100 YEARS 1922~2022

ST VINCENT'S PRIVATE HOSPITAL
TOOWOOMBA

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

dorothea devine
maternity unit

100 YEARS 1922~2022

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A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

22-36 Scott Street Toowoomba Q 4350 | 07 4690 4000 | www.svpht.org.au

your checklist

- ☐ Online Pre Admission: https://www.svpht.org.au/patients-visitors/online-admission
- ☐ Health Fund Check
- ☐ Midwife Booking and Wellbeing Interview
- ☐ Booking for parenting classes
- ☐ Maternity Unit Tour

Please phone our Admissions Staff on **1800 655 099** to register.

Reception: **4690 4000**

ST VINCENT'S PRIVATE HOSPITAL TOOWOOMBA

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Do you need an INTERPRETER?

The hospital provides a free, confidential interpreting service. Please ask your doctor or nurse to organise one for you.

HA BISOGNO DI UN INTERPRETE? L'ospedale offre un servizio interpreti gratuito e confidenziale. Chieda al Suo medico o alla Sua infermiera di organizzarLe un interprete

TREBA LI VAM TUMAČ? Bolnica pruža besplatnu i povjerljivu službu tumača. Molimo vas, upitajte vašeg liječnika ili medicinsku sestru da vam to organiziraju.

QUÍ VỊ CÓ CẦN THÔNG NGÔN VIÊN KHÔNG? Bệnh viện cung cấp dịch vụ thông ngôn miễn phí và kín đáo. Xin yêu cầu bác sĩ hay y tá sắp xếp thông ngôn viên cho quí vị.

TERCÜMANA İHTİYACINIZ VAR MI? Hastanemiz ücretsiz ve gizlilik ilkesine bağlı tercümanlık hizmeti sunmaktadır. Doktorunuz veya hemşirenizden size bir tercüman temin etmelerini rica ediniz.

ΧΡΕΙΑΖΕΣΤΕ ΔΙΕΡΜΗΝΕΑ; Το νοσοκομείο παρέχει δωρεάν, εμπιστευτική υπηρεσία διερμηνείας. Παρακαλείστε να ζητάτε από το γιατρό ή νοσοκόμο σας να κανονίζει διερμηνέα για σας.

ДА ЛИ ВАМ ТРЕБА ПРЕВОДИЛАЦ? Болница пружа бесплатне, поверљиве услуге преводиоца. Замолите свог лекара или медицинску сестру да вам обезбеде преводиоца.

您需要傳譯員嗎?
本醫院提供免費而保密的傳譯服務。請要求您的醫生或護士為您安排傳譯員。

MA U BAAHAN TAHAY TURJUMAAN? Isbitaalku wuxuu bixiyaa adeeg turjumaan oo lacag la'aan ah, qarsoodina ah. Fadlan weydii dhaqtarkaaga ama kalkaaliyahaaga inay turjumaan kuu ballamiyaan.

هل أنت بحاجة إلى مترجم؟ تقدم المستشفى خدمة ترجمة مجانية وسرية. الرجاء الطلب من طبيبك أو الممرضة الترتيب لمترجم لأجلك.

contents

welcome

Thank you for choosing St Vincent's Private Hospital Toowoomba as your healthcare provider. Our aim is to make your stay with us as comfortable and pleasant as possible.

In keeping with our hospital's mission, as a patient you will be treated with respect and dignity, and every effort will be made to meet your medical, physical, emotional and spiritual needs.

If you are planning a pregnancy or are already pregnant, you will want to give your baby the best possible start to life. Our maternity staff know that having a baby is one of the most exciting times of your life. We pride ourselves on providing supportive, high quality care before, during and after the birth of your baby.

We have a long and proud tradition at St Vincent's with our Maternity Unit named in honour of Sr Dorothea Devine, one of our founding Sisters of Charity. Sr Dorothea established the maternity services in 1952 with a focus on complete care. Our service is provided by a team of Obstetricians, midwives, maternity staff and lactation consultants who will guide you through your pregnancy and birth.

Dorothea Devine Maternity Unit

The Dorothea Devine Maternity Unit is run by a team of experienced midwives, lactation consultants and nursing staff. Birthing is serviced by private obstetric specialists and paediatricians. The Birth Suites are supported by a fully equipped Level 4 Special Care Nursery with specially trained health professionals and equipment, to effectively care for sick and premature babies from 32 weeks gestation, should the need arise.

To prepare for your upcoming stay in our Dorothea Devine Maternity Unit:

1. Check with your health fund to ensure that you are covered for your stay. Also check if your baby is covered by your health fund should your baby require admission to the Special Care Nursery.

2. You are able to book for your stay online. Go to www.svpht.org.au and select Online Admission.

3. You can also contact our Admission Staff on 1800 655 099 to book in for your stay. During this call, you will be given an estimate of the out-of-pocket expenses for your stay and we will make an appointment for a pre-admission health interview with a midwife.

   Please ensure you have the following information on hand before you call:
   - Medicare Card
   - Private Health Insurance details which includes your table or level of cover
   - Pension Card/Health Benefits Card
   - Pharmacy Benefits Card/Safety Net Card
   - Request for Admission Form (a blue form).

general information

Visiting Hours

8.00am to 8.00pm

Your partner is welcome to visit you at any reasonable hour; however, please ask your friends and relatives to only visit during the above visiting hours.

Pastoral Care

St Vincent's professional Pastoral Services Team provides counselling, spiritual and social assistance. Our concept of total healthcare embraces the physical, emotional and spiritual needs of each person. A member of the team is available at all times to assist patients and their families. Please ask a member of staff if you wish to be put in touch with our Pastoral Care Team.

Smoking

Smoking is not permitted in any building, vehicle or area within 5 metres of the St Vincent's Hospital campus.

Chapel

The St Vincent's Chapel is located on the Lower Ground Floor near the main entrance doors. It is open at all times for prayer to people of all faiths or as a place of peace, solitude and reflection.

Stay in Touch

Join St Vincent's Private Hospital Toowoomba on Facebook. We provide information and advice relating to pregnancy, birth and parenting. You can also find us on Instagram where you can share your baby photos with us **#st_vs_hospital_toowoomba.**

Pharmacy

Epic Pharmacy is located on the Lower Ground Floor, through the automatic doors on the left of the glass panels (and in front of the lifts) at Entrance 1. Please ask at the Volunteer desk at front reception, if you need directions.

Flowers

Our florist is located on Lower Ground Floor via Entrance 6 and provides a range of fresh and silk flowers. Orders can be placed by phoning 84188 (Internal) or 4638 3255 (External).

Coffee Shop

Pulse Café is situated on Lower Ground Floor, Entrance 6 and sells a range of delicious takeaway food items, snacks and great coffee.

Hours of business are:
8.00am – 5.00pm Monday to Friday, 8.00am – 3.00pm Saturday, Sunday. Hours may vary on Public Holidays.

Gardens

Our beautiful gardens are a haven for quiet reflection and comfort, and are available to patients, visitors and staff. The gardens are located at the front of the hospital outside Entrance 2.

Car Parking

St Vincent's Private Hospital Toowoomba has several car parking areas for patients, visitors and staff. Paid parking is available in the Scott Street car park, which is located behind the Impressions on Scott Café (opposite Entrance 2 in Scott Street) as well as in the Entrance 6 car park located at the rear of the hospital and accessed from Herries Street.

For maternity admissions, please come to Entrance 1 from 5am - 8pm. For admissions from 8pm - 5am please enter via Entrance 6 (Emergency Department) located on the corner of Herries and Mackenzie Sts. An easy-access driveway is located in front of the Emergency Department building and can be accessed from Herries St.

Car parking tickets can be purchased through ticketing machines situated within the car parks. Signs explain the parking zones and payment options. There is also a CarePark App available to pay for parking (www.carepark.com.au) via Parki.

Disabled parking is located near Entrances 1, 2, 3, 4 and 6.

Parking in the streets surrounding the hospital is administered by the Toowoomba Regional Council and is free for up to three hours.

hospital accounts & insurance

If you are a member of a health fund, it is important to check the following prior to your hospital admission:

1. Your health fund will cover the cost of your obstetric admission and accommodation.
2. How long you have been with your fund? If you have been a member of your health fund for less than 12 months, your fund may not accept liability for the costs of admission.
3. Pharmacy, pathology, imaging and x-rays may attract additional charges. Check if your fund covers any of these.
4. Medical and allied health practitioner fees may be billed separately by the practitioners. These are not included in the estimate from the hospital.

Accounts payment procedure

You will be provided with an estimate of your out of pocket expenses for your hospitalisation when you contact our Admission's team. Please note this quote will not include additional charges such as doctors' fees, pharmacy, pathology and sundry expenses as mentioned above.

Uninsured patients

Total payment must be made six weeks prior to your expected delivery date. Payment can be made by EFTPOS, Credit Card, Cash or Bank Cheque.
Personal cheques and American Express are not accepted.

Other costs which may be incurred during your stay are payable on discharge. Please bring provision for payment of these fees on admission to hospital.

St Vincent's Private Hospital Toowoomba also offers an interest free payment plan through **Certegy Ezi-Pay Express**. This is a no-interest health care payment plan which is available to approved St Vincent's Private Hospital patients. For enquiries about this about this service please contact our accounts department on (07) 4690 4000 and ask for Patient Accounts.

st vincent's private hospital toowoomba's maternity care

Our expert maternity team conducts a number of educational and information courses detailing all aspects of pregnancy, lactation and birth to ensure mothers and partners are adequately prepared for the arrival of their new born. We also assist in early parenting guidance.

The following information is intended as a guide to be used in conjunction with the advice given by your midwife and in the education classes.

Antenatal, Childbirth & Parenting Education

St Vincent's Private Hospital Toowoomba midwives conduct regular small group Antenatal, Childbirth and Parenting Education classes . These are held as a full weekend workshop.

Please contact your Health Insurer to determine if this service is covered under your insurance policy.

Classes are popular, so please book early to avoid disappointment. Tell your midwife at the time of booking into hospital that you wish to attend these classes.

Gidget Foundation interviews need to be booked once you reach 18-20 weeks gestation. These interviews are held in person in the Gidget room near Reception, on Lower Ground Entrance 1. They typically take around 45 minutes.

St Vincent's Parenting Program is informal and interactive and is designed to answer your questions regarding:

- preparing for the birth of your baby
- parenting skills
- baby's needs
- meeting nutritional needs of your baby.

To arrange a tour of the Dorothea Devine Maternity Unit , contact Maternity.

Breastfeeding Refresher services are available both antenatally and postnatally.

A lactation specialist is available to provide expert assistance with breastfeeding, if you require assistance. Please contact your Health Insurer to determine if this service is covered under your insurance policy.

Baby CPR & First Aid Course

St Vincent's Private Hospital Toowoomba recommends that parents undertake a first aid course to learn the life-saving skills of CPR and First Aid for babies.

www.cprkids.com.au or search for local providers.

Monitoring System

Our obstetricians and midwives use a cutting-edge monitoring system to support clinical decisions during labour. Your obstetrician can check on your progress when off site or in birth suite via a secure portal.

Guidelines for contacting Birthing Suite

We understand that you might need to phone for advice or reassurance at some stage during your pregnancy or when you are in early labour. Our telephone lines are always open and an experienced midwife is available to take your call. Please telephone Maternity on 4690 4000.

Labour guidelines

If you are relaxed and comfortable at home, it is best to remain in your own environment while you are in early labour.

You are encouraged to have support people with you during labour and birth. There may be times during the labour and birth when people other than your primary support person may be asked to leave the room for safety reasons. Any other family members are asked to wait either in your room or in the waiting room near maternity reception.

Please contact the birth suite:

- when your contractions are occurring at regular intervals and/or causing distress
- if you have had a previous caesarean section or operation on your uterus - telephone the birth suite early in your labour
- if you think your waters may have broken – this may be a gush or constant trickle of fluid from the vagina. If your waters break, use the acronym C.O.A.T, note the Colour, any Odour, Amount and Time of rupture
- if there is fresh blood loss from the vagina, more than a teaspoon and not mixed with vaginal mucous
- if you have sudden and severe swelling of face/feet/hands
- if your baby's movements have changed from their normal pattern of movements.

Note: It is normal to pass a mucous show prior to, or during labour. This may be slightly blood stained and does not require that you telephone the birth suite.

After hours access

For security reasons, the main entrance to the hospital is not accessible after 8pm. After this time you will need to access the hospital via our **Emergency Centre, Entrance 6, off Herries Street.**

On arrival at the Emergency Centre you will be directed to the Dorothea Devine Maternity Unit.

What to bring – for you

- [ ] This booklet with your Request for Admission Form and any letters from your doctor for the hospital
- [ ] ID photos of both parents (for baby security reasons) – e.g. a recent family photo
- [ ] Signed consent forms (ask your doctor for this form)
- [ ] Doctor's antenatal card
- [ ] Comfortable night attire, dressing gown
- [ ] Personal toiletries for bathing/showering, including hairdryer
- [ ] Slippers or comfortable footwear
- [ ] Your current medications in their pharmacy dispensed containers in a separate plastic bag, not in your luggage. Please include a clearly written list of your medication, dosage and how often it is taken
- [ ] Nursing bras
- [ ] Nursing pads
- [ ] Three packets of sanitary pads – maternity or overnight pads
- [ ] Casual clothes, including front opening shirts
- [ ] Aids you usually use such as glasses, contact lens, etc
- [ ] Books and magazines
- [ ] Pharmaceutical entitlement or concession card
- [ ] Health insurance card and verification
- [ ] Medicare Card / Pension Card
- [ ] Relevant X-rays, MRI or CT scans
- [ ] Phone charger

What to bring – for your baby

- [ ] One packet of disposable nappies
- [ ] Baby wipes
- [ ] Bath solution
- [ ] Own baby clothes (jumpsuits, singlets, booties)
- [ ] Formula of your choice, bottles and teats (if not breastfeeding)
- [ ] Baby pacifiers (optional)
- [ ] Going home clothes
- [ ] Baby shawl/bunny rug/muslin wrap

What not to bring

We strongly recommend that valuable items, jewellery or large amounts of money are not brought to the hospital or kept in your room.

