

strong women  
strong babies  
pregnancy diary



AMHS



## Health

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# Planner

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## Acknowledgements

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Acknowledgment is also given to the Aboriginal women who worked on the Big Baby Small Baby Project. Their dedication and hard work in the community while developing the first 'All You Need to Know About a Healthy Pregnancy for a Healthy Boori', resulted in a user-friendly book that provided education in a colourful way, to all Aboriginal and Torres Strait Islander women living in the Illawarra and Shoalhaven communities.

This resource was further developed as an initiative of the Aboriginal Mothers and Babies Project for the former Greater Murray Area Health Service and then as a statewide resource.

A special thanks to the artists who contributed to previous editions of the diary, particularly Cecily Wellington, who designed the original art work that represented the Illawarra and Shoalhaven communities in relation to pregnancy and motherhood and to Clarice Ingram a Wiradjuri woman living in Wagga Wagga who did the artwork for the statewide resource.

Finally, a warm thank you to all the people associated with the current revision of this resource, including Jasmine Sarin for her beautiful illustrations. Particular thanks to the Aboriginal Pregnancy Diary Women's Reference Group and the Advisory Group who worked to ensure that this resource continues to be of value to the women who use it.

## About this booklet

Congratulations on being pregnant!

This is an incredibly special time for you. Having a baby means big changes in your life.

This diary gives you information on how to look after yourself and your baby in pregnancy and the busy weeks after the birth. It's about what to expect in labour and birth and how to make informed decisions about your care.

You can use this diary to record your thoughts and feelings about your pregnancy. You can also record your appointments and any questions that you may have for your midwife or doctor. You may also like to add ultrasounds or photo's to the diary along the way.

You should read this diary along with the 'Having a Baby' book which you will receive free of charge when you book into a public maternity service in NSW.

You can also find 'Having a Baby' online at:  
[www.health.nsw.gov.au/pubs](http://www.health.nsw.gov.au/pubs)



# Pregnancy and feelings

Every woman is different and every pregnancy is different. Pregnancy is an event that happens not just to your body. Pregnancy changes your way of living, your habits and your emotions.

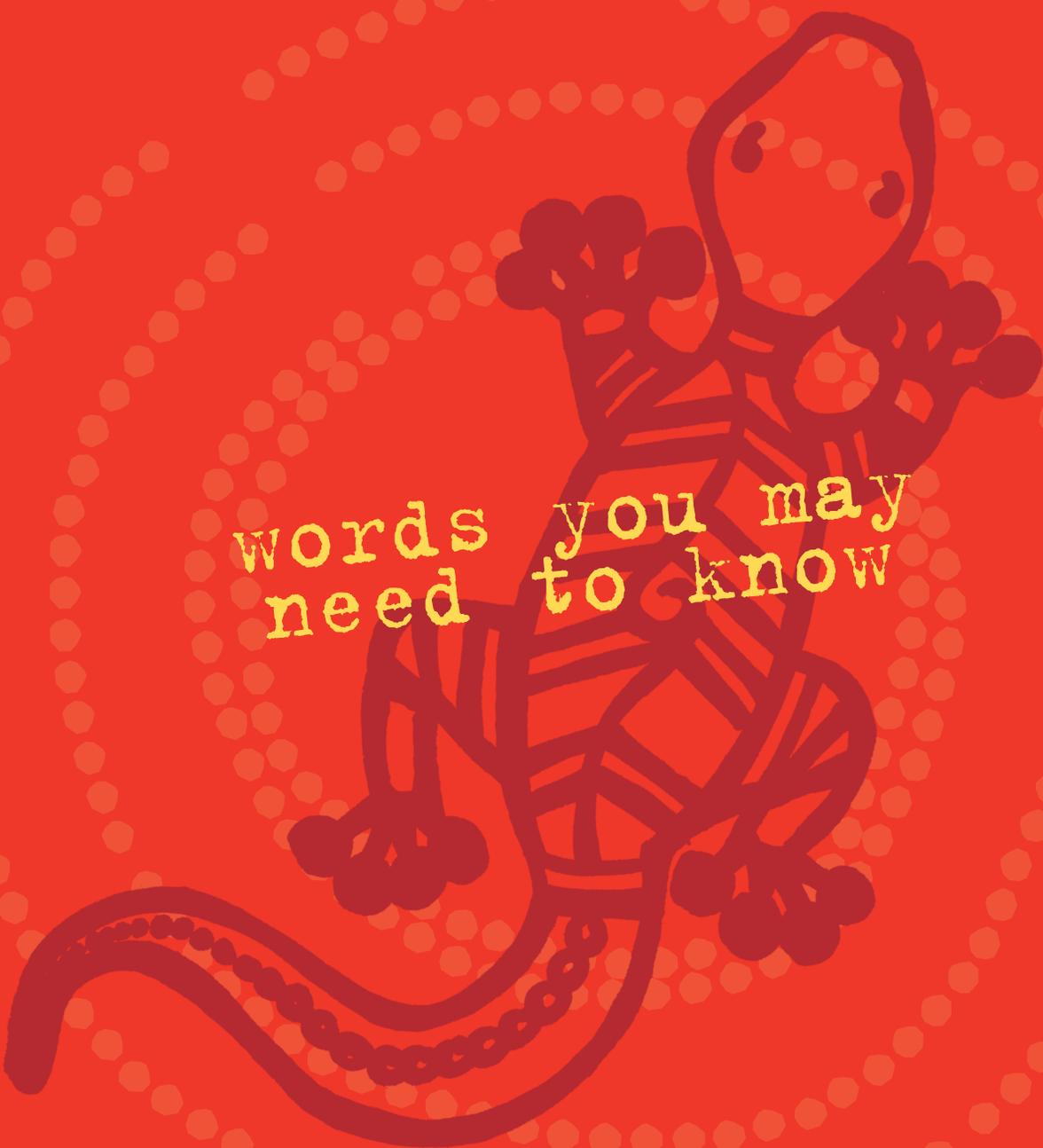
In the beginning you may feel confused or unsure about whether you are ready for the changes that are going to happen. Your feelings are probably all over the place. This is normal. You may have morning sickness and that is normal too.

Your belly will begin to show. You'll probably start to feel better. Morning sickness usually goes away, but sometimes it lasts a little longer. This is also around the time that you begin to feel your baby moving. It can take a little longer if you are a first-time mum. Now is the best time to start thinking about making plans for the birth. That's why it is important that you have all your antenatal check-ups and find out as much as possible about pregnancy, birth and parenting.

In late pregnancy you will be showing a lot more, you may be thinking about how you look and probably worrying about the birth. Most women will get nervous and anxious as the date draws near.

In the back of this booklet is a list of places where more information is available.

words you may  
need to know



**Abdomen** The belly or stomach

**Afterbirth (placenta)** Provides the baby with oxygen and food via the umbilical cord

**Amniotic fluid** The liquid the baby floats in (waters)

**Amniotic sac** The membranes or bag holding the amniotic fluid and the baby

**Antenatal** The time leading up to the birth i.e. pregnancy

**Anus** The back passage

**Bag of waters** The amniotic sac, which holds the baby and the amniotic fluid

**Birth canal** The vagina

**Braxton-Hicks contractions** Contractions that some women feel in late pregnancy. But they're not the real thing – more like the body practising for labour

**Cervix** The cervix is located between the womb and the vagina – it thins and opens during labour

**Caesarean section operation** When the baby is born by an operation where the doctor opens the uterus through a cut in the abdomen

**Colostrum** The first milk supply in the breasts late in pregnancy and for a few days after birth. Normally yellowish and sticky

**Constipation** Hard poo

**Contraction** A tightening of the womb muscle that is normally painful

**Doppler** A small machine that can let you hear the baby's heartbeat

**Diarrhoea** Runny poo

**E.D.B.** Expected Date of Birth

**Egg** The ovum or female cell

**Embryo** The ball of cells formed in the first weeks of pregnancy

**Endorphins** Natural painkillers your body produces

**Fallopian tubes** The tubes that lead from the ovary to the womb

**Fertilisation** Conception: the union or joining of the male and female cells

**Fetus** The name given to the baby after 12 weeks of pregnancy

**Fetal Alcohol Spectrum Disorder (FASD)** Babies with FASD may be born too small, may not grow normally and may have unusual facial features like small eyes and a thin top lip

**General Practitioner** Local doctor

**Gestational diabetes** A form of diabetes that occurs during pregnancy

**Haemorrhoids** Enlarged (inflamed or dilated) blood vessels inside or just outside the anus similar to varicose veins

**Hormones** A chemical that controls part of the body's functions. Hormones are chemical messengers

**Internal examination** When the doctor or midwife puts one or two gloved fingers into the vagina to check on the pregnancy or progress of labour. This is not performed unless you consent

**Low vaginal swab** A swab taken from the lower vagina, just inside the entrance

**Midwife** Health professional who specialises in caring for women during pregnancy, birthing and the postnatal period

**Miscarriage** The death of a baby before the 20th week of pregnancy

**Navel** The belly button

**Neck of womb** The cervix

**Obstetrician** A specialist doctor who deals with pregnancy and childbirth

**Ovary** The organ that produces the female cell

**Ovum** The female cell or egg

**Perineum** Area between the vagina and the back passage

**Placenta** The afterbirth – it comes out after the baby is born. This provides the baby with food and oxygen during the pregnancy. It's attached to your baby by the umbilical cord

**Postnatal** The six weeks after giving birth

**Postnatal depression** Feelings of sadness that continue for weeks after the birth

**Quickening** The first time you feel the baby's movements when you are pregnant

**Sperm** The male cell

**Spontaneous abortion** Medical words for a miscarriage

**Term pregnancy** From the 37th to the 42nd week of pregnancy

**Tubes** The fallopian tubes, leading from the ovary to the womb

**Umbilical cord** The tissue that connects the afterbirth (placenta) to the baby's navel. It has blood vessels that carry nourishment to the baby and takes the waste away

**Uterus (womb)** The part of the body where the baby grows

**Vagina** The front passage; the birth canal

# At six weeks

This is probably when you have found out you are going to be a mum. It is important to start your pregnancy check-ups as soon as possible to avoid complications.

If you smoke, drink or use drugs, it will help your baby if you slow down or stop now. Slowing down is good, stopping is better.

You should also reduce your caffeine intake (coffee and caffeinated drinks like cola and energy drinks).

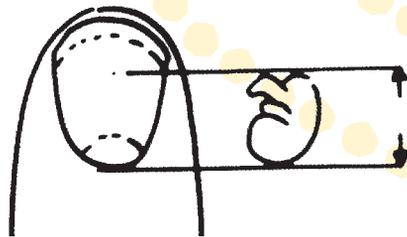
You may not feel pregnant at this stage but you will soon enough!

## Mother

- You may feel confused and/or anxious
- You have missed a period and your breasts are tender
- Morning sickness can start now
- Eat small amounts more often rather than three larger meals
- Constipation may occur
- Healthy eating is important
- If you take any medications, talk to your doctor
- You may feel really tired

## Baby

- Your baby is less than 1cm long
- Baby's heart, lungs and brain are developing



# Folate is important

FOLATE (or folic acid) is a B vitamin. It is important to get plenty before you become pregnant (about 3 months before), and continue in the early stages of pregnancy. It may prevent health problems for your baby.

It is recommended you have a low-dose folic acid tablet each day, as well as high-folate foods. You can buy folic acid tablets at the supermarket, chemist or health food shop.

You can increase your folate by:

- Eating folate-rich foods: e.g. wholegrain bread, wholegrain breakfast cereal, dark green leafy vegetables, dried beans, chickpeas and lentils

Easy and delicious ways to get more folate include:

- Wholegrain breakfast cereals that have added folate, with sliced banana and a glass of orange juice
- Big helpings of steamed or stir-fried vegetables
- Snacks of bananas, raw unsalted nuts, wholegrain toast
- Spread mashed avocado on bread instead of butter or margarine

# Healthy eating for you and your baby

It is important for all women to eat healthily and stay active during pregnancy. Choose a variety of foods every day to ensure you meet your own and your baby's nutritional needs. Try to:

- **Eat plenty of vegetables**, legumes (including dried beans and peas) and fruit
- **Eat plenty of cereals** (including bread, rice, pasta and noodles), preferably wholegrain.
- Include lean meat, chicken, fish and other poultry
- Include milk, yoghurt and cheese. Choose low or reduced-fat varieties if possible
- **Drink plenty of water**

Although you might feel hungrier you don't need to "eat for two", some extra serves of fruit and vegetables should be enough.

Make sure all your food is cooked properly and is not past the use-by date on the packet. Bush foods usually have lots of the nutrients mother and baby need to be strong and healthy.

Some fish may contain mercury at levels that may harm an unborn baby. Ask your doctor or midwife about the recommended amounts of fish to eat while pregnant.

