A guide for maternity patients
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Your checklist

Before admission

- attend a tour on Saturday or Sunday at 2.30pm
- check with your health fund prior to your admission to confirm your level of cover, any payable excess, exclusions / restrictions or rebates** Please pay your excess prior to admission
- receive an Informed Financial Consent*
- complete your Patient History form and return it to the hospital
- complete a Booking Form for Parent Education Classes after letter received
- discuss your anaesthetic requirements with your doctor to ensure appropriate arrangements are made
- we will call you to book a Pre Admission Telephone Interview at 36 weeks
- pack your bag - a list of items is enclosed
- install a car seat

In hospital

- please read the Welcome to St Mary ward orientation poster in your room
- parents only to visit in the nursery
- remember to transport your baby in his/her cot around the ward
- ensure you have this guide with you
- if your partner wishes to board, please check with the Ward Clerk to complete the necessary documentation
- discharge is before 10.00am daily - there is a lounge area on each ward and you are welcome to wait in comfort to be collected if your transport is not available at the time of your discharge
- be aware that when you have your baby your obstetrician will give you a referral for your baby to be reviewed by a pediatrician

Visiting hours

Visiting hours for St Mary ward are: 3.00pm - 8.00pm
Rest period from 1.30pm - 3.00pm

* 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.
St John of God Health Care is a leading provider of Catholic hospitals, diagnostic and outreach services, basing its care on the values of Hospitality, Compassion, Respect, Justice and Excellence.

Preparing for parenthood

St John of God Murdoch Hospital has an extensive Parent Education Program, featuring a range of day and evening classes which cover aspects of labour, preparing for birth, postnatal care and breastfeeding. Our experienced midwives are here to ensure you feel comfortable in all aspects of your baby’s care and in your transition to parenting.

Maternity Unit tours

You are welcome to tour St Mary ward on Saturdays and Sundays at 2.30pm.

A midwife will meet you in the Day Lounge on level one near the lifts, guide you through our facilities and answer your questions. No appointments are necessary and partners and support people are welcome to attend.

St Mary ward

St Mary ward is a modern 35 bed facility with 29 private suites and three shared suites which are all well-equipped and technologically advanced.

All rooms have views over the hospital’s beautifully landscaped lake or gardens, and are fully equipped with ensuite, mini fridge, air conditioning, baby bath, hair dryer, comfortable chair for breastfeeding, television and telephone as well as tea and coffee making facilities.
Double bed suites and single bed suites are available but the opportunity to use each suite will depend on your delivery type due to the clinical care required. Single bed suites are required for caesarean section patients.

Our Birth Suite provides a private and safe environment where individual birthing needs can be accommodated. A number of Birth Suites are available which feature bedroom décor, an ensuite, television, sitting area, and tea and coffee making facilities.

A large number of our midwives are also Lactation Consultants if you require additional breastfeeding advice/support.

**Special Care Nursery**

The Special Care Nursery is located in the ward, where specialised (Level 2) neonatal care can be provided to babies from 34 weeks gestation.

If your baby is born before 37 weeks and/or requires care, observation and/or treatment he/she may be classified as an inpatient to the Special Care Nursery.

The nursery features a breastfeeding room with comfortable chairs, balcony and milkroom to support parents of babies in the Special Care Nursery. Only parents are permitted in the nursery - children, grandparents and visitors are asked not to enter, however they are welcome to look through the window.

If your baby requires special care, observation or specific treatment, he/she will be admitted to the nursery as an in-patient and classified as a nursery baby. Further charges will be incurred and, depending on your level of health cover, a health fund excess for your baby may apply, in addition to your own fund excess. To ensure your baby is fully covered for all possible medical charges, please consult your health fund prior to admission.

Transfer to a public hospital may be considered at this time, depending on your health fund cover and personal financial implications. Please discuss your needs with our clerical staff, your health fund and the paediatrician.

Paediatrician charges are separate from the hospital’s account. A portion of the paediatric consultation fee is claimable from Medicare and most health funds only cover the difference between the fee and the Medicare rebate when the baby is classified as a nursery baby.

While your baby may be classified as a nursery baby, wherever possible, and depending on your baby’s condition, the baby may remain in your room, returning to the nursery for treatment. This is called ‘rooming-in’ and will help to build your confidence, and also ease the transition from the nursery to the ward and home.

**Before admission**

**Pre-admission**

Pre-admission telephone interviews are held at about 36 weeks to record any change in details and answer your questions about coming to St John of God Murdoch Hospital. Our Pre-Admission Clinic will contact you for an appointment.

**Accommodation**

While every effort will be made to provide patients their preferred accommodation, we cannot guarantee availability on the day of admission and patients will be charged for the room they occupy.

Please note that private room fees are higher than those for a shared room and you should check with your health fund to ascertain your level of cover.

Private rooms cannot be guaranteed at the time of admission and maternity patients may be accommodated in a shared room or in other wards at times of high occupancy.
You will be taken care of by a team of midwives who work together to care for you. Handover between the midwives will take place in your room.

**Accounts**

Please discuss fees with your doctor and your health fund prior to admission to confirm your level of cover, any payable excesses, exclusions / restrictions or rebates. If there is an excess applicable to your health cover, this is payable prior to or on the day of your admission.

On discharge you are required to visit the Patient Accounts Department located on the ground floor near main reception to settle any out-of-pocket expenses incurred during your stay.

If you have private health insurance, your account will be forwarded to your health fund on your behalf. Following the fund’s payment you will receive an invoice for any balance payable to the hospital.

Obstetrician, anaesthetist and paediatrician charges are separate from the hospital’s account.

If you do not hold private health insurance, you will be required to pay the estimated charges prior to your admission, and any additional costs on discharge.

**Anaesthetic services**

You may require an epidural / anaesthetic during your hospital stay and it is important that you discuss this issue with your obstetrician to ensure that appropriate arrangements are in place prior to your admission.

If an urgent after-hours anaesthetic is needed, we have an on-call anaesthetic roster in place. However, if an anaesthetist is not available to attend to you within a clinically appropriate time frame, transfer to another hospital will be arranged.

**Enquiries from friends and family**

In the interest of your privacy, caregivers cannot give out details about the progress of labour or about your baby’s condition.

Family and friends are therefore requested not to phone the Birthing Suite. Instead, it is best to arrange for your partner to contact the people you wish to keep informed.

Each Birthing Suite has a phone for your use.

**What to bring**

Bring any medications you are taking and your private health insurance card. Medications will only be administered if they are correctly labelled and in original packs.

For you:

- Comfortable clothes - leisure or day wear, track suits, night gowns, casual shoes or slippers
- Two or more nursing bras
- One box of nursing pads (regular)
- One packet maternity sanitary pads
- Underpants
- Facial tissues
- Clothes to wear home
- Pen and notepaper
- Coins for newspapers/magazines and visitor parking
- Only bring a small amount of cash into the hospital. Please do not bring valuables such as credit cards and jewellery. A small locked drawer is provided in all rooms, but the hospital does not accept responsibility for the loss of valuables.

While in hospital, your baby can be dressed in a hospital t-shirt and nappy or you may choose to dress them in their own clothes. Please ensure you keep the clothes with you at all times.
- singlets
- grow suits
- mittens
- booties
- small beanie/hat
- wrap to take baby home

Where to come
St John of God Murdoch Hospital is located on Murdoch Drive, off South Street. Entrance to the main hospital is at Gate 1 on Barry Marshall Parade.
Day of admission

When to come to hospital

Contact St Mary ward if one or more of the following events occur:

- Your membranes rupture (water breaks) whether you are having contractions or not. You may feel either a trickle or a large gush of fluid.
- Your contractions are occurring at regular intervals and/or causing distress.
- You are experiencing blood loss of a quantity greater than the size of a 50 cent piece.

If any of the above events happen prior to 34 weeks gestation transfer to King Edward Hospital may be considered for the health of you and your baby.

When you decide it is time to come to hospital please telephone a midwife on (08) 9438 9700. If you are unsure, please feel free to ring at any time for information. A midwife is available 24 hours a day.

Please arrange your own transportation to and from the hospital.

Patients can be dropped off at the hospital entrance; however, parking is not permitted in this area. Parking fines will be issued to any vehicles parked or left unattended in this area at any time. Wheelchairs are available from reception if required.

If you require immediate assistance upon arrival, please have your partner notify the receptionist and remain in the car until help arrives.

Visitor parking is available on site and charges apply.

Visit www.sjog.org.au/murdoch/parking for up to date parking information.

You can contact the Duty Security Officer anytime on (08) 9428 8510 or 0414 438 780.

If you arrive at the hospital between 8.00pm and 11.00pm, you will be required to announce your arrival on the intercom at the front entrance. After 11.00pm, access is through the Emergency Department.

Public transport

Bus stops and the Murdoch train station are located within easy walking distance of the hospital. Timetables for local routes are available from reception, or telephone Transperth on 13 62 13.

When you arrive

When you arrive please register your name at the main reception desk or the Emergency Department desk. You will be directed to the ward where you will be met by a caregiver who will show you to your room, explain the ward layout and outline the care you will receive, taking into account your personal wishes.

Support persons

We understand that the birth of your baby is an important event for the family. We encourage your partner or support person to stay with you during your labour.

Boarder information

Husbands/partners may board overnight on double beds or fold-up beds only in private rooms. Single bed suites are required for caesarean section patients and have fold-up beds. Boarders are not permitted to stay in shared patient rooms. Only one boarder
is allowed per room and children may not board under any circumstances.

A Boarder Accommodation Form will be signed for every boarder night, and requires personal information. Boarding fees apply and may be refunded by your health fund but not all health funds refund boarder fees and limits often apply.

Please check with your health fund prior to your admission. Boarder fees may be subject to change without prior notice so please check with the Ward Clerk for further information at the time of boarding.

It is important to remember as a boarder that you are staying in a hospital environment. Mother and baby are our priority and you are asked to make every endeavour to ensure that hospital routines are not interrupted. It will be necessary for caregivers who are caring for your partner and baby to access the room at various times and to turn on lights so they can provide appropriate care. If you are working, you may prefer to sleep at home as your baby will be awake and may feed often during the night.

