

What to expect

Information about giving birth at Subiaco



sjog.org.au/subiacomaternity

Hospitality | Compassion | Respect | Justice | Excellence



Your checklist

Before admission

- Check with your health fund prior to your admission to confirm your level of cover, including ambulance cover, any payable excess, exclusions / restrictions or rebates and if your baby is covered if admitted to the neonatal unit**
- Complete your Patient History online through My Admissions portal
- Complete booking for Parent Education classes online through My Admissions portal
- Join a free tour of our maternity services. Tours run every Saturday 1pm (bookings essential)
- Review Informed Financial Consent* through My Admissions portal
- Discuss your anaesthetic requirements with your doctor to ensure appropriate arrangements are made prior to your stay
- Pack your bag
- Install your baby's car seat.
- Ensure you have read the "Breastfeeding Guidelines" booklet. Available on www.sjog.org.au/subiacomaternity

In hospital

- Ensure you have a postnatal ward orientation
- Attend in hospital education classes, bathing demonstrations etc.
- For safety, remember to transport your baby in his / her cot around the ward
- Ensure you complete your discharge checklist in preparation for discharge.

* Please be aware that this is an estimate only and additional costs may apply which the hospital is not able to determine until the time of your admission.

** The hospital cannot guarantee your health fund will pay the costs associated with your hospitalisation and you are responsible for payment of any charges not covered by your health insurance.

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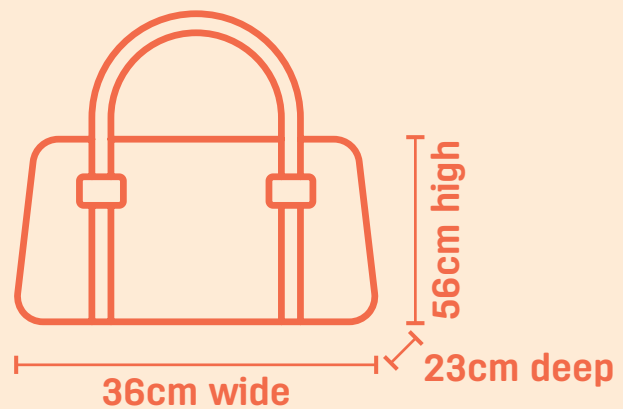
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Maternity patients luggage

For your safety and the safety of your baby, we ask that you limit the amount of luggage you bring into hospital.

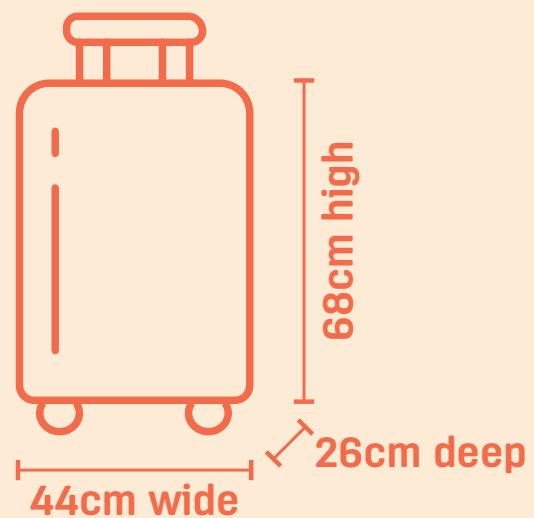
Birth Suite or Day of Surgery Admissions Ward

You are welcome to bring one small overnight bag (maximum cabin bag size) with essentials into the Birth Suite or Day of Surgery Admissions Ward at the time of your labour or caesarean section.



Maternity Ward

Once you are settled into your room, post birth, your partner may bring in one medium sized suitcase [68cm (H) x 44cm (W) x 26 cm (D)] with other belongings for the rest of your stay.



Preparing for birth

St John of God Subiaco Hospital respects your right to be involved in decisions regarding your care. It is natural and normal for parents to have expectations regarding their birth and it is very important that you discuss your expectations with your Obstetrician. Midwifery caregivers provide personal, individualised care and support to you and your partner, to guide you through the birthing process.