**Drink plenty of water**

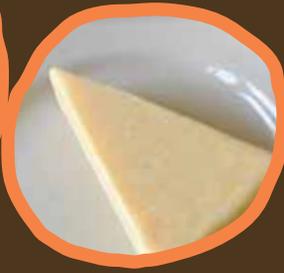
# eat most

fruit, vegetables, grains



## eat some

meat, poultry, fish, eggs, dairy



## eat less

fat, sugar, salt



# Here is the amount of food recommended for a pregnant or breastfeeding woman

Pregnancy      Breastfeeding

FOOD GROUP	NUMBER OF SERVES		WHAT IS A SERVE?
Bread and cereals	4-6	5-7	<ul style="list-style-type: none"> <li>• 2 slices bread</li> <li>• 1 medium roll</li> <li>• 1 cup rice, pasta, noodles</li> <li>• 1 cup porridge</li> <li>• ½ cup muesli</li> <li>• 1 ⅓ cups of breakfast cereal flakes</li> </ul>
Fruit	4	5	<ul style="list-style-type: none"> <li>• 1 medium piece</li> <li>• 2 small pieces</li> <li>• 1 cup canned or chopped fruit</li> <li>• a small handful of dried fruit</li> </ul>
Vegies	5-6	7	<ul style="list-style-type: none"> <li>• ½ cup cooked vegetables, beans or lentils</li> <li>• 1 cup salad</li> </ul>
Meat or meat alternatives	1½	2	<ul style="list-style-type: none"> <li>• ½ cup mince</li> <li>• 1 small piece (65-100g) cooked meat or chicken</li> <li>• 2 eggs</li> <li>• 1 medium piece fish</li> <li>• ½ cup cooked beans or lentils</li> </ul>
Dairy	2	2	<ul style="list-style-type: none"> <li>• 1 cup of milk or custard</li> <li>• small carton yoghurt</li> <li>• 40g cheese</li> </ul>

## An example of a healthy meal plan during pregnancy and breastfeeding

A sample meal plan is given below as a general guide. Your needs will differ according to your own activity level and size. It is important to watch your weight and raise any concerns at regular visits with your doctor or midwife.

MEAL	FOODS
Breakfast	<ul style="list-style-type: none"><li>• Medium bowl wholegrain cereal with milk</li><li>• 2 pieces wholegrain toast with sliced tomato</li></ul>
Mid morning	<ul style="list-style-type: none"><li>• 2 medium pieces or 1 large piece of fruit</li></ul>
Lunch	<ul style="list-style-type: none"><li>• Freshly prepared wholegrain bread roll</li><li>• Small tin of tuna or 2 slices lean meat</li><li>• Salad</li></ul>
Mid afternoon	<ul style="list-style-type: none"><li>• Large banana and 1 cup of milk (blend as a smoothie if you like)</li></ul>
Tea	<ul style="list-style-type: none"><li>• Small serve lean meat or chicken</li><li>• 2-2½ cups of mixed veges (combined as a stir fry, soup or stew)</li><li>• 1 cup cooked rice, pasta or noodles (preferably wholemeal)</li></ul>
Evening, before bed	<ul style="list-style-type: none"><li>• Piece of fruit or bowl of canned fruit</li><li>• 2 slices raisin toast</li></ul>
During the day and night	<ul style="list-style-type: none"><li>• 6-8 glasses of water</li><li>• Go easy on tea and coffee</li><li>• Do some physical activity as discussed with your midwife or doctor</li><li>• Avoid foods which are risky for listeria (see following page)</li><li>• Avoid alcohol (see the section on breastfeeding and alcohol)</li></ul>

\* This meal plan is a general guide only and should not be treated as a special diet.

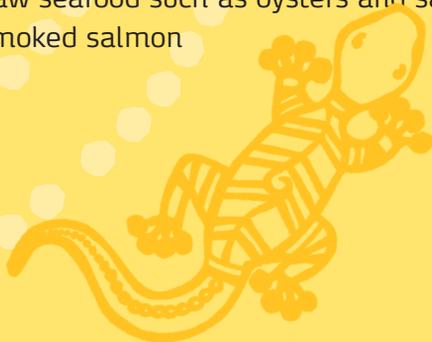
# Listeria

While Listeria bacteria is not common, it is something pregnant women need to be cautious about. If you get the infection while you are pregnant, it can be very harmful to your baby.

Listeria bacteria are found on the surface of certain foods.

## **Ways to reduce the risk of listeria infection:**

- Always wash your hands before handling food
- Prepare and store raw and cooked foods separately
- Wash vegies thoroughly
- Eat freshly prepared foods. Don't eat food that has been prepared and then stored in a refrigerator for more than 12 hours
- Avoid foods that have not been fully cooked, such as rare meat
- Avoid risky foods such as:
  - Soft cheese like brie, camembert and ricotta
  - Takeaway cooked diced chicken, e.g. in sandwiches
  - Processed meats such as devon, chicken loaf and turkey
  - Paté
  - Pre-prepared salads such as coleslaw
  - Raw seafood such as oysters and sashimi
  - Smoked salmon





## Teeth and gums need extra care in pregnancy

Changes in pregnancy can increase the risk of gum disease (gingivitis). Your gums are more easily irritated and inflamed. If you already have gum disease (many women do without knowing it), pregnancy can make it worse. If it is not treated, gum disease can cause early labour and tooth loss.

Signs of gum disease can include:

- Bad breath that won't go away
- Bleeding gums
- Tender swollen gums

If you have cravings for sugary foods while you're pregnant or are frequently eating small amounts of food due to morning sickness, good dental care is even more important.

Keep your teeth and gums healthy by:

- Brushing your teeth with fluoride toothpaste, after breakfast and last thing at night before bed
- Not sharing your toothbrush
- Drinking tap water rather than sugary drinks
- Using a toothbrush with soft bristles and a small head
- Cleaning between your teeth with dental floss
- Seeing a dentist, most dental procedures are quite safe in pregnancy

Tell your dentist if you're pregnant, or planning to be.

## Morning sickness

The increase in hormones during pregnancy can cause nausea and vomiting, usually from around the sixth to the 16th week.

Here are some tips to reduce morning sickness

- Avoid large meals, spicy or fatty foods
- Try a dry biscuit or dry toast before getting out of bed
- Eat small nutritious meals often
- Nibble on cheese and crackers, vegemite and toast or fruit
- Get plenty of sleep and rest
- Try ginger, ginger tea or ginger ale
- Sometimes sour foods help nausea
- Cold food is often better tolerated than hot food.  
Try cold meat and salad, a fresh sandwich, cheese and biscuits, fruit, yoghurt





# Miscarriage

A miscarriage is the word used to describe the loss of a baby before 20 weeks of pregnancy.

Miscarriages occur mostly during the first 12 weeks.

Mild symptoms do not always end in a miscarriage and many women who feared for their pregnancy will go on to have a healthy baby.

Warning signs may include one or all of the following:

- Severe pain in your lower abdomen
- Cramping, like period pain in your lower abdomen and back
- Bleeding from your vagina

If you think you are having a miscarriage you should

- Call healthdirect Australia on 1800 022 222 a 24 hour health information advice line
- Visit your local doctor

You can ask your midwife about miscarriage if you would like more information.

## High blood pressure

Some women may have high blood pressure before and during pregnancy.

If high blood pressure is not treated it can affect the baby and the health of the mother.

Your midwife or doctor will check your blood pressure in pregnancy.

With regular checking, high blood pressure can be found early and treated – another good reason for seeing a doctor or midwife as soon as you think you're pregnant, and for having regular antenatal care.

You can ask your midwife about high blood pressure if you would like more information.

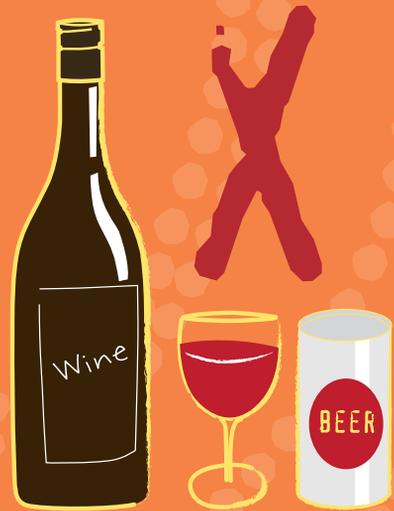


# Things that can hurt your baby

Smoking, using alcohol or other drugs while you are pregnant can harm you and your baby. Our children need to be born healthy so they can have a strong mind and body. There are some things you can do to help your baby grow strong. Don't be shame or afraid if you have been using drugs or alcohol. Have a yarn to your doctor or midwife. They are there to help, not judge you.



# no thanks



# Things that can hurt your baby

## Alcohol

**Drinking alcohol when you are pregnant can harm your baby.** When you drink alcohol, so does your baby. There is no safe time to drink alcohol during pregnancy and there is no safe amount of alcohol. Alcohol can also prevent your body getting the vitamins and other nutrients your growing baby needs. If you have diabetes or gestational diabetes, drinking alcohol makes the blood sugar level harder to control. **No alcohol is the best and safest choice.**

You may have heard about Fetal Alcohol Spectrum Disorder (FASD). FASD can happen when a woman drinks large amounts of alcohol regularly or binge drinks during her pregnancy. The most risky time for alcohol use is in the first 12 weeks of pregnancy when the baby's organs are developing. Babies with FASD may be born too small and have other health problems.

**When I drink alcohol so does my baby**

**It is never too late to stop drinking during your pregnancy.** If you have been drinking, try to stop as soon as you can to increase your chances of having a healthy baby. Have a yarn with your doctor or midwife. They can help you to safely slow down or stop. In the back of this book is a list of contacts that may be useful.

## Things that can hurt your baby

### Smoking

If you smoke, the best thing for the health of your baby and yourself is to quit. The poisons in tobacco smoke cause serious harm to you and to your baby. Your baby can be born too soon, too small or there may be an increased risk of your baby dying unexpectedly. Children are more likely to develop chest infections, asthma and ear infections if adults smoke around them.

Pregnancy is a good time to give up smoking for good. Talk to your Aboriginal health worker about quit smoking programs such as Quit for New Life. You can also call the Quitline on 13 78 48.

Pregnancy is a good time to give  
up smoking for good

# Things that can hurt your baby

## Drugs

- Marijuana (ganja, yandi)
- Heroin
- Oxycontin, Oxycodone
- Methamphetamine (ice, base), cocaine (coke) ecstasy (pills)
- Benzodiazepines and pills (diazepam, valium, serepax temazepam)
- Petrol sniffing/chroming
- Methadone

These drugs not only hurt you but can cause major problems for your baby. Your baby may have problems learning to talk and problems learning at school. Have a yarn to your midwife, Aboriginal health worker or doctor, they can help you cut down safely. There are services that may be able to assist. See the contact list at the back of this book.



## Care with prescription and over-the-counter medicines

Some drugs (either prescription drugs or medicines you buy from the chemist without a script) may be harmful in pregnancy.

### **If you are thinking of taking any medicines in pregnancy:**

- Check with your pharmacist, midwife or doctor first
- Use the lowest dose
- Be aware that some common pain killers including aspirin and non steroidal anti-inflammatory drugs (eg Nurofen) may cause problems in pregnancy. Paracetamol is considered the safest option.
- Avoid over the counter drugs if possible
- For more information call the Mothersafe telephone service on (02) 9382 6539 (Sydney) or 1800 647 848 (outside Sydney)

**Do not stop taking your regular medicines before checking with your doctor or pharmacist**

## Things that can hurt your baby

### Caffeine

Caffeine is a stimulant drug in energy drinks, coke, chocolate, coffee and tea. There are concerns that too much caffeine may increase the risk of miscarriage and sometimes can make babies unsettled.

Avoid energy drinks, coke, tea, coffee



# Domestic and family violence

Domestic and family violence has a big impact on the health of families, especially on women and their children. Domestic and family violence can affect children even before they are born if their mother is injured. The stress of living with violence has a great effect on pregnant women. This can influence how the baby develops. This is why the health service asks questions about domestic violence.

Domestic violence isn't just being punched or hit. It can mean other things that are done to control and dominate you, such as:

- Making threats
- Forcing you to do sexual things when you don't want to
- Controlling your money
- Stopping you from seeing your family and friends



# Domestic and family violence

If you're afraid or concerned for your safety or the safety of your children, you can:

- Call the police or go to the police station
- Tell someone you trust (friend, GP or health worker, Aboriginal family health worker)
- Go to a safe place
- Use the law to protect you and your children – talk to the police or call Wirringa Baiya Aboriginal Women's Legal Centre on 1800 686 587 or the Indigenous Women's Legal Contact Line on 1800 639 784
- You can also call the Domestic Violence Line on 1800 656 463. They can give you information and support and refer you to the services you need such as a refuge or safe house, family support, counselling, legal advice or help with transport



# At 12 weeks

If you haven't already been to the doctor or midwife, you should go now.

