

# CHILDBIRTH AND EARLY PARENTING

EDUCATION PROGRAM



ST VINCENT'S  
PRIVATE HOSPITAL  
MELBOURNE

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# WELCOME

Welcome to St Vincent's Private Hospital Melbourne's Childbirth and Early Parenting Program. We offer a full range of childbirth education classes suited to your needs to help prepare you, your partner and any support people for childbirth and early parenting. Our childbirth education workshops are all facilitated by dedicated, professional and experienced midwives.





## Childbirth and Early Parenting Education Program

### Refresher workshop

This workshop is designed for women or couples having second or subsequent children and includes:

- Introduction to St Vincent's Private Hospital Melbourne
- Overview of labour, birth and pain relief
- When to come to hospital and where to park
- Discussion of postnatal and early parenting issues
- Breastfeeding revisited- presented by Lactation Consultant
- Sibling issues

**This evening session is run once a month**

### Labour, Birth and Early Parenting workshops

The focus of these sessions includes labour, active birth and the early parenting experience for women and partners. These sessions are for women or couples having their first baby.

These workshops run in different time formats:

- 3 consecutive weeknights 6-9pm
- 2 consecutive Saturdays or Sundays
- All day Saturday fast track workshop

## Hypnobirthing workshop

This workshop runs over two consecutive Saturdays from 10am to 4pm. Hypnobirthing is the name given to a childbirth education program using visualisation, guided imagery, self hypnosis and relaxation techniques to assist the mother during pregnancy and birth. Our hypnobirthing classes are based on the understanding that birth is normal and natural for healthy women and healthy babies. Through this program you will explore techniques which will assist you to achieve a calm and relaxed birth experience and address the fear and tension that often interferes with a woman's natural instincts to birth.

## Grandparents Classes

This workshop runs once per month and is about delivering information on the most up to date practices in feeding, settling and safety with babies and much more. Research and evidence changes care practices of infants and this is a great workshop for trying to ensure all those caring for the baby are similarly informed. This class is also open to significant others who may also be caring for the baby. This class has a minimal additional cost.

## Dads and Bubs Classes

This workshop runs once per month and is about delivering information for expectant fathers on issues surrounding supporting their partner in labour, parenting and connecting and bonding with the baby. Classes allow for great discussion so that fathers can feel their specific queries are addressed and gain confidence for their fathering role. A practical hands-on session with the baby dolls is also available. This class is for men only and has a minimal additional cost, for bookings contact 03 9411 7444.

## TENS information session

The TENS information sessions are designed for women who are planning to use a TENS machine during labour and want to attend an information session about how to use the Freemom TENS effectively. The sessions run for 1 hour from 6.30pm – 7.30pm one evening each month. They are facilitated by a representative from Freemom TENS. It is advisable to attend at approximately 36-37 weeks pregnant and at the completion of the session the TENS machines are available for hire. If you would like to attend, bookings can be made by telephoning TENS direct on 1300 913 129. TENS workshops are free. For directions to the venue, present to reception on the night of your TENS class if you are booked in.

## PETS

The department of Primary Industries sends educators to St Vincent's Private once a month to deliver an interactive session with a video presentation on introducing your new baby to your pets. This session also covers how to maintain a safe and harmonious environment with both children and pets.

## Child Revive

This course is run by Child Revive and covers many topics useful for parents and carers including first aid, emergency response and basic resuscitation of newborns.

## Tours of the Maternity Unit

Tours of the Maternity Unit are held **one week night per week** and most Saturday afternoons. Bookings are essential and to attend a tour please book online at [www.svphm.org.au](http://www.svphm.org.au), go to Maternity then to Book a Maternity Tour. A virtual tour of the maternity unit is also available at [www.svphm.org.au](http://www.svphm.org.au).

A tour is included in the Labour, Birth and Early Parenting Workshop and does not need to be booked separately. At the time of the tour please meet in the foyer of St Vincent's Private Hospital Fitzroy.

## Postnatal Parenting education

This program benefits families by providing support and giving them access to a service within the early newborn phase which can be highly stressful.

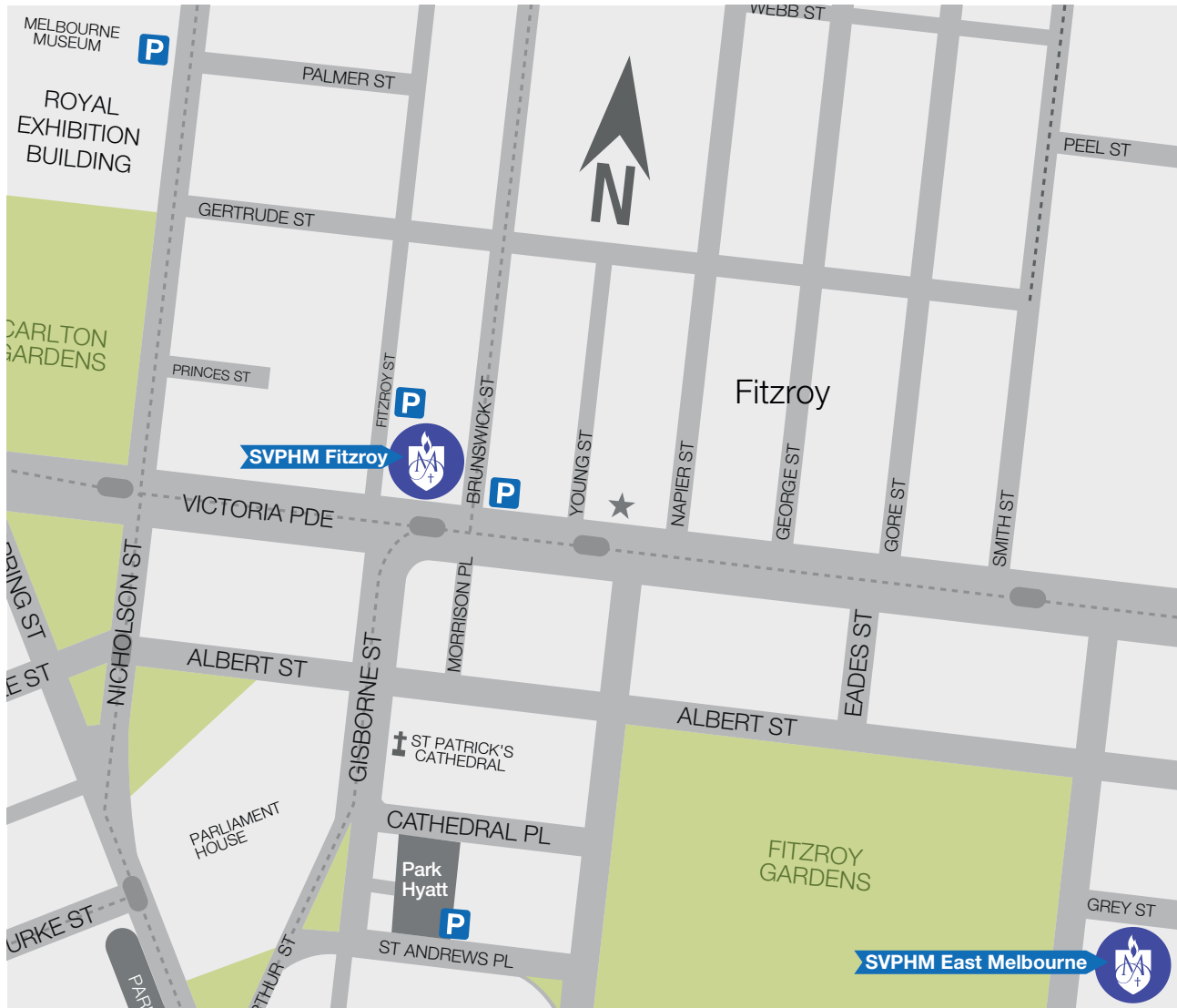
The sessions are designed to strengthen women's mental health which will positively contribute to an infant's development and reinforce family ties.

The postnatal Parenting education session is offered to parents between 4-6 weeks post birth and provides parenting tips, tools and techniques to help parents become more confident and knowledgeable when caring for their baby.

Topics covered include:

- Transition from hospital to home
- Normalising newborn behaviour
- Normal sleep patterns and cycles for babies
- Tips and techniques for sleep settling
- Cluster feeding and breastfeeding support
- Mental health awareness

## Car parking



### St Vincent's Private Hospital Melbourne

59 Victoria Parade Fitzroy Vic 3065

To access the hospital car park you must be travelling up Victoria Parade away from the city and towards Brunswick Street, than take the left hand turn into Fitzroy Street.

St Vincent's Hospital Melbourne (**Public Hospital**) **car park**, located diagonally across the street has a reception desk in the basement. At this basement a 5 day pass can be purchased for a discount rate, or a 24 hour pass as a multiple access ticket, which allows regular entries and exits from the public and private car park at no additional cost.

### Car park – Fitzroy Street

Opening hours 6.30am to 10.45pm

### 3rd Floor

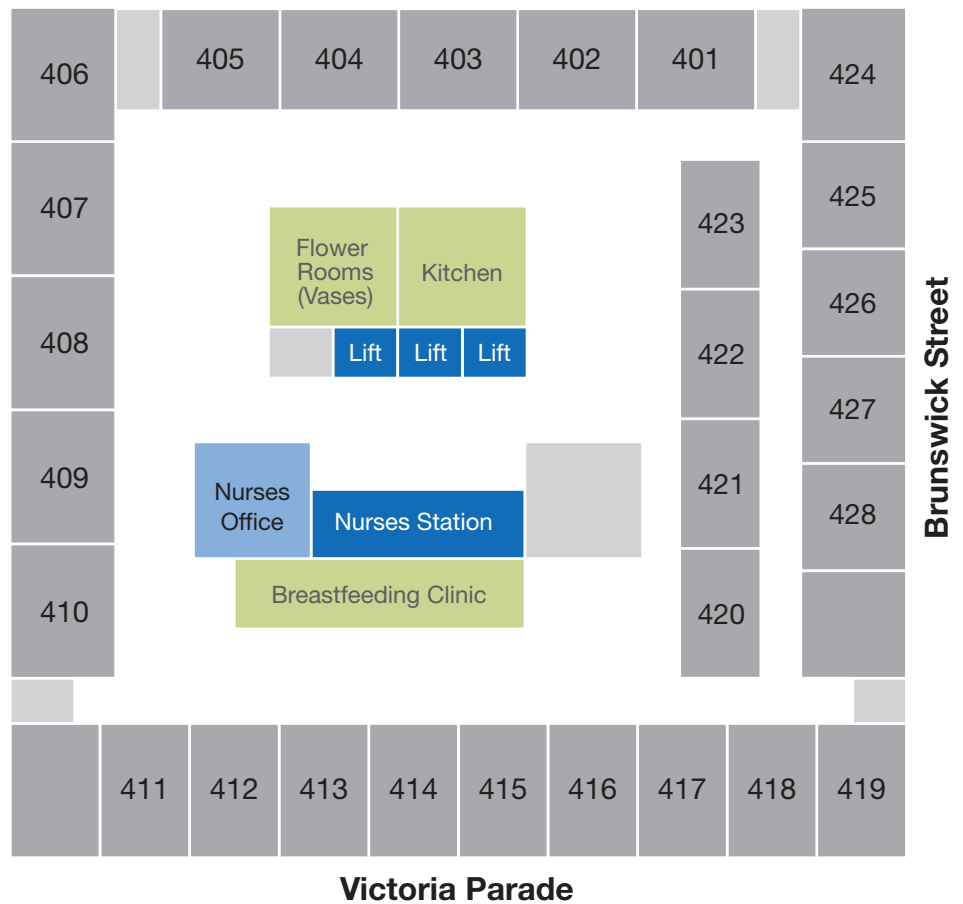
The Maternity Care Centre is located on the 3rd and 4th floor at St Vincent's Private Hospital Fitzroy.

All our rooms provide private ensuite facilities. There are no shared rooms at St Vincent's Private Fitzroy.



### 4th Floor

#### Gertrude Street





## Guidelines for contacting the Birthing Suite

The hospital midwives understand that sometimes you will need to phone for advice or reassurance during your pregnancy or in early labour. Our telephone lines are always open and an experienced midwife is available to take your call. Please telephone the Birth Suite on **03 9411 7103**.

Research suggests the best place to spend the early phase of your labour with your first pregnancy is at home where you have familiar surroundings and may feel more relaxed, this encourages the establishment of labour.

Visitors awaiting the birth of the baby are encouraged to wait on the ground floor or at home until advised by the parents/partner or support person to come in.

### Labour guidelines

#### First baby

If you are relaxed and comfortable at home, it is best to remain in your own environment while in early labour.

Only two support people can accompany the labouring woman to hospital to support her in birth suite. Any other family members must remain outside birth suite usually near reception on the ground floor.

You should contact Birth Suite when:

- painful contractions are every 5 minutes and have been regular for about an hour
- contractions are lasting 45-60 seconds
- you are unable to talk and walk at the time of contractions and need to concentrate until the pain passes

### Second or subsequent baby

You should contact Birth Suite when:

- contractions are regular and painful
- contractions are approx every 5-10 minutes apart, however rely on your own instincts, you will know when it is time to come to hospital
- if you have had a previous Caesarean Section, telephone the Delivery Suite early in your labour

**Note: It is normal to pass a mucous show prior to or during labour. This may be slightly blood stained and does not require that you telephone the Delivery Suite.**

### Other reasons to telephone the Birth Suite:

- You think your waters may have broken – this may be a gush or constant trickle of fluid from the vagina. If your waters break, use the acronym C.O.A.T, note the colour, any odour, amount and time of rupture
- Fresh blood loss from the vagina, more than a teaspoon and not mixed with vaginal mucous
- Sudden and severe swelling of face/feet/hands
- Your baby's movements are less than 10 movements in a 24 hour period

Overnight the Hospital front entrance is locked for security reasons. Please use the intercom system at the entrance to the hospital on Victoria Parade.



# Tips for support and emotional care in Labour

These steps will support your body to do what it is designed to do: birth your baby. This advice is ground in extensive research about the safest outcomes for mother's and babies.

- Educate yourself and your partner about how the birthing process is designed to unfold, so that you feel more confident during your birth.
- Your mindset matters: approach birthing with a positive mindset and with the belief and confidence that your body is designed to birth your baby.
- Surround yourself with a support team who share your preferences for labour and are supportive of your birth choices.
- Let labour begin on its own whenever possible.
- Labour pain is positive healthy waves of contractions bringing you closer to the end goal, the birth of your baby. Understanding the birth process and accepting labour as normal and natural is the first step towards pain management.
- Welcome the onset of labour. Each contraction brings you closer to the birth of your baby. Keep focused on the baby. Face each contraction with determination.
- Remember pre labour can last 24-48 hours, on average before labour is established. Do not rush into hospital after your first few contractions.
- Fear makes us physically and emotionally tense and can inhibit the birthing process.
- Have confidence in yourself and trust your instincts, ability and resources.
- Relax, breathe naturally and move with the contractions. A bath or shower does wonders. Use localised heat. Make the most of the break between contractions. Find your rhythm and rituals, be guided by the Midwife.
- Eat a light diet throughout labour and maintain fluids. Labour in your own comfortable clothes.
- Let your inhibitions go. Vocalise your pain, groan, moan, chant, count, sing. Get a focus, go with it and don't fight contractions.
- When you feel you can't do it any more push yourself a little further, the end may be just around the corner.
- Communicate with and trust your midwife. Be flexible and don't clock watch. Know your options and choices.
- Walk, move around and change positions during labour; sit on a birth ball.
- Bring a selection of music to play in the birth room.
- Labour is an unknown journey. Whatever pain relief you use, whatever your mode of delivery: be proud of your achievements.

- For pain relief at home try: positioning, pelvic rocking, TENS machine, hot packs, visualisations, breathing exercises, massage and a bath or shower.

## Support people

- Just being there is valuable; give encouragement and praise.
- Communicate your support and love non verbally: touch, back rubs, massage, hold her hand, wipe her brow, offer drinks, hot towels/packs, ice cubes.
- She needs to be free from distraction, don't chat unnecessarily.
- Encourage her to walk around, help her to change position, shower, walking, pelvic rocking.
- It is hard work being a support person, rest when you can and don't forget to eat and drink.
- Help set up the labour room to make your partner feel more comfortable. Bring pillows from home, photos, music, and aromatherapy.
- Mobile phones are currently allowed in delivery suite but not in the postnatal wards outside of rooms. A silent ring is requested.

## TENS for labour pain management

(Transcutaneous Electrical Nerve Stimulation)

The TENS machine aides the relief of pain in three ways:

1. By "blocking" the pain messages from reaching the brain via the nerves.
2. By stimulating the release of the body's naturally occurring pain relieving endorphins.
3. By providing a distraction while the pain is occurring.



# Overview of stages of Labour

The following is an overview of the stages of labour and offers helpful advice on how to manage each stage.

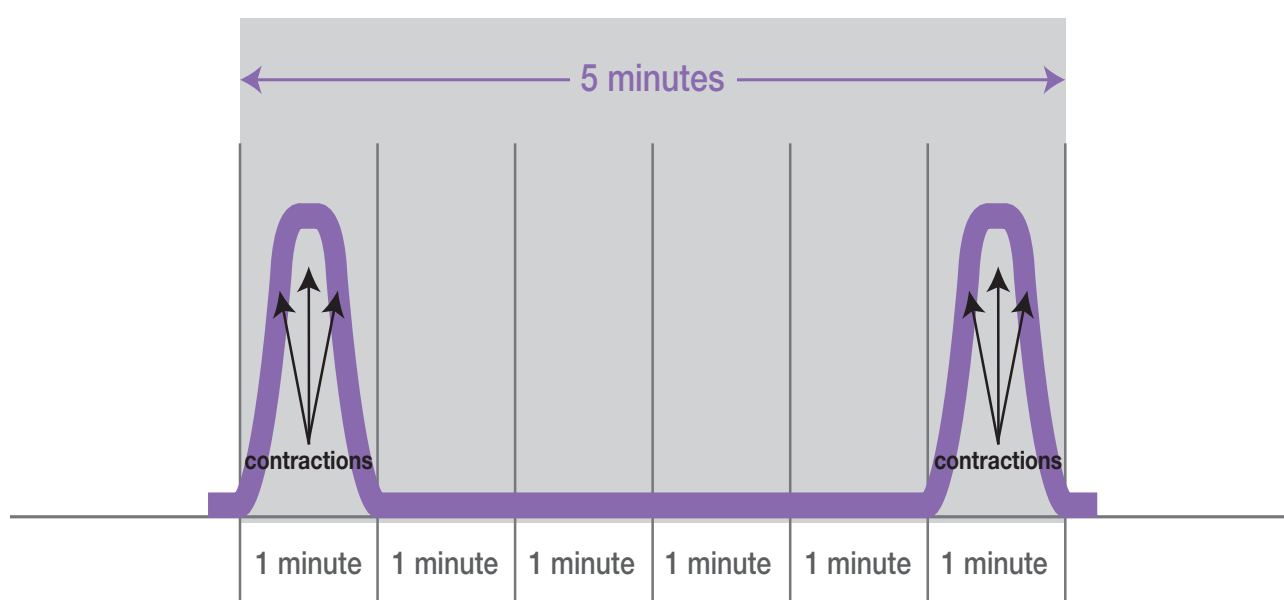
Stage/phase of labour	Feelings	Labour progression	Helpful ideas
<b>1st stage: early labour</b> (8-16 hrs) Cervix 0-3cms dilated (open) Contractions are 5-20 minutes apart, usually irregular and lasting approx 20-40 seconds	Excited Nervous Scared	Mucous tinged with blood Backache Lower abdominal pain (Like period pain) Sometimes diarrhoea Sometimes waters break. Always let the birth suite staff know if this has occurred	Keep eating and drinking (small amounts often) Call the hospital Time your contractions (from start of one to start of the next) Move around, keep busy Rest if you need to Empty your bladder frequently Use pain relief strategies noted above
<b>1st stage: active phase</b> (3-5hrs) Cervix 4-8cm dilated Contractions are 3-7mins apart, lasting 50-60 seconds	Becoming restless Weary	Contractions, strong and regular Intense, lower abdominal pain Backache may continue Focused on labour Dependant on support people Blood tinged mucous/ bloody show Waters might break	Use breathing and relaxation techniques taught in Child Birth Education Focus Use hot packs, shower, TENS Midwife will suggest supportive options Change positions Rest between contractions Sip fluids/suck sweets
<b>1st stage: transition phase</b> (1/2-2hrs) Cervix 8-10cms dilated Contractions 2-3minutes apart, lasting 60-80 seconds	Tired Irrational Irritable	Long strong contractions May feel pressure in your bottom to push Intense tiredness Maybe nausea and vomiting Shaky Feelings of panic	Try a position change Get your partner to massage your back Place a cool flannel on your face and neck Listen to peoples reassurance Believe in your body and its ability to birth
<b>2nd stage: pushing</b> (1/2-2hrs) Cervix fully dilated (10cm) Contractions 2-5min apart, Lasting 60-90seconds	Working Hard	Contractions space out Pain is less intense, more pressure Strong urge to push Stretching, burning as baby's head moves down	Push with contractions (use of a mirror can help with effective pushing) Rest between contractions Cool flannel or spray to face and neck Listen to support people
<b>3rd stage: placenta</b> (Usually 10 to 45 minutes if assisted delivery and managed 3rd stage)	Excited Joyous Relieved Exhausted	Contractions ease off; remain until placenta has come away	Might be asked to cough or bear down gently to assist placenta coming away



## Labour contractions

Duration: beginning to end of one contraction

Frequency: beginning of one contraction to the beginning of the next contraction



*These contractions are coming every 5 minutes and lasting for 60 seconds*

## Leaving home and coming to Hospital

1. Phone the Birth Suite on 9411 7103. Let them know you are coming and they will discuss your labour and reassure you.
2. Make sure your bag is packed, including your camera and ensure it is charged.
3. If Labour is progressing very well you can pull up outside the front of the hospital and park for 10 minutes in order to get settled into birth suite.
4. Stop briefly at the front desk and let them know you have arrived.
5. Go to the third floor, with your entire luggage, enter birth suite by using the intercom system on the wall on the left hand side.

A reminder **to first time mothers** is when you are having 2 to 3 contractions every 10 minutes, the pain of which is lasting **45 seconds** or longer **and** you have been doing this for **an hour or longer** you are most likely moving out of early labour and into active labour.

At this stage consider coming to hospital or if you feel you are still coping well at home ring the hospital and ask for advice from birthing suite.



## What to bring to Hospital

### For Mother

- ☐ All current medications
- ☐ Health insurance details
- ☐ Medicare card
- ☐ Toiletries
- ☐ Night attire, dressing gown, slippers
- ☐ Casual day wear
- ☐ Maternity bras/ underwear
- ☐ Maternity pads (2 packets)
- ☐ Hot/cold pack
- ☐ Socks to wear during labour

### For Baby

- ☐ Scratch mittens
- ☐ 6 bunny rugs (muslin is ideal)
- ☐ 6 night gowns or jump suits
- ☐ 6 singlets
- ☐ Baby bonnet/beanie and booties
- ☐ Cardigan
- ☐ Nappies for going home

*\*Please have an approved child restraint fitted into your car prior to leaving hospital.*

You may wish to bring other items to assist you in labour or in the postnatal period e.g. aromatherapy electric burner and oils, massage oil.

We provide disposable nappies for your baby at all times.





## Induction of Labour

For many women, the last weeks and days of pregnancy can be uncomfortable and emotionally difficult. You may be anxious to meet your baby and hold them in your arms.

One of the most powerful ways we can support a normal physiological birth is to let labour begin on its own. This allows the birth hormones to regulate labour and birth, breastfeeding and attachment as nature intended.

When labour starts naturally, you can begin with the confidence that your baby is ready to be born and that your body is working as it is designed to. However sometimes a medical condition or complications make labour induction necessary. In these cases, induced labour may be the safest choice for mother and/or baby.

### Reasons for inductions

The most common reasons are:

- There are health concerns like high blood pressure or diabetes
- There is a concern for the baby's health and wellbeing
- The pregnancy has lasted longer than 41 weeks
- The waters have already broken but the contractions of labour have not started naturally within the next 24 hours

### Methods of inductions

Before starting your induction, your Obstetrician will perform an examination.

This examination takes only a few minutes but some women may experience some discomfort. Based on this examination one or a combination of the following will be recommended:

- Membrane sweeping
- Prostaglandin gel or tape
- Artificially breaking waters (ARM)
- Syntocinon

## Epidural anaesthetic

### What is an epidural?

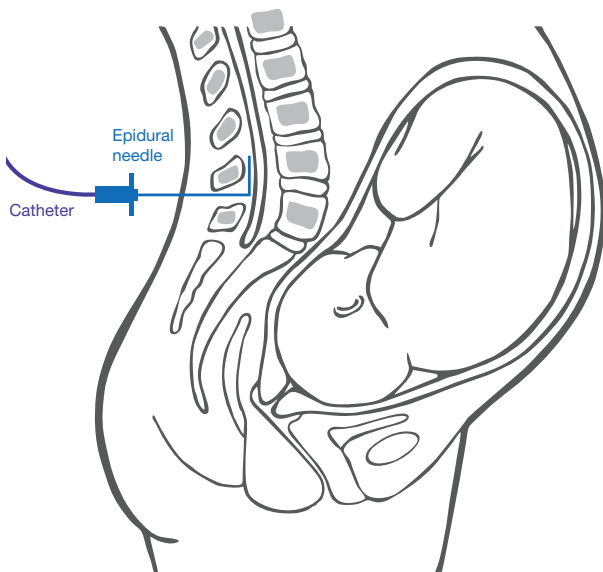
An epidural anaesthetic is used as a form of pain relief or analgesia during labour or as an anaesthetic for a Caesarean birth. Epidural anaesthesia is used to temporarily numb the nerves that carry pain sensations. This is achieved by an injection of a local anaesthetic and narcotic to the area of the spinal canal not protected by the dura, known as the epidural space.

An epidural is administered by an anaesthetist, a doctor skilled in this technique.

### How is an epidural administered?

Before performing an epidural anaesthetic the anaesthetist will ask you about your previous anaesthetic history and will assess your medical and obstetric condition. You will be asked about allergies and any medication you are taking.

The anaesthetist will ask you to sit hunched forward over a pillow or curled on your side. This will allow the bones of your spine to open up as much as possible. After cleaning the skin with an antiseptic solution the anaesthetist will inject a local anaesthetic into the skin. This may sting but numbs the localised area. The epidural needle is then inserted between two of the vertebrae of your spine to reach the epidural space. It is important to remain as still as possible so the needle can be inserted precisely.



A fine plastic tubing or catheter is passed through the needle and the needle withdrawn. The plastic tubing is taped securely in place.

This does not prevent you from lying in whichever position is comfortable and allows medication to be administered for the duration of your labour without further injections.

An intravenous drip is inserted into the back of your hand or arm prior to the epidural being given and a urinary catheter is placed in your bladder to ensure your bladder remains empty for the duration of labour. It is necessary to monitor the baby's heart rate continuously with a fetal heart rate monitor once an epidural has been put in.

### What is the experience like for you?

As the epidural needle is inserted you may be aware of a pushing and a pulling sensation on your spine. Some women experience pins and needles as the needle is inserted followed by a feeling of warmth in the legs and finally numbness from the waist down. Pain relief usually starts within minutes of the medication being given through the catheter but may take 20 minutes to be fully effective.

### What are the advantages of an epidural?

For most women epidural anaesthesia provides total relief from the pain of contractions. An epidural allows a woman to be mentally alert and aware of her progress in labour while reducing discomfort and drowsiness.

If forceps delivery or episiotomy is needed, no further pain relief is required. If you go on to require an emergency caesarean section during labour the catheter is in place and can be "topped up" to achieve a denser block for surgery.

### What problems are associated with an Epidural?

No anaesthetic is without risk, but most women do not suffer any serious complications. An epidural can cause a drop in blood pressure in some women. This may result in you feeling light headed or nauseated.

If an epidural is inserted early in labour the strength or frequency of the contractions may be reduced and further medication may be required to reverse this situation.

An epidural has been shown to often lengthen the second stage of labour and increases the likelihood of the delivery to be an assisted delivery by forceps or vacuum extractor.

Occasionally the epidural needle pierces the covering of the spinal cord (dura) causing a leak of spinal fluid which results in a severe headache. If the pain persists another epidural will be performed to treat and cure the headache.

The risk of developing serious complications is very remote when the epidural is performed by a skilled practitioner and when ongoing care is provided by staff who are experienced in epidural management.



## Instrumental delivery

### The use of forceps or vacuum for delivery

Forceps or Vacuum are instruments used to deliver the baby or turn the baby into the best position for birth. They are used during the second stage of labour when the cervix is fully dilated.

The decision whether to use forceps or ventouse is made by the obstetrician in the best interests of the baby and mother.

### Reasons for instrumental delivery

The most common reasons for an instrumental birth are:

- The baby is showing signs of distress indicated by an abnormal heart rate
- The mother is exhausted and needs assistance with the birth, her ability to push effectively is declining
- The baby is not making progress through the birth canal despite pushing by the mother
- The mother has epidural anaesthesia and this has affected her ability to push effectively
- The baby is in a position which makes it difficult to pass through the birth canal
- The mother has a pre-existing medical condition which prevents prolonged pushing or which has worsened during labour

### Forceps assisted delivery

Forceps consists of two spoon shaped blades that are fitted carefully around the baby's head. They are designed so that the baby's head is protected during birth and the baby can be guided down through the birth canal.

### Ventouse assisted delivery

A vacuum assisted delivery consists of a rubber or plastic cup fitted over the baby's head and vacuum is applied. Suction keeps the cup in place. Combined with maternal effort during a contraction the baby's head is gently pulled in the correct direction.

### Preparation during labour for an instrumental delivery

Before an instrumental birth is carried out, a catheter may be placed into the bladder to ensure the bladder is empty prior to birth and appropriate pain relief is provided. Analgesia may include local anaesthesia or regional anaesthesia such as an epidural or spinal anaesthesia.

### Recovery after instrumental delivery

**Mobility:** You will be encouraged to move around or walk with the assistance of a midwife as early as possible after the birth. Walking helps to prevent the risk of blood clots developing in the leg veins.

**Bladder and bowels:** If a catheter has been placed in your bladder prior to an instrumental delivery it is usually removed following the birth of your baby. Drink plenty of fluids following delivery and let a midwife know if you are having any problems passing urine.

**Perineum:** An episiotomy may need to be performed prior to an instrumental birth. This involves a cut into the perineum, the tissue between the vagina and anus to enable the passage of the baby's head. Absorbable stitches are used to repair the perineum following delivery. Keep the area clean and free from infection in the postnatal period.

### Specific risks of instrumental deliveries

An instrumental birth is undertaken only when there are benefits to the mother and baby. The overall risk of injury to the mother and baby is low and must be considered in relation to the risks of prolonged second stage of labour. Risks associated with instrumental birth include those of normal birth; such as injury to the baby's scalp/head/face which will resolve within a few days.

As your Obstetrician is a skilled practitioner, serious injuries are extremely rare.

## Caesarean section

A Caesarean Section is a surgical procedure which enables the birth of a baby through an incision in the mother's abdomen and uterus. It may be performed:

- Electively – when indications present themselves in pregnancy prior to labour

or as an

- Emergency – performed at short notice when complications present themselves prior to or during labour

### When may a caesarean section be necessary?

#### Possible reasons for an elective caesarean section

- You or your baby has obstetric or medical problems, this may include hypertension (high blood pressure) or pre-eclampsia
- Transverse lie – the baby is lying across the mother's abdomen
- Placenta Praevia – the cervix is blocked by the placenta
- Placental insufficiency – the placenta is no longer providing the baby with adequate nourishment
- Cephalo-pelvic disproportion – when the baby's head is too big to pass easily through the mother's pelvis

#### Possible reasons for an emergency caesarean section before the onset of labour

- Ante partum haemorrhage – severe bleeding
- Cord prolapse – when the umbilical cord falls through the cervix into the vagina
- Eclampsia – when a woman has a seizure
- Premature rupture of the membranes – when the waters break before labour commences and in the presence of other complicating factors

#### Possible reasons for an emergency caesarean section after the onset of labour

- Fetal distress – changes in the baby's heart rate
- Failure of labour to progress
- Cord prolapse
- Intrapartum haemorrhage (bleeding during labour)
- Failed forceps delivery
- Undiagnosed breech
- Malpresentation of the baby

## Preparation for the operation

### Elective caesarean section

Prior to admission on the day of the planned Caesarean Section you will receive a phone call from the Liaison Midwife. She will discuss:

- Time of admission to the hospital – usually 2 hours prior to the planned time of surgery
- Fasting – No food or fluids from 8 hours prior to admission
- On admission go to the Reception Desk and they will direct you to the Ward or to the Delivery Suite depending on the day
- Please do not wear nail polish, cosmetics or jewellery (wedding ring may be left on)
- Update your antenatal history and health insurance details, reason for Caesarean Section, pain management and infant feeding
- Partners should wear closed toe shoes to accompany their partner to theatre

### On admission to hospital or prior to an emergency caesarean section the following pre-operative procedures will be undertaken

- Observations recorded
- A cannula will be inserted into a vein in your hand or arm so that intravenous access is available for fluids and medication
- Any hair on the abdomen and the top few centimetres of pubic hair will be removed
- A urinary catheter will be inserted into your bladder to keep your bladder empty during surgery and until you can walk to the toilet following surgery. Discussion with the anaesthetist – concerning the safest and most suitable form of anaesthesia for the Caesarean Section. The anaesthetist will discuss any previous experiences of anaesthesia or reactions to medications

### What anaesthetic is used for caesarean section?

A Caesarean Section may be carried out under epidural, spinal or general anaesthetic. If the caesarean section is elective you will have an opportunity to discuss the options available with the anaesthetist prior to surgery.





If the caesarean section is conducted under epidural or spinal anaesthetic you will be awake and able to share with your partner the first few minutes of your baby's life.

If a general anaesthetic is required usually only in the case of a medical emergency you will be asleep for the surgery and will awake in recovery. You will see your baby on return to the postnatal ward.

#### **Postnatal recovery after caesarean section**

- A Paediatrician will be present in theatre at the birth of your baby. Once your baby has been checked he or she will be wrapped and brought to you for a cuddle.
- You will be transferred to the recovery room, to be observed while the anaesthetic wears off. With an elective caesarean your baby and partner will remain with you in the recovery room, in most cases with the support of Maternity Staff who will assist with the first breast feed. If the baby needs extra care he/she will be transported to the nursery. A nurse will monitor your blood pressure, heart rate and temperature, the firmness of your uterus, vaginal bleeding and the incision site. If all is normal you will be transferred to the postnatal ward to be with your partner and baby.
- Your legs and abdomen will usually remain numb for a few hours following an epidural or spinal anaesthetic. You may feel nauseated and shaky at this time.

#### **Midwifery care following a caesarean section**

**Wound:** the area around the incision site will feel tender. A dressing will be applied following surgery and this is usually removed within 24 hours depending on your obstetrician.

Absorbable stitches are often used for the outer abdominal layer and will not need to be removed. Alternatively non-absorbable stitches or clips will be removed prior to discharge.

**Bladder and Bowels:** The urinary catheter will be removed approximately 24 hours after surgery. Please advise your midwife if you are having problems passing urine.

You may experience wind pains following surgery. Physical activity can help the bowel to function and reduce the discomfort. Your midwife will give you a fibre drink from day 2 to assist your bowel action.

**Mobility:** Gentle ambulation is encouraged as soon as possible following surgery. Physical activity is important.

Most doctors will also advise a small injection of a blood-thinning drug for the first 3 days following surgery, to reduce the risk of blood clots.

The first time you move or get out of bed will be the most difficult. Your midwife will assist you and provide advice on the easiest methods of getting in and out of bed.

Try to stand up straight and avoid slumping forward.

**Vaginal blood loss:** The colour and amount of blood loss will change and gradually lessen. For the first 1-2 days your blood loss will be bright red, but over the next few days the colour will darken and the flow will lessen. You can bleed for 3-6 weeks after having your baby.

**Pain relief:** Regular analgesia (pain relieving drugs) are encouraged. You will be offered analgesia at regular intervals, but let your midwife know if this is not providing you with adequate pain relief. Options are usually oral or rectal analgesics.

**Breastfeeding:** Following a caesarean section you will be encouraged to have skin-to-skin contact with your baby and to initiate breast-feeding as soon as possible. Your midwife will provide assistance and education on correct positioning and attachment of your baby.

**Full recovery:** Usually takes 6-8 weeks. You will make an appointment with your obstetrician approximately 6 weeks after surgery. Accept help from family and friends and get as much rest as possible. Try not to lift anything heavier than your baby or bend down to cuddle your toddler. Drink plenty of water and eat a varied diet to avoid constipation.



## Your postnatal stay in hospital

St Vincent's Private Hospital Melbourne has a reputation for excellence in care as well as first class facilities and support. We offer spacious postnatal rooms with modern interiors and many with double beds. All our rooms are private rooms with ensuites, television, direct dial telephone, refrigerator and baby bathing and changing facilities. Rooms also include free WiFi.

Experienced Midwives offer a high standard of midwifery care, education and support as you adjust to your new role as parents and learn to care for your baby.

### Your time in hospital

You will usually spend approximately 4 nights in hospital for a normal or caesarean birth. This may depend on the well-being of you and your baby. Siblings and other children cannot stay overnight within the hospital. Babies must sleep in their cots during the hospital stay for safety.

### Visiting hours and rest time

A rest hour is scheduled each day between 11.00am – 12:00noon. Relatives and friends are asked to refrain from visiting you at this time and we request they adhere to the visiting hours of 2.00pm – 4.00pm and 7.00pm – 8.00pm.

### Your stay on the postnatal ward

It is preferable that during the day parents are dressed in day wear due to the need for staff to be able to regularly access your room to give care.

Occasionally there might be a need to place patients on another floor (usually the 5th floor) when we are full on the 3rd and 4th floors, or when renovations occur.

It is okay to celebrate birth with alcohol but drinking is expected to be kept to an absolute minimum for the safety and well being of babies, mothers and staff.

### Breastfeeding - lactation support

We have a team of experienced midwives to assist you with breastfeeding your baby during your hospital stay. We also provide a lactation support service and lactation consultant during your hospital stay and after discharge, or you can self refer by telephoning 03 9411 7797.

St Vincent's Private Hospital Melbourne is able to offer you ongoing support with any breastfeeding problems you may experience once home from hospital. Our Breastfeeding Clinic is free to all St Vincent's Private patients and you can use this service until your babies first birthday.

For 24 hour advice phone 1800 686 2686 Breastfeeding Helpline with the Australian Breastfeeding Association or visit their web site on [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au).

## Night settling room

**10.00pm – 6.00am**

At St Vincent's Private Hospital Melbourne, rooming in is encouraged so your baby will be with you for the majority of the time. The night settling room is provided to address woman's need for rest in the early postnatal period but with a focus on promoting early infant bonding and the establishment of breastfeeding.

The night settling room is staffed by experienced mothercraft nurses who are available to settle babies in the night settling room before returning them to their mothers.

## Double beds

Double beds may be requested on admission and when available you will be accommodated in a room with a double bed. The cost of the double bed is \$75 and includes breakfast for your partner. Other meals can be ordered at a cost of \$22 per meal.

**\* A single bed is required for 24 hours after a caesarean section.**

## Family package

Our family package is designed for you if you want to be at home as soon as possible after the birth of your baby. When you choose the Family Package, a plan of care will be discussed with you with the aim of staying in hospital 2-3 nights and then discharged home.

The hospital provides a \$400.00 Mastercard if you take up the family package. If you have any questions or require further information about the family package please contact the hospital Liaison Midwife.

## Whiteboards in your room

In every antenatal and postnatal room there is a white board with information such as breastfeeding and physiotherapy education times.

## Education channel

Within each room there are education channels 41 and 42, covering issues such as parenting, breastfeeding, safe sleeping and appearance of the newborn.

## Referral services

### Referrals to below services by Midwives:

- A Physiotherapist will visit you day 3 or 4 in the hospital and if requested anytime
- Dietician
- Pastoral care
- Social worker

### Other services available

- Baby photographers
- Daily newspapers, magazines and mail delivery
- Pharmacy
- Coffee shop on ground floor



## Satellite maternity unit – Park Hyatt Hotel

We offer an exciting family retreat program at the luxurious Park Hyatt Hotel Melbourne.

The family retreat at The Park Hyatt Hotel is an option for eligible families to complete their post-natal care.

Patients must be assessed by the Obstetrician and Paediatrician as medically stable and suitable for transfer to the satellite unit.

### What will you receive at the Park Hyatt Hotel?

- Maternity care for mother and baby on a 24 hour basis
- Large private room with 5 star hotel services
- All meals delivered to the room
- Lactation advice
- Transport to the hotel via hotel limousine with approved child restraints
- You will need to provide your own pram/sling for your use whilst at the Park Hyatt Hotel

*\* The Park Hyatt is for “well” mothers and babies only, and has assessment criteria to determine this after the birth of the baby. Your Obstetrician has to give permission for you to go to the Park Hyatt.*





## Returning home

### **Sexuality after childbirth**

After the birth of your baby it is important that you communicate with your partner about your feelings and sexuality. If possible try and have some quality time alone together.

The best time to resume intercourse is when you both feel ready, for some this will vary from weeks to months after the birth. As a new mother you need time to recover from giving birth and adjust to your new self-image, you may feel insecure and unattractive, compared with before you had your baby.

### **Physical changes**

Following childbirth, you may continue to bleed vaginally for 3-6 weeks. It is medically considered safe to resume intercourse once bleeding has completely stopped.

Episiotomies (a cut to the perineum) and tears will be tender for a few days but will usually heal well within a couple of weeks. Check your stitches by pressing on them gently with your finger, if this is painful, then intercourse may also be painful. If normal sensation is not returning, check with your obstetrician.



### Your partner

Partners will also be experiencing a period of adjustment and may find their libido has decreased. The increased financial and personal responsibility to the family, work commitments and changes in sleeping patterns can create extra pressure. In other cases sexual desire may increase. Issues for partners can be jealousy of the mother's intimacy and physical closeness to the baby, or a fear of being left out or neglected.

During those first few busy weeks and months after a new babies arrival, it is common to feel overwhelmed with the responsibility of caring for another human being 24 hours a day. More help may be needed from your partner, so it is important to communicate these needs to them.

Fatigue, caused by sleepless nights and busy days may reduce sexual interest; making love takes time, time that you may want to use to catch up on some well deserved sleep instead. Babies also have a mind of their own, waking and demanding attention at the most inopportune times!

Remember, you can be intimate without having intercourse; talking, kissing and cuddling may be just what you both need. Reducing the risk of an unplanned pregnancy can make sexual activity more enjoyable.

### Postnatal mood changes

The birth of a baby is usually a very exciting and joyous event, but it is also a time of transition and major lifestyle changes. These changes along with fluctuations in hormone levels, sleep deprivation and an overwhelming feeling of responsibility can cause mild to severe mood changes following birth.

### Baby blues

Approximately 80% of women experience baby blues during the first week after giving birth. Women may feel emotional and tearful and at times anxious, tense and generally unwell. It is important to note that experiencing baby blues is perfectly normal and the feelings generally pass within a few days.

Reassurance, encouragement and support are the best forms of treatment for these transient feelings.

### Postnatal depression

Postnatal depression affects approximately 14% of mothers. It may occur during pregnancy (antenatal depression) but is more common in the weeks or months following giving birth (postnatal depression).

Causes of postnatal depression are complex and involve biological, psychological and social factors.

Early recognition and prompt treatment can reduce the severity of postnatal depression.

### Common symptoms or signs of postnatal depression

(As listed by the PANDA Association)

- anxiety – panic attacks, hot and cold flushes, heart palpitations, dizziness, nausea and confusion
- feeling unable to cope
- feeling overwhelmed by daily chores
- constant crying or wanting to cry without knowing why
- irrational or irritable behaviour
- loss of confidence or self esteem
- feelings of guilt, inadequacy and self doubt
- exhaustion or hyperactivity
- inability to get adequate sleep – difficulty getting adequate sleep when baby is sleeping, early morning waking and/or wanting to sleep all the time
- appetite disturbances
- negative, obsessive or morbid thoughts
- fear of being alone or of social contact
- increased sensitivity to noise
- inability to laugh and enjoy oneself
- loss of interest in sex

Research tells us that new dads can suffer from postnatal depression as well.

To seek help or advice about any of these postnatal changes in yourself or your partner please contact your Maternal and Child Health Nurse, GP, PANDA or Beyond Blue to discuss them.



## Safety matters

In hot weather babies and young children can dehydrate very quickly, this is due to loss of body fluids through perspiration. Children need to be watched closely on hot days to ensure that they are drinking enough fluids. Additionally, never leave children in the car unattended, cars can heat rapidly in summer.

### Fluid intake

Breastfed babies do not need to be given extra water, they receive enough fluid from breast milk, however they will need to feed more frequently in hot weather.

### Keeping cool and teaching babies to swim

Tepid baths or splashing in a paddling pool are great ways to keep cool in hot summer weather. Sunscreen, hats and sun safety is important. Babies get sun burn much faster than adults. Never leave a child unattended in or near water and teach your babies to swim through formal swimming programs.

### If you need to go outside on a hot day:

- Dress your baby in a nappy and singlet
- Find some shade
- Make sure your child is wearing a well fitting sun hat
- Use sunscreen with SPF30+ keep applying throughout the day
- Take plenty of drinks for you and your child

### Pets and children

Pets should never be left alone with children unsupervised.

The chances of a baby/infant contracting toxoplasmosis from a cat is extremely low only 1 in one million and not a reason to relinquish your cat. Screening and physical separation of the cat from the baby ensures safety to both the baby and the cat. There are no recorded cases in Australia however of a cat suffocating a baby but they are attracted to the warmth and milky smell of a babies cot.

Dogs are pack animals and see the baby as lower in the food chain than themselves, seeing a baby fed before them or getting more attention can cause jealousy. Supervise babies and small children with dogs at all times. Supervise or separate. Attend our additional PETS lecture at the hospital for free if you do own a pet, you will gain amazing insight into ways to train your pet for safer integration of the baby into the family.



## Sleep time and heat

Find the coolest room or place in the house for your baby to sleep.

Do not let your baby sleep in a pram on hot days, these can be airless and become very hot.

You can cool the house by hanging damp towels from windows and letting air pass through them. Fans and air conditioners can also be used, as long as they do not blow directly onto the baby.

Mattresses and waterproof sheets need to be covered with cotton so they absorb perspiration, and prevent prickly heat rash.

## Travel

Never leave babies or children unattended in the car, cars become hot very quickly and are an extremely dangerous place to be. Becoming too hot from being left in a car can result in serious injury or even death.

It is recommended not to travel in the last month of pregnancy and safest to avoid travel up to a month after the baby is born to ensure that feeding is well established, the babies ears are unblocked and any sinus, mucous or congestion issues are resolved. This varies from baby to baby; ask for advice from your care givers, MCHN, Obstetrician, Midwife or GP if unsure.

## Warning signs that your child may be dehydrated

### Early Signs

- Red in the face and on the body and very warm to touch
- Very moist between fat rolls around neck
- Agitated

### Later Signs

- Not eating or drinking
- Sleepy or lethargic
- Crying or irritable
- Has fewer wet nappies
- Has hot, dry skin and mouth
- Has a raised temperature (38-40 degrees Celsius)
- Has vomiting or diarrhoea

Take your child to see a doctor immediately if you recognise any of these symptoms. If you have any further concerns or questions ask your midwife or call your Maternal and Child Health Nurse.

## Immunisations

We recommend that you immunise your babies and children. This public health measure means we have one of the safest countries in the world in which to live and prevents disease outbreaks.

## Resuscitation

St Johns Ambulance, phone number 1300 360 455, offer a range of classes to help you learn CPR and resuscitation of babies.

Child Revive First Aid is another quality training provider in infant resuscitation, phone 1300 797 667, or visit [www.childrevive.com.au](http://www.childrevive.com.au)

# Resources for parents

## Recommended reading for parents

### Pregnancy and birth

*Childbirth Choices* – Bennett, Etheridge and Hewson

*Up the Duff* – Kaz Cooke

*The New Pregnancy and Childbirth Book* – Sheila Kitzinger

*What to Expect when you are Expecting* – Eisenberg, Murfuoff and Eisenberg

*Conception, Pregnancy and Birth* – Miriam Stoppard

*New Active Birth* – Janet Balaskas

*The Natural Way to Better Pregnancy* – Naish and Roberts

*Midwife Wisdom, Mother Love* – Sarah James

*Feeding the Bump* – Lisa Neal

*Hypnobirthing* – Marie Morgan

*Birthing With Confidence* – Rhea Dempsey

*Gentle Birth Gentle Mothering* – Sarah Buckley

### Caesarean Section

*Caesarean Birth* – Zena Armstrong

*Caesarean Childbirth: A Handbook for Parents* – Wilson and Harvey

*Caesarean Experience* – Sarah Clement

*Vaginal Birth after Caesarean: The VBAC handbook* – Savage

[www.icea.org/index.php?q=content/vbac-education-project](http://www.icea.org/index.php?q=content/vbac-education-project)

### Breastfeeding

*Breastfeeding, I can do that* – Sue Cox

*Breastfeeding Naturally* –

Australian Breastfeeding Association

(Booklets can be obtained from ABA phone 1800 032 926)

*Breastfeeding Booklet* supplied by St Vincent's Private Hospital Melbourne

### Fathers

*So you're going to be a Dad* – Peter Downey

*Beginning Fatherhood* – Pudney and Cottrell

*Manhood* – Steve Biddulph

*Cheers to Childbirth* – Lucy Perry

*Men at Birth* – David Vernon

## Childcare and parenting

*The Australian Baby and Childcare Handbook* – Carol Fallows

*What to Expect in the First Year* – Eisenberg, Murkoff and Hathaway

*Babies* – Dr Christopher Green

*Baby on Board* – Dr Howard Green

*Baby Love* – Robyn Barker

*The Mighty Toddler* – Robyn Barker

*The Secret of Happy Children* – Steve Biddulph

*The New Your Baby and Child* – Penelope Leach

*Settling Your Baby* – Child & Youth Health (Adelaide)  
(Available at St Vincent's Private Hospital Melbourne's Pharmacy)

*Safe Sleep Space* – Helen Stevens & Cindy Davenport

## Multiple pregnancy

*Having Twins* – Elizabeth Noble

*Twins: From Conception to Five Years* – Clegg and Woollett

*Twins: A practical Guide to Parenting* – Agnew & Klien & Ganon

*Multiples from conception to preschool* – Katrina Bowman

## Grandparents

*Grand parenting: A New Challenge* – Helen Gonski

## Recommended websites for parents

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

[www.ninemonths.com.au](http://www.ninemonths.com.au)

[www.melbournechild.com.au](http://www.melbournechild.com.au)

[www.childrestraints.com.au](http://www.childrestraints.com.au)

[www.motherchild.com.au](http://www.motherchild.com.au)

[www.breastfeeding.asn.au](http://www.breastfeeding.asn.au)

[www.dhs.vic.au/yafs](http://www.dhs.vic.au/yafs)

(Parenting Information – Human Services)

[www.raisingchildren.net.au](http://www.raisingchildren.net.au)

[www.birth.com.au](http://www.birth.com.au)

[www.bubhub.com.au](http://www.bubhub.com.au)

[www.hypnobirthingaustralia.com.au](http://www.hypnobirthingaustralia.com.au)

[www.vbacfacts.com](http://www.vbacfacts.com)

[www.icea.org](http://www.icea.org)

[www.givingbirthwithconfidence.org](http://www.givingbirthwithconfidence.org)



Useful contacts	
Emergency Services: Fire, Ambulance, Police	<b>000</b>
St Vincents Private Hospital Melbourne	<b>(03) 9411 7111</b> <a href="http://www.svpm.org.au">www.svpm.org.au</a>
SVPM Maternity Unit (24 hours)	<b>(03) 9411 7400 / (03) 9411 7440</b>
SVPM Breastfeeding Support Centre/ Lactation Clinic	<b>(03) 9411 7797</b>
SVPM Childbirth Education	<b>(03) 9411 7441</b>
Obstetrician	
Paediatrician	
Australian Breast Feeding Association (ABA)	<b>1800 mum 2 mum</b> (1800 686 268) – 24 hour line <a href="http://www.breastfeeding.asn.au">www.breastfeeding.asn.au</a>
Australian Multiple Birth Association	<b>1300 886 499</b> <a href="http://www.amba.org.au">www.amba.org.au</a>
Australian Physiotherapy Association	<b>1300 306 622</b> <a href="http://www.phsiotherapy.asn.au">www.phsiotherapy.asn.au</a>
Beyond Blue	<b>1300 224 636</b>
Child Safety Centre	<b>(03) 9345 5085</b>
Community Health Centres	<b>(03) 9096 7424</b>
Distressed Infants Support Association	<b>(03) 9513 9640</b> <a href="http://www.disa.com.au">www.disa.com.au</a>
Maternal and Child Health Nurse Hotline	<b>13 22 29</b> – 24 hour line
Men's Line Australia	<b>1300 789 978</b>
Mercy Health Oconnell Family Centre	<b>(03) 84167600</b> <a href="http://www.mercyhealth.com.au/meps">www.mercyhealth.com.au/meps</a>
National Continence Helpline	<b>1800 330 066</b> (Freecall)
Nurse On Call	<b>1300 606 024</b>
Parentline	<b>132 289</b> <a href="http://www.beststart.vic.gov/phone.htm">www.beststart.vic.gov/phone.htm</a>
Playgroup Association of Victoria	<b>1800 171 882</b>
Poisons Information Centre	<b>13 11 26</b>
Post and Ante Natal Depression Association (PANDA)	<b>1300 726 306</b> (9.00am–7.00pm) <a href="http://www.panda.org.au">www.panda.org.au</a>
Private Lactation Consultant	<a href="http://LCANZ.org">LCANZ.org</a> or <a href="http://lactation.org.au">lactation.org.au</a>
Queen Elizabeth Centre: Mother and Baby Unit	<b>(03) 9549 2777</b> <a href="http://www.qec.org.au">www.qec.org.au</a>
RACV: Restraints, Fitting Stations	<b>(03) 9790 2190</b> <a href="http://www.racv.com.au">www.racv.com.au</a>
Royal Children's Hospital (RCH)	<b>(03) 9345 5522</b> <a href="http://www.rch.unimelb.edu.au">www.rch.unimelb.edu.au</a>
RCH Centre for Community and Child Health Unsettled Babies Clinic	<b>(03) 9345 6150</b>
RCH Emergency Advice Quick Access	<b>(03) 9345 7060</b>
RCH Information Centre	<b>(03) 9345 6429</b> <a href="http://www.rch.org.au/chic">www.rch.org.au/chic</a>
RCH – Poisons Line	<b>13 11 26</b> (24 hour helpline)
RCH Safety Centre	<b>(03) 9345 5085</b> email <a href="mailto:safety.centre@rch.org.au">safety.centre@rch.org.au</a> <a href="http://www.rch.org.au/safetycentre">www.rch.org.au/safetycentre</a>
Relationships Australia	<b>1300 364 277</b>
SIDS and Kids Victoria	<b>1300 308 307</b> <a href="http://www.sidsandkids.org/vic">www.sidsandkids.org/vic</a>
Settling your Baby	<a href="http://www.cyh.com">www.cyh.com</a>
Tweddle Child and Family Health Services	<b>(03) 9689 1577</b> <a href="http://www.tweddle.org.au">www.tweddle.org.au</a>
Well Women's Clinic - Public access and self referral possible	<b>(03) 83453037</b> <a href="http://www.wellwomens.rwh.org.au">www.wellwomens.rwh.org.au</a>
Wire Women's information	<b>1300 134 130</b> <a href="http://www.wire.org.au">www.wire.org.au</a>
Women's Health Victoria	<b>(03) 9664 9300</b> <a href="http://www.whv.org.au">www.whv.org.au</a>
Yoga Teachers Association of Australia	<b>1300 881 451</b> <a href="http://www.yogateachers.asn.au">www.yogateachers.asn.au</a>

## This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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### **St Vincent's Private Hospital Fitzroy**

59 Victoria Parade Fitzroy Vic 3065

Phone: (03) 9411 7111

Facsimile: (03) 9419 6582

### **St Vincent's Private Hospital East Melbourne**

159 Grey Street East Melbourne Vic 3002

Phone: (03) 9928 6555

Facsimile: (03) 9928 6444

### **St Vincent's Private Hospital Kew**

5 Studley Avenue Kew Vic 3101

Phone: (03) 9851 8888

Facsimile: (03) 9853 1415


### **St Vincent's Private Hospital Werribee**


240 Hoppers Lane Werribee Vic 3030

Phone: (03) 9218 8000

Facsimile: (03) 9218 8011

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

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PRIVATE HOSPITAL**  
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