Birth Suite Birth Plan

Some parents may decide to formalise their expectations about the birth of their baby by writing a birthing plan. Birth plans are not essential, however, should you choose to write one, please discuss this with your Obstetrician prior to going into labour or having your baby. Birth plans may include requests relevant to birth or afterwards for aspects of care for yourself and/or your baby. Wherever possible, we will try to ensure we support your requests whilst maintaining the safety of you and your baby.

There is a minimum suite of medical assistance that may be required during your labour. This suite of medical assistance has been prepared by our Obstetricians to ensure your baby is born in the safest environment possible.

Examples where assistance may be needed to ensure a safe outcome include:

- Indications for amniotomy (artificial “breaking of your waters” by rupture of your amniotic membranes)
- Frequency of vaginal examinations, fetal heart rate monitoring and augmentation of labour to assist contractions
- Emergency birth by caesarean section
- Management of the third stage of labour (separation and delivery of your placenta)
- Administration of Vitamin K and Hepatitis B vaccination to your baby.

What to bring to hospital

It is recommended that you pack the following items in a small bag:

Birthing Suite

(small bag).

Mum

- Antenatal card from doctor’s appointments
- Basic personal care items
- Favourite music and earphones
- Slippers or similar and nightwear for after birth
- One grow suit and hat / beanie for baby
- Mobile phone or camera (and charger)
- Medication. Refer to page 6

Postnatal / ward room

(small bag).

Please leave this in the car and ask your partner to collect once your postnatal room is allocated. Please do not bring bags into hospital prior to delivery.

Mum

- Nighties / pyjamas and casual clothes if preferred
- Breast pads – regular size
- 1 pack super sanitary pads plus 2 packs regular pads
- Clock or watch
- Emery board for sharp nails (including baby’s)
- Phone charger, pen etc. Small amount of change. Avoid large amounts of cash or valuables.

Baby

Clothes for the baby to wear in hospital:

- Five baby grow suits (all in one with feet), singlets and cardigans.
- Hat / beanies
- A set of clothes and wrap for your baby to wear home
- Mittens
- Comb / brush

Please note: ensure you keep your baby's clothes separate from hospital linen.

The hospital provides nappies, baby wipes and blankets.

Medications

Please bring any current prescribed medications in their original packaging and give them to the midwife / nurse who admits you.

During your stay, your doctor may discontinue or prescribe additional medication. These medications will be supplied by the hospital pharmacy and any applicable charges will be directed to your hospital account. If you have any type of pension or concession card which may entitle you to free or subsidised medications, please let the Pharmacy department know.

If you do not hold private health insurance, you will be required to pay for all new or repeat prescription medications dispensed at the time of your discharge.

Your medications will be returned to you when you leave the hospital. Please ensure you understand exactly how and when you need to take continuing medications.

Any queries related to pharmacy costs, please call Pharmacy on (08) 9382 6324.

The birth of your baby

We recognise that women attending our Maternity Unit may have differing circumstances and risk factors. We are able to care for most mothers delivering after 30 weeks gestation.

The hospital offers a large range of options for pain relief in labour. Our midwives are experienced in supporting women who wish to pursue natural / medication free birth pain management. We have a roster of anaesthetists available in the Birth Suite if required. Please note that there may be out of pocket expenses for this service.

Women who are planning a drug-free labour and wishing to use the bath may go into the Family Birth Suite if it is available and they have their doctor's support.

The bath in this room allows for warm water immersion as an option for pain management in labour but not for water birth.

When to come to hospital

You can be admitted to the Birth Suite should any of the following occur:

- Membranes rupture (waters break) whether you are having contractions or not (you may feel either a trickle or a large gush of fluid)
- Contractions are occurring at regular intervals and/or causing distress
- You are experiencing any contractions and have had a previous caesarean or are booked for a caesarean section this pregnancy
- Experiencing blood loss of a quantity greater than the size of a 50 cent piece which is not a “show” (this is mucous streaked with blood)
- Continuous abdominal pain lasting several minutes or longer
- Decrease or change of movements of your baby. Please contact the Birth Suite on (08) 9382 6259 if you require advice or if you think you require admission. The Birth Suite is located on the 3rd floor of the South Block and can be accessed via the main entrance at St John of God Subiaco Hospital.