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

- Wear appropriate attire at all times
- For privacy, please always dress in the ensuite not in the main room
- At night, position the fold-up bed away from doors opening into the room or the bathroom and please ensure your bed and belongings do not impede caregivers from moving around the room easily and safely
- Fold away your bed by breakfast time
- Only place your towel in the bucket provided when it needs replacing, otherwise please hang it up 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. The hospital does not accept liability for any loss or damage to personal items.
- Abide by hospital protocols and routines
- Cooperate with caregivers at all times, especially in the event of an emergency
- Alcohol is not recommended during pregnancy or breastfeeding so please assist your partner by not consuming alcohol during your stay
- Standard parking fees apply
- The hospital is a smoke free environment so please DO NOT SMOKE

**Caesarean section**

An operating room is always available should a caesarean section be required. Epidural analgesia will be arranged with an anaesthetist so please discuss your requirements with your obstetrician prior to your admission. Patients having a caesarean section will be accommodated in a single bed.

One support person only may accompany you to the operating room. Please ensure the support person wears suitable footwear when accompanying you to the operating room.
Your rights and responsibilities

It is our philosophy to respect your individuality and dignity, and to care for you hospitably and compassionately.

We recognise the role of carers and commit to a collaborative, inclusive approach in the planning and delivery of patient care.

You have the right to:

- An explanation of your treatment and its associated risks before giving consent for the treatment
- Participate in decisions which affect your care
- Be treated with respect, professional competence, consideration and dignity
- Have your beliefs, ethnic, cultural and religious practices respected
- Be told the names and roles of the caregivers involved in caring directly for you
- Have your personal and medical details kept with full confidentiality
- A second medical opinion. You may wish to discuss this with your Consultant
- Refuse a recommended treatment, test or procedure
- Advice on care when you leave the hospital
- Access your health record, in accordance with hospital policy
- Be treated with respect, professional competence, consideration and dignity
- Have your beliefs, ethnic, cultural and religious practices respected
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- Have your personal and medical details kept with full confidentiality
- A second medical opinion. You may wish to discuss this with your Consultant
- Refuse a recommended treatment, test or procedure
- Advice on care when you leave the hospital
- Access your health record, in accordance with hospital policy
- Be aware of the potential costs involved in your hospitalisation
- Voice a concern if you are not satisfied with any aspect of your care

You have the responsibility to:

- Provide, to the best of your knowledge, accurate and complete information about your medical history, medications, and other matters relating to your health
- Advise your doctor or caregivers about any changes in your condition or of any concerns you may have with any aspect of your care or treatment
- Let caregivers know about any special requirements, particularly any cultural or religious needs
• Respect the role and dignity of hospital caregivers and their right to a safe and pleasant work environment. Caregivers reserve the right to withdraw care to people who behave aggressively, are violent or abusive
• Comply with medical instructions designed to aid your recovery or discuss with your doctor if you are unhappy or unwilling to do so
• Respect the beliefs, ethnic, cultural and religious practices of all hospital caregivers
• Be knowledgeable of your private health fund cover and associated restrictions, provide information regarding your ability to pay for services and to ensure that the financial obligations of your care are fulfilled as promptly as possible
• Observe relevant hospital protocols

In hospital

Following the birth of your baby, you will be transferred to the postnatal ward. A midwife or nurse will show you around your room and the ward facilities.

Please also read the poster ‘Welcome to St Mary ward’. This will advise you of the postnatal services offered at Murdoch - talks, hearing test, physiotherapy.

For the first 24 hours, your pulse, blood pressure, temperature and blood loss will be checked on a regular basis. It is normal to have a heavy blood loss at first which will settle over the next few days.

If you have had an epidural, do not get out of bed on your own for the first time as you may not have all the sensation in your legs for a few hours after birth or a Caesarean. You will be given assistance to get out of bed and advice in all aspects of caring for your baby including bathing, feeding and settling techniques.

Refer to the milestones over page for a timetable of activities for each day.

Baby identification

Two name bands will be placed on your baby immediately following birth. These are checked against your identification band if you and your baby become separated for any reason. An electronic ID band will also be placed on your baby and yourself.

Baby photographs

A baby photo service is available and photographs may be purchased from a professional photographer. Forms are available at the ward desk.

Birth registration

Forms to register the birth of your new baby will be given to you during your stay. It is your responsibility to post this legal document. Application forms are also provided to receive the Family Payment.
## Milestones of your hospital stay

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Vaginal Birth</th>
<th>Caesarean Birth</th>
<th>Baby</th>
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**Baby security**

Please do not leave your baby unattended or surrender your baby to an unfamiliar person.

You are welcome to accompany your baby for any tests, photographs or to the nursery. Please transport your baby in his/her own cot. If an unfamiliar person enters your room inquiring about your baby or displays behaviour of concern, please notify the staff immediately.

Please use the yellow emergency call bell if needed.

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**Feeding your baby**

The midwives will be happy to assist you in establishing the feeding method of your choice. However, breastfeeding on demand is encouraged even during the night to help you get to know and care for your baby. Please read the ‘Breastfeeding Guidelines’ on page 19 prior to your admission as this can be a valuable resource while you are learning to breastfeed.

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**Getting to know your baby**

Maximum close contact with your baby is an important part of relating to your baby and preparing to go home. For these reasons we encourage rooming-in (keeping your baby with you). Rooming-in day and night also has the added advantage of reducing any opportunity for cross infection between babies.

Please keep your room tidy to assist with infection control and allow access in the event of an emergency. Ask family members to take personal items and flowers home if necessary to keep the room from being too cluttered.

Our caregivers will assist with all aspects of your baby’s care, including bathing, feeding and changing nappies until you feel comfortable in caring for your baby.

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**Look at My Baby**

Look@MyBaby allows parents to send live video of their baby in hospital directly to mobile phones and computers of friends and family all around the world. For further information and registration for the service please refer to www.lookatmybaby.net.
Newborn hearing test

A baby newborn hearing test is available from the Newborn Screening for Hearing service. Brochures are available at the ward desk. Please complete the consent form and return to the ward desk.

Newborn screening - Guthrie testing

Newborn screening tests are performed routinely on all babies born in Australia. These tests are used to detect metabolic disorders that unless treated early in life may affect your child’s future development. The tests are free of charge.

Further information is available if required.

Postnatal education talk

Postnatal and breastfeeding talks are conducted in the West Wing Day Lounge in St Mary Ward on Mondays, Wednesdays and Fridays from 10.30am to 11.30am.

New mothers are welcome to join in this group forum and learn more about breastfeeding, caring for yourself and your baby when you go home.

Safe sleeping

St John of God Murdoch Hospital supports the SIDS and Kids program which recommends:
- baby sleeps in a cot in your room not in your bed
- baby sleeps on their back
- baby is dressed appropriately (not too hot or too cold) and does not have their head covered whilst asleep
- baby is in a smoke free environment
- there are no wedges, positioning devices or soft toys in a baby’s cot
- the safest place for a baby to sleep for the first 6 months is in a cot next to your bed
- baby is breastfed

St John of God Murdoch Hospital does NOT recommend co-sleeping under any circumstances within the hospital.

The hospital requires that you place your baby back into the cot when either you or your baby needs to sleep. Supervision may also be provided by your husband/partner or family member who could return your baby to the cot or alert staff if you fall asleep.

Managing pain

Tell us about your pain

You need to tell us how you feel and particularly how strong your pain is. You will be asked on a regular basis while in hospital to rate your pain out of a score of 10 as this will let us know how you are feeling and what is working best for you.

If your pain increases at any stage, please tell your caregiver immediately.

Pain treatment options

- tablets that you swallow, these may be immediate release or slow release tablets
- spinal therapy - local anaesthetic or pain medicine is injected directly into the spinal fluid surrounding the spinal nerves
- Patient Controlled Analgesia (PCA) small doses of pain medicine controlled by you
- Epidural pain medicine – your anaesthetist will insert an epidural catheter into your back, close to your spine into an area called the epidural space. Local anaesthetic or other pain medicine is then
delivered through the tubing. Your legs may feel numb and heavy but this feeling will decrease over time. If you do not have full movement and feeling in your legs you must not get out of bed without help so always ask your nurse for assistance before mobilising.

- Occasional injections
- Other options: repositioning, cold therapy, aromatherapy and essential oils may also assist you by promoting relaxation. The hospital has a supportive pastoral care team who are available to talk with you. They can also provide you with music and relaxation CDs.

**Paracetamol**

*(Panadol, Panamax, Panadol-Osteo)*

Paracetamol is used to prevent and treat mild to moderate pain. To maximize the effectiveness of Paracetamol, it should be taken regularly as prescribed rather than when you feel pain. It may also be used to reduce the overall daily doses of anti-inflammatories or opioids to reduce the risk of their side effects. Use no more than 4 grams in 24 hours - be aware some cold and flu preparations contain Paracetamol.

**NSAIDS - Anti-inflammatories**

Taken in addition to painkillers, NSAIDS also help to reduce inflammation particularly in muscles and around joints. Examples include Celecoxib, Diclofenac, Ibuprofen, Meloxicam and Naproxen. They can be used with Paracetamol / Codeine products or Tramadol for pain relief.

Side effects may include skin rashes, indigestion and diarrhoea. It is recommended that they be taken with food or milk and swallowed whole, not chewed. Do not combine more than one drug from this category for short or long term pain management.

**Tramadol**

Tramadol is used to treat moderate to severe pain. Side effects include sweating, dry mouth and dizziness.

**Opioids - Morphine like medication**

Opioids are used to treat moderate to severe pain. Some preparations are quick acting (immediate release) these may be taken 4 hourly or as directed by your doctor, when required. Long acting preparations (controlled or slow release) are taken twice a day, morning and evening 12 hours apart.

Examples of opioids include Buprenorphine, Oxycontin, Oxycodone (Endone), Morphine, Fentanyl, Hydromorphone (Junista), Methadone, Codeine and Pethidine and are available as liquids, tablets and capsules.

