

Maternity Information

Maternal & Neonatal Services



JOONDALUP
PRIVATE HOSPITAL

Foreword

Congratulations on the birth of your baby. We thank you for choosing to have your baby with us and feel privileged to have been part of your experience. You are entering a new stage in your life and we hope we have made the transition a little easier, and equipped you with enough information to deal with most situations that arise. You are now the one who knows and understands this unique individual that you have created and the bond you have developed with your baby allows your instincts to be very strong enabling you to know what is right for your baby. Trust your instincts.

This booklet has been produced to give you information to take home that may guide you when different problems arise. For more detailed breastfeeding information please see the hospital's Breastfeeding Handbook.

The information in this booklet is not designed to be very detailed. If you need more information there are further contacts you can make and these are noted below:

1. Joondalup Private Hospital 9400 9200.
2. Your Child Health Nurse (have number handy) or phone 9481 2203.
3. Lactation Consultant 9400 9234.
4. Your local GP.
5. Your Paediatrician.
6. Post Natal Depression Support Group – Helpline 9340 1622
7. Your Obstetrician
8. Parenting Line 9272 1466/1800 654 432
9. Health Information Resource Service for Women (HIRS) based at KEMH. Free information service: <http://www.pmke.wa.gov.au/hirs> Phone 9340 1100/1800 651 100.
10. Obstetric and breastfeeding drug information, phone the pharmacy at KEMH on 9340 2723.

Please note: for ease and to make this booklet more personal, references are made to male babies of course all information applies to female babies too.

Contents

Our doctors	1
Antenatal classes	1
Preparing for your stay in hospital	2
What to bring to hospital	3
When to contact the maternity unit	3
Our birth suites	3
Your room	4
Visiting hours	4
Rooming in	4
Feeding	4
Breast feeding support	5
Special Care Nursery	5
Additional Services	5
Caring for the New Baby	6
Safe Sleeping	6
Tummy time	7
Unsettled/Crying Baby	8
Frequency of dirty nappies	9
The Umbilical Cord	9
White spots in baby's mouth	10
Sneezing baby	10
Hiccups	10
Cradle Cap	10
Rashes	10
Sticky eyes	11
Dressing the Newborn	11
Summer & your baby	11
Pets in the family	12
The toddler & the newborn	12
Feeding	13
Bottlefeeding	13
Positing	13
Burping baby	14
Signs of illness in the baby	14
Caring for the New Mother	15
Coping Skills	15
Exercise	16
Vaginal loss	16
Stitches	16
Caesarean section wound	16
Postnatal emotional changes	17
Communicating with your partner	17
Sexual intercourse	18
Signs of illness in the mother	18
Child Health Nurse visit	18
Neonatal resuscitation	18

Thank-you for choosing Joondalup Private Hospital, we feel privileged to be part of your birth experience. The birth of a baby is one of the truly special moments in your life. That is why we go out of our way to try and make this occasion extra special for you. Having a baby is a very personal experience and we will respect, support and encourage your choice of birthing option.

At this time you need to feel confident that you're in good hands. It is comforting to know that highly trained doctors and midwives staff our Maternity Unit. This vast experience is backed up by well equipped facilities including twenty four hour onsite laboratory services, adult intensive care facilities and 24 hour anaesthetic, medical and surgical cover in case of an emergency.

Our doctors

At Joondalup Private Hospital we work very closely with our doctors to ensure all our patients have access to the very best quality care.

It is our aim to keep your doctor well informed about both mother and baby during labour and also after birth. Your doctor is normally present at the birth of your baby and generally visits daily while you are in hospital to monitor both your progress and the progress of your baby. You can discuss any queries you may have with your doctor at this time.

Your doctor will usually see you about 6 weeks after giving birth for a follow up consultation.

Our midwives are skilled and up to date with the latest birthing techniques and neonatal care. They will assist you with labour, birth, postnatal care and parenting education. At Joondalup Private Hospital we can cater for you and your baby from 32 - weeks gestation avoiding the unnecessary need for you and your baby to be separated.

Antenatal Classes

Our midwives have formulated a program of classes for prospective parents. Our aim is to share knowledge and, through discussion, assist in making your childbirth experience as pleasurable as possible.