Photography during birth of your baby

To maintain safety and privacy for all, video recording of the birth, regardless of the type or place of birth (Birth Suite or Main Theatre), **is not permitted.**

You may take still photographs for personal use, if permission of all present is granted. You must be aware of guidelines to maintain safety and must not interfere with the work of the medical, nursing or midwifery staff. You may be advised to stop photography any time if necessary.

The hospital does not accept any responsibility for loss or damage to camera equipment.

Telephone calls

In the interests of your privacy, caregivers cannot give details to others about the progress of your labour or about your baby's condition. Therefore, family and friends are requested not to telephone the Birth Suite, Neonatal Unit or Maternity wards. It is better to arrange for your partner or support person to contact the people you wish to keep informed. Each Birth Suite is equipped with a telephone.

Caesarean section

Most elective caesarean section patients are admitted via our Day of Surgery Admission (DOSA) unit on the day of the caesarean. Please check with reception for directions on admission.

One support person may accompany you to the theatre. Please ensure your support person wears suitable footwear i.e. closed shoes when accompanying you to the theatre. Hospital staff will provide theatre attire if required.

Guidelines for support person/s in Birth Suite

Whilst we believe it is important for you to have the support and compassionate care you need at the time of birth, it is important that if a support person is present, their role is clearly understood by all involved in your care.

A support person may include your partner, a friend or family member or a paid, medically unqualified support person commonly called a Doula. If using a paid support person (Doula) the hospital requires that they are aware of the following guidelines regarding their role:

1. The hospital understands that the role is one of emotional and physical support to you in labour. This is a non-clinical role and as such it is expected that respect is shown by the support person to the midwifery and medical personnel, and to decisions made regarding your care and management of your labour.
2. Decisions regarding matters such as timing and frequency of vaginal examinations and any interventions in labour will be made solely by the midwifery and medical caregivers after consultation with you and your partner.
3. If it is the opinion of the midwifery and/or medical caregivers, that the presence of the support person in the birthing room is adverse to the conduct of the care for you in labour, then they may be asked to leave the room.
4. Please note that in the case of a Caesarean Birth, there may be only one support person in the theatre.

It is critical that these guidelines are complied with in order to ensure the well-being of you and your baby/ies, as this is central to the holistic care that we provide.

Baby identification

Two name bands are placed on your baby immediately following birth. These are checked against your identification bands frequently and should you and your baby be separated for any reason. For safety reasons, it is necessary for the baby to be known by the same surname as the mother whilst in hospital.

Birth registration

Soon after the birth of your baby, a caregiver will give you a Birth Registration Form to register your baby's birth. It is your responsibility to post this legal document (within 60 days of birth) to one of the assigned addresses. Claim forms are also available for eligible parents to receive the Family Payment from the Department of Social Security.

After the birth

Following the birth you will be transferred to the postnatal ward with your baby. The ward consists of all private rooms, equipped with a telephone, television, tea / coffee making facilities, fridge, en-suite and baby care facilities. Some rooms have double beds. A Midwife / Nurse will show you your room and orientate you to the room / ward facilities.

A patient compendium can be found in every room, providing further information on the hospital's facilities. There are many educational sessions available, we encourage you to take advantage of these free sessions.

Over the next few days our aim is to prepare you to gain confidence in the day to day care of your baby, including bathing, cord care, feeding and settling techniques and for going home with your baby.

Boarder information

Your partner is welcome to stay with you overnight to assist with and learn about the care of your baby.


Your partner may sleep in either the double bed with you or on a boarder bed in single bed suites (which are generally allocated to mothers who have had a caesarean section). For occupational health and safety reasons, only one boarder per room is permitted and boarder beds cannot be placed in double bed suites. Children may not board under any circumstances.

It is important for boarders to remember that they are staying in a hospital environment. Mother and baby are our priority and boarders are asked to make every endeavour to ensure hospital routines are not interrupted. It will be necessary for hospital caregivers to access the room at various times and turn on lights so appropriate care can be provided.

Boarders will be asked to complete a Boarder Form which must be signed each night they board to ensure you understand the conditions under which they are boarding, confirm the number of nights boarded and also to ensure they can be accounted for in an emergency.

The daily boarder fee provides for overnight accommodation, bed linen, shower and ensuite facilities and meals. If required, other meals can be purchased from the hospital café located on the ground floor.