Always allow a minimum of a one hour gap between taking short and long acting medications and never crush or chew controlled or slow release tablets.

Side effects may include constipation, nausea, headache and dizziness.

Morphine-like medications are less likely to be addictive if they are used for a short period of time for severe pain and then stopped as the pain improves.

Return any unused morphine-like medications to your local pharmacist for correct disposal. This is to ensure medication safety in the home.
What else can you do?
Ask for pain relief before you get too uncomfortable. It is harder to ease pain once established so remember to tell your nurse or doctor about any pain that doesn’t lessen or resolve.
It is important to work at preventing pain with regular use of painkillers in the first few days rather than treat the pain once it has occurred.
Never take more painkillers than prescribed. Seek advice from your doctor if your pain is not being controlled.

Your medications
During your stay your doctor may discontinue or prescribe additional medication in the course of your treatment. These medications may be supplied by the pharmacy and any applicable charges will be directed to your hospital account and you may be asked to settle these costs at the time of your discharge. If you have any type of pension or concession card which may entitle you to free or subsidised medications, please let your caregiver know.
If you do not hold private health insurance, you will be required to pay for all new or repeat prescription medications dispensed during your hospital stay at the time of your discharge.

Your medications will be returned to you when you leave the hospital. A nurse will make sure you understand exactly how and when you need to take continuing medications.
If you have any queries in relation to pharmacy costs, please contact EPIC Pharmacy on 9438 9397.

How long to stay
The day your baby is born is referred to as Day 1 and your planned discharge day should be Day 4 following a vaginal delivery and Day 5 following a caesarean section. This is dependent on your well-being and your doctor’s advice.

Home care - Health Choices
Health Choices provides the services of midwives and certified Lactation Consultants to support to you and your baby in the comfort of your own home.
These visits will be conducted in the comfort of your own home and we will develop a personalised feeding plan to ensure that both you and your baby get the best possible start.
For those seeking an early discharge, we provide an early discharge program which includes a newborn screening test, daily visits from our team of midwives in which
they will perform post natal care and support for you and your baby. We liaise with your Paediatrician and Obstetrician if there are any concerns.

The midwives will arrange referral prior to your discharge. Phone 1300 475 442 for further information.

**Day of discharge**

Please vacate your room by 10.00am. You may be asked to wait in the day lounge with your baby to allow rooms to be prepared for new admissions. It is a legal requirement and your responsibility that your baby is secured in an approved restraint when travelling in the car.

Please ensure your baby car restraint is fitted prior to discharge from hospital.

**We value your feedback**

St John of God Murdoch Hospital aims to provide a service that meets the needs of our patients and we value your feedback in providing opportunities for us to review and improve the care we provide.

**Concerns or complaints**

You have the right to raise a concern about the care or service you receive. Any problems you encounter can usually be resolved easily at the time on your ward. If you, your family or carer have any concerns during your stay, please speak with your caregiver or ask to speak with your Ward Nurse Manager.

Following your discharge, if you would like to raise a concern or make a complaint about the service or care you received, please complete our Patient Complaint Form available online at: www.sjog.org.au/murdoch/feedback.

The hospital’s Patient/Consumer Liaison Officer can be contacted on 9428 8592 or you can write Patient/Consumer Liaison Officer, St John of God Murdoch Hospital, 100 Murdoch Drive, Murdoch WA 6150.

**General Information and Services**

**Accommodation (local)**

There are a variety of accommodation options available within the local area. Please ask reception or visit www.sjog.org.au/murdoch for further details.

**Ambulance Services**

While you are hospitalised, if a clinical service is unavailable within a clinically appropriate time frame, or your care is to be progressed at another facility, you may require transfer using the services of St John Ambulance. Ambulance transfers will be in accordance with their fee structure and patients will receive an account direct from St John Ambulance for these services.

**ATM**

An automated teller machine is available in the foyer of the Medical Clinic, near Fontenay Cafe.

**Cafes**

Ferns Café is located on the ground floor of the hospital and Fontenay Café is situated within the Medical Clinic. Both offer a large selection of fresh foods and hot and cold drinks.
Caregivers

Every person employed by the hospital is called a ‘caregiver’, and can be recognised by their hospital identification badges. In addition, you may receive care from doctors and allied health professionals not directly employed by the hospital.

Chapel

You are invited to visit our tranquil interdenominational Chapel on the ground floor for reflection, prayer or a few quiet moments.

Mass is celebrated every Sunday at 9.00am, and Tuesday through Friday at 11.30am. Our in-house television network broadcasts Mass and other Chapel services on channel 15. If you are unable to attend the Chapel, one of the Pastoral Services team can provide Holy Communion or prayer at your bedside. Our Pastoral Services team can be contacted on extension 9311 4773.

Consent

By coming to hospital you have given an implied consent to general treatment which may be required for your condition. For procedures, such as anaesthetics and surgery, your doctor is required to obtain your written consent.

We will check your consent, identity, procedure being undertaken and other relevant parts of your medical history with you on several occasions to ensure all is correct. This is a part of our quality and safety measures to ensure that errors do not occur and you receive the very best care.

Electrical appliances

On admission all electrical appliances including hairdryers and shavers must be checked by the hospital engineering department prior to use. Please show them to your caregiver on admission.

Emergency procedures

The hospital has modern detection systems and procedures to handle any foreseeable emergency, and caregivers on each ward are trained in the emergency procedures.

There are exit signs pointing to each fire escape, and emergency exit plans are displayed at each lift and fire escape.

In the unlikely event of an emergency we ask you to follow a few simple steps:

- Remain calm and stay in your room
- Follow the advice of caregivers at all times. They will direct and accompany you to a safe location
- Do not use lifts in the event of an emergency

Florist

Floral Posies (9332 9842), located alongside Ferns Gift Shop, offer a wide range of bouquets, floral arrangements and gifts. Gift baskets and special occasion bouquets are also available to order.

Infection control

Visitors are requested to help us maintain our hospital’s strict hygiene standards by cleaning their hands thoroughly with the alcohol based hand gel provided in each room when they arrive and before they leave.

If your visitors are unwell, please encourage them to visit you when they are feeling better. Children should be supervised at all times.
We have an extensive program of infection control policies and procedures to ensure you receive safe care at all times.

**Interpreter**
Professional interpreting services are available for non-English speaking or hearing impaired patients when an explanation regarding clinical care or procedure is required. Please ask your caregiver.

Your carer, a family member or support person is also encouraged to accompany you to assist if necessary.

**Mail**
Incoming mail will be distributed directly to you. Outgoing mail with postage stamp may be left at your ward’s nursing station.

The hospital’s postal address is: St John of God Murdoch Hospital, 100 Murdoch Drive Murdoch WA 6150.

**Meals**
Our chefs prepare delicious and healthy fresh meals each day in accordance with Australian Dietary Guidelines and your clinically specified requirements. Please let admission staff know of any special diet or food allergy requirements you may have.

Please note that your dietary requirements may change for clinical reasons during your stay, and previously chosen meals may need to be altered or substituted accordingly.

A candlelight dinner is offered once during your stay, it is charged at normal meal rate and served in the privacy of your room for you and your husband / partner to celebrate the birth of your baby. Please book at least 24 hours in advance.

**Newspapers**
Newspapers and magazines are available for purchase and delivered to the wards each morning by our volunteers. Newspapers and magazines can also be purchased from Ferns Gift Shop on the ground floor.

**Pastoral services**
We recognise that during times of illness, pain or stress you may feel vulnerable and the opportunity to talk to someone about your feelings and experiences can provide great comfort and relief.

Pastoral Services caregivers are an integral part of your health care team providing confidential professional pastoral support and ministry. This is a free service and accessible 24 hours/day.

If you would like to meet with one of our Pastoral Services team during your time at Murdoch, please call 9438 9673 or speak with your caregiver.

Our Pastoral Services team can also organise a Minister or Priest from within your own faith group to visit, or arrange for you to receive Holy Communion.

**Reducing risk of injury**
Manual handling requirements in healthcare can place staff at risk of injury.

In order to reduce the amount of manual handling by our staff, we will ask patients to assist as much as possible when performing
personal care activities. This also assists with recovery and independence.

Luggage can be difficult and heavy to move so please only bring in one small bag weighing less than 5kg and essential medical items. Your family and friends can bring in any additional belongings after you have settled into your allocated room.

By working together we can promote your recovery after illness or surgery and reduce the risk of injuries to our staff.

Security and safety
Patient rooms are equipped with a lockable drawer however the hospital does not accept responsibility for any loss or damage of patients’ belongings, including dentures, hearing aids, glasses, walking sticks, prosthetics or clothing.

We recommend that all valuables are left at home, and that all personal property is clearly marked.

Smoke-free
The St John of God Murdoch Hospital campus is smoke-free. Our buildings and grounds are completely smoke-free to create a healthier, cleaner and safer environment for patients, visitors and caregivers. Smoking is not permitted in any building, outdoor area or vehicle within the boundary of our campus.

Taxi
A free ‘taxi phone’ is available at the hospital reception area for your convenience.

Telephones
Each bed has its own telephone equipped with local, STD and ISD facilities, and a telephone attachment for hearing impaired people is available.

Charges apply for STD, ISD and calls to mobile phones. Press ‘0’ prior to dialling an external number. Mobile phone use is restricted to public areas only.

Television
The television set receives a selection of Perth ‘free to-air’ stations, some AM and FM radio stations, hospital information, Chapel and a selection of free in-house movies.

Maternity education is also available on a variety of topics.

Volunteers
The hospital has volunteer caregivers who provide additional services to patients. Volunteers assist by running Ferns Gift Shop, providing a mobile library, delivery of newspapers and attending to patients’ flowers. Our volunteers also raise funds which are used throughout the hospital to benefit caregivers, patients and visitors.

Wi-fi
Wi-fi is available. Please be considerate of other patients if you are in a shared room.
Breastfeeding is widely accepted as the best method of feeding a baby because the milk is precisely tailored to meet the baby’s needs. Successful breastfeeding is a skill which has to be learned by mother and baby. Assisting a mother to gain breastfeeding skills is an integral and extremely important part of the midwife/nurse’s role.