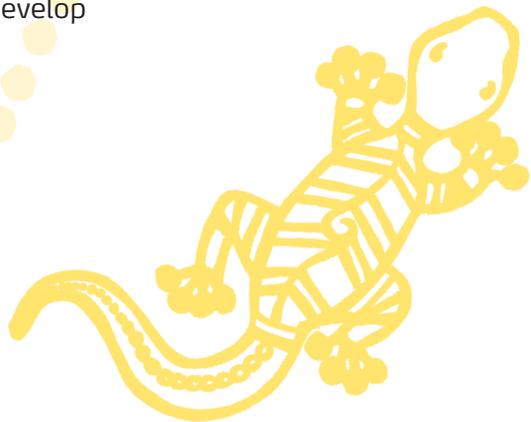
## **Mother**

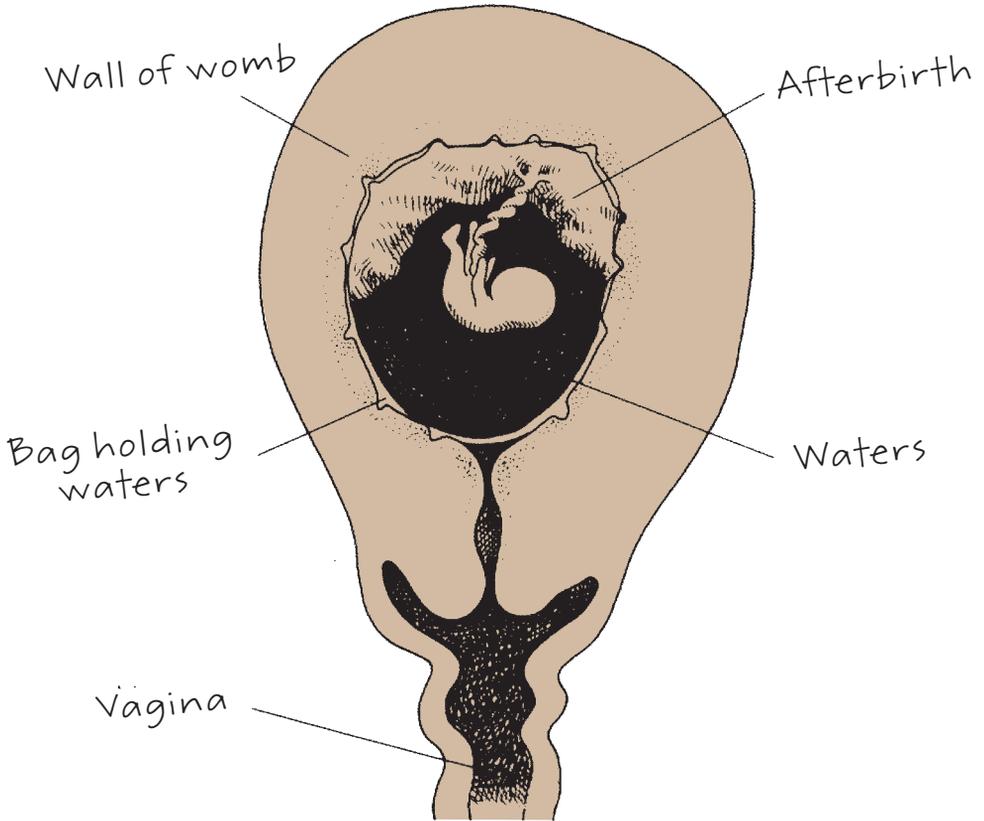
Some changes you might notice are:

- Alcohol and smokes make you feel sick
- You don't like some food you enjoyed before
- You may have cravings for different food
- Your skin is smoother and softer
- Your gums may bleed when you brush your teeth
- Your breasts are bigger and more sensitive
- You need to wee more
- Your clothes feel tighter
- Mood swings are common
- You feel tired all the time, but this will pass
- Although you can't see it, your body is working very hard

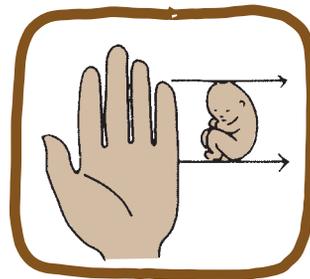
## **Baby**

- Is about 8cm long head to toe
- Fingers and toes are formed
- Teeth are starting to develop





**Baby is about 8cm long.  
Their fingers and toes are  
formed.**



# Antenatal checkups

If you are feeling unwell, it is best to have a check-up as soon as possible. You may have to see the midwife and the doctor more or less often; this depends on your health. Always take your antenatal record (which you will get at your first visit).

It is really important for you and your baby to have regular check-ups during pregnancy. A typical program of visits and tests for your antenatal care is on the following page.

**Always take your antenatal  
record to check-ups**



# Here is a typical program of visits and tests for your antenatal care

## Antenatal check-ups and blood tests during pregnancy

<b>8-13 weeks</b>	Blood tests
	Urine tests
	Pap smear (if required)
	Ultrasound (if uncertain of dates)
	Antenatal visit
	18-20 week ultrasound
	Check-up
	Blood test (check for diabetes)
	Check-up
	Blood test and low vaginal swab
	Maternity unit visit
	Check-up
	Check-up
	Check-up
	Estimated due date
	Doctor visit

This is a guide to let you know when it is time to have a check-up.



# Booking into hospital

## Going for your first check-up

It is very important that you have your first check up with your doctor or midwife before 14 weeks. Don't wait until you feel your baby move. The earlier you go, the better it is for you and your baby.



Some of the questions you will be asked:

- When was your last menstrual period?
- How often are your periods?
- Have you had any previous pregnancies?
- If so, did you have normal vaginal births, caesarean section operations or any other complications?
- Have you had any abortions or miscarriages?
- Do you smoke? How many a day?
- Do you take drugs or drink alcohol? How much a day?
- Do you or have you had a sexually transmitted infection?
- Are you on any other medicine?
- Do you have any troubled relationships?
- Do you feel stressed or depressed?
- Do you have any other stressors/concerns?

Your doctor or midwife will give you a full check-up which usually includes:

	DATE
	NOTES
WEIGHT	
HEIGHT	
BLOOD PRESSURE	
PAP SMEAR (IF REQUIRED)	
TESTING URINE FOR SUGAR	
BLOOD TESTS	

They will want to know a bit about your family history, the baby's father and particularly if there is any history of twins. Questions are asked about family illnesses that could be inherited, e.g. diabetes, blood pressure and heart problems.





# What are your health rights?

You have the right to:

- Tell the midwife/doctor that you, your partner or your baby is Aboriginal
- Receive care in a way that is respectful of your culture, beliefs, values and characteristics, like your age
- Safe and high-quality care
- Ask if you do not understand, especially if it is something the midwife or doctor says or does
- Privacy
- Get another opinion
- Have your needs looked after
- Comment or complain
- Ask for access to your health records
- Participate in making decisions about yourself and your baby
- Have your family and friends to support you
- Get all the information you need
- Know what is happening to you and your pregnancy
- Take time to make your decisions
- Ask for your afterbirth (placenta) if you want to take it home
- Have a home birth if there is a service in your area and there are no complicating circumstances
- Have the best labour and birth to suit you and your baby

# At 16 to 20 weeks

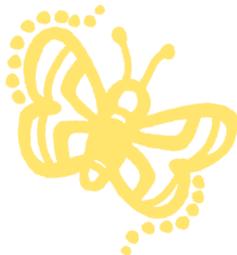
Between 16 and 20 weeks after conception you may feel your baby move (flutters). You will be offered an ultrasound and this is the time they check for growth development.

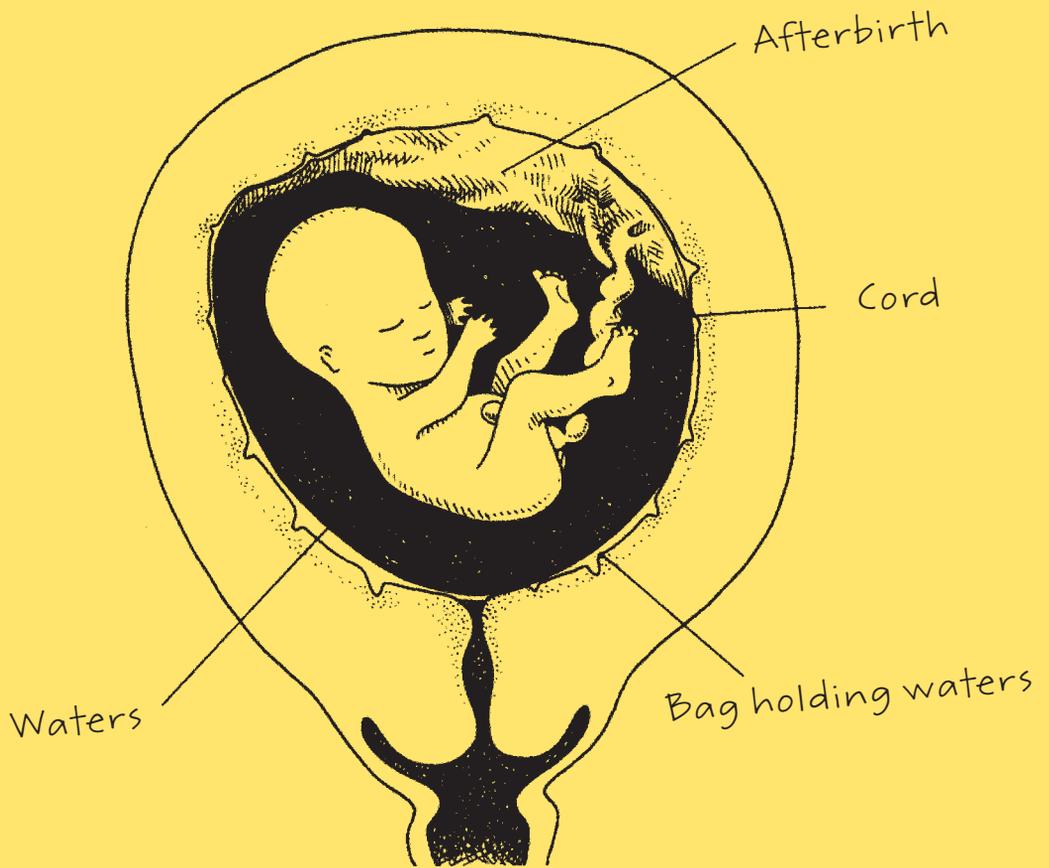
## Mother

- Your hormones are settling down and you probably feel better
- You may feel fluttery movements (your baby)
- Morning sickness should be easing
- You may be starting to look pregnant
- You might get patches of darker skin on your face (chloasma). This will fade after the baby is born
- The top of your womb (uterus) is at the top of your belly button
- A small weight gain is normal
- It is important that you do your pelvic floor exercises to help your body cope with the weight of the baby in the womb. Ask your midwife about these
- Exercise and healthy eating are important. Try walking with a friend or swimming

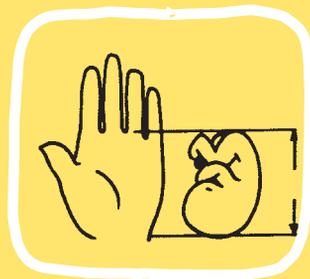
## Baby

- Is growing quickly and is about 18cm long head to toe at 18 weeks
- All organs are formed and maturing
- The afterbirth (placenta) is providing for all your baby's needs





**Baby is growing quickly and is about 18cm at 18 weeks. All organs are formed and maturing**



**When did I first feel my baby move**

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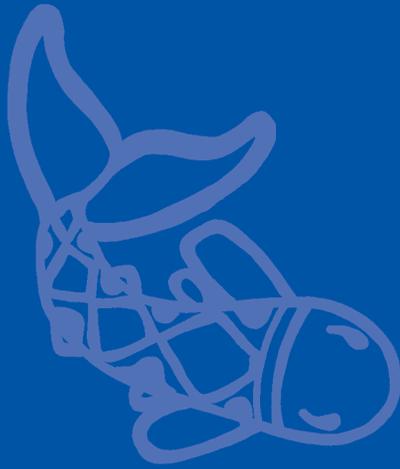
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**My ultrasound photo**





# Relax

Now is the best time to learn how to relax. It will help you cope with stress, tiredness and be very effective in easing pain during labour.

- Sit or lie in a comfortable position
- Use pillows to help support your body
- Rest during the day
- Go for gentle walks and don't forget to breathe

Even if you have other children, it is important to relax. Let your friends and family know when you need some time out.

**It is important to learn relaxation  
and breathing awareness**

It is important to learn relaxation and breathing awareness. You will benefit from learning to relax as relaxing is one thing you need to do after the baby is born. Learning breath awareness is easy.

It will help in labour and keep your body relaxed.

This means:

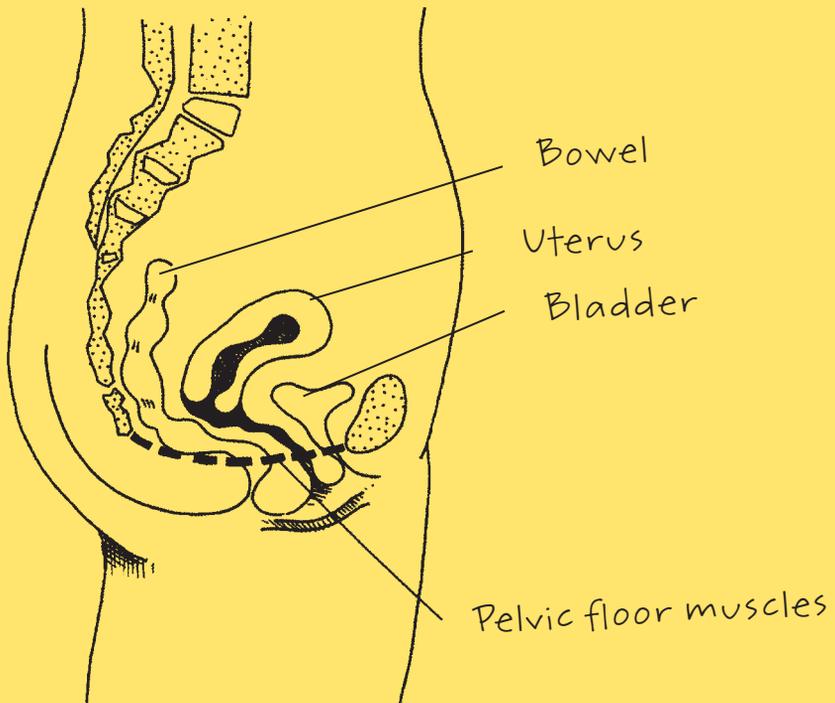
- It will help save your energy
- Through deep, slow breathing you and your baby get plenty of oxygen

You can learn breathing relaxation at your antenatal class or talk to your midwife or doctor.

