



Discharge Brochure

Your guide to going home
sjog.org.au/subiacomaternity



To assist you in your recovery from child birth we have put together a guide to provide you with some information and to answer commonly asked questions. Taking your new baby home can be both exciting and challenging, preparation can assist you in a smooth transition.

To help you prepare please read this booklet, write down any questions, go through the my ticket home checklist and speak with your midwife, Obstetrician and Neonatal Paediatrician.

Our Ticket Home



Name:

Ward no: Room no:

Your expected discharge is on by / before 10am.

Have we arranged transport home?

Transport name:

Contact no:

What do we need to organise before we go home?

Do we need to see the paediatrician? **Y** / **N**

Do we need to see our doctor before we are discharged? **Y** / **N**

Have we let our family and friends know how and when we are coming home? **Y** / **N**

Do we have our follow-up appointments organised? **Y** / **N**

Will we need any services or visits at home? (Please ask your midwife) **Y** / **N**

Day of discharge

Do we need to see the paediatrician? **Y** / **N**

Have we packed all of our belongings? **Y** / **N**

Have our medications been given and explained to us? **Y** / **N**

Do we have our Purple Book and registration documents? **Y** / **N**

Going home

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

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

Before you leave check the following:

1. Ensure you have your:

- purple child health book
- birth registration papers
- medications
- instructions and other appointments as needed such as physiotherapy, lactation consultant

2. Make an appointment to see your Obstetrician approximately six weeks after the birth of your child.

3. Arrange for your baby to have a 6 week check with your family GP or Neonatal Paediatrician as discussed with your Neonatal Paediatrician.

4. Check you have your Community Health Nurse's details to ensure an early visit.

5. If you need to hire or buy a breast pump, ensure you know the size of the kit you require and also the type of electric pump that is best suited for your needs. If unsure, ask your midwife or lactation consultant.

Is your baby ready for discharge?

Signs of a fit and healthy newborn:

- They should be pink with a temperature of between 36.5°C to 37.4°C
- They should have 6-8 bowel motions in a 24 hour period
- They will usually wake for feeds regularly and will feed well. When awake, they will be alert and will respond to stimulation around them. When babies are newborn, they may sleep for long periods between feeds (about 3-4 hours)
- They will breathe faster than you (around 40 to 60 breaths per minute), with short occasional pauses

You should seek medical review for your baby immediately if:

- Your baby is very sleepy, not waking normally for feeds or feeding poorly. If your baby is feeding poorly, their wet nappies will usually decrease in number and/or wetness
- Your baby has worsening jaundice or their colour is becoming white / grey or mottled
- Your baby is breathing fast (more than 60 breaths per minute), making grunting noises when they breathe out, is working hard to breathe (sucking in their chest) or changing colour (from pink to blue)
- Your baby has a fever (greater than 37.4°C)

Neonatal Jaundice

This is a common condition characterised by a yellow colouring of the skin. Most jaundice is normal and not dangerous. Usually babies do not require any treatment and it gradually disappears over the first couple of weeks of life.

However, some jaundice may become dangerous if it is worsening. Seek medical attention immediately if your baby is becoming more yellow, or if they become sleepy or start feeding poorly.

If your GP or Neonatal Paediatrician cannot see your baby immediately (within 2 hours) then you should attend your local emergency department.

Timeline for your baby in the first 6 weeks:

First two weeks at home

- Home visit from your Community Health Nurse

6 weeks of age

- Baby's immunisations
- (Book with your GP or local Immunisation Clinic)
- Medical Checkup (Book with your Neonatal Paediatrician or GP)
- Refer to your purple community health book for ongoing milestones.

For Community Health Nurse Appointments

If you live in the Perth metropolitan area you can make appointments by calling 1300 749 869 or register for an appointment at www.health.wa.gov.au/purplebook

To find your local community health centre visit www.healthywa.wa.gov.au/service-search, or Google 'child health centre'.