Please check with your health fund prior to boarding as not all funds cover boarder fees. You will be required to pay all costs not covered by your health fund prior to discharge from hospital.



Your responsibilities as a boarder

For the comfort of your partner, baby and others, we ask that you observe the following guidelines:

- Wear appropriate attire at all times and dress in the ensuite, not in the main room
- Wear an identification band
- At night, position the boarder bed away from the door openings and ensure your bed does not impede caregivers from moving around the room easily and safely
- Fold away your boarder bed before breakfast time
- Only place your towel in the linen skip provided when it needs replacing, otherwise please hang it up appropriately in the ensuite
- Take responsibility for any personal items of value and/or your own medications by storing them securely and separately in one of the lockable drawers provided
- Cooperate with caregivers at all times
- Alcohol is not recommended during pregnancy or breastfeeding so please assist your partner by not consuming alcohol during your stay
- Standard parking fees apply and long term parking permits are available for purchase from the main hospital reception
- The hospital is a smoke free environment – please do not smoke on the hospital grounds
- Please check your Boarder Form details with the Ward Clerk or Patient Care Assistant at the time of your discharge.

Postnatal Stay

Milestones for your postnatal stay

	Vaginal Birth	Caesarean Birth	Baby
Day 1	<p>Observations – uterus, blood loss, perineum, breasts & nipples, legs, epidural and/or intravenous site.</p> <p>Pain management – oral.</p> <p>Passing urine normally.</p> <p>Mobilise independently.</p> <p>Mother to express every 3hrs if her baby is in the neonatal unit (8-10 expressions every 24 hours).</p>	<p>Regular observations – uterus, blood loss, legs. Pain management – epidural or oral.</p> <p>Wound dressing – in place. Urinary catheter. Epidural & Intravenous (drip) site.</p> <p>Food as tolerated / desired.</p> <p>Stand out of bed after 6 hrs with assistance.</p> <p>Mother may visit her baby in the Neonatal Unit after 6 hours post birth if physically able.</p> <p>Wear calf length TED stockings till discharge.</p> <p>Mobilise with assistance.</p> <p>Mother to express every 3hrs if her baby is in the neonatal unit (8-10 expressions every 24 hours).</p>	<p>Measurements (weight, length, head circumference).</p> <p>Examination by Neonatal Paediatrician.</p> <p>Midwife check at delivery.</p> <p>Vitamin K and Hepatitis B vaccination in Birth Suite.</p> <p>Assistance with feeds and baby care day and night.</p>
Day 2	<p>Independent. Pain management – oral.</p> <p>Mother to express every 3hrs if her baby is in the neonatal unit and she is unable to breastfeed (8-10 expressions every 24 hours).</p>	<p>Pain management – epidural or oral.</p> <p>Remove urinary catheter- passing urine normally.</p> <p>Epidural out. Remove cannula.</p> <p>Wound dressing regime as per doctor.</p> <p>Up to shower.</p> <p>Mobilise with assistance or independently.</p> <p>Mother to express every 3hrs if her baby is in the neonatal unit and she is unable to breastfeed (8-10 expressions every 24 hours).</p>	<p>Demonstration bath.</p> <p>Assistance with feeds (if needed).</p> <p>Assistance with baby care.</p> <p>Newborn Hearing Test (optional).</p> <p>Baby photographs (optional).</p>
Day 3	<p>Independent. Pain management – oral.</p> <p>Mother to express every 3hrs if her baby is in the neonatal unit and she is unable to breastfeed (8-10 expressions every 24 hours).</p>	<p>Pain management – oral.</p> <p>Wound dressing regime as per doctor.</p> <p>Mobilise independently.</p> <p>Mother to express every 3hrs if her baby is in the neonatal unit and she is unable to breastfeed (8-10 expressions every 24 hours).</p>	<p>Assistance with feeds.</p> <p>Newborn Guthrie test (heel prick).</p> <p>Congenital heart screening.</p>
Day 4	<p>Discharge before 10am.</p>	<p>Pain management – oral.</p> <p>Wound dressing regime as per doctor.</p>	<p>Assistance with feeds.</p> <p>Examination by Neonatal Paediatrician.</p> <p>Midwife check.</p> <p>Referral to Community Health Nurse, Lactation support and/ or Physiotherapy.</p>
Day 5		<p>Wound dressing / sutures removed.</p> <p>Pain management – oral.</p> <p>Discharge before 10am.</p>	

Visiting hours and rest period

Visiting hours are 3.00pm – 8.00pm, but partners and your children are welcome at any time. **A rest period is set aside between 1.00pm – 3.00pm each day.** We encourage you to take advantage of this to get adequate rest and discourage visitors and telephone calls during this time.

