THE ROTUNDA HOSPITAL DUBLIN

Maternity Information Pack

Part 1

Caring for Generations

Since 1745

Personal record of my pregnancy and the birth of my baby

Pregnancy

I discovered I was pregnant on ..... at ..... weeks.

Date of my first antenatal check-up .....

Date of my first scan.....

I started to tell family and friends I was pregnant .....

I first felt my baby moving on .....

Date I first heard my baby's heartbeat .....

My cravings during pregnancy were .....

Day of birth

Date and time labour started.....

Gestation.....

Date and time of birth.....

Type of birth.....

Midwives looking after me in labour were .....

Name of person who delivered my baby.....

Day of the week .....

Zodiac sign .....

News headlines on the day of birth.....

No. 1 in the music charts.....

Weather on the day of birth.....

My baby

Birth weight .....

Length .....

Colour of hair .....

Colour of eyes.....

Feeding .....

Healthcare record no. .....

Chosen names and why .....

Baby's first visitors were.....

Date of discharge from hospital .....

Travelled home by .....

Clothes worn going home .....

Other key dates and events.....

.....

.....

.....

.....

.....

.....

.....

Table of Contents

PART 1

2 Personal record of my pregnancy and birth

5 Introduction

7 The Rotunda Hospital
8 Welcome
11 Patients' rights
13 Customer feedback
15 Management of patient information
17 Hospital facilities and services
19 Safety and security
22 Infection prevention and control
25 Transport and access
29 Contact details

1

31 Staying healthy during pregnancy
32 Healthy eating during pregnancy
39 Common problems during pregnancy
40 Weight gain during pregnancy
43 Wound Healing
44 Your emotional and mental wellbeing
48 Exercise in pregnancy
57 Things to avoid during pregnancy
59 Work and travel

2

61 How your baby develops and your body responds
62 Calculate your expected date of delivery
63 First trimester
66 Second trimester
70 Third trimester

3

73 Care options for pregnant women
74 Public hospital based care
75 Community midwifery service
77 Semi private care
79 Private care

4

81 Antenatal care
82 First visit
86 Ultrasound scans in pregnancy
89 Further antenatal visits
90 Specialist clinics
94 People with support needs
95 Specialist units and services
97 Fetal medicine
100 Day assessment unit

5

101 Pregnancy information and support
102 Parent education classes
104 Information on breastfeeding
106 Medical social worker
107 Becoming a father

6

111 Problems and concerns in pregnancy
112 Minor problems in pregnancy
117 Serious problems in pregnancy
119 Assessment and emergency unit
120 General prenatal ward

7

Introduction

to the Rotunda Hospital's maternity information pack

The purpose of this information pack is to give pregnant women and their partners information about pregnancy, labour and birth, and the care of you and your baby immediately after birth. It explains why so many women choose the Rotunda Hospital as their 'maternity hospital of choice'.

We realise that each pregnancy is unique and that women need information on all the various types of care they can have. We hope that this pack gives you all the information you need and we would be happy to get any feedback or comments from you.

This information pack is divided into chapters; each chapter deals with a particular part of pregnancy or care. You will get the information in two parts and at different times during your pregnancy, so that you can get the useful information and advice at the right time for you.

You will get the first part of the information pack at your booking visit or your first antenatal check. Antenatal means the time you are pregnant before the birth of your baby. This will include:

- information on the Rotunda hospital's facilities and services,
- staying healthy during your pregnancy,
- a week-to-week guide on the development of your baby,
- antenatal care,
- parent education classes and other support services, and
- the common concerns and problems of pregnancy.

At around 28 weeks, you will get the second part of the pack. It will give you information on:

- labour and birth,
- the care you and your baby will get after birth, and
- feeding your baby.

We have put together this information pack to make sure that all parents expecting babies get a consistent standard of information. This information will be supported by the talks you have with your midwife and/or doctor and other healthcare staff you meet in the Rotunda. Make sure you ask any of the staff for more information or an explanation of the options available to you.

Remember to bring the information pack with you when you come into hospital to have your baby.

Note

We use the term partner throughout this information pack. This usually means the baby's father, but it may also mean someone in the woman's family or a friend, whom she would like to be with her throughout her care in the Rotunda.

Acknowledgement

The Rotunda Hospital would like to thank all those involved in writing and reviewing the information included in this information pack. In compiling the information pack, we drew on many sources of information including publications and websites. We would like to acknowledge the help and support offered by our midwifery, medical and other healthcare professional colleagues who helped compile, write and review the information included. We would like to acknowledge the support of Cuidiú in identifying willing reviewers who provided us with very constructive feedback, and the input from women who were availing of maternity care in the Rotunda at the time of writing or who had recent experience of our services.

We would like to thank the National Adult Literacy Agency (NALA) for reviewing the information for plain English. We also acknowledge the funding received from the Health Service Executive through the Social Inclusion Office for the translation of the information into different languages, which are available on our website: **www.rotunda.ie**

Disclaimer

We have tried to make sure that this information has the most up to date medical advice available when we published it. If you have a concern about your own or your baby's wellbeing, please contact the hospital. The information on specific services, rights and benefits was correct when we wrote this pack, but this could change in the future. Please talk to one of the staff, or look at the Rotunda's website: **www.rotunda.ie** or the relevant website for the most recent information available.

July 2016

1

Chapter 1

The Rotunda Hospital

1

Welcome to the Rotunda Hospital

Congratulations on your pregnancy and thank you for choosing to attend the Rotunda Hospital. We have been providing maternity services to women and their families for hundreds of years and are always improving our services and the different care options that we offer to both women and their babies. Each year around 8,500 women leave the Rotunda happy that their baby was given the best possible start in life. We look forward to sharing this special time with you in the coming months.

Irish childbirth services are amongst the finest in the world and according to the World Health Organisation there is no safer country in which to have a baby. Our midwives and doctors will look after you and your baby to get results that are not only outstanding by Irish standards, but also by international standards.

Childbirth is a safe process but sometimes there can be complications and illness in both mother and baby. We understand and sympathise with parents in these difficult times and hope that we can help them to deal with the problems they may face.

The Rotunda Hospital is the oldest working maternity hospital in the world. Ireland's first maternity hospital was established in 1745 and the Rotunda moved to its current site on Parnell Square in 1757. Today the hospital provides a full range of services to meet the needs of pregnant women and their babies as well as women with gynaecological conditions.

Friends of the Rotunda

In 1971 the Friends of the Rotunda was established to give financial help to the hospital to improve the comfort and efficiency of the services and to support research. The Rotunda Hospital needs a large amount of money each year to improve patient facilities and to support ongoing research projects. If you would like to support 'the Friends' or find out more information about their work, please contact the Friends Office on **01 872 2377** or look at their website: **www.for.ie**

Baby Friendly Hospital Award

The Rotunda was the first maternity hospital in Dublin to get the national Baby Friendly Hospital award. The award recognises that implementing best practice in the maternity service is crucial to the success of programmes to promote breastfeeding. The successful implementation of the 'Ten Steps to Successful Breastfeeding' ensures that the Rotunda supports and promotes informed parental choice through the provision of appropriate, accurate and unbiased information and discussions with women.

Vision

The Maternity Hospital of Choice – Outstanding Care Delivered by Exceptional People.

Mission statement

As the leading Voluntary provider of maternity, neonatal, gynaecology and reproductive care, our mission is to excel in the delivery of safe, innovative and responsive services for women and their families. In our role as the major tertiary referral hospital and the designated regional lead, we will continue to develop sub-specialist care and shape national policy. This will be underpinned by a strong commitment to the values of voluntarism, staff excellence, efficient use of resources, promotion of research and education and enhanced alliances with our strategic partners.

Strategic objectives

The Rotunda Hospital cannot achieve its mission and vision without a set of clear strategic objectives. The corresponding strategic objective for each priority area is presented below:

Priority Areas	Strategic objective
Patient & Family Centred Care	To provide quality and safe care in a suitable environment, with an emphasis on access, choice, communication, cultural diversity, patient participation and timeliness.
Resources	To focus on ensuring that we have appropriate and sustainable human, physical, financial and natural resources to allow us to deliver on our strategic ambitions.
Performance	To design an organisation wide framework to deliver the highest standards of quality, safety and value for money, in line with national and international best practice standards.
Leadership	To build strong management and governance structures to support the delivery of safe, innovative and responsive models of care, in association with our strategic partners.
Research & Education	To demonstrate national and international leadership in clinical, translational and health systems research, which we reflect in all aspects of the way we plan and deliver care.

Patients' rights

Patient charter

The National Healthcare Charter 'You and Your Health Service' is a statement of commitment by the HSE describing:

- what you can expect when using health services in Ireland, and
- what you can do to help Irish health services to deliver more effective and safe services.

It is based on eight principles: access, dignity and respect, safe and effective services, communication and information, participation, privacy, improving health and accountability.

To read the charter, please see the HSE website:
www.hse.ie/eng/services/yourhealthservice/hcharter/National_Healthcare_Charter.pdf

Communication with hospital staff

You will come into contact with many staff from different areas while you are attending the Rotunda. We feel that the relationship between the patient and our staff is important. Each of the hospital staff will make sure that your stay in the hospital is as comfortable and pleasant as possible. They will treat you in a polite way at all times and you will get all the information you need about your care and treatment. If any of our staff can help you in any way, please do not hesitate to ask them.

Confidentiality

The Rotunda treats the information you share with us as confidential and we understand that you have given it to us for the purpose of providing you with care and treatment.

- We respect your right to privacy and we handle the information you have given to us in line with the obligations of the Data Protection Acts.
- We will only share this information with other healthcare staff who need to know this information.
- This includes your GP and public health nurse.
- We also share some information with the General Register Office so that you can register your baby's birth.

Consent to treatment

It is the philosophy of the Rotunda to allow patients to make decisions about their care by giving them all the information they need. Before a doctor or other healthcare professional examines or treats you, they need your consent. Consent is about you and the healthcare staff agreeing together on the best way forward for your treatment, based on you telling them your preferences and values and the healthcare staff's clinical knowledge.

- Sometimes you can simply tell them whether you agree with their suggestions.
- You can give consent verbally or implied, such as holding out your arm for bloods to be taken.
- Sometimes we need a written record of your decision, for example if your treatment involves sedation or general anaesthesia.
- We will then ask you to sign a consent form.
- If you later change your mind, you can withdraw or take back your consent, even after signing the form, anytime up until you are having your procedure.

As a general rule, we cannot give you an operation, procedure or treatment without your consent, as long as you are deemed to be a competent adult - that you can understand the proposed treatment. By law we have to give you all of the information you need and get your consent for an operation, procedure or treatment and it is also an accepted part of good medical practice. Sometimes in obstetrics, we may need consent to treatment in an emergency situation, with only a little time to talk about all of the issues with you.

Open disclosure

We all know that things can go wrong and accidents happen in hospitals but it is important that we try to reduce these as much as possible. Open disclosure means that the Rotunda has an open, consistent approach to communicating with service users when things go wrong in healthcare. This includes expressing regret for what has happened, keeping the service user informed, providing feedback on investigations and the steps taken to prevent a recurrence of the incident.

Customer feedback

Comments on our service

We are committed to reviewing and improving all aspects of our service and we support the HSE's 'your service, your say' initiative. If you have any suggestions or feedback, please fill out one of the comment forms, which are available throughout the hospital.

If you would like to get feedback on your comment, please remember to include your contact details. You can also email you feedback to us at: **comments@rotunda.ie**

Complaints

If you are not satisfied with any part of the care or service you receive in the Rotunda, please speak with the person in charge of the area and tell them of your concern. If this does not resolve the issue or if you were unable to speak with the person in charge, you can contact our Quality and Patient Safety Manager.

If you are making a complaint on behalf of somebody else, we will need their consent before we can share any confidential information with you. We will not keep your complaint with your other information or records and only the staff involved in responding to your complaint will be aware of the complaint.

The complaints policy and form are available on our website: **www.rotunda.ie** or from the Quality and Patient Safety Department.

your service
your say

Interpreter service

A private company provides interpretation services in the Rotunda. If you want an interpreter because you cannot speak or understand English well, please tell staff when you make an appointment, so that we can organise to have an interpreter available.

Cultural diversity

Diversity is a core value of the Rotunda Hospital and we aim to make sure that we respect and meet the health needs of people from different cultures in the right way. Our staff have had diversity awareness training so that they know how to give a good service that suits your particular needs because of your culture, religion, or beliefs. When you come to the Rotunda for your first visit, we will record your ethnicity and you can tell us about any support needs or requests, which will help us plan your care.

Training of students

As a training hospital, the Rotunda has a number of students on clinical placements for education and training throughout the year. These include medical, midwifery and nursing students, along with radiology and other allied health professional groups. We will ask your permission before you are involved in the teaching of students. However, we would appreciate your cooperation so that students can get the best possible training.

The Rotunda Hospital: a research-friendly environment

"Research excellence in human reproduction - healthier mothers, healthier babies". The Rotunda undertakes high quality research with a view to improving patient care. Research develops or tests new ideas, technologies or therapies and provides the evidence required to improve diagnosis and treatment outcomes. Other research may lead to an improved quality of experience for mothers and their babies. Evidence that is generated from studies that include the Rotunda's patient population is of particular relevance, and may be of direct benefit to hospital patients and staff.

Rotunda staff are currently undertaking a number of research projects and you may be asked to take part in one of these. By volunteering in one of our research studies, you will have the satisfaction of knowing that you are making a contribution to the improvement of healthcare. Many patients welcome the opportunity to take part. The opportunity to participate in research studies is offered to patients on a volunteer basis only. If you refuse to take part in research this will not affect the care you receive.

The hospital is always mindful that the safety, privacy and dignity of patients must be protected and all research is reviewed and approved by the hospital's Research Ethics Committee. For more information on current research projects please see our website: **www.rotunda.ie**

Management of patient information

Healthcare record

When you make an appointment with The Rotunda Hospital we will create a healthcare record for you.

- This record will be both on paper and on the computer
- When we make your appointment we will put your details on the computer system
- At each visit we will check that your contact details are still the same such as your address, GP, phone number and next of kin
- This is very important as we must have up to date information about you at all times
- Each time you meet with the doctor, midwife or other healthcare staff they will record information in your healthcare record
- Test results and copies of any letters are also kept in the healthcare record
- You will get a new healthcare record on every pregnancy

Some pregnant women may take their healthcare record home. However, if you have been admitted to hospital during your pregnancy or you are attending one of the specialist clinics your healthcare record must stay in the hospital. Hospital staff may need to review the information in the healthcare record between visits. If you are allowed to take your record home, you must inform the administrative staff so that they can record that you have taken it with you.

You must remember to bring the record with you for every hospital appointment and bring it with you when you come to hospital to have your baby. After birth, your healthcare record must remain in the hospital.

The actual healthcare record belongs to the hospital but the information in it belongs to you. If you want a copy of your healthcare record we will give it to you.

Routine access to information

During your treatment, you should feel free to talk about your pregnancy and/or concerns with the midwife, doctor or healthcare staff at all times. This means that they can explain the facts and you can ask questions or ask for an explanation on any issue that you are not sure of or worried about.

If for any reason you need a copy of your healthcare record please ask the clerical staff member in the clinic who will tell you how to organise this. We will try to have your records ready for you in 40 days. However, sometimes it can take longer. We will send you an acknowledgement letter when we start to process your request, which will give you an indication of the timeframe. Please give us as much notice as possible. You can get a request form from the hospital, or you can email **foi@rotunda.ie** or call **01 817 1751.** For further information please see the website: **www.rotunda.ie**

Freedom of Information

The Freedom of Information (FOI) Act allows for members of the public to make applications for their own personal records, the records of others and the corporate documents of the organisation.

It also allows for records to be amended and for you to have reasons for decisions explained to you.