## Your pelvic floor

Pelvic floor muscles support the organs and the uterus inside your pelvis. The weight of the baby can stretch these muscles and cause you to wee a bit when you cough or laugh. The following exercises will help prevent this and strengthen your muscles.

Tighten and pull up the muscles, hold and slowly relax. (It's the same feeling you get when you try to stop yourself from weeing.) Then rest for the same length of time as you hold. Try to do 10 tightenings, five times a day. When you first start, hold for a few seconds. After a while, try for six seconds.



What should you think about before each antenatal visit or check-up?

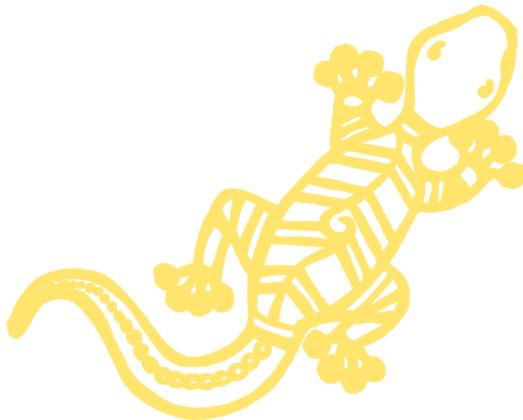
	YES	NO
Vomiting		
Any sort of vaginal discharge		
Burning when weeing or weeing more often		
Coughing		
Backache		
Constipation		
Diarrhoea		
Headache		
Itchy skin		
Fever/feeling unwell		
Haemorrhoids		
Pain in the tummy		
Short of breath		
Tearful or unable to cope		
Smoking: How much per day?		
Alcohol: How much per day?		
Drugs: How much per day?		
Do you want some advice and support to quit?		
Are you on any medicines?		

If you answer yes to any of the above, talk it over with your midwife, health worker or doctor

## Things to tell your doctor or midwife

Your doctor or midwife will always want to know if these things are happening to you. They may or may not be serious.

- Vaginal bleeding or spotting
- Swelling or puffy face, hands or ankles
- Persistent vomiting
- Blurring of vision or spots before your eyes
- Unusual leaking or discharge from your vagina
- Sharp pains in the abdomen (with or without bleeding)
- Persistent daily headaches
- Chills or fever
- Marked increase or decrease in amount of urine or burning when you wee
- Sudden weight gain
- Change in the baby's pattern of movement
- Worries or concerns you may have about the pregnancy, birth or your baby



# At 20 to 28 weeks

Your baby is about 30cm long head to toe at 24 weeks. You may feel it kick more often and harder!

## **Mother**

- You may feel Braxton Hicks contractions, which are painless contractions/tightenings
- The top of your womb (uterus) is under your ribs
- You can suffer heartburn and indigestion
- Your back may ache
- Regular antenatal care

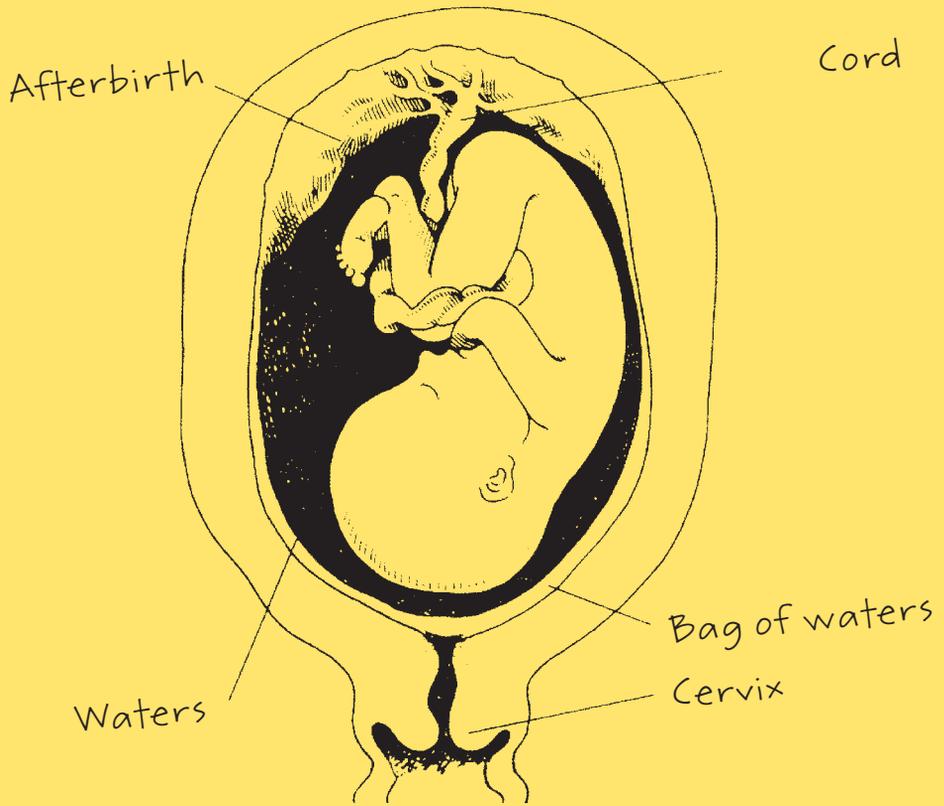
Watch for signs of premature labour! A sign is regular contractions less than 10 minutes apart. These differ from Braxton Hicks as they are painful.

## **Baby**

- Movements are usually in a regular pattern (baby is often awake when you want to sleep!)
- Can respond to sound and light
- Babies practise sucking
- Kidneys are functioning

The afterbirth (placenta) filters and recycles the fluid your baby floats in and takes oxygen and food from you to the growing baby.

More tests will be offered at this stage, e.g. blood tests, a glucose challenge test and sometimes glucose tolerance test to check your blood sugar level for diabetes. Your doctor, midwife or Aboriginal health worker will explain this to you.



**Watch for premature signs of labour!**

**Your baby is about 30cm long at 24 weeks. You may feel it kick more often and harder!**





## Gestational diabetes: what's that?

Gestational diabetes is something a woman can develop when she is pregnant. It usually happens after the 24th week of pregnancy. It can cause you to have a big baby and can cause health problems for you later on. It is more likely to be seen in women who:

- Have a family history of diabetes
- Are of Aboriginal or Torres Strait Island descent
- Are overweight
- Have had a big baby before

Even if you don't fit into any of these groups you will still be offered the test. This test is strongly recommended.

## Visiting the hospital

If you haven't already been there during pregnancy classes, it's a good idea to visit the hospital in the last couple of weeks before your baby is born. Many women don't know what the inside of a birth suite looks like and it can be a little scary when you first go in. This is a good opportunity to find out about the Maternity Unit and how it is run. You can tour the birth suite in most hospitals at any time in your pregnancy. Ask your doctor, midwife or Aboriginal health worker.

# What you'll need to take to hospital

Here's a basic list. Your hospital may suggest a few extra things.

## **You'll need:**

- Nightdresses and dressing gown
- Some loose, comfortable day clothes
- Comfortable footwear
- Underwear and maternity bras
- Breast pads
- Toiletries
- Sanitary pads – either super or maternity size (you can buy maternity pads in the supermarket)
- Something to wear while you're in labour – a big T-shirt or an old nightdress (they may need to be thrown out afterwards)
- Clothes for you to wear to come home in (something loose – you won't be back to your normal shape yet)
- Wheat pack or hot pack for pain relief in labour (ask the hospital if you can use these in labour – some hospitals don't allow them in case of burns)
- Anything you want with you in labour (e.g. CDs/tapes, CD/cassette player, MP3 player, massage oil)

## **Things for the baby**

- Disposable nappies, if you plan to use them, as some hospitals only supply cloth nappies (check with your midwife or doctor about your hospital's policy)
- Nappy and clothes for the baby
- Baby blanket



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HEALTHY PREGNANT

# At 28 to 36 weeks

## Mother

- Regular antenatal check-ups
- You may be breathless sometimes
- You might get indigestion and heartburn
- It's best to have small meals often
- You may find it hard to get comfortable due to your size
- If leg cramps occur, talk to your midwife
- Arrange for childcare if you need it while you're in hospital for the birth
- Arrange your support people (phone numbers)
- Prepare a smoke-free area where baby will sleep
- You may start leaking colostrum
- If you have a negative blood group, you will have another blood test and may have an injection

## Baby

- At 32 weeks your baby is about 41cm long head to toe
- Lungs and digestive system are near maturity

Have a yarn to your midwife or doctor as soon as possible if you get pain or have bleeding.

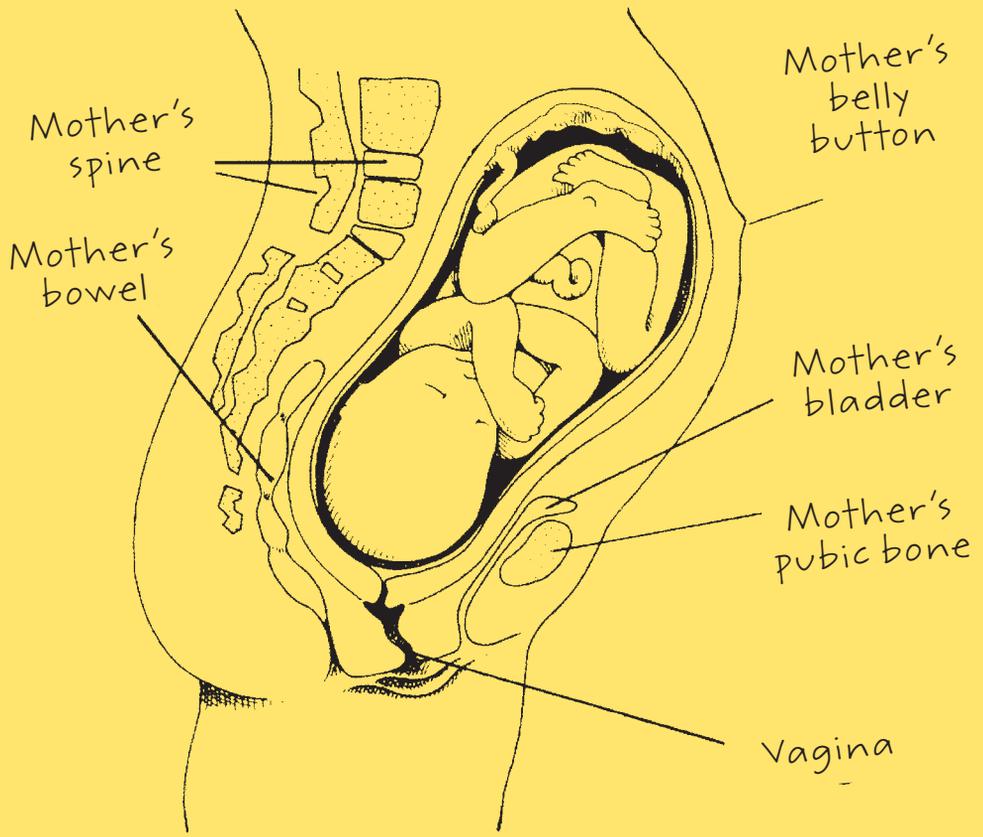
**Have your hospital bag ready!**

**Important phone numbers:**

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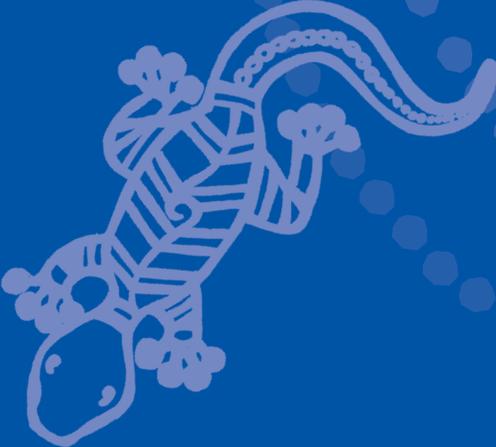
**Baby is about 41cm long at 32 weeks. Lungs and digestive system are near maturity**