Bedside handover

Bedside handover is a conversation between caregivers and you about your progress and care. We will check your ID band and update your whiteboard in your room at each bedside handover.

Rooming-in

Research shows that keeping your baby with you in your room at all times (night and day) is beneficial for you and your baby. It allows you to get to know your baby, improves your confidence in mothering skills and lessens the risk of infection between babies.

Rooming in also assists with establishing breastfeeding and feeding during the night helps to improve your supply of milk and the quality of your sleep.

Baby safety and security

We recommend the following precautions to enhance the safety and security of your baby whilst in hospital:

- Ensure your baby is dressed in his / her own clothes at all times
- Keep your baby with you in your room at all times
- Never leave your baby alone
- Always place your baby's cot in view
- Ensure only caregivers wearing hospital identification are caring for your baby
- Ensure your baby has two identification bands on at all times and they are checked with your own ID before and after times when you and your baby are separated

- Always transport your baby in the hospital cot with the bassinet positioned flat
- You or your partner are welcome to go with your baby for any test
- If going to the café with your baby, please sign in and out at the nurse's station.

Safe sleeping

The safest place for your baby to sleep for the first six months of life, is in a cot next to your bed (as recommended by the WA Department of Health). This applies in hospital and when you go home.

Bed-sharing is defined as a baby sharing a bed with their mother to breastfeed or to receive comfort.

Co-sleeping is defined as where the mother and baby share a bed and either of them are asleep.

Bed-sharing may become co-sleeping when either the mother and/or baby fall asleep and is not advised for the safety of your baby.

The hospital does not support the practice of co-sleeping and adopts the practices recommended by SIDS and Kids WA as follows:

- Babies sleep on their back
- Babies sleep in a bassinet or cot in your room
- Babies are dressed appropriately (not too hot or cold) and do not have their head covered whilst asleep
- Baby is in a smoke free environment
- There are no toys, wedges or positioning devices in a baby's cot.

The hospital requires you place your baby back into the cot when either of you need to sleep. During your stay in hospital a Midwife / Nurse will check your room at regular intervals during the day and night to provide care and ensure that safe sleeping practice is adhered to.

If you require any further information about safe sleeping practices or have any questions please speak to your Midwife / Nurse.

Other postnatal care

Your Midwife / Nurse is skilled and competent to assist you with all aspects of establishing and maintaining breastfeeding. If required you may be referred to a lactation consultant for additional support.

If you choose or need to bottle feed you will be provided with information on how to clean equipment and prepare formula feeds.

It is advisable to continue with pelvic floor exercises. If you have had stitches or a wound to your perineum you will be advised of the most appropriate care by your doctor / midwife.

If required, Rubella or Pertussis vaccinations and or Anti-D will be administered to you prior to discharge as ordered by your doctor.

Parent Education

The postnatal Parent Education classes offer you the chance to meet other parents, share information and discuss concerns. We encourage you and your partner to attend before going home from hospital.

Lactation Consultant talks are also offered. Ask your Midwife / Nurse for further details. Class timetable is available in each room.

Physiotherapy

Genesis Physiotherapy and Sportsmed Subiaco are able to provide individual inpatient services during your stay. Please discuss this with your midwife.

Pastoral Services

Members of the Pastoral Services team offer emotional and spiritual support for you and your family. This confidential service provided by the hospital is accessible day and night, including on weekends.

Pastoral Services also provide worship services in the Chapel. Please contact (08) 9382 6200 for more information.

Food Service Advisors

Your Food Service Advisors will manage your religious, cultural and special dietary requirements. Please do not hesitate to contact your Food Service Advisor at any time between 9.00am - 6.30pm on ext: 2854.