Patients are required to be responsible for their own possessions at all times. While St Vincent's takes every care, regrettably we cannot accept liability for any valuables brought into the hospital.

Length of hospital stay

The time you can anticipate staying in hospital will vary according to your clinical condition.

For an uncomplicated vaginal birth, you are able to go home any time after two nights following birth until 10am on day four, and from three nights stay until day five for a routine caesarean birth. If there are clinical indications requiring a longer stay, you will be advised of this as soon as possible.

If your baby requires admission to the Special Care Nursery, and may need to stay longer than you, your own admission will be for the period that is relevant to your own clinical condition. You may be ready for discharge before your baby and, should this be the case, you will be discharged as a patient at that time.

st vincent's maternity facilities

Birthing suite

Our birthing suites provide a warm and welcoming atmosphere for the birth of your baby. The suites are spacious and feature ensuites, balconies, individual sitting areas and a television.

Two birth suites are equipped with a relaxation bath for use during labour. Please ask if these facilities are available when you arrive – unfortunately we are unable to reserve them but will try to accommodate your request.

Your partner/support person/s are welcome in the birthing suite.

Soft lighting, music and refreshments are on hand and available at your convenience.

Numerous supports are available to facilitate birth. These include:

- TENS machines, beanbags, birthing mats, birth balls, birthing beds, showers and aromatherapy units
- Pain relieving medication and inhaled gases, if required. A specialised anaesthetic service is available for epidural anaesthesia, should this be required.

In the interest of your privacy, staff cannot give out details about the progress of your labour or about your baby's condition. Family and friends are therefore requested not to phone the birthing suite for information. Instead, it is best to arrange for your partner/support person to contact the persons you wish to keep informed.

The pre and post natal unit

Our patient rooms are appointed with an ensuite, refrigerator, television and telephone and free WiFi. All patient rooms are private single rooms.

Warm Water Immersion in Labour

Warm Water Immersion (WWI) in a bath or a pool during the first stage of labour has been shown to decrease the need for pain relieving drugs and make the experience more enjoyable for women. Please ask for a brochure at your parenting class.

Midwife supported parenting

Our aim is to ensure you are not separated from your baby unless there is a clinical reason and we will encourage you to care for your baby in your room. "Rooming-in" gives you the opportunity to develop your parenting skills while you have the support of our expert midwifery and nursing staff.

"Rooming-in" also gives your baby unrestricted access to breastfeeding - enabling your milk supply to become established more quickly and minimising engorgement (full, painful breasts).

Maximum close contact with your baby is also an important part of bonding with your baby in preparation for going home.

Special requests

St Vincent's Private Hospital Toowoomba respects your right to be involved in decisions regarding your care. It is natural and normal for parents to have expectations regarding their birth and it is very important that you discuss your wishes with your Obstetrician and Midwife. Our expert team will work with you to help you achieve the birthing experience of your choice.

Boarding options for your support person

Your partner is welcome to stay. Please let your midwife know if you would like your partner or support person to stay with you.

A daily fee will be charged to cover the overnight accommodation for partners. Please note that these fees are not refundable from your Health Insurer. Meals can also be supplied (additional costs apply).

Only one partner/support person is permitted to stay per room for occupational health and safety reasons. Children may not stay over under any circumstance.

Partners are required to complete a registration form. This ensures your partner understands the conditions under which they are staying and also ensures that the hospital complies with our emergency evacuation procedures and can account for partners in an emergency. Registration should be completed at the Front Reception.

It is important your partner or support person remember they are staying in a hospital environment. Patients and babies wake, require care and feed often during the night and during these times staff may need to turn on lights to provide appropriate care. We ask that partners make every endeavour to ensure hospital routines are not interrupted.

Visits by health professionals

While you are in hospital, you will be visited regularly by your doctor. Your doctor will recommend if your baby is to be seen by a Paediatrician to care for your baby during your stay.

On weekends, the doctor who is "on call" may see you and your baby if required.

Transforming the meal time experience

Our Food Services Department provides full room service for all meals including snacks. You are able to order what you like, when you like.

Each meal is cooked fresh to order and delivered within 45 minutes. You are also able to pre-order your meal and have it delivered at a specific time. This service is available from 6.30am to 6.30pm. If you have special food requirements, our Room Service Assistants will guide you through the menu choices. Partners may also order meals from room service for a small charge, which will be added to your account.

To place a room service order please call **Ext: 3663.**

Bedside Handover

Bedside handover is a conversation between you and your nurses/midwives about your progress and care. During each bedside handover we will check your ID band and update your Patient Communication Board at each bedside handover. Bedside handover ensures you are at the centre of our attention and is vitally important for patient safety.

baby identification & safety

Immediately following the birth of your baby and before your baby leaves the birth room, a name band will be placed on each ankle.

The name and number on these stickers will match the name and number on your identification band. All details will be checked and its accuracy confirmed with you before the stickers are placed on your baby. Please advise your midwife if any of these bands have fallen off and need replacing at any time.

All St Vincent's Hospital staff wear identification badges that include their colour photograph. Ensure the face and picture on the staff member's badge is the same person. Do not allow your baby to be taken from your presence for any reason by anyone not wearing valid identification.

Your baby should not leave the postnatal unit unless treatment or investigations are required in another area of the hospital. You or a designated family member are always welcome to accompany your baby to other treatment areas within the hospital. When being moved from one area to another, all babies must be transported in their cot and the cot must be laid flat (i.e. not on an incline).

Please do not leave your baby unattended in your room. If you need to leave your room, ask a family member to watch your baby.

how to prevent infection

Hepatitis B

In accordance to the National Immunisation Program Schedule, you will be offered a Hepatitis B immunisation for your baby before you leave hospital. Immunisation is the best protection against Hepatitis B infection and is recommended for all infants and young children, adolescents, and high risk groups.

Whooping cough (pertussis)

The best time to be vaccinated against whooping cough is in the second trimester (preferably at 20 weeks) of every pregnancy. This will provide early protection for you and your baby as the antibodies pass to your baby in the womb. Whooping cough vaccination during pregnancy is safe for both the mother and her unborn baby. It is advisable that your partner and all other close family members are also immunised for Whooping Cough.

Flu (influenza)

Flu illness in pregnancy can be serious as it can increase the risk of premature labour and low birth weight.

Flu vaccination during pregnancy is safe and effective and is strongly recommended for all pregnant women. Flu vaccine is free for pregnant women and also provides protection for your baby in the womb and for up to six months after birth.

During your stay

Hand hygiene is important to prevent and reduce the spread of infections. Please remember to:

- Wash your hands after going to the bathroom and before eating
- Don't be afraid to ask for help if you need assistance with hand hygiene or going to the bathroom
- Our staff are professional and do not mind being politely questioned or reminded about hand hygiene
- If you have an intravenous drip, do not touch the area if the dressing becomes loose or the area becomes red or painful – tell your nurse and they will check it for you
- Do not touch your wound or any other devices such as drip, catheters or drains. Tell your nurse promptly if it becomes loose
- You can expect your hospital environment to be kept clean and tidy. Keeping the tables and locker uncluttered will assist the cleaning staff to access all surfaces.

What visitors can do to help prevent infection?

- As the immune system of a newborn is not yet fully developed, please remind visitors to delay coming to St Vincent's Maternity if they are feeling unwell or have cold sores
- Whooping cough can be life threatening to babies - if visitors have a cough it is best not to visit
- If visitors have suffered from any form of gastro, they should not visit for 48 hours after symptoms have ceased
- Please do not bring children who are unwell or just recovering from an illness to the hospital
- Visitors are welcome to use the hand washing sink or alcohol gel to clean their hands when entering and leaving the wards
- Visitors should not touch the patient's wounds or devices e.g. drips
- Visitors should not sit on the beds or use patient bathrooms. Public bathrooms are available on each floor.

Any questions?

If you have any concerns you can always talk to your midwife, the Nurse Unit Manager or the After Hours Nurse Manager at St Vincent's.

your rights & responsibilities

To enhance our capacity to care for you, we need you to:

- make sure you have all the information you want and need in order to allow you to understand the options and possible outcomes of your treatment
- know your medical history and provide this honestly to your caregivers
- we encourage the early declaration of any people who should **not** be allowed to visit during your stay, please speak with a nurse/midwife about your options
- declaring the rare situations when partners are **not** to be involved in matters of consent for the newborn. Ideally this would be considered legally and declared before the birth.
- take responsibility for paying any "gap" (the difference between the total cost of treatment less any medicare or private insurance rebate)
- advise staff if you have any financial difficulties in relation to your account
- advise staff if your religious or cultural beliefs conflict with the recommended treatment
- follow your prescribed treatment or tell us when you aren't following it
- tell us if you are seeing another provider as this may affect your recommended treatment
- let your doctor know what prescription or over the counter medicine you are taking and if you use tobacco, alcohol or other drugs
- tell us if you have allergies to medication, food or other causes
- think about how your behaviour affects other people's rights and behave in a way that does not breech these rights
- comply with medical instruction designed to aid your recovery
- comply with relevant hospital policies.

consent & privacy

Consent

Your doctor will need to obtain your written consent for any procedures, this includes anaesthetics and surgery.

By coming to hospital you have given an implied agreement to general treatment, which may be required for your situation. Where possible, both parents should provide consent for procedures being undertaken on their baby.

We will check your consent, identity, procedure being undertaken and the other relevant parts of your medical history with you on several occasions to safeguard against errors occurring and to ensure you receive the best care.

Privacy act

St Vincent's Private Hospital Toowoomba maintains a strong commitment to providing the highest level of confidentiality for every patient and acknowledges its responsibilities and obligations under the Privacy Amendment (Private Sector) Act 2000.

A requirement of your hospital admission is that you provide St Vincent's Hospital with consent on whether or not you wish the hospital to use your personal information for the purposes you identify. On admission you will be required to complete a form which will describe this and request your consent.

If you would like a copy of our Privacy brochure, please ask a member of staff.

Patients' feedback

St Vincent's Private Hospital Toowoomba is committed to providing the highest level of care and attention.

It is possible, that the service you receive might not meet your expectations. If this occurs and you have been dissatisfied with any aspect of our service, please inform the Nurse Unit Manager of your ward immediately so that we can address the situation.

How to make a compliment, suggestion or complaint

- You are entitled to comment or complain about the services you received in hospital
- If during your stay you or your family have any concerns, please discuss these with your Nursing Unit Manager or complete the Feedback form located on your bedside table
- Should you wish to have an issue investigated further, please ask your Nurse Unit Manager to arrange a discussion with Director of Clinical Services or the Chief Executive Officer
- You also have the right to request further follow-up by an external body including the following:

Queensland's Health Service Complaints Agency

Office of the Health Ombudsman

www.oho.qld.gov.au

Office of the Australian Information Commissioner

www.oaic.gov.au

donations to care

St Vincent's Private Hospital Toowoomba is a not-for-profit organisation and has always relied on the generosity of its supporters.

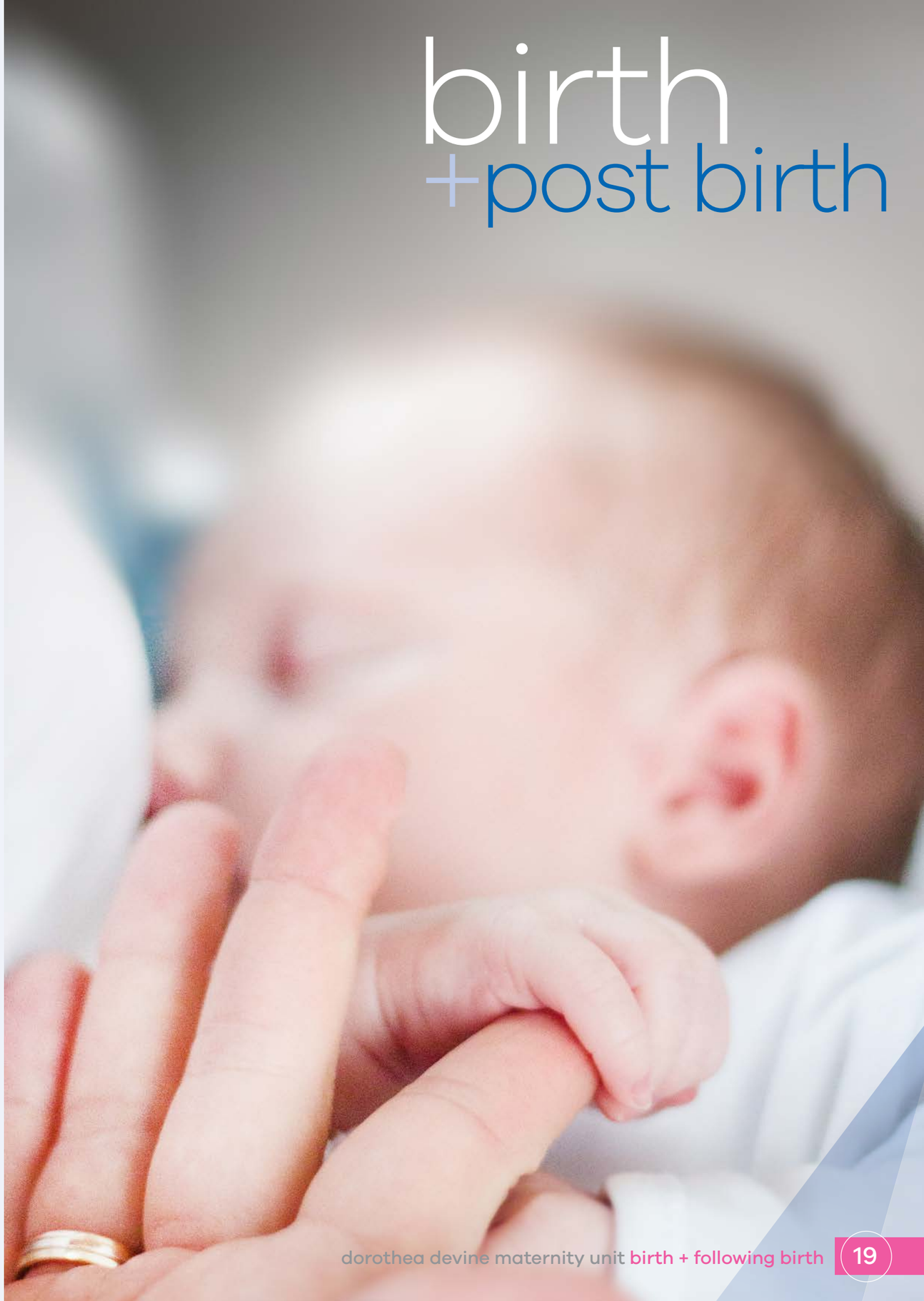
We do not receive government funding.