# Our favourite baby names

GIRLS	BOYS



# At 36 to 40 weeks

## Mother

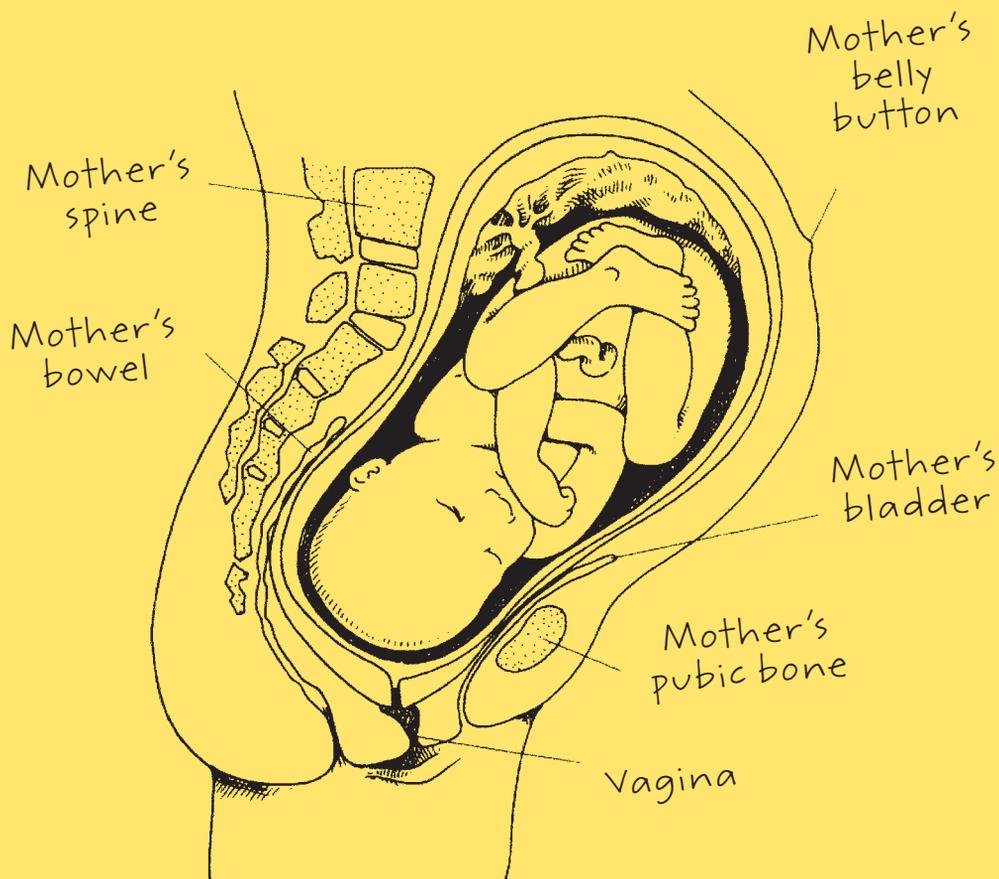
- By now you can't wait to have your baby and you may be feeling fed up!
- You may go through a nesting period, cleaning and changing things at home
- Your movement may be restricted due to your size
- You may wee when you laugh or cough
- Do your pelvic floor exercises!
- If you have difficulty sleeping, try taking a nap during the day
- You may have a vaginal discharge (white or clear)
- Any concerns, have a yarn to your midwife, Aboriginal health worker, doctor or maternity unit

## Baby

- By 36 weeks your baby is about 47cm long from head to toe
- Movement is changing. This is because your baby has grown and there is less space for them to move around. Should you feel a change in your baby's pattern of movement, contact your midwife or doctor immediately
- Baby receives antibodies from you. These provide protection from illness after they are born
- Your baby should be head down ready to be born
- Baby's lungs, heart and digestive system are mature

The 'show' is a plug of mucous and blood. It leaves the neck of the womb (cervix) before labour begins – this can be up to 2 weeks prior to labour.

**It is normal for your baby to be born any time between 37 and 42 weeks**



**Your baby should be head down ready to be born. Baby's lungs, heart and digestive system are mature**



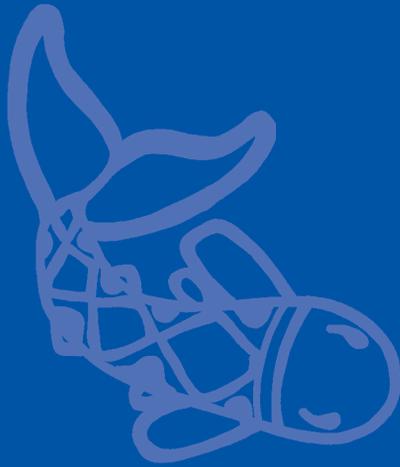
## Your partner's feelings

Even if your partner is pleased about a new baby coming, it might be difficult for him to understand what you are feeling and the changes happening to your body. It will make it easier if you try to understand his feelings and he understands yours. This can't happen if you don't tell him. So the important thing is to talk to him and let him know how you are feeling and ask him how he feels. You will find yourselves coming up with suggestions that you may not have thought of before.

Explain if you have mood swings (warn him what to expect). Your sex life may also change and that could be hard for him to understand.

Talk to him about labour and the birth and how he feels about being there with you. It might be helpful for him to go to the clinic visits and classes with you – it will give him a better idea of what you are going through and he might have his own questions for the midwife.





## How dads can help

- Go with mum to antenatal classes
- Eat healthy and be active with mum
- Help around the house, so mum can rest up
- Take care of the other children
- Encourage and support mum to stop smoking and give up drinking
- Be patient – her moods will get better

Spend time with baby so mum can rest up

- Rocking, talking and singing to baby
- Bathing baby
- Changing baby's nappies
- These are good ways for dad to get to know baby as well!

Having gaps of a couple of years between your children gives mum's body time to heal after the birth. It gives her time to get ready for the next baby.

Mums need all the help and support dads can give



# How do I know I'm in labour?

Labour pains are different for every woman

Labour pains are difficult to describe because they are different for every woman. How and where the pain is felt provides information on your progress. Some say it feels like:

- Bad period cramping
- Intense discomfort in your back and tummy
- Dull dragging, turning into severe backache
- Burning sensation
- Squeezing, stretching heat
- Bad tummy ache
- Sometimes the bag of water breaks before the contractions start

Contact the hospital or your midwife and they will tell you what to do next.

Contractions come and go in waves, generally building from mild ones early in labour to very strong ones towards the end of labour. The worst pain is at the peak of a contraction. Pressure from the baby moving through the birth canal can cause pain in your bottom like you want to do a poo. This can also cause a feeling of burning and stinging as you push your baby out.

**Don't worry:** A woman's body is made to have babies and it KNOWS how to birth a baby!

## What should I do?

Help yourself by staying calm. Stay at home as long as you feel comfortable and call the hospital, doctor or midwife for advice.

Drink plenty of fluids and try and go to the toilet every couple of hours. Eat small, light meals – your body needs energy.

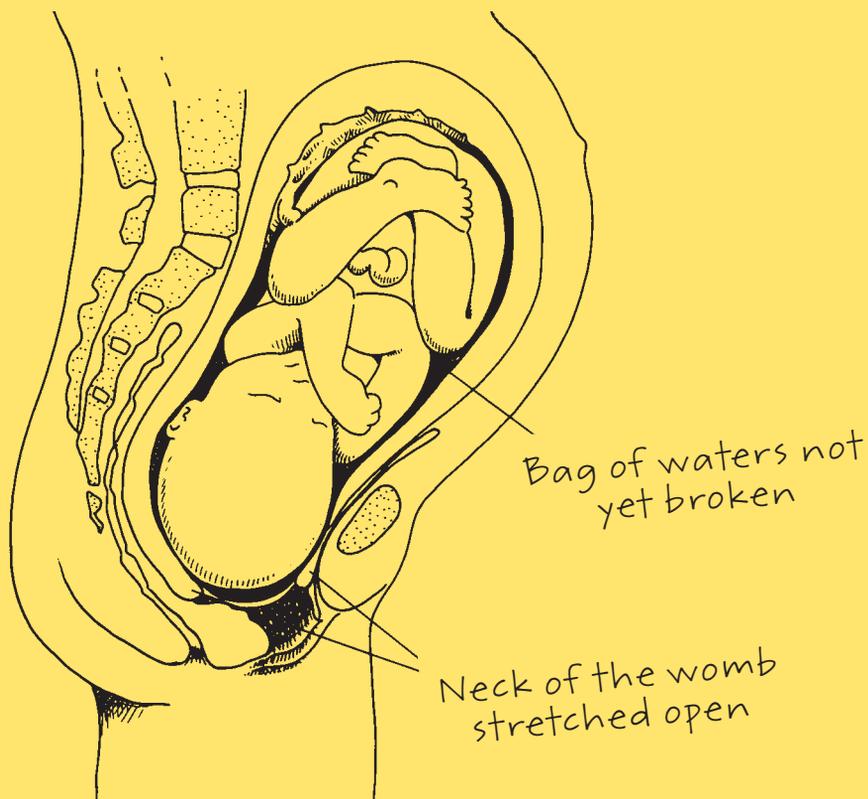
Sitting up/walking helps the baby move through the birth canal and takes the pressure off your back. Experiment with different positions to see what eases the pain most. Have a bath/shower.

Support people give you encouragement and confidence; they can bring you ice or drinks or rub your back.



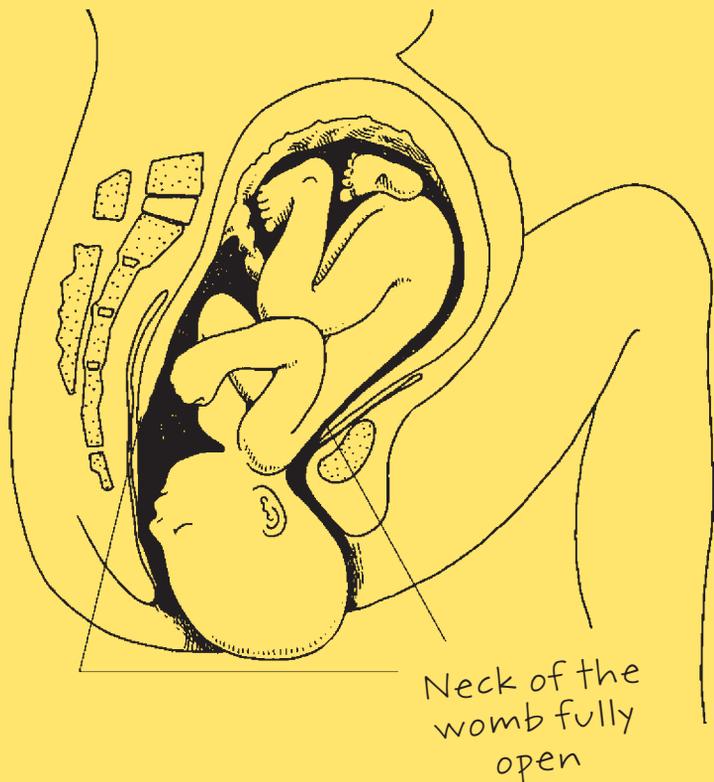
**Sitting up and/or walking helps**

# First stage of labour



**This is when the contractions of your womb (uterus) are gradually opening your cervix. The time this may take is different for everyone.**

# Second stage of labour



**This is when it's your job to help push the baby out. You will probably feel a strong urge like if you need to go to the toilet, this is normal.**

# Natural pain relief

Your body produces natural painkillers known as endorphins. They work best if you are relaxed. If you are frightened or uptight, other hormones are produced that slow the labour down. Ask questions if you don't understand something in the hospital.

**Relaxation and breathing awareness** are two good self-help techniques to learn in pregnancy. Learning how to relax your muscles is a process of letting go. It not only relaxes you physically but also brings a feeling of emotional calm. Some women find soothing music relaxing. Breathing can be used to release tension in labour and help your body relax. Everyone's rate of breathing is different but try to breathe as slowly and deeply as is comfortable for you.

## **Staying active**

Moving around during the first stage of labour is helpful to distract you from the pain and keep your circulation going. Staying upright also means the force of gravity is working with you.

**Changing positions** frequently can help you cope better with contractions. Your support person can help even if you don't feel you want to move. Staying in the same position for too long can get uncomfortable.

## **Positions for giving birth**

Giving birth in an upright position means you have the force of gravity working with you to help the baby out.

### **Heat and water**

A deep hot bath or shower can help reduce tension and ease backache during labour. Warm nappies or towels feel good on the back and hips and also the pubic bone.

**Massage** reduces muscle tension during labour. Ask your partner or support person to practise massaging you during your pregnancy.

**Groaning** is an expression of pain or effort and is a natural thing to do (just like athletes grunt when they exert themselves). If you try not to make a noise, it might make you feel more tense.

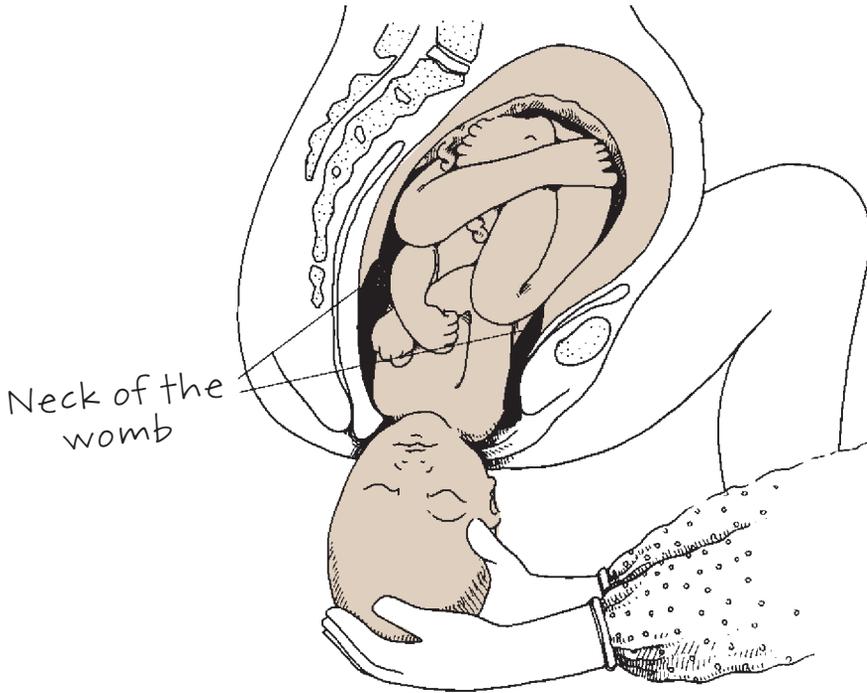
## Medical pain relief

**Gas** is a mixture of nitrous oxide and oxygen. It helps take the edge off the pain during a contraction. There is no after-effect on the mother or baby once the mother breathes normal air.

