

If your baby has any of these symptoms, please go to

the Emergency Department immediately.

HEAD SHAPE FOR BABY AND TUMMY TIME

Face time and tummy time equals head control for your baby!

By giving your baby 'tummy time' and 'face time' with you in short periods but often throughout each day will improve the shape and development of your baby's head from birth to 4mths of age.

It is important to sleep your baby on their back from birth. It is also important in the early months to vary the position of where your baby sleeps for their head shape by alternating the position in their cot/ bassinette. Place baby up one end to sleep and then move cot/bassinette next day or place baby at the other end of cot /bassinette. This allows your baby the chance to turn their head and focus on the light from window in a different position for their head shape.

By engaging with 'face time' with your baby when changing nappy or bath and feed time encourages your baby to move his/her head themselves and improve head shape and control. For more information refer to provided fact sheet from RCH Physiotherapy Dept.
https://www.rch.org.au/uploadedFiles/Main/Content/physio/Head%20control%20fact%20sheet.pdf

INFANT MASSAGE

Babies can enjoy massage just like their parents. Maternity Services is leading the way in recognising the many benefits infant massage can bring to families.

Benefits of infant massage include:
- Prevention and relief from colic, constipation and painful wind
- Assists with reflux
- Helps overcome post-natal depression
- Can increase periods of deep sleep
- Strengthens immune system
- Aides and stimulates digestion.

Attending an infant massage class is a fun and rewarding activity for both you and your baby.

The classes are held in Streams of Care/Midwifery/ Mamta Clinics every Thursday at 10am or 11:30am. You can meet other local parents and join in the fun with easy to follow, step by step, in class demonstrations by a qualified infant massage instructor.

Ask your midwife to book your free class, or see/use the following contact details.

Your IMIS certified infant massage instructor/consultant is Donna Cushing. Any questions prior to class, don't hesitate to contact Donna on:

Phone: 5454 7181
Email: imc@bendigohealth.org.au
Up to six weeks post birth.

WHAT TO BRING TO CLASSES

- Your new baby, nappy bag and a towel or blanket for baby to lie on.

SELECTING THE RIGHT MASSAGE OIL

Selecting the right massage oils are discussed at your class. Baby massage oil needs to be a pure cold pressed oil that is edible and pesticide/chemical free. Choose an oil that is made from either vegetables, fruits or seeds. Mineral and essential oils are not recommended as they are not edible. Sesame oil is available at cost price ($12.40) at your class.

PROTECTING AGAINST ALLERGIES

To help protect your infant from allergies, do not use nut oils. Peanut oil is never recommended for infant massage. It is important to perform a 'patch test' (with your selected oil), on your baby's skin at least 24 hours before use to check for any reactions. Your infant massage instructor or midwife can teach you how to perform a 'patch test'.

NORMAL NAPPIES: WHAT TO EXPECT

You can tell your baby is getting enough breast milk by looking at their nappies.

Day 1 (0-24 hours): Babies will have about ½ a teaspoon of colostrum (start milk) with each feed. You can expect to see 1+ wet nappy and a sticky black poo.

Day 2 (24-48 hours): Babies will have about one teaspoon of colostrum each feed and you can expect to see 2+ wet nappies and a soft green-black poo.

Day 3 (48-72 hours): Your breast milk supply is increasing and you can expect to see 3+ wet nappies and the baby's poos changing to a greenish-brown colour and are 'less sticky'.

Day 4 (72-96 hours): You can now expect to see 4+ wet nappies and the baby's poos will become a lighter greenish-brown or may have changed to a mustard yellow, which can be seedy or watery.

Day 5 (96+ hours): Your breast milk supply will increase to 500-800mls per day. You can now expect 5+ wet nappies and mostly mustard yellow, soft or liquid poo.

Day 6+: You can expect to see 6-8 clear wet (not strong smelling or yellow stained) nappies in 24 hours

(disposable nappies- at least five heavy wet nappies every 24 hours). Breastfed babies until six weeks have about four poos in 24 hours. Poo is not offensive smelling when a baby is only fed breastmilk. As they get older breastfed babies may poo less frequently, but the amount usually increases. The introduction of other fluids/foods changes the consistency and smell of the poo.