St John of God Murdoch Hospital has developed guidelines (to be applied to the normal term baby unless otherwise directed by the paediatrician) for all midwives/nurses to achieve consistency of advice given to breastfeeding mothers.

This booklet is designed for use by mothers to improve communication of this information, and includes advice on common breastfeeding problems.

The guidelines are based on the “Ten Steps to Successful Breastfeeding” criteria of Baby Friendly Health Initiative, an accreditation process fostered by United Nations International Children’s Emergency Fund (UNICEF) and World Health Organisation (WHO) to protect, promote and support breastfeeding globally. They recommend “exclusive breastfeeding for the first six months; and continued breastfeeding for two years or more, together with safe, nutritionally adequate, age appropriate, responsive complementary feeding starting in the sixth month” (downloaded from www.unicef.org/nutrition/index on 19.02.09).

It is important to recognise that there are many different strategies to assist with breastfeeding. Suggestions made by midwives, lactation consultants or nurses are intended to offer alternative advice and not intended to cause confusion or conflict.

Once you are at home you may also find that family members and friends are keen to offer advice. Remember that you can make the choice that best suits you and your baby’s needs.

These guidelines have been prepared to help you adjust to your new role as parents. We encourage you to be flexible and honour the uniqueness of your child as you journey together as a new family.
**Introduction**

Breastfeeding can take up to 6 weeks to establish and some mothers have more difficulty in getting it right more quickly than others.

Perseverance is important during the ‘full breast’ period around day 3 when the breasts become firm which may make attachment of the baby to the breast difficult.

You may also experience the ‘blues’ due to hormonal changes and sleep disturbance. Your baby may become unsettled while adjusting to the change from colostrum to milk and this can last 24-48 hours, so don’t hesitate to ask your midwife/nurse for assistance.

**Benefits of breastfeeding**

**For You**
- Breastfeeding hormones will help you relax and give you a feeling of wellbeing
- More efficient uterine involution therefore less bleeding
- Time saving. No need to wash bottles and equipment, mix formula, provide storage or wait for heating of formula
- Less expensive
- Convenient. No need to transport equipment, store milk safely or, heat up formula
- Decreases health risks of osteoporosis and uterine cancer
- Breast cancer is known to be less in societies who breastfeed for 12 months

**For baby**
- It is a natural progression from placental feeding to breastfeeding
- Breast milk is easily digested and there is less waste and less abdominal discomfort
- Food is ready on demand and at the correct temperature
- Protection from allergies i.e. asthma and eczema
- Live factors in breast milk protect against respiratory, intestinal, and middle ear infections and other diseases
- Breastfed babies rarely develop diarrhoea or constipation
- Mother baby contact and bonding increases through close skin and eye contact
- Baby has more control of food intake and rate of flow
- There is better facial muscle and mouth development
- The incidence of diabetes and some cancers is reduced
- There is less risk of hypertension in later life
- Brain and nervous system development is optimal particularly if your baby breastfeeds for 12 months or longer
Ten steps to successful breastfeeding (WHO)

The World Health Organisation (WHO) recommends that every facility providing maternity services and care for newborn infants should follow these steps.

1. Have written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Place babies skin to skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.
5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants.
6. Give newborn infants no food or drink other than breast milk unless medically indicated.
7. Practice rooming-in: allow mothers and infants to remain together – 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

How breastfeeding works

The more your baby feeds, the more milk production is stimulated. When your baby sucks at the breast, hormones are released. These hormones stimulate your body to make the milk and cause the milk to ‘let down’ or flow.

The first milk (colostrum) you produce looks thick and yellowish. Colostrum is important for your baby as it contains substances to nourish them and to protect them from diseases.

From the third day the milk gradually becomes thinner and more watery looking as it increases in volume but it contains everything your baby needs to grow and satisfy hunger and thirst.
The first feeds

The natural instincts to feed

Allow your baby to follow their natural instincts to move to the breast. Starting with skin to skin contact, when baby is quiet and alert, they will make their way from between the breasts to the breast.

Let your baby finish feeding from the first breast before offering the second. If you feel pain after the first few sucks, the baby may not have taken a big enough mouthful of breast. Break the suction with a clean finger in the side of the mouth, take your baby off the breast and let them try again.

1. Place your baby upright skin-to-skin, supported, calming them by gentle rocking, stroking, and talking.

2. Baby starts to follow their instincts, allow your baby to ‘bob’ their head around on your chest, they may look at you.

3. They may nuzzle your breast and lick for a little while. That is fine.

4. They are using their cheek to feel their way. This is a learning process for you both. It is okay to take your time.

5. Digging in their chin, the baby reaches up with an open mouth, and attaches to the breast.

6. If the baby’s back is straight, their body touching yours, and you are both feeling comfortable, that is all that matters.

Reference: Fremantle Hospital
How do I start feeding?

In the first hour following the birth, your baby is often alert and will display signs of hunger by actively mouthing for the first feed. Rooting and sucking reflexes are fully developed, thus assisting in proper attachment and sucking. If you and your baby are well we encourage skin-to-skin contact during this time and most babies will breastfeed within 30 minutes of birth. Usually, this will be while you are still in either birth suite or operating suite.

In this period you will have a heightened sense of awareness and be more responsive to your baby, thus promoting the bond between you and your baby. Early contact between mother and baby has beneficial effects on breastfeeding.

This first feed is special and may take up to an hour. A midwife/nurse will be present at the first feed to help with attachment and provide reassurance and encouragement.

It is important to get this correct from the first feed to assist in prevention of incorrect attachment and associated problems. Please ask for assistance if you are experiencing difficulties at subsequent feeds. After the initial feed, your baby may not be interested in feeding again for several hours. Follow your baby’s cues, as periods of sleep then periods of frequent feeds are normal. Your baby may feed 7-12 times in 24 hours. Encouraging frequent feeding during these first days will minimise engorgement and help baby establish the best attachment.

However, some babies need encouragement to feed to ensure healthy weight gain therefore, in the first 24 hours while you are still in hospital, your midwife/nurse will advise you to offer a breastfeed at least every four hours.

During the first 3-5 days, your baby may become restless with excessive crying, frequent bowel actions and taking frequent short feeds. This is associated with your milk establishing and your baby adjusting to digesting milk which can last for 24-48 hours. You can comfort your baby by skin-to-skin contact and cuddles.

Tip: Don’t clock watch and follow your baby’s cues.

Common positions for breastfeeding

You can vary the position you choose to breastfeed according to your own comfort. You may like to experiment to see which position suits you best as holding your baby in different positions allows emptying of all ducts around the breast. Whichever the position you choose, your baby should be close to you with its head and shoulders facing your breast. Your baby should be positioned chest to chest with your nipple pointing up towards your baby’s nose.

The most common positions are:

- Sitting up – use a chair of appropriate height with a straight back and arms (for support), use a footstool if required (it is better to have a flat lap) and use pillows to support your back. When sitting up you can hold your baby in different positions such as cradle, transition or underarm hold
- Lying down – lie in the centre of the bed with your baby laying in alignment with your body. Use pillows for support. You may need assistance with attachment of the baby to the breast initially. This is a favourite position for women who have had a caesarean section. In hospital, cot rails may be used initially to ensure that the baby is safe. It is important to maintain an optimal position of comfort and safety for both you and baby throughout each feed.
Signs of correct attachment

- Baby is unwrapped
- Baby is snuggled closely around your body facing you with the spine in a straight line
- The chin should be forward and buried into your breast
- The mouth opens widely
- The lower lip pouts outwards
- Baby has a good mouthful of nipple, areola and in the case of small areolas some breast tissue
- Baby will display long drawing sucks after a short period of short rapid sucks, involving the whole jaw
- Swallowing may be audible
- The nipple will maintain a normal rounded appearance on detachment
- Baby will be satisfied after adequate suckling
- Baby will gain adequate weight and produce plenty of wet nappies
- Breastfeeding will be comfortable and not painful

Optimal Attachment
Baby draws nipple and breast tissue back to the soft palate. Tongue is forward over gums, lower lip rolled out, chin against breast. Jaws are positioned well over the lacrimal sinuses and can compress them effectively.

Signs of poor attachment

- Nipple pain
- Change in shape of nipples once baby is detached
- Dimpling of baby’s cheeks
- Clicking and slurping sounds
- Milk spilling from around the mouth while feeding
- Baby falling asleep before the feed is complete due to lack of interest or energy
- Very prolonged feeds as the milk letdown is not stimulated by the correct milking process of the lower part of baby’s mouth below the nipple and areola. Baby will still be hungry and demand frequently
- Frequent feeding every 1-2 hours
- Weight gain will be inadequate and baby may even lose weight
- Output will be reduced and there will be fewer wet nappies

Poor Attachment
Baby attached to little breast tissue, mainly nipple stem. Lips are pursed, mouth not wide open against breast, tongue behind lower gum. Compression of the jaws gains little milk, tongue cannot work effectively.
**How often to feed**

If your baby does not show interest in suckling during the first few hours after birth, uninterrupted skin-to-skin contact should be maintained. Position your baby between your breasts with baby wearing a nappy or nappy and light top. Make sure you are both covered with a blanket to keep warm but avoid getting too hot.

You should also try to avoid excessive handling of your baby except by you and your partner as over handling may lead to increased irritability. Be reassured that given time, your baby will feed when ready. See page 28 - Signs your baby is ready to feed.

Put your baby on the breast each time these cues are exhibited regardless of time since last feed. Unrestricted breastfeeding helps in the establishment of successful breastfeeding and prevents pathological breast engorgement. The number of feeds could range from 4-14 times in 24 hours and will vary according to your baby’s needs and, depending on the amount of milk available at each feed and the baby’s age.

**Duration/frequency of feeds**

The length of time between each feed will also vary according to individual needs. Sometimes your baby may feed frequently and then have periods when there is a long gap between feeds. This is when it is important to be aware of the feeding cues as mentioned above. Duration of feeds varies from one baby to another so feeds should not be restricted in duration.