**Morphine or pethidine** is given as an injection. It helps reduce the severity of the pain but doesn't get rid of it. It takes about 20-30 minutes to start working. It will make mother and baby sleepy and may cause the mother to vomit. The baby may find it harder to feed after it is born if you have pethidine during labour.

**Epidural** is a local anaesthetic injection that is put into your back in a space away from the spinal cord. It takes away the pain but you may still feel pressure. You are awake but after having an epidural you probably won't be able to walk around. It can make it harder to push the baby out during labour and may leave your legs numb for a few hours after the birth.

# The birth



Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Weight \_\_\_\_\_

Length \_\_\_\_\_

## Sometimes help is needed

**Induction** is when the process of labour is started, by inserting a small tablet or gel containing hormones into the vagina, breaking your waters and/or putting drugs into a drip. When you have been induced, contractions can begin quite suddenly and be more painful. Sometimes induced labour takes a long time.

**Augmentation** is when the mother is having contractions that are not opening the cervix so a drip is inserted into your arm to strengthen the contractions.

**Breaking of your waters** is when the bag of waters is broken with a small hook. This is not painful for you or your baby.



## Other types of births

**Caesarean section operation** is when the baby is born by cutting through the mother's abdomen into the womb (uterus). Caesarean section operations are done for lots of reasons, such as, you may be bleeding or your baby may be unhappy and needs to be born quickly. The operation can be done after you have an epidural so you do not feel anything or you may have to have a general anaesthetic where you will not be awake for the operation.

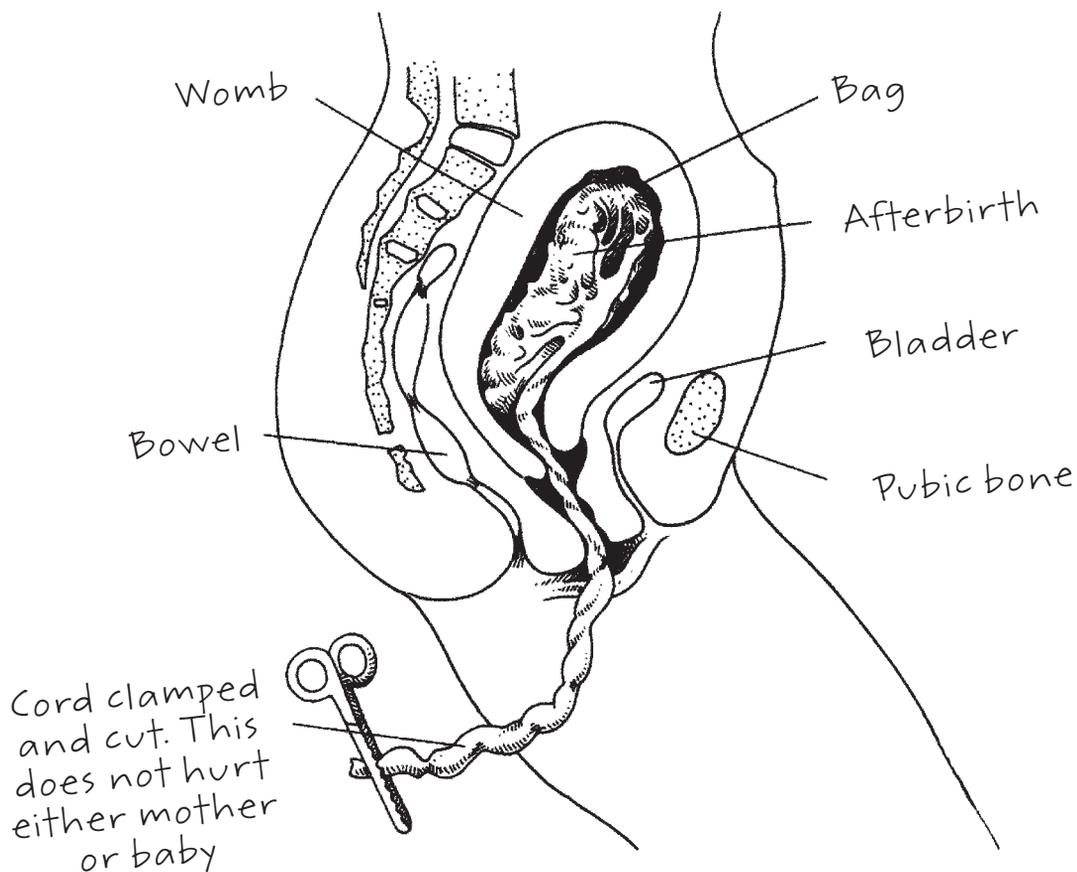
**In a forceps birth**, forceps are used to help the baby out of the vagina. It may be that you are having problems pushing the baby out or the baby is in an awkward position or in distress. Sometimes the forceps leave marks on the baby's head and face, but these soon disappear.

**In a vacuum birth**, the vacuum is used instead of forceps. The vacuum is made of either metal or plastic and is attached to a pump. It is inserted into the vagina and creates a vacuum against the baby's head that lets the doctor pull the baby out. There may be a raised area on the baby's head when it's born but this disappears.

**Episiotomy** is a small cut made in the perineum just as the baby's head appears. It is done with a local anaesthetic. You will have stitches afterwards.

If you are unsure about any of these, please ask questions before you agree to have them done.

# Third stage of labour



**This is the time from the birth of your baby, to when the afterbirth comes out.**

## Skin-to-skin contact

It is normal straight after birth for your baby to be placed gently on your stomach or chest. Skin-to-skin contact between the mother and her baby immediately after birth reduces crying, improves mother-baby interaction, keeps the baby warm and helps the mother to breastfeed successfully.



## Your baby after the birth

It's every parent's first reaction to check that their baby has all his or her fingers and toes and is healthy. Holding and stroking or breastfeeding is the best way to bond with your baby.

**Baby's head** may appear big and have an odd shape. If you have had a forceps or vacuum delivery, there may be marks. They will soon go away.

**Baby's eyes** may be red and puffy and will be blue or brown. They may change colour later.

**Baby's nose** might look flat and crooked after the birth but will look normal soon after.

**Baby's first poo** is black and sticky (meconium). Its poos will gradually turn yellow.

**The soft spot** on top of your baby's head is called the fontanelle. The bones have not yet come together. You can touch it gently.

**The cord** is usually 1-2cm long after it is cut and will go black and dry out. After a week or so it will fall off, leaving the belly button. Some small spots of blood can be normal but it's always best to ask your midwife or doctor.

## In the hospital

After the birth the midwife or doctor will check your baby and make sure everything is all right. The baby will be weighed and measured.

You will be asked to give permission for your baby to be given an injection of vitamin K. Hepatitis B injections are now offered to all babies at birth. On the third day, your baby will have their heel pricked and the blood tested for some rare diseases. Your baby's hearing will also be checked through the NSW Statewide Infant Screening – Hearing (SWISH) program.

If you and your baby are well, you may decide to go home early and have the midwife visit you at home.



## Your body after giving birth

Your body takes about six weeks to return to normal after giving birth. This is called the postnatal period. Relax and enjoy this special bonding time with your baby.

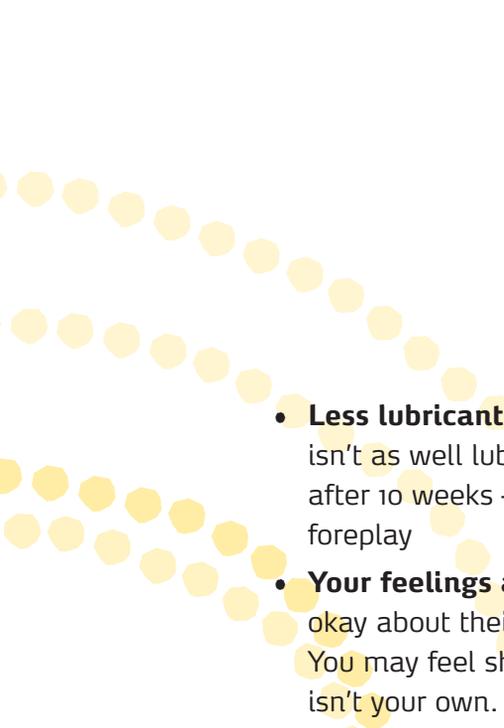
**Your belly** will feel soft and probably look weird. If you press it you will feel your womb (uterus) just below your belly button. It should feel hard, like a cricket ball. Each day it gets smaller until it moves back into place down in your pelvis.

**Your breasts** will still feel the same for a day or two after the birth. The milk will come in around the third day and they will get big, hard and lumpy. Baby will probably settle because he/she is getting more milk now. The more your baby drinks, the more your breasts will fill. It may be uncomfortable, but give it time, it's normal and things will settle down.

**Your vagina** and perineum might be a little swollen. It might hurt when you go to the toilet. It's a good idea to wash each time you wee. (Fill a clean bottle with warm water and pour it down yourself into the toilet and just pat dry).

**Sex** It's ok to have sex when the bleeding has stopped – usually by four or six weeks. Some women do want to have sex at this time but there's a good chance that all you want to do in bed is sleep. Besides tiredness, other things that could make sex difficult are:

- **Stitches** if you've had stitches it may take longer than six to eight weeks before sex feels comfortable – if penetration still hurts after three months, see your doctor

- 
- **Less lubricant** – Hormonal changes mean your vagina isn't as well lubricated as usual. This will get better after 10 weeks – until then try a lubricant and more foreplay
  - **Your feelings about your body** – Some women feel okay about their bodies at this time – but some don't. You may feel shapeless. You may feel like your body isn't your own. It's not your pregnant body – but neither is it the body you had before.

**Bleeding** after the birth is natural. At first it will be heavier than a normal period, then it turns to a pinkish-brown. It will usually last for three to four weeks, but can last up to six weeks.

**Baby blues** are very common and can be caused by the hormonal changes in your body. Baby blues usually occur three to 10 days after your baby is born. Mothers with baby blues feel teary and overwhelmed. While the baby blues usually disappear within a few days without treatment, remember to get support to help you cope.

**Do your pelvic floor exercises!** The muscles in your pelvic floor have been stretched and may cause you to wee when you laugh, sneeze and cough (stress incontinence). These exercises need to be done every day. A good way to remember is to do them each time you sit down to feed baby or each time you have something to eat or drink.

If you are worried about anything have a yarn to your midwife, Aboriginal health worker or doctor.

## Postnatal check-up

Every woman needs to have a postnatal check-up after they have a baby. See your midwife or doctor for a check-up six weeks after the birth – or you can wait eight weeks when the baby's immunisation is due. This check is important to make sure everything's back to normal. You'll have an internal examination and Pap test (if you didn't have a Pap test at the beginning of the pregnancy). These checks are really important to ensure that your body has returned to normal and you are healthy enough to care for your new baby.

Don't wait until your six week postnatal check to think about contraception – it's possible to get pregnant before that even if you are breastfeeding







# Breastfeeding

Breastfeeding is the traditional, natural and healthiest way to feed your baby. If you don't know how you feel about breastfeeding, at least try it. Even a few weeks of breastfeeding will provide some protection for your baby in the early days.

## Breastfeeding has big benefits for your baby

- It gives baby the healthiest start in life
- It has all the food and water baby needs for the first six months
- It is easy to digest
- Breastmilk changes to meet baby's growing needs
- It protects baby against diabetes and becoming overweight in the future
- It helps protect baby from 'glue ear' and ear infections

## Breastfeeding has big benefits for the mum too

- It strengthens the mother and baby bond
- 'It's instant. Your baby cries and you can feed him straight away without waiting for bottles to warm.'  
(Aboriginal mother, Newcastle)
- It doesn't cost anything
- It helps your body get back into shape faster



It is important to drink plenty of water while you are breastfeeding and make sure you maintain a healthy diet!

# Preparing to breastfeed

Breastfeeding takes a bit of practice for mum and baby at the beginning. Get as much information as possible about breastfeeding from your mother, aunts, friends, midwife, child and family nurse, women's centres, doctors or books.