Variations

Red-orange wet nappy. It is normal in the first few days to see a pink/orange stain on the nappy, it is called urates. However, if this happens after day three (72 hours) it can sometimes be an indication of a low supply of breast milk and you should seek advice from your midwife, maternal child and health nurse, or a breastfeeding specialist.

Some good indications that your baby is getting enough breast milk include:

- 6-8 wet cloth nappies or 4-5 heavy disposable nappies in 24 hours
- Soft, regular bowel motions
- Arms and hands relax when feeding
- Your baby is alert, acts hungry at times, fussy at certain times of the day and acts satisfied after a feed
- Your breasts are softer and lighter after a feed
- You can hear your baby swallowing when feeding
- Your baby gains weight and is growing.

Frequency of feeds

- Breastfed babies will feed 8-12 times in 24 hours
- Some will feed every three hours day and night, others will cluster feed every hour or less for 4-6 feeds then sleep for 4-6 hours
- Some sleepy babies may need to be woken for feeds
- Night feeds are important for making milk and some babies will need them more than others
- Your baby will show you signs of wanting to feed before crying. Learning these cues will help you to feed your baby easier. These cues include hand to mouth, rapid eye movements, soft cooing or signing sounds.

Things that can help with successful breastfeeding include:

- Skin-to-skin contact with your baby
- Feeding within an hour after birth
- Good positioning and attachment
- Feeding your baby when they give you cues of wanting a feed
- Letting your baby feed until they are full and let go of the breast themselves
- Consider hand expressing between feeds in the first 48 hours to help familiarise yourself with your breast changes and help stimulate milk supply
- Asking for help from your midwife, lactation consultant or a trained breastfeeding consultant when things are not going well
- Avoiding dummies, teats and nipple cream.

Your baby can be unsettled from:

It is normal for newborn babies to cry between 2.5-5 hours every day. Standard crying/unsettled time tends to be between 4pm-midnight. Most babies need lots of hugs, comfort and security at this time. Feeding is only one means of comfort.

Your baby may be unsettled from:
- Hunger
- Dirty nappy
- Pain
- Loneliness
- Hot
- Cold
- Tired
- Uncomfortable.

Tired cues include:
- Pulling at ears
- Closing fists
- Fluttering eyelids
- Jerky arm and leg movements
- Yawning
- A worried look on your child's face
- Arching backwards
- Difficulty focusing – your baby might even go cross-eyed or seem to be staring in to space
- Sucking on fingers – this could be a good sign and might mean that your baby is trying to find ways to settle to sleep.

Things you can do to settle your baby:
- Feeding
- Changing their nappy
- Holding them upright or lying them across your knee
- Bathing
- Massage
- Rocking in your arms, a pram, playing music or singing
- Walking outside
- Riding in the car
- Using a baby sling
- Many babies are soothed by the sounds and smells of their mother's bodies
- Breastfeeding is relaxing for babies and many babies will go to sleep wile breastfeeding.

NEW MUMS GROUP

Bringing home a new baby can be a rollercoaster ride for parents. While there can be lots of happy and exciting times, managing babies feeding, sleeping and settling can be stressful for many mums and dads. This class is run by a lactation consultant and is available for parents to discuss:
- The ups and downs of life with a new baby
- Babies' behaviours, nappies and sleep patterns in the early weeks
- Normal feeding patterns, milk supply and breast issues
- SIDS education
- Support services available.

Where: Marjorie Phillips Unit
Booking: Call Women's Health 5454 7288 to book in to a class
Who: For parents with babies up to six weeks old
If you require any further information about the New Mums Group please call 5454 7288.

BREASTFEEDING CHECKLIST

To establish natural breastfeeding patterns:

- Let you baby feed as often as they like, day and night
- Offer both breasts at each feed. Whether your baby takes the second breast will depend on baby's appetite. If the second breast isn't taken for long, offer that breast first next feed
- Allow your baby to finish the first breast before offering the second
- Letting your baby feed as much as they want in the first few days will help to establish good breastfeeding patterns and prevent breast engorgement.

Your baby will need at least 8-12 feeds in 24 hours
Although frequent feeds may be time consuming, this is normal. The benefits include:

- The baby receives colostrum which helps prevent infections
- Full milk production is stimulated
- The risk of breast engorgement is reduced.