Please read your purple community health book as it has a wealth of information to help you care for your baby.

Postnatal care

Mastitis

(inflammation of breast):

- Be aware of the signs of mastitis
- Flushed, hot, painful areas on the breast, elevated temperature and general flu like symptoms.
- Remove bra and apply a cool compress to the affected area prior to feeding and in between feeds.
- It's important to drain the affected breast either by breastfeeding and/or expressing.
- Mild analgesics, such as paracetamol taken as directed will help ease discomfort.
- Rest and increase your fluid intake.
- If symptoms have not settled within 12 hours, see your GP as antibiotics may be required
- An untreated mastitis can quickly progress to breast abscess so prompt treatment is essential.

Postnatal Depression:

- It is common and quite normal to feel tired, teary and overwhelmed at times.
- However if you are feeling this way most of the time or have

concerns, discuss your feelings with your GP, Obstetrician or Community Health Nurse.

- Support is available throughout the community.
- St John of God Raphael Services (1800 524 484) can offer more information and specialised support.

Post epidural advice:

- If you experience persistent headache, fever, pain, swelling or redness at your epidural site, weakness in your legs or loss of bowel / bladder control, contact your doctor immediately.

Vaginal loss (lochia):

- This is due to normal uterine healing.
- Can sometimes increase following breastfeeding or postnatal exercise and may vary in colour from dark red to pale pink or brown.
- May continue for 6 - 8 weeks.
- This should not be excessive, offensive in odour or consist of large clots.
- If this occurs contact your Obstetrician, GP or the Emergency Department at your local hospital

The first few weeks after vaginal delivery

Episiotomy and tears: Keep clean, cool and as dry as possible. Report any increasing pain to your GP or Obstetrician.

The first few weeks after Caesarean delivery

Looking after a new baby is challenging for all women, particularly when recovering from a caesarean section. Be kind to yourself. It may take a few weeks or even longer to recover, particularly if you have had complications. Try to get as much rest as possible.

Don't be afraid to ask for help. There are many resources available to you, including:

- Community Health Nurse
- Lactation Consultant
- St John of God Subiaco Hospital Open House
- Obstetrician

See page 25 for contact numbers

Do not lift any weight that is heavier than 5 kilograms. Be careful of your back when you lift and don't lift anything that causes you pain.

You should not drive a car until you have fully recovered. Your Obstetrician can provide advice about when it is safe to drive again. Also check with your insurance company.

Your postnatal appointment with your Obstetrician is a good time to discuss resumption of exercise and/or intercourse.

Feeding your baby in the early weeks

Feeding is ever changing as your baby grows and develops. If you are having difficulties, seek help early by contacting our hospital breast feeding clinic, your Community Health Nurse or the Australian Breastfeeding Association.

For more information, refer to your Breast Feeding Guidelines booklet.

Baby feeding cues

Knowing when to feed baby is a learned skill which you are slowly developing. Keep coming back to the diagram below to help remind yourself the cues of when to feed your baby.

EARLY CUES - "I'm hungry"



MID CUES - "I'm really hungry"



LATE CUES - "Calm me, then feed me"



Time to calm a crying baby

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

Developed by Women's and Newborn Services Royal Brisbane and Woman's Hospital, Queensland Government.

Settling your baby

Settling patterns in the first week

Newborn babies are often initially quiet and sleepy, but may soon become unsettled, displaying crying, frequent bowel actions and demanding frequent short feeds. This is associated with your milk establishing and baby's gut adjusting to digestion of this milk.

This unsettled period normally occurs between day 2 to 5 and can last 24 to 48 hours. Your baby will be comforted by skin to skin contact and cuddles. Very frequent feeds are often required during this time.

After this time, babies usually gradually settle into a pattern of 2 to 4 hourly feeding, followed by periods of sleep lasting one to three hours.