If you want to get a copy of your own records you can send your request in writing or complete an FOI request form, which is available from the hospital or you can email **foi@rotunda.ie** or call **01 817 1751**. Your request should be processed within 28 days. However, there are some circumstances where it may take longer. We will advise you of this and of your rights of appeal under the legislation. For further information please see the website: **www.rotunda.ie**

Hospital facilities and services

Accommodation

The Rotunda has a modern private wing for postnatal care known as the Lillie Suite. Four single rooms with ensuite bathrooms are also available for maternity patients in the Mosse Suite on the second floor. Semi private rooms or wards are available for both antenatal and postnatal patients. The rest of the accommodation has also been improved over the past few years.

If you are attending as a private or semi private patient, the hospital cannot guarantee that you will get a private room or semi private accommodation immediately. Beds and rooms are allocated after the birth of your baby. You can tell us your accommodation preference when you are admitted and we will give you what you want as soon as one is available.

To help us give beds/rooms to new patients, you must leave your bed by 11.00 am on the day of your discharge.

Chaplaincy service

There is a lay Roman Catholic chaplain available Monday to Friday. The chaplain is available to people of all faiths and of no specific faith. Chaplains and ministers from the Church of Ireland, Methodist and the Presbyterian Churches visit the Rotunda regularly. We contact ministers or chaplains of other faiths on request.

The chaplaincy service includes:

- meeting and supporting families once a serious or life-threatening problem has been confirmed;
- praying with and for patients;
- providing and saying blessings or prayers, when requested;
- arranging the sacrament of Baptism;
- providing support to bereaved parents; and
- attending and leading the removal service from the hospital mortuary chapel.

Contact details: Chaplain - **01 817 1700** bleep 334

Catering services

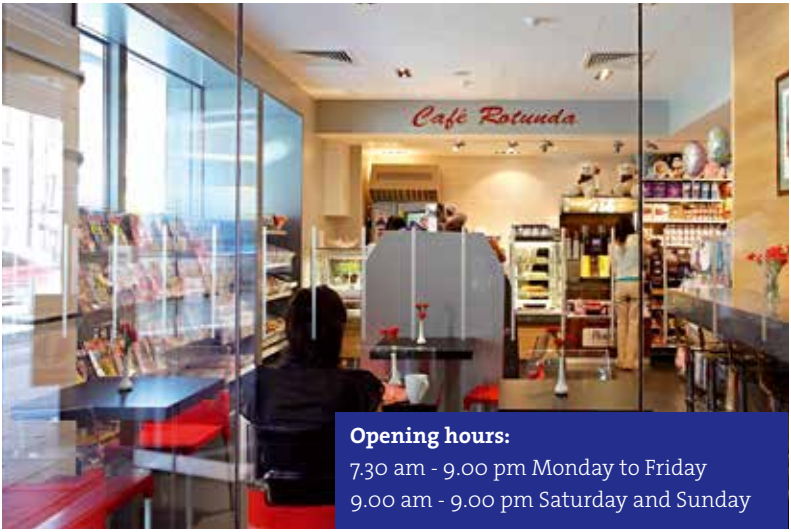
We try to provide the highest quality food and service to all our patients. Each patient in the Rotunda Hospital gets a choice of menu every day. Our menus have a wide variety of dishes made from fresh wholesome ingredients. We promote healthy eating and we will cater for all dietary, religious and cultural needs when we are planning the menu. Please tell the catering staff if you have a specific dietary need and we will make every effort to include this.

Because of health and safety, patients may only eat food that is prepared in the hospital kitchen. You are not allowed to bring food from home, restaurants or takeaways into the hospital. Fruit, confectionery and drinks are allowed.

Café Rotunda

Café Rotunda is at the heart of the new hospital foyer. It combines a specialised convenience store offering a sit down and food-to-go service. The convenience store has everything mother and baby needs and something for dad too! We have everything from baby gifts like clothes and soft toys, toiletries, call credit to tell everyone the news and lots of reading material and chocolate.

Café Rotunda offers the very best convenience food to EIQA standards of excellence. The menu includes New York bagels, hot ciabatta, toasted paninis, wraps, and a huge range of sandwiches and salads. You can sit down with a coffee and relax or order to go.



Opening hours:
7.30 am - 9.00 pm Monday to Friday
9.00 am - 9.00 pm Saturday and Sunday

Safety and security

Hospital security

We have effective security arrangements throughout the hospital to protect patients, visitors, staff and property. We have alarm systems, access control and closed circuit television surveillance.

The hospital will not accept responsibility if any of your belongings are lost or stolen during your stay in the hospital. You should leave any jewellery or other valuables at home to keep them safe while you stay in the hospital.

- All hospital staff wear photographic identification.
- Do not give your baby to anyone you do not know or cannot identify.
- If you leave the ward at any time please make sure that the midwives know where you are going and how long you will be away.
- For security reasons we have a baby tagging system within the hospital.
- A member of the delivery suite staff will attach the tag to your baby's ankle immediately after birth.
- We only take off the tag immediately before your discharge from the hospital.

We will not tolerate anyone behaving rudely or violently to our staff or other people in the hospital. Any visitor or patient who behaves in this way will be removed from the hospital. In order to protect patients, staff, visitors and property, security staff will report any incidents to the Gardaí immediately and we will bring charges against offenders.

Visiting policy

The Rotunda Hospital has a visiting policy so we can have a safe and secure environment for women, babies and staff by controlling the number of visitors at any one time. You will get a copy of the visiting policy when you are admitted to hospital.

Visiting Hours

Immediate family visiting times:
The woman's partner or one other named person will get a nominated visitor card when the woman is admitted. This means the named person can visit at any time during the day (8.30 am – 8.30 pm). The woman's children (under 18s only) may visit between 10.00 am and 8.30 pm with their father or the named person. No other children are allowed. The woman's parents or partner's parents may visit between 1.30 pm and 4.00 pm Monday - Friday, two at a time.

General visiting times:
Monday to Sunday between 6.30 pm and 8.30 pm. There are also general visiting hours on Saturdays, Sundays and bank holidays from 2.00 pm to 4.00 pm. Only two visitors and the woman's partner or the named person can visit at any one time. Visitors should only visit for 20 minutes at most, as other people may want to visit. In certain cases there may be exceptions to the visiting policy. You should talk to the ward manager or the night superintendent about this. They will decide on each request and if it is granted they will then arrange it with the security and reception staff.

Ultrasound and fetal medicine centre

A partner may accompany the woman to all her scan appointments. Unfortunately children are not allowed.

Delivery suite

One named birth partner may stay with the woman during labour and birth.

Neonatal unit

Only parents may visit the neonatal unit. This is to help reduce the risk of infection for sick newborn infants. There are certain times during the day when we restrict visiting, for example, during the daily medical ward round, the nursing handover and during some medical procedures. If you visit during these times we will ask you to wait in the waiting room.

Restrictions to visiting

From time to time it may be necessary to restrict visiting for example, due to high levels of illness in the community. During these times, only the nominated visitor may visit. No other visitors will be allowed including all children, grandparents, relatives and friends.

Use of mobile phones

Mobile phones can interfere with medical equipment and are not allowed in the delivery suite, theatre and the neonatal unit. Women sharing a room or ward should not use their mobile phones between 11.00 pm and 7.00 am. Please keep the ring tone on silent or low at all other times.

1

Infection prevention and control

Hospital hygiene

Ensuring that our wards and all parts of the hospital are kept clean is vital to preventing the spread of infections and is something we take very seriously.

- Our household staff ensure standards of cleanliness are maintained and monitored across all areas of the hospital.
- There are cleaning schedules and checklists in all rooms, wards, bathrooms and toilets, which include the contact details of who should be contacted if more cleaning is needed.
- Supervisors inspect all clinical areas on a daily basis and undertake regular audits to ensure that cleanliness is maintained at a very high standard.
- Members of the senior management team also undertake regular walkabouts to assess the cleanliness of the environment and patient equipment and upkeep of the facilities.
- Any areas for action identified are immediately acted upon.

Hand hygiene

Hand hygiene is very important in the prevention of infection as clean hands reduce the risk of spreading germs and infections.

- Germs that naturally live on a person's skin and normally cause few problems may be more serious when brought into hospital.
- These germs are often passed from one person to another by physical contact, so it is important that patients, visitors and healthcare workers reduce the risk of spreading infection by regularly cleaning their hands.
- Please never feel uncomfortable about asking anyone – hospital staff, visitors, family or friends to wash their hands or to use a hand gel before coming in contact with you or your surroundings.
- There are disinfecting hand gels throughout the hospital and at each bedside.

How to use the hand gel

If your hands are visibly dirty, you should wash and dry them before applying the gel.

- Place a small amount of the gel in the centre of your hands
- Rub around all surfaces, paying particular attention to the finger tips
- Once the gel is dry, your hands are clean and disinfected

How patients and visitors can help prevent the spread of infection

There are certain things which you as a patient can do to minimise the risk of spreading infection. These include:

- clean your hands before eating and before leaving your room/bed area
- wash hands after using the toilet and before touching any wound
- clean your hands before and after touching any blood
- ask friends and family who have colds, stomach bugs or other infections not to visit
- encourage your visitors to clean their hands immediately before and after they enter and leave your bedside
- avoid sitting on another patient's bed
- ask your visitors not to sit on your bed

How hospital staff can help prevent the spread of infection

All hospital staff must clean their hands according to the World Health Organisation's '5 Moments for Hand Hygiene':

- before touching a patient;
- before clean/aseptic procedure;
- after body fluid exposure risk;
- after touching a patient; and
- after touching patient surroundings.

Audit and surveillance

The infection prevention and control midwives carry out audits throughout the hospital. These include:

- Staff compliance with the '5 Moments for Hand Hygiene' and correct hand washing technique
- Targeted audit of practice in relation to isolation precautions and care of IV sites
- Targeted environmental audit and swabbing during the investigation into an increase in infection rates and during outbreaks
- Infection control practices and facilities in all ward areas such as overall layout, cleaning regimes, equipment and hand washing facilities

Surveillance of hospital acquired infections is carried out on a hospital wide basis including the following:

- Surgical site (wound) infections
- Positive blood cultures to identify if the infection is related to their stay in hospital
- Multi-resistant organisms such as MRSA
- Antimicrobial stewardship to ensure appropriate use of antibiotics

Transport and access

The Rotunda Hospital is on Parnell Square, just north of O'Connell Street. The main entrance is on Parnell Square West.

Location map

Car parking at the Rotunda

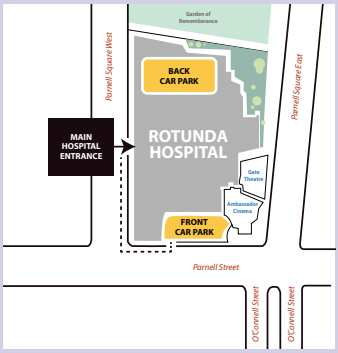
Parking is available on the Rotunda site in the evening time and at weekends. Visitors can park in the front car park (entrance opposite Conway's Pub) or in the back car park (entrance on Parnell Square West).

There is disc parking on the streets around Parnell Square. There are multi-storey car parks nearby such as the Ilac Centre, Parnell Street and Marlborough Street car parks.

5.30 pm – 9.30 pm
Monday to Friday

9.00 am - 9.30 pm
Saturday, Sunday and bank holidays.

Fee: €6 per visit (only 50 cent, €1 and €2 coins are accepted) payable at the barrier on leaving



Disabled parking

There are specific disabled parking spaces beside the main hospital entrance.

New parking facility in the Parnell Centre car park

We are pleased to announce that we have reached an agreement with Park Rite, which allows the Rotunda's patients, visitors and staff to park in the Parnell Centre car park for a maximum cost of €6.50 per day. The car park is less than a 5 minute walk from the Rotunda Hospital. The car park ticket must be validated by security staff in the hospital and the ticket should then be presented to the car park office for payment.

Monday to Thursday
6.30 am to 00.30 am

Friday
6.30 am to 1.30 am

Saturday
7.00 am to 1.30 am

Sunday
9.30 am to 00.30 am

City bus routes

All direct routes to the Rotunda Hospital:

Route	To - From
1	Santry - Sandymount
4	Harristown – Monkstown Avenue
7	Mountjoy Square – Loughlinstown
7B	Mountjoy Square – Shankill
7D	Mountjoy Square – Dalkey
8	Mountjoy Square – Dalkey
9	Charlestown – Limekiln Avenue
11	Wadelai Park – Sandyford Industrial Estate
13	Harristown – Grange Castle
16	Dublin Airport – Ballinteer
38/38A/38B	Baggot Street - Damastown
40	Finglas – Liffey Valley
40B	Parnell Street – Toberburr
40D	Parnell Street – Tyrrelstown
44	Larkhill - Enniskerry
46A	Phoenix Park – Dun Laoghaire
46E	Mountjoy Square - Blackrock Station
120	Parnell Street – Ashtown Railway Station
122	Ashington – Drimnagh Road
123	Marino - Walkinstown
140	Palmerton Park – Finglas

There are also many other bus routes that go near the hospital. For more information, please check with Dublin Bus by calling **01 873 4222** or look at their website: **www.dublinbus.ie**

Luas

On the red line, the Jervis and Abbey Street stops are just a 5 minute walk from the Rotunda. The green line ends at St Stephen's Green, which is a 15 minute walk from the Rotunda.

Trains

Connolly Station is a 10 minute walk from the Rotunda for DART and suburban train users. There is a Luas red line stop outside Heuston Station; the nearest stops are Jervis and Abbey Street.

Buses from outside Dublin

All Bus Éireann buses end at Busáras bus station, which is a 10 minute walk from the Rotunda.

Rotunda Hospital contact details

Address: Parnell Square, Dublin 1 - D01 P5W9

Telephone: **01 817 1700**

Fax: **01 872 6523**

Website: **www.rotunda.ie**

You may contact the following departments directly to make an appointment or with an enquiry, Monday to Friday during normal working hours. For other queries, please use the main hospital number.

In case of an emergency please phone **01 817 1700.**

Department	Phone number
Adult outpatients – appointments	01 873 0596 or 01 873 0632
Birth notification	01 817 1726
Complaints management	01 817 1751
Community midwifery services	01 817 6849 or 01 817 6850
Day assessment unit	01 817 2524
Early pregnancy unit	01 817 6846
Fetal medicine centre	01 872 6572
Freedom of information	01 817 1751
Friends of the Rotunda	01 872 2377
Laboratory	01 817 1739
Medical social work	01 817 1722
Paediatric outpatients	01 817 1727
Parent education classes	01 817 1787
Patient accounts	01 817 1763 or 01 817 1764
Prenatal diagnosis	01 872 6572
Physiotherapy	01 817 1787 or 01 873 0879
Private clinic	01 874 2115
Radiology (x-ray)	01 817 1741
Semi private clinic	01 874 0992
Ultrasound department	01 817 1790
Yoga classes	01 817 6883

2

Chapter 2

Staying healthy during pregnancy

2

Healthy eating during pregnancy

Healthy eating is important for everyone, but it is particularly important during pregnancy as your baby is growing and developing. During pregnancy, you can also help to lower your baby's risk of disease later in life and keep yourself well and healthy by eating enough of the right foods.

What is a healthy diet?

Your diet should include a wide variety of foods, low in fat, sugar and salt, and rich in whole grains, fruit, vegetables and calcium. The food pyramid is a guide to getting a good balance of each food group in your diet.

- Choose wholegrain bread, cereals, rice and pasta
- Choose at least 5 portions of vegetables and fruit every day
- Aim for 3 to 5 portions of low fat milk, cheese or yoghurt every day
- Choose lean meat, chicken, fish or eggs
- Use oil and butter sparingly
- Limit sweets, cakes, desserts or fizzy drinks to only sometimes, not daily

Food Pyramid for adults and children aged 5 years and over.