Tax-deductible gifts and donations to St Vincent's enable us to continually improve and provide more facilities for maternity patients and special nursery facilities.

How can you help?

Many people are touched by the work of the dedicated staff at St Vincent's Private Hospital. Every dollar donated to the hospital is used to improve the current and future needs of our patients and the facilities offered by the hospital.

Your financial donations to continue the St Vincent's Private Hospital's program of care are warmly welcomed. Please talk to our Business Development Manager on Ext: 84124 (internal) or (07) 4688 5568 (external) about how you can help.



tips for support & emotional care in labour

These following steps will help support your body as you give birth to your baby. This advice is based on extensive research about the safest outcomes for mothers and babies.

- Educate yourself and your partner about the birthing process, so that you feel more confident.
- Your mindset matters: approach birthing with a positive mindset and with the belief and confidence that your body is designed to birth your baby.
- Surround yourself with a support team who share your preferences for labour and are supportive of your birth choices.
- Understanding the birth process and accepting labour as normal and natural is the first step towards pain management.
- Welcome the onset of labour. Each contraction brings you closer to the birth of your baby. Keep focused on the baby. Face each contraction with determination.
- Remember pre labour can last 24-48 hours on average before labour is established. Do not rush into hospital after your first few contractions.
- Fear makes us physically and emotionally tense and can inhibit the birthing process.
- Have confidence in yourself and trust your instincts, ability and resources.
- Relax, breathe naturally and move with the contractions. A bath or shower is very helpful. Use localised heat. Make the most of the break between contractions. Find your rhythm and rituals, be guided by the Midwife.
- Eat a light diet throughout labour and maintain fluids. Labour in your own comfortable clothes.
- Let your inhibitions go. Vocalise your pain, groan, moan, chant, count, sing. Get a focus, go with it and don't fight contractions.
- Communicate with and trust your midwife and Obstetrician. Be flexible and don't clock watch. Know your options and choices.
- Walk, move around and change positions during labour; sit on a birth ball.
- Bring a selection of music to play in the birth room.
- Labour is an unknown journey. Whatever pain relief you use, whatever your mode of birth, be proud of your achievements.
- For pain relief at home try positioning, pelvic rocking, TENS machine, hot packs, visualisations, breathing exercises, massage and a bath or shower.

Support people

- Just being there is valuable - give encouragement and praise.
- Communicate your support and love non verbally - touch, back rubs, massage, hold her hand, wipe her brow, offer drinks, hot towels/packs, ice cubes.
- She needs to be free from distraction, don't chat unnecessarily.
- Encourage her to walk around, help her to change position, shower, walk, pelvic rock.
- It is hard work being a support person; rest when you can and remember to eat and drink.
- Help set up the labour room to make your partner feel more comfortable. Bring pillows from home, photos, music and aromatherapy.
- Mobile phones are currently allowed in birth suite but not in the postnatal wards outside of rooms. A silent ring is requested. If an epidural is to be administered you will be asked to turn your mobile phone off or on to aeroplane mode.

overview of stages of labour

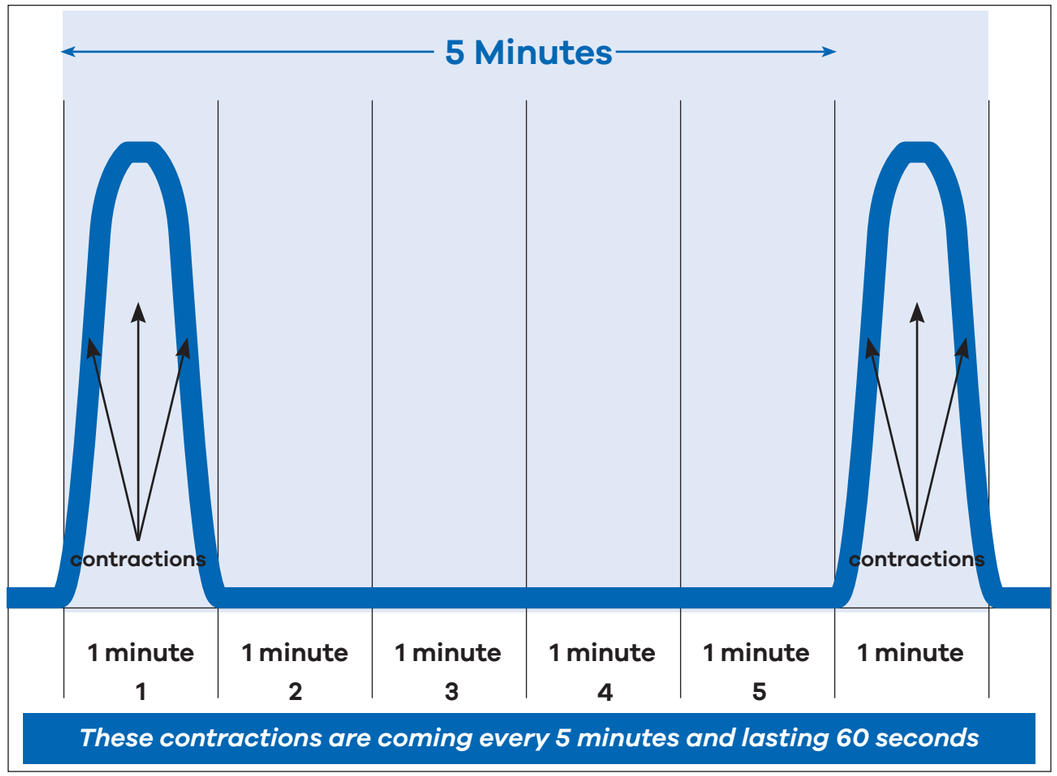
The following is an overview of the stages of labour and offers helpful advice on how to manage each stage.

Stage/phase of labour	Common Feelings	Labour progression	Helpful ideas
1st stage: Early labour (8-16hrs) Cervix 0-3cms dilated (open). Contractions are 5-20 minutes apart, usually irregular and lasting approx. 20-40 seconds.	Excited. Nervous. Scared.	Mucous tinged with blood. Backache. Lower abdominal pain (like period pain). Sometimes diarrhea. Sometimes waters break. Always let the birth suite staff know if this has occurred.	Keep eating and drinking (small amounts often). Call the hospital. Time your contractions (from start of one to start of the next). Move around, keep busy. Rest if you need to. Empty your bladder frequently. Use pain relief strategies noted above.
1st stage: Active phase (3-5hrs) Cervix 4-8cm dilated. Contractions are 3-7mins apart lasting 50-60 seconds.	Becoming restless. Weary.	Contractions, strong and regular. Intense, lower abdominal pain. Backache may continue. Focused on labour. Dependant on support people. Blood tinged mucous/bloody show. Waters might break.	Use breathing and relaxation techniques taught in Child Birth Education. Focus. Use hot packs, shower, TENS. Midwife will suggest supportive options. Change positions. Rest between contractions. Sip fluids/suck sweets.
1st stage: Transition phase (1/2-2hrs) Cervix 8-10cm dilated. Contractions 2-3 minutes apart, lasting 60-80 seconds.	Tired. Irrational. Irritable.	Long strong contractions. May feel pressure in your bottom to push. Intense tiredness. Maybe nausea and vomiting. Shakey. Feelings of panic.	Try a position change. Get your partner to massage your back. Place a cool flannel on your face and neck. Listen to peoples reassurance. Believe in your body and its ability to birth.
2nd stage: Pushing (1/2-2hrs) Cervix fully dilated (10cm). Contractions 2-5min apart, lasting 60-90 seconds.	Working Hard.	Contractions space out. Pain is less intense, more pressure. Strong urge to push. Stretching, burning as baby's head moves down.	Push with contractions (use of a mirror can help with effective pushing). Rest between contractions. Cool flannel or spray to face and neck. Listen to support people.
3rd stage: Placenta (Usually 10-45 minutes if assisted birth and managed 3rd stage)	Excited. Joyous. Relieved. Exhausted.	Contractions ease off; remain until placenta has come away.	Might be asked to cough or bear down gently to assist placenta coming away.

Labour contractions

Duration: Beginning to end of one contraction

Frequency: beginning of one contraction to the beginning of the next contraction.



Induction of labour

Labour, for many women, will start spontaneously. However, for some women induction of labour may be advised by their Obstetrician as a medical condition or complication which makes labour induction necessary. In these cases, induced labour may be the safest choice for mother and/or baby.

Reasons for inductions

The most common reasons are:

- there are health concerns such as high blood pressure or diabetes
- there is a concern for the baby's health and wellbeing
- the pregnancy has lasted longer than 41 weeks
- the waters have already broken but the contractions of labour have not started naturally within 24 hours.

Induction of labour prior to 39 weeks gestation is not without risk to your newborn and should always be for good medical reasons. The decision to bring on labour early is a delicate balance between risk and benefit and your Obstetrician will work through this important decision with you.

Positions of labour

During labour the woman should be supported using people, bean bags, pillows, furniture or a birthball.

- Change your position frequently, but only if you want to change and move about (if your labour permits).
- Keep mobile when possible.
- Use a chair - straddle a chair and face the back of the chair with a pillow over the back to lean on for comfort.
- Use a beanbag - mould a beanbag to your shape. Lie across the beanbag with your side lying into it, or lean your back against it. Always remember to maintain the natural curve of your back.
- Have the support person sit on a chair with the woman leaning into a pillow on his/her lap (good for shoulder and neck massage).
- Pelvic rocking in a standing position, laying on your side, in a sitting position or 4-point kneeling to relieve the worst of the back pain.
- Heat - at home remember warm baths/showers, heat packs or warm towels on your tummy or back.
- Belly dancing or hip circling throughout contractions.
- Birthing ball - sitting on the ball helps the baby get into the correct position and allows you to relax while keeping your trunk upright. You can bounce, rock or circle your hips on the ball with minimal effort. Lie across the ball and fully relax your weight onto the ball. In the shower place a towel under your buttocks before sitting on the ball.
- Vary your position as best you can - this means you will be more willing to move towards the second stage of labour.

natural pain relief

Active birth

Active birth, or moving around and changing positions, is one of the most important things you can do to manage the pain of labour and birth. Being able to move freely can help you to cope with the contractions. If you stay upright, gravity will also help your baby to move down through your pelvis.

Heat and water can also help to ease tension and backache in labour. Both hot and cold packs are useful, as is being immersed in water in either a shower or a bath. Hot packs are provided by the hospital – you do not need to bring your own.

Touch and massage can reduce muscle tension as well as provide a distraction between and during contractions. Practice with your partner during your pregnancy and find out how you like to be massaged. Sometimes during labour massage will feel good but then suddenly be annoying (which is important for your partner or support person to know).

Similarly, some women use music during labour. Music is a good distraction and can be very relaxing but it can also suddenly and unexpectedly become annoying. Be prepared for any eventuality.

assisted pain relief

TENS for labour pain management

(Transcutaneous Electrical Nerve Stimulation)

The TENS machine is a small, portable, battery-operated device which is worn on the body. The box is attached by wires to sticky pads that are stuck to the skin. Small electrical pulses are transmitted to the body, like little electric shocks.

The TENS machine aides the relief of pain in three ways:

1. by "blocking" the pain messages from reaching the brain via the nerves.
2. by stimulating the release of the body's naturally occurring pain relieving endorphins.
3. by providing a distraction while the pain is occurring.

Gas and air (entonox/nitrous oxide)

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

- Nitrous oxide is self-administered by breathing in.
- Nitrous oxide analgesia can be administered quickly, easily, and safely. It can be discontinued as quickly and easily as it is started. The effects begin to dissipate immediately after the woman stops breathing nitrous oxide and are completely gone within five minutes. Nitrous oxide analgesia has no adverse effects on the progress of labour, and the spontaneous vaginal birth rate is unaffected.
- Nitrous oxide is not associated with an increased risk of maternal or fetal complications and does not require more intensive or invasive monitoring.

Narcotic Injection

Narcotics (Morphine or Pethidine) are strong painkillers given by injection. They help reduce the severity of the pain, but do not take it away completely. They can take up to 30 minutes to work and can make you sleepy. Your Obstetrician and Midwife will discuss with you the risks associated with this form of pain relief.

Epidural

What is an epidural?

An epidural anaesthetic is used as a form of pain relief or analgesia during labour or as an anaesthetic for a caesarean birth. Epidural anaesthesia is used to temporarily numb the nerves that carry pain sensations. This is achieved by an injection of a local anaesthetic and narcotic to the area of the spinal canal.