Our classes cover practical and comprehensive information presented by midwives, obstetricians and lactation consultants. You'll also get to meet some of the midwives who will be involved in your care and become familiar with our hospital environment. Partners are encouraged to attend all classes. It is advisable to book for our classes early, as spaces are limited.

Please see dates, times and booking form on the last page.

Preparing for your stay in hospital

It is important to start preparing your household to receive its new family member early in your pregnancy.

Baby:

- Create a place for baby. It may be a nursery or it may be in your bedroom close to you
- Buy essential baby equipment
- Wash all the baby clothes

Household:

- Talk to your partner about rearranging household tasks
- Discuss with your partner how you are going to organise your schedule to enable you to spend time together
- Accept all offers of help



What to Bring into Hospital

It is advisable to have your bag packed by 36 weeks just in case you go into labour earlier than expected

Listed below are items we ask you to bring into hospital with you:

- Night wear/dressing gown
- Comfortable casual clothing
- Personal toiletries
- Sanitary pads for use following delivery
- Pen or pencil
- Your Breastfeeding handbook

For Baby to go home:

- one singlet
- one set of clothes
- two baby rugs
- two nappies
- two safety pins if using cloth nappies
- baby capsule for the car. Please call Kidsafe on 1800 802 244 for details about approved safety devices for transporting newborns

If planning to artificially feed we recommend that you bring in your own formula of choice and your baby's bottles and teats. This enables your baby to adjust to the individual teat flow and shape before going home.

When to contact the maternity unit

Please contact the hospital if you have any worries or concerns on (08) 9400 9233.

It is very important to contact the unit if any of the following occur:

- Your waters break or continuous leaking of fluid from the vagina
- Bright bleeding larger than a 50 cent piece
- Onset of contractions before 37 weeks
- Onset of regular contractions after 37 weeks
- If you have any concerns regarding your pregnancy and onset of labour

Our birth suites

Our birth suites contain all the medical equipment you may need, yet retain all the comforts of home. During labour you are guaranteed your own private room. Each room is attractively decorated with an ensuite bathroom with large bath.

Your room

After the birth you can spend time with your new baby in the comfort of your tastefully decorated room. We have private single rooms and deluxe double-bed rooms with bar fridge. Your choice of room is subject to availability. Each room has an ensuite, nurse call hand set, STD/ISD telephone, television, and AM/FM radio.

The hospital concierge service will visit you during your stay. They will be able to address any concerns you may have.

Visiting hours

Visiting by partners and children is not restricted between the hours of 8am to midday and 3pm to 8pm. We do encourage rest period between midday and 3pm to ensure some quality quiet time. We also encourage you to restrict your visitor numbers and the length of time they stay as adequate rest is essential for new and expecting mothers.

Rooming in

In hospital we encourage rooming-in with your baby immediately from birth. Newborn babies need close maternal contact after having spent the last 9 months growing inside you. Separation, even just in the cot, may cause some babies to become very unsettled. Rooming-in allows you to get to know your baby and develop the breastfeeding and parenting skills you will need when you return home. Rooming-in promotes bonding, enables breastfeeding on demand and allows closer contact with the father and siblings.

When rooming-in your midwife will support you by providing assistance with breastfeeding and education with the various parenting skills such as bathing and settling. Should you be ill and require some time-out, your midwife can assist by caring for your baby for periods between feeds.

Feeding

Our staff are available to help you establish your baby's feeding, whichever method you may choose. There is a lactation consultant on staff to assist you if you experience breastfeeding difficulties.

Breast feeding support

Joondalup Health Campus is Western Australia's first Baby Friendly Accredited Hospital. Therefore at Joondalup Private Hospital we recognise that women have the right to adequate advice, support, encouragement and counselling to successfully breastfeed. Statistics show that women who commence breastfeeding, experience most problems in the first 4-6 weeks after birth. Mothers who do not receive adequate management of breastfeeding problems are more likely to wean prematurely.

To support this philosophy, we have established the Joondalup Lactation Centre which offers support and advice by a certified lactation consultant in a friendly supportive environment free of charge for 2 weeks following delivery and then for a sessional fee after 2 weeks post delivery.