Important nutrients for pregnancy

- These nutrients are particularly important during pregnancy:
- Iron and vitamin C
- Calcium and vitamin D
- Folic acid (folate)
- Omega-3 fatty acids and iodine

Iron and vitamin C

Iron is essential to make the extra blood that you and your baby need during pregnancy. This is important to move oxygen around your body and to help your baby's brain to develop. If you don't have enough iron in your diet, you can get anaemia (low levels of iron in your blood) which may cause you to feel tired, short of breath and have no energy. Your baby could also be anaemic at birth. You can improve your levels of iron by eating foods high in iron every day.

You should include one serving of these a few times per week:

- beef or corned beef
- lamb or mutton
- pork
- salmon, sardines, trout and mackerel (one to two times a week)
- tuna - up to 280 grams (drained) a week

You should include one or more of these good iron sources with each meal:

- eggs
- wholegrain bread
- iron fortified breakfast cereals: Bran Flakes, All-Bran, Ready Brek
- dark green leafy vegetables: cabbage, brussels sprouts, spinach, kale, broccoli
- beans: kidney, chick peas, baked beans, peas, or pulses like lentils
- dried fruit: apricots, raisins, sultanas, prunes

Vitamin C helps to absorb the iron in vegetables. Take good vitamin C sources daily:

- oranges, orange juice, grapefruit, lemons, limes, strawberries, melon, kiwi or vitamin C fortified fruit juice
- green, red, yellow peppers or fresh tomatoes

If you have low iron stores or taking an iron tablet, wait 30-60 minutes after a meal to drink tea or milk as these can reduce the amount of iron you can absorb from food

If your iron level is still low after eating more iron rich foods, then your doctor may prescribe iron supplements for you. It is best to take these without food or milk. Iron supplements can stop some blood pressure medications or thyroid medications from working properly. Take your iron tablet and any other medications you have been prescribed at least two hours apart.

Calcium and vitamin D

Calcium is an important mineral for healthy bones and teeth and for regulating blood pressure. Foods that have a lot of calcium are milk, cheese, yoghurt, fortified soya milks and fortified orange juice. Take three portions of these foods every day. If you are having twins or more, take up to 5 portions daily.

One portion of calcium rich food is:

- 200 ml fortified cow's milk or calcium-fortified alternative milk
- 30 g cheese
- 125 g yoghurt
- 45 g tinned sardines (eaten with the small, soft bones)

You also need **vitamin D** to absorb the calcium from your diet. Vitamin D may also help support your immune system and general health. All pregnant women should take a **supplement of 5 µg (200 IU) Vitamin D daily** and choose foods rich in vitamin D (salmon, mackerel, sardines, milk, spreads with vitamin D). If you are overweight (BMI greater than 30), you will need to take a supplement of **10 µg (400 IU) Vitamin D daily.**

Folic acid

Folic acid is an essential vitamin to help your baby's spine form properly during early pregnancy. Folic acid helps to prevent spina bifida and other

neural tube defects in your baby. The baby's spine develops very early in pregnancy, even before you may realise you are pregnant, so it is important to start taking folic acid before you become pregnant – ideally at least three months before each pregnancy. If you didn't take folic acid before your pregnancy, you should start to take **400 micrograms (400µg)** straight away and continue to take it until you are **12 weeks pregnant**. You should also include folate-rich foods in your diet every day, like green leafy vegetables, fortified breakfast cereals, beans and citrus fruits.

You can buy folic acid tablets over the counter from your pharmacist. If you are on medication for a condition such as epilepsy, it is important to talk to your GP about how much folic acid to take. Some types of medication work against folic acid and you might need to take a higher amount. Tell your doctor or midwife about all medicines and supplements you are taking to be sure they are safe for pregnant women.

Fish for omega-3 fatty acids and iodine

Omega-3 fatty acids, DHA and EPA, are important for your heart and for baby's brain, eyes and nervous system development. Aim to eat salmon, mackerel, sardines or herring once or twice weekly. If you do not eat fish, take a vitamin and mineral supplement for pregnancy that contains iodine and omega-3s. Fish and seafood also provide protein and iodine for baby's development and are important for a balanced diet.

Some types of fish contain too much mercury or other toxins that may be harmful to your baby. Do not eat shark, marlin, ray or swordfish. Only eat one tuna steak or two cans (140 g drained weight) of tuna in a week. This also applies if you are breastfeeding.

Vegetarian, vegan and special diets

If you are vegetarian and your diet is varied and balanced, you will get enough nutrients for you and your baby during pregnancy. However, it can be hard to get enough iron, iodine, vitamin D and vitamin B_{12} from a vegetarian or vegan diet. Take a complete vitamin and mineral supplement that is made for pregnancy to ensure you are meeting your needs for these essential vitamins and minerals.

If you follow another type of restricted diet because of food intolerance (for example, coeliac disease) or for religious reasons, talk to your doctor or midwife. Ask them to refer you to a dietitian for advice on how to make sure you are getting all the nutrients you need for yourself and your baby.

Sample healthy menu for pregnancy

Breakfast:

- Porridge or wholegrain breakfast cereal
- Low fat milk
- Fresh fruit or orange juice
- Boiled egg
- Brown bread or wholegrain toast

Mid-Morning:

- Fruit
- Natural Yoghurt / cheese and crackers
- Nuts (unsalted)

Lunch:

- Meat, poultry or fish
- Vegetables or salad
- Potatoes, or pasta, or rice
- Fruit
- Low fat milk

Dinner:

- Meat, poultry, fish or eggs
- Lots of vegetables
- Potatoes or pasta or rice or brown bread
- Fruit: fresh, stewed, dried or juice
- Low fat milk or yoghurt

Supper:

- Sandwich made with wholemeal bread

Drink plenty of water every day to stay hydrated and prevent constipation.

Foods to avoid during pregnancy

Certain foods should be avoided during your pregnancy because they can have bacteria in them, too much vitamin A or other toxins that may harm you or your baby.

Don't eat:

- Raw/undercooked eggs, homemade mayonnaise or mousse made with raw eggs
- Unpasteurised or mould-ripened and blue-veined cheese such as Brie, Camembert or Stilton
- Unpasteurised milk products or juices
- Raw or undercooked meat, poultry or fish and pâté
- Do not take cod liver oil supplements or a standard mutivitamin as they contain large amounts of vitamin A which may cause birth defects in babies
- Avoid herbal supplements and tell your doctor, midwife or dietitian about any supplements you decide to take
- Avoid alcohol (wine, beer or spirits). No amount of alcohol is considered safe in pregnancy

Caffeine in large amounts may be harmful. Caffeine is found naturally in coffee and tea and cola drinks. It is also added to other soft drinks, 'energy' drinks and some cold and flu remedies. You should only drink a total of two cups of regular coffee, tea and cola drinks a day. Try drinking decaffeinated tea and coffee or water instead. Only take cold remedies if advised by your doctor.

Pregnant women **do not need to avoid** any foods such as nuts, peanuts, eggs or milk products to prevent baby from forming an allergy. It is best to eat a varied diet but avoid foods if you have an allergy to them yourself.

General good food hygiene practices

- Wash your hands before and after handling any food
- Thoroughly wash all fruit and vegetables before eating them
- Cook raw meat and poultry thoroughly
- Make sure that you properly reheat ready-to-eat poultry and cooked chilled meals and they are piping hot before you eat them
- Always wash your hands after handling raw meat or poultry and make sure that you store raw foods separately from ready-to-eat foods
- Use a separate chopping board for raw meat
- Keep cooked food and raw food away from each other
- Make sure that your fridge is below 5°C
- Put chilled food in the fridge straight away and eat it as soon as possible
- Throw out food that is gone past the 'use by' or the 'best before' date

Common problems during pregnancy

The hormones of pregnancy can change the way your digestive system works. These are the most common problems along with some information on what you can change in your diet to help you cope:

Morning sickness

This is the nausea and often vomiting that affects many women in the first 12 to 15 weeks of pregnancy. Many women can cope with morning sickness by snacking little and often on bland, easy-to-digest foods such as plain toast, crackers, cereal or plain biscuits. Be aware of cravings and eat whatever you feel you can. When symptoms improve, increase the variety of foods as tolerated. Aim for a varied diet and drink plenty of fluids. Talk to your doctor if you are unable to hold down any food or fluids or are losing weight.

Heartburn

This is the burning or acid feeling in the chest or throat that affects many women, usually later in the pregnancy. Eat small, frequent meals and avoid eating meals before bed time. Stay upright for at least one hour after each meal and eat slowly at meal times. Avoid very spicy and fried or oily foods, fizzy drinks, caffeine and chocolate if they cause a problem for you. Low-fat milk may help soothe the burn. Raise the head of your bed or use extra pillows and wear loose, comfortable clothes to reduce pressure on your tummy.

Constipation

This is reduced bowel motions or hard, difficult to pass stools. It can be relieved with high fibre foods (fruit, vegetables and wholegrains), plenty of fluids and regular exercise. Eat foods such as wholemeal bread, beans, pulses, fruit and vegetables, wholemeal pasta and brown rice instead of the white, processed types. Drink a minimum of 2 litres of water every day. Try to get 30 to 45 minutes of gentle exercise daily such as walking or swimming. Do not take laxatives unless they are prescribed by your doctor.

Weight gain during pregnancy

A healthy rate of weight gain throughout pregnancy is important for the healthy growth and development of your baby. It also helps to lower your baby's risk of disease later in life and keeps you well.

There are a number of things that contribute to weight gain during pregnancy, including the weight of your baby, placenta, amniotic fluid, along with changes in your own body to support the pregnancy.

Women should gain very little weight 0.5 - 2 kg (1 - 4 lb) in the first trimester, with most weight gain occurring in the second and third trimester. At your first antenatal visit the midwife will record your weight and height to calculate your Body Mass Index (BMI). The table below will guide you on how much weight you should gain depending on your BMI category.

Recommended total weight gain and average weekly weight gain in 2nd & 3rd trimester				
	Kilograms		**Stones and pounds**	
BMI category	**Total weight gain**	**Rate of weight gain (2nd & 3rd trimester)**	**Total weight gain**	**Rate of weight gain (2nd & 3rd trimester)**
Underweight (less than 18.5)	12.7 – 18.2 kg	0.5 kg per week	2 – 2 st 12 lb	1 – 1 1/2 lb
Normal weight (18.5 – 24.9)	11.4 – 15.9 kg	0.4 kg per week	1st 11 lb – 2st 7 lb	1 lb
Overweight (25 – 29.9)	6.8 – 11.4 kg	0.3 kg per week	1st – 1st 11 lb	1/2 – 1lb
Obese (more than 30)	5.0 – 9.0 kg	0.2 kg per week	11 lb – 1st 6 lb	1/2 lb

Underweight and multiple babies

If you are underweight (BMI less than 18.5) or are carrying more than one baby, you may be at risk of premature delivery or having a baby with low birth weight. It is important to gain enough weight to support your baby's growth as well as your own health. Ask your doctor or midwife for a referral to see the dietitian if you are underweight or having twins or more.

Overweight

Being overweight or putting on too much weight during pregnancy can affect your health in a negative way and can increase the risk of complications to both you and your baby.

These include:

- Thrombosis / blood clot
- High blood pressure
- Gestational diabetes
- Pre-eclampsia
- Difficulty using vitamin D stores

Weight loss is not recommended during pregnancy. If you are overweight or are gaining too much weight during pregnancy, we can give you extra help and support during pregnancy to minimise the risk of complications for you and your baby. If you are concerned about your weight, talk to your midwife or doctor. They can arrange an appointment for you to see the dietitian. The dietitian will focus on minimising weight gain during your pregnancy and on healthy eating.

Eating a healthy diet can help to reduce the risks in this pregnancy and in future pregnancies.

- Eat three meals and some snacks spaced throughout the day
- Limit fatty or fried foods and takeaways
- Avoid added sugars and sugary foods
- Do not skip meals. You may find yourself eating too much at the next meal because you are overly hungry
- Stay active every day by taking time for exercise such as walking, swimming or pregnancy yoga

Remember that even if you are overweight, **weight loss is NOT recommended during pregnancy**. The best time to lose weight is before or after your pregnancy.

Wound healing

Healthy eating after birth will contribute to faster and effective wound healing. It is important to continue choosing a wide variety of food. In addition, extra protein, vitamins and minerals (especially vitamin C and iron) will improve your wound healing.

Aim to include some protein at each meal and include some protein-rich snacks throughout the day. These include:

- Meat, chicken, turkey and fish
- Eggs
- Cheese, yoghurts and milk
- Beans, peas or pulses

Vitamin C is also important for wound healing. Aim for at least 5 servings of fruit and vegetables per day with at least 2 servings from vitamin C rich foods, such as:

- Oranges, orange juice, grapefruit, lemons, limes, strawberries, melon, kiwi or Vitamin C fortified fruit juice
- Green, red, yellow peppers or fresh tomatoes

Tips to promote wound healing:

- Eat more often if you can't eat a lot. Aim for 6 smaller meals rather than 3 big meals a day, which may be too filling
- Have your favourite foods in the cupboard or fridge
- Keep ready-to-eat meals and snacks handy for times when you don't feel like preparing food (e.g. frozen meals, yoghurt, nuts, cheese, biscuits and dips)
- Drink fluids that provide energy such as milk, juice, cordial or soft drink, instead of tea, coffee or water

2

Your emotional and mental wellbeing

Your emotional and mental wellbeing are also key to your healthy pregnancy. From the moment you suspect or confirm that you are pregnant, things begin to change. Finding out you are pregnant is usually a very emotional experience - you are either delighted, terrified, or somewhere in between.

What surprises many women and their partners is the ongoing emotional changes that they feel during their pregnancy. This is perfectly normal, but understanding what to expect and why, will help both you and your partner get the most enjoyment out of this amazing experience. Your feelings change – about yourself, your baby, your relationships and your future. You begin to think about the realities of being a mother and how you will adapt to this new role. Many women think more about their own childhood and their relationship with their own mother during pregnancy.

If this is your first pregnancy you may feel a little anxious about being a good parent, and about caring for your baby. This is perfectly normal - most women worry about not being able to cope with the day-to-day baby care. Having a good support network in place like your partner and family before the birth will help you feel more confident that you can do it, so make sure you discuss your fears and worries with them. Try and learn as much as you can about caring for a newborn baby, and speak to other mothers that you know. Having this knowledge will make you feel better prepared when your baby is born.

There will be big changes in your hormone levels during pregnancy. It is common to have mood swings and it is not something you have much control over. Nearly all pregnant women have emotional ups and downs. You can have times of feeling unsure and panicky, having extreme reactions to minor things and crying. Getting used to the changes in pregnancy is not always easy. Changes in your hormone levels also mean you have physical symptoms like feeling sick and tiredness, so remember to get plenty of rest and continue to do what you enjoy doing. Talking about your feelings and your concerns to your partner, or to somebody close to you, will help to put things in perspective and help you to cope.

It is normal for couples, and especially the mother, to worry about the health of their baby. What if there is something wrong? Will he or she be normal? It is helpful to know that many other pregnant women have worries, anxieties and fears like yours - about pregnancy, labour and looking after a new baby. Although it is normal to have some worries while you are pregnant and to feel a bit down from time to time, it is more serious if you are feeling low or depressed a lot of the time. Talk about your concerns with your GP, midwife or obstetrician. The parent education classes will help to answer some of your concerns and you will have an opportunity to talk with other women who are around the same stage in pregnancy as you.

Depression

While most women feel that pregnancy and new motherhood is a happy time, another group of women find that they cannot feel happy at all. About one in five women have some level of depression in pregnancy – they worry, lose confidence, don't sleep well and become exhausted. They think they are unlovable and unattractive, their relationships go wrong and they can feel numb, trapped and dull with little interest. They may feel irritable and angry. They may have a continuous bad mood.

