



Lenah Valley Hospital

Hospitality Healing Stewardship Respect

Continuing the Mission of the Sisters of the Little Company of Mary

CALVARY MATERNITY & WOMEN'S HEALTH BIRTHING SUITE SERVICES

At Calvary we are a family centred service and understand that the birthing experience for you and your family is unique. As such, we would like to offer some guidelines to advise you on when to come to hospital, what you should bring with you and what is likely to happen during your birthing experience. This information is provided so we can provide the best possible care for you and your family throughout your birthing experience.

If you have any questions or concerns at any time during your pregnancy don't hesitate to call and speak with a midwife – (03) 6278 5328. The Nursing Unit Manager is Sally Jarvis and can be contacted on (03) 6278 5328.

When to come to hospital

This is different for every couple. We encourage you to contact the midwives on the maternity unit once you start having regular contractions, but to stay at home as long as you feel comfortable. Your midwife will offer you advice and support over the phone.

You will need to phone the hospital and come in for assessment when:

- If your membranes rupture (waters break)
- Any vaginal bleeding
- If you are concerned about your (or your baby's) health, you feel unwell for any reason
- If you notice a change at all in baby's movements (increased or decreased fetal movements).

Coming to hospital

Call and speak to a midwife. You and your midwife will decide if and when you should come into the maternity unit.

Your midwife will instruct you on the best way to enter the hospital depending time of day/night you are coming in.

What to bring

Clothes for you - Comfy, soft clothing to labour in and for post birth. If you are planning on breastfeeding, consider maternity bra/crop top and breastfeeding pads.

Clothes for your baby - Clothing for your baby to go home in. You may wish to dress your baby in your own clothes during stay or you can use the hospital supplied clothing.

Comfy underwear - Large, comfy undies that will hold a pad are recommended.

Maternity pads - After giving birth (vaginally or caesarean) you'll have bleeding like a period for a few weeks. This can be heavy especially in the first few days so bring a variety of maternity pads with you. Tampons and menstrual cups are not recommended at this time. Normal pads can be worn after the first few days.

Toiletries - Bring your own soap, shampoo, conditioner, toothbrush and toothpaste and any other necessary toiletries you want to use during your stay.

Music - You may wish to prepare a play list or bring along a CD for labour and birth.

Snacks - You are welcome to bring snacks and drinks to the hospital. This needs to be labelled and can be stored in the fridge on the ward.

Phone - You are welcome to bring a phone with you, especially if you wish to use this to take pictures, just remember a phone charger.

Car seat - Or a capsule that has been professionally fitted for taking baby home.

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What will happen?

Your midwife will be available to care for you as your labour progresses. If there is a change in shift a different midwife will be allocated to your care. If you have any concerns regarding this you should speak to the midwife in charge.

On arrival your midwife will complete an assessment and determine what stage of labour you are at, and in consultation with your obstetrician will develop a care plan. We will guide you and your support person through managing your contractions.

We have various equipment such as fit balls and mats you may like to use during labour and this along with other pain relief options will be discussed with you.

In the event of a caesarean, you and your partner will be fully informed throughout the process. In order to be better prepared the information 'a guide to Caesarean Section' is provided antenatally.

Understanding stages of labour

Braxton hicks/pre-labour - Braxton hicks can be felt as early as 20 weeks and may be felt as irregular tightening of the uterus/tummy that does not become more frequent or painful. While usually painless, they can be uncomfortable and sometimes difficult to distinguish from true labour contractions. Pre-labour pain may also be felt as back ache, sore legs, period like pain that comes and goes, change in bowel habits and pelvic pressure.

It is important to remember that everyone's labour is unique, and the duration of each stage of labour will vary for every woman, you will experience all three stages during your labour.

First stage - The first stage of labour includes early labour and active labour. During the first stage, the muscles of your uterus start to tighten/contract, and then relax, which will help to thin and open the cervix so your baby can pass through the birth canal. Your labour will begin with early contractions that are irregular and last less than a minute. This early phase can last from a few hours to days. You will then experience active contractions that are regular and last about a minute. You will eventually transition to the second stage of labour, when your cervix opens completely and you are ready to give birth.

Second stage - Lasts through to the actual birth. During the second stage, your cervix is completely dilated and your baby travels down and out of the birth canal. Your baby will then be born.

Third stage - Occurs after your baby is born and finishes when the placenta and membranes have been delivered, some gentle pushing may be required to help deliver the placenta.

TEN STEPS TO SUCCESSFUL BREASTFEEDING

At Calvary we are a baby friendly accredited hospital. This means the 10 steps are adhered to, to protect, promote and support breastfeeding.

A JOINT WHO/UNICEF STATEMENT (1989 revised 2018)

The Breastfeeding policy of Calvary Health Care Tasmania is based on the 'Ten Steps to Successful Breastfeeding'.

This policy is kept in the Breastfeeding Clinic along with the 'NHMRC (2003) Food for Health - Dietary Guidelines for Children and Adolescents in Australia'. Both documents are available for viewing at any time upon request.

Every facility providing maternity services and care for newborn infants should:

- 1. Have a written breastfeeding policy that is routinely communicated to all health-care staff.
- 2. Train all health-care staff in the skills necessary to implement this policy.
- 3. Inform all pregnant women about the benefits and management of breastfeeding.
- 4. Place babies in skin to skin contact with their mothers immediately following birth for at least an hour and encourage mothers to recognise when their babies are ready to breastfeed, offering help if needed.
- 5. Show mothers how to breastfeed and how to maintain lactation even if they are separated from their infants.
- 6. Give newborn infants no food or drink other than breast milk unless medically indicated.



- 7. Practice rooming-in allow mothers and infants to stay together 24 hours a day.
- 8. Encourage breastfeeding on demand.
- 9. Give no artificial teats or dummies to breastfeeding infants.
- 10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital or clinic.