Special Care Nursery

Aside from the main ward nursery the hospital has a Special Care Nursery for babies requiring a little extra support and observation. Our special care nursery is equipped to care for newborns that deliver from 32 weeks gestation. Paediatric staff have consulting rooms on the same level as the special care nursery so they can be at hand when needed while at the hospital. The special care nursery is staffed by experienced nursing staff who have extra qualifications in caring for newborns with extra needs.

Additional Services

We provide the services of a

- lactation consultant
- physiotherapist
- pastoral care upon request
- The physiotherapy department also holds hydrotherapy postnatal fitness classes for you and baby following discharge
- Postnatal depression and anxiety services are also on site

An extensive variety of foods are available from our menu and special dietary requirements can be accommodated. Please let your midwife know on admission so that we can cater for your specific requirements. Wine and beer are available with your evening meal. However, alcohol is not encouraged while breastfeeding.

CARING FOR THE NEW BABY

Safe Sleeping

To ensure a safe sleeping environment

- Put baby on their back to sleep
- Sleep baby with face and head uncovered
- Sleep baby on a firm mattress or surface (no bean bags or water beds)
- Make sure there is no more than a 25mm gap between mattress and cot sides/ends
- Do not use Doonas, quilts, duvets, pillows or cot bumpers in the cot
- Do not allow baby to sleep in an adult bed unsupervised
- Do not sleep with your infant on a sofa/couch
- Do not smoke in the same room as the baby
- Place baby's feet at the end of the cot and tuck in bed clothes securely so baby's head can't slide under the bedclothes
- Keep the cot away from cords, blinds, curtains or electrical appliances
- Keep mobiles out of reach
- Remove any bibs
- Remove any toys from the cot
- Do not use electric blankets, hot water bottles or wheat bags in baby's cot

Bed sharing can have many advantages for parents and baby and is the normal practice in many cultures.

Bed sharing is not safe when you or your partner

- smoke
- are under the influence of drugs or alcohol
- have taken medications that make you drowsy (eg: painkillers, some cold/flu preparations)
- are unusually tired and less likely to respond appropriately to your baby's needs
- are obese
- sleep on a water bed

If bed sharing ensure that

- baby cannot roll or fall out of bed
- baby cannot become overheated or smothered by bedclothes
- pets are not allowed to sleep with your baby
- baby should not share a bed with an older child

SIDS prevention strategies

Advice to Parents on Sleeping in the Same Bed as their Baby Bed sharing while breastfeeding has been associated in some studies with unexpected infant death. This has usually been when the mother was very fatigued or under the influence of alcohol or drugs and therefore difficult to arouse once asleep. The mechanism is not thought to be the mother physically compressing the infant, but rather the breast interfering

with the infant's airflow. Some infants are particularly susceptible to respiratory arrest from minor airway occlusion. Bed sharing with a parent who smokes (even if not smoking in bed and not breastfeeding) increases the risk of sudden infant death syndrome (SIDS).

Recommendations when at home:

1. If you plan to bring your baby to bed, sit up with the light on while breastfeeding
2. If you are unable to sit up, are taking medications that sedate you, or are excessively tired, it would be a good idea to have someone else in the room while you are breastfeeding.
3. When you plan to go to sleep, put your baby in a cot next to your bed
4. If you decide to keep your baby in your bed at home, the mattress should be firm. Soft quilts or pillows should not be placed under the baby. He/she should be placed on his/her back and waterbeds should not be used.
5. If you smoke or have smoked during your pregnancy, it would be better if you don't share a bed with your baby, as this has been associated with an increased risk of SIDS.

Recommendations when in hospital:

1. When feeding your newborn you are encouraged to sit up, in or out of bed, with a light on at night. If unable to sit up unassisted, infant feeding should be fully supervised by a staff member
2. If you have taken sedative medication or are excessively fatigued, then feeding is to be fully supervised
3. Infants should sleep in a cot next to your bed when you are sleeping and not in the bed with you

Tummy time

Often many parents are unsure if they should place their baby on their tummy due to the SIDS recommendations to sleep babies on their back. However it is very important for baby's shoulder and neck development to spend "short periods of awake time" on their tummy.

Bring baby's arms forward so that they are not lying on them when playing on their tummy.