When you feel depressed, it may seem that no one cares or that nothing else matters. We don't usually know the reason for having a low mood or depression in pregnancy. If you have had depression in the past then there is a risk it will happen again when you are pregnant and afterwards. There are many ways to treat depression in pregnancy. You can manage mild to moderate depression by having a well-balanced approach to life. Having a good diet and exercising will help you to stay well and overcome your low mood and depression. Some women need anti-depressant medication to control the difficult effects of their depression. If you are taking antidepressant medication and you unexpectedly get pregnant, talk to your GP before you stop taking your medication.

A bad day is normal. A bad week is not. Talking to someone you trust is helpful. Accepting help early on means you could have a quicker recovery. If you are anxious about your pregnancy or the birth of your baby or had a previous difficult birth, then talking with your GP or midwife will help. If you feel anxiety or panic attacks are affecting your ability to do your normal activities then seek help early from either your GP or support midwife.

The Rotunda offers women a supportive counselling service. Talking helps women to develop a sense of perspective about the situation and allows them to think about what steps they can take to get back a sense of control in their life. We have a dedicated midwife who is happy to offer support and information to any woman who needs it during their pregnancy and after the baby's birth.

To make an appointment with the mental health support midwife, telephone **01 817 2541** or **01 873 0632**. Excellent information on mental health in pregnancy and postnatal mental health is available on the Royal College of Psychiatrists website: **www.rcpsych.ac.uk**

Although it might sound like your pregnancy is going to be nothing but a long string of emotional crises, this is not the case for most women. You will have various ups and downs, but you will usually be able to manage these, especially if you have a supportive and involved partner. Remember that most pregnant women experience all the emotions you are going through. They are perfectly normal and you shouldn't allow yourself to get stressed by them. Pregnancy is a wonderful experience, so don't allow normal emotional changes to ruin that experience for you!

Finally, remember that one of the main tasks for you during the nine months of your pregnancy is to mentally prepare yourself for motherhood. To successfully prepare yourself for becoming a mother you need to be completely honest and open about these feelings.

Making sure you are safe

Research shows that some women are at greater risk of violence from their partner when they are pregnant. This can be physical, emotional, verbal or sexual abuse. If you are worried about this, you can speak in confidence to the hospital social worker on **01 817 1722** or contact the Women's Aid National Helpline at **1800 341 900** between 10.00 am and 10.00 pm every day.

2

Exercise in pregnancy

To stay healthy and well, pregnant women should take regular exercise. As well as being good for your heart, breathing and muscle tone, exercise helps reduce stress levels, improve sleep and can prevent you from getting pain around the pelvis and low back areas. Exercise can also help you manage your blood sugars, gestational diabetes and prevent you from putting on too much weight.

Exercising regularly, will help you get ready for labour and after your baby's birth, will help you get back into shape.

If you are healthy and well, and have no problems with your health before or during your pregnancy, you should do 30 minutes of moderate exercise at least five days a week. You can divide this up into two 15 minute sessions a day if it is easier for you.

If you have medical or pregnancy problems, or are worried about your health, you should talk to your doctor, midwife or physiotherapist before exercising.

Helpful hints

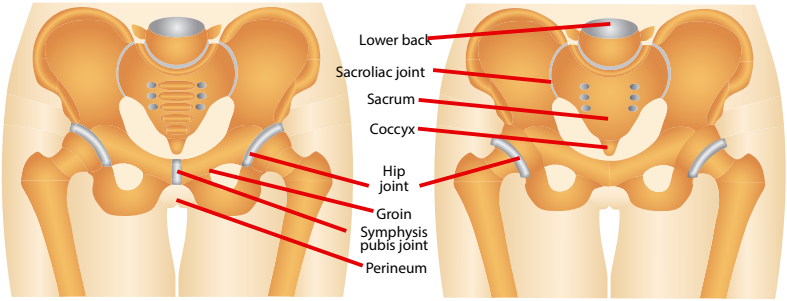
- Moderate exercise means that you are doing something that is quite hard but that you can still carry on a conversation. This is known as the 'talk test'.
- If you didn't exercise regularly before pregnancy, start by doing some gentle exercise and build up to moderate exercise.
- Pregnancy hormones can soften your ligaments; therefore it is important to protect your joints during exercise. We recommend that you do low impact exercises and avoid exercises with a risk of falling. Walking is a great free way to exercise.
- Start with a gentle warm up and finish with a cool down.
- Drink plenty of water and avoid becoming too warm during exercising.
- Listen to your body and stop when you feel tired or if it hurts. Never exercise if you are feeling unwell.
- Wear good supportive shoes and a supportive bra and underwear when exercising.
- If you go to exercise classes, make sure that your teacher knows that you are pregnant.
- Swimming is a great way to exercise during pregnancy and the water will support your extra pregnancy weight. If you have pain around the front of your pelvis, it is best to avoid the breast stroke as the movements might make the pain worse.
- From the 16th week of your pregnancy avoid lying on your back while exercising as you might feel faint or short of breath
- Always avoid doing sit-ups. It can stretch your tummy muscles further and lead to back pain.

Pelvic girdle pain (PGP)

Pelvic girdle pain describes pain in any of the three pelvic joints. It is common but not normal and can affect 1 in 5 women during pregnancy. There are many causes which include:

- Uneven movement of the pelvic joints
- Changes in the activity of the tummy, pelvic girdle, hip and /or pelvic floor muscles affecting the stability of the pelvic girdle
- Previous injury to the pelvis
- Hormonal changes that occur during pregnancy

- The position of the baby can cause symptoms related to pelvic girdle pain in some women



Signs and symptoms

Pain can vary from mild to severe. It may affect the symphysis pubis joint at the front of your pelvis, the groin, inner thighs or the sacroiliac joints at the back. Pain may be referred into your buttocks, hips or perineum.

You may experience:

- Difficulty walking
- Difficulty with activities requiring standing on one leg e.g. climbing the stairs, dressing or getting in or out of the bath
- Pain and/or difficulty moving your legs apart e.g. getting in and out of the car
- Clicking or grinding in the pelvic area – you may hear or feel this
- Limited or painful hip movements e.g. turning over in bed
- Difficulty lying in some positions e.g. on your back or side
- Pain during normal daily activities
- Pain and difficulty during sexual intercourse

With pelvic girdle pain the degree of discomfort you are feeling may vary from being intermittent and irritating to being very wearing and upsetting.

Management of pelvic girdle pain during pregnancy:

- Your doctor or midwife may refer you to a physiotherapist. You will be given an appointment for our special class which provides advice, exercises and information to help you manage your pain and daily activities.
- Your physiotherapist may then arrange a one to one appointment and do an assessment of your spine and pelvis and she can recommend a range of treatment options.
- Manual therapy, which is a 'hands on' treatment may be required to ensure your spinal, pelvic and hip joints are functioning normally.
- A pelvic belt may be given to provide added stability, if appropriate.
- Crutches may be used if pain is severe on weight bearing.

Things you can do to help reduce the pain:

- Be as active as possible within pain limits and avoid activities that make the pain worse
- Rest when you can – you may need to rest and sit down more often
- Ask for and accept help with household chores from your partner, family and friends
- Pull in your tummy before going from sitting to standing and from standing to sitting
- Go up stairs one leg at a time with the pain free leg first. You may need to try going upstairs backwards or on your bottom
- If getting in and out of the car is painful, sit on the seat first and try to keep your knees together or step them (lift one up and then the other) into the car; a plastic carrier bag on the seat may help you to swivel
- Sit down to get dressed and undressed and wear flat supportive shoes
- Sleep in a comfortable position e.g. lie on your side with a pillow between your legs and feet
- When turning in bed, it can help to keep both knees together and try to turn under rather than over on your back in one smooth movement
- Roll in and out of bed keeping your knees together

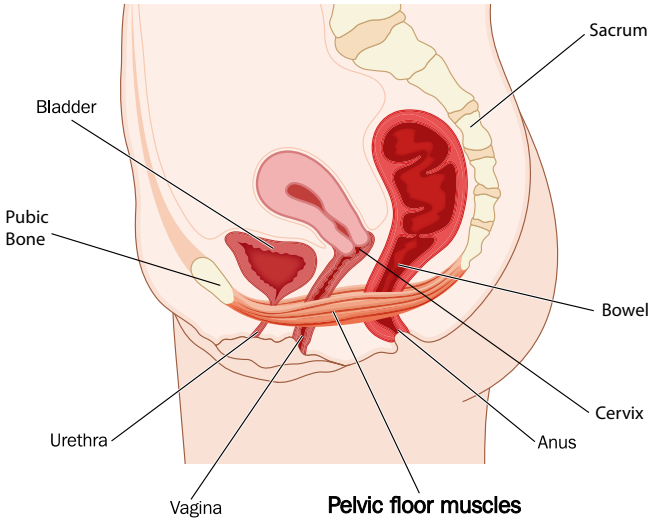
- Maintain a good posture by standing tall and keep a gentle curve in your lower back
- If using crutches have a small rucksack to carry things in
- Have a toddler at waist height when changing their nappy and kneel beside the bath when bathing children

AVOID activities which make the pain worse:

- Avoid or reduce unnecessary weight bearing activities, for example, shopping, lifting or activities on one side, such as carrying a toddler on one hip
- Lifting or pushing heavy objects or carrying anything in only one hand
- Plan your day – avoid unnecessary trips up and down the stairs
- Standing on one leg, crossing your legs or sitting twisted
- Sitting or standing for long periods

Pelvic floor muscles

These are very important muscles as they control the bladder and bowel. During pregnancy they become weakened due to pregnancy hormones and the extra weight of your baby. It is important for all women to strengthen their pelvic floor muscles during pregnancy, whether they plan to have a vaginal delivery or caesarean section.



Exercises for your pelvic floor muscles

To begin with, lie on your back with your knees bent and your feet hip width apart or over on your side.

Long holds

- Squeeze and lift your pelvic floor. Starting at the back passage, squeeze as if you are trying to stop yourself passing wind and then urine. You may feel your lower tummy tighten gently.
- Hold for 3 seconds; keep your upper tummy, buttocks and thigh muscles relaxed and breathe normally.
- Relax completely for 3 seconds. Repeat this exercise 5 times. Repeat 3 times a day.
- As your pelvic floor muscles get stronger, practice in sitting and standing.
- Gradually increase the length of time and number of repetitions until you can do a 10 second hold 10 times. Always stop exercising when the muscle gets tired.

Quick holds

- Quickly tighten the pelvic floor muscles and hold for a second before letting go fully.
- Repeat 5 times in a row. Repeat 3 times a day.
- Gradually increase your repetitions until you can do 20 quick squeezes in a row; it may take a few months to be able to do this.

The knack

Quickly squeeze and hold your pelvic floor muscles BEFORE coughing, sneezing, laughing and when lifting your baby. This will give you more control of your bladder and will help to keep your muscles strong.

To be effective you need to do your pelvic floor muscle training 3 times a day.

Pelvic floor muscle exercises - information videos

Knowing how to do your pelvic floor muscle exercises is really important and can help you prevent or stop urine from leaking.

The physiotherapists in the Rotunda Hospital have made five videos on learning about pelvic floor muscles, doing your pelvic floor muscle exercises, leaking urine and doing exercises after you have your baby.

We made the videos so that all women can receive reliable, trustworthy, free information and to let women know that:

- leaking urine is not **normal and can be treated**
- doing pelvic floor muscle exercises regularly **helps treat and prevent urine from leaking**

Leaking urine or wetting yourself when you do not mean to (also known as urinary incontinence), can be treated with pelvic floor muscle exercises (PFME). PFME help reduce symptoms of urinary leakage; in some cases leading to temporary or even permanent relief.

We know from research done at the Rotunda Hospital as part of the MAMMI study, that one in three women leak urine occasionally (less than once per month) **before** their first pregnancy; one in three first time mothers leak urine once a month or more frequently during pregnancy and as many as one in two first time mothers leak urine 3 months after the birth of their first baby. The numbers are higher in women who have had more than one baby.

We also know from looking at our antenatal class attendance records that only half of first time mothers and fewer than one in twenty women having their second or subsequent baby received PFME education, taught during the antenatal classes in the Rotunda Hospital.

The videos can be accessed on our website: **www.rotunda.ie** (maternity care, see the section on exercise in pregnancy, under 'staying healthy during pregnancy'). Each video is just 3-6 minutes long.

(1) Introduction to the videos and hello from the physiotherapy manager, Cinny
(2) Getting to know your pelvic floor
(3) Leaking urine
(4) How to do your pelvic floor muscle exercises
(5) Exercise and poise

Once you have watched the videos, we would love to hear what you thought of them and in particular, if you found them a good way of providing information. We would also like to know if you did pelvic floor muscle exercise in the past and if you have ever experienced leaking of urine. Please follow the survey link, which is available on the website after the videos.

Yoga for pregnancy and birth

The word 'yoga' means 'union' in Sanskrit, the classical Indian language. The practice of yoga is a coming together of the mind, body and spirit. Although yoga in pregnancy follows the same principles as all yoga, it is quite different from regular yoga because it is designed with the specific needs of the pregnant woman in mind. Because of this, yoga in pregnancy is always safe and gentle.

The benefits of yoga during pregnancy are:

- Yoga exercises gently work on the reproductive organs and pelvis and may help you have a smooth pregnancy and a relatively easy birth;
- Practicing yoga might help to develop self-awareness and harmony between body and mind;
- As a therapeutic tool, yoga meditation might help you resolve your fears and worries which are so common during pregnancy.
- Yoga improves deep breathing, which allows more oxygen to enter the bloodstream;
- Yoga promotes good posture, easing upper and lower back pain;
- Regular practice will improve muscle tone and strength, with improved control of balance and co-ordination;
- Yoga can help to increase the circulation of blood and lymphatic drainage which reduces the risk of swelling, varicose veins and piles (haemorrhoids);
- Yoga can help to increase stamina and endurance for labour and birth. Research has shown that flexibility and fitness can result in a shorter labour, fewer medical interventions and less exhaustion during labour;
- Yoga can help to promote a greater sense of strength, peace and security around the whole birth process; and
- Yoga helps you to breathe deeply which, in turn, helps you to cope with pain.

The benefits of yoga can continue after the birth of your baby, when deep breathing is used to tone the pelvic floor into peak condition and keep your energy levels balanced. Yoga can improve lactation (production of milk supply) and relaxed yoga mothers tend to have relaxed babies.

Yoga classes are held in the Rotunda. The content of the classes includes various breathing techniques, postures and movements followed by deep relaxation. Yoga may help to make you feel calm and help you to deal with whatever challenges lie ahead. The breathing techniques and relaxation are very beneficial for mothers coping with contractions during labour.

Most healthy women can join the yoga classes. Minor disorders of pregnancy generally do not pose a problem. No previous experience of yoga is necessary and you join the classes by phoning up yourself or by getting a letter from your doctor or midwife. The classes are provided by a midwife, are held in the evenings and last about 1 hour 15 minutes to 1 hour 30 minutes. The classes run for six weeks and there is an associated cost. Courses can be repeated.

To make an appointment phone 01 817 6883, between 8.30 am and 4.00 pm, Monday to Friday. If there is no reply, please leave a message with your name and phone number and your call will be returned as soon as possible.

Things to avoid during pregnancy

Alcohol

The effects of alcohol on a person can vary from person to person. Any alcohol going into a pregnant woman's bloodstream also goes into her baby's system. Research shows that when you are thinking of getting pregnant, during your pregnancy and while you are breastfeeding, the best advice is "no alcohol leads to no risk". Therefore, we recommend that you should not drink any alcohol during this time.

Smoking

If you smoke and you are trying to get pregnant or you are pregnant already, you should try to give up. Smoking during pregnancy can seriously affect both your own health and your baby's development. If you smoke when pregnant you have an increased risk of miscarriage and a higher risk of the placenta coming away from your womb before the baby is born, which can cause premature birth or stillbirth. Babies born to women who smoke have a lower birth weight and more of these babies die from cot death. The sooner you stop

smoking the better and it is never too late. Even stopping in the last few weeks of pregnancy can still benefit you and your baby. There are lots of groups and organisations that can help support you to stop smoking.