Tired signs

Young babies need sleep! It is helpful for you to learn your baby's unique way of saying "I'm tired". These cues may include; fist clenching, mouthing, hand sucking, grimacing, jerky movements, grizzling and crying. These signs are subtle and can be missed. As a general rule, after 2 hours of being awake it is time for a sleep.

Overtired

Overtired babies take longer to settle and once put to bed they will often have a period of grizzling and crying. Babies don't always need silence or darkness at this age, however they sometimes need to be left undisturbed as they learn to settle themselves to sleep.

Crying baby

This is your baby's only way to communicate in the early weeks. Some reasons for crying include hunger, tiredness, too hot, too cold, nappy needs changing, wind or colic, needs a cuddle or overstimulated / overtired.

Parents gradually learn to identify their baby's different types of cry and the appropriate response. It is normal for newborns to cry a total of 4 hours each day (spread over the day) with at least one unsettled period lasting an hour or two. Remember babies often cluster feed (several times within 2 to 3 hrs) at the end of the day, followed by a longer sleep.

Settling tips

- Warm bath followed by a feed
- Wrapping snugly
- Rhythmic rocking, patting, stroking
- Background music or white noise
- Allow your baby time to unwind and persevere for at least 10 minutes before trying another settling strategy

From about the second week, your baby may stay awake a little longer after daytime feeds. Watch for tired signs, then settle your baby to sleep.

Recognising sleep patterns

Babies have two main sleep states, active and quiet, both of which they pass through within an hour.

Active light sleep – 30 to 50 minute cycles

Active sleep is light sleep and usually occurs after a feed. You will notice your baby frowning, grunting, groaning and sucking movements. Large body movements also occur including writhing and stretching. Breathing may be rapid bursts with pauses. Your baby will be easily aroused during active light sleep.

Quiet deep sleep - 20 to 30 minute cycles

Quiet sleep follows active light sleep. During this stage there is little facial or body movement. Breathing is more regular, with occasional large sighs. This is a much deeper sleep and your baby is not easily roused.

By observing your baby's sleep behaviours, you will gain confidence in managing your baby. Remember your baby will pass in and out of these cycles within each hour.

Managing at home

- Accept useful help, especially housework and meals
- Allow yourselves time to get to know your baby and to adjust to the many changes in your lifestyle
- Catch up on sleep when your baby sleeps, regardless of the time of day
- Have time out away from your baby if possible, even a short walk if possible
- Seek advice early if required, before it becomes a problem
- Attend your new mothers' support group such as our free parents groups, or your Community Health Nurse support group

Safe sleeping and wrapping

To reduce the risks of Sudden Unexpected Deaths in Infancy (SUDI), including SIDS and Fatal Sleep Accidents:

1. Sleep baby on their back from birth, not on their tummy or side
2. Sleep baby with their head and face uncovered
3. Keep baby's environment smoke free before birth and after
4. Provide a safe sleeping environment night and day – with a firm mattress and no blankets or soft toys.
5. Sleep baby in their own safe sleeping place in the same room as an adult care-giver for the first six to twelve months
6. Breastfeed baby

Wrapping babies is a useful method to help babies settle and sleep on their back. For more information and instructions, please see the Rednose (formerly SIDSANDKIDS) brochure in the Ward 54 Seminar Room or visit and download the brochure from www.rednose.com.au

Tummy time

Tummy time is important from the beginning of a baby's life. It helps both brain and muscle development and can help prevent your baby from developing a flat area on their head. Supervised tummy time is recommended for babies 3 times a day, when they are awake and not too tired.

Remember you must never leave your baby unsupervised during tummy time.