An epidural is administered by an anaesthetist, a doctor skilled in this technique.

How is an epidural administered?

Before performing an epidural anaesthetic the anaesthetist will ask you about your previous anaesthetic history and will assess your medical and obstetric condition. You will be asked about allergies and any medication you are taking.

You will need to sit hunched forward over a pillow or curled on your side to allow the bones of your spine to open up as much as possible. The anaesthetist will inject a local anaesthetic into the skin which may sting but numbs the localised area. The epidural needle is then inserted between two of the vertebrae of your spine to reach the epidural space. It is important to remain as still as possible so the needle can be inserted precisely.

A fine plastic tubing or catheter is passed through the needle and the needle is withdrawn. The plastic tubing is taped securely in place. The tube allows for medication to be administered during your labour without further injections. It does not prevent you from lying in whichever position you find comfortable.

An intravenous drip is inserted into the back of your hand or arm prior to the epidural being given and a urinary catheter is placed in your bladder to ensure your bladder remains empty for the duration of labour. It is necessary to monitor the baby's heart rate continuously with a fetal heart rate monitor once an epidural has been put in.

What is the experience like for you?

As the epidural needle is inserted you may be aware of a pushing and a pulling sensation on your spine. Some women experience pins and needles as the needle is inserted followed by a feeling of warmth in the legs and finally numbness from the waist down. Pain relief usually starts within minutes of the medication being given through the catheter but may take 20 minutes to be fully effective.

What are the advantages of an epidural?

For most women epidural anaesthesia provides total relief from the pain of contractions. An epidural allows a woman to be mentally alert and aware of her progress in labour, while reducing discomfort and drowsiness. If forceps/vacuum birth or episiotomy is needed, no further pain relief is required. If you go on to require an emergency caesarean section during labour the catheter is in place and can be "topped up" to achieve a denser block for surgery.

What problems are associated with an epidural?

No anaesthetic is without risk, but most women do not suffer any serious complications from an epidural. An epidural can cause a drop in blood pressure in some women. This may result in you feeling light headed or nauseated.

If an epidural is inserted early in labour the strength or frequency of the contractions may be reduced and further medication may be required to reverse this situation. An epidural has been shown to often lengthen the second stage of labour.

Rarely, the epidural needle may pierce the covering of the spinal cord (dura) causing a leak of spinal fluid which results in a severe headache. If the pain persists another epidural will be performed to treat the headache.

After you go home

While complications are extremely rare, they can be serious and symptoms may include:

- redness or swelling at the epidural/spinal site
- a fever of unknown origin
- increasing back pain, especially near the insertion site of the epidural/spinal
- changes in the sensation of your legs, including numbness, tingling or weakness
- changes to your bladder or bowel control
- a headache that is made worse by standing or being upright and eases when lying flat.

If you have noticed any of the above symptoms after you have gone home please contact your GP or Obstetrician as soon as possible.

instrument-assisted birth

The use of forceps or vacuum for birth

Forceps or vacuum are instruments used to deliver the baby or turn the baby into the best position for birth. They are used during the second stage of labour when the cervix is fully dilated.

The decision to use forceps or vacuum is made by the Obstetrician in the best interests of the baby and mother.

Reasons for instrumental birth

The most common reasons for an instrument-assisted birth are:

- the baby is showing signs of distress indicated by an abnormal heart rate
- the mother is exhausted and needs assistance with the birth, her ability to push effectively is declining
- the baby is not making progress through the birth canal despite pushing by the mother
- the mother has epidural anaesthesia and this has affected her ability to push effectively
- the baby is in a position which makes it difficult to pass through the birth canal
- the mother has a pre-existing medical condition which prevents prolonged pushing or which has worsened during labour.

Forceps assisted birth

Forceps consist of two spoon shaped blades that are fitted carefully around the baby's head. They are designed so that the baby's head is protected during birth and the baby can be guided down through the birth canal.

Vacuum assisted birth

A vacuum assisted birth consists of a rubber or plastic cup fitted over the baby's head and vacuum is applied. Suction keeps the cup in place. Combined with maternal effort during a contraction the baby's head is gently pulled in the correct direction.

Preparation during labour for an instrumental birth

Before an instrument-assisted birth is carried out, a catheter may be placed into the bladder to ensure the bladder is empty prior to birth and appropriate pain relief is provided. Pain relief for this procedure is usually by local anaesthesia.

Recovery after instrument-assisted birth

Mobility: You will be encouraged to move around or walk with the assistance of a midwife as early as possible after the birth. Walking helps to prevent the risk of blood clots developing in the leg veins.

Bladders and bowels: If a catheter has been placed in your bladder prior to an instrument-assisted birth. it is usually removed following the birth of your baby. Drink plenty of fluids following birth and let a midwife know if you are having any problems passing urine.

Perineum: An episiotomy may need to be performed prior to an instrumental birth. This involves a cut into the perineum, the tissue between the vagina and anus to enable the passage of the baby's head. Absorbable stitches are used to repair the perineum following birth. Keep the area clean and free from infection in the postnatal period.

Specific risks on instrument-assisted deliveries

An instrument-assisted birth is undertaken only when there are benefits to the mother and baby. The overall risk of injury to the mother and baby is low and must be considered in relation to the risks of prolonged second stage of labour. Risks associated with instrument-assisted birth include those of normal birth; such as injury to the baby's scalp/head/face which will resolve within a few days.

As your Obstetrician is a skilled practitioner, serious injuries are extremely rare.

caesarean section

A caesarean section is a surgical procedure which enables the birth of a baby through an incision in the mother's abdomen and uterus. It may be performed:

- electively – when indications present themselves in pregnancy prior to labour; or as an
- emergency – performed at short notice when complications present themselves prior to or during labour.

When may a caesarean section be necessary?

Possible reasons for an elective caesarean section

- You or your baby has obstetric or medical problems, this may include hypertension (high blood pressure) or pre-eclampsia
- Malpresentation of the baby, breach, transverse, oblique lie
- Placenta Praevia – the cervix is blocked by the placenta
- Placenta insufficiency – the placenta is no longer providing the baby with adequate nourishment
- Cephlo-pelvic disproportion – when the baby's head is too big to pass easily through the mother pelvis
- Maternal preference.

Possible reasons for an emergency caesarean section before the onset of labour

- Ante partum haemorrhage – severe bleeding
- Cord prolapse – when the umbilical cord falls through the cervix into the vagina
- Pre- eclampsia or eclampsia – when a women has a seizure
- Premature rupture of the membranes – when the waters break before labour commences and in the presence of other complicating factors.

Possible reasons for an emergency caesarean section after the onset of labour

- Fetal distress – changes in the baby's heart rate
- Obstructed labour
- Cord prolapse
- Intrapartum haemorrhage (bleeding during labour)
- Failed instrumental birth
- Undiagnosed breech
- Malposition of the baby.

Preparation for an elective caesarean section

Please follow the specific instructions given by your doctor or Pre-admission Nurse; the instructions below are given as a general guide only.

- DO NOT smoke cigarettes in the 24 hour period prior to your procedure.
- Morning procedure: DO NOT eat or drink anything after midnight unless otherwise advised.
- Afternoon procedure: DO NOT eat or drink anything after 7am unless otherwise advised.
- If you have diabetes, you should ensure you have clear instructions from your doctor regarding your medication.

Please ask your doctor if you should take your regular medication when you are fasting. If instructed to take medications while fasting, please take them with a small amount of water.

For elective patients only, please shower on the day of admission prior to coming to the hospital.

- Ensure you do not wear talcum powder, deodorant, perfumes or nail polish
- Wear comfortable clothes that are easy to remove
- Partners and support people are asked to wear closed shoes to theatre please.

On admission to hospital or prior to an emergency caesarean section the following pre-operative procedures will be undertaken where:

- observations recorded
- a cannula will be inserted into a vein in your hand or arm so that intravenous access is available for fluids and medication
- any hair on the abdomen and the top few centimetres of public hair will be removed
- a urinary catheter will be inserted into your bladder to keep your bladder empty during surgery and until you can walk to the toilet following surgery. Discussion with the Anaesthetist – concerning the safest and most suitable form of anaesthesia for the caesarean section. The Anaesthetist will discuss any previous experiences of anaesthesia or reactions to medications.

What anaesthetic is used for caesarean section?

A caesarean section may be carried out under epidural, spinal or general anaesthetic. If the caesarean section is elective you will have an opportunity to discuss the options available with the anaesthetist prior to surgery.

If the caesarean section is conducted under epidural or spinal anaesthetic you will be awake and able to share with your partner the first few minutes of your baby's life.

If a general anaesthetic is required (usually only in the case of a medical emergency) you will be asleep for the surgery and will awake in recovery. You will see your baby on return to the postnatal ward.

Postnatal recovery after caesarean section

- A Paediatrician will be present in theatre at the birth of your baby. Once your baby has been checked, they will be wrapped and brought to you for a cuddle.
- You will be transferred to the recovery room, to be observed while the anaesthetic wears off. With an elective caesarean, your baby and partner will remain with you in the recovery room, in most cases with the support of maternity staff, who will assist with the first breast feed. If the baby needs extra care they will be transported to the special care nursery. A nurse will monitor your blood pressure, heart rate and temperature, the firmness of your uterus, vaginal bleeding and the incision site. If all is normal you will be transferred to the postnatal ward to be with your partner and baby.
- Your legs and abdomen will usually remain numb for a few hours following an epidural or spinal anaesthetic. You may also feel nauseated and shaky at this time.

Midwifery care following a caesarean section

Wound: the area around the incision site will feel tender. A dressing will be applied following surgery and this is usually removed within 24 hours depending on your obstetrician. Absorbable stitches are often used for the outer abdominal layer and will not need to be removed. Alternatively non-absorbable stitches or clips will be removed prior to discharge.

Bladder and Bowels: the urinary catheter will be removed approximately 24 hours after surgery. Please advise your midwife if you are having problems passing urine. You may experience wind pains following surgery. Physical activity can help the bowel to function and reduce the discomfort.

Mobility: gentle ambulation is encouraged as soon as possible following surgery. Physical activity is important. Most doctors will also advise a small injection of a blood-thinning drug for the first three days following surgery in order to reduce the risk of blood clots. The first time you move or get out of bed will be the most difficult. Your midwife will assist you and provide advice on the easiest methods of getting in and out of bed. Try to stand up straight and avoid slumping forward.

Vaginal blood loss: the colour and amount of blood loss will change and gradually lessen. For the first 1-2 days your blood loss will be bright red, but over the next few days the colour will darken and the flow will lessen. You can bleed for 3-6 weeks after having your baby.

Pain relief: regular analgesia (pain relieving drugs) are encouraged. You will be offered analgesia at regular intervals, but let your midwife know if this is not providing you with adequate pain relief. Options are usually oral or rectal analgesics.

Breastfeeding: following a caesarean section you will be encouraged to have skin-to-skin contact with your baby and, if breastfeeding, to initiate this as soon as possible. Your midwife will provide assistance on correct positioning and attachment of your baby.

Full recovery: usually takes 6-8 weeks. You will make an appointment with your Obstetrician approximately 6 weeks after surgery. Accept help from trusted family and friends and get as much rest as possible. Try not to lift anything heavier than your baby. Bend down to cuddle your toddler. Drink plenty of water and eat a varied diet to avoid constipation.

apgar score

This is an assessment of your baby's overall condition including breathing, heart rate and colour. This is done at one minute and at five minutes after birth. The Apgar score simply tells your carers how well your baby has made the transition from intrauterine (inside the womb) life to extrauterine (outside the womb) life.

the first few hours after birth

During the first few hours following the birth of your baby (both caesarean and vaginal), your baby will be:

- placed in your arms to allow skin-to-skin contact. This encourages your baby to lick, nuzzle, smell you and, if you are wishing to do so, prepare to breastfeed. If you are wishing to breastfeed, and it is possible at the time, your midwife will assist you to breastfeed within the first hour following birth. This assists the uterus to contract, promoting the third stage of labour and reducing the risk of bleeding. After skin-to-skin time, baby should be dressed and wrapped.
- weighed and identified with ankle bands that correspond with your identification band. Each time you and baby are separated, you will be required to sign an identification check form on baby's return.
- the midwife will be monitoring your baby's wellbeing at regular 15 minute intervals during the first 2 hours. A stats probe (to check oxygen levels) is generally applied to their right wrist.

It is important that, as a mother, you feel comfortable in communicating with your baby. Your baby will be rooming-in with you unless your baby requires special care or your condition means you are unable to care for your baby. Rooming-in helps the mother bond with her baby/ies and gain confidence in their care. Mothers are able to respond to their baby's early feeding cues which helps establish the mother's milk supply and establishes good early breastfeeding. A baby has less risk of infection when they are breastfed by their mother, as antibodies are passed on to the baby through the breast milk.

To achieve an understanding of the needs of your baby, we will provide interactive care activities including:

- changing nappies
- bathing your baby
- caring for your baby's cord
- settling techniques
- safe sleeping, and
- feeding.

At St Vincent's Private Hospital Toowoomba, we encourage your partner or support person to be involved in your baby's care as much as possible to ensure that, as a family, you will be at ease when you take your baby home.

tests & medications for your baby

You will be offered a number of medications and tests for your baby during their first few days of life. You will be asked to give prior consent. If you don't understand why the test or treatment is necessary, please ask for more information or further explanation.

Newborn Vitamin K

It is recommended that a single dose of Vitamin K is given by injection or the first of three oral doses within a few hours of birth. Newborns may be deficient in Vitamin K in the first eight days of life. Vitamin K is needed to help the blood clot and to prevent bleeding.