Medications and other drugs

Some medicines, including painkillers, can harm your baby's health.

As a general rule you should:

- assume that all medicines are dangerous until a doctor or pharmacist can tell you they are safe;
- make sure your doctor or dentist knows you are pregnant before they prescribe anything or give you any treatment; and
- talk to your doctor at the first possible moment if you take regular medication.

However, remember that it is safer to take some medicines, for example if you have epilepsy or diabetes, than to leave the illness untreated.

All illegal drugs, such as heroin, cannabis and cocaine, are dangerous for a pregnant woman. For your own health and the health of your baby, you should not take any of them from the time you first plan to become pregnant or learn that you are pregnant. For a pregnant woman, there are more risks linked to illegal drug taking. Firstly, drugs may harm your own health, and can affect your ability to support the pregnancy. Secondly, some drugs can directly affect the development of your baby in the womb.

These drugs go through the placenta – the organ that connects the baby to its mother in the womb – and reach the baby. The baby becomes addicted along with the mother. At birth, the baby is still dependent on the drug. Because the baby is no longer getting the drug after birth, they can have symptoms of withdrawal such as tremors, sleeplessness, muscle spasms, and sucking difficulties. You can prevent this condition by not taking any drugs during your pregnancy. Talk about all drug use with your midwife and doctor.

Work and travel

Coping at work

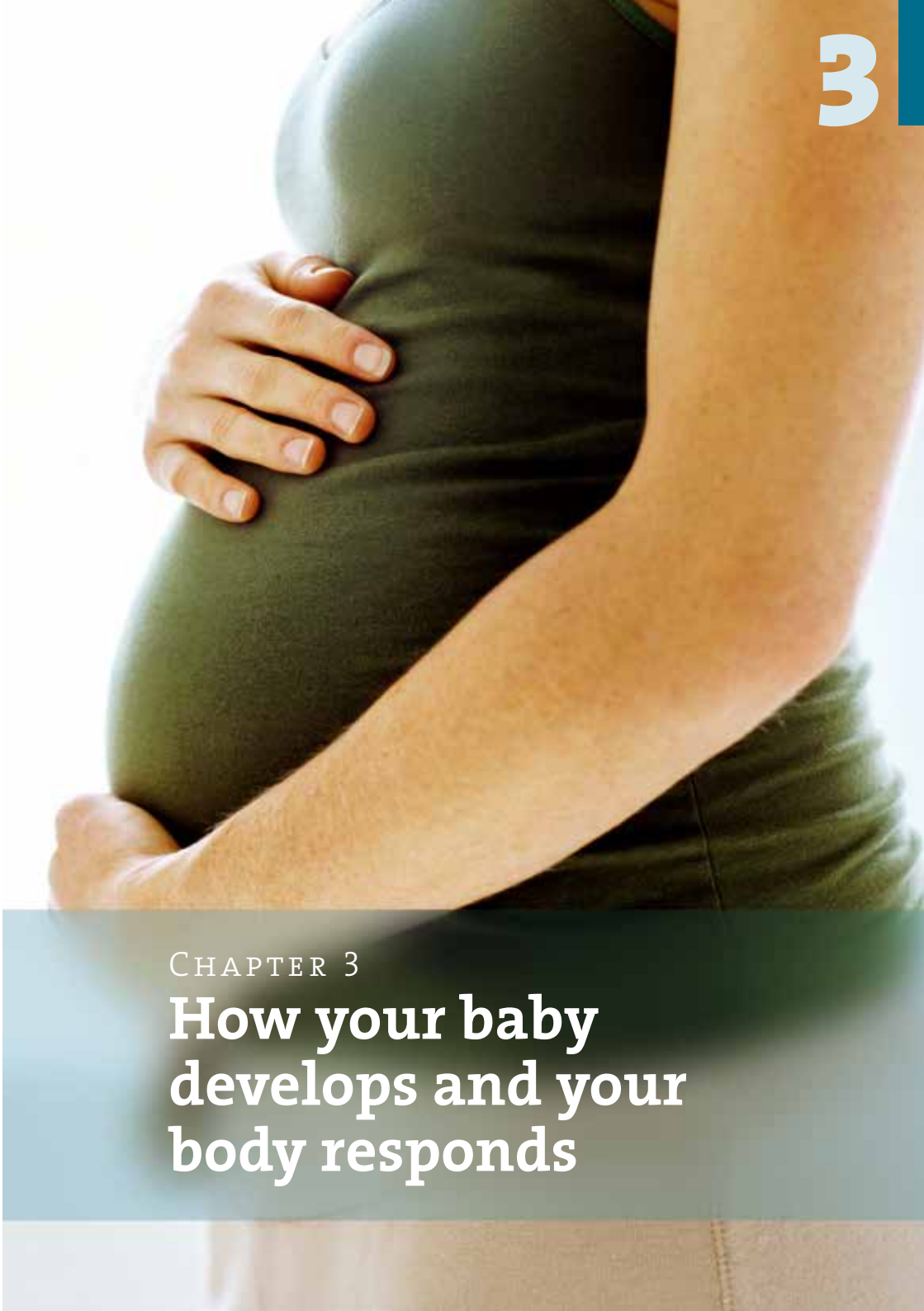
You may get very tired, particularly in the first and last weeks of your pregnancy. Try to use your lunch break to eat and rest. If you work with chemicals, lead or x-rays, or you are in a job with a lot of lifting, you may be risking your health and the health of your baby. If you have any specific concerns, please talk about them with your doctor, midwife or employer.

Travel by air

Some airline companies ask for a letter from your doctor or healthcare staff to say that it is safe for you to travel. However, the hospital cannot give you this letter; if you travel by air it is at your own risk. Research shows that if you travel by air during your pregnancy it can increase the risk of you developing a blood clot. If you do travel it is important to drink lots of water during the flight so that you do not become dehydrated. You should wear 'flight socks' and it is important to keep active during a long flight.

Car safety

Road accidents are one of the most common causes of injury in pregnant women. To protect both you and your unborn baby, always wear a seatbelt with the diagonal strap across your body between your breasts and the lap belt over your upper thighs. The strap should lie above and below your bump, not over it.



3

Chapter 3

How your baby develops and your body responds

Pregnancy is one of the most important journeys that you will ever go on. To help you understand as much as possible about your pregnancy, this section will take you through your pregnancy week by week, to the day of the birth of your baby and it will give you information on the things that you should do during the different stages of pregnancy.

Calculate your expected date of delivery

Most people talk about pregnancy lasting for nine months, but we generally measure pregnancy by weeks, lasting 40 - 42 weeks from conception. Your doctor or midwife will calculate the date you can expect your baby to be born based on the first day of your last menstrual period. They base it on you having a regular cycle of 28 days.

To calculate your expected date of delivery (EDD) add seven days and nine months to the first day of your last menstrual period. For example, if the first day of your last period was on the 2nd of March, your expected date of delivery (EDD) is the 9th of December. Most women will go into spontaneous labour between 37 - 42 weeks of pregnancy. There is no way to accurately predict the exact delivery date; we know that first time mothers are more likely to go past 40 weeks.

Trimesters of pregnancy

Medically a pregnancy is divided into three trimesters. The first trimester (12 weeks) is the crucial period when all the organs, muscles and bones of your baby are formed. The second trimester is taken up with rapid growth of your baby. During this time you will start to feel your baby kicking; your baby will be able to swallow and make facial expressions and can hear sounds. In the third trimester, from 28 weeks the baby will undergo an important final phase of growth and maturation of all its organs in preparation for birth.

The first trimester

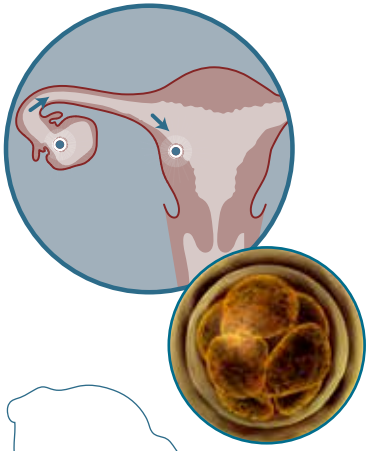
1	2	3	4	5	6	7	8	9	10	11	12
Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week	Week

Weeks 0 - 12

During the first trimester your baby will grow from a cluster of cells into a recognisable fetus (baby) that is 5 cm (2 inches) long. It is the time when the foundations of your pregnancy are being laid down. The tiny cells produce biochemical messengers that will send signals to your body to stop your periods. The different layers of the cells will develop to create specific parts of the baby's body. By week five the building blocks for your baby's organs are already in place. The heart begins to form and circulate blood. The position of the spine and digestive system are in place. Your baby is only 2 mm long at the end of week 5.

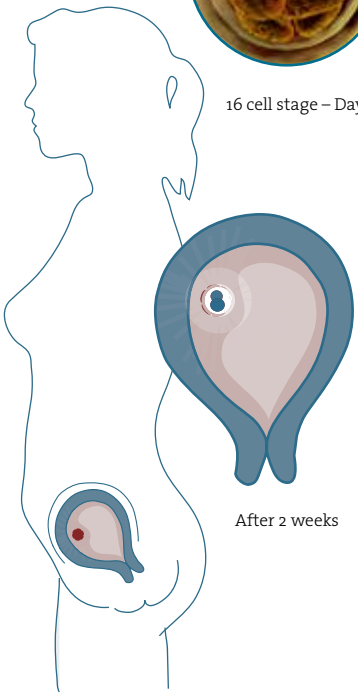
Your changing body:

In the first few weeks of pregnancy you will not look or feel pregnant, yet your body is already having major changes because you start to produce a lot of pregnancy hormones immediately after conception. The hormone oestrogen thickens the lining of your womb (uterus) and other hormones help the baby to settle down in your womb. Some women are very sensitive to the changes in their body and they know they are pregnant even before they miss a period. Women often feel that their breasts are more tender; you may notice that you want to pass urine more often, and for some women they can feel tired and sick.



First week of development

16 cell stage – Day 4



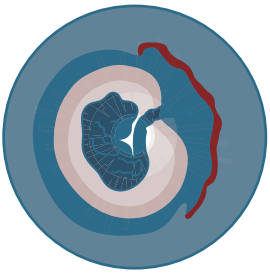
After 2 weeks

Things to do:

- If you are not already taking folic acid you should start now. You can get it in any pharmacy. Taking folic acid is very important as it reduces the risk of the baby developing a neural tube condition such as spina bifida. This happens when the tissues that fold to form the neural tube when the baby is growing in the womb do not close completely; the defect can happen anywhere from the base of the skull to the lower part of the back called the sacrum.
- Make an effort to change your lifestyle by stopping smoking and drinking alcohol and/or taking recreational drugs.
- Be good to yourself by eating little and often. Food hygiene is essential to protect you and your baby against the risk of food poisoning.
- Book an antenatal visit with your doctor (GP) and your maternity hospital.

Weeks 6 - 10

During these four weeks, your developing baby will start to change a lot in appearance, so by week 10 your little baby is starting to look like a human being. At week 6 your baby is sprouting limb buds from which the arms and legs will develop. The head continues to grow quicker than any other part of the body in order to accommodate the developing brain. By the end of week 6 your baby is 5 mm (0.2 inch) long.



Week 9

Week 7: Your baby is 12 mm (0.5 inch) long and the heartbeat can be seen on ultrasound scan. Your baby's eyes and ears are developing quickly; by the end of week 8, the eyes already contain some colour. Your baby is now 15 mm (0.6 inch) long.

Week 9: The folds of skin making up the limb buds start to form cartilage, which will later grow into bones. You can see your baby's movements on ultrasound but you will not feel

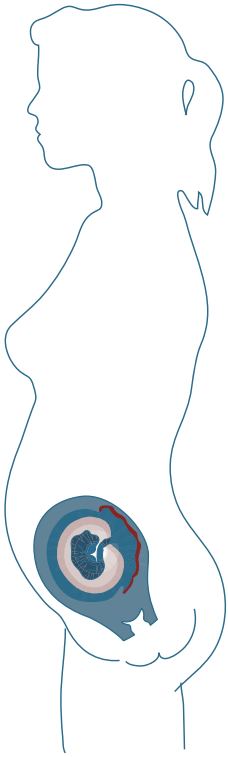
any of this for some time. The baby is 22 mm (0.9 inch) long by the end of the week 10. You can recognise its eyes but they will stay hidden behind sealed lids and cannot work until later in the second trimester, when the nervous system forms. The heart has developed with four definitive chambers; the heart is beating 160 times per minute. Your baby is now 33 mm (1.3 inches) long.

Week 11: Your baby's face is fully formed; the liver, stomach and spleen are all in place. You can see the baby's ears, and the inner ear, which is responsible for balance and hearing, is formed. Your baby has 32 permanent teeth buds. The baby is now 40 mm (1.6 inches) long.

Week 12: Your baby now looks like a human being; its spine, fingers and toes are fully formed. Your baby is now 5 cm (2 inches) long and weighs 18 grams (0.6 ounce). It is during this initial period of development that things like drugs, viruses and environmental factors (anything that comes into direct contact with the mother or baby) can easily damage a baby; so pregnant women should avoid all of these.

Your changing body:

During the early stages of your pregnancy your uterus (womb) will grow a lot in size. By eight weeks it is the size of a medium sized orange, while at 10 weeks it is the size of a grapefruit. To make your womb grow, blood flow from your heart increases. Because of these changes in your circulatory system, you will become aware of differences in the way your body is working; for example changes in your breasts, wanting to pass urine more often and your skin will either become clearer or drier than usual.



By the end of your first trimester your belly may begin to show

Physically some women go through the first trimester feeling well, however, it is common to feel very tired, and nausea can be a major problem. Morning sickness is the most talked about side effect of pregnancy, as 70 - 80% of women will experience it. Morning sickness can happen at any time of the day. Occasionally, some women cannot keep any food or drinks in their stomach and they become dehydrated and weak, and need to go to hospital for treatment.

Emotionally, you may find your moods change a lot. One minute you could be talking excitedly about the pregnancy and the next you are crying over something very unimportant. This is because of the major hormonal changes that happen in early pregnancy and will settle later in your pregnancy.

The second trimester

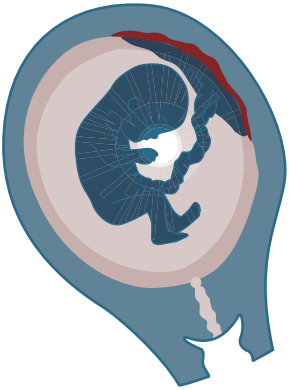
13 Week	14 Week	15 Week	16 Week	17 Week	18 Week	19 Week	20 Week	21 Week	22 Week	23 Week	24 Week	25 Week	26 Week	27 Week

In the second trimester, your baby will grow steadily and the baby's organs will develop more. The overall size of the baby will increase by four times and its weight will increase by 30 times.

By **week 13** your baby's facial bones are complete and the delicate facial features are more easily recognised. The head is the largest part of the baby but very soon its body growth will catch up. Your baby at this time is very thin and is covered by a fine translucent skin. Although the eyelids are fully formed, they will stay closed for the most part of the second trimester. Your baby can be seen moving freely on ultrasound scan. The placenta (afterbirth) is formed, which provides oxygen and nutrition from your circulation to the baby. Your baby by the end of week 13 is 6 cm (2.4 inches) long and weighs about 30 grams (1 ounce).