How to tell when your baby is attached properly to the breast.
Your baby is attached properly if:

- The mouth covers the nipple and a large amount of the areola, more on the lower side than the upper
- Their chin is touching the breast
- Their nose is clear of, or just touching the breast
- Their upper and lower lips are opened out or 'flanged' over the breast.

Your baby should take a few quick sucks and maybe a pause, before sucking strongly and rhythmically. You

should not feel nipple pain if your baby is attached properly.

CLUSTER FEEDING

This is a group of feeds close together that are baby initiated, usually in the evening or early in the morning. This feeding pattern can be very different from what the baby does during the day, feeding every 2-3 hours, to feeding every 30-45 minutes, becoming fussy and crying more during this period.
The best way to manage this period is to keep putting the baby to your breast and letting them feed and suck as required. This cluster period can last for several hours, but once complete, most babies will sleep deeply for several hours.

STORING, PREPARING FEEDS AND HYGIENE FOR EXPRESSED BREAST MILK (EBM)

- In most cases the mother will leave EBM ready in bottles in the fridge
- Fresh EBM can be kept safely in the back of the fridge for 72 hours
- To warm cold EBM, stand the bottle in a container of hot water (not boiling) until the EBM reaches body temperature
- Test how warm the milk is by dropping a little on to your wrist. It is right when it feels warm
- Do not overheat or boil EBM as this can destroy some of the nutrients in breast milk
- Do not store EBM in glass containers
- Do not use a microwave oven to thaw or heat EMB.

THAWING BREAST MILK

- Frozen EBM may be in a bottle, storage bag or other container
- It can be warmed quickly or thawed in the fridge
- Do not leave frozen EBM standing at room temperature
- To thaw quickly, move the bottle or bag of frozen EBM in a bowl of warm water
- As the water cools, add a little hot water to the bowl and keep moving the EBM around until it becomes liquid
- You may need to put the EBM into a clean feeding container
- It is a good idea to ask the mother when the baby is likely to need a feed and thaw the EBM before this time
- Store thawed EBM in the fridge for no more than four hours and heat as for cold EBM
- EBM, like other food, can grow germs, particularly after freezing and thawing
- Bottles, teats, spoons cups or other feeding equipment need to be well washed in hot, soapy water and rinsed well (air dry or dry with new paper towel if not being used straight away)
- Personal hygiene is also important. Wash your hands well before you start to prepare a feed.

Please note: If you do not have a refrigerator and are storing your EBM in an esky, please store in a closed container on ice for 24 hours, then discard.

STORAGE OF BREAST MILK FOR HOME USE

Breast Milk	Room Temperature	Refrigerator	Freezer
Freshly expressed into a closed container	6-8 hrs (26°C or lower). Store in fridge if available	No more than 72 hours. Store in back where it is coldest	2 weeks in freezer compartment inside fridge (-15°C) 3 months in freezer section of fridge with separate door (-18°C) 6-12 months in deep freeze (-20°C**)
Previously frozen – thawed in fridge but not warmed	4 hours or less (ie the next feed)	Store in fridge 24 hours	Do not freeze
Thawed outside fridge in warm water	For completion of feeding	Hold for 4 hours or until next feeding	Do not refreeze
Infant has begun feeding	Only for completion of feeding, then discard	Discard	Discard

** Chest or upright manual defrost deep freezer that is opened infrequently and maintains ideal temperature

A GENERAL GUIDE FOR HAND EXPRESSING

Always wash your hands before you start to express. To begin, gently massage your breasts for a short time and stimulate your nipples to encourage the let-down or flow of milk, then:

1. With your hand under your breast, place your thumb and index finger on either side of you areola, well back from the nipple
2. Gently press your thumb and forefinger back into your breast and as you do this, press them toward each other behind the nipple. Press for about two seconds, then release
3. Continue to compress and release and your milk will begin to appear
4. When the flow stops, move your fingers to another position, around the edge of the areola and start again
5. When the flow slows to drops of milk, change to the other breast
6. Massage both breasts again and repeat steps 1 - 5.

It is important not to cause pain or friction while expressing.