Hepatitis B immunisation

Hepatitis B is a disease caused by a virus that affects the liver. Hepatitis B is spread by infected blood and other body fluids such as saliva. It is recommended that babies are immunised soon after birth and during infancy.

Hepatitis B vaccine will be given to your baby with your consent before you leave hospital. To complete the immunisation, more vaccinations are given until up to four years of life. If you are Hepatitis B positive, it is recommended that your baby is given an immunoglobulin injection while in hospital. This is to give your baby some immediate protection from Hepatitis B.

Newborn neonatal screening test

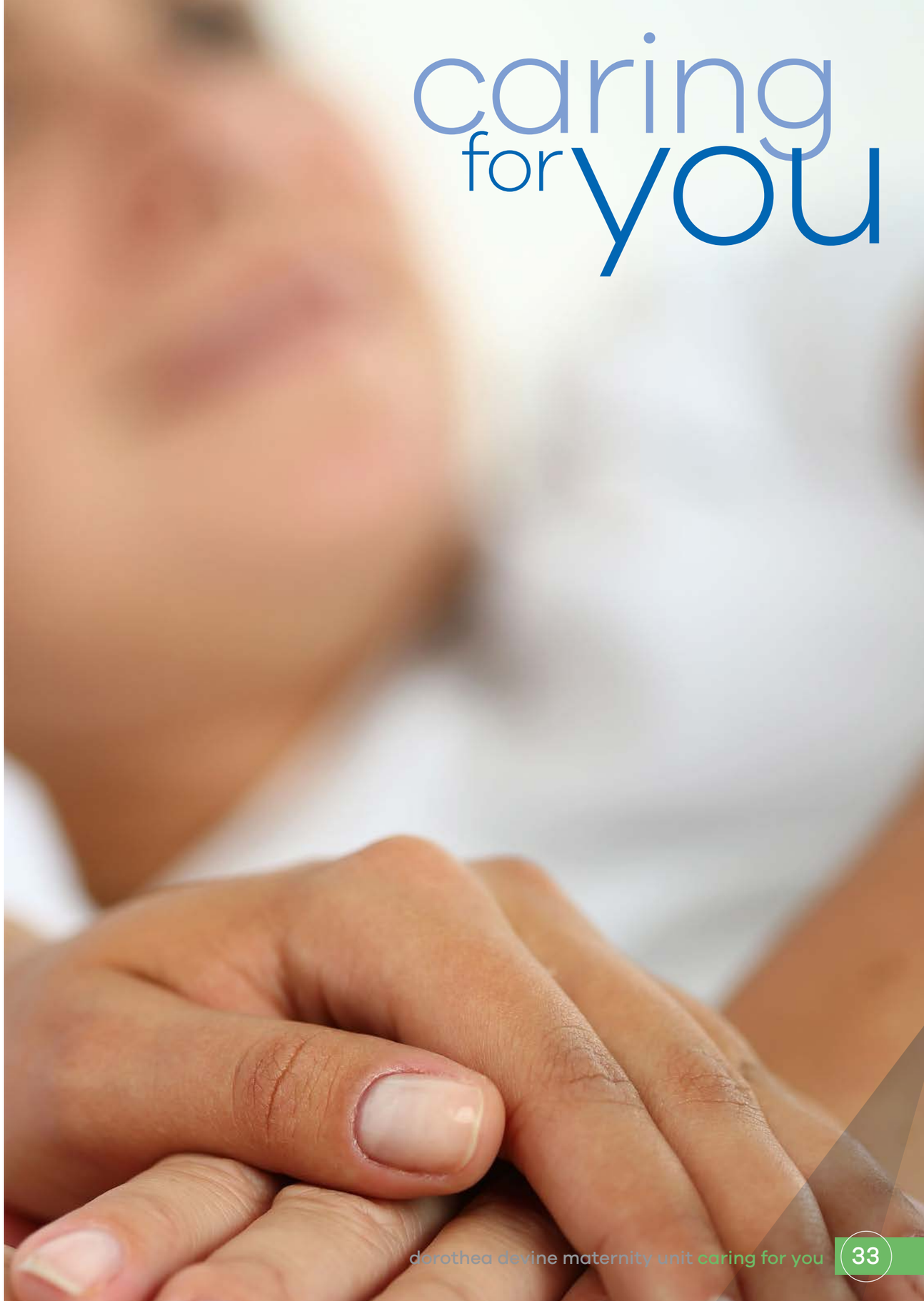
With your consent, a neonatal blood-screening test will be collected from your baby to screen for rare disorders. The test screens for:

- congenital hypothyroidism
- cystic fibrosis
- amino acid disorders e.g. phenylketonuria (PKU)
- fatty acid oxidation disorders
- other rare metabolic disorders.

This test occurs between 48 and 72 hours after your baby's birth. The midwife will take a small sample of blood from your baby's heel for this routine screening. Information will be provided to you and parental consent obtained prior to this test being carried out. Please note that if the screening tests are negative, you will not be notified of the results. If further tests are required you will be contacted – this may be because the initial test was insufficient or because there has been an abnormal result requiring further investigation.

Healthy Hearing Screening

The Queensland Healthy Hearing Program aims to identify babies born with a permanent hearing loss. It is free and available to all babies born in Queensland. A hearing screening does not hurt your baby. A nurse or midwife trained in hearing screening will perform the screen while your baby is quiet or asleep. Several small pads will be placed gently on your baby's head and a soft earphone will be lightly placed over each ear. Soft clicking sounds will then be played into your baby's ears. The pads will record your baby's responses to the sounds. It is generally performed prior to your baby's discharge from hospital.
www.health.qld.gov.au/healthyhearing



about you – what to expect following birth

After the birth of your baby, the midwife will check your progress regularly and be available to assist you and offer guidance as you need it.

The midwife will discuss with you:

- the importance of getting rest when you can
- the normal changes that occur to your body after birth
- emotional changes and coping mechanisms to help you adjust to your new baby
- support from your family and friends
- community support and resources available when you go home.

AFTERPAINS

You may experience contraction-like pains for the first couple of days after the birth, especially while breastfeeding and more so if this is not your first baby. This is quite normal. Afterpains can usually be relieved with ordinary pain-relief tablets.

NORMAL VAGINAL BLOOD LOSS

It is normal to experience vaginal bleeding after the birth of your baby. This is natural in the first few weeks, and can last up to six weeks. At first it will be heavier than a normal period and then it will turn a pinkish brown colour.

In the first few days, it is normal to experience period-like cramps and slightly heavier blood loss during breastfeeding. This is due to your uterus contracting as it returns to its pre-pregnant size.

Do not go swimming until your bleeding has stopped.

Do not use tampons until after your six week check.

Contact your local doctor if you have a sudden increase in blood loss once you are home i.e. you are soaking pads or passing clots or if your loss has a bad odour.

POSTNATAL CARE

Immediately after birth you will frequently have your pulse and blood pressure taken (more frequently if you have had a caesarean section).

PERINEAL CARE (VAGINAL BIRTH)

You will be offered ice-packs for your perineum for the first 24 hours to assist with bruising and comfort. These can be used regularly for the first few days and can be placed inside the lining of the sanitary pad.

Keep the perineum clean by showering at least once daily - more frequently if required.

Change sanitary pads at least every four hours.

Lie down for approximately 20-40 minutes in each hour for the first 24 hours, if you can as this reduces any swelling and assists with healing.

Avoid sitting with crossed legs, or any position that allows your labia to gape open to reduce strain on your perineum or stitches.

The stitches are dissolvable and will fall out between one to three weeks after the birth.

WOUND CARE

Your Obstetrician and midwife will guide you with wound care. If your wound oozes fluid or blood or becomes reddened, please report this to your midwife or doctor immediately.

Regular Checks

Each day the midwife will perform a physical check which may include:

- feeling the size and shape of your uterus (very gently if you have had a caesarean section)
- enquiring about your vaginal bleeding
- if you are breastfeeding, check your breast nipples and breastfeeding to make sure you are comfortable with positioning and attaching your baby to the breast
- checking stitches, episiotomy or wound to see they are healing and generally enquiring about your physical wellbeing
- the midwife will also talk with you about how you are feeling emotionally and give you the opportunity to raise any concerns.

Midwives are very aware that this can be a very emotional time. It is important that you feel free to discuss your feelings or concerns with your care providers if you want to.

PAIN RELIEF

You are the only person who really knows about your pain; therefore, we encourage you to speak up before your pain becomes severe. Pain is harder to treat if it gets out of control.

BLADDER CARE

It is important to let your midwife and obstetrician know if you are having difficulty passing urine, only passing small amounts of urine, or having accidental loss of urine.

If you have a urinary catheter it will be removed in the first one to two days depending upon your recovery.

Try to pass urine every three to four hours.

If you have stitches or grazes, passing urine may sting, so try doing this while you are showering or by leaning forward on the toilet or tipping warm water over your perineum as you sit on the toilet.

Drinking water dilutes your urine which may also help.

BOWELS

It is normal not to open your bowels for a few days after the birth; however, your bowel motions need to remain soft and easy to pass as this allows stretched muscles and a stitched perineum to heal quickly and well. It is important to eat fresh fruit and whole grains and to drink plenty of water.

WHEN YOU GO TO THE TOILET

Lean forward from your hips so your elbows rest on your knees.

Use a small footstool and come up on your toes so your knees are slightly higher than your hips.

Keep your back straight – do not slump.

Do not strain – just relax and take your time. Allow your abdomen to relax forward on your hips, do not hold your breath or strain.

MOBILITY AND EXERCISES

PELVIC FLOOR

The pelvic floor is a layer of muscle and connective tissue which forms a "sling" across the base of the pelvis.

The pelvic floor muscles are a small but very important group of muscles, particularly in women. They lie deep inside the pelvis and act to support the pelvic organs and control continence.

During pregnancy, these muscles become weakened due to the action of pregnancy hormones and the weight of the baby pushing down. It is important that you re-train these muscles during the postnatal period to prevent problems such as incontinence.

You can start to do gentle pelvic floor exercises as soon as it is comfortable, as this will help you to recover quickly.

You can do these exercises in any position. Good posture at your lower back is important when you exercise your pelvic floor muscles.

ALL WOMEN SHOULD EXERCISE THEIR PELVIC FLOOR MUSCLES EVERY DAY

PELVIC FLOOR MUSCLE EXERCISES

THERE ARE TWO EXERCISES WE RECOMMEND TO RE-TRAIN YOUR PELVIC FLOOR

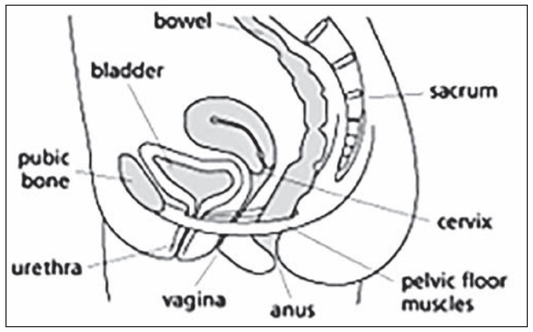
To begin, lie on your back with your knees bent and your feet supported but apart.

Exercise 1: Long Hold

Squeeze around your back passage and your vagina, as if you are trying to stop yourself passing wind or urine and try to lift the pelvic floor up.

Hold this position for 2 to 3 seconds, whilst keeping your abdominal, buttock and thigh muscles relaxed.

Continue to breathe normally. Relax for five seconds, then repeat this exercise 3 to 5 more times. Repeat the exercise 4 times a day.



As your pelvic floor muscles get stronger, make the exercise more challenging by increasing the number of exercises and the hold time of each exercise to 10x10 seconds. You can also perform these exercises sitting, standing and during activities such as lifting and walking.

Always stop exercising when the muscle feels tired.

Exercise 2 : Quick Squeeze

Tighten the pelvic floor muscles as above, this time holding the exercise for only one second.

FUNCTIONING BRACING

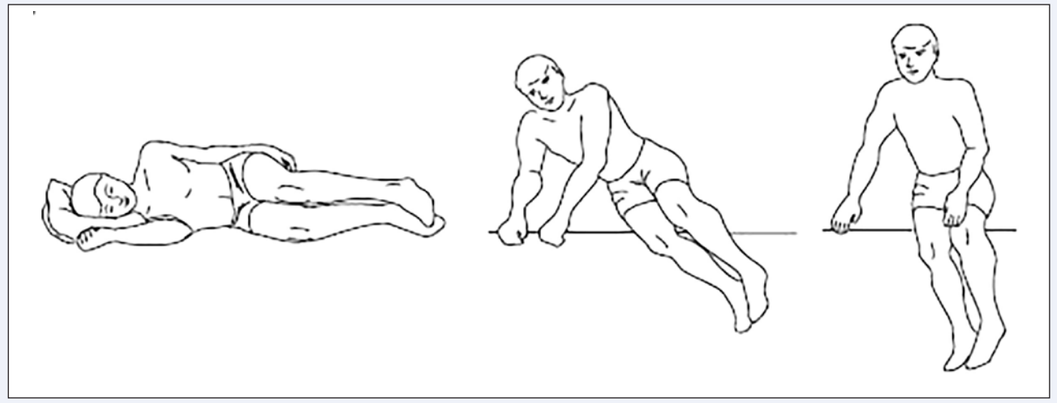
Tighten your pelvic floor when you cough, sneeze or laugh and when you are doing things that require effort, such as lifting.

GETTING MOVING

The sooner you are up and about following a caesarean section the better you will recover. The most comfortable and the best way for you to get into and out of bed is to log roll.

HOW TO LOG ROLL

Bend your knees and roll onto your side. Keep your shoulders and hips in line. Slide your feet over the side of the bed and push yourself up using both of your hands in front of your body. Do the same in reverse to get into bed.