Week 14: Your baby can make a fist and suck its thumb. Your baby's arms are long enough for its hands to meet together over its body. The amniotic fluid or liquor (sac of water around the baby) is increasing which is important so that

your baby is freer to move which helps the baby's muscles to develop. Your baby's kidneys start to work. By the end of this week your baby has grown to 7 cm (2.7 inches) and its weight has gone up to 45 grams (1.5 ounces). Over the next few weeks, your baby grows at a regular rate; its legs in particular have an amazing growth spurt and are now longer than the arms. From now on, your baby's rate of growth of its body and limbs will slow down; however, your baby will continue to put on weight at a steady pace. This physical slow down helps your baby to develop in different ways. For example, its lungs, digestive and nervous systems are slowly maturing.



Week 18

By the end of week 16: Your baby will measure 9 cm (3.5 inches) and weigh 90 grams (3 ounces).

Week 18: It is possible that you are now feeling your baby kick for the first time. In the beginning you may think it is 'wind' until you realise there is a pattern to these gentle movements. Your baby at this stage can know the difference between sweet and bitter flavours as its taste buds are developed. Your baby can open its mouth and stick out its tongue, which you can often see on ultrasound. A very fine hair called lanugo covers the baby's entire body; it is thought that this helps to keep the baby warm until it has enough fat stores.

At **19 weeks** your baby's teeth are formed in its gums. Your baby can hear sounds from outside your body and will respond if you play loud or easy music. All these developments in your baby's senses are due to the fact that its nervous system is developing and maturing.

By the end of the **20th week** your baby measures 13 cms (5 inches) and weighs 240 grams (8 ounces). Most women are aware of their baby's movements around this time.

By **24 weeks** your baby is 17 cm (6.5 inches) long and weighs about 500 grams (17.5 ounces). Your baby is able to open and close its mouth and can swallow a large amount of amniotic fluid.

By the **26th week** the volume of amniotic fluid has increased to about 500 mls. Even though your baby's lungs are not quite fully developed, the baby has now reached a level of development where it may survive outside the womb with the help of specialist care in the neonatal unit.

In the weeks leading up to week 28, important developments are happening inside your baby's body. Because your baby's nervous system and skeleton are developing more, the baby's movements become more deliberate. Your baby can move freely, somersault and hiccough. It is even thought that the baby can tell the difference between you and your partner's voice. You will also notice a pattern between your baby being asleep and awake; however, this often does not match your own every day and night pattern.

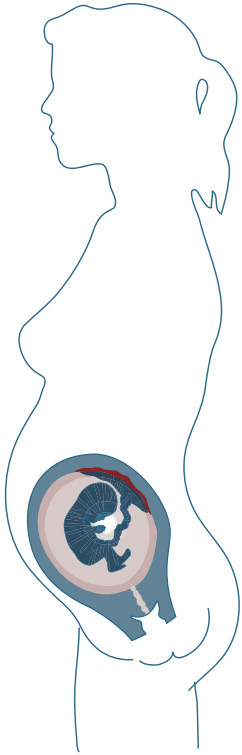
Your changing body:

Now that you are in the second trimester of your pregnancy, you will be much more confident that your baby is a reality. You will probably feel less sick and start to get more energy back into your life. You will also notice that your waist is beginning to get bigger and a bump is beginning to form in your tummy. You can get increased pigmentation of your skin at this time and as a result you will notice the area around your nipples (areola) will become darker. Also, a dark line may form down the centre of your tummy, which is called linea nigra, and moles and birthmarks will also get darker. All these changes are very normal and happen because you have more of the hormone oestrogen in your body.

There is a huge increase in how much blood goes around your body. For example, at the beginning of the second trimester 25% of your blood is directed

to your womb in order to support your growing baby and placenta (afterbirth). Just 2% of your blood volume went to your womb before the pregnancy. Because of this some women will feel their heart beating faster and may complain of having palpitations.

As your womb continues to grow you may notice that you develop stretch marks on your tummy and/or around your breasts. This is caused by the collagen beneath the skin tearing as it stretches, as your body gets bigger. There are a number of lotions and creams that you can buy, which may help to reduce the effects of the stretch marks. You will also find that you will feel hungrier as you start to enjoy your meals again. It is important that you eat a well balanced diet and remember that it is the quality of the food rather than how much you eat that counts.



Things to do:

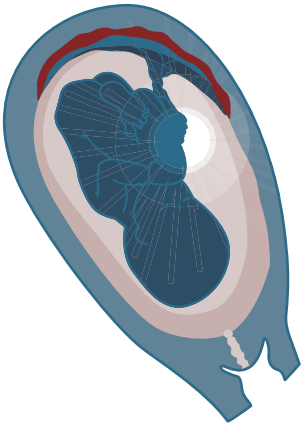
- Go to the hospital or midwife in the community for your first antenatal visit.
- Tell your family and friends that you are pregnant.
- Tell your employer that you are pregnant and apply for maternity leave.
- Make a conscious effort to cut down or stop smoking, drinking alcohol and/or taking drugs.
- Have a balanced diet and keep fit.
- Sign up for parent education classes.
- Visit the dentist for a check-up.
- If you are pregnant during the flu season (October to March/April), you should get the seasonal flu vaccine from your GP.

The third trimester

Weeks 28 - 42

28 Week	29 Week	30 Week	31 Week	32 Week	33 Week	34 Week	35 Week	36 Week	37 Week	38 Week	39 Week	40 Week	41 Week	42 Week

Early in this trimester your baby is able to survive if delivered, although it would still need medical help and constant monitoring in the neonatal unit. The last weeks in the womb are very important as it helps the baby's lungs, digestive system and brain to develop further in order that they can work well when your baby is born.



Week 36

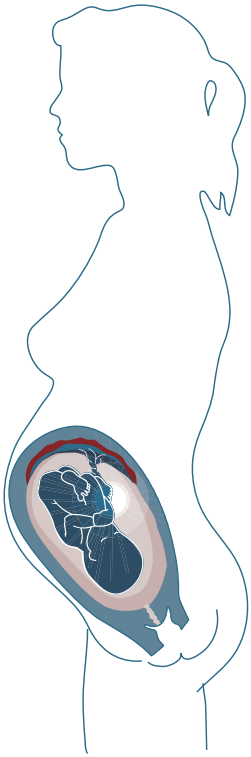
By **week 29** your baby will weigh about 1 kg (2.2 lbs). From now until **week 32** your baby can put on as much as 500 grams (17 ounces) in weight a week. Your baby's lungs will be producing a substance called surfactant, which the baby needs to help it breathe after birth, by helping its lungs to be as elastic as possible to be able to expand fully. You will find that your baby's movements are much stronger and you recognise a definite pattern of movements. Your baby's eyes are opening and closing and he or she is learning to focus. Your baby's fingernails reach to the tips of its fingers but its toenails will still need a few more weeks to reach the end of the toes.

Most babies will lie head down (cephalic) by **week 34** especially if it is your first baby. However, some babies will take another week or two before they will settle down in position for birth. Indeed some babies will decide to come bottom first (breech). If by **37 - 38 weeks** your baby is not in the cephalic (head down) position, the doctor and midwife will talk to you about birth options. By **36**

weeks your baby will weigh 3 kg (6.5 lbs) and you are now in the final lap before birth.

From **week 36** your baby's organs are being fine-tuned for birth; the lungs mature, and the digestive system can take liquid foods. The lanugo hair will start to disappear from your baby's body and his or her immune system can give protection against a variety of infections. If your due date arrives and you have not gone into labour, don't worry as this is very common, especially for first time mothers.

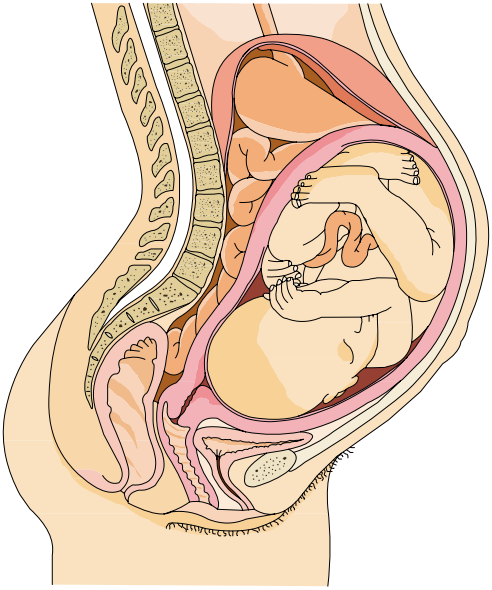
Your changing body:



Your womb is getting bigger at a steady rate and your stomach and intestines get squashed which means you can get heartburn. Your bladder is also not used to this pressure and can no longer hold as much urine, so you may want to go to the toilet more often. Sometimes you might get a small leak of urine when you sneeze, cough or laugh; this is called stress incontinence. Some women are not sure if the baby's waters are broken. If you are not sure you should check with your midwife or doctor. Many women will complain that they have less breath, because their womb is growing and it pushes the contents of their tummy up against their diaphragm so their lungs have less room to expand when they try to take a deep breath.

Your body needs to hold extra fluid and this generally settles on your legs and hands; because of this you will notice they may become swollen. However, if your face or legs suddenly become puffy or swollen it could be a sign of pre-eclampsia and you should go to your doctor (GP) or midwife as soon as possible.

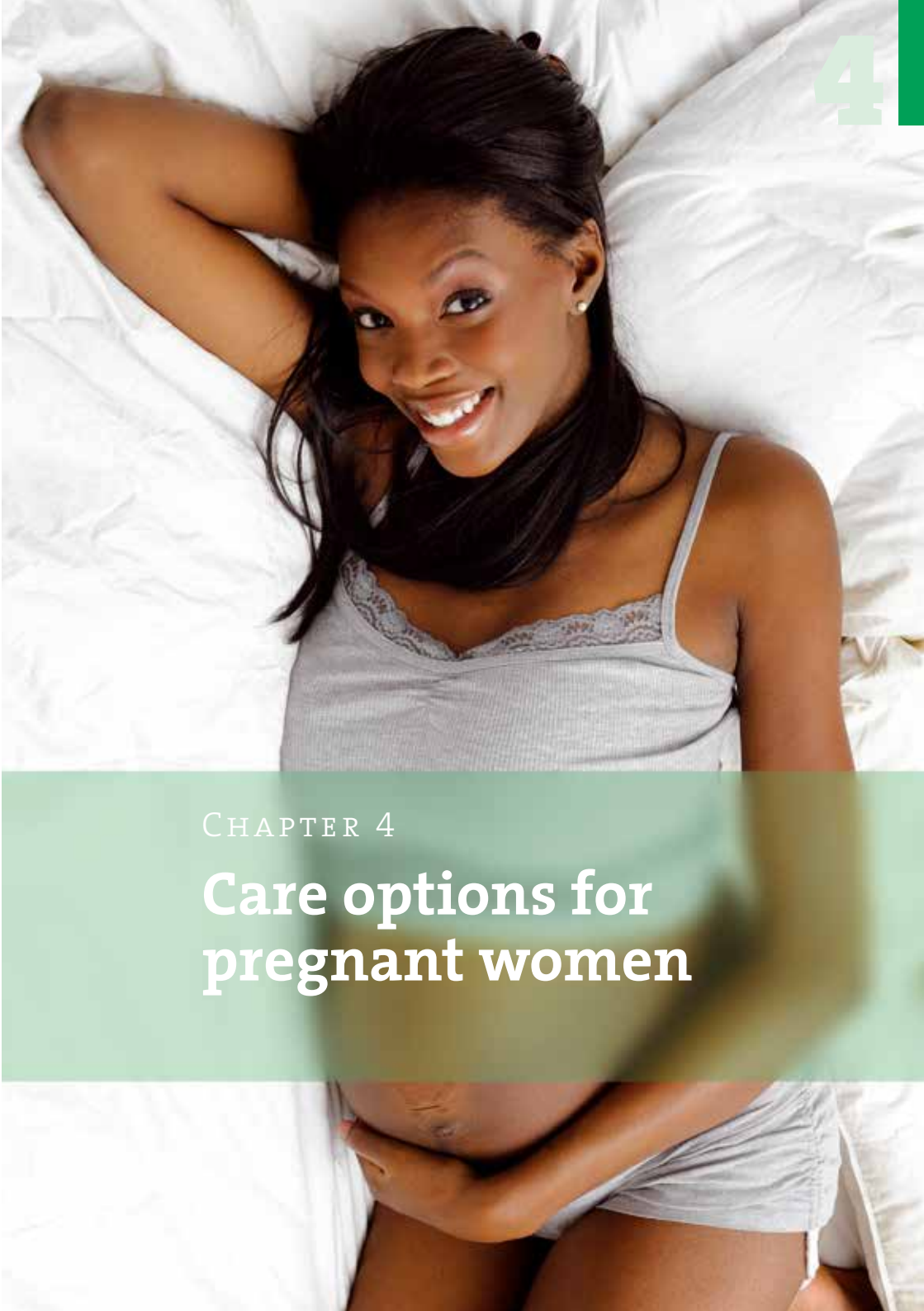
With your growing womb you may have problems with sleeping and doing every day things such as shopping or cleaning. Lack of sleep can affect how you feel physically during the day. You should try to involve your partner as much as possible in work in the house, so that you can get some extra rest. Lying on your back can be difficult as it can lower your blood pressure and make you feel light-headed. It is best if you can lie on your side with the support of a pillow at your back.



From now until the end of your pregnancy, your womb will start to practice contracting so it can prepare for labour. These tightenings are called Braxton Hicks contractions. In the beginning these can be very mild; however, near the end of the pregnancy they can become strong and uncomfortable. Emotionally, you may find it hard to concentrate on specific tasks; you can become weepy for no particular reason.

Things to do:

- Go to the doctor or midwife on a regular basis.
- Go to parent education classes with your partner.
- If you have not had a whooping cough (pertussis) vaccine in the past ten years, you should get a booster vaccine from your GP after 28 weeks, to protect yourself and your baby until it receives its own vaccines.
- Keep active and eat well.
- Pack your bag for birth and plan a route to the hospital.
- Have a back-up child minder if you have other young children.



4

Chapter 4

Care options for pregnant women

For most women pregnancy and birth are a normal, healthy part of their lives. The care you choose to have for your pregnancy and birth will depend on a number of things. In this section we will explain the different options of care that we provide in the Rotunda and this will help you to decide what the right choice is for you.

Once you find out that you are pregnant you should make contact with the hospital and request an appointment for your first or 'booking visit'. A letter from your GP is not required. Ideally this appointment should take place between 12 and 14 weeks of pregnancy.

However, some women with medical conditions, for example diabetes, cardiac disease or epilepsy should be seen as early as possible in one of our specialist clinics. For further information on the specialist clinics available and how to access these services, please see the section on specialist clinics (Chapter 5).

If you have no major medical or pregnancy related health problems you will probably go to your GP for some of your antenatal care. Antenatal care is known as 'combined care' when visits are shared between the hospital and your GP. The combined care service also gives your baby two scheduled newborn checks with your GP; the first at two weeks after the birth and the second at six weeks after the birth. You can also get a postnatal visit at six weeks after the birth.

Public hospital based care

Most women are entitled to free maternity care as a public patient. Antenatal care is provided in the hospital's outpatients department. The clinics are usually held in the afternoon, except for the first booking visit and also some specialist clinics, which may be held in the morning or afternoon.

There are medically-led clinics which are suitable for women with a known medical condition or with a history of a previous complicated pregnancy or birth. Consultant obstetricians work in teams (A – D) and other doctors are assigned to a team of consultants. All antenatal booking visits on a given day are allocated to a team and all other antenatal appointments are scheduled with the same team. If antenatal admission is required, you will be under the care of your own team.

Care and management during labour and birth is provided by the midwives in the delivery suite with input from the medical team on duty. Induction or caesarean section is scheduled according to clinical need and care is overseen by the team on duty on the day. Care in the postnatal ward is provided by the midwives and the medical team as necessary. Most women go to their GP for their postnatal check-up at six weeks.

There are also midwife led antenatal clinics for healthy pregnant women held each afternoon Monday to Thursday in the outpatients department. If there are any complications during the pregnancy, your care will be overseen by the medical team.