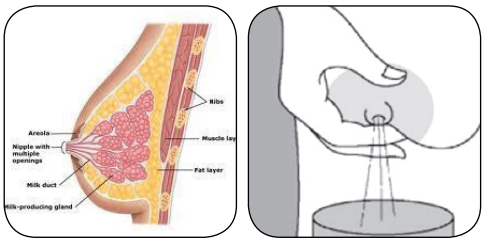
FULL BREASTS

Around the third or fourth day after you give birth, your breasts start to produce lots of milk. This is known as the milk 'coming in'.

During this time, your breasts may produce much more milk than your baby needs and they may feel full and uncomfortable. This will only last for a few days. Most women feel their breasts softening from around 10 days to two weeks.

When your milk first comes in:

- Your nipple and the dark area around it (the areola) may become full and firm and it may be difficult for your baby to attach properly to your breasts
- Your baby may not take all your milk from your breasts during feeds. After feeds, your breasts may still feel quite full and uncomfortable
- Some babies can be unsettled during this time and want to feed very frequently
- Your baby may have lots of loose, greenish bowel motions



- All of this is normal
- If your breasts feel uncomfortable, the following are a few things which can help to relieve your discomfort.

Feed your baby while your breasts are full:

- Good positioning and attachment is important — ask your midwife for help with this if you need it
- Hand express some milk before you attach your baby to your breasts. This will soften the areola and make it easier for your baby to attach. Ask your midwife to teach you how to hand express
- Offer one breast per feed. Don't swap sides unless the first breast feels very soft after the baby finishes feeding from it. If your baby asks for a top-up feed within an hour, feed again from the same breast
- If the baby is still hungry after the first breast is 'finished', then you can offer the second breast
- If your baby only feeds from one breast at a feed and the other breast is uncomfortably full, express a small amount of milk for comfort
- Change sides each time you begin a new feed.

Between feeds:

- If your breasts are very uncomfortable between feeds, you may need to express a small amount of milk to relieve the fullness
- You can also stimulate some milk to flow by:
  - Placing a warm pack on the breast for a few minutes
  - Having a warm shower or bath
- Let the milk drip from one side in to a towel or container while feeding from the other breast
- Wear a supportive bra but make sure it doesn't dig in. Some women feel more comfortable without a bra at this time
- Cold packs after feeds for a few minutes help to relieve swelling and discomfort. A covered cold pack or a packet of frozen vegetables can be used for this
- Paracetamol may be taken for pain relief if required. Follow instructions on the packet.

Once your milk supply has settled down offer both breasts at each feed again, but continue to let the baby finish the first side before offering the second.

Things to remember

- First feed
- Feed from one breast
- Top-up from the same breast
- Let the other breast drip during the feed or express a small amount for comfort.

Next feed

- Feed from the other breast
- Top-up from the same breast
- Let the other breast drip during the feed or express a small amount for comfort
- Go back to offering both breasts at each feed when the fullness settles down.

BREASTFEEDING SUPPORT

A Lactation Consultant is available if further specialist support is needed during your hospital stay and for six weeks affter giving birth. Outpatient appointments can be made for further follow-up after discharge and self referral can be made on 5454 7288.

MEDELA ELECTRIC BREAST PUMP HIRE

Please phone the individual store for hire and purchase prices.

WHITE HILLS AMCAL PHARMACY

499 Napier Street,
White Hills
5442 4244
Four electric pumps for hire.
Hand pump
Medela Swing Electric Pump

AUSTRALIAN BREASTFEEDING ASSOCIATION (ABA)

Bendigo:
Jenny Hurrell – 5439 3958
Two Symphony Pumps
Three Lactena Pumps
Double Set
Single Set
Members and Non-members prices

Castlemaine/ Maryborough:
Rachel - 5473 5360
abacastlemaine@gmail.com
Breast pumps for hire

HEALTHSMART PHARMACY BENDIGO

130 Arnold Street,
Bendigo
5442 5055
Medela Swing Electric pump

HELEN'S BABY WEAR

8 Caradon Way,
Eaglehawk
5446 9085
Seven Symphony electric pumps for hire
Medela Swing pump
Will match any online price plus postage costs

HIRE FOR BABY

03 9018 7855
Medela Symphony electric pump hire
bendigo@hireforbaby.com

PHARMACY ONLINE AUSTRALIA

Medela pumps (electric and hand pumps, single and double sets)
www.pharmacyonline.com.au

PLEASE AVOID TOMMEE TIPPEE ELECTRIC PUMPS FOR EXPRESSING.