À la carte menu and cheese platter

Maternity patients and boarding partners can order from our à la carte menu between 5.30pm and 8.00pm daily. You will also receive a delicious cheese platter following your baby's birth.



Clinical care of your baby while in hospital

After the birth, your baby will receive several tests, observations and medications that will help them have the best start in life. All medications and tests require your consent.

ID Check

We encourage you to keep your baby with you at all times as there are so many benefits in doing so. If however there is a period where you and your baby are separated, please just check your baby's ID with the midwife, before and after the separation.

Observations

Your baby will have regular observations undertaken whilst in hospital, including breathing rate, heart rate and temperature. These observations are to monitor your baby's transition to the world and well-being. Please speak with your midwife for more information.

All newborn babies have their oxygen saturation monitored for a period of time in birth suite prior to transfer to the postnatal ward.

You will also be asked to document each time you feed or change your baby's nappy. Each time you feed your baby, please write the time the feed commenced and how long it took, for example 7.10pm breast fed 25 minutes or 7.10pm bottle fed 20mls. When you change your baby's nappy please write down the time and what was in the nappy for example 7.50pm wet nappy.

Vitamin K

Vitamin K helps the blood to clot and can help to prevent serious bleeding. In newborns, a vitamin K injection can prevent a rare, but potentially fatal bleeding disorder called 'vitamin K deficiency bleeding' (VKDB), also known as 'haemorrhagic disease of the newborn' (HDN).

Your baby will be given Vitamin K, with your consent, shortly after birth. If you would like any further information please speak with your Obstetrician or Neonatal Paediatrician.

Hepatitis B

The National Health and Medical Research Council (NHMRC) and the Health Department of WA recommend that all newborn babies in Australia are vaccinated against Hepatitis B. This free immunisation is administered to your baby while you are in hospital, with your consent. Further information is available on their websites.

Congenital heart screening test

This is a simple test that measures the oxygen level in your baby's blood to screen for rare forms of congenital heart disease. It is painless and involves briefly attaching an oxygen measurement probe to your baby's hand and foot. No blood sample is taken. Congenital Heart Disease is a problem with the structure of the heart or blood flow through the heart. Please speak to your Neonatal Paediatrician or Midwife / Nurse for more information.

Newborn hearing test

A baby newborn hearing test will be offered from the WA Newborn Hearing Screening Program during your stay.

In the first few months of life, it is very hard to tell if your baby can hear well by watching their behaviour. Your baby needs to be able to hear all of the softest speech sounds to develop their speech and language. Newborn screening enables any hearing loss to be identified and managed as soon as possible. Early intervention helps your baby's speech, language and learning development.

With your written consent, your baby's hearing will be screened by Automated Auditory Brainstem Response (AABR). Three separate leads are gently placed on your baby's forehead, the back of the neck and near the shoulder, using small lightly adhesive pads. A small earphone 'cup' is gently placed over each of your baby's ears. Soft clicking sounds are played, and the screening machine measures the responses from your baby's brain. The screening doesn't hurt your baby in any way.

Further information is available in the resource area of the Ward 54 Seminar Room.

Newborn screening – Guthrie testing

The free Newborn Screening (Guthrie) test is routinely performed on all babies born in Australia. This test can detect very rare metabolic disorders that unless treated early in life may affect a child's future development. Your midwife will perform the test by pricking your baby's heel and putting a few drops of blood on a special filter paper. Some babies cry when their heel is pricked but the discomfort lasts only a short time. The filter paper is allowed to dry and is then sent to the screening laboratory where several tests will be performed. You will only be contacted if the results of this require further investigation. Further information is available in the resource area of the Ward 54 Seminar Room.

Jaundice

Neonatal jaundice is a common condition occurring in 60% of term babies and 80% of premature babies. It is characterised by a yellow colouring of the skin that is most noticeable on the third or fourth day of life. Most jaundice in newborn babies is normal and does not usually indicate a problem. However, if the jaundice is marked, a Neonatal Paediatrician will review your baby to decide if treatment is required. If the jaundice persists for more than two weeks, worsens after your discharge home, or is associated with lethargy or poor feeding, you should seek immediate medical review for your baby. Please read your discharge brochure for more information.