BREATHING EXERCISES

Take 5 big, deep breaths every hour while you are resting in bed. If you need to cough, support your stitches with your hands or a pillow.

CIRCULATION EXERCISES

Move your feet forwards and back 20 times every hour while you are resting in bed.

YOUR DIET

A healthy diet and fluids to satisfy your hunger and thirst are important for your own physical wellbeing. The best advice is "all foods in moderation" as no specific food has been proven to upset babies or cause diarrhea.

Try not to skip meals. Make your meals as nutritious as possible. If breastfeeding, you will feel thirsty; drink to satisfy your thirst.

POST NATAL FEELINGS

The baby blues are experienced at around day three by approximately 80% of women. Baby blues can be caused by hormone changes, tiredness, pain from stitches, a wound or full breasts; or even feeling flat after all the excitement of the birth. You may feel anxious about small things and become very weepy.

About 10-20 % of women can go on to develop postnatal depression (PND), which may include one or more of the following signs or symptoms:

- persistent low mood
- extreme anxiety, confusion and panic
- difficulties in sleeping or excessive sleeping
- not eating or overeating
- inability to enjoy anything or cope with routine tasks
- inability to think clearly or make decisions
- feelings of wanting to harm your baby or yourself
- wanting to run away.

Postnatal depression is a treatable condition but it is most important to get help early. You can seek help through your midwife, obstetrician, GP or child health nurse. Please refer to the resource list on the last page for phone contact details. The Gidget Foundation is a great resource.

FUTURE PREGNANCY CONSIDERATIONS

Sexual relations can be resumed when you feel comfortable, unless advised otherwise by your doctor or midwife.

Discuss family planning with your GP. Some mothers are surprised to find that it's almost impossible to fall pregnant in the first 3 months using what's known as LAM (the lactational amenorrhea method) - i.e. breastfeeding can be quite a reliable method of contraception, but only if done in a certain way. There are a few 'rules' to follow. 1. You need to exclusively demand-feed your baby throughout the day and night (no formula). 2. Do not use a dummy. 3. Your period can't have returned.

Your chances of becoming pregnant increase to 2% between 3–6 months and it is not as reliable after 6 months. It is still possible to become pregnant while you are breastfeeding so seek medical advice about avoiding pregnancy and natural family planning methods at your six week check up with your doctor.

WHEN TO SEEK MEDICAL ATTENTION

You have a fever.

You are bleeding heavily.

You have increased or smelly blood loss.

You have increasing pain.

You find a red, hard, hot area on your breast that does not clear with breastfeeding.

You have difficulties passing urine or a bowel motion or leakage of urine.

Your caesarean wound is red, gaping or oozing fluid.

You have feelings of despair, being overwhelmed or depression.

If you are concerned in any way about yourself or your baby you should seek medical attention.

The epidural site on your back becomes red, swollen or tender or you develop numbness or weakness anywhere on your legs.

DEEP VEIN THROMBOSIS PREVENTION

What is Deep Vein Thrombosis (DVT)?

DVT is a blood clot that forms in the deep veins of the legs and thigh, and occasionally the pelvis. These clots can arise following surgery or prolonged bed rest.

Am I at risk of developing a blood clot?

You may be at risk of developing a deep vein thrombosis as a result of having surgery; prolonged bed rest that will cause a decrease in blood flow in your legs; your age; a past history of heart failure, cancer, blood clotting problems, a family history of blood clots, stroke, chronic illness, obesity or smoking.

What are the signs and symptoms of a blood clot?

If you experience any of the following, please report it to your nurse or doctor:

- pain in your leg or calf
- swelling and redness usually in one leg
- breathlessness or pain in your chest.

What are some of the exercises I can do?

It is important to do some exercises for a few minutes each hour. The main exercises involve:

1. deep breathing and coughing exercises
2. leg exercises.

How do I do deep breathing and coughing exercises?

1. Find a comfortable position. Place one hand over your chest and the other over your stomach.
2. Relax and bend your legs up slightly.
3. Breathe out normally. Close your mouth and inhale deeply through your nose. You should feel your chest rise. Your stomach should not rise.
4. Hold your breath and count to five.
5. Purse your lips as though you are whistling, then breathe out through your mouth. Try not to let your cheeks puff out.
6. Finish this exercise by making a cough.
7. Rest for several seconds and then repeat this exercise five to ten times.

You can try to:

- move your feet up and down while in bed
- tense and relax your calf muscles
- draw circles with your ankles while lying in bed
- flex your feet and ankles and shift your position as you are able
- get out of bed and walk around as much as you can
- avoid crossing your legs while you are lying in bed or sitting in a chair.

How do I do leg exercises?

These exercises are very simple and involve you moving your feet and stretching your calf muscles for three to five minutes every hour.

Your midwife will get you up and out of bed as soon as you are able. This will promote good blood flow to your legs and help prevent the formation of clots. It is very important to keep moving as much as possible after you are discharged from hospital.

Preventing a fall (for patients and carers)

Did you know that many incidents in hospitals are related to the patient falling?

There are a number of reasons for a patient falling in hospital. These may include poor balance, unfamiliar environment and obstacles in the environment, poor eyesight, unsafe footwear and some medicines to name a few.

Staff will try and reduce your risk of falling by:

- helping you settle into your environment, keeping your surroundings safe and providing you with fall prevention information
- assessing your risk of falling and discussing the results with you to develop a plan of care suited to your needs.

Everyone has a role to play in preventing falls.

What you can do?

1. Bring any walking aids that you normally use to hospital.
2. Ensure your walking aid is in good condition and use it, rather than furniture or walls, for balance.
3. If you have glasses, only wear your distance ones when you are walking. Take special care when using bi-focal or multi-focal glasses.
4. Wear comfortable clothing that is not too long or loose. Wear comfortable low-heeled, non-slip shoes that fit you well, rather than slippers.
5. Use your call bell when you require assistance and keep it within easy reach.
6. Take your time when getting up from sitting or lying down.
7. Let staff know if you feel unwell or unsteady on your feet.
8. If staff recommend that you need assistance or supervision when moving, please ask them for this assistance and wait until they come to help you.
9. Familiarise yourself with your room, its furniture and bathroom. Be careful of any spills on the floor or clutter in your room and tell staff about them promptly.
10. Keep your fluid levels up, ask staff to recommend the amount of fluid you should be drinking.

patient rights & responsibilities

Your rights

My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights.**

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access
- Healthcare services and treatment that meets my needs

Safety
- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that makes me feel safe

Respect
- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership
- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information
- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Request access to my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy
- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback
- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

For more information, ask a member of staff or visit safetyandquality.gov.au/your-rights

Preparing to go home

Your doctor and midwifery staff will confirm when you and your baby are ready to go home. Discharge time from the Unit/Ward is 10.00am.

The person collecting you is able to drive into the parking bay at the main entrance to collect you and your baby. We request that you move your vehicle, as soon as possible, in order to enable others to access the hospital.

By law, you must have a suitable baby safety capsule/seat fitted to your vehicle before you transport your baby home. Please contact Kidsafe Queensland if you need assistance (www.kidsafeqld.com.au).

Before you leave the hospital, ensure you or your support person understands how to care for you and your baby at home.

Please check with the midwife regarding medications, future appointments or instructions and ensure that you have the birth registration* forms.

You will be given a Child Health Record Book with details of your baby's birth – this will be filled out by your midwife prior to discharge. The Baby Health Record Book is to be taken to your Family Health Clinic visits, any doctor visits, and for all immunisations to record your baby's progress.

You will usually have an appointment with your obstetrician after the birth of your baby to assess your recovery. You should also see your General Practitioner when your baby is two (2) to four (4) weeks old for a check-up.

Please report to main reception to finalise your accounts.

Government Documentation

You will be given Government documentation that you will need to complete. This includes:

- *Birth Registration Form online (you must register the birth of your baby within sixty days of the birth)
- Family Allowance Claim Form.

caring for your newborn

feeding your baby

Maternity staff at St Vincent's Private Hospital Toowoomba respect your right to choose how you want to feed your baby and will support you with guidance and advice, whatever your decision.

It is important to find out what suits both you and your baby on a set day - remember, your baby's needs are constantly changing and numerous changes are normal and expected in their first few days. Also keep in mind that what a mother eats/drinks can impact the baby through breastfeeding eg: caffeine, spices, medications and, of course, smoking and alcohol.

BREASTFEEDING

Breastfeeding is supported in accordance with World Health Organization (WHO) Guidelines. Your midwife will provide additional information, assistance and support should you need.

Breastfeeding provides a number of benefits for you and your baby. Breast milk provides the ideal nutrition for baby growth and development during the first four to six months. It is easily digested and reduces the chance of your baby developing allergies e.g. asthma, eczema.

Breast milk contains antibodies which help to reduce the risk or severity of many illnesses e.g. ear infections, diarrhoea and respiratory illnesses. Breast milk is readily available and is at the ideal temperature for your baby.

Breastfeeding assists in the process of your uterus returning to its pre-pregnancy size (called involution).

SVPHT supports the use of breast milk for infants and is committed to assist all our mothers to successfully breastfeed, should they wish to do so . This is in line with the Australian Breastfeeding Association position that a mother's own milk is the ideal food for her baby. In cases where mothers do not have enough breast milk, we recognise that mothers in many cultures have informally shared their breast milk or chosen to source human milk from private donors. Due to the risks involved in using privately sourced donor milk that has not undergone a formal screening process, SVPHT will not suggest or encourage the use of milk from an unscreened donor.

HOW BREASTFEEDING WORKS

Breastfeeding is both an instinctive and a learned skill.

Colostrum is the first creamy milk, which changes to thin looking mature milk around 30–40 hours after birth. This is usually noticed by mothers about the third day after birth, although this timing may vary amongst individual mothers.

Unrestricted access to the breast encourages establishment of lactation. Breastfeeding works on a basis of supply and demand and is maintained by adequate removal of milk from the breast. A minimum of 8 stimulations of the breast in 24 hours is recommended. If it is not used, it does not get replaced. If your baby is sleepy you can express or pump to achieve 8 stimulations.

THE FIRST BREAST FEED

Babies are usually alert immediately after birth and their sucking reflex is intense.

Following birth, your baby will be placed on your chest to make skin-to-skin contact. Once the baby shows signs of wanting to feed, your midwife will help you attach your baby to your breast.

POSITIONING AND ATTACHMENT

Correct positioning and attachment is the key to preventing most breast feeding problems and it is vital for the removal of milk from the breast without pain.

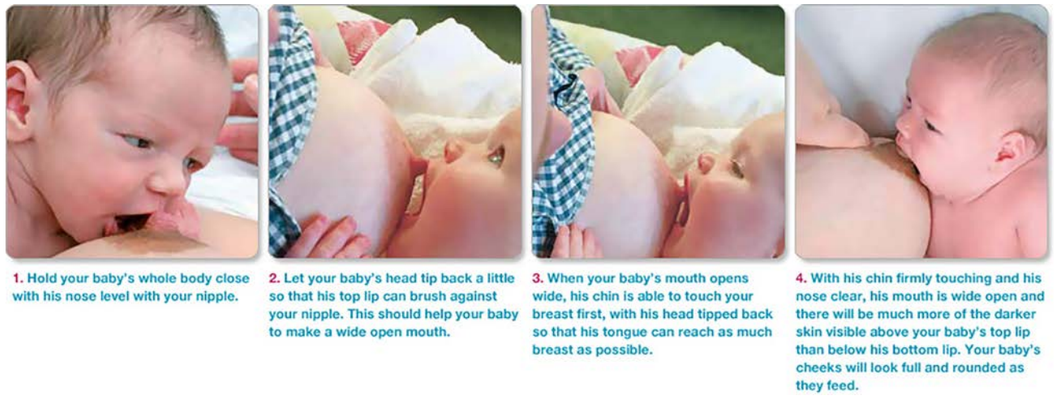
If your baby is well attached:

- they will feed and settle better
- they will drain the breast better
- your milk supply will be sufficient for your baby
- your nipples will not be sore or damaged.

Incorrect positioning and attachment can be the cause of many early breastfeeding problems. For example:

- pain
- nipple damage
- compressed/ridged/misshapen nipple
- hollow cheeks/dimples when breast feeding
- no suck/swallow rhythm once milk is in.

Your midwife will guide you with positioning and attachment initially and then supervise your independent attachment. You should remember:



1. Hold your baby's whole body close with his nose level with your nipple.
2. Let your baby's head tip back a little so that his top lip can brush against your nipple. This should help your baby to make a wide open mouth.
3. When your baby's mouth opens wide, his chin is able to touch your breast first, with his head tipped back so that his tongue can reach as much breast as possible.
4. With his chin firmly touching and his nose clear, his mouth is wide open and there will be much more of the darker skin visible above your baby's top lip than below his bottom lip. Your baby's cheeks will look full and rounded as they feed.

Remember to:

1. Keep your baby calm when at the breast as best you can - this ensures baby's breastfeeding reflexes are switched on.
2. Your baby's hands are bare and feet supported - the baby's hands need to be bare and available to pat and move over your breast and body. Always unwrap or un-swaddle a baby prior to breastfeeding. The baby usually enjoys some support for their feet. You might experiment with folding up a rug and placing it on the couch beside you to support the feet.
3. Your baby's chest and tummy are flat against your chest and tummy - bringing the baby to your body, so that their chest and tummy are flat against your chest and tummy, switches on the breastfeeding reflexes. Being in a deck-chair position helps this, making it easier to hold the baby against you.

The following can turn off the breastfeeding reflexes or trigger the baby to pull off the breast:

- pressing the baby on the back of the head and neck
- lifting the baby away from your body to get him or her onto the breast.

Starting with the baby between the breasts on the upper chest may help calm them but you will need to help to direct baby towards the breast, following your baby with your hands, snuggling them in between the shoulder blades, guiding their bottom a little so that they end up roughly nipple to nose with the chin pressed against the breast.