IT IS NOT RECOMMENDED TO PURCHASE A SECOND HAND ELECTRIC BREAST PUMP FOR INFECTION REASONS.

MASTITIS

Mastitis is inflammation of the breast which may lead to infection.

Common causes

- Poor attachment to the breast
- Nipple damage
- Too long between feeds
- Breasts which are too full
- Blocked milk ducts
- Stopping breastfeeding too quickly
- Overly tight bra
- A baby with a tongue-tie who is having problems attaching to the breast. See Tongue-tie fact sheet for more information.

Signs and symptoms

- A red, sore area on the breast
- You may feel like you have the flu — feeling hot and cold with aching joints.

Prevention

- Breast feed as often as your baby needs (normally 8-12 times in 24 hours for a young baby)
- Don't miss or put off breastfeeds
- Wake your baby for a feed if your breasts become too full. If your baby doesn't want to feed, you may need to express a small amount of milk for comfort
- Get some help to make sure your baby is attaching and feeding well at your breast
- Offer both breasts at each feed. If your baby only feeds from one breast, make sure to offer the alternate breast at the next feed
- Express a small amount of milk after feeds if your breasts still feel full — express only until your breasts feel comfortable
- Avoid giving your baby formula feeds or other fluids unless advised by a midwife, nurse or doctor
- Avoid pressure on your breasts from clothes or from your fingers when feeding
- Try to get some rest during the day when your baby is asleep.

Treatment

- It is important to start treatment at the first signs of mastitis
- Your breast milk is safe for your baby even if you have mastitis, so continue to breastfeed or express from the affected breast
- Place a heat pack or a warm cloth on the sore area before feeding or expressing to help with your milk flow. If your milk is flowing easily then warm packs are not needed
- Gently massage any breast lumps towards the nipple when feeding or expressing or when in the shower or bath.
- Continue to breastfeed or express your sore breast until it feels more comfortable
- Place a cool pack such as a packet of frozen vegetables wrapped in a cloth on the breast after feeding or expressing for a few minutes to reduce discomfort
- You can take tablets for the pain such as paracetamol or ibuprofen. They are safe to take while breastfeeding
- Drink plenty of water throughout the day (up to eight glasses)
- Rest as much as possible. Ask your partner, family or friends for help with household tasks
- If you don't start to feel better after a few hours, you should see a doctor as soon as you can. When making the appointment, tell the clinic you think you have mastitis
- If antibiotics are prescribed by your doctor, take as directed. It is safe to continue to breastfeed when taking these antibiotics.

SAFE SLEEPING

Clothing – Natural fibres/materials are best. Avoid fleecy material.

Hats should be avoided after the first 12 hours of life.

How to sleep your baby safely:

1. Sleep baby on the back from birth, not on the tummy side
2. Sleep baby with head and face uncovered
3. Keep baby smoke free before birth and after
4. Provide a safe sleeping environment night and day
5. Sleep baby in their own safe sleeping place in the same room as an adult caregiver for the first 6-12 months
6. Breastfeed your baby.

Please read the following brochures provided by red nose saving little lives:

- Tummy Time
- Safe Wrapping
- Safe Sleeping
- The red nose saving little lives mobile app is available free of charge

BABY'S HEAD SHAPE

- Flattened spots that develop on the baby's head, particularly to the side and the back of the head, occur as a result of prolonged pressure on the baby's rapidly growing skull. The term used to describe this type of misshapen head is positional plagiocephaly.
- There is no evidence to suggest that plagiocephaly affects brain development. For a majority of children, plagiocephaly is preventable. Ways to prevent or treat plagiocephaly include:
  - o Always place baby to sleep on the back. Alternate baby's head position (left or right) when placed to sleep
  - o Do not place baby in the seated position for long periods
  - o From birth, offer baby increasing amounts of time playing on the tummy while awake and watched by an adult
  - o Alternate the holding position when feeding baby, ie hold in left arm for one feed and the right arm for the next feed
- Plagiocephaly may occur before or during birth (eg breech position or multiple foetuses), although it tends to occur more often in the postnatal period, particularly if the baby has a positional preference (baby favours placing their head to one side) and/or the baby spends long periods of time with their head in a constant resting position.