Neonatology Service

Consultant Neonatal Paediatricians

Your Obstetrician may request a Neonatal Paediatrician (a Paediatrician who specialises in newborns) to attend your delivery for the safety of your baby. If this occurs, the Neonatal Paediatrician will provide newborn care and resuscitation to your baby as required, and will thoroughly examine your baby.

If a Neonatal Paediatrician is not needed to attend your delivery, they will examine your baby on the postnatal ward within the first 24 hours of life. This 'initial check' is to ensure that your baby has transitioned well following the birth process and to examine for any congenital abnormalities

(many of which are not visible and are only found on medical examination).

A Neonatal Paediatrician will examine your baby again prior to their discharge from hospital. This 'discharge check' is similar to the initial check, but we are especially looking for particular problems and abnormalities that may not be evident on the initial check.

If your baby has any medical issues during your hospital stay, your midwife / nurse will ask a Neonatal Paediatrician to review your baby. If you have any concerns about your baby, you may also request review by a Neonatal Paediatrician.

Please note that there is an additional fee for the Neonatal Paediatricians' services. Whilst we endeavour to provide continuity of care wherever possible, the neonatology service provides in hospital cover 24 hours a day, 7 days a week, so your baby may be seen by different Neonatal Paediatricians during their stay. Each Neonatal Paediatrician who sees your baby will send you a separate invoice.

Neonatal Intensive Care Unit (NICU)

The Neonatal Unit is a 26 bed, intensive care unit which provides specialised care for premature or unwell babies. Premature babies (born before 37 weeks gestation) and sick babies are assessed and cared for in the unit until they are well enough to be transferred to the postnatal ward.

Should your baby be admitted to the Neonatal Unit, you will be kept well informed regarding your baby's progress. Please feel free to discuss any concerns you may have with your Neonatologist or Midwives / Nurses.

We recognise that parental involvement is a major part of your baby's care and encourage you to visit your baby and participate in their care at any time. To prevent the risk of infection to your and other babies, we ask that no children come to the Neonatal Unit at any time.

Parents, one nominated additional support if required and grandparents are welcome to visit at any time. Please do not allow any visitors (including yourselves) to come into the Neonatal Unit if they are unwell. **Even mild viral illnesses can have serious consequences if passed onto newborn babies.**

Visitors in NICU

Parents are welcome to visit the Neonatal Unit at any time. For times when you partner is unavailable, you may select one support person over 18 years of age to accompany you. Grandparents are welcome to view your baby through the nursery window and visit for short periods. When bringing grandparents to the Neonatal Unit, please use the intercom at the entrance to the unit. This will inform the staff prior to entering and assists us with security.

To reduce the risk of cross infection to your baby and other babies in the unit, please DO NOT allow any of your other children, extended family members or visitors to visit the Neonatal Unit.

NICU extension number: 26292

NICU from outside the hospital: (08) 9382 6292

Please do not visit the neonatal unit if you have symptoms of a cold or gastroenteritis. This also applies to parents, grandparents and nominated support people.

Breastfeeding support in hospital

Breastfeeding is a natural process but occasionally issues may be encountered. Our breastfeeding support services can provide assistance with breastfeeding difficulties if they arise both while you are an inpatient and following discharge from hospital.

Services provided are:

- Support at ward level from experienced Midwives / Nurses
- Ward consultations by Lactation Consultants if complex breastfeeding issues arise.
- Lactation class is held Monday to Friday. Class timetable is available in each room.

Going home

We request that you vacate your room **before 10am** on your day of discharge. The Midwife / Nurse will do your daily check, answer any questions and provide specific discharge information.

It is a legal requirement, and your responsibility, to ensure your baby is secured in an approved car restraint. Please ensure you have one ready for your discharge from hospital.

Please refer to your Discharge Brochure for more information about going home.

About St John of God Health Care

St John of God Subiaco Hospital is a division of St John of God Health Care, a leading Catholic not-for-profit health care group, serving communities with hospitals, home nursing and social outreach services throughout Australia, New Zealand, and the wider Asia-Pacific region.

We strive to serve the common good by providing holistic, ethical and person-centred care and support. We aim to go beyond quality care to provide an experience for people that honours their dignity, is compassionate and affirming, and leaves them with a reason to hope.

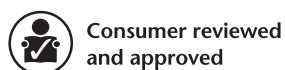
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