Allow your baby to suck at the first breast until the breast is light, soft and well drained.

After allowing your baby a break, offer the second breast or the same breast. Observe for nutritive/non-nutritive feeding (ie. is the baby sucking for food or comfort).

At each feed your baby will approximately take equivalent amounts of milk but after varying periods of time (due to both sucking strength and your letdown reflex).

Your baby will feed for a time that is appropriate for the transfer of milk from the breast.

The amount of milk produced is regulated by the amount of stimulation given to the breast whilst feeding ie. supply and demand.

Reducing sucking time can lead to decreased milk production or engorgement.
The advantages of rooming-in and night feeds:
- Facilitate unrestricted breastfeeding therefore milk supply will become established earlier
- Promote bonding between mother and baby
- Allows you and your baby to have closer contact with other family members
- Enables you to recognise patterns of behaviour in your baby, including early feeding cues allowing you to feed your baby before he/she becomes distressed
- Promotes quality sleep for you (as a result of the hormones released while breastfeeding)

Giving formula instead of breastfeeding your baby reduces stimulation of breasts and your milk supply will decrease.

Avoiding breastfeeding at night will initially lead to engorgement but then may lead to poor milk supply and suppression of lactation.

Night feeds/rooming in

Your baby needs maternal contact having been closely connected to you for the last nine months and separation may cause your baby to become unsettled. Rooming in is recommended from birth and night feeds are encouraged as part of the baby’s 24-hour total intake. Prolactin (necessary for milk production) is higher in its release in response to night feeds.

Rooming-in will allow you to get to know your baby and become accustomed to the baby’s sleeping patterns making demand feeding easier.

If your baby will not breastfeed it may be necessary to offer alternative methods of feeding your baby colostrum as follows:
- For small volumes less than 10mls, you may feed colostrum from a syringe
- If volume exceeds 10mls, feed colostrum via bottle/teat

These methods of supplementation utilise methods of feeding that do not compromise the transition to breastfeeding.

While in hospital, your midwife/nurse will check with you how often and how well your baby is feeding. Your midwife/nurse may also carry out some observations such as temperature, pulse and respirations, and assess whether your baby;
- is maintaining temperature within normal limits
- is “jittery”
- is irritable or lethargic
- has not had a feed within 12 hours after birth

If any of the above signs are evident the paediatrician will be contacted for management guidelines.

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Rooming-in will allow you to get to know your baby and become accustomed to the baby’s sleeping patterns making demand feeding easier.
Signs your baby is ready to feed

Be aware of early feeding cues which may include:
- mouthing/licking
- fist to mouth
- rooting reflex
- rapid eye movement indicating level of sleep

**EARLY CUES - “I’m Hungry”**

- Stirring
- Mouth opening
- Turning head
- Seeking/Rooting.

**MID CUES - “I’m really Hungry”**

- Stretching
- Increasing physical movement
- Hand to mouth

**LATE CUES - “Calm me, then feed me”**

- Crying
- Agitated body movements
- Colour turning red

**Time to calm crying baby**

- Cuddling
- Skin to Skin on chest
- Talking
- Stroking

Reference:
Queensland Government, Developed by Women’s and Newborn Services, Royal Brisbane and Women’s Hospital
Is your baby getting enough milk?
You will be able to tell if your baby is getting enough milk by:
- Difference in your breasts before and after feeds
- Number of wet nappies. Minimum of six in 24 hours
- Bowel movements changing from meconium (black stool) transitioning to a yellow paste
- Weight gain
- Generally settled baby

Care of the breasts and nipples
Your breasts change rapidly during the first days after the birth. You will notice your breasts becoming more heavy and firmer, sometimes even quite hard and lumpy.

Feeding your baby frequently is essential to help reduce increasing engorgement.

If you are experiencing any pain, you may like to take a mild analgesic (painkiller).

Postnatal care of the breasts
- Always wash your hands prior to feeds to prevent potential infection however, there is no need to wash the nipples before feeds
- Avoid soap, alcohol based products or creams on your breasts/nipples as these will not prevent nipple damage and in some cases may increase the risk of damage to the nipples
- Allow breast milk to dry on your nipples as it has natural antibacterial and healing properties
- Wear a comfortable, supportive bra when lactation is established. Ensure the bra is not too tight to prevent pressure on the milk ducts which may lead to mastitis (underwire bras are not recommended).
- Change nursing pads with feeds or as necessary if moist. Avoid plastic backed nursing pads. This will help to prevent bacteria from multiplying and minimise the risk of infection
- As much as possible remove your bra when breastfeeding as this will help with let-down

Prevention of nipple damage
- Ensure correct attachment to the breast at each feed
- Detach your baby from the breast by placing your clean finger between your baby’s gums in order to break the suction. Never “drag” your baby from the nipple
- Detach your baby from the breast immediately if not attached properly or, if you feel pain in the nipple then repeat the attachment process
- Try different feeding positions
- Observe the shape of the nipple after feeds. A sign that your baby is not attaching correctly is change in the shape of the nipple directly after baby comes off. This change can be subtle but if left unchecked will soon lead to nipple trauma
- Airing the nipples after feeds and allowing breast milk to dry on the nipples and/or applying a little pure lanolin may be beneficial. However, the best prevention for damaged nipples is correct attachment
If you are unsure, seek help from a midwife/nurse with all feeds until you feel confident.

Some common problems

Inverted or flat nipples

This can be a challenge for new mums however, your midwife/nurse will assist you with positioning and attachment until you feel confident.

- Try expressing prior to feeding to soften around the nipple or using the breast pump to draw the nipple out can help
- In difficult cases, your midwife/nurse may suggest using nipple shields but only after your milk has “come in”. It is important to have follow up care with your child health nurse (CHN) if you are discharged using nipple shields

Grazed, cracked or bleeding nipples

- If your nipples are grazed, cracked or bleeding you can continue to breastfeed ensuring positioning and attachment is correct
- If sucking is too painful your baby must be detached and reattached correctly
- Take simple analgesia as necessary
- Take care on removal of breast pads and bras adhered by dry milk
- Use purified lanolin to prevent sticking if necessary. Apply sparingly after each breastfeed to grazes or cracked area

- Apply enough purified lanolin to cover area affected, approximately the size of a match head amount per nipple
- Leave nipples exposed to air after each feed and allow remaining breast milk to dry on nipples
- Leave bra off between feeds when possible to allow breasts to leak. Sleep on a towel without a bra. Pinching pain during the feed is a sign of poor attachment
- Check for cause of trauma (ie sucking problem or position/attachment) with your midwife/nurse
- If you are experiencing a lot of pain, rest your nipples completely for 24-48 hours (following the advice of midwife/lactation consultant) Hand express, or use electric or hand pump to express milk and feed expressed breast milk (EBM) to your baby. When recommencing breastfeeding, ensure that a midwife/lactation consultant supervises this feed to assess correct attachment
- A nipple shield should only be used for management of nipple pain or cracked nipples, following the recommendation of a midwife lactation consultant. It’s a good idea to have follow-up post discharge with the CHN

Note: Be reassured that blood in the breast milk will not harm baby.
Allowing baby to feed frequently will help reduce congestion – ensure correct attachment as fullness of the breast may make this difficult.

**Milk engorgement**

This may occur as your milk “comes in” and is relieved by allowing baby to feed frequently.

- Remove your bra and ensure correct feeding position and attachment. Try to vary your feeding positions which will encourage good breast drainage.
- Hand express a small amount of milk prior to attachment to soften the areola and allow for a good attachment.
- Commence each feed with the alternate breast.
- Allow your baby to feed from your first breast until feeding ceases before offering the second breast. Removal of your bra at the beginning of the feed will allow let-down to occur on second side.
- Apply cold pack between feeds.
- Ensure unrestricted breastfeeding (ie. 7-12 feeds in 24 hours). Rooming-in 24 hours a day will help.
- Avoid dummies and complementary feeds.
- Observe for blocked ducts. If present, gently massage breasts towards the nipple while your baby feeds.
- If after feeding the breast is still lumpy, full or red the midwife/nurse may suggest use of the electric breast pump to further soften the breast.
- Analgesia may be required.

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**Nipple shield**

- **Indications for use:**
  - Flat or inverted nipples when attachment is not achievable without a shield.
  - Difficulty in attaching your baby to the breast within a reasonable time frame (ie. approx 15 minutes).
  - Unable to maintain adequate latch despite correct positioning and attachment (ie. your baby slips on and off the breast).
  - Breast refusal.

- Review by a midwife/lactation consultant is necessary whilst in hospital prior to recommending use of a nipple shield.

- It is preferred that a nipple shield is used when Lactogenesis II has occurred (when your milk “comes in”) to ensure that your baby gets enough milk through the shield.

- Ensure that the cut out part of the shield is placed in front of your baby’s nose.

- If you are going home with a nipple shield, a follow-up appointment will be arranged for you with the child health clinic.

**Breast (Venous) engorgement**

This can be quite common during the first days due to hormonal activity which causes swelling of the blood vessels, lactating glands and breast tissue.

- Cool flannels may be applied plus analgesia when required.
- Application of warmth or hot showers directly on breasts should be avoided.

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Mastitis prevention and management
Mastitis is an inflammatory condition of the breast that may or may not be accompanied by infection. Generally up to 20% of mothers develop mastitis in the first 6 weeks to 6 months after the birth. Sometimes there is no obvious cause however, predisposing factors can be tiredness, stress and skipping meals.

Possible causes of mastitis
- Inadequate drainage of the breast as a result of:
  - Baby attaching incorrectly
  - Initial oversupply of milk
  - Missing a feed creating milk build up
  - Using a dummy rather than breastfeeding
  - Ineffective sucking
- Nipple damage
- Pressure on the breast due to tight bra or feeding technique

Signs and symptoms of mastitis
Your breast may have a tender flushed area and may feel hot to touch. Flu like symptoms are common such as headache, general aches and pains and a temperature of more than 38.5°C.

Prevention of mastitis
The best prevention is to ensure that your baby is correctly attached to the breast and in addition, pay particular attention to hygiene before breastfeeding your baby.