For more information and instructions please see the Rednose (formerly SIDSANDKIDS) brochure in the Ward 54 Seminar Room or visit and download a brochure from www.rednose.com.au



Substances and breastfeeding

Alcohol

- Breastfeeding mothers are advised not to drink alcohol because alcohol passes into your breast milk
- Excessive amounts of alcohol may lead to drowsiness, deep sleep and weakness for both mother and baby. A drowsy baby may not feed well which may lead to a reduction in supply of breast milk
- Any drug that causes drowsiness in the infant may increase the risk of Sudden Infant Death Syndrome (SIDS)
- If you do drink alcohol, preferably limit your intake of alcohol to one standard drink, breastfeed just before consuming alcohol or express and store alcohol-free breast milk for use after drinking alcohol. For each standard drink you consume, your baby should not be breastfed again for two-three hours
- For more information, speak to a community health nurse, lactation consultant or your local Australian Breastfeeding Association representative.

Caffeine

- Caffeine is contained in a wide variety of beverages, food and medication including coffee, tea, cola-based soft drinks and chocolate
- Small to moderate caffeine intakes are acceptable while breastfeeding. Intake of drinks or foods containing caffeine should be restricted to two-three cups (or serves) per day
- Newborn babies, pre-term or sick babies are more vulnerable to mum's caffeine intake
- Caffeine may also be associated with a low breast milk supply

Smoking

Breast milk is always the best choice for your baby whether you smoke or not. If you are breastfeeding, you should try to stop or decrease your smoking as much as possible.

- Nicotine smoking may lead to a decrease in breast milk supply and can also interfere with the let-down reflex
- Nicotine can also alter the taste of breast milk. Babies may express their distaste for the milk by fussing and struggling at the breast or even refusing the breast

To reduce potential harm from smoking all parents should be encouraged to:

- Quit if at all possible
- Smoke outside the house and car
- Smoke only after feeding to reduce nicotine exposure. Try other comforting techniques for the baby for 90 minutes after smoking
- Breastfeed exclusively for the first six months to maximise the babies protection against respiratory disease, and continue to breastfeed as long as possible
- Do not take the baby into smoky environments
- Shower and change clothes after smoking (if possible) and before holding your baby

Second hand smoke

Children exposed to second-hand smoke are at an **increased risk of premature death and disease.**

Second-hand smoke can impair a baby's breathing and heart rate, which can put the baby at a higher risk of sudden unexpected death in infancy (SUDI) including SIDs and fatal sleeping accidents. If parents smoke during pregnancy and after their baby is born, their baby's SUDI risk increases. The more second-hand smoke a baby is exposed to, the higher the risk of SUDI.

If children are exposed to second-hand smoke, they can have swelling and irritation in their airways. They're also more likely than other children to develop a range of **lung and other health problems.**

For more information please go to www.raisingchildren.net.au

Substances and breastfeeding

The information was sourced (listed below) from the following website. For more detailed information: <http://www.breastfeeding.asn.au/bfinfo/drugs.html>.

Support services

Breastfeeding Support Services

One on one support with a Lactation Consultant is available for issues surrounding breastfeeding after discharge. Contacting the St John of God Subiaco Hospital Breastfeeding Clinic.

Contact: 9382 6078

Location: Breastfeeding Clinic, Level 3, St John of God Subiaco Hospital.

Your call will connect to an answering machine. The Lactation Consultant will return your call between consultations (Monday to Friday, 9am - 5pm).

Thursdays by the Lake

This group is free to parents whose child is born at St John of God Subiaco Hospital. There are two age specific groups; Early Weeks and Open House.

Early Weeks

This program is for new parents with babies up to approximately 12 weeks old. Facilitated by a Midwife / Lactation Consultant, a variety of parenting and baby care topics will be discussed. Partners welcome. This program is free.

Day and time: Thursday 12.30pm - 2.30pm every second week.

Open House

This program is for parents with babies from three to nine months. New topics are discussed every fortnight and may include feeding, settling support and parenting. The friendly, informal environment offers an opportunity for mothers to meet other new mums. Bookings not required and partners welcome. This program is free.

Day and time: Thursdays 9.30am - 11.30am.

Venue: Lake Monger Recreation Centre, 144 Gregory Street, Wembley.