PREVENTION AND TREATMENT

- Positional plagiocephaly may be prevented or treated by simple repositioning techniques and by minimising pressure on the baby's head when baby is awake. These simple measures are most effective if implemented from birth. For most babies, repositioning regular repositioning of the baby's head before the baby is four months old will result in optimal outcomes
- Always sleep baby on the back. Not on the tummy or side
- Alternate the head position each time the baby is put down to sleep (left and right)
- As babies become more alert and interested in the environment, they like to look at certain objects before going falling asleep. Sleeping baby at alternate end of the cot will encourage them to look in different directions. Changing the position of the cot in the room may also have the same effect
- When the baby is awake, minimise the time that the baby spends lying down with the pressure on the same part of the head by carrying and cuddling baby in upright positions or use a sling
- Avoid prolonged periods in car seats, strollers, swings and bouncers as this places additional pressure on the back of the head
- From birth, give baby increasing amounts of side lying and tummy time play on a firm surface when awake and being observed by an adult but never put baby on the side or tummy to sleep
- Alternate the holding position when feeding baby, ie hold in left arm for one feed and the right arm for the next feed
- Devices that restrict the movement of a baby or the baby's head are not recommended
- Do not use the side sleep position to prevent positional plagiocephaly. The side position is unstable and unsafe as babies are at a greater risk of rolling on their tummy.

REMEMBER

Place your baby on their back to sleep. Babies should be placed on their tummy to play several times per day, from birth, as tummy time is important for a baby's motor development and is one of the most effective strategies for reducing the risk of plagiocephaly. Tummy time should only occur when baby is awake and observed by an adult to ensure that the baby maintains a clear airway and does not fall asleep.

CHILD SAFETY – HOT WEATHER

Hot weather can be dangerous for babies and young children. They can quickly lose body fluids through perspiration, which leads to dehydration. Children need to drink regularly, wear light clothing and be kept cool. Never leave a baby or child in the car, even in cool weather. Babies and young children should be watched carefully during hot weather.

WARNING SIGNS OF DEHYDRATION

Dehydration may be a risk if your child:

- Seems tired and lethargic
- Has sunken and dark eyes
- Is irritable or crying
- Has fewer wet nappies than usual
- Has hot and dry skin or looks pale
- Has a dry and coated-looking tongue and mouth
- Has a high temperature
- Vomits or has diarrhoea
- Is not eating or drinking.

If you are worried that your child has one or more of these signs, take your child to a doctor or hospital.

OFFER FREQUENT DRINKS TO AVOID DEHYDRATION

- Breastfeeding — if you are breastfeeding, feed your baby more often. Have plenty of fluids yourself, including a cool drink at every feed
- Bottle feeding — if you are bottle feeding, offer extra cool, boiled water after each bottle
- Small children — give young children regular drinks during the day. Water is best.

KEEP CHILDREN COOL DURING HOT WEATHER

It is often better to stay indoors on a hot day. If you must go outside:

- Dress your child in light clothing and a well-fitting sun hat.
- Take plenty of drinks for your child
- Keep in the shade

If your child is going outdoors, use an SPF 30+ sunscreen on your child's face, hands and any other parts of the body that are not covered by clothes. Sunscreen works better if you put it on 20 minutes before you go outside and reapply it every two hours.

Recently, researchers have been looking at whether sunscreens harm babies younger than one year old (most authorities don't recommend sunscreen under the age of six months). They have studied whether a baby's thin skin can absorb chemicals from sunscreen, which might damage the baby's organs.

If you use only small amounts of sunscreen on uncovered areas such as face and hands and use clothing to cover most of the body rather than slathering your baby's legs, arms and body in sunscreen, the tiny amount of sunscreen that might be absorbed shouldn't harm your baby.