Treatment of mastitis
- Continue to breastfeed and feed your baby from the affected breast first to ensure good milk removal
- If your baby is unable to feed from the breast, express milk by hand or breast pump to adequately remove milk from the breast
- If your baby does not take the second breast, express this side just enough so your breast is comfortable
- Apply a cool pack to the affected area of your breast after the feed
- It is important that you rest and take extra fluids. If required, take paracetamol as per directions on packet
- If your breast does not improve within 12 hours, refer to your Obstetrician/GP as you may need antibiotics
- It is important not to wean baby from the breast at this time to ensure mastitis is resolved and to reduce the risk of a breast abscess
- Mastitis should improve within 24-48 hours however it is important than you complete your course of antibiotics (if prescribed) to prevent recurrence
Poor milk supply
Most mothers have more than enough milk to breastfeed their babies.

If you have concerns about your milk supply, seek help from a health professional such as a child health nurse, lactation consultant or midwife, who can assess your feeding.

The following guidelines will help increase your milk supply:
- Ensure your baby is correctly positioned and attached to encourage adequate drainage and stimulation of breast milk
- Breastfeed more frequently
  Babies may have up to 12 feeds per day which includes night feeding. Prolactin levels are highest at night so this is the best time to stimulate supply
- Let your baby finish the first breast in their own time before offering the second breast. At the end of the day when supply feels low, the first breast can be offered again at the end of the feed. The breast is constantly replacing milk and it is never completely drained
- Take your time with breastfeeds and don’t rush yourself or your baby
- Offering a short top-up breastfeed 20-30 minutes after feeding will satisfy baby and stimulate more supply
- Massage breasts gently while feeding
- Express breast milk between feeds and after feeding if your baby is reluctant to take extra feeds
- Nutrition and rest are important. Take time to eat a balanced diet and make it a habit to have a glass of water with feeds to ensure you are taking enough fluids
- Rest when your baby is asleep and try to take the time to do some relaxation exercises, take a warm bath or read

Oversupply
Sometimes initial milk supply is much more than baby requires and this may lead to engorgement and mastitis. It will take a few days to settle down.
- Feed your baby on first side until breast feels softer and lighter before offering the second breast. The second breast can be expressed just to assist attachment if required or to ease discomfort. Remember that over expressing can increase supply
- Ensure breasts are comfortable after feeding with no signs of inflammation. Milk supply will balance out to meet supply/demand

Encouraging a good let-down (ejection reflex)
- Let-down varies from woman to woman including the time taken for it to occur
- Let-down can occur between 2-8 times per feed but most women are not aware of this occurring. However you will notice a change in the way baby sucks as let-down occurs or that you are able to express more effectively
- Ensure your baby is positioning and attaching in the correct way
- Whether you are feeding or expressing, a comfortable position in a private, stress free area will enhance let-down. If you are surrounded by visitors, embarrassed or in pain, you will find it difficult to let-down
Hand expression

Hand expression should be gentle to prevent damage to the breast tissue or skin or cause pain.

Before you begin you will need a clean container to collect the milk eg. a cup, jar, plastic container, or bowl. It helps if the container has a wide opening.

- You must wash your hands well before expression but there is no need to wash the breast
- Gently massage breast prior to commencing hand expression to stimulate let-down
- Place the container under the breast
- Hold the breast, placing the thumb and forefinger on the outer margins of the areola with the thumb at the top and the forefinger below. Press the thumb and forefinger back into the breast tissue towards the chest wall. Then, using a rolling action towards the nipple, press the thumb and forefinger together to express the milk. Continue in a rhythmic action
- The fingers should then be rotated around the areola when the flow dwindles
- Alternate each side frequently

Expressing breast milk

Some mothers may need to express breast milk at some time. Expression can either be done by hand or manual or electric pump. Assistance from a midwife/nurse will be given until you become proficient with the technique.

Reasons for expressing include:

- Milk to store if your baby is sick or premature and unable to breastfeed
- If mother and baby are separated for any reason
- To relieve fullness from engorged breasts, blocked ducts or mastitis
- To increase milk supply

Optimal expressing should be carried out 6 to 8 times every 24 hours with an absolute minimum of 6 times (including expressing at night). If baby is preterm expressing should be carried out 8 times per 24 hours. Expressing should continue until milk flow is reduced to a few drops.

Warmth to the breast and gentle massage or stroking the chest prior to feeds may help

Have a drink before you start and, if expressing away from your baby, place your baby’s photo near you

Thrush

Sometimes thrush may occur in your baby’s mouth or on their buttocks which appears as white patchy areas on the tongue and gums or red rash on the buttocks. Refer to your midwife/GP if this occurs.

Have a drink before you start and, if expressing away from your baby, place your baby’s photo near you

Thrush

Sometimes thrush may occur in your baby’s mouth or on their buttocks which appears as white patchy areas on the tongue and gums or red rash on the buttocks. Refer to your midwife/GP if this occurs.
Breast pumps

Breast pumps are best used once your milk has “come in” and there is reasonable flow. Hand expression is recommended for the first 24-48 hours and then a breast pump may be used if expression of breast milk is still required.

- Wash hands carefully before use
- “Let-down” may be stimulated by warmth, massage and hand expression before applying pump
- First check that the breast kit flange is the correct size for optimal fit – different sizes are available
- Place the flange of the breast kit centrally over the nipple, press firmly to form a seal. The breast is then pumped rhythmically. The pull should be strong enough to obtain milk, but not be uncomfortable
- Suction should not cause pain or nipple damage
- The pumping cycle will automatically alter after a few minutes to assist with let-down. If you experience early let-down you can press the let-down button (droplet picture) to alter the pattern manually
- Milk flow may be slow to start but when let-down occurs, the milk often squirts out and the mother can hold the pump in place till the flow subsides
- Alternate breasts if supply is low
- Double pumping is available for mothers of preterm babies or mothers with a low supply

Cleaning and storage of feeding equipment

In hospital

- If you wish to hand express while you are in hospital, you will be provided with a clean container for the purpose of milk collection
- Manual breast pumps are designated as “single patient use” only. They are not provided but are available for purchase from the pharmacy
- Nipple shields stored in container in room
- Dummies are not encouraged or supplied by St John of God Murdoch Hospital. If you wish to use a dummy you will need to provide this for your baby

- In hospital, equipment should be cleaned and stored as follows:
  - rinsed in cold water
  - washed in warm soapy water
  - rinsed in hot water
  - stored dry in suitable container
  - electric breast pump kits and manual pumps should be stored in the fridge (provided)
  - nipple shields stored in container in room
  - dummies in container in room or on baby’s cot
### Table 1.

**Storage of breast milk at home**

<table>
<thead>
<tr>
<th>Breastmilk</th>
<th>Room temperature</th>
<th>Refrigerator</th>
<th>Freezer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freshly expressed into closed container.</td>
<td>6-8 hours (26 °C or lower). If refrigeration is available store milk there.</td>
<td>3-5 days (4 °C or lower). Store in back of refrigerator where it is coldest.</td>
<td>2 weeks in freezer compartment inside refrigerator. 3 months in freezer section of refrigerator with separate door. 6-12 months in deep freeze (-18 °C or lower).</td>
</tr>
<tr>
<td>Previously frozen - thawed in refrigerator but not warmed.</td>
<td>4 hours or less (ie. the next feeding).</td>
<td>Store in refrigerator 24 hours.</td>
<td>Do not refreeze.</td>
</tr>
<tr>
<td>Thawed outside refrigerator in warm water.</td>
<td>For completion of feeding.</td>
<td>Hold for 4 hours or until next feeding.</td>
<td>Do not refreeze.</td>
</tr>
<tr>
<td>Infant has begun feeding.</td>
<td>Only for completion of feeding then discard.</td>
<td>Discard.</td>
<td>Discard.</td>
</tr>
</tbody>
</table>

**NHMRC Guidelines 2012**
At home
At home feeding/expressing equipment should be:
- rinsed in cold water
- washed in warm soapy water
- rinsed in hot water
- stored dry in suitable container

Storage and transport of breast milk
- Expressed breast milk should be stored in a clean container. Label all containers with the date and time of expression
- If adding to already frozen or chilled breast milk cool expressed breast milk in the refrigerator first
- Expressed breast milk must be maintained chilled or frozen, in a closed container
- For storage times see Table 1 on page 35
- If breast milk needs to be transported, use an insulated container with refreezable ice packs

Thawing and warming of breast milk
- Breast milk may be defrosted by standing in refrigerator compartment or under running warm water
- Thawed breast milk can be stored in a refrigerator for 24 hours only
- Do not defrost breast milk by placing in hot water
- Do not microwave, as the heat is uneven and may result in some of the milk being hotter. It may also destroy some of the beneficial properties of breast milk
- Never re-freeze thawed expressed breast milk
- If thawed in warm water, discard after feed or hold until next feed for 4 hours maximum in fridge
- If infant has begun feeding, only hold for completion of feed then discard
**Multiple births**

- Most women will have an adequate supply of milk to enable them to successfully breastfeed twins. In some instances, triplets have also been successfully breastfed.
- Extra assistance and assurance will be provided by a midwife/nurse or lactation consultant.
- You may choose to feed both babies simultaneously or feed each individually. The latter being more time consuming. Initially it may be advisable to feed individually to encourage establishment of positioning and attachment skills before twin feeding.
- Each baby should take a full feed from one breast.
- If both babies suck with equal vigour they could have the same breast each feed. If one is weaker it may be beneficial to alternate breasts each feed.
- If feeding both babies simultaneously, the most common position for feeding is the “twin” position. The babies are held horizontally, supported by pillows, with their bodies tucked under the mother’s arms, facing backwards. The mother should be encouraged to experiment with different positions to find the most comfortable. You will need plenty of rest and a well balanced diet to maintain an adequate milk supply.
- Contact with a multiple birth association is often helpful when you go home.

**Breast surgery**

Women who have undergone breast surgery may still be able to successfully breastfeed.