Tummy time is safe and good for babies when they are awake and supervised by an adult.

You can begin this as early after birth as you like.

For example, after bathing baby place them on their tummy to do up nighties etc. babies will only tolerate this for a few moments but as they grow the length of time can be increased.

Babies who dislike tummy time may prefer to lie on their parent's chest and will lift their heads to look at your face.

Always supervise your baby when placing them on their tummy to play. If baby falls asleep on their tummy gently roll them onto their back to sleep.

Unsettled/Crying Baby

- Babies have a very keen awareness of smell, temperature, touch, sound and sight. Some babies become insecure when their environment changes. They adjust very quickly to lots of cuddles from Mum and Dad, with whom they feel secure. Continue to feed your baby on demand and your baby will soon settle into a routine.
- There are different cries for different needs. You will soon become aware of what your baby wants, be it hunger, pain, boredom, loneliness (for body contact) or discomfort, due to a wet or dirty nappy, or being too hot or too cold.
- Babies enjoy movement, rhythmic swaying, rocking in a rocking chair, walking, using a baby sling or pram, or driving in the car may help to settle a crying baby.
- A deep warm bath, during which baby is constantly being moved through the water, may soothe your baby and lead to a sound, relaxed sleep.
- If your baby has been fed and changed but is still crying and you feel yourself getting tense, ask Dad, or someone else to take over and give you a break. Breastfed babies can smell their mother's milk and if unsettled, will want to suck for comfort. An extra pair of arms at this time may give a stressed Mum an opportunity to relax.
- You can also lie baby on a warm nappy or towel, folded and placed under the tummy. Be sure that baby is in sight, when lying on his tummy and be sure to place him back on his back before settling to sleep.
- Lie baby on his back and try a bicycling action with the legs. This may help expel gases in the bowel, if that seems to be the problem.
- Remember a 'colicky' or 'windy' baby will remain colicky whether breast or bottle-fed, so the temptation to wean may only complicate things for you.
- Occasionally some babies may be sensitive to certain foods that you have eaten. Maintain a healthy and well balanced diet. Avoid foods that effect you in a bad way and avoid binging on any one particular food (eg. chocolate, coffee).
- Look for signs of illness (see page 10) and eliminate these as reasons for baby's crying or unsettledness.



Frequency of dirty nappies

- A breastfed baby's bowel actions reflect milk intake during the first 6 weeks. Infants should have at least 3 dirty nappies in a 24 hour period although a dirty nappy with every feed is the norm until around 6 weeks. At this time the baby's gut begins to change and bowel movements are less frequent. The baby's stool can be loose, pasty or may be only a little more than a stain. A baby who is totally breast-fed does not become constipated.
- A baby fed on formula will have a more 'formed' stool, which should be daily, or can be more often. You will quickly become aware of what is normal for your baby. If your baby becomes constipated (small hard pellets), you can give the baby boiled water (which has been allowed to cool to room temperature).
- If your bottle-fed baby has loose bowel actions, and they are not offensive, check the concentration of the formula. If the motion is offensive and the baby is unwell, please see your Doctor.

Pink spots in the nappy

My baby has some pink patches in the nappy. Is it blood in the urine?

- Newborn babies may have urates in the urine that stain the nappy with pink patches. It will generally resolve over the first week as the baby's hydration improves with feeding

The Umbilical Cord

- It is important to keep the cord area clean and dry. This can be done by cleaning around the cord with water at bath times. Dry well.
- The cord stump will dry out and turn black, falling off around 7 – 14 days. There may be a small amount of bleeding (spotting/old blood) and the stump may become moist when it is ready to fall off. Clean the stump with water and keep dry at nappy changes.
- If the cord becomes smelly, bleeding is bright and fresh or the area becomes red or swollen please consult your doctor.

Bleeding Cord

My Baby's cord is bleeding. What do I do?