Enquiries: Please call Parent Education on 9382 6708 or check the Subiaco website.

Additional services:

Postnatal and antenatal aquatherapy classes and massage – for information contact SportsMed on (08) 9382 9600

Pregnancy, postnatal and breast feeding issues - for information contact Genesis Physiotherapy on (08) 9284 0919

Baby Dolphin Swim Classes 10 week program – for information contact SportsMed on (08) 9382 9600

Note: fees may be applicable.

Healthcare at Home

After your discharge you can have a registered midwife or lactation consultant visit you in the comfort and privacy of your own home. They will liaise with your Neonatal Paediatrician, Obstetrician and GP to ensure the health and safety of you and your baby.

You will receive:

- A full assessment, which includes weighing your baby and identifying any problems
- A personalised care plan
- A Newborn Screening Test (if you are discharged before 48 hours)
- Assistance with early feeding problems

What are the benefits:

- Early discharge

- Alleviates the inconvenience of travel, especially if you had a caesarean birth and are unable to drive

Please ask your midwife for a referral if you are experiencing problems with breastfeeding or require an early discharge and midwifery support. Please ensure you check with your health fund with respect to your coverage.

The service is offered in the Perth metropolitan area and Mandurah.

For further information please contact:

P: 1300 475 442

E: athome@sjog.org.au

www.sjog.org.au/healthcareathome

Tiny Hearts Paediatric First Aid

The Tiny Hearts Paediatric First Aid course is run in our hospital each month. The four-hour classes are offered at a reduced price of \$60 per person (usually \$100).

The course is run by Tiny Hearts Education and will cover many topics including infant and child CPR, choking, recovery position, respiratory distress, burns, rashes, ear infections, fever and seizures, fractures and safe sleeping.

For information and to make a booking, visit:

tinyheartseducation.com/sjog-subiaco

Mental Health

Having a baby can be an exciting time, full of intense emotions. Some emotions may be good, while others can be more challenging.

Postnatal anxiety and depression are quite common and can affect all parents. Emotional or mental health problems are usually the result of many factors that interact in different ways for different people.

Emotional health is a state of wellbeing. When you feel well and content, you are better able to cope with stress, maintain relationships and enjoy life. Looking after your emotional health has benefits for both you and your baby.

Being active, feeling a sense of belonging and having a purpose in life are all good for emotional health and wellbeing. You will feel happier and better able to deal with problems and stress.

Keeping mentally healthy is as important as staying physically healthy.

There are small things ACTBELONGCOMMIT suggest you can do to make sure you are and stay as mentally healthy as possible.

Being active boosts your mood, helps you cope with problems and stress. You can keep active by getting involved in your baby's everyday life.

- Take the pram out for a walk or run
- Head to the park, surround yourself with nature and get in the fresh air
- Catch up with friends for a coffee
- Call a friend when you're on a walk with baby.

Belonging helps build friendships, creates opportunities and simply feels good! Keeping in touch with friends, family and members of the community helps us stay connected and involved in everyday life.

- Try a playgroup and connect with other new parents
- Find a mums or dads group in your local area
- Try and make time for family and friends.

Commitment gives us a sense of meaning and purpose in life which increases life satisfaction and resilience.

- Set yourself small & manageable goals to help you be the best parent you can be
- You could register for a parenting course, or look for information on how kids' mental and social skills develop
- Becoming a parent is a big challenge, make sure you celebrate your achievements.

If you would like more information please speak with your Community Health Nurse or alternatively try visiting www.panda.org.au or your Obstetrician.