KEEP CHILDREN COOL WHEN THEY SLEEP DURING HOT WEATHER

Your child will sleep more comfortably if you:

- Let them sleep in the coolest room in the house
- Make sure air can circulate around them — for example, by removing any padding around the cot
- Don't leave babies to sleep in a pram — they can be hot and airless
- Hang wet towels over chairs or windows to cool the air
- Use fans, but not directed at the child
- Cover mattresses and waterproof sheets with thick layers of cotton sheets to absorb perspiration and prevent prickly heat rash
- Avoid using a pillow or mattress that your baby sinks down into
- Put your baby to bed in just a nappy.

TAKE CARE IN THE CAR DURING HOT WEATHER

If you need to go out in the car in hot weather:

- Try to make trips in the coolest time of the day
- Keep the windows down while the car is moving or use the air conditioner
- Never leave babies or young children alone in a car, no matter what the weather. Even in mild weather, cars quickly become too hot for small children
- Use sunshades on windows.

SICK CHILDREN NEED SPECIAL CARE IN HOT WEATHER

Sick children need special attention in hot weather. Even minor illnesses such as colds or gastroenteritis need special care in hot weather. These illnesses often lead to a slight rise in temperature by themselves, but in hot weather, this could lead to dehydration.

Frequent breastfeeding and extra drinks are very important if your baby is ill. To cool little bodies, try frequent lukewarm baths, or sponge your child down with a cool face washer.

Please see your healthcare provider or go to your nearest hospital if there is no improvement or if you are worried.

USEFUL NUMBERS AND WEBSITES

MATERNAL AND CHILD HEALTH NURSE

Australian Breastfeeding Association
P: 1800 686 268 – Breastfeeding Helpline
www.breastfeeding.asn.au

Maternal and Child Health Line (24hours)
P: 13 22 29
Your local doctor (GP)
- Your local pharmacist
- Nurse on Call – 1300 60 60 24

Infant Massage Information Service
P: 1300 558 608
www.babymassage.net.au

Red Nose Saving Little Lives
P: 1300 308 307
www.rednose.com.au

Dad and Partner Pay
Parent's hotline 13 61 50
www.australia.gov.au/dadandpartnerpay

Beyondblue. Depression and Anxiety
1300 224 636
www.beyondblue.org.au
Learn more about depression and anxiety, or talk with support services

Lifeline
13 11 14
www.lifeline.org.au
Access to crisis support, suicide prevention and mental health support services

Mindhealthconnect
www.mindhealthconnect.org.au
Access to trusted, relevant mental health care services, online programs and resources

Raising Children Network
www.raisingchildren.net.au

Better Health Channel
www.betterhealth.vic.gov.au

Gidget Foundation - Perinatal Anxiety and Depression
gidgetfoundation.org.au

Best Beginnings
Contact the lactation consultant on 5454 7293 for information about this class.

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Appendix 1: APPOINTMENTS

1. MIDWIFERY HOME CARE

A midwife will visit you between 9am and 3pm on:

_____

Please phone the Midwifery Home Care Department on 5454 7283 or 0408 571 404 before 9am if you are not going to be home on the day of your visit.

2. BREASTFEEDING SUPPORT CENTRE

Date:_____ Time:_____

Please phone the Women's Health on 5454 7288 to make or cancel an appointment

3. PLEASE MAKE AN APPOINTMENT WITH YOUR OWN GP

1 week (review) _____

6 weeks _____

GTT follow-up_____

4. PLEASE MAKE AN APPOINTMENT WITH YOUR OWN GP FOR A BABY CHECK AT

5-7 days (if baby check performed before 48 hours)

6 weeks _____

Paediatric outpatient follow-up_____

5. GYNAECOLOGY OUTPATIENT CLINIC

Date _____ Time _____

Posted_____

6. PHYSIOTHERAPY OUTPATIENT CLINIC

Date _____ Time _____

Phone call_____

Posted_____

7. CONTINENCE NURSE OUTPATIENT CLINIC

Date _____ Time _____

Phone call_____

Posted_____

8. YOUR MATERNAL AND HEALTH NURSE CENTRE IS

_____

Appendix 2: FEEDING PLAN/NOTES

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Appendix 3

		FEEDING RECORD		
TIME	WET	DIRTY	FEED	COMMENTS

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