## **Here are some tips for a good start:**

- Your nipples will make their own oils, so don't wash them with soap or use creams
- While you are in the shower, you could gently draw the nipple out between your thumb and forefinger to get them ready for feeding
- Everything you take into your body will pass through the breastmilk, including drugs, alcohol and medication. Tell the midwife, doctor or chemist you are breastfeeding before you take any medication

Breastfeeding takes a bit of practice



## Breastfeeding – the first few days

When you put baby to the breast straight after birth, it helps the placenta to come away and reduces blood loss. The midwife will help you. The first milk is called colostrum and is really good for the baby. As your baby has a very small belly, he/she will need lots of breastfeeds. Frequent breastfeeds help you to make more milk. Remember, the more breastmilk your baby takes, the more your breasts will make.

**The more breastmilk your baby takes,  
the more your breasts will make**

Good attachment is the key to successful breastfeeding and avoiding sore nipples. This means bringing your baby as far onto your breast as possible so he/she can get a big mouthful of nipple and areola (the darker circle around the nipple). Some tips are:

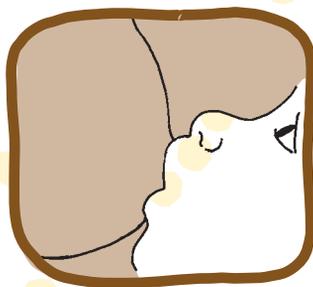
- Make yourself comfortable, as feeding can take quite a while in the early days. It gets quicker as the baby gets older and more efficient at the breast
- Move your clothing out of the way, skin to skin is best
- Unwrap the baby so he/she can move freely
- Support baby's head and shoulders but don't push on the back of his/her head
- Cradle baby so that he/she is facing you, chest to chest
- Move baby towards your breast
- Make sure baby's chin is touching your breast

## When the milk comes in

After a few days your breasts will fill with milk. Breasts are sometimes full and uncomfortable in the first weeks. If you are having trouble getting baby onto your full breast, express enough milk to soften the areola before trying to attach.

- Feed from the first side till it is softened and more comfortable. The baby may also become restless. Always offer the second side; the baby may or may not want it. At the next feed start on the second side and repeat the process
- After feeds, use wrapped icy cold cloths or cold packs on your breasts to help soothe any discomfort. When in the shower use cool water on your breasts; save hot water for your back

Good attachment is the key to successful breastfeeding



not wide enough



good wide mouth

## Breastfeeding – early weeks at home

Breastfeeding is easy once you get used to it, but it may take a few weeks to get into a pattern. Keep these important points in mind:

- Your baby will continue to feed often during the day and at night; this helps establish your milk supply
- Your baby may have unsettled periods, especially in the late afternoon/early evening
- Babies that sleep well during the day will need to feed more often during the night (so rest when your baby is resting)
- Night feeds are very important to ensure a good supply of milk
- Don't worry if your baby loses a little weight in the first few days – most babies do
- If you're worried about your baby's weight or your baby is unsettled, have a yarn to your midwife or health worker before thinking about offering any other milk or food



## How to tell when baby is getting enough milk

- Baby should have 6-8 pale coloured wet cloth nappies or 5-6 heavy wet disposable nappies within 24 hours (this will be after the milk establishes in the first few weeks)
- Baby is happy after most feeds and gains weight regularly (visit the child and family health clinic nearest you)
- Once the milk is in, the baby may poo quite frequently, sometimes after every feed, and the poo may be quite watery. After your supply establishes, your baby will probably poo less often – anything from once a day to once a week is normal for an exclusively breastfed baby. The poo should be soft and yellow/mustard colour
- The number and length of feeds varies from baby to baby
- Baby doesn't need top-up feeds of formula. Top-up feeds mean that baby will suck less and you won't make as much breastmilk

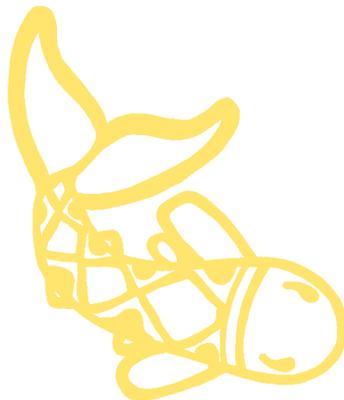


Baby doesn't need top-up feeds  
of formula

## Breastfeeding – your milk supply

Each time you breastfeed, two hormones are stimulated. One causes milk to move through the breast for the baby to drink (called 'letdown'); the other produces milk to refill the breast. Some women can feel the letdown happening (e.g. tingling nipples, feeling the milk move through the breast) and some can't. It doesn't matter, watching the baby take deep sucks and hearing the swallowing is the best way to stimulate your supply. Pain, shame or anxiety can slow the letdown – being comfortable with feeding is important.

After a few weeks the breasts soften as the milk supply becomes adjusted to your baby's needs. Babies have 'hungry days' where they want to feed more frequently – this is usually linked with extra growth. Feeding when the baby shows signs of hunger will keep your supply at the right level for your baby's needs. Resting when baby sleeps, eating a variety of healthy food, drinking enough water to satisfy your thirst, regular fresh air and light exercise (a gentle walk) will help you feel fit and healthy and have a positive effect on your milk supply.



## Breastfeeding in public

You and your baby have the legal right to breastfeed anywhere you wish. You may feel a little uncomfortable about feeding in public at first, but you will quickly get used to it. If you wear loose clothing most people won't even notice that you are breastfeeding.

There are parent rooms in many shopping centres where you can breastfeed in privacy.



# Smoking and breastfeeding

If you are a smoker, it is still best to breastfeed. Here are some ways to make sure your baby is not harmed by the dangerous chemicals in tobacco smoke:

- Quit smoking. This is the best option.  
Contact the Quitline on 13 78 48
- Use nicotine replacement therapy (NRT) straight after feeding. Inhaler, gum, lozenge or tablet types of NRT are OK, but NOT patches
- If you do smoke, make sure baby does not breathe the fumes. Always smoke outside and never in the car
- Don't smoke for at least an hour before each breastfeed
- Remember, all smokes are toxic!
- Wash your face and hands immediately after smoking
- If you are going to smoke make sure you wear a different shirt when you go for a cigarette, as cigarette smoke can stick to clothes and then your baby can breathe it in



# Alcohol and breastfeeding

- The safest option is for you to avoid drinking alcohol when you are breastfeeding. Alcohol passes into your bloodstream and into your breastmilk 30-60 minutes after you start drinking. The amount of alcohol in your blood is the amount of alcohol in your milk. When you stop drinking the amount of alcohol in your blood drops and the amount in your milk will too
- It is best to avoid alcohol in the first month after your baby's birth until breastfeeding is going well and your baby feeds regularly and you can tell when your baby will be hungry
- Alcohol affects the taste and smell of milk
- If you are going to drink, have your drink with food AFTER you have breastfed your baby, not before. It takes about two hours for a small glass of wine or half a can of ordinary strength beer to leave your breastmilk. It will take about four hours for two drinks to leave your breastmilk. Drinking three drinks (three small glasses of wine or three middies of full strength beer) or more a day can be harmful to your health and your baby's health
- Alcohol can make you dehydrated and have an effect on the amount of milk you make. Alcohol can also make your baby sleepy and not feed well

## Expressing your breastmilk

Reasons women need to express include needing to continue breastfeeding after returning to work or if you are going out and unable to take your baby with you. You can express breastmilk by hand or by using a breast pump.

Sometimes women are unable to directly breastfeed so they give their breastmilk to their baby by bottle. Correct storage of breastmilk is very important, ask your midwife or health worker for information. Some women who are expressing longterm hire or buy a good electric breastpump. There is a cost, but it's cheaper and better than buying formula for months.

## Starting solid foods

**Starting solids too early can harm a baby.** Milk is still the biggest part of their meals in the first year. The right time for solids is about six months of age. When solids are introduced, continue breastfeeding – to 12 months of age or longer. Make sure you offer your baby iron-rich foods every day when they have started on solids. You should not give them cow's milk before 12 months.

## If you have problems with breastfeeding

Most problems with breastfeeding can be overcome with the right advice and support

Most problems with breastfeeding can be overcome with the right advice and support. You can find phone numbers in the maternity units or at the back of this diary for help if you have difficulties. You can phone the following services for advice any time, day or night:

- The Australian Breastfeeding Association: 1800 686 2 686 (1800 MUM 2 MUM)
- Tresillian 24-hour parents helpline: (02) 9787 0855 or 1800 637 357 (free call outside the Sydney metro area)
- Karitane Care Line: 1300 227 464

Family members can play an important role by supporting and encouraging mums to breastfeed, especially if problems arise.



# Bottle feeding

Breastfeeding is the best way to feed a baby. If a baby is not breastfed, infant formula must be used. It is not safe to feed a baby cow's milk.

## **Here are some important points to remember when preparing bottles of infant formula:**

- It is important to prepare the formula exactly as instructed on the tin, including using cooled, boiled water
- Adding too much or too little can make your baby very sick
- Avoid prop feeding as this can cause tooth decay and glue ear
- Cuddle your baby while he/she feeds
- Rinse out the bottles as soon as you have finished, do not re-heat formula a second time or leave it standing for a long time after it's prepared. Dummies should be cleaned under running water before being sterilised
- Bottles, teats and dummies should be boiled after each use or soaked in a sterilising solution after each use
- Keeping the bottles and teats clean is very important so your baby won't get sick
- Putting your baby to bed with a bottle can cause tooth decay
- Encourage your baby to drink from a training cup from six months of age
- For the sake of your baby's health, it is important to throw out any unused formula stored in a fridge after 24 hours

# Helpful hint:

## Don't wash your baby's dummy in your mouth

You may not think twice about putting something in your mouth that's meant for your baby. But if your own teeth are not healthy, washing your baby's dummy, teat or spoon in your mouth can affect your baby's teeth in the future.



Boil or sterilise bottles, teats and dummies after each use

## Child and family health

Now that you have had your baby you will get a book to record the health of your baby as he/she grows. In NSW this is called the 'blue book'. Other states and territories have similar books. It's a personal health record for your baby with helpful information. There are also checklists for you to fill in before you visit your doctor or child and family health nurse. The book is a good way of keeping a record of your baby's health as long as you take it with you when you visit the nurse or doctor.

It also has an immunisation record in the back that needs to be filled in by the doctor or the nurse giving the needle. You will need to have this filled in before your child starts school or daycare.

Child and family health nurses do important health checks every time you visit. They can pick up any problems with your baby's eyes, ears and teeth and check how your baby is growing. They will also discuss any worries you have about your baby's development and provide information on how to play with your baby. They are there for you to talk to as well.

Get to know your child and family health nurse and visit them as often as you like – they always offer helpful advice from feeding to sleeping to walking and talking.

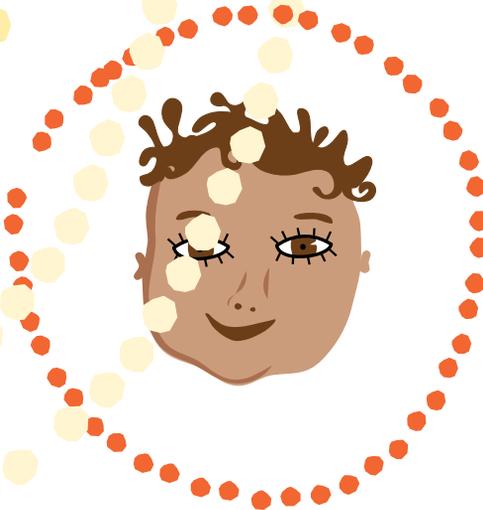


# Immunisation

It's important to do anything you can do to protect your children. Immunisation protects children against many serious diseases that continue to occur in the community. Children are still suffering and dying unnecessarily. More information is in the 'blue book'.

Both mum and dad and all grandparents should receive the whooping cough (pertussis) vaccine as soon as possible after your baby is born. Free annual influenza vaccine is also available for all Aboriginal and Torres Strait Islander people aged 15 years and over.

Your baby should be given a birth dose of hepatitis B vaccine, then the 2 month vaccinations at 6 weeks of age to provide early protection, followed by the routine vaccinations in the the 'blue book'. It's really important that all vaccinations be given on time.



# Safe sleeping for your baby

There are some simple ways to keep baby safe.

- Put baby to sleep safely on their back
- Don't smoke in pregnancy
- Don't smoke near baby

## Bed safety

- Babies should sleep on a firm, clean mattress
- Make sure the baby's feet are at the end of the cot
- If using a cot or bassinette, the mattress should fit tightly
- Don't put baby to sleep on beanbags, lounges or waterbeds
- All cots, including secondhand cots, should meet the Australian Standard (AS2172) for safety. Look for a label that shows this



## Bed sharing

If you have been drinking or using drugs, DON'T sleep with your baby or feed the baby in bed. Drugs and alcohol can make you sleep more deeply, so you are less aware of where your baby is in the bed and might accidentally roll on top of them or cover them with blankets which make it hard for them to breathe.

## Safe sleeping for your baby

- Sleep baby on their back – not side or tummy
- Never cover baby's head or face
- Only make bed up to baby's chest
- Don't use doonas, quilts or pillows
- Don't let baby get too hot
- Don't wrap baby too tightly
- Don't put baby in bed with an adult who has been using grog or yandi

Sometimes babies die suddenly or unexpectedly during sleep. This is called SIDS (Sudden Infant Death Syndrome) or SUDI (Sudden Unexpected Death in Infancy). Babies up to 12 months are at most risk.



# Parenting

Most women are very tired after giving birth and for the following few weeks. Worrying about your new baby and not eating or resting properly can lead to you being exhausted.