Raphael Services

Raphael Services offer support and information service for parents affected by anxiety or depression during pregnancy or in the four years following the birth of their baby. Our highly experienced and specialised team provides a family centered service which aims to:

- Enhance the social and emotional wellbeing of women and their families
- Support parents in their relationship with each other and their baby
- Increase parenting satisfaction and coping skills

The service also offers:

- Telephone support and information – 1800 524 484
- Individual therapy and assessment
- Postnatal anxiety and depression therapeutic groups
- Parent-infant therapeutic programs

Referral to the Raphael Services needs to be made by your G.P. or Obstetrician. Some services attract a fee which may be rebated through Medicare. Please call 1800 524 484 for further information.

Elizabeth Clinic

The Elizabeth Clinic offers families support and expert care from specialist clinicians including paediatricians; perinatal, infant, child and adolescent mental health clinicians, developmental specialists; parenting experts, GP lactation consultant; family and couple therapists and a number of evidence based group programs.

Enquiries:

P: (08) 9384 4565 F: (08) 9284 7408

E: enquiries@elizabethclinic.com.au

www.elizabethclinic.com.au



**“To a child,
love means time
and attention.”**

Post Birth Exercise

Over the past nine months your body has changed and adjusted to your growing baby. Your posture has altered, muscles have stretched and ligaments have softened. Now that your baby is born, it is very important for you to start an exercise program which will help your muscles to strengthen and regain tone.

The early postnatal period is about rest, recovery and bonding with your new baby. You can start your pelvic floor exercises and postnatal abdominal muscle bracing. It is recommended that you wait until your six-week postnatal check before increasing your intensity level. Low-impact exercise such as walking is recommended during this time. Aim to increase your distance and speed gradually. It is important to check with your doctor, midwife or continence professional before returning to exercise.

Pelvic floor exercises

How to do pelvic floor exercises

- Pelvic floor exercises can be done anywhere, while sitting, standing or lying.
- Picture a muscular sling as the floor of your pelvis, running from your tail bone to your pubic bone.
- Sit up tall and relax your shoulders. Focusing on your back passage, lift and squeeze upwards and inwards as though you are trying to avoid passing wind. Now, bring the pelvic floor lift forward to the front as though you are also trying to stop the flow of urine.
- Lift and squeeze your pelvic floor and notice how long you can hold for. Aim to hold for 3 seconds initially, building up to 10 seconds over time. Your shoulders, buttocks, thighs, hands and feet should remain relaxed. You should not hold your breath while you hold your pelvic floor lift.

- Rest your pelvic floor muscles for the same amount of time as you held the lift, before repeating.
- Aim for 3 to 5 holds in one set, building up to 10 over time. Repeat three sets a day.



Correct action

The pelvic floor lifts, the deep abdominals draw in and there is no change in breathing.

Incorrect action

Pulling the belly button in towards the backbone and holding your breath can cause bearing-down on pelvic floor.

Seek help if you

- Cannot feel your muscles hold and relax.
- Cannot feel a definite lift and squeeze.
- Feel any downward pressure on your pelvic floor during or after your exercises.
- Feel you are not making any progress in your confidence, hold time or the number of holds you can do.
- See no improvement in your bladder or bowel control after three weeks of doing regular pelvic floor exercises.
- Have back or pelvic pain, as this can interfere with your pelvic floor function.
- Notice your symptoms getting worse.

Postnatal abdominal bracing

Start by drawing in the muscles as soon as you are comfortable, within the first few days after the birth. Ensure that you focus on the lower half of your abdominal muscles. Many women do not brace correctly, often pulling in the muscles too hard while also holding their breath, so it's a good idea to check your technique against the following tips.

- Lifting your pelvic floor first can help you to connect to your lower and deeper abdominal muscles, as they are “wired” together. When they are working well, you will feel your pelvic floor lift and the abdominal area below your belly button draw in.
- Aim to do this without holding your breath. Stop if you hold your breath – this means that you are pulling in too hard and need to refocus and practice the more gentle technique.
- You are aiming to feel the lower half of your abdominal muscles (below the belly button) contract. You should not feel that you are sucking in the muscles under your ribcage, otherwise you are mainly working your upper abdominal muscles.
- Feeling downward pressure on your pelvic floor muscles means your technique is incorrect and you should seek further advice.
- You should feel no pain or discomfort while bracing.
- If you are still unsure, have your technique checked by a continence professional.