- The baby's cord stump will 'bleed' just before it falls off. This will be dark, old looking blood that is left inside the stump. This is a normal event. All you need to do is continue as you have been. Dry around the cord base with a dry cotton bud, after the baby's bath
- Cleaning the cord with any sort of antiseptic or alcohol may interfere with the normal 'flora' (bacteria) that is working to help the cord separate. This may be 'smelly'. If the bleeding persists and is bright red, fresh and covers an area larger than a 20 cent coin, consult your doctor

White spots in baby's mouth

- These may be normal milk curds. They may also be caused by 'thrush', which is a fungal infection. Thrush spots cannot be wiped off and will bleed if an attempt is made to scrape them off. Thrush may have been acquired from the birth canal or through contamination of bottles, teats, dummies or fingers. Don't borrow teats or dummies for your baby.
- You will need to visit your doctor who will prescribe anti-fungal drops. Your baby may also have a sore bottom caused by the thrush, which is easily treated with an anti-fungal cream.
- Thrush in the baby's mouth may be painful and the baby may refuse to suck. If you are breastfeeding, your nipples may need treatment as well. This is because the baby's thrush infection may be transferred to your nipple and breast during feeding. Symptoms of thrush in the breast include: extremely tender nipples and shooting or stabbing pains in the nipple and/or breast during and between feeds.

Sneezing baby

- The only way your baby can clear the nasal passages is by sneezing. Just wipe away any secretions that are sneezed out. If your baby is unwell, lethargic, reluctant to feed, feels hot, or has thick green or yellow discharge from the nose, consult your doctor.

Hiccups

- Babies hiccup in-utero, in the bath, whilst feeding and when going off to sleep. They do not distress baby and require no special treatment. It is not necessary to interrupt any procedure such as bathing, feeding or sleeping to try to relieve them.

Cradle Cap

My baby has a white crusty scab on his/her scalp.

- Your baby has 'cradle cap'. Washing baby's head at every bath can prevent this. Don't be scared to massage thoroughly especially over the 'soft spot'. To remove the crusts massage the baby's scalp with warm oil (olive or baby oil) or sorbolene and glycerine. Leave for a few hours, or overnight. You may wish to comb baby's hair back away from his/her face so scales are dislodged, then wash baby's hair. Rinse and dry thoroughly rubbing well with a towel

Rashes

- Most common during the first week, the rash may be the 'Rash of the Newborn' (Erythema Toxicum Neonatorum). It is a normal rash, blotchy in appearance, usually found where clothing rubs against the skin. It requires no treatment. These spots may come and go during the first few weeks of life.

- A heat rash is evident by pinpoint spots, sometimes having a hard, transparent centre. Reddened areas are mainly seen in the skin folds.
- If your baby is unwell has a high temperature, and rashes with little purple marks under the skin, seek medical advice immediately.
- If you are at all concerned, have your Clinic Sister or Doctor check the rash.

Sticky eyes

- If you have long hair, tie it back whilst attending baby. Not only will it prevent hair being caught in baby's fingers, but reduces the risk of infection.
- Wash hands thoroughly before attending to your baby's eyes.
- Before each feed, clean baby's eyes with cooled boiled water, using a clean cotton ball.
- Clean the unaffected eye first.
- Start from the inner corner of the eye and wipe outwards. Use one moistened cotton ball per wipe.
- If your baby is breastfed, a drop of breast milk, expressed directly into the eyes, may be effective.
- If the discharge persists, or becomes purulent (pus-like) or green, see your doctor, as the baby may need eye drops.

Dressing the Newborn

- The SIDS and KIDS Foundation recommend you dress your baby as you dress yourself – "comfortably". Babies usually only require one extra layer of clothing than you would be wearing. When dressing your baby it is important to consider the environment your baby is in.

Summer & your baby

Sun Exposure

- Babies have delicate skin, which can burn very quickly.
- Baby sunblocks (SPF 30+) are now available and should be used on exposed areas when outdoors.
- Minimise baby's exposure to direct sunlight.

Clothing

- When outdoors, even on cloudy days protective clothing is an effective way of protecting your baby from the sun. Dress your baby in loose cotton clothing with long sleeves and a hat. Indoors, a cotton singlet and nappy are all the clothes a baby needs on a hot day.
- Cotton is more comfortable than synthetics as it can 'breathe' and absorb perspiration.

Dehydration

- Dehydration is a risk on very hot days. Keep baby comfortable in the coolest possible surroundings. If breastfed your baby may demand more frequent feeds if thirsty. If bottle-fed your baby may require extra fluids between feeds, offer 30-60mls of cooled boiled water. If your baby is having the usual amount of wet nappies and the skin looks and feels normal baby is not dehydrated.