- Women who have had silicone implants or reduction mammoplasty may be able to successfully breastfeed if the nerve supply to the nipple and the ductal system has been left intact. If the nipple has been resited, breast feeding may not be possible.
- Women who have had unilateral mastectomy may be able to successfully breastfeed provided that the remaining breast is functionally normal.
Going Home
Caring for your Newborn

Bringing a new baby home can be both exciting and a little daunting. The care outlined in these pages is designed to assist you in the first few weeks at home.

There will be many choices to make and your decisions should be based on what feels right for you and your baby.

The main issues about caring for your baby will be based around adequate food and nutrition for growth and development, cleanliness and hygiene and emotional bonding and love for your baby.

Several support services are available to you and these should be used in conjunction with this book.

Murdoch Mums

Murdoch Mums is an informal postnatal mothers’ group which meets at Melville recreation Centre once a month.

The Group is supported by a lactation consultant and a staff member from the Raphael Centre. The service is free and available to all mothers and babies.

Health Choices

Health Choices is a service in which a St John of God Midwife and Lactation Consultant visits you in your home. For more information, please see page 14.

Child Health Clinics

Please contact your Child Health Clinic on arrival home to arrange an appointment. Your nearest Child Health Clinic will be written in your purple book. They are a valuable ongoing resource for all your baby’s milestones and immunisations.

Breastfeeding

See Breastfeeding Guidelines on page 19

Bottle-feeding

There are a few points to consider if using a milk formula:

1. When making up bottle formula, ensure you allow the time and concentration to mix correctly and follow the directions on each tin as they vary between formulas.
2. Bottle fed babies will feed about 6 – 8 times per day and the amount will vary according to their age and weight.
3. You may find that your baby’s appetite varies during the day and they may take a little more or less at different feeds.
4. If your baby is fussing at the bottles check:
   - Is the milk flowing too quickly? The hole in the teat may be too large
   - Is the milk not flowing fast enough? The lid may be on too tightly (loosen it only slightly) or the teat hole may be too small.
   - Is the formula to hot or too cold?
   - Do they need a feed or is something else the matter, such as being too hot or too cold, or does their nappy need changing?
Wind-burping
Not all babies need burping regularly and it may take some time to identify whether or not your baby needs to be burped.

Initially the midwives will encourage you to wind/burp your baby after each breast feed. As the baby matures, this often becomes unnecessary.

Not all babies need to burp before continuing the feed or to assist settling to sleep. Babies often pass any air they have swallowed from their bowel while sleeping or feeding.

Sleeping
All babies require sleep for growth and development. The amount of sleep will lessen as the baby grows older.

You will be offered a lot of different advice about getting your baby to sleep. Use what works for you and your baby.

There are a variety of techniques that may assist you in getting your baby to either settle or sleep.

- Some babies like to be wrapped firmly to sleep as this restricts their startle reflex and jerky movements, which often contribute to waking a baby. If you chose to wrap your baby, we recommend using a cotton or muslin wrap not a thick woollen blanket.
- When settling your baby for sleep, try reducing the amount of stimuli and providing quiet, familiar surroundings.
- Once asleep, most babies can actually sleep in a relatively noisy environment.
- In the first six weeks of life a baby cycles around three to four hourly between feeding and sleeping.

At around 6 - 12 weeks a diurnal rhythm begins to develop. This is shown by:
- Bowel motions cease at night.
- Babies feed-sleep at night and feed-wake (play) – sleep during the day.
- Time between feeds at night increases even up to 12 hours.
- Once these changes are noted parents can stop changing nappies overnight.
- Place baby straight back in the cot after a night feed.
- Don’t wake a baby for a feed overnight (unless otherwise directed by a health professional).

Safe sleeping
Babies and young children spend a lot of their time sleeping. Some sleeping arrangements are not safe. They can increase the risk of SIDS or cause serious sleeping accidents. Research has found some important ways to reduce the risk of SIDS and create a safe sleeping environment for babies and young children.

- Sleep baby with face and head uncovered.
- Sleep baby on a form mattress or surface (not a bean bag or water bed).
- Make sure there is no more than a 25mm gap between mattress and cot sides/ends.
- Do not use doonas, quilt, duvets, pillows or cot bumpers in the cot.
- Do not allow baby to sleep in an adult bed unsupervised.
- Do not sleep with your infant on a sofa/couch.
- Use several layers of thinner blankets rather than one thick one.
Cigarette smoke is bad for baby (nicotine from smokers has been found to adhere to baby’s skin).

- Put baby’s feet at end of cot.
- Tuck in bed clothes securely.
- Keep the cot away from cords, blinds, curtains or electrical appliances.
- Keep mobiles out of reach of curious little hands that may entangle baby in the strings etc.
- Remove any bibs.
- Remove any toys from the cot.
- Do not use electric blankets, hot water bottles or wheat bags in baby’s cot.
- Always secure the safety restraint in the pram, strollers and bouncers.

**Bed sharing is not safe when:**

- You or your partner smokes.
- You or your partner is under the influence of drugs or alcohol.
- You or your partner takes medications that make you extra drowsy (e.g. painkillers, some cold/flu preparations).
- The parent is unusually tired and less likely to be able to respond appropriately to your baby’s needs.
- Baby is rolled on or falls out of bed.
- You or your partner is obese.
- You sleep on a water bed (sagging mattress and overheating).
- Babies should never sleep in the same bed as an older child.
- Pets should not be allowed to sleep with your baby.

**Sleep cycles**

Newborn babies cycle through six stages of consciousness. These are described below:

**Quiet Alert:** This is when the baby is calmly paying attention to their surroundings. Their energy seems to be focused on seeing and hearing. This is the best time to play with your baby.

**Active Alert:** During this phase, baby moves and looks about more. This often happens just before eating or when baby is about to get noticeably fussy. These movements may be clues to parents that the baby is about to get upset.

**Crying:** All babies cry, however it may take some time for new parents to figure out why the baby is crying. Refer to our section on “crying”.

**Drowsy:** When your baby is in the process of falling asleep or waking up. The baby may look blank, glazed or unfocused. Sometimes baby still moves around but not very enthusiastically.

**Quiet Asleep:** This is when the baby is very soundly sleeping. In this state baby lies so still that a new parent may feel compelled to make sure the baby is still alive.

**Active Asleep:** The baby is still sleeping but the eyelids may flutter the arms and legs twitch and their breathing becomes less regular. The baby sometimes moves about the crib/cot. Parents often wonder if the baby is dreaming.
Settling a crying baby

Different things can be tried to assist you in settling your baby.

Firstly we recommend you observe your baby and try to determine why they may be crying and then attend to these accordingly.

As your baby grows they will develop a number of different cries, which you will learn to recognise.

Alternatively there are a number of things you can try to assist you in settling your baby:

- Try changing the baby’s nappy, burping or feeding baby.
- Remove any obvious causes of danger. E.g. toys, pillows, cords etc.
- Try a warm, deep bath.
- Movement may be useful. Try some walking, rocking the pram, use of baby slings, hammocks etc.
- Reduce the amount of visual stimulation, especially bright lights.
- Some babies wake with their startle reflex and/or jerky movements. These babies like to feel secure and prefer to be wrapped using a light cotton or muslin wrap.
- Baby massage may be useful. For this to be effective we recommend that this is practiced over a period of time so baby gets used to the calming effect of the massage.
- The sound of the parent’s voice can be very reassuring. Try talking or singing to your baby.
- Look for signs of illness and eliminate these as reasons for baby’s crying or unsettledness.

- Use one of these settling techniques for about five minutes, if this doesn’t work, try something else.
- Don’t be afraid to ask for assistance or hand the baby over to another parent/career.

Tummy time

With the recommendations from SIDS & KIDS to sleep babies on their back, many parents are unsure if they should place baby on their tummy at all.

However, it is a very important part of the baby’s shoulder and neck development that they spend short periods of awake time on their tummy.

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

Tummy play is safe and good for babies whey they are awake and an adult is present.

You can bring this as early after the birth as you like.

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

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

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

After the initial dark, tarry bowel action of meconium the stools will change in colour and consistency.

Breast fed babies will have orange-yellow stools with ‘seed’ like appearance. These are milk curds. The bowel actions can become quite loose and frequent once the meconium has been passed. Despite this many babies do appear to strain. In the first few weeks, it is common for breastfed babies to have several bowel actions per day. The frequency often decreases at about six weeks when stools may be passed as little as once every 2-3 days up to once every 10 days.

Formula fed babies tend to have a soft pale khaki-brown-yellow pasty colour stool.

In either case if the stools become watery green contact your Maternal & Child Health Nurse or a health professional.

Constipation is signalled by hard stools or “pebbles” not by decreased frequency.

Umbilical cord care

It is important to keep the cord area clean and dry. This can be done by cleaning around the cord at bath times.

The cord stump will dry out and turn black, falling off around 7-14 days. There may be a tiny bit of spotting (like the removal of a scab) however any more bleeding than this should be checked with your doctor.

Hiccups

Babies hiccough in-utero, in the bath, whilst feeding and when going off to sleep. They appear to cause no distress to the baby and therefore require no special treatment. It is not necessary to interrupt any procedure such as bathing, feeding or sleeping to cure hiccoughs.

Signs of illness in the newborn

If the following signs occur we recommend you seek medical assistance:

- If baby is sleeping excessively and/or difficult to rouse.
- When baby is not actively waking for feeds.
- If baby is not taking at least six feeds per 24 hour period.
- If there are less than four wet nappies in the 24 hour period.
- Continued vomiting and/or projectile vomiting.
- Any signs of bleeding from any orifice.
- When bowel actions are watery-green in colour.
- If the urine if dark or orange in colour.
- If the jaundice level is becoming yellower.
- Any signs of fitting or tremors.
- Looking pale and listless.
- Any change from your baby’s normal behaviour.
- When baby is showing signs of difficulty breathing.
- When baby feels hot or their temperature is over 38°C.
- Any unusual rashes or bruises.
Caring for the new mother

Caring for the new mother and understanding the changes, both physical and emotional that may occur following the birth of a baby, is one of the important parts of managing those first few weeks as a new family.

This period of adjustment for the family is also a very special time of getting to know and love your new baby.

Many emotional and physical changes will occur and it is important that you don’t place too many demands or expectations on yourself, your baby and your family.

Rest

Your new baby will interrupt your sleep for at least a few weeks. Lack of sleep can make you feel fatigued and depressed.

- To cope with tiredness, you may find some of these suggestions useful:
- Have short sleeps or periods of rest during the day when baby sleeps.
- Allow your support person to do the housework, washing, cooking and help care for other children and pets.
- Do only the essential chores until you feel rested and stronger.
- Restrict visitors and phone calls during the first weeks.
- You may prefer to keep baby near you at night.
- If using cloth nappies, employ a nappy service for the first few weeks.
- Alternatively use disposable nappies.

Postnatal emotional changes

Mood swings and emotional changes are common in the first 10 days after giving birth. This is often caused by the constantly changing hormones, together with physical, psychological and social changes.

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

Women experience these changes very differently – it may be they feel a bit flat or low, they may be teary for no specific reason or they may become upset for what appears to be a minor issue. It is important to know that these feelings are normal and will generally pass in a few days. Assistance with baby care, such as bathing and settling, will be a great value to the mother. Rest is also important.

Postnatal depression (PND)

Postnatal depression affects one in seven women and can be a traumatic experience for the women and her family. PND is treatable and help is available, however it can often be difficult to recognise as women may hide their feelings or blame other things. Early recognition and prompt treatment can reduce the severity of the depression.

Some of the signs of Postnatal Depression are:

- Sleep disturbances unrelated to baby’s sleep needs.
- Changes in appetite such as overeating or lack of interest in food.
- Crying without any apparent reason or crying on the “inside”.
- Inability to even contemplate daily chores.
• Irritability often shown by snapping at partners.
• Anxiety about her own health or that of her baby or generalised anxiety or palpitations.
• Thoughts related to negative obsessive feelings.
• Fear of being alone.
• Difficulty with concentration or memory.
• Feelings of guilt or inadequacy.
• Loss of confidence and self-esteem.

The severity of the condition depends upon the number of symptoms, their intensity and the extent to which they impair normal functioning.

Depression is a treatable condition that requires support, sensitivity and appropriate treatment to assist in the person’s recovery.

It is important to note that partners may also suffer depression and they would also require the same support as mentioned above.

Your feelings at this time will often be unfamiliar to you and we encourage the mother and/or family members to seek assistance or support at any time following the birth of your baby if you are worried about how you are feeling.

Postnatal Psychosis is a serious mental illness which affects about 1 in 1000 women. It is characterised by thoughts of suicide or harming the baby. This condition does require immediate psychiatric care; however the recovery rate is usually excellent.

If you are concerned of feel you have symptoms of Post Natal Depression or anxiety, please call our Raphael Centre for advice on 1300 306 828.

The centre offers:
• telephone support and information
• individual therapy and assessment
• postnatal anxiety and depression therapeutic groups
• parent-infant therapeutic programs

Vaginal blood loss

Whether you have had a vaginal or caesarean birth, you will experience vaginal bleeding following the birth of your baby. This is called lochia. It will begin as bright red, becoming pinky-brown and finally a whitey-cream colour.

This white discharge may be present for up to six weeks and may necessitate you wearing a panty-liner to protect your underwear. We do not recommend the use of tampons as this may increase the risk of infection.

If your lochia increases in amount, becomes bright red again, smells offensive or you have any associated abdominal pain, please consult your obstetrician or local GP.

Sometimes you may pass small clots and this is usually ok. If however the clots are constant or large and/or associated with bright loss, odour or pain, please consult your obstetrician or local GP.
Constipation

Constipation is a common problem during the first few weeks after birth. We recommend you eat a diet that includes foods high in fibre, such as fresh fruits and vegetables and drink at least 2-3 litres of water. Try to avoid more than 2-3 glasses of fruit juice per day as this may cause diarrhoea. Exercise is also an important part of a well-functioning bowel. If the problem persists seek medical advice about the use of a stool softener.

Haemorrhoids

Haemorrhoids are swollen veins around the anal area and can become very painful and sometimes bleed. In the first 48 hours after birth, cold compresses are useful to reduce the swelling and provide some relief. Your doctor may prescribe an ointment; be careful not to apply the ointment on any stitches in the area. It is important to avoid straining and constipation so pay attention to your diet and exercise.

Stitches

- If you have stitches, it is common for them to feel tender and sometimes sore for the first few days but they will heal quickly if you keep them clean and dry.
- Showering twice a day, careful drying and frequent changing of your sanitary pads will assist in the healing process.
- The stitches usually dissolve within 7-10 days. As they dissolve, you may see pieces of black thread on your underpants or toilet tissue.
- Talcum powder and creams should be avoided on and around the stitches.

Report any unusual discharge or an increase in redness, swelling or pain of the area.

Caesarean section wound

- Follow any instructions your doctor may have given you.
- Although it is recommended to keep the wound and surrounding area clean and dry as much as possible, you are still encouraged to shower every day; it is not usually necessary to cover the wound in the shower or bath.
- Sometimes a small amount of discharge may leak from the wound and it is recommended you advise your doctor if this occurs.
- The wound may be slightly bruised and tender for some time.

If however any of these things get worse you should consult your doctor or local GP.

- It is important not to lift anything heavier than the weight of your newborn baby.
- We recommend you gain assistance with things like housework, laundry, shopping etc.
- Hot packs may be useful for abdominal discomfort.
- Observe your wound for any increase in redness, increasing warmth, swelling, pain, ooze/discharge or offensive odour and contact your doctor or GP.
Epidural

There is a very small risk of complications after this type of pain control. Your doctor (anaesthetist) may have discussed this with you prior to the birth.

It is very important you report to your anaesthetist or doctor if you have any of the following symptoms. These symptoms may occur up to six weeks or later after the birth.

Report to your doctor within four hours or earlier if:

- Pain, numbness or weakness in the buttocks or legs or any other muscle weakness
- New loss of bowel or bladder control
- Tenderness, swelling, pain or discharge at the injection site
- New back pain that is getting worse
- Persistent headache
- Nausea or vomiting
- Fever
- Any new symptoms or concerns

Medications

If you are still experiencing some pain following your birth you may need to continue with some of the medication you were receiving in hospital.

Paracetamol and anti-inflammatories are safe medications to take to ease your pain. It is important that you have minimal pain in order to adequately lactate and care for your baby. Please consult your doctor or the hospital emergency department if your pain increases or is not controlled with these medications.

Driving

Following the birth it is safe to drive your car. If you had a caesarean section ensure you feel comfortable with the seat belt in place and that you can safely brake in an emergency. Check with your insurance company if you are unsure about the liabilities following surgery.

Ensure your baby is restrained in an approved car safety device at all times while in the car.

Exercises

Exercise is important for your physical and mental well-being.

Gentle exercise such as walking is simple, easy and good for you and your baby.

Pelvic floor and abdominal exercises should be continued to strengthen the pelvic floor and improve the circulation. You are encouraged to attend physiotherapy talks held in the West Lounge Tuesdays and Fridays at 10.30am. Consult the Postnatal Exercise brochure if you are unsure about these exercises.

It is important to strengthen the deep abdominal muscles and use these muscles to support yourself every time you lift, push, pull or stand for any length of time.

Heavy lifting or even lifting your toddler should be avoided while the deep abdominal muscles are becoming strong again.

Vigorous exercise should be avoided until after your six week postnatal check.
Resuming sexual intercourse

Every woman is an individual and each couple is different. Some couples wait weeks and others months.

When resuming sexual intercourse, the important thing is for each person to feel comfortable and not rushed. Take it slowly. Experiment with different positions to find one that is comfortable for the woman.

Following birth, the vaginal secretions are usually much drier and therefore a lubricant such as KY jelly may be useful.

Sometimes women feel tired and sore following the birth of a baby. This may continue for several weeks or maybe months. It is important to be gentle and talk to your partner about how you feel and what feels comfortable for you.

Signs of illness in the mother

If any of the following signs develop when you are at home, please contact your obstetrician or local GP:

- A rise in temperature/fever, especially at/above 38°C.
- Difficulty or pain when passing urine, as opposed to stinging on the stitches area. This may or may not be associated with lower back pain.
- Hot, red or tender areas under any cut: either from the Caesarean or perineal stitches.
- Severe rectal pain.
- Any change in your vaginal loss: bright red bleeding, increased loss, smelly loss or passing of clots larger than a 50c piece.
- Hot red patches on the breast associated with flu like symptoms.

When visiting the health care provider you may like to consider the following points:

- Make a long appointment so that you may have the opportunity to discuss issues that are concerning you.
- Have a friend or partner care for your baby or other children, so you may concentrate.
- Write down any questions you have before the appointment, so you don’t forget.
- Be honest with your answers about how you feel (emotionally and physically).
- If you are unhappy with your health provider you may choose a different one.
Additional services

You can ask your paediatrician, health nurse, GP for help if you need. Additional services include:

The Australian Breastfeeding Association (ABA)
Ph: 1800 686 268
www.breastfeeding.asn.au

Raphael Centre Murdoch
Ph: 1800 524 484
www.sjog.org.au/raphaelmurdoch

Beyond Blue
www.beyondblue.org.au

International Association of Infant Massage
Ph: (02) 6262 3246
www.iaim.org.au

Mental Health Emergency Response Line
Ph: 1300 555 788

Ngala Family Resource Centre
Ph: (08) 9368 9368

Pregnancy, Birth and Baby Helpline
Ph: 1800 882 436
www.healthdirect.org.au

Relationships Australia
Ph: 1300 364 277
www.relationships.org.au

Life’s Little Treasures Foundation
Ph: 1300 697 736
www.lifeslittletreasures.org.au

Australian Multiple Birth Association
Ph: 1300 88 64 99
www.amba.org.au
About St John of God Health Care

St John of God Murdoch Hospital is a division of St John of God Health Care, a leading Catholic not-for-profit health care group, serving communities with hospitals, pathology, 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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