Some women find this is easy to do and are able to draw up their pelvic floor muscles at the same time. Others find that they need to stop and concentrate on abdominal bracing and pelvic floor muscle exercises separately. Use the method that works best for you and check your technique with a midwife or the physiotherapist who visits you on the ward.

(Information sourced from Continence Foundation of Australia)

Post Caesarean

Women who have had a caesarean section can gently draw in the abdominal muscles for support when they move, and start using bracing as an exercise within 4–5 days after the birth. Initially, it may be easier to do abdominal bracing exercises while you are lying on your side, sitting (including when you are holding your baby) or standing. As it becomes easier to brace your abdominal muscles, you can draw them in while pushing the pram, lifting or changing the baby, hanging out the washing or grocery shopping. Seek advice from your doctor or health professional if you feel any discomfort while doing this exercise.

While you are resting in bed for the first 4–5 days, you can:

- take five or six deep, slow breaths each hour—relax your shoulders as you exhale
- bend your ankles up and down, tighten thigh and buttocks muscles
- gently draw in the pelvic floor muscles, pause, and then let go
- draw in the pelvic floor muscles before and as you move your legs, but always keep breathing—this protects your tummy from strain
- with both knees bent up, try slow, gentle pelvic rocking and knee rolling (aim to do these exercises two or three times each hour)



Pelvic rocking



Pelvic rolling

- change your resting position regularly
- if sitting in bed to feed, make sure the back of the bed is upright and place a small pillow or rolled up towel behind your lower back. Try not to slide down the bed.
- if lying on your side in bed to feed, make sure your head and neck are supported on a pillow. Ensure that your body is not twisted; a pillow between your knees might feel more comfortable.

For more information please visit the Continence Foundation of Australia and download their pregnancy guide at www.continence.org.au



Important Contacts

If you require advice or assistance after you go home the following may be useful resources:

- Your General Practitioner
- Your Obstetrician
- Your Neonatal Paediatrician
- Health Direct 1800 022 222
- Sportsmed Subiaco (08) 9382 9600
- Genesis Physiotherapy (08) 9284 0919
- Pregnancy Birth and Baby Helpline 1800 882 436

Your baby's Purple Book also contains a list of useful resources.

Websites

- The Australian Parenting Website
www.raisingchildren.net.au
- Women's and Children's Health Network
www.cyh.com
- Red Nose
www.rednose.org.au/section/safe-sleeping

Breastfeeding help and advice

- Australian Breastfeeding Association 24 hour Helpline
www.breastfeeding.asn.au
1800 686 268
- Community Health Nurse
1300 749 869
- St John of God Subiaco Hospital, Lactation Clinic and Parent Education
(08) 9382 6078
- Private lactation consultants
www.lcanz.org/

Mental health care

- Raphael Services 1800 524 484
- Elizabeth Clinic
elizabethclinic.com.au
(08) 9384 4565
enquiries@elizabethclinic.com.au

Postnatal depression support

- Perinatal Anxiety & Depression Australia (PANDA)
Mon - Fri: 9.00am - 7.00pm
1300 726 306
www.panda.org.au
- Lifeline (Crisis) (24 hour)
13 11 14
- Beyond Blue
www.beyondblue.org.au
- Black Dog Institute
www.blackdoginstitute.org.au

Other

- Poisons Information (24 hour)
13 11 26
- Playgroup Association
1800 171 882
- Multiple Birth Association
1300 886 499
- SIDS and KIDS (24 hour)
1300 308 307
- Domestic violence
1800 811 811 or speak to your doctor or midwife for advice.

About St John of God Health Care

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

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

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T. (08) 9382 6111 F. (08) 9381 7180 E. info.subiaco@sjog.org.au

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