Pets in the family

- Never leave the cot or bassinette uncovered where a cat or other pets can find their way into the warm place a baby is sleeping. Never leave the baby unsupervised with the family pet even if this pet has been a trusted 'family member' for years. Wash your hands well after handling your pet.

The toddler & the newborn

- The new baby may cause the toddler to feel very unsettled and anxious. He has been used to having Mum all to himself. Now her time and attention is focused on the noisy new bundle and the toddler is expected to be 'big'.
- In response to this the toddler may 'forget' how to use the potty or feed himself. He may even cry in the same way as the new baby to try to regain Mum's attention.
- Make sure the toddler feels loved and important. Try to spend some time alone with him when he has your undivided attention. For example when the baby is asleep. This is much more important than keeping up with the housework. Dad or a grandparent can also spend time with the toddler or look after the baby so your toddler may have some special one on one time with you.
- Never leave a toddler alone with the baby.
- Try to plan ahead at feed times. Have a book, snack and drink ready for the toddler. This time can be used for cuddles with a story.

Feeding

BREASTFEEDING – REFER TO OUR BREASTFEEDING HANDBOOK FOR MOTHERS

The Breastfeeding Handbook includes information on:

- Positioning and attachment
- How often will my baby feed?
- How do I know my baby is getting enough?
- Mastitis
- Hand expressing
- Cleaning and Sterilising pumps bottles and teats
- Storage and reheating breastmilk
- Using dummies/pacifiers.

Bottlefeeding

If you have chosen to use formula to feed your infant there are a few points to consider

- When making up the formula ensure you allow time and concentration to mix correctly and follow the directions on each tin as these vary between formulas
- Bottle fed babies will feed approximately six times a day although some babies may prefer to take smaller volumes more frequently
- You may find that your baby's appetite varies during the day and may take a little more or less at different feeds
- To encourage symmetrical eye and neck development it is advisable to feed your baby in different arms (as if they were alternating breasts) during the day.
- If your baby is fussing at the bottle check the following
- Is the milk flowing too quickly? – the hole in the teat may be too large
- Is the milk not flowing fast enough? – the lid may be on too tightly (loosen it only slightly) or the teat hole may be too small.
- Is the formula too hot or cold?
- Do they need a feed or is something else the matter such as being too hot or cold, needing a nappy change or just a cuddle?

Positing

Many babies bring up a small amount of milk when burping or after feeding. Although it may look like a lot of milk often this is a relatively small amount.

If positing contains blood, is of an unusual colour, or is persistent, please see your doctor. Particularly of concern is if baby appears to be in pain or there is poor weight gain.

Burping baby

• A breastfed baby rarely needs to burp, but if you feel it is required, just sit baby with a straight back, on your lap. Support baby's head under the chin and place your other hand on baby's back, holding this position for a few minutes. You could also try gently resting baby on your shoulder and rubbing baby's back. Bottle fed babies may need more burping, because they generally swallow more air while sucking.

Signs of illness in the baby

If any of the following signs develop please contact your doctor

- baby is sleeping excessively and/or difficult to rouse
- baby is not actively waking for feeds
- baby is not taking at least 6 feeds per 24 hours
- there are less than 4 (disposable) or 6 (cloth) nappies in a 24 hour period
- continued vomiting and/or projectile vomiting
- any signs of bleeding from any orifice
- bowel actions are a watery green colour and baby is unwell
- urine is dark or orange in colour
- jaundice appears to be increasing
- there are any signs of fitting or tremors
- baby has difficulty breathing
- baby feels hot or their temperature is over 38°C
- any unusual rashes or bruising
- any abnormal changes in behaviour
- baby is pale or listless