Often just placing the baby slightly above the areola on the breast is enough to turn on their seeking-the-nipple reflexes. Many women simply bring the baby directly to the breast, flat against their bodies, just taking care to ensure the baby is lined up for the chin to bury into the breast, nipple to nose.

4. Baby is horizontal across your body - if you and your baby are having difficulties, we suggest starting with the baby horizontal across your body, tucked under your breasts.

   It's important to experiment and see what works for you. You might find it works best to have the baby diagonal across your reclined body so that their hip rests against your upper thigh, particularly if the baby is older.

5. Your hand supports the baby's upper back - you may find it easiest as you bring the baby onto the breast, to support them against your body with a palm across the shoulder blades and fingers in the baby's armpit. You might also support the baby's head with your forearm as they come onto the breast.

6. Your baby's chin and lower lip plant into the breast - once you have the baby against your body, you may notice that the baby bobs their head around, getting oriented.

   Look for how the baby's mouth opens up when the chin and lower lip press into your breast. We aim to have the baby's chin and lower lip pressing into the breast in a place where your nipple is roughly pointing to the baby's nose. A little help once the baby opens the mouth to bring them up and over the nipple usually works well.

In the first week a 'stretching' sensation may be felt for approximately 20-30 seconds when you start to feed your baby. The baby begins with a short burst of quick sucks to start the milk flowing.

The pattern changes to a slower, more even rhythm of suck (1-2), swallow, breathe. There will be a strong jaw movement assisting in milk transfer.

Pauses are normal and will become longer with shorter bursts of sucking. The baby is getting the fattier, nourishing milk and, if not interrupted, will spontaneously release the breast once your baby's required calorie level is reached.

Your nipple may appear elongated, but should not be flattened, ridged or misshapen.

SIGNS THAT YOUR BABY WANTS A FEED

Your baby will indicate that they are hungry. Some of the signs to look for are:

- hands to mouth
- "rooting" (this is a reflex that lasts around 4 months and helps your baby find the breast. It is initiated by the breast or nipple touching the infant's mouth or cheek).
- crying is a late sign of hunger.

INFANT FORMULA

If you are feeding your baby with formula, your midwife will go through the correct technique for preparing the formula. Your Child Health Information booklet also has a useful guide.

WHAT TO EXPECT IN THE FIRST 24 HOURS

BABY BEHAVIOURAL STATE

- Birth – 2 hours: quiet alert (best time to feed).
- 2 – 20 hours: light and deep sleep (infrequent feeding).
- After 20 hours: continuum of sleep – wake behaviours (frequent feeding).

WHAT TO EXPECT 24 – 48 HOURS

BABY BEHAVIOURAL STATE

Your baby will let you know when they are hungry, so it is important to respond to their feeding cues. It is normal for babies to breastfeed frequently (up to 8 - 12 feeds in 24 hours). Breast milk is the perfect food for babies, it is easily digested (it can empty from your baby's stomach in 90 minutes).

Every mother and baby is different. How often you feed and how long it takes your baby to feed differs from one mother to the next and whether you feed from one breast or both. You and your baby will develop your own pattern which will adapt as the baby grows.

It is important to continue to respond to baby's feeding cues and provide unrestricted feeding.

WHAT TO EXPECT 48 – 72 HOURS

BABY BEHAVIOURAL STATE

Continue to respond to your baby's feeding cues and provide unrestricted feeding. Let your baby finish the first breast before offering the second breast. At the next feed, reverse the breast order.

It is around this time that the milk comes in. Your breasts may feel full and uncomfortable. Engorgement rarely occurs when a mother allows her baby to breastfeed at any time of the day and night.

If your breasts do become overfull and uncomfortable you can:

- hand express a little milk before a feed, softening the areola to assist your baby to latch well
- apply covered cold packs for 10-15 minutes after a feed for comfort
- let your baby feed as long as they want to. Some babies will have a rest at the breast and then start sucking again, so let your baby decide when to come off. As a guide try to keep your baby's feed to no longer than one hour. Feeding times vary from feed to feed and baby to baby. As babies get older and are able to suck more efficiently, they often have shorter feeds and may sleep longer between feeds.

Appendix C: Input/output checklist

Age (hours)	Breast milk intake	Number of breastfeed	Number of wet nappies	Stooling	Stool colour	Stool consistency	Baby weight
0–24	0–5 mL colostrum at first feed 2–10 mL per feed Average of 7 ml per feed 7–123 mL of colostrum in first 24 hours	First 8 hours: 1 or more Second 8 hours: 2 or more Third 8 hours: 2 or more	1 or more	1–2	black	tarry/sticky	
24–48	5–15 mL per feed Increasing volumes	8–12	2 or more	1–2 1–2	greenish/black then brownish 'transitional'	softening	Loses 7% average 10% maximum
48–72	15–30 mL per feed Increasing volumes	8–12	3 or more	3–4	greenish/yellow	soft	
72–96	30–60 mL per feed 395–800 mL per day	8–12	4 or more	4 large or 10 small	yellow/seedy	soft/liquid	
End of first week	395–800 mL per day Increasing volumes 440–1220 mL per day by one month	8–12	6 or more	4 large or 10 small	yellow/seedy	soft/liquid	Weight loss plateaus then starts to regain weight

- Between 4–6 days of age, babies start to regain weight and by two weeks will have returned to birth weight
- Most babies have returned to birth weight by 10 days of age
- Average weekly weight gain of 150 to 200 grams to three months of age
- Babies usually double their birth weight by six months of age, and triple their birth weight by 12 months of age
- Weight gain or loss is only one aspect of wellbeing—assess every mother and baby on an individual basis
- Urates may be present before secretory activation when milk flow increases–urates not expected after 96 hours of age
- Number of bowel motions of breastfed babies tends to decrease between six weeks and three months of age

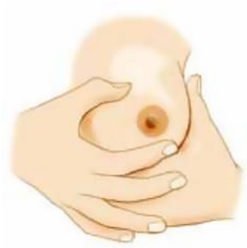
References: Academy of Breastfeeding Medicine. ABM Clinical Protocol #3: Hospital guidelines for the use of supplementary feedings in the healthy term breastfed neonate, revised 2009. Breastfeeding Medicine. 2009; 4(3):175-182.; Inch S. Infant feeding. In: Marshall J, Raynor M, editors. Myles' Textbook for Midwives. sixteenth ed. Philadelphia: Churchill Livingstone Elsevier; 2014.; Kent J, Mitoulas L, Cregan M, Ramsay D, Doherty D, Hartmann P. Volume and frequency of breastfeedings and fat content of breast milk throughout the day. Pediatrics. 2006; 117:e387-e395.; Lawrence R, Lawrence R. Breastfeeding: A Guide for the Medical Profession. 8 ed. United States: Elsevier; 2016.; Mattson S, Smith J. Core Curriculum for Maternal-Newborn Nursing. Fifth ed. Missouri: Elsivier; 2015.; National Health and Medical Research Council. Infant Feeding Guidelines. Canberra. 2012 [cited 2016 February 26]. Available from: https://www.nhmrc.gov.au.; Permezel M, Walker S, Kyprianou K. Beischer & Mackay's Obstetrics, Gynaecology and the Newborn. 4th ed: Elsevier; 2015. Queensland Clinical Guidelines: Routine newborn assessment 2014

EXPRESSING AND STORING BREAST MILK

You may need to express milk if your baby is:

- sick
- premature
- sleepy and not attaching and sucking effectively
- not with you.

You may express by hand or pump – ask your midwife to help you.



HAND EXPRESSING

Wash your hands with soap and warm water.

Gently massage your breast.

Cup your breast with your hand and place the thumb and forefinger opposite each other at the edge of the areola, then gently press them back into your breast tissue and squeeze rhythmically.

Rotate the position of your fingers to work on all the milk-collecting ducts.

EXPRESSING WITH A PUMP

There are two types of pumps – manual or hand pumps and electric pumps.

Manual pumps can be bought from pharmacies. Electric pumps can be hired or purchased from some pharmacies. The plastic parts of electric pumps must be purchased as they are not recyclable.

Hand pumps are effective for long term use.

ANTENATAL EXPRESSING

For various reasons, some babies may require more fluids/nutrition in the early postnatal period than they can obtain directly from the mother. These babies may have to be given formula.

If a mother is aware of this possibility during pregnancy, she may choose to express her colostrum antenatally. In this way, if her baby needs extra fluids/nutrition, they can be given her colostrum rather than anything else and exclusive breastfeeding can be achieved.

Potential reasons for the antenatal expression of colostrum include:

Before expressing colostrum antenatally it is important to discuss this with your midwife or obstetrician. It is important to remember that colostrum is not to be expressed before 36 weeks.

Some potential reasons for expressing colostrum antenatally include if a mother has:

- diabetes. A baby born to a mother who has diabetes during pregnancy is at risk of low blood sugar after birth. Receiving extra colostrum at this time can help a baby's blood sugar level to stabilise.
- conditions which may make it hard for a baby to breastfeed well, at least in the early postnatal period. For example, babies diagnosed antenatally with cleft lip and/or palate, or a neurological or cardiac condition. Expressing colostrum antenatally can mean she has extra on hand if needed.
- a family history of cows' milk protein sensitivity. A genetically predisposed baby who receives formula in the early postnatal period may have an increased risk of developing this condition.

OVERFULL 'ENGORGED' BREASTS

If your breasts are overfull, express just enough to make you feel comfortable, taking care not to express too much to ensure your baby has enough for the feed and to prevent over stimulation. Use cold pack for comfort after feeds.

TIPS FOR STORING BREAST MILK

If you are planning to freeze your milk, do so within 48 hours of collection.

It is dangerous to thaw or heat breast milk in a microwave oven.

The milk can overheat in the centre (core) and can scald your baby's throat.

If you are bringing in frozen expressed breastmilk for your baby please make sure it is labelled and handed to Special Care Nursery on your arrival.

Breast milk status	Storage at room temp (26°C or lower)	Storage in refrigerator (5°C or lower)	Storage in freezer
Freshly expressed into sterile container.	6-8 hours. Refrigeration is preferred.	No more than 72 hours. Store at back, where it is coldest.	- 2 weeks in freezer inside refrigerator (-15°C). - 3 months in freezer section of fridge (separate door) (-18°C). - 6-12 months in deep freeze (-20°C)*.
Previously frozen (thawed).	4 hours or less - i.e. the next feeding.	24 hours.	Do not refreeze.
Thawed outside refrigerator in warm water.	For completion of feeding.	4 hours or until next feeding.	Do not refreeze.
Infant has begun feeding.	Only for completion of feeding. Discard after feed.	Discard	Discard

MILK SUPPLY

Initial supply gradually settles to meet your baby's needs (breasts soften).

The more you feed your baby, the more milk you will make.

When your baby has a 'growth spurt', baby's appetite will increase and they will feed more frequently to increase your milk supply.

This will occur at approximately 3 weeks, 6 weeks, 12 weeks and 6 months.

Breast milk provides all your baby's nutritional needs for the first 4–6 months.

SLEEPY BABY

Changing your baby's nappy may encourage them to feed. Unwrapping, cuddling, touching your baby may also be useful to encourage feeding. Skin to skin contact can stimulate newborn feeding reflexes. Babies will not become cold as your body heat will warm them.

If your baby continues to be sleepy, it may be helpful to express some breast milk and offer it to your infant.

It is important not to use a dummy as a replacement for a feed.

BLOCKED DUCTS

Blocked ducts occur when milk is not flowing well from one area of the breast. You may feel a hard, painful lump in your breast.

TREATMENT

- It is important to clear the blockage to prevent mastitis
- Warmth provided to the breast and gentle massage prior to the feed may help. Massage from behind the blockage down toward the nipple with the flat of your fingers or hand.
- Commence feeds on the affected breast until the lump clears
- Change feeding positions to help drain the blockage
- Cool packs on the affected area after a feed may help
- If you begin to feel unwell (i.e. flu like symptoms), mastitis may be developing. It is important to seek medical advice.

MASTITIS

Mastitis is an inflammation of the breast which may be due to a blocked duct or a bacterial infection.

Mastitis is generally characterised by a red, hot, tender, wedge-shaped area on the breast and you may feel unwell with flu like symptoms. Mastitis requires immediate and appropriate treatment – as per blocked duct. Seek medical advice.

Factors which may lead to mastitis are:

- insufficient breast drainage due to poor attachment of the baby at the breast
- oversupply of breast milk in the early weeks
- limiting time at the breast
- a sudden change in feeding pattern thus allowing breasts to overfill
- pressure on breasts due to tight clothing e.g. an ill-fitting bra.

general baby care

NAPPY CHANGING

- Never leave your baby unattended on a change table.
- Encourage eye contact with your baby during nappy changing and, with the nappy off, stroke across the chest and legs to encourage kicking and relaxation.
- For girls—wipe from front to back, wiping away any bowel motion or urine from their skin and leaving any protective mucous in the vagina. Baby girls can also have a small loss of blood from the vagina in the first week, similar to a period. This usually only lasts a few days and there is only a very small amount of blood.
- For boys—clean all around the folds of skin but leave the foreskin in place. If the foreskin is pulled back too early, scarring of the head of the penis may occur. The foreskin may take many years to roll down naturally. Boys can spray urine everywhere so be very prompt when replacing their nappy.

Note: Some babies, both boys and girls, can also have swollen breasts that feel quite lumpy and hard and may even ooze milk. Swollen breasts and vaginal blood loss in babies result from the hormones passing from the mother to the baby before birth. They are of no concern and usually resolve quickly.