## Feeling down

Having a baby is a big event in every woman's life. It can be filled with joy and it can also be very stressful. Your body has gone through many changes and you probably haven't slept much.

It's OK if you feel down and need to cry, that's normal. This is known as 'baby blues'. If you feel that you aren't coping, have a yarn to someone. You will find that it's natural and most women feel like this after they have a baby.

Severe sadness is postnatal depression, which is different to the baby blues and can occur up to 12 months after the birth of your baby.

When someone asks you how you feel, **TELL THEM!** Let them do things for you and relax by sleeping when baby sleeps. Don't try and clean, just take it easy



**If you have any of the following feelings, yarn to someone as soon as you can.**

- Don't feel like eating
- Trouble sleeping and no energy
- Low self-confidence
- Don't feel like having sex
- Not enjoying your usual activities
- Can't think properly or find the right words
- Can't concentrate like usual, slow to react
- Feeling guilty for not feeling like yourself
- Mood swings (feeling down)
- Any suicidal thoughts (of harming yourself or your baby)
- Anger, fear, shame, sadness

Yarn to a friend or relative, Aboriginal health worker, women's health worker, your midwife or doctor.



## Parents at last

Some people think having a baby won't change their relationship much. They think the baby will fit into their lifestyle. But your lifestyle will change. It's not just first babies that change things – the arrival of another child also affects relationships between parents and relationships between parents and their children.

Remember that parents still need their couple time after the baby is born. This is a part of the glue that strengthens a relationship when you become parents. Try to find friends and relatives who will mind your baby while you have time together as a couple, or just some time for one or both of you to get a few hours sleep.



# Health alert!

## **Never ever shake your baby**

Shaking your baby causes his/her head to jolt backwards and forwards and might cause bleeding in the brain. This can cause brain damage and might result in the death of the baby.

If you feel yourself getting frustrated, upset or angry, put the baby in a safe place, walk away and take time to take care of yourself. Maybe go to another room for a short break. Remember, no matter how upset you get – never shake your baby.

## Contraception

Don't wait until your six-week postnatal check to think about contraception – it is possible to get pregnant before that even if you are breastfeeding.

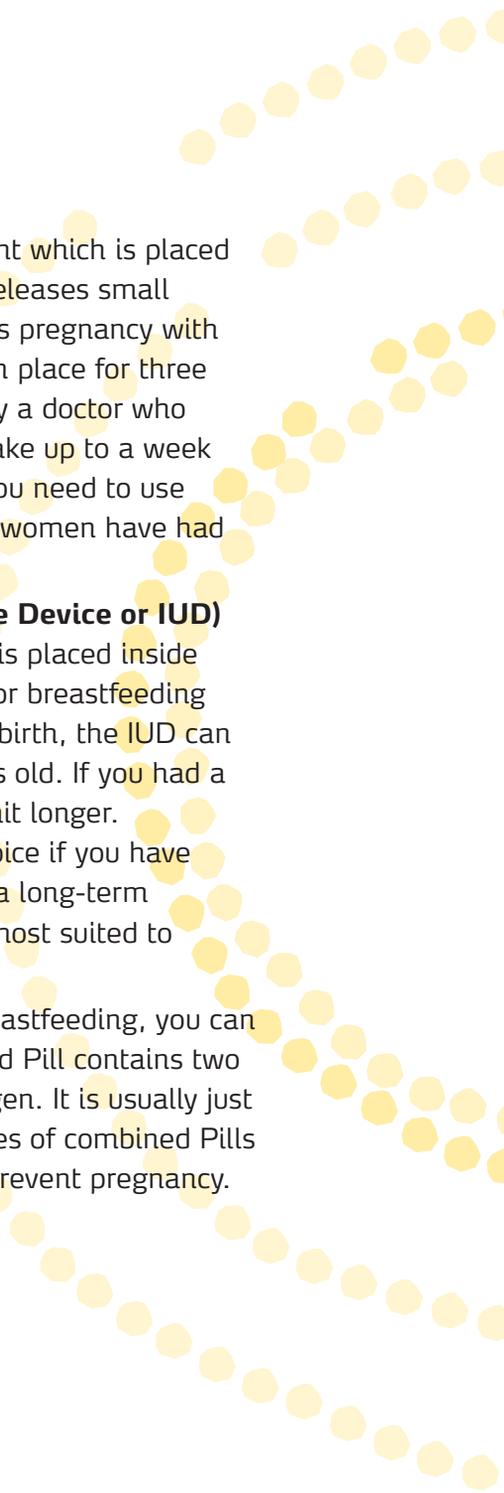
If you are breastfeeding, you won't be able to take the combined pill because it affects your milk supply. But there are some options that won't affect your milk. Talk to your midwife or doctor about what would suit you best.

**A condom is the only form of contraception that can also prevent sexually transmissible infections (STIs)!**



## Choices in contraceptives:

- **Progestogen-only pill (or 'The Mini-Pill')**  
This is a reliable contraceptive for women who are breastfeeding, as long as you remember to take it at the same time every day. You can start taking it shortly after birth (talk to your midwife or doctor). You need to use condoms for 48 hours until the mini pill takes effect.
- **Condoms** If used correctly, condoms are an effective contraceptive. They don't contain hormones. You may need to use extra lubrication with condoms while you're breastfeeding.
- **Female condom** Women can use this condom especially if they have a latex allergy. It lines the vagina and provides a barrier for sperm and infections (STIs).
- **Diaphragm or cap** If you normally use a diaphragm or cap, you may need a different size to the one you used before. Your doctor can check this at your six-week visit.
- **Contraceptive injection (Depo-Provera)** This is a hormonal injection that you have every three months to prevent pregnancy. Unlike the Pill, you don't have to remember to take it every day. If you want to use it after having a baby, the best time to have the injection is five or six weeks after the birth. A small amount of the hormone will go into the breast milk. Depo-Provera is effective straight away. It's important to make sure you're not pregnant before having the injection.

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- **Implanon** This is a small rod implant which is placed under the skin of the inner arm. It releases small amounts of a hormone that prevents pregnancy with a less than 1% failure rate. It stays in place for three years. Implanon must be inserted by a doctor who has been trained to do this. It can take up to a week for Implanon to become effective. You need to use condoms until it takes effect. Some women have had irregular bleeding as a side effect.
  - **IUCD (Intra Uterine Contraceptive Device or IUD)** This is a small plastic device which is placed inside your uterus (womb). IUDs are safe for breastfeeding women to use. If you had a vaginal birth, the IUD can be fitted once your baby is six weeks old. If you had a caesarean birth, you will need to wait longer. However, it may not be the best choice if you have painful or long lasting periods. It is a long-term effective method of contraception, most suited to women who have had children.
  - **The Combined Pill** If you're not breastfeeding, you can use the combined Pill. The combined Pill contains two hormones, oestrogen and progestogen. It is usually just called 'the Pill'. There are many types of combined Pills but they all work the same way to prevent pregnancy. Most women can use the Pill.

# New baby paperwork

After your baby is born, a number of things need to be done. The table below can help you.

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## **Buy or hire and fit a baby capsule into your car**

Ask your midwife.

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## **Register your baby's birth**

The hospital will provide you with a form to complete for registering your baby's birth. You must use this copy of the form. You can mail or lodge it with the Registry of Births, Deaths & Marriages or a local Magistrates Courts office. The birth must be registered within 60 days or you may be fined.

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## **Add your child to Medicare**

New mums are usually provided with a Medicare Application for Enrolment of a Newborn Child form at the hospital. This needs to be completed and either mailed to Medicare or taken to your nearest Medicare office.

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## **Regular payments**

The government family benefit payment scheme provides three regular payments for families:

### **Family Tax Benefit Part A –**

general benefit to help with the cost of raising children

**Family Tax Benefit Part B –** extra help for single income families

**Child Care Benefit –** assistance with childcare costs

Family Tax Benefit Parts A & B are income tested and can be received as regular fortnightly payments. An application form for Family Tax Benefit Parts A & B will usually be provided in hospital at the time of birth. This copy will contain an official stamp from the hospital and should be used for any benefit claims.



# Contact list

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Aboriginal Maternal and Infant  
Health Service (AMIHS)

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Hospital switchboard

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Antenatal clinic

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Delivery suite/birthing unit

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Child and family health centre/  
nurse

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General Practitioner (GP)

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Aboriginal community-controlled  
health service

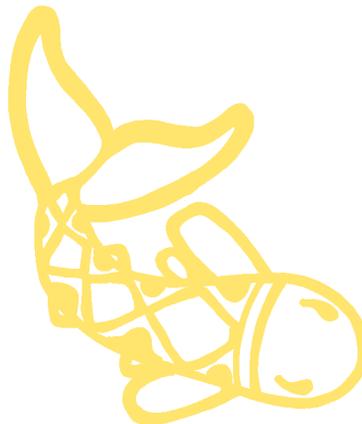
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Immunisations clinic

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Dentist

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**Australian Breastfeeding Association**

PHONE: 1800 686 2 686  
Internet phone: 1800 686 268  
[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

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**Alcohol & Drug Information Service (24 hour)**

Sydney PHONE: (02) 9361 8000  
Outside Sydney PHONE: 1800 422 599  
[www.druginfo.nsw.gov.au/about\\_us/helplines](http://www.druginfo.nsw.gov.au/about_us/helplines)

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**Beyond Blue**

Assistance with anxiety and depression  
PHONE: 1300 22 4636  
[www.beyondblue.org.au/index.aspx](http://www.beyondblue.org.au/index.aspx)

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**Centrelink Parenting Payment Line**

PHONE: 13 61 50  
[www.centrelink.gov.au/internet/internet.nsf/payments/parenting.htm](http://www.centrelink.gov.au/internet/internet.nsf/payments/parenting.htm)

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**Child Protection Help Line (Community Services)**

PHONE: 13 21 11  
[www.community.nsw.gov.au/preventing\\_child\\_abuse\\_and\\_neglect.html](http://www.community.nsw.gov.au/preventing_child_abuse_and_neglect.html)

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**Child Support Agency**

PHONE: 13 12 72  
[www.csa.gov.au](http://www.csa.gov.au)

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**Credit and Debt Hotline (Financial Advice)**

PHONE: 1800 808 488  
[www.cclcnsw.org.au/credit-and-debt-hotline](http://www.cclcnsw.org.au/credit-and-debt-hotline)

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**Domestic Violence Line (24hrs)**

PHONE: 1800 656 463  
[www.community.nsw.gov.au/DOCS/STANDARD/PC\\_101007.htm](http://www.community.nsw.gov.au/DOCS/STANDARD/PC_101007.htm)

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**Family Assistance Office**

PHONE: 13 61 50  
[www.familyassist.gov.au](http://www.familyassist.gov.au)

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**Gambling Help Line (G-Line NSW)**

PHONE: 1800 858 858  
[www.gamblinghelp.nsw.gov.au](http://www.gamblinghelp.nsw.gov.au)

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**24 Hour Health Advice Line**

PHONE: 1800 022 222  
[www.healthdirect.org.au](http://www.healthdirect.org.au)

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**Indigenous Women's Legal Contact Line**

PHONE: 1800 639 784  
[www.womenslegalnsw.asn.au](http://www.womenslegalnsw.asn.au)

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**Karitane (for parenting help)**

PHONE: 9794 2300 OR 1300 227 464  
[www.karitane.com.au/index.php](http://www.karitane.com.au/index.php)

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**Kids Help Line (24hrs)**

PHONE: 1800 55 1800  
[www.kidshelp.com.au](http://www.kidshelp.com.au)

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**Lifeline (24hrs)**

PHONE: 13 11 14  
[www.lifeline.org.au](http://www.lifeline.org.au)

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**Mental Health Information Service**

PHONE: 1300 794 991  
[www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)

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**Mothersafe**

Drugs safe to take in pregnancy and breastfeeding (9am – 5pm)  
Sydney PHONE: (02) 9382 6539  
Outside Sydney PHONE: 1800 647 848  
[www.sesiahs.health.nsw.gov.au/mothersafe](http://www.sesiahs.health.nsw.gov.au/mothersafe)

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**Parent Line**

PHONE: 1300 30 1300  
[www.parentline.com.au](http://www.parentline.com.au)

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**Pregnancy, Birth & Baby Helpline**

PHONE: 1800 882 436  
[www.healthdirect.org.au/pbb](http://www.healthdirect.org.au/pbb)

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**QUITLINE**

PHONE: 13 78 48

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**Registry of Births, Deaths & Marriages**

PHONE: 1300 655 236

[www.bdm.nsw.gov.au/births/births.htm](http://www.bdm.nsw.gov.au/births/births.htm)

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**Tresillian (24 hour parents help line)**

Sydney PHONE: (02) 9787 0855

Outside Sydney PHONE: 1800 637 357

[www.tresillian.net/tresillian-services/24-hour-parents-help-line.html](http://www.tresillian.net/tresillian-services/24-hour-parents-help-line.html)

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**Wirringa Baiya Aboriginal Women's Legal Contact Line**

PHONE: 1800 686 587

[www.wirringabaiya.org.au](http://www.wirringabaiya.org.au)

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**Women's Information Referral Service (24hrs)**

PHONE: 1800 817 227

[www.women.nsw.gov.au/womens\\_information\\_and\\_referral\\_service](http://www.women.nsw.gov.au/womens_information_and_referral_service)

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