CARING FOR THE NEW MOTHER

Coping Skills

- This is a very exciting time – try not to overdo it. The housework can wait, try to accept a less tidy house. Your baby will grow up very quickly so spend the time to enjoy your baby and your new ‘family’ status. Your baby is very sensitive to your emotions. If you can relax so will your baby.
- Accept all the help offered from Dad, your family and friends. Also, don’t be reluctant to ask for help. There are many things your family and friends can do to assist you. For example, taking over some of the mundane household chores, which will allow you to spend precious time with your baby, or perhaps to take baby for a walk to give you some ‘rest’ time. Most relatives would love to feel involved.
- Have a drink ready before you sit down to breastfeed (Remember to drink plenty of fluids, you will get very thirsty).
- Maintain a well balanced diet. This is a very busy time and it is easy to snack on non-nutritious high calorie foods. However your body needs nutritious food that includes foods high in calcium, fibre and iron to ensure optimal health. If breastfeeding you may find you have an increased appetite and small frequent meals may suit you better. It is not necessary to increase your milk intake.
- Rest whenever you can, especially when your baby is sleeping. It is tempting to use this time to catch up with household chores, however, your body has been working amazingly hard and is still doing so. Be good to yourself.
- Take the phone off the hook when feeding or resting.
- Ask visitors to phone you before they arrive so you can decide the best time for them to come. Ask them to postpone their visit if they have a cold.
- Have visitors prepare their own drinks.
- Have a note pad and pen at the front/back door for friends to leave messages when you are unavailable.
- If people ask for an idea for a present, suggest a meal. It’s usually very welcome at this time.
- Enjoy skin to skin contact with your baby, for example, during bath time or change time.
- Value the time to just be together with your baby and family and enjoy this special time of your life. It will be too quickly gone.
- Seek out other parents with young babies in a similar situation. They can be a valuable source of support and information.

Exercise

Exercise will help to increase your feeling of physical and mental well being

- Gentle exercise such as walking is simple and good for you and your baby
- Swimming is great for regaining your pre-pregnant shape and improving health once your vaginal loss has stopped
- Pelvic floor and abdominal exercises should be continued as advised by your physiotherapist
- Consult your doctor, physiotherapist or trainer before resuming any vigorous exercise

Vaginal loss

Vaginal bleeding, or “lochia” is experienced following both a vaginal or caesarean birth. It begins as bright red, becoming pinky brown and then finally a whitey-cream colour which may continue for up to six weeks.

We do not recommend the use of tampons as this may increase the risk of infection.

If your lochia increases in amount, becomes bright red again, smells offensive or you have associated abdominal pain please see your doctor.

Occasionally you may pass small clots. This is normal. However if the clots are constant, or large and/or associated with a bright loss, odour or pain please see your doctor.

Stitches

- If you have stitches following a vaginal birth it is common for them to feel tender or sore for the first few days.
- It is important to keep them clean and dry. Showering twice a day, or shower sprays following pad changes will assist in the healing process and increase comfort. Remember to dry carefully, talcum powder should be avoided.
- As the stitches dissolve they can often be seen on pads or in the toilet at around 7-10 days.
- If there is any unusual discharge or an increase in redness, swelling or pain please consult with your doctor.

Caesarean section wound

- Please follow any special instructions your doctor may have given you.
- Keep the wound and surrounding area clean, showering daily and drying well.
- If there is any unusual discharge or an increase in redness, swelling or pain please consult with your doctor.
- Do not lift anything heavier than the weight of your newborn baby. Gain assistance with things such as housework, laundry, shopping etc.
- Discuss with your doctor when you can resume driving and check the terms of your car insurance policy. Driving should not be recommenced until you can make an emergency stop safely.

Postnatal emotional changes

Baby blues

Mood swings and emotional changes are common in the first few weeks after giving birth. This is caused by the constantly changing hormones, together with physical, psychological and social changes. You may feel flat or low, teary for no specific reason or upset at minor problems. Assistance with baby care and getting rest is important at this time.

“Baby blues” are temporary and experienced by about 80% of women.

Postnatal depression (PND)

PND affects one in seven women and can be a traumatic experience for the mother and her family. Early recognition and prompt treatment can reduce the severity of depression.

Some signs of PND are:

- Sleep disturbance unrelated to baby’s demands
- Changes in appetite eg overeating or disinterest in food
- Feelings of self harm or harm to your baby
- Crying with no apparent reason or “crying on the inside”
- Can’t face everyday chores
- Irritability (eg. snapping at partners)
- Anxiety about your health or that of your baby
- Obsessive feelings or thoughts
- Fear of being alone
- Feelings of guilt or inadequacy
- Loss of confidence or self esteem

We encourage the mother or family members to seek assistance if you feel any of these symptoms are affecting your everyday functioning.