CORD CARE

- The cord will feel cold and clammy initially, then will become quite dry and brown in colour.
- Check the cord at each nappy change—there should be no blood loss.
- When bathing your baby, wash the cord with water and dry gently when drying your baby.
- There are no nerve endings in the cord so you will not hurt your baby when cleaning.
- The cord stump will usually drop off within seven to ten days. When it is close to dropping off you may notice old blood around the base of the cord. It is normal for the cord to smell at this stage. Just clean as previously described.
- If the skin around the cord becomes red or hot to touch, looks inflamed, is offensive to smell or is noticeably draining pus, show your midwife, nurse, doctor or child health nurse.

WEIGHT

It is normal for your baby to lose up to 7 - 10% of their birth weight in the first few days, but they usually regain their birth weight by approximately two weeks of age. In hospital your baby will be weighed at birth and again on day four.

If you wish to have your baby weighed after discharge there are several options:

- Child Health home visits or clinics - some clinics have a drop in area for self weighing.
- Pharmacies - some offer a baby weighing and advice service conducted by qualified Child Health Nurses.
- your GP.

The average weekly weight gain is 150-200 grams to 3 months of age.

TUMMY TIME

Tummy time for baby helps strengthen their neck, shoulder, arm and back muscles (babies use these muscles to move around) which helps brain development and prevents developing a flat spot on his/her head.

Always place your baby to sleep on their back. Supervised tummy playtime can commence at least three (3) times a day as soon as your baby is born. Make sure your baby is awake and not too tired.

At the beginning your baby may be unsettled and only able to stay on their tummy for a minute or two during playtime.

There are a few ways to achieve tummy playtime, such as carrying your baby over your arm, shoulder, chest (only while you are awake) or lap, as well as tummy play on the floor, where your baby can play on a comfortable firm mattress or bunny rug. Using a rolled towel or nappy under your baby's armpit and chest will give your baby more support (make sure to remove rolls before baby is placed to sleep on the back). Your baby can lift up their head more easily if propped on their elbows.

JAUNDICE

Neonatal jaundice refers to a yellow colouring of a baby's skin and/or eyes caused by a build up of bilirubin in the baby's body. Bilirubin is produced when old red blood cells are broken down. Every newborn has excess bilirubin but most babies can remove this through bowel movements in a few days after birth.

Health care providers monitor all babies for neonatal jaundice firstly by looking at the colour of your baby's skin. Mild forms of neonatal jaundice can be seen in yellowing on the baby's head. More severe forms can be seen in yellowing on the rest of the body. Tests can be done to properly diagnose neonatal jaundice.

NORMAL INFANT BEHAVIOUR

There is a wide range of normal behaviour for babies in the first few months of life. These include:

- babies are born knowing how to suck and learn (in the first few days) how to coordinate their sucking and breathing
- babies may have irregular sleeping and feeding times in the first three months
- sneezing is a way babies have of clearing their nose. Most babies sneeze several times a day
- hiccuping is normal behaviour, it will not harm your baby and no treatment is required.

Newborn babies can use all their senses. Babies will:

- look at people and things, particularly at people's faces if they are close
- enjoy gentle touch and the sound of a soothing voice
- react to bright light and noise
- grasp your finger with hands or feet and they will make stepping movements if they are held upright on a firm surface.

All these automatic responses, except sucking, are lost within a few months and your baby will make controlled movements instead.

CRYING

Babies cry to gain our attention and at times there may seem to be no obvious reason. They may cry because they are hungry, have wind or pain, feel hot, cold or uncomfortable, feel tired and unable to sleep or feel lonely and want company. When you respond to your baby they learn to trust your ability to comfort them.

- When babies cry it can range from mild fussing to intense crying and screaming. Crying can stop as quickly as it started or last for hours at a time.
- The most common time for a baby to be unsettled is in the late afternoon and early evening.
- It is normal for babies to have at least one unsettled period each day, therefore, it is important to have some strategies to cope with these periods of crying. Try holding your baby close, talk in a soft, soothing voice, singing, swaying, rocking, wrapping, using a sling or a pouch, use of music or noise, a warm bath or a walk in the pram.
- Babies usually cry for hunger or comfort. Try feeding or holding your baby.
- If your baby's cry sounds different or unusual it may be the first sign of illness, particularly if your baby is not feeding well, will not be comforted or has a temperature above 37.5°C. If you think your baby is ill, take them to your doctor or to the nearest emergency department immediately.
- NEVER shake or toss your baby. Shaking can cause bleeding and damage to the brain. If you become upset or distressed, you should put your baby down safely in a cot or pram and walk away; take deep breaths to calm yourself; make yourself a cup of tea; phone a friend or ask someone to help you; talk to your midwife, GP or child health nurse if you are having problems.

GUIDELINES FOR SETTLING YOUR BABY

Try to respond in a consistent manner to your crying baby. Start by checking that your baby is comfortable, not hungry or thirsty, then help them to settle. Settling may take longer than you expect and can be stressful. There are a number of things you can try when your baby has been fed, changed and cuddled, but continues to cry. You could try:

- feeding again
- relaxing your baby by bathing, gently massaging, cuddling, walking
- taking your baby for a walk in fresh air
- singing or talking to your baby
- settling in a quiet and dark room
- giving your baby to another person to hold and settle

SLEEPING AND SETTLING

- A newborn baby's sleep cycle lasts about 20 to 40 minutes with broken sleep anywhere from two to six hours.
- During "light sleep" babies will sometimes move and make noises. Their breathing pattern is irregular and they can be woken easily.
- During "deep sleep" they are very still and will not move when touched.
- Many parents stop wrapping their baby after the first few weeks. If you are having difficulty getting your baby off to sleep or keeping them asleep, it may be worth another try. If you choose to wrap your baby, make sure baby's head is not covered, and wrap your baby firmly but not too tightly. Wraps should be of lightweight cotton or muslin material. Ensure your baby is not overdressed under the wrap.

BABY AND PARENTING SLEEP SERVICE (BAPSS)

St Vincent's Private Hospital Toowoomba recognises that parenting can be a very challenging and daunting journey. Support is now offered to help with sleep and settling for you and your baby. Please contact your GP for a referral.

Visit **www.svpht.org.au/our-services/clinical-services/baby-and-parent-support**
or call **07 4690 4000**

SAFE SLEEPING

St Vincent's does NOT recommend sleeping with your baby under any circumstances. While you are in hospital we require that you place your baby back into the cot when either you or your baby needs to sleep. Supervision may also be provided by your partner/support person, who could return your baby to the cot or alert staff if you fall asleep.

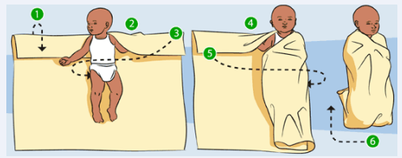
To provide a safe sleeping environment for your baby, Red Nose recommend the following guidelines:

How to sleep your baby safely:

1. Sleep your baby on their back from birth—not on the tummy or side.
2. Sleep your baby with head and face uncovered.
3. Keep your baby smoke free both before and after birth.
4. Provide a safe sleeping environment.
5. Sleep your baby in their own safe sleeping place in the same room as an adult care-giver for the first six to twelve months.
6. Breastfeed your baby if possible.

A POPULAR METHOD OF WRAPPING BABY

1. Fold the top edge of a cotton or muslin wrap down by about 20 cm. Lay the baby on the wrap with shoulders in line with the fold.
2. Place one of baby's hands under the fold.
3. Bring the edge of the wrap across the body. Tuck it under the baby's legs.
4. Place the other hand under the fold.
5. Bring the other edge of the wrap across the baby's body. Tuck in under the baby's back.
6. Fold any extra length up and under the baby's legs. Babies like to be wrapped firmly. But make sure that the wrap is not too tight. Wrapping the legs and chest too tightly can lead to hip and breathing problems.



Please go to www.rednose.com.au and follow their guidelines for wrapping and sleeping. If unsure please ask your Midwife for a demonstration.

BREASTFEEDING SUPPORT

Breastfeeding does not always come easily to new mothers, but with the right advice and support, most women and babies can feed successfully.

Our Breastfeeding Support Service is run by qualified lactation consultants who offer mothers advice and information to help navigate the challenges of breastfeeding and to assist with discovering what works for you and your baby.

Patients can return to the Breastfeeding Support Service after discharge if required.

- between 7-10 days from discharge - a free shared consultation is offered
- after 10 days from discharge, or for a one on one consultation within the first 7-10 days a fee is incurred (this may be covered by your health fund in some cases)
- antenatal consultations are offered to formulate a breastfeeding plan if you have any particular concerns.

For more information phone the Dorothea Devine Maternity Unit on (07) 4690 4127.

WHEN TO SEEK MEDICAL ATTENTION FOR YOUR BABY

The following are urgent problems. You need to take your baby to the Emergency Department of the nearest hospital or dial 000 for an ambulance if your baby:

- makes jerky movements
- turns blue or very pale
- has quick, difficult or grunting breathing
- is very difficult to wake, unusually drowsy or does not know you
- has any skin rashes, especially red spots which do not fade and lose colour when they are pressed.

Other problems that could be serious and require your baby to be seen by a GP (or an Emergency Department if out of hours), include:

- your baby has a hoarse cough with noisy breathing, wheezing or cannot breathe through their nose
- your baby feels unusually hot (fever), cold or floppy
- your baby cries in an unusual way or for an unusually long time or seems to be in pain
- you notice any bleeding from the nose or any bruising
- your baby keeps refusing feeds or continues to vomit up feeds
- you observe any sticky eyes or conjunctivitis
- your baby has very liquid bowel motions which are green-brown in colour—this could be diarrhoea
- your baby has a temperature above 37.5° C
- your baby becomes more jaundiced.

CHILD HEALTH

Prior to discharge from hospital, your midwife or nurse will offer you a referral to Child Health, which is a free service including contact with a midwife/Child Health nurse at 2 and 4 weeks of age and developmental assessments at 8 weeks, 4 months, 6 months, 8 months and 12 months.

Your midwife will also give you details of the location of your nearest Child Health Clinic or Pharmacy Clinic. You may also find this information on the website: **www.health.qld.gov.au/cchs**

Child Health Clinics can offer information and support on issues relating to both you and your baby including individual consultations; nutrition and breastfeeding support; growth and development; health information and advice; and information on a range of parenting groups.

Take your baby's personal health record book to each appointment.

IMMUNISATIONS

The most important benefit of immunising your baby is to significantly reduce the risk of serious side effects of a number of diseases and, in most cases, of contracting the disease.

Your baby's health record book contains a brochure on immunisation. You are advised to read this and have a good understanding of the immunisations and the associated risks and comfort measures for your baby following immunisation.

Speak to your doctor if you have any questions regarding immunisation.

Immunisations commence at two months of age, are free and are available through your GP or child health clinic.

Congratulations on the birth of your baby

We understand that having a baby is a major life event and we feel privileged to be sharing this special time with you.

St Vincent's Private Hospital Toowoomba has a long and proud tradition in the provision of a family focused approach to maternity care. Your Midwife is there to offer advice on feeding and caring for your newborn and postnatal care, as well as to support you and your individual needs.

GENERATIONS of Care

PROVIDING CARE ON THE DARLING DOWNS SINCE 1922

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resources

Anaesthesia / Pain relief: https://www.anzca.edu.au/patient-information/anaesthesia-information-for-patients-and-carers/pain-relief-and-having-a-baby

Australian Breastfeeding Association www.breastfeeding.asn.au or 1800 686 268 (1800 mum 2 mum)

Austprem.com.au

Birthtalk Support and Education Group www.birthtalk.org or 0410 408 335

Caesarean Awareness Network Australia, Support Contact: (07) 3878 7915

Childbirth Connection www.childbirthconnection.org/

Domestic Violence Helpline Queensland 1800 811 811

Gidget Foundation, http://gidgetfoundation.org.au

Health Advice for the whole family 13 43 25 84 (13HEALTH) (24 hours a day 7 days a week)

Kidsafe Qld 07 3854 1829 www.kidsafe.qld.au (Book capsule hire/purchase child car restraint installation or check)

Maternity Choices - www.maternitychoices.org.au

Multiple Birth Association www.amba.org.au 1300 886 499

PIPA – Preterm Infants Parents Association – www.prembaby.org.au

Possums for mothers and babies – www.possumsonline.com

Post and Antenatal Depression Association (PaNDA) www.panda.org.au

Playgroups Queensland 1800 171 882

Raising children website - www.raisingchildren.net.au

RED NOSE Saving little lives Queensland 1300 998 698, www.rednose.com.au

references

Signs to Look out for after an Epidural for Pain Relief – Information for patients – Oxford University Hospitals NHS

Qld Clinical Guidelines - Short Guide - Fetal Movements 2018

https://www.rcm.org.uk/learning-and-career/learning-and-research/ebm-articles/the-effect-of-intrapartum-pethidine-on

The Royal Womens Hospital – Managing Pain in Labour - https://www.thewomens.org.au/health-information/pregnancy-and-birth/labour-birth/managing-pain-in-labour#natural pain relief

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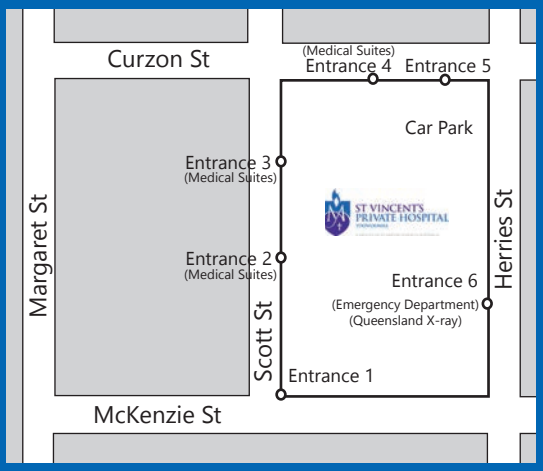

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