If you wish to make an appointment for any of the public outpatient clinics or require any further information please phone: outpatients department appointments: **01 873 0596** or **873 0632**.

Community midwifery service

Midwives are recognised experts in caring for healthy pregnant women and their babies. The community based midwives work between the Rotunda and the local community. They provide maternity care to low risk women, who have no history of medical or surgical problems, which might affect their pregnancy. A previous complicated pregnancy or birth may also mean that care cannot be provided by the community midwives. Antenatal care is provided in the local community. You will be admitted to the Rotunda for labour and birth. If all is well with you and your baby, you will be able to leave hospital between 6 and 24 hours after the birth. The midwives will continue to care for you and your baby with visits at home for up to a week after the birth.

If complications arise during the pregnancy, the community midwives will link with the obstetricians in the hospital. You will continue to receive the safest option of care depending on your circumstances. This service is offered under the public care options available in the Rotunda.

This service includes:

- Community based midwifery antenatal care in local health centres
- Antenatal classes
- Discharge from hospital between 6 and 24 hours following birth
- Postnatal care offered up to 7 days after the birth in the home

There are two options for midwifery-led antenatal care:

Domino care
The midwives will provide your antenatal care (including the booking visit) in the community and will organise your parent education classes for you in the hospital. This option of care is currently available to women with low risk pregnancies living in the Cabra, Finglas, Ballymun and Coolock areas. See the clinic details below.

For further information on this service or to make an appointment with the community midwives, please phone **01 – 817 6849** or **817 6850**.

Community midwifery led clinics
This option of care allows you to attend a midwife led antenatal clinic in your local health centre. This service is provided in the Darndale, Swords and Blanchardstown areas and women who had their initial booking visit in the outpatients department in the hospital can avail of this service. At the booking visit please tell the midwife that you would like to attend the clinic in Darndale, Swords or Blanchardstown for the remainder of your antenatal care. The midwife will give your contact details to the community midwifery team.

For further information on this service or to make an appointment to attend one of these clinics, please phone **01 – 817 6849** or **817 6850**.

Community Midwives' Clinic Times:

Area	Health Centre	Day	Times
Blanchardstown	Roselawn Health Centre	Monday	5.00 pm - 8.00 pm
Darndale	Darndale Health Centre	Tuesday	10.00 am -12 noon
Coolock	Coolock Health Centre	Tuesday	5.00 pm - 8.00 pm
Finglas	Wellmount Health Centre	Wednesday	2.00 pm - 5.00 pm
Swords	Swords Health Centre	Wednesday	5.00 pm - 8.00 pm
Ballymun	Ballymun Health Centre	Thursday	2.00 pm - 4.00 pm
Cabra	Cabra Health Centre	Friday	9.00 am - 12 noon
Rotunda	Outpatients Department	Friday	4.30 pm - 6.30 pm

Semi-private care

There are two options of semi-private care offered to you – consultant led or registrar (senior doctor) led care. Antenatal care is provided in the Rotunda Private Clinics, which is located on the main Rotunda campus. At each visit you will be seen by a doctor and a midwife. Care is usually shared with your GP. Care during labour and birth is provided by the delivery suite midwives with medical assistance from the on call team as required. After the birth you will be offered accommodation on the Lillie Suite if it is available where the semi-private rooms have three to four beds per room with ensuite bathroom facilities.

For further information on the semi-private care maternity packages available and costs, please see the Rotunda Private Clinics website **www.rotundaprivate.ie** or contact the semi-private clinic directly by phoning **01 – 874 0992**.

Most insurance companies will cover:

- 3 nights for a normal delivery from the time of admission to hospital, inclusive of time in the delivery suite
- 5 nights for a caesarean section from the time of admission to hospital inclusive of any time spent in the delivery suite

Should your baby require admission to the neonatal unit, it will be assumed that you wish your baby to be treated and accommodated on a private basis unless you tell the staff otherwise. Remember to add your new baby to your policy after birth.

You should contact your insurance company before deciding on the care option if you have any concerns about the level of cover they provide. The Rotunda operates a direct payment scheme with the following companies:

- Vhi Healthcare
- Laya Healthcare
- Aviva Health
- GloHealth
- Garda Medical Aid
- ESB Medical Provident Society
- Prison Officers Medical Aid Society

Otherwise, payment of all bills is due in full, on discharge from hospital. If you have any queries, please contact: patient accounts department by phoning **01 – 817 1763** or **817 1764**.

Private Care

Women booking privately with a consultant obstetrician will have their antenatal care provided in the Rotunda Private Clinics. You will see where possible your consultant at each hospital antenatal visit and combined antenatal care with your GP will be discussed where appropriate. When you are admitted in labour the midwives on the delivery suite will care for you and they will be in regular contact with the consultant. A consultant obstetrician will be available at the time of your baby's birth or if there are any concerns or complications during labour. Private patients may choose either semi-private accommodation or a private room after the birth.

For further information on the private care option and on the consultant obstetricians offering this service and their fees, please see the Rotunda Private Clinics website **www.rotundaprivate.ie** or contact the clinic directly by phoning **01 – 874 2115**.

Most insurance companies will cover:

- 3 nights for a normal delivery from the time of admission to hospital, inclusive of time in the delivery suite
- 5 nights for a caesarean section from the time of admission to hospital, inclusive of any time spent in the delivery suite

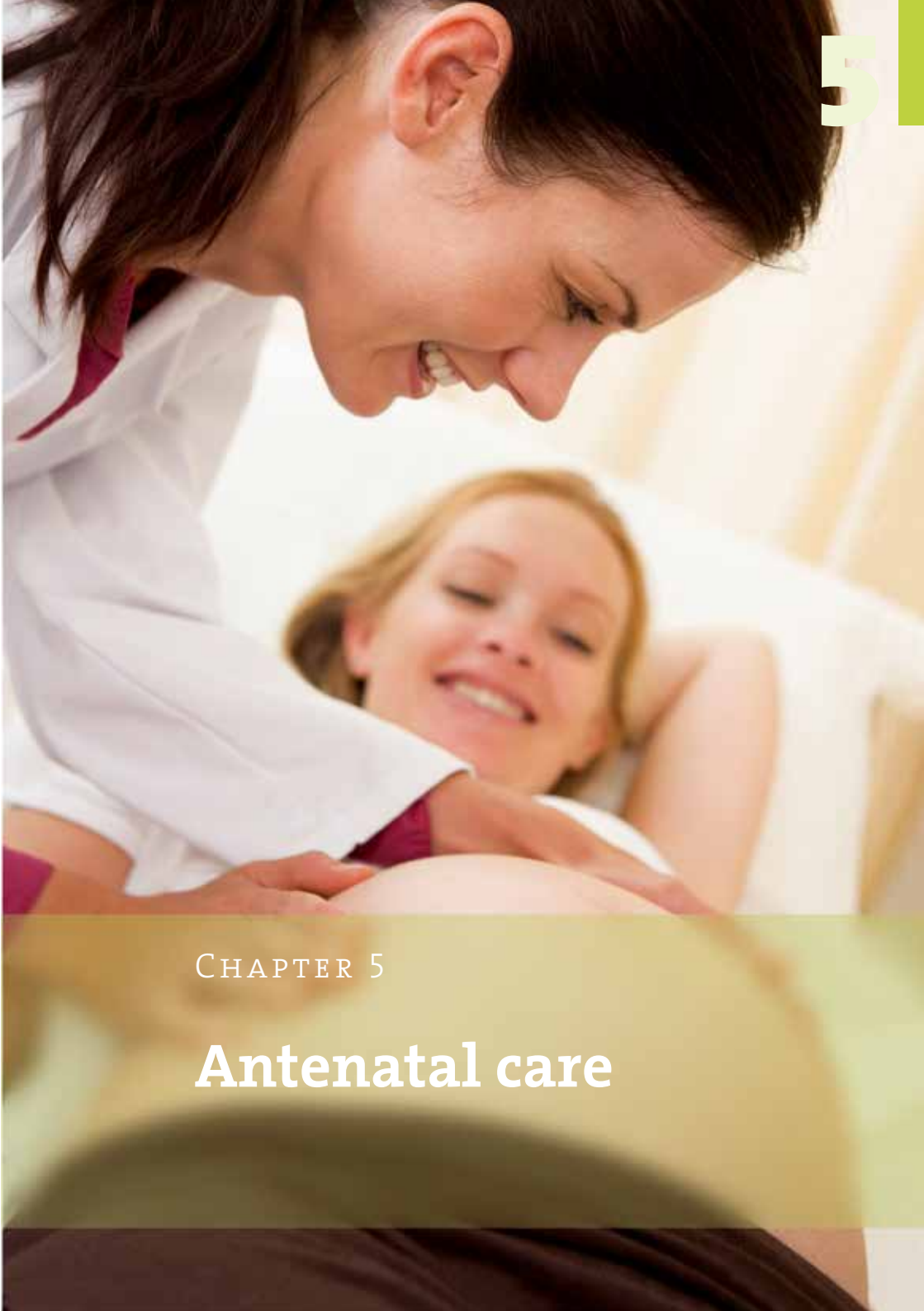
Note – The Garda Medical Aid, ESB Medical Provident Society and the Prison Officers Medical Aid schemes will only cover the semi-private rate for a private room.

Should your baby require admission to the neonatal unit, it will be assumed that you wish your baby to be treated and accommodated on a private basis unless you tell the staff otherwise. Remember to add your new baby to your policy after birth.

You should contact your insurance company before deciding on the care option if you have any concerns about the level of cover they provide. The Rotunda operates a direct payment scheme with the following companies:

- Vhi Healthcare
- Laya Healthcare
- Aviva Health
- GloHealth
- Garda Medical Aid
- ESB Medical Provident Society
- Prison Officers Medical Aid Society

Otherwise, payment of all bills is due in full, on discharge from hospital. If you have any queries, please contact: patient accounts department by phoning **01 – 817 1763** or **817 1764**.



5

Chapter 5

Antenatal care

The purpose of antenatal care is to promote good physical and mental health throughout the pregnancy and to make sure that all is well with the mother and her baby. It also aims to identify problems early and to treat them appropriately.

First visit

The first antenatal (or booking) visit at the hospital can take a few hours as you will meet several healthcare workers. The midwife and doctor will talk to you about your medical, surgical, obstetric and family history. You will have an ultrasound scan performed, as well as blood tests. Also, the doctor may carry out a physical examination, which includes checking your heart and lungs. You really need to set aside a few hours for this visit so that you can discuss all aspects of your pregnancy with the healthcare professionals.

After you check in with the clerical staff, you will meet your midwife who will talk to you about making a plan for the months ahead. She will ask you questions about:

- your menstrual cycle and the date of your last period. From this the midwife will be able to work out when your baby is due;
- fertility - had you any problems getting pregnant? Did you need fertility treatment?
- medication - are you taking any medication, or have you any medical conditions, such as asthma, diabetes or heart problems?;
- operations - have you had any operations or needed a blood transfusion at any stage during your life?;
- family health - you will be asked about the health of your immediate family and your partner's health.

The midwife will talk to you about health issues such as smoking, alcohol and your diet. She will give you information and advice on eating well in pregnancy and on foods to avoid. She will also talk to you about the options of care available to you during your pregnancy and will give you information on preparing to breastfeed. The midwife will discuss any concerns or worries you may have about your pregnancy and can give you the contact details of other services or organisations that can provide additional help and support.

If you have had a complicated pregnancy in the past, or you have a medical problem, for example high blood pressure, diabetes, or a blood clotting disorder, you will be referred to the appropriate specialist doctor for the duration of your pregnancy.

Your height, weight and blood pressure will be checked as well as your urine to make sure you don't have any infection. A number of blood screening tests will be done so that treatment, if necessary, can be carried out during your pregnancy to protect you and your baby.

Blood tests

With your written permission, several blood tests are taken. You will be happy to know that all these tests are usually taken at the same time. These blood tests will:

- Check your haemoglobin level (iron), which is the iron containing oxygen in the red blood cells. The baby will take as much of this iron as it needs from your body. This can often leave the mother anaemic and feeling very tired with no energy. The aim is to keep your haemoglobin level above 10.5.

- Check your blood group. There are four types of blood group - A, B, AB or O. For each of the blood groups, there is Rhesus factor – either positive or negative. The rhesus factor is very important in pregnancy because a rhesus negative mother could develop antibodies against the baby's blood, causing anaemia and jaundice in the baby. For this reason, any woman who has a vaginal bleed or any trauma to her abdomen, such as a blow or a fall, must get their blood group and antibodies checked in the hospital as soon as possible after the event. If rhesus negative, she will be given an injection of Anti-D, which will offer protection to the mother and baby to prevent complications arising in this and future pregnancies.

- Check your rubella immunity (German measles). Women are routinely tested to find out if they have immunity to rubella. Most women are immune to rubella due to the MMR vaccination they received as a child. If the blood test shows that you are not immune, you will be advised how best to avoid exposure to rubella during the pregnancy and you should get the vaccine from your GP after your baby is born.

- Check for sexually transmitted infections. If your blood test is positive for syphilis, you will be offered treatment by means of injections of penicillin. If left untreated, syphilis can lead to miscarriage and stillbirth. Hepatitis B and C are viral infections that can cause liver disease. If you are Hepatitis B positive, giving your baby immunoglobulin treatment soon after birth and follow-up immunisation in the months ahead can protect it. All women are offered testing for HIV and, if you test positive, you will start on antiretroviral treatment, which reduces the risk of transmitting HIV to your baby.

- Check for varicella, which is also called 'chickenpox'. If you are not immune, you will be advised to avoid direct contact with people who have chickenpox. If you are not immune and you come into direct contact with somebody who has chickenpox, you must contact the hospital, as you may need immunoglobulin to protect your baby.

- Check for sickle cell anaemia and thalassaemia. If you are of African or Mediterranean origin, you will be offered a special test to find out if you have sickle cell or thalassaemia trait. Sickle cell and thalassaemia are inherited blood conditions that affect the way oxygen is carried around the body. Healthy people can be carriers of sickle cell or thalassaemia without knowing it and can pass it on to their children. If you have the trait, your partner will be asked to attend the hospital to check his status, since there is a chance that your baby could develop a double dose of the trait and develop the disease.

The results of all these tests can take up to 14 days to complete. If any test needs to be repeated, you will be contacted by phone or letter by the hospital staff. You will not receive notification if the blood tests are normal. The results will be filed in your healthcare record for you to see at your next antenatal visit.

Urine tests

Your urine is checked at every antenatal visit. The two main tests are for protein and glucose (sugar). The most common cause of protein in the urine is an infection in your kidneys or urinary tract. Women are more likely to get infections during pregnancy because all the tubes that make up the urinary system are more relaxed because of pregnancy hormones. Also, the position of the bladder in relation to your womb (uterus) can be a factor. Checking protein levels in late pregnancy is very important, as it can be a sign of the condition called pre-eclampsia.

Glucose in your urine is a concern as it could mean that you are developing pregnancy-related diabetes. If you are found to have glucose in your urine, the midwife will ask you if you were fasting when you gave the sample. If not, she will ask you to return to the hospital the following day with a fasting sample. If this sample is negative for glucose, no action is taken.

If, however, there is still glucose present, the midwife will ask that you have further blood tests to see if you have developed pregnancy-related diabetes. If you have, you will be referred to a specialist team for the remainder of your pregnancy.

Blood pressure

Checking and recording your blood pressure at the first visit is important. This first reading is used as a 'baseline reading'. Every time your blood pressure is checked after that, it is compared to this reading. If your blood pressure rises it could be a sign of pre-eclampsia which needs to be monitored carefully as it could result in the early birth of your baby.

Weight check

If you are of average height and weight, you can expect to gain about 12 – 16 kg during the pregnancy. The only time that you are weighed in the hospital is at your first visit. (Women attending the diabetic or anaesthetic clinics will be weighed more often.) It is important not to gain too much weight as this can lead to complications during the pregnancy.

