

Having a baby at Ballarat Health Services



Patient Information Handbook



Disclaimer

Ballarat Health Services does not accept any liability to any persons for the information or advice/or use of such information and advice, which is provided in this booklet or incorporated into it by reference. We provide this information on the understanding that all persons reading it are encouraged to discuss their health concerns with their health practitioner.

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Welcome to Ballarat Health Services (BHS) Maternity Unit

Congratulations on your pregnancy. We look forward to assisting you throughout your birthing journey. The information provided here will assist you through the antenatal period and for planning your stay in hospital.

Maternity Outpatients

- Antenatal Clinics (midwifery and medical)
- Pregnancy Assessment Service
- Extended Postnatal Care (Domiciliary Midwifery Service)
- Childbirth and breastfeeding education sessions
- Maternity Family Services
 - Maternity Social Worker
 - Parenting support
 - Mental Health Liaison Midwife
 - Midwife for Aboriginal Women's Health

Maternity Inpatients

- Labour, birth and recovery
- Postnatal Ward

Level 2 Special Care Nursery

Breastfeeding services/Lactation Consultant

Allied Health Support

- Continence Service
- Diabetes Education
- Dietetics Service
- Physiotherapy Service
- Social Work

Consumer Advocacy

Preparing for Pregnancy

If you are considering pregnancy we recommend that you make an appointment to see your General Practitioner (GP) to ensure you receive the appropriate screening and counselling prior to conception to ensure the best possible outcome for your pregnancy.

Your GP will advise you about:

- Healthy weight management
- Any pre-existing medical conditions
- The possible need to have a pap smear
- Any immunisations you may need
- Folate supplementation
- Smoking cessation
- Alcohol and illicit drug use **(including Prescription and non-prescription)**
- Recommended timing between pregnancies

When your pregnancy is confirmed your GP will discuss preparation for childbirth and tests which may be performed between 10-12 weeks (can be done 9-13 weeks) to detect abnormalities of the baby (such as Down Syndrome) and the Maternal Serum Screening Test.

If you have bleeding or concerns regarding your pregnancy prior to 20 weeks gestation it is important to see your GP or present to your local hospital emergency department.

Pregnancy Care

At BHS there are a range of options available to you for care during your pregnancy. Your suitability for a particular 'model/pathway of care' is assessed at first contact with maternity staff and options will be recommended.

Booking in

Your first visit to the Maternity Outpatient Department will be to book in for your pregnancy and birth care. Your general practitioner (GP) or obstetrician will send a referral to the hospital and you will be contacted to arrange an appointment time. All routine blood tests should have been taken before this visit. The 'booking in' appointment is usually when you are about 12-16 weeks pregnant. All women who intend to birth at BHS will have a 'booking in' interview conducted by a midwife. You will be asked questions regarding your health, present and previous pregnancies, family history, nutrition, smoking and substance use history. These questions can provide vital information which can assist us to provide the best possible care during your pregnancy.

Your next appointment will be with a Midwife and Doctor who will assess your suitability for the particular "model of care" you would prefer.

Models of Care

There are different types of care available for women who intend to birth at BHS. This is referred to as a 'model of care' or 'pathway'. Your options will be discussed with you at your 'booking in' appointment. BHS has implemented a system for determining the level of care required for women during their pregnancy according to their risk factors and which women should be referred to if complications arise. Women who have an uncomplicated pregnancy will be allocated to the "Green pathway" and for more complex pregnancies your care will be allocated to the "Red pathway". This may occur at the 'booking in' interview or if complications or concerns arise during your pregnancy. This system ensures you see the most appropriate clinician for your care.

Midwife-led — Models of Care

Midwife Antenatal Care

If your pregnancy is uncomplicated you may elect to be cared for by our midwives who can provide your antenatal care in the maternity outpatient clinic. If your labour and birth is uncomplicated the midwives can also be your main care giver during your birthing experience. During your pregnancy and birth the midwives have access to the medical staff for advice and support. In the event that your pregnancy does not fit the 'low-risk' criteria for midwifery care you can be transferred back to the medical team at any time.

Models of Care (continued)

Continuity of Care Option (COCO)

The COCO program helps women establish a rapport with a small group of Midwives. The Midwives in the program will do their best to care for you during your pregnancy, labour, birth and postnatally. If you become high risk at any time, your care will be co-managed by the COCO team and Doctors.

Shared-care with General Practitioner

GP Antenatal Shared Care

Shared Care describes a formal arrangement between the Antenatal Consultant Clinic and your GP. The majority of your pregnancy care is provided by your GP and you attend the hospital for key visits. This model is suitable for women with a pregnancy considered 'low risk'. Key visits to the antenatal clinic in this model of care are a 'booking in' appointment and then visits at 28 weeks and 36 weeks when you will see both a midwife and a doctor. During your labour and birth you will be cared for by the midwifery and medical staff. In the event that complications occur in your pregnancy your care will be transferred to the Antenatal Consultant Clinic and your GP will be informed.

Obstetric-led - Model of Care

Consultant Antenatal Care

If your pregnancy is considered 'high risk' or if you develop a complication during your pregnancy you will receive your care in the public Antenatal Consultant Clinic. Your care will be provided by the medical team and you will also be seen by a midwife at key visits.

Private Obstetric Care

Private obstetric care is available for women who use the services of a local obstetrician for their pregnancy and birth care. Direct referral can be made by your GP who will discuss the choices available. In this model of care women have a financial agreement with their private obstetrician which may utilize private health insurance or direct payment. This model of care is available for both low-risk and high-risk pregnancies and specific requests and choices can be discussed with your choice of obstetrician. The private obstetrician will manage your labour and birth. You are still required to attend a 'booking in' appointment at BHS prior to 20 weeks to be interviewed by the midwife.

BHS does not currently offer Team Midwifery or Caseload Midwifery.

Please note:

Women who choose to engage the services of a private midwife for a homebirth must be aware that there are no formal agreements in place for your midwife to be involved in your care in the event that you have to attend the hospital and their role is as a support person only. We encourage all women who choose this option to attend a “booking in” appointment to ensure all of your details are recorded in the event you require transfer to hospital in an emergency.

Immunisations in Pregnancy

Whooping Cough

Most adults are not adequately vaccinated for whooping cough. We strongly recommend that parents, other adult household members, grandparents and carers of your baby are vaccinated against whooping cough (Pertussis). For women, a whooping cough booster is recommended between 20-32 weeks gestation of each pregnancy. This vaccine is free. Other adults in contact with your baby (other parent, grandparents, etc) should also receive a booster if 10 years have passed since their previous dose.

Did you know:

- Approximately 1 in every 200 children infected with whooping cough, under the age of six months, will die.
- Most babies get whooping cough from their parents
- Immunisation for whooping cough is very effective, but babies are at a higher risk of infection until their third dose of the primary vaccine at six months.
- Immunisation during the third trimester of each pregnancy will provide protection for the baby from passive maternal antibody in the first six months until the routine three doses of childhood pertussis vaccine are complete. Whooping cough in babies is very serious with many babies requiring hospitalization. Protecting yourself and others that care for your baby against whooping cough lessens the chance that your baby will get it.

Flu Vaccination

Pregnant women can become quite sick with flu and are also at risk of complications. As the flu virus changes frequently, the vaccine has to be updated every year. Flu vaccination during pregnancy is also highly effective in protecting babies against flu in the first six months of life. Flu vaccination is recommended for pregnant women and can be given at any stage of your pregnancy. The flu vaccine is free for pregnant women and is available from the clinic. You cannot catch the flu from the vaccine; however, some people may experience mild side effects which can be treated with paracetamol.

Emergencies in Pregnancy

Please contact the hospital immediately if you have;

- Vaginal bleeding
- Ruptured membranes/ vaginal fluid loss
- Severe constant pain
- Severe headache and/or blurred vision
- Offensive vaginal discharge
- Abdominal trauma; such as a blow to the abdomen, car accident or fall
- Severe generalized itchiness of the skin

If at anytime you are concerned about your health or have a complication affecting your pregnancy, please call

Labour ward 53204980 or 53204979

Fetal movements and Maternal sleeping position

Fetal movements are usually felt at about 19-20 weeks of your pregnancy. Try to tune into your baby's movements during waking hours. From 28 weeks your baby will develop its own pattern of movements. Every baby has a different pattern of waking and sleeping and it is helpful to get to know what's normal for your baby

Movements matter video:

<https://www.youtube.com/watch?v=h8bJtoNZQ1Q>

If you notice a change in your baby's pattern of movements, or are worried in any way, please contact the maternity unit so they can check on your baby's wellbeing.

Always, settle to sleep on your side, this also assist baby's wellbeing by promoting oxygenation to you and your growing baby. If you wake up on your back simply rollover onto your side. The important thing is that you start your sleep by settling to sleep on your side, which is often the deepest and longest part of your sleep.

You might like to use a pillow or sleeping aid to keep your position and increase your comfort.

Additional Services

Antenatal Clinic Endocrinology


This is a multidisciplinary clinic for women with endocrinology disorders, i.e. Gestational Diabetes, Type 1 Diabetes or Thyroid disorder. Care is provided by midwives, Obstetric and Endocrinology Consultants/Registrars, dieticians and diabetic educators.

Birth after Caesarean (NBAC)

The antenatal clinic provides care and specific support for women who have previously had a Caesarean Section and are planning a vaginal birth for their current pregnancy.

Breastfeeding Support Service

The Breastfeeding Support Service offers information and support to women and families in the region who are experiencing breastfeeding difficulties in the first few months following birth. The service is staffed by experienced Lactation Consultants and an outpatient clinic operates 4 days per week.

 53204977


Continence Service

The Grampians Regional Continence Service is a multi-disciplinary team of health professionals who assess and manage women who experience any type of bladder or bowel problems.

 53203795 or 53203737

Diabetes Education


Diabetes educators provide diabetes education in the hospital, hospital clinics and community. Women can be referred to the service through their care provider. Women can expect to be seen within the week on Wednesday morning with pre-existing or gestational diabetes. The Diabetes educator provides ongoing education and support throughout their pregnancy.

 53206979

Dietetics


The Dietetics Department offers appointments to women who require specialised nutrition advice during pregnancy including counselling and support for healthy weight management. Women can self refer to the service or may be referred by the care provider. The clinic operates on a Wednesday afternoon.

A nutrition education session for women with newly diagnosed gestational diabetes is held on Wednesday mornings. Women may be referred through the antenatal clinic or diabetes educator as required.

 53204465 (appointments) or 53204498 (Dietetics Office)


Midwife for Indigenous Mothers' Service (MIMS)

Support for Indigenous women is available upon request at any stage throughout pregnancy, birth and following birth, including domiciliary midwifery. Home visiting is also an option before and after birth. The focus of this service is to optimise the health of the mother and baby during pregnancy in a culturally responsive manner. This service liaises with other services including Ballarat Aboriginal & District Cooperative (BADAC)

 53204410 or 53204533

Maternity Family Services

Includes Maternity Social Worker, Parenting and Education Midwife and Mental Health Liaison Midwife. The Maternity Family Services staff provide extra support to women with complex psychosocial needs including one-to-one counselling, education, support and referral to other services.

 53204533

Pregnancy Assessment Service (PAS)


PAS provides a service for pregnant women over 20 weeks gestation who have any concerns or worries about themselves or their baby or who need assessment in between scheduled antenatal visits.

You can self refer to the service, or you may be referred from the antenatal clinic or by your GP or Obstetrician. We encourage you to book your appointment with PAS, or to call prior to presenting. The service operates 24 hours, 7 days a week . Bookings can be made Monday to Friday 8.30am to 4.00pm.

 53204533 or (after hours and weekends) 53204980


Radiology Service

In early pregnancy your GP will recommend an ultrasound to establish your estimated due date of birth. An ultrasound will also be offered at 17-22 weeks to check growth and development. Further ultrasounds are only ordered if medically indicated. Your care provider will advise you as required.

 53204271

Social Worker

A hospital social worker is available to assist you with any problems that may arise during the antenatal period and immediately following birth. Links can be provided to services and agencies within the community (e.g. family and/or individual counselling). Ask your care provider for a referral if required.

 5320 4762

Young Mums' Clinic

If you are 19 years old or under, this clinic provides specific midwifery and medical care for your pregnancy.

Hand Hygiene

A number of infections and infectious diseases can be spread from one person to another by contaminated hands, particularly gastrointestinal infections and Hepatitis A.

Washing and drying your hands properly can help prevent the spread of the organisms that cause illness and disease.

You should wash and dry your hands thoroughly:

- Before preparing food
- Before eating
- Between handling raw or cooked ready-to-eat food
- Before breastfeeding
- After going to the toilet
- After changing nappies
- After smoking
- After blowing your nose or sneezing
- After handling rubbish or working in the garden
- When hands are visibly soiled
- After feeding and handling animals
- After attending to sick children or adults

How to wash your hands properly

1. Wet your hands with warm water.
2. Apply one dose of liquid soap and lather well for 40-60 seconds or longer.
3. Rinse well under running water and make sure all traces of soap are removed.
4. Pat your hands dry using a clean dry towel, paper towel or hot air drier.
5. Dry under jewellery or remove before hand washing.
6. At home give each family member their own towel and wash them often.
7. To protect your hands apply a water based absorbent hand cream three to four times a day, or more frequently if your hands are constantly in water.

Childbirth Education Classes (CBE)

CBE prepares you for the arrival of your baby and provides information about the birth process and what to expect in the first weeks after birth. Classes provide specific detail relating to pregnancy, labour and early parenting for first time parents and offer an opportunity to discuss relevant topics.

Expectant parents will gain confidence, learn new skills and meet others in a friendly, and relaxed setting. The information provided is based on current evidence and labour, birth & early parenting will be discussed in detail. Participation in CBE empowers parents to make informed decisions around their labour, birth and choice of infant feeding.

CBE is available to all women booked in to birth at BHS. First-time parents are especially encouraged to attend. Apart from the Early Pregnancy Care session, most women commence classes in later pregnancy, at around 32 weeks

Fathers and support people are most welcome to attend. Sessions are run by experienced midwives with additional qualifications in childbirth education.

***Childbirth Education classes can be booked during your Antenatal clinic appointments.
There is no fee for classes.***

Sessions include:

Early Pregnancy Care: 6:30-8:30 once/month for women 16-22 weeks pregnant. This session focuses on physical & emotional changes in pregnancy and lifestyle changes. A physiotherapist will also discuss exercise and common pregnancy issues such as back pain and sleeping positions. An information session for partners is also provided at this time.

CBE general sessions: for women from 32 weeks & offered over three consecutive Tuesday or Thursday evenings, 6:30-8:30, or one Saturday, 10-4pm. Session 1 - normal labour/birth and maternity ward tour; session 2 - variations in labour/birth and managing pain; session 3 - early weeks of parenting and preparation for 'life after baby'.

Breastfeeding information session: one session that aims to provide parents with practical knowledge and information about breastfeeding. 3-5 or 6:30-8-30 pm

Infant Feeding

BHS supports, respects and encourages a parent's informed choice of infant feeding. We recommend breastfeeding as the optimal choice for both the health of babies and mothers, and we are a Baby Friendly Accredited Health Service.

Breastfeeding Policy

(The full BHS Breastfeeding Policy is available on request)

AT BHS we:

- Give pregnant women, mothers and their families clear and factual information about the importance of breastfeeding and how to breastfeed
- Support, advise and assist parents and provide the most up to date information about infant feeding
- Support active labour and birth and encourage practices to help with comfort and non-pharmacological pain relief during labour.
- Encourage women to choose their own support people and a position of comfort for birth unless there are medically indicated restrictions.
- Place newborn babies skin-to-skin with their mother straight after birth to allow early breastfeeding instincts to develop.
- Keep mothers and babies together from birth so they can develop a natural pattern of breastfeeding,
- Do not give infant formula to breastfed babies unless there is a medical need and a parent has given consent
- Avoid giving teats or dummies to newborn breastfed babies.
- Teach mothers how to express and store their breast milk and how to keep up their supply of breast milk if separated from their baby
- Provide all pregnant women and mothers with information about how to access mother-to-mother peer support for breastfeeding.
- Provide professional breastfeeding support services and refer mothers to them if required when they leave hospital.

- Provide support to our own staff who are breastfeeding after returning to work.
- Teach parents of formula fed babies how to safely prepare and use infant formula.

The Benefits of Breastfeeding

The benefits for your baby:

- Breastmilk provides the best nutrition for your baby's needs for growth and development
- Breastmilk provides important immunity to reduce the risk of infections such as gastroenteritis and diarrhea, chest and ear infections. It may also reduce the risk of allergies and diabetes and childhood obesity

The benefits for the **mother** include:

- Enhances bonding between you and your baby
- Reduces the risk of bleeding after the birth of your baby.
- Helps you to return to your pre-pregnancy weight.
- Reduces the risk of breast and ovarian cancer and osteoporosis (bone softening) later in life.
- Is convenient, safe and free.

Labour and birth practices that can help breastfeeding get off to a good start.

We encourage you to have a trusted support person with you during labour and birth, to stay active, use comfort measures and non-pharmacological pain relief methods and give birth in a position of your own choice where possible.

The importance of uninterrupted skin-to-skin contact after birth for breastfeeding

Placing your baby skin -to -skin on your bare chest immediately after birth promotes a feeling of closeness and produces strong hormonal responses. This enables your baby to feel calm and stay warm and to start feeding soon after birth, when feeding instincts are strong. This has been shown to promote breastfeeding success and longer breastfeeding duration.

This initial skin-to-skin contact should ideally continue uninterrupted for at least one hour. Your midwife will help you recognize when your baby is ready for a feed during this time. Skin -to -skin contact is also promoted after a caesarian or complicated birth if the mother and baby are well. Skin to skin contact is encouraged anytime during your stay in hospital and you may also like to continue it at home, irrespective of how you feed your baby.

Getting Position and attachment Right

In the first few days after birth, mother and baby are learning to breastfeed. It is important that you learn how to correctly hold and attach your baby at the breast to avoid nipple pain and ensure the baby receives the most milk. Breastfeeding is a learned skill that takes time, patience and practice. The breasts initially produce highly nutritious colostrum, which changes into mature milk in the early days following birth.

Demand Feeding

Newborn babies normally breastfeed between 8-12 times in 24 hours in the first few weeks while breastfeeding is being established. This frequent feeding is normal and will change as the milk supply is established and as your baby grows and develops. Demand or responsive feeding helps to ensure your breasts make the right amount of milk for your baby.

Rooming-in

At BHS, all well mothers and babies room-in together 24 hours a day. The advantages of rooming-in include:

- More opportunities to practice breastfeeding.
- More opportunities for skin-to-skin contact and cuddles with your baby.
- More confidence about breastfeeding and parenting.
- The opportunity to breastfeed frequently which will improve early milk production.
- Your baby will tend to have better quality sleep and cry less.
- You will feel no more tired than mothers who do not room-in.
- You are more likely to enjoy breastfeeding for longer.
- Less chance of hospital acquired infection as your baby has minimal contact with other people.

Feeding Cues

These are a few tips for recognizing when your baby is hungry:

- Baby starts to wake from sleep.
- Baby starts to mouth and lick their lips.
- Baby turns their head from side to side.
- Baby opens their mouth.
- Baby will suck their knuckles.
- The baby nuzzles into the breast.
- The baby will start to cry which can be a late sign of hunger.

Teats, dummies and complementary Feeds

Whilst a newborn baby is learning to breastfeed he/she may become confused if offered a teat or dummy during the early weeks. Offering a dummy when your baby is hungry might reduce the amount of breastmilk you produce, because the breasts can't respond to your baby's hunger signals. If your baby is unable to feed at the breast we can advise you on your best options for feeding and what method to use.

Offering fluids other than breastmilk can affect the amount of time your baby breastfeeds, which can affect your milk supply. Healthy full term newborns should be encouraged to have frequent unrestricted breastfeeds. If your baby requires anything other than breastmilk whilst in hospital your doctor or midwife will discuss this with you and support you to continue breastfeeding. If extra milk is needed, your own expressed breastmilk is the best option before infant formula is considered.

How long should baby be breastfed for?

The World Health Organisation and the National Health and Medical Research Council recommend that most babies should be exclusively breastfed for around 6 months of age. After solids are introduced, breastfeeding can continue for up to two years and beyond as long as mother and baby want .

Breastfeeding Information Sessions

A breastfeeding information session is offered once a month on Wednesdays. Sessions are from 3.00pm to 5.00pm or 7.00pm to 9.00pm. The sessions are free and bookings can be made through Maternity Outpatients Department. Partners/support persons are welcome.

Expressing colostrum before birth

Your breasts produce colostrum (baby's first milk) during pregnancy in preparation for breastfeeding. From around 36 weeks of pregnancy, you can express some colostrum by hand and store it for use in the first few days after birth if your baby needs some extra breastmilk. If you would like to do this, you should speak with your midwife first, as there are some situations where this should not be done. Your midwife will teach you how to hand express and store your colostrum safely.



Where to get help with breastfeeding

The Australian Breastfeeding Association (ABA) 24 hour helpline

Ph: 1800 686 268

Ballarat Health Service Breastfeeding Clinic

Ph 53 204977/ 53204533

Parent Place Breastfeeding Support

Cnr Sturt and Albert Streets, Ballarat Central

Ph 53 204977/ 53206872 or drop in Thursdays 1pm—3pm

Ballarat Health Services Maternity Unit

Ph 53 204971

24 Hour Maternal and Child Health Advice Line

Ph. 132229

Medication Advice and information for Breastfeeding Mothers

Royal Womens' Hospital Medicines Information Line

Ph 83453190

Monday to Friday 9am to 5pm

Monash Health Drug Information Centre

Ph 95942361

Monday to Friday 8.30—5pm



Infant formula and bottle feeding

Breastmilk is our recommended feeding choice for babies however, we respect your choice regarding infant feeding. The midwives will provide education, information and support to help you make your choice.

If you decide to feed your baby with infant formula the midwives will teach you how to safely clean, prepare and feed your baby with a bottle. You will need to bring to hospital a tin of newborn formula. The hospital will supply disposable bottles and teats whilst you are in hospital. You will need to ensure you have a supply of bottles and teats at home (at least 4-6) a bottle cleaning brush and a method for sterilizing.

Your Maternal and Child Health Nurse can give you more help with bottle feeding after discharge, or call the 24 hour Maternal and Child Health Line on 13 2229

Baby Care Room/ public facilities

There is a baby care room for visitors located near the coffee shop and the main hospital entrance.

Public toilets are located in the west corridor past the lifts (5th floor) and also at the main hospital entrance. Please ensure your visitors do not use the patient toilets.

Banking

There is an ANZ ATM in the BRICC building ground corridor

Food, drinks and essentials

A coffee shop is located in the main hospital entrance where you may purchase drinks and snacks.

The cafeteria is located on the first floor is sign posted from the lifts. Meals and drinks are available and are provided from 830am until 7.30pm on weekdays and public holidays and 8.3-0am to 6.30pm on weekends.

A drinks machine is located behind the lifts on 5th floor .

Important contact numbers

Maternity Outpatients	5320 4533
	5320 4820
Labour Ward	5320 4879
	5320 4980
Breastfeeding Service	5320 4977
Special Care Nursery	5320 4981
BHS Switchboard	5320 4000

Pregnancy, Diet and Weight Management

Starting a family is an excellent time to make some lifestyle changes, such as healthy eating choices. Healthy eating is essential in pregnancy for the health and development of your baby and can improve your health before, during and after pregnancy. A healthy diet can influence not only your health but also the health of your baby and family.

There is no need to eat more food during pregnancy if you are a normal healthy women in the healthy weight range. At the 'booking-in' appointment all women are weighed and their height measured to calculate the Body Mass index (BMI). As your BMI increases your risk of complications in pregnancy also increases, especially if you are in the obese categories. If your BMI is greater than 35 you will be weighed at each visit to ensure your weight gain in pregnancy is kept within the recommended range.

This is the WHO classification of obesity and the risk of complications in pregnancy.

Classification	BMI (kg/m ²)	Risk of complications
Underweight	<18.5	Low (but risk of other clinical problems increased)
Normal range	18.5 – 24.9	Average
Overweight	25 – 29.9	Increased
Obese I	30 – 34.9	Moderate
Obese II	35 – 39.9	Severe
Obese III	>40.0	Very severe / extreme

Weight gain in pregnancy is normal and the table below details the recommendations we follow according to BMI. Women with a BMI less than 18.5 or 35 and above will be offered a referral to a dietitian for assistance with healthy weight management during pregnancy. Women with a BMI >35 should have early diabetes screening and if the BMI is >40 an anaesthetic assessment is also completed in the later stages of pregnancy. Women in the Obese III category may also require referral to a specialist if there are underlying medical conditions or concerns to ensure you have the best possible outcome for your pregnancy.

The following table describes the recommended daily intake , serving sizes and examples of foods which are recommended in a normal healthy diet.

Food Groups	Serves	Example of 1 serve
Breads, cereals, rice, pasta and noodles	4-6	2 slices bread 1 medium bread roll 1 cup cooked rice/pasta/noodles 1 cup breakfast cereal flakes 1/2 cup muesli/oats
Vegetables, legumes	5-6	1/2 cup cooked vegetables 1 cup lettuce or salad vegies 1 medium potato 1/2 medium sweet potato
Fruit	4	1 Piece medium sized fruit 2 pieces smaller fruit 20 grapes or cherries 1/2 cup juice 1 cup dice/canned fruit 1 1/2 tablespoons sultanas
Dairy (low fat, high calcium)	2	1 cup milk 40g (2 slices) cheese 200g yoghurt 1 cup custard
Meat, fish, poultry, eggs, nuts, legumes	1 1/2	65-100g cooked meat/chicken 80-120g cooked fish 2 small eggs 1/3 cup cooked beans/lentils/chick peas/ split peas or canned beans 1/3 cup peanuts/almonds
Extra foods	0-2 1/2	3-4 sweet biscuits 30g potato crisps 2 scoops ice-cream 1 tablespoon (20g) butter/margarine/oil
Fluids	1 1/2—2 litres	Water is best Avoid alcohol

Following the recommendations below will help you to keep your weight gain in pregnancy within the recommended range and also return to your pre-pregnancy weight after birth.

Normal Healthy Diet:

- Low in fat, high calcium dairy foods.
- Whole grain breads and pasta.

Limit or reduce your intake of:

- Sugary drinks such as soft drink (e.g. Cola), flavored milk, cordial, fruit drink.
- Cakes biscuits, muffins and pastries.
- Chips, lollies, chocolates.
- Energy drinks (containing caffeine and guarana)
- Alcohol

General dietary advice for the whole family

Eating a healthy diet benefits the health of the whole family.

Remember!

Eat most	Whole grains including breads, cereals, rice and pasta, vegetables, legumes and fruit.
Eat moderately	Protein rich foods including lean meats, chicken, legumes, nuts, seeds, eggs and low-fat dairy.
Eat occasionally	Monounsaturated fats (e.g. olive and canola oils)
Limit	Polyunsaturated fats (e.g. sunflower and safflower oils), salt, sugar and added sugars and tea.
Avoid	Saturated fats (e.g. animal fats, butter), coffee, alcohol.

Target weight gain ranges in pregnancy according to BMI

Pre-pregnancy BMI (kg/m ²)	Rate of weight gain 2 nd and 3 rd trimester (kg/week)	Recommended total gain range (kg)	Recommended total weight gain range (kg) for twin pregnancy
< 18.5	0.45	12.5 to 18	-
18.5 to 24.9	0.45	11.5 to 16	16-24
25.0 to 29.9	0.28	7 to 11.5	14-22
³ 30.0	0.22	5 to 9	11-19

Important dietary requirements in pregnancy

Iron: requirements increase markedly during pregnancy, particularly during the second and third trimesters. It is essential for the production of healthy red blood cells to carry oxygen to all tissues in the body including the placenta.


Meat is a good source of iron as it contains the 'haem' form of iron which is well absorbed in the body. Vegetarians are at greater risk of iron deficiency in pregnancy than those who eat meat and should pay particular attention to their iron intake; Vitamin C increases the absorption of the 'non-haem' iron found in vegetables.

Folate: (folic acid) is a B-group vitamin found in a variety of foods. Green leafy vegetables are an excellent source of folate.

It is recommended that women planning pregnancy take a folic acid supplement prior to conception and for the first 3 months of pregnancy to reduce the risk of neural tube defects such as spina bifida. If you are planning a pregnancy or are in the early stages of pregnancy you should increase your folate intake with a 400 to 500 microgram folic acid supplement daily. Those women who have a reproductive or family history of neural tube defects, a previous pregnancy affected by neural tube defects, those on medications for epilepsy or who have diabetes should take 5mg of folic acid daily.

Calcium: no additional calcium supplementation is required in a normal healthy pregnancy when dietary intake is sufficient. Low fat dairy foods such as milk, cheese and yoghurt, and calcium-fortified soy milk are excellent sources of dietary calcium. In some conditions in pregnancy a calcium supplement may be recommended. Your care provider will advise you on this.

Vitamin A: supplements are rarely recommended for pregnant women and it is important not to take any supplementation without first consulting your care provider as an excessive intake may cause birth deformities. If your Vitamin A levels are low you can obtain it through food sources such as milk, fish, eggs and margarine.



Iodine: deficiency can affect the growth and development in the unborn child, increase the chance of miscarriage and have serious implications for intellectual development. Most foods in Australia contain only small amounts of iodine, making it difficult for pregnant and breastfeeding women to get enough iodine through food alone. The amount of iodine varies greatly based on factors such as changes in season and processing practices. Fortified bread, dairy and seafood are the main dietary sources of iodine in Australia.

It is recommended that all women who are pregnant, breastfeeding or considering pregnancy should take an iodine supplement of 150micrograms each day

Vitamin D: levels may be checked during pregnancy with a blood test. If your level is too low, you will be advised to take vitamin D supplements during and after the pregnancy to help protect against health problems such as osteoporosis (brittle bones). You should take the amount of supplement prescribed by your health care provider and the amount may change depending on what your blood level is. A higher dose may be needed at first to build your level up however there is no danger of overdose with these amounts. Oste-Vit D and Ostelin are the most common vitamin D supplements. If you stop taking your supplements you should have your level checked from time to time to see if it has stayed in the normal range. Breastmilk is not a good source of vitamin D. If a mother is vitamin D deficient, babies may need to be given extra vitamin D until they are weaned. Pentavite, which is a liquid multivitamin mixture available from pharmacies, is suitable for this. The dosage is 0.45ml per day and a midwife will show you how to give Pentavite to your baby before you leave hospital if it is prescribed.

Concerns in Pregnancy

Listeriosis

Listeria infection, or listeriosis, is an illness usually caused by eating food contaminated with bacteria known as *Listeria monocytogenes*. Healthy people may experience no ill-effects from listeria infection at all, but the risks may be serious for pregnant women. The greatest danger is to the unborn baby, with increased risk of miscarriage, stillbirth and premature labour. A listeria infection is easily treated with antibiotics, but prevention is best. Some foods are more prone to contamination with listeria than others. The organism that causes listeria infection is destroyed by heat, so properly cooked foods are not a risk.

Exclude these foods from your diet if pregnant:

- Soft cheeses, such as Brie, Camembert and Ricotta (these are safe if served cooked and hot)
- Precooked or pre-prepared cold foods that will not be reheated (e.g. pre-prepared salads, pate, quiches and delicatessen meat like ham and salami)
- Raw seafood (e.g. Oysters, sashimi, smoked seafood such as salmon)
- Unpasteurised foods
- Soft serve ice cream

Mercury in fish

Mercury is often found in fish. Developing fetuses and young children are more vulnerable to the effects of mercury, which may cause developmental delays. Pregnant women are advised to be selective about the type and amount of fish they eat during pregnancy.

Fish that contain **higher levels** of mercury include shark (flake), ray, swordfish, barramundi, gem fish, orange roughy, ling and southern bluefin tuna.

Fish that contain **lesser levels** of mercury include salmon, canned tuna and shell fish including prawns, lobsters and oysters.

Do not be concerned if you have the occasional meal of fish (e.g. once a week) with high levels of mercury. It is only a potential problem when that type of fish is eaten regularly, which causes a build up of the levels in the blood.

Alcohol

Not drinking alcohol is the safest option for women who are pregnant or breastfeeding. Excessive alcohol in pregnancy increases the risk of miscarriage, prematurity, stillbirth, low birth weight and congenital deformities. It can also affect your baby's behaviour, learning and intelligence.

There are no known safe levels for alcohol consumption in pregnancy.

The National Health & Medical Research Council (NHMRC) have made the following recommendations for women who are pregnant or planning a pregnancy:

- **Women must consider not drinking at all**
- It is most important not to become intoxicated
- More than two standard drinks in any one day is considered excessive.
- Drinking large quantities at any one time may affect the developing brain. The risk to your baby appears to be highest in the earlier stages of pregnancy.
- Reducing or ceasing your alcohol use at any stage of your pregnancy, will be of benefit to your baby and your health.

Smoking and pregnancy

Smoking is harmful to the health of your baby.

Pregnant women should stop smoking to promote the health and wellbeing of both mother and baby. A woman who smokes while pregnant is at an increased risk of experiencing a wide range of problems including ectopic pregnancy, miscarriage and premature labour.

Women who smoke are up to three times more likely to give birth to a low birth weight baby compared to a non-smoker. Low birth weight babies are more vulnerable to infection and other health problems, such as breathing difficulties.

Every time a pregnant woman smokes a cigarette, her unborn baby is deprived of oxygen and exposed to the same cocktail of chemicals, including chemicals which cause cancer. Smoking during pregnancy can impair your child's health in future years. Health effects may include impaired lung function, increased incidence of asthma, and an increased risk of developing behaviour problems.

If you need help to reduce your smoking intake speak with your doctor/midwife or call the Quitline on 137 848 (24 hours) or the BHS Quit Clinic on 53204322.

Pregnancy and drugs

Many women take some sort of drug, substance or medication during pregnancy, often without realizing the potential for harm to the baby. Drugs or medication taken by the mother may cross the placenta and reach the developing fetus and the possible effects may include stillbirth, developmental delay, intellectual disability, birth defects, miscarriage or and/or premature labour.

You may be prescribed medicines by your doctor. It is important to discuss the risks and benefits of the medicine use. If some conditions or pregnancy complications are untreated it may risk the health of you and/or your baby.

You should always inform your doctor and/or midwife of the full list of medication that you take, or have recently taken. This includes:

- Prescription medicines
- Over-the-counter medicines
- Nutritional supplements (e.g. vitamins)
- Complementary medicines (e.g. herbal medicine)
- Illegal drugs
- Drugs used to treat opiate or alcohol dependence (e.g. Methodone, Buprenorphine)

Pregnancy and Teeth

Dental care and hygiene is essential before, during and after pregnancy, to assist you in maintaining healthy teeth and gums.

Pregnant women are more prone to gum problems due to the effect of pregnancy hormones. Gum problems include swelling, bleeding and gum inflammation. Using a softer toothbrush may help prevent gum problems.

If you have severe dental disease during your pregnancy you are more likely to have a premature baby and also more likely to have a child who has problems with dental disease. If you have severe dental disease please discuss this with your doctor or midwife.

If you need to visit your dentist during your pregnancy please inform your dentist that you are pregnant.

Regular dental hygiene includes:

- Brushing teeth twice a day with fluoridated toothpaste
- Floss between your teeth
- Avoid sugary foods and drinks
- Visit your dentist regularly

Pregnancy and Exercise

A moderate amount of exercise such as walking, swimming, or yoga, will encourage fitness, strength and flexibility which will not only enhance well-being in pregnancy, but will also be of great benefit during labour and recovery after birth.

Reasons to stay active during pregnancy:

- Be prepared for the physical demands of labour and parenting
- Improved posture
- Have a smaller gain of body fat
- Improved recovery after birth
- Manage discomforts of pregnancy
- Increase energy levels
- Maintain and improve strength, flexibility, coordination, balance and circulation
- Faster return to pre-pregnancy fitness and weight
- Improved mental wellbeing

A daily 20-30 minute walk is recommended

Always check with midwife or doctor before starting a new exercise program. If you currently participate in sport please check with your doctor or midwife regarding continuing or modifying your current program.

You can usually return to exercising approximately 6 weeks following birth or earlier if you feel able. Ask your doctor for advice. Increase the intensity slowly over a couple of weeks.

Pregnancy and Travel

The safest time for pregnant women to travel is in the second trimester if the pregnancy is progressing normally and there are no complications. Most airlines permit pregnant women to fly until the end of the 35th week of pregnancy, after this time pregnant women are strictly advised not to fly. Rules vary between airlines so ensure what the exact conditions are prior to purchasing your tickets. A medical certificate may be required.

Consult your doctor or midwife if you are unsure whether you should travel. Be aware of the availability of medical care at your travel destination in case you require care and take your maternity record with you.

Common discomforts in pregnancy

Heart Burn / Indigestion

Pregnancy hormones relax the valve at the entrance of the stomach, which makes it easier for stomach acid to flow into the oesophagus, causing a burning sensation. Your baby can also press on the stomach which also cause stomach acid to flow upwards. The burning sensation is often referred to as “heart burn”. It may be more severe when lying down at night, straining or coughing or after meals. You can try to avoid heartburn by keeping your meals small and frequent, drinking a glass of milk (to help neutralize the acid) particularly before bed, elevate yourself on pillows when sleeping and avoid spicy foods or foods high in fat.

There are many preparations available for the treatment of heartburn. Discuss with your doctor, midwife or pharmacist.

Morning Sickness

Many women experience nausea in the first trimester. It will generally subside by the 12th week of pregnancy however some women can experience it throughout their pregnancy. Whilst often referred to as “morning sickness” it can occur throughout the day and is characterized by vomiting and lack of appetite

Morning sickness is thought to occur as a result of hormonal changes . Women can experience varying degrees of morning sickness which range from mild nausea to severe vomiting requiring admission to hospital. If you are unable to keep any food or fluid down you should consult your doctor.

Tips for morning sickness:

- Drink plenty of fluids (e.g. water preferred).
- Avoid smells like cigarette smoke or other smells which trigger nausea.
- Eat smaller meals, more frequently
- Carry some snacks in case you begin to feel a wave of nausea
- Get plenty of rest
- Peppermint or ginger tea may help
- Eat a piece of toast before getting out of bed in the morning

Other common concerns

You may wish to discuss with your doctor or midwife:

rash/itches, varicose veins, tiredness, haemorrhoids, food cravings, stretch marks, irritable legs, backache

Emotional health and wellbeing in pregnancy

Having a baby can be one of the most significant life changing events you will ever experience. Adjusting to this major life change, as well as coping with the day-to-day stress of life with a new baby, can make some women more likely to experience depression at this time, particularly if they've experienced depression in the past.

Depression or anxiety experienced during pregnancy is referred to as Antenatal Depression and around 10% of pregnant women in Australia experience antenatal depression. Postnatal depression is the name given to depression that a woman experienced in the months after the birth of her baby. Postnatal depression affects almost 16% of women giving birth in Australia. Perinatal depression is the collective term used to describe both antenatal and postnatal depression.

Screening for Antenatal Depression is performed by the midwife at your 'booking-in' interview. Women with antenatal or postnatal depression can experience a prolonged period of low mood, reduced interest in activities, tiredness and disturbance of sleep and appetite and negative thoughts and feelings. To find out more about the symptoms of depression go to www.beyondblue.org.au.

At BHS we have a range of services we can offer to women experiencing antenatal depression. Please do not hesitate to speak to your midwife or doctor if you have concerns about your emotional wellbeing during pregnancy. It is important that you seek help and treatment to ensure you can enjoy a healthy relationship with your new baby.

If at any time you feel you may harm yourself and/or your baby you should seek help immediately by calling 000.

Cultural Considerations

We understand that women in the community are from diverse cultural and religious backgrounds. If you do not speak English or if it is your second language you may find it useful to request the use of an **interpreter** during your visits to the hospital. Your midwife will discuss this with you. You may also have a family member, friend or a community representative who you feel comfortable with who can attend your visits with you. It is important that you understand what is being discussed and your consent is required in the event that any procedures need to be performed. All information you provide to the hospital is confidential and will not be discussed with anyone without your permission.

Women from non-English speaking and refugee backgrounds can feel isolated when they have a new baby as they do not have access to family and friends to discuss concerns and problems. Your midwife can provide information on services in the community which will support you with your new baby when you go home.

The City of Ballarat website also has information on useful programs and resources for families in the community.

Go to <http://www.ballarat.vic.gov.au/family-and-children.aspx>

All staff are trained to be respectful of your cultural and religious beliefs. If you have any concerns about seeing a male doctor please discuss this with your midwife.

Labour and Birth

Birth Plan Information

At BHS we recognise that birth plans are preferences chosen by some women for labour and birth. If you have a particular preference for your labour and birth, it is recommended these are:

- Explained to your support person(s)
- Discussed with your doctor/midwife prior to labour
- Documented to ensure everyone caring for you is aware of your choices
- Given to the midwife caring for you on admission to BHS in labour.

Ideas for your birth plan may include:

Support people: how would you like them to support you in labour?

Birth room: would you prefer dimmed lighting, music, essential oils?

Interventions in labour: would you prefer to avoid certain interventions or are you happy to accept any methods of intervention? (e.g. Having your waters broken during labour)

Pain relief: would you prefer to avoid an Epidural and use other ways of managing pain? (e.g. using the bath or shower). Would you prefer to keep your options open?

After birth: would you like your support person to cut the cord?

When you are expecting your first baby, it may seem difficult to prepare for the 'unknown', but the most important thing is that you are involved and well-informed of all the decisions made around your pregnancy, labour and birth. If this is not your first baby you may have had a previous experience which will affect this labour and birth. It is a good idea to document your concerns or wishes in your birth plan.

It is important that your birth plan is flexible in case things don't go according to plan as sometimes labour is unpredictable. Ask your doctor/midwife for a birth plan form that you can complete or use the birth plan template in the Victorian Maternity Record (VMR).

What to bring to hospital

Yourself:

- Birthing top/nighttime
- Day clothing and night wear
- Toiletries
- Maternity bras and breast pads
- Maternity sanitary pads
- Slippers/thongs
- Watch
- Pen
- Bag for laundry items

Your baby:

- Baby clothes (e.g. singlet's, body suits, mittens and beanie) for use in hospital
- Bunny rugs (not polar fleece)
- Disposable nappies
- Baby wipes
- Baby soap or bath solution

Optional:

- Hot packs
- Lollies
- Music for labour
- Camera and batteries
- Lip balm
- Own pillow
- Watch/clock
- Nipple cream (purified lanolin)
- Reading material

Support People

You may choose to have one or more support people with you in labour. We recommend a maximum of two support people however we respect that women come from culturally and socially diverse groups and if you have specific needs please discuss them with your midwife.

It is important that your support people have been prepared for this very important role, as the labouring woman you should feel comfortable with everyone present.

Privacy law prevents disclosure of personal information by hospital staff to all but the patient and the immediate next of kin (NOK). Whilst you are in labour it is best to inform relatives and friends **not** to call the Birth Suite as your support person(s) can keep them up to date.

It is important that your support person is aware of your birth choices and can support you during this time as you may not be able to communicate your needs clearly.

You should also instruct your support person(s) to switch their mobile phone to silent or off as the phone can be quite noisy and distracting during labour.

Birth Photography

We welcome you to capture the precious moments surrounding the birth of your baby. If you are planning on using a Birth Photographer, please tell your antenatal midwife. The birth photographer will be given important information relating to photography within a hospital setting.

Birth Suite

The Birth Suite has five birth rooms, three standard birth rooms and the two rooms for low risk birthing. If complications occur in labour women in the low risk rooms are moved to one of the standard birth rooms. All rooms have access to a toilet and shower. In the low risk rooms we encourage your support person to stay overnight if they choose.

Labour

Your midwife will discuss the signs of labour and when it is time to come to the hospital. If you have a birth plan (written or verbal) please share this with your midwife when you arrive so she is aware of your preferences and expectations.

Labour (continued)

When you arrive at the hospital, your blood pressure, pulse and temperature will be taken. The midwife or doctor will feel your abdomen to check the position of the baby and assess your contractions. A vaginal (internal) examination may be offered to assess how much your cervix has opened (dilated) and how far down your baby's head is in the pelvis. The baby's heartbeat will be listened to regularly during labour. Your baby may require ongoing heart rate monitoring during labour if you have pregnancy or labour complications.

We encourage you to remain as active as possible during labour as this can aid progress. Your midwife can discuss pain relief options if you wish to do so. We encourage the use of 'non-drug' options first including the use of water (shower/bath), positioning, breathing, listening to music and/or the TENS machine. Please note if you wish to use a TENS machine you will need to arrange this during pregnancy through the physiotherapy department.

During the second stage or "pushing stage" of labour you will feel an urge to bear down or push. The midwives will assist you to find a comfortable position for birthing and we generally encourage an upright position. If any complications or concerns arise during the second stage of labour your midwife or doctor will discuss what is happening and advise you of your best options.

The delivery of the placenta is called the 'third stage' of labour and happens after the birth of the baby. At BHS, it is our practice to perform 'active management' for the delivery of the placenta for all women unless otherwise indicated. "Active management" means an injection of 'oxytocin' is given after the birth of your baby to encourage the uterus to contract and expel the placenta. This process does occur naturally without the use of medication and if you prefer this option it is referred to as a "Physiological third stage". If you are considering this it is important to discuss this with your midwife or doctor during your pregnancy before your admission to hospital. Once the placenta has been delivered the midwife or doctor will examine the skin around your vagina for any tears which may need to be repaired and will advise you on your best options.

When your baby is born the midwives will encourage you to place the baby directly onto your chest. This is called 'skin to skin' contact and is an important time for you and your baby to get to know each other. The temperature of your skin rises to keep your baby warm and your baby uses his/her keen sense of smell to identify you as their mother. We encourage you to keep your baby 'skin to skin' for one to two hours and enjoy time for your baby to have free access to initiate breastfeeding and feed for as long as required. Your midwife will discuss and encourage this process.

We encourage quality private time just after the birth of your baby. It is preferable to discourage visitors and minimize mobile phone use whilst you are still in the birth room.

Caesarean Birth

Sometimes the safest option for the birth of your baby may be a caesarean birth. Your doctor will discuss and advise you regarding this option either in the antenatal period or if there are complications during labour and birth. A spinal anaesthetic, where you are awake, is the preferred option however in the event of an emergency or if a spinal anaesthetic is difficult a general anaesthetic, where you are put to sleep, may be administered. One support person may go to theatre with you and remain with you if you have a spinal anaesthetic. If you have a general anaesthetic your support person will not be able to remain with you in the operating theatre. Your midwife will support you during your time in theatre and care for your new baby. “Skin to skin” contact in the recovery area is encouraged if you are well enough to do so. The midwives will also provide you with extra assistance and support after the birth of your baby. Your partner or support person is also important for support during this time.

Postnatal Care

The postnatal period is the time after the birth of your baby when you will be transferred to the postnatal area to rest, recover and learn about life with your new baby. We encourage your partner or support person(s) to be involved in your experience whilst you are in hospital so they can learn how to support you at home. You will receive paperwork following the birth including your birth registration and centrelink forms and the “My Health and Development Record” for your baby.

During your stay in the postnatal area your midwife will discuss the following topics:

- Changes to your body following birth
- Nutrition
- Hygiene and perineal care
- Contraception
- Emotional support
- Psychological wellbeing and concerns
- Discharge planning
- Immunisation for you and your baby
- Rooming-in
- Infant feeding
- Normal newborn behaviour
- Baby care
- Safe sleeping for your baby
- Relevant support services

The Newborn Screening Test

The Newborn Screening Test is routinely offered to all newborns and you will be asked to sign a consent for the test.. The test is performed between 48 and 72 hours of age depending on when the baby received their first milk feed. A 'heel prick' is performed by the midwife and drops of blood are collected on a card. This test screens for rare diseases which, when diagnosed from birth, can be treated to ensure the best outcome for the baby. The midwife will discuss this test with you and a pamphlet regarding the test will be provided.

The Victorian Infant Hearing Screen Program (VIHSP)

This service is available throughout the state and most babies are screened in the first few days after birth. The staff from VIHSP attend the ward at BHS regularly and will make contact with all new mothers either on the postnatal ward or via phone if discharged home or transferred to another hospital, to discuss and organise an appropriate time to perform a hearing screen.

Circumcision

BHS does not offer circumcision for newborns. If you are considering circumcision for your baby it is important to discuss this option as soon as possible with your GP who can refer you to a local surgeon.

Car Seats

At the time of discharge all infants in vehicles must be secured in an approved, correctly fitted infant/child restraint which meets Australian Standards. It is the responsibility of parents/carers to ensure that the chosen infant restraint is correctly fitted. This should be done in the antenatal period to ensure your restraint is appropriate for your car. Please check the Yellow Pages to find an approved dealer who fits restraints if required.

Social Work Service

Pregnancy and birth are major life events for women and their families. Whilst this can be a happy and exciting time for some, for others it may be a challenging time. While you are in hospital the social work service is available to assist you with a variety of issues including family or relationship problems, family violence, feeling lonely, confused or unsupported, feeling anxious and/or depressed, experiencing grief, bereavement and/or loss, legal, financial or housing problems. If you require the assistance of a social worker please discuss with your midwife who can make a referral for you.

Discharge Planning

Discharge is expected at approximately 48 hours following a normal uncomplicated birth. In the event of a complicated birth your doctor may advise that your stay is longer. In the event of a caesarean birth, discharge is expected on Day 4.

Discharge time is before 11.00am on the day of discharge. If you foresee any problems please notify your midwife. If you would like to be discharged earlier please discuss with your midwife. Early discharge is welcomed in the event that you and your baby are well and you are confident with the care of your newborn.

If you are from rural areas in the region you may prefer early transfer to your local hospital if they offer postnatal care. Please discuss this with your midwife in the antenatal period and you will be advised of your options.

Extended Postnatal Care (Domcare)

A midwife is available to visit you at home in the first few days following your discharge. Prior to discharge your midwife will make arrangements for your home visit. If you live in a rural area a midwife from your local area will be contacted and will arrange to visit you.

Maternal and Child Health Service

The hospital notifies your local council of the birth of your baby. The Maternal Child Health Service from your local area will contact you by phone and make arrangements to meet with you. Your Maternal and Child Health Service is available to support you following the birth of your baby and during the early childhood years. This service aims to promote the health of infants, children and their families. The Maternal and Child Health Nurse monitors the growth and development of babies and young children and provides education and support to parents/carers.

Special Care Nursery

The Special Care Nursery (SCN) at BHS provides care for babies who are too unwell, premature, and/or small to be managed in the postnatal area. Babies who are admitted to the SCN will come under the care of the paediatric group of doctors and specialist nursing staff. The families and babies in SCN will also have access if required to other specialist staff such as lactation consultants, social workers, ophthalmologists, speech therapists and mental health workers.

Babies are admitted to SCN for various reasons, such as:

- Prematurity (32 weeks completed gestation or more, babies less than this gestation will be transferred to a Neonatal Intensive Care Unit in Melbourne)
- Babies who are very small and require extra nutritional and medical support
- Jaundice requiring phototherapy
- Infections
- Respiratory problems
- Low blood sugar levels requiring more than increased milk feeds
- Babies who require resuscitation and stabilization after birth (babies who require a higher level of care will be transferred to a Neonatal Intensive Care Unit in Melbourne)
- Babies who have been born in a Melbourne hospital, or have been transferred there from here, and are now well enough and old enough to come back for ongoing care closer to home
- Babies may be readmitted from home if there are any issues such as poor feeding, weight loss or jaundice requiring treatment.

If a baby born at BHS does require care in a Neonatal Intensive Care Unit in Melbourne they will be referred to and transported by the Paediatric Infant Perinatal Emergency Service . under the care of a neonatal doctor and neonatal intensive care nurse.

The current SCN is located on the 5th floor. It is a very spacious, calm and family friendly environment that helps to make a stressful and difficult time easier to cope with. Parents are encouraged to be involved with the care of their babies, and with an extended stay in hospital they get more opportunities and support to learn their new role, and generally go home feeling confident with managing feeding, settling and bathing their newborns.

There are no restrictions placed on parents with visiting hours, but other visitors are generally requested to adhere to the maternity visiting hours, and it is preferable that there are only 2-3 visitors at a time with each baby. Siblings are able to visit, but visits from other children is discouraged. Visitors, other than parents, will not be allowed entry if parents aren't present (unless prior permission is given and the SCN staff are aware).



General Hospital Information

Baby Care Room / public facilities

There is a baby care room for visitors located behind the main hospital entrance.

Public toilets are located in the west corridor past the lifts (5th Floor) and also behind the main hospital entrance. Please ensure your visitors do not use the patient toilets.

Banking

There is an ANZ ATM in the main hospital foyer.

Flower Shop

The flower shop is located next to the main hospital entrance. The shop is open 10.00am until 7.45pm Monday to Saturday and 11.00am to 5.00pm on Sunday. The shop is not open on Christmas Day, New Year's Day and Good Friday.

Food, drinks and essentials

The kiosk is located in the main hospital foyer. You may purchase light meals, drinks and snack as well as some personal items.

The cafeteria is located on the first floor and is sign posted from the lifts. Meals and drinks are available and are provided from 8.30am until 7.30pm on weekdays and public holidays and 8.30am to 6.30pm on weekends.

A drinks machine is located behind the lifts on 5th floor.

Laundry

We do not provide a laundry service. There is a Laundromat near the corner of Drummond and McArthur Street and also a few blocks towards the city centre in Sturt Street.

Newspaper

Newspapers may be purchased at approximately 8.00am daily and the newspaper person visits each ward area.

Photographs

A studio photographer takes baby photos in the postnatal ward sitting room. The staff will make an announcement when sessions are occurring.

Radio 3BA

If you wish to announce the arrival of your baby over the radio, fill in the form provided and hand it to the staff on the postnatal ward desk. The announcements are made Monday, Wednesday and Friday at 10.50am.

Safety Information

It is recommended that you:

- Wear footwear at all times
- Follow SIDS safe sleeping guidelines at all times including placing your baby on their back to sleep, do not elevate cots or use additional bedding to position your baby.
- Never leave your baby unattended on the bed or the change table.
- Always ensure there is a responsible adult supervising your baby at all times if you need to leave the ward.
- If you need to leave the ward during your inpatient stay please leave your details at the postnatal ward desk, including return time.

Smoking

BHS is a smoke free environment. Staff at BHS are not responsible for assisting clients to leave the hospital to smoke.

Telephones and Television

- The bedside phones receive calls only. A public phone is available in the hospital foyer.
- There is no charge for the use of the televisions and a donation to the ward is appreciated.
- In addition to the general viewing channels your midwife may play recommended educational DVD's on channel 4.

Valuables

Patients and visitors are advised not to bring in valuables or large sums of cash to hospital. There is no where to lock valuables during your stay.

Visiting Hours

Maternity unit - 8am to 8pm

Please discourage your family or friends from visiting if they are suffering from an illness or infectious condition.

Useful websites

Baby Health , Growth and Development

Baby Centre	http://www.babycenter.com.au/
Royal Children's Hospital	http://www.rch.org.au/kidsinfo/index.cfm?doc_id=3665
Raising Children Network	http://raisingchildren.net.au/
SIDS and Kids	http://www.sidsandkids.org
Fetal movements	http://movementsmatter.org.au/information-for-

Emotional Health and Wellbeing Emotional Health and Wellbeing

Beyond Blue	http://www.beyondblue.org.au
Post and Antenatal Depression Association (PANDA)	http://www.panda.org.au/

Healthy Eating for Pregnancy and Breastfeeding

Queensland Health	http://www.health.qld.gov.au/nutrition/resources
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Infant Feeding

Australian Breastfeeding Association	http://www.breastfeeding.asn.au/binfo/index.html
Raising Children Network	http://raisingchildren.net.au/
World Health Organisation	http://who.int/topics/breastfeeding/en

Intimate Partner Violence

Domestic Violence and Incest Resource Centre	http://www.dvirc.org.au/
Women's Domestic Violence Crisis Service	Ph: 93730123 or 1800015188
Immigrant Women's Domestic Violence Service	Ph 84136800 www.iwdvs.org.au

Maternal and Child Health Services

Victorian Department of Education and Early Childhood Development	http://www.eduweb.vic.gov.au/mch/t_centrelist.asp
Better Health Channel	http://www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Newborn_screening
Victoria Clinical Genetics Service	http://www.genetichalthvic.net/Documents/PDF/Newborn_Screening_Brochure.pdf

Medical Conditions

Gestational Diabetes <http://www.diabetesvic.org.au/LinkClick.aspx?fileticket=hwxC07LWuc%3d&tabid=164>

Hepatitis B http://www.rch.org.au/intranet/fracp_resources/?doc_id=1338

Newborn Screening

Newborn Screening Test <http://www.health.vic.gov.au/nbs/>

Better Health Channel http://www.betterhealth.vic.gov.au/bhcv2/bharticles.nsf/pages/Newborn_screening

Victoria Clinical Genetics Service http://www.genetichealthvic.net/Documents/PDF/Newborn_Screening_Brochure.pdf

Preparing for Pregnancy

Preparing for pregnancy <http://www.thewomans.org.au/PreparingforPregnancy>

Pre-existing medical conditions and pregnancy (Asthma, epilepsy, diabetes) <http://www.betterhealth.vic.gov.au>

Asthma National Asthma Council of Australia
<http://www.nationalasthma.org.au/content/view/291/655/>

Epilepsy Epilepsy Foundation of Victoria
http://www.epinet.org.au/articles/epilepsy_and_your_lifestage/pregnancy/

Thyroid disease The Australian Thyroid Foundation
<http://www.thyroidfoundation.com.au/information/information.html>

Folate Family Planning Victoria
http://www.fpv.org.au/2_9_4.html
Better Health Channel
http://www.betterhealth.vic.gov.au/bhcv2/bharticles.nsf/pages/Folate_for_women?open

Genetic Information <http://www.genetichealthvic.net.au>

Iodine Better Health Channel
http://www.betterhealth.vic.gov.au/bhcv2/bharticles.nsf/pages/Iodine_explained

Recovery after Birth

Royal Women's Hospital Fact Sheets (various languages)	http://www.thewomens.org.au/ImprovingyourrecoveryafterbirthPhysiotherapyadvice
Continence Foundation	http://www.continence.org.au/resources.php?keyword=&topic%5B%5D=Pregnancy&language=English&type=&submitted=Search
Family Planning Victoria	http://www.fpv.org.au
Better Health Channel	http://www.betterhealth.vic.gov.au

Vaccinations

Victorian Department of Health (fact sheets various languages)	http://www.health.vic.gov.au/immunisation
Family Planning Victoria	http://www.fpv.org.au
Better Health Channel	http://www.betterhealth.vic.gov.au

Victorian Infant Hearing Screening

Royal Children's Hospital	http://www.rch.org.au/vihsp/index.cfm?doc_id=7461
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St John of God Hospital

BHS Maternity
Outpatients
1011 Mair St

Multi-storey
carpark

Ballarat Health Services
Base Hospital

Ballarat Austin Radiation
Oncology Centre

Priceline Pharmacy
Sturt Street

Fiori Arte

Move Yourself
- Ballarat VIC

ANZ ATM Ball
Base Hospital

ANZ Branch Ballarat

Cignall

Cellarbrations

Steve's Fish Shop

La Porc

Country Casseroles

Important contact numbers

Maternity Outpatients

5320 4533 (clerk)

5320 4820 (midwife)

Labour Ward

5320 4979

5320 4980

Ballarat Health Service Switchboard

5320 4000