- Partners may also suffer depression and require the same assistance

Communicating with your partner

You may find it difficult to concentrate on the needs of your partner when there is a new baby in the house. This is normal.

If possible, it is important for you and your partner to spend some time together each day to share the days events and talk about how you are both feeling.

Sexual intercourse

When can we resume sexual intercourse?

- When your loss has stopped (the placental site has healed).
- As soon as you're comfortable. Initially, for comfort, you may need to use a water-soluble lubricant. There are many available at your chemist or supermarket (for example KY jelly).

As much as we would love to see you back with us in 9 months you are fertile and contraception is advised unless pregnancy is desired.

Signs of illness in the mother

If any of the following signs develop please contact your doctor

- A rise in temperature/fever especially above 38°C
- Difficulty or pain passing urine (not associated with stitches stinging)
- Hot, red or tender around any wound (vaginal or caesarean)
- Severe rectal pain
- Changes in vaginal loss (eg bright bleeding, increased loss)
- Hot red patches on the breast associated with flu like symptoms

Child Health Nurse visit

- Please make contact with your child health nurse within a week of returning home
- If you have issues concerning you, make a long appointment
- Have a friend or partner care for other children so you can concentrate
- Write down any questions before the appointment, so you don't forget
- Be honest with how you feel (emotionally and physically)
- If you are unhappy with your health provider you may choose someone else.

Neonatal resuscitation

It is advisable for everyone to have some training in CPR. We suggest you contact either St Johns Ambulance or Red Cross. However, if you find that your baby is not breathing call for help immediately, (Dial 000) then:

1. Airway

Clear your baby's airway. Wipe away any secretions or even put your mouth over your baby's mouth and nose and suck out any secretions. Position the baby on its back on a hard surface (a table or kitchen bench top) and make sure the head is in a 'neutral' position, not over extended and not with the chin on chest.

2. Breathing

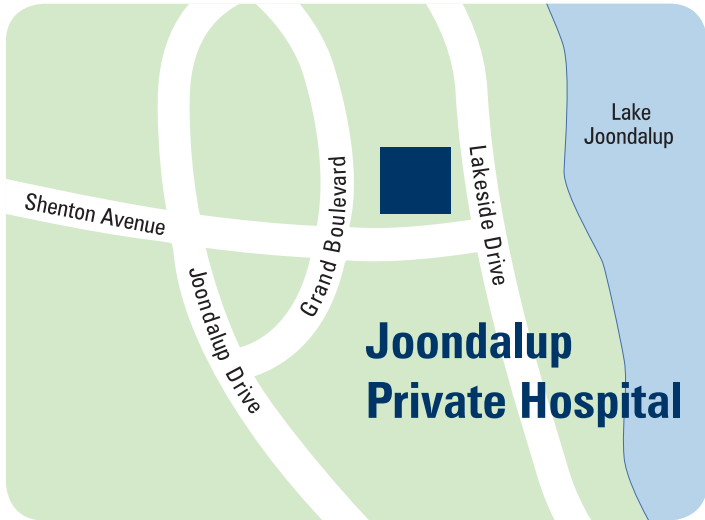
Give 5 quick puffs using only air in your mouth equivalent to one tablespoon of air. If baby doesn't start breathing continue to give him one breath every second (40-60 per minute)

3. Circulation

Feel for your baby's heart rate over the left nipple. If the heart rate is greater than 60 beats per minute continue to give baby EAR (expired air resuscitation) until baby responds or until help arrives. If the heart rate is less than 60 beats per minute you need to commence cardiac compressions at a rate of 120 beats per minute. Do this by placing 2 fingers on the centre of the chest at a point directly below an imaginary line drawn between the nipples. Compress at a depth of approximately 1/3 of the anterior posterior diameter.

Do this while continuing one breath for every 3 compressions. Continue until baby responds or help arrives. Check heart rate after the first minute then every 2 minutes thereafter. Any baby who has needed any resuscitation will need to be seen by a Doctor as soon as possible.

Notes



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