However, it is essential that you eat well and stick to a healthy balanced diet made up of carbohydrates, proteins, fats, vitamins and minerals. Your baby is totally dependent on you for its supply of nourishment in order to grow and develop. (See chapter 2 - staying healthy during pregnancy).

Ultrasound scans in pregnancy

Women are offered an ultrasound scan at their booking visit. This scan is able to check your dates, the number of babies you are expecting and it will show you the baby's heart beating. You will need to have a full bladder for any scan before 15 weeks.

Special gel is applied to your tummy and a probe is moved up and down your tummy. Ultrasound uses sound waves to build up a picture of your baby. An image of your baby, the placenta (afterbirth) and the fluid surrounding your baby appears on the screen. The staff member will measure your baby so that

we know when your baby is due to be born. This is very important, especially if you don't know the date of your last period or if you had irregular periods or you have recently come off the pill.

Your partner may accompany you to all your scan appointments but unfortunately children are not allowed. Recording devices are not allowed.

You can usually get a printout picture of your baby at the end of the examination. To keep your picture in good condition, don't leave it in sunlight for a long period of time and don't laminate it, as this will cause the picture to fade, losing your precious memories.

Fetal anatomy scan

All women attending the Rotunda Hospital are offered a detailed ultrasound scan at about 20 weeks to assess the growth and development of their baby. This is known as the fetal anatomy scan. A large amount of detail about your baby will be visible at this scan. Seeing your baby on the ultrasound screen is a very exciting and emotional time.

What can this scan detect?

This ultrasound scan is very accurate but it cannot diagnose all birth defects. Sometimes, we cannot get clear images of the baby due to the way that your baby may be lying in the womb or because of the mother's size. If the scan is complete, we would expect to pick up at least:

- 95% of spina bifida
- 80% of cleft lip
- 30-50% of major congenital heart defects

It is also important to realise that ultrasound scans in pregnancy do not detect problems like cerebral palsy or autism.

Some babies with chromosomal abnormalities have signs called 'soft' markers. Some such markers increase the risk for a chromosomal abnormality while others are not significant if identified on their own.

While some babies with chromosomal abnormalities have these soft markers, it is important to remember that 15% of normal babies have at least one ultrasound soft marker. The only way to diagnose or exclude a chromosomal problem for certain is to have an amniocentesis. If you would prefer not to know about these markers please inform us prior to the scan.

If the scan suggests a problem or an abnormality, you and your partner will be informed. We will arrange for you to meet with a consultant who specialises in fetal medicine as soon as possible or within 2 working days.

A full support service will be available for you should any problems be detected, including referral to appropriate specialists. It is important to remember that you will be involved in all decisions regarding the management of your pregnancy. A copy of your report will be sent to your referring hospital, doctor or midwife to ensure good communication.

Why have a fetal anatomy scan?

While most women give birth to healthy babies, about 3% will have a major birth defect; usually either a genetic or chromosomal abnormality. Many such abnormalities can be diagnosed or ruled out with the fetal anatomy scan.

Reasons to have this scan include:

- to reassure you that your baby is likely to be structurally normal;
- to confirm your dates;
- to monitor growth;
- to detect birth defects, such as spina bifida or heart problems;
- if you are concerned about the chances of chromosome problems like Down syndrome, subtle markers can be sought that may suggest a higher risk that your baby may have one of these problems;
- if you want to know the sex of your baby, this can usually be seen at this scan.

When you attend for this scan we will tell you about everything that we see, unless you advise us that there are certain things that you don't want to know about, such as the sex of your baby or markers for chromosome problems. Should you have any questions or concerns please contact the staff in the prenatal diagnosis clinic by phoning **01 817 6572**.

Scans in late pregnancy

The anatomy scan is usually the last scan taken during pregnancy unless you are referred by the medical team for further scans. Ultrasound scans can also be used in late pregnancy to determine if the baby is growing properly and to check the liquor or fluid around your baby. They help to compile a 'biophysical profile' of your baby. This profile is a list of things that are checked and given scores by the midwife or doctor to see how well your baby is doing. The things checked and scored include the baby's heart rate, the baby's muscle tone, breathing movements and the amount of fluid around the baby. Other reasons for ultrasound scans in late pregnancy are if there is a possibility your waters have broken or to locate the exact position of the placenta. However, towards the end of pregnancy it can be difficult to get a complete picture on the printout, as the baby is now too big.

Further antenatal visits

Having regular check-ups is important for you and your baby.

- Your return visits during the pregnancy will be shorter than the first visit and, although you may find some of the visits a chore, it is very important to attend them.
- At each antenatal visit you will have your blood pressure and urine checked.
- Your healthcare professional will look for obvious signs of fluid retention in your hands and legs.
- They will also feel your tummy to check the growth of your baby and to see that it is in the correct position for birth.
- The baby's heartbeat will be checked and you will be asked about the baby's movements.
- All these findings will help to manage your pregnancy and can determine the type of birth that is best for you and your baby.

At around 28 weeks, you may have your haemoglobin (iron level) rechecked. If you are rhesus negative, you will already have received information in the post about your blood group and your antibody level will be assessed and you will be given an injection of Anti-D. It may be necessary to do other specialist blood tests at this stage of the pregnancy, for example, if you develop high blood pressure or a body itch. Always talk to your midwife or doctor if you have any worries. They will be able to advise you and keep you informed of your progress.

If your due date arrives and you have not gone into labour, your pregnancy is now termed 'post mature' or simply, overdue. Nearly half of all pregnant women are still pregnant at 40 weeks but most will go into labour in the coming week. You will be seen again in the antenatal clinic at 41 weeks if you still haven't gone into labour. The doctor will discuss your care plan with you.

If by any chance you can't make it to an antenatal appointment, please telephone your clinic so that another appointment can be scheduled. Towards the end of the pregnancy, your appointments will be more frequent. In the last few weeks, your GP, midwife or hospital doctor will probably see you on a weekly basis.

Baby's movements

Generally, you will start feeling the baby move between 18 - 22 weeks. In the beginning, the movements are very gentle and will become stronger as the baby grows. Towards the end of pregnancy, many people will say the baby will stop moving as it runs out of space. This is not correct. You should be able to feel your baby kick every day right up to the day of birth.

If, in the late stages of pregnancy, you are feeling less than 10 movements during the day (a 12-hour period) you should come into the hospital, as the baby may require further monitoring. Please phone the assessment and emergency unit for advice – 01 817 1700.

Specialist clinics

The Rotunda provides a number of specialist clinics for pregnant women in order to provide the best care during pregnancy. Consultants or specialist registrars with an interest in the specific pregnancy-related condition run these clinics. They are supported by a midwife who has a wealth of knowledge to offer you during your pregnancy.

The current specialist clinics are:

Cardiac clinic: This clinic is a combined obstetric/cardiac clinic led by Dr Jennifer Donnelly, consultant obstetrician, Dr Kevin Walsh, a heart specialist (cardiologist) from the Mater, anaesthetists who work in the Mater and the Rotunda who have a specific interest in this problem, and Dr Fionnuala Ní Áinle, consultant haematologist. Women with a known heart condition prior to pregnancy are referred to this clinic early in the pregnancy.

The cardiac support midwife will arrange appointments for you to attend this service and will link up with the cardiac department in the Mater hospital for any tests you need during the pregnancy.

Diabetic service: This is a combined obstetric/diabetic clinic led by Dr Fionnuala Breathnach, consultant obstetrician and Dr Maria Byrne, consultant endocrinologist from the Mater hospital. Women with known diabetes are asked to attend this clinic from early in their pregnancy. You may need to start taking insulin or, if you are already taking insulin, the levels may need to be adjusted regularly during your pregnancy. Good control of blood sugar levels is essential during pregnancy.

You will have close links with the specialist midwives, Jackie Edwards and Aileen Fleming throughout your pregnancy as you will need to speak with them every week. You will also have close contact with the dietitian who will help you to manage your blood sugar levels. If you have diabetes or had pregnancy related (gestational) diabetes in the past, please contact the support midwife immediately you know you are pregnant to arrange an appointment. She may be contacted by phoning **087 – 683 2477** during normal working hours.

DOVE clinic: This service looks after the specific needs of pregnant women who have or are at risk of blood and sexually transmitted bacterial/viral infections.

For example you would attend the DOVE clinic if:

- you or your partner are HIV positive
- you or your partner are Hepatitis C positive
- you or your partner are Hepatitis B positive
- you or your partner have a history of drug addiction or drug abuse
- you are on a prescribed methadone programme
- you are positive for syphilis infection
- you require management/treatment of vaginal warts, chlamydia, gonorrhoea or herpes

While attending the DOVE clinic, you will receive care from a multidisciplinary team who will provide individualised care throughout your pregnancy and birth of your baby. At your clinic visits you will meet Dr Maeve Eogan, consultant obstetrician, the DOVE liaison midwife Mairéad Lawless, and/or the addiction liaison midwife as well as the DOVE clinic social worker. You may also be seen by the consultant in infectious diseases, Dr Jack Lambert. After giving birth, your baby will be reviewed by the paediatrician from the DOVE team, Dr Wendy Ferguson.

It is important that you feel comfortable and can discuss issues openly with the team at the clinic and we hope that attending the clinic is a positive experience for you and your baby. You may contact the DOVE liaison midwife directly by phoning **087 – 415 1478** during office hours.

Endocrine clinic: This service oversees the management of endocrine conditions during pregnancy and is led by Dr Maria Byrne, consultant endocrinologist from the Mater hospital.

Epilepsy: Women with epilepsy should book their first visit as early as possible so that they can be referred to Dr Mary Holohan, consultant obstetrician who will care for them during their pregnancy. Epileptic seizures can increase during pregnancy or seizures can reoccur. Your medication may need to be adjusted. A plan to reduce the possibility of seizures during pregnancy and labour will be prepared for you.

Medical clinic: A specialist medical team led by Dr Colm Magee, consultant nephrologist from Beaumont hospital provides this service for women with high blood pressure, kidney conditions and urinary tract infections. If you are already attending Beaumont hospital for any of these conditions, you will be transferred to the combined obstetric/medical service early in your pregnancy.

Multiple pregnancy: Women with a multiple pregnancy (twins or more) will be referred to this clinic after their booking visit. Dr Ronan Gleeson, consultant obstetrician leads this service. As part of your care you will have regular ultrasound scans to check on the growth, position and wellbeing of your babies.

Recurrent miscarriage: Women who have had three or more miscarriages in a row are referred to this clinic as soon as a pregnancy is confirmed. The clinic is run by Dr Karen Flood, consultant obstetrician and midwife Patricia Fletcher. They will provide emotional and physical support during the early stages of the pregnancy, before transferring your care to the regular obstetric service.

Substance abuse: This service is available to women who are dependent on recreational drugs. The service is led by Dr Maeve Eogan, constant obstetrician, a midwife and medical social worker. The addiction liaison midwife will support you on a methadone programme, if it's needed, during your pregnancy.

Teenage clinic: This clinic provides care for teenagers up to 17 years of age and to vulnerable young women. The service is led by Dr Geraldine Connolly, consultant obstetrician, Debbie Browne, teenage support midwife and a medical social worker. Age specific antenatal classes are provided by the teenage support midwife, which focus on preparing for labour and on caring for a newborn baby. A postnatal follow-up visit is also provided, with an emphasis on contraception. Teenagers may contact the support midwife directly by phoning **087 – 913 8430** during office hours.

Thrombosis service: This service is for women who have been diagnosed with a blood clot in this pregnancy or at any time in the past. It also provides care for women with a bleeding disorder (or a family history of bleeding disorders). The service is led by Dr Fionnuala Ní Áinle, consultant haematologist. You may be referred to this service following the review of your medical and family history at the booking visit.

All these clinics take place within the main outpatients department. Appointments are arranged through the clerical staff in the outpatients department or by phoning them at **01 873 0596** or **01 873 0632**. Support and advice is available through the assessment and emergency unit outside of clinic working hours.

5

People with support needs

To ensure that women with support needs, such as reduced hearing, eyesight, movement or speaking skills, have an equal opportunity to benefit from maternity care, a variety of facilities are available, such as:

- designated disabled parking spaces beside the main reception area of the hospital;
- wheelchair accessible toilets in the front reception area;
- guide dogs may accompany a person with visual impairment and assistance with directions can be provided;
- sign language can be arranged by advance request;
- translator service is available for non English speaking women;
- one–to-one parent education classes may be provided;
- medical social worker is available Monday – Friday.

If you have a support need and you need any help, please ask a member of staff who will be pleased to help. With your permission we can take note of your needs in your healthcare record so that staff are aware of the support you need during your time in the hospital.

The Access Officer in the hospital will work with staff to ensure you can easily access the services you require.

Specialist units and services

Early pregnancy unit

- The early pregnancy unit (EPU) is a dedicated specialist department in the hospital that deals with problems in early pregnancy.
- The most common concerns are vaginal bleeding or pain.
- Light vaginal bleeding and abdominal cramps are common in early pregnancy. However, they may also be the first signs of a potential problem with the pregnancy, such as a miscarriage.

Miscarriage or fetal loss is the most common complication of pregnancy and affects on average 20 percent of all pregnancies.

- The staff in the early pregnancy unit will assess you and your pregnancy.
- This will involve a medical history, an examination and an ultrasound scan.
- Assessment often involves an internal (vaginal) examination and a vaginal scan.
- This helps us to get the most accurate information possible about what is happening to you and your baby.

Please come to the clinic with a full bladder to make the ultrasound easier. In some cases the examination or scan findings may be unclear and additional blood tests may also be taken. These test results are usually available within 24 hours and we will contact you with the results and discuss your care with you.

If the bleeding is heavy or your have worsening abdominal pain or pain in your shoulder tip you should attend your GP or the hospital for urgent review. If a miscarriage occurs or you are diagnosed with an ectopic pregnancy (pregnancy outside the womb), the doctor and midwife will explain all the options of care available to you. They will give you information on support and counselling which can help you through this difficult time. If you need to be admitted to hospital, the staff will arrange this as soon as possible.

The early pregnancy unit aims to offer women an appointment at 8 weeks if they have had two previous miscarriages or at 6 weeks if they have had a previous ectopic pregnancy or molar pregnancy. Alternatively an early booking visit for 10 weeks of pregnancy may be arranged.

Clinics are held by appointment on Monday – Friday from 8.00 am until 1.00 pm. You can be referred to the unit by your GP or from the assessment and emergency unit in the hospital. Or, you can simply refer yourself by phoning **01 817 6846.** (You must be over six weeks pregnant before you can be seen in the unit.) If the staff can't take your call, please leave a message giving your name and phone number and they will return your call as soon as possible.

In the case of emergency you can get medical help from:

- Your GP or midwife
- Rotunda's early pregnancy unit - **01 817 6846**
- Rotunda's assessment and emergency unit - **01 817 1700** or your obstetrician
- A&E department at your local hospital

Support and Counselling:

- Bereavement Social Worker **01 817 1700**, bleep 699
- Bereavement Support Midwife **01 817 1700**, bleep 777
- Chaplain **01 817 1700**, bleep 334

Support agencies include:

- The Miscarriage Association of Ireland at **www.miscarriage.ie** or phone **01 873 5701**.
- Ectopic Pregnancy Ireland at **www.ectopicireland.i**e or phone **089 436 5742.**

Fetal medicine

Fetal medicine focuses on the management of high risk pregnancies and includes the assessment of fetal (unborn baby) growth and the diagnosis of fetal abnormality. Fetal medicine can be broadly divided into two branches: **prenatal diagnosis** and **fetal treatment**. Prenatal diagnosis is the ability to detect abnormal conditions of the fetus. The most common test used for prenatal diagnosis is ultrasound. Some abnormalities may be identified from additional blood screening or invasive diagnostic tests. Fetal treatment includes a series of interventions performed on the fetus with