YOUR BABY AND SAFE SLEEP

At Calvary Maternity we have unrestricted visiting hours. This means that family and friends can visit at a time that suits you. Partners are encouraged to stay overnight to help bond with your new baby and gain confidence.

Your new baby has no concept of day and night. Many babies sleep more during the day than at night, particularly in the first 6 weeks

Safe sleeping guidelines

- Sleep your baby on his/her back from birth, not on his/her tummy or side.
- Sleep your baby with his/her face and head uncovered and free from bedding, pillows and toys.
- Avoid exposing your baby to tobacco smoke before birth and after.
- Provide a safe sleeping environment with safe furniture and bedding: this means no quilts, doonas, duvets or pillows in cot.
- Sleep your baby in his/her own safe sleeping place in the same room as you for the first six to twelve months.
- Breastfeed if you can.



More information about sleep and settling can be found at:

- www.rednose.org.au/section/safesleeping
- · www.raisingchildren.net.au
- www.whatwerewethinking.org.au
- www.dhhs.tas.gov.au/service_information/ services_files/child_ health_centres
- www.sidsandkids.org
- www.safesleepspace.com.au (link to the Rock-A-Bub phone App)

Or contact:

- Calvary Maternity Unit (03) 6278 5328
- Calvary Breastfeeding Clinic
 -(03) 6278 5328
- Family and Child Health Clinic
 (see your blue book)
- Parenting Centre (03) 6233 2700
- Parenting helpline 1300 808 178
- Pregnancy, birth and baby helpline
 1800 882 436
- Your Paediatrician
- Your GP

WHAT TO EXPECT EACH DAY

Day 0

Congratulations! Today is the day your baby is born. We will encourage you to stay skin-to-skin with your baby until you feed your baby. You decision on how you wish to feed your baby; either breastfeed or artificially/bottlefeed, will be fully supported.

You will be assisted by a midwife with feeding and baby care in the birthing suite or after your caesarean section. Your baby will be given a Vitamin K injection after birth and offered a hepatitis B immunisation within hours of birth.

You will have a vaginal blood loss a little heavier than a normal period. You will be offered pain relief and shown where ice is kept to use on your perineum.

You are given your baby's paperwork, blue book and a bounty bag. There is also a 'Celebration Platter' voucher to be handed in 24 hours before you wish it served. Information on support packages from Hill Street Grocers, for those women wanting early discharge is also provided.

Day 1

Today your baby may be a little bit more wakeful, particularly in the night. Your baby will be demand feeding. You may wish to give baby their first bath today and your midwife will check on you and your baby's health and wellbeing throughout the day. You should start your pelvic floor exercises today, if you need any education or advice regarding this please ask your midwife.

Day 2

You may notice your breasts becoming firm if you have chosen to breastfeed, and baby will continue to become more wakeful and wanting to feed.

Your blood loss will continue to slow down, but is usually still red at this time. We encourage you to be up and about, sitting out of bed to feed your baby. You may even wish to go for a walk outside. There will be ongoing postnatal education provided to you by your midwife.

Day 3

Baby's weight will be checked overnight. It's not unusual for babies to lose weight at this time, and the weight is checked again prior to discharge to ensure baby is starting to gain weight. If breastfeeding; your breasts will be feeling firmer today and breast milk may be 'coming in' also referred to as breasts 'filling'. Today also sees a surge in hormones which can make you feel upset and teary, this is normal and is often referred to as 'day 3 blues', talk to your midwife if you have any concerns.

Day 4

Day of discharge for women who have had a vaginal birth. Your midwife will go through your discharge planning with you and will discuss any follow-up appointments with you. Preferable discharge time is before lunch. This allows you and your baby to settle in at home before the evening, as baby may still be requiring more attention at this time of the day.

Day 5

Day of discharge for women who have had a caesarean birth. Thank you for sharing your special time with us at Calvary.

CAESAREAN SECTION

Elective Caesarean Section

An Elective Caesarean is arranged before admission to hospital after discussion with your obstetrician. You may have been to an appointment with the anaesthetist prior to admission. Mother is admitted to the maternity unit the morning of the operation.

Emergency Caesarean Section

Arranged at any stage during the process of labour. The anaesthetist will visit you in the delivery suite prior to transfer to theatre.

Procedure for all categories of caesarean

- A consent form for operation is signed by the mother and doctor.
- The mother is to fast from food and fluids prior to surgery.
- The midwife shaves the pubic hair to just below the 'bikini line'. If you are a booked caesarean you may like to have this area waxed before admission.
- An indwelling urinary catheter is inserted in theatre to ensure the bladder remains empty during the operation. This remains in place for 12- 24 hours after the birth of your baby.
- The support person will go to theatre with the mother and is shown where to change.
 They may wish to take a camera (stills only - no videos).
- The mother has the spinal inserted in theatre to block all pain during the procedure. Following the operation it is important the woman communicates her pain levels with the midwife so appropriate pain relief can be supplied.



- There is a midwife and paediatrician present at the birth to receive the baby.
 If the baby is well the baby can remain in theatre skin-to-skin with mum while the midwife observes.
- Skin-to-skin contact is maintained throughout recovery until baby's first breastfeed.
- The physiotherapist is on the unit daily and has an exercise program for patients who have had caesarean sections. The physiotherapist will discuss lifting and back care.

Contact

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Email: maternity@calvarycare.org.au

www.calvarylenahvalley.org.au

About Calvary

Calvary is a Catholic, charitable organisation with more than 12,000 staff and volunteers operating public and private hospitals, retirement communities and delivering community care services across Australia. We are a leading provider of palliative and end of life care, continuing the Mission of the Sisters of the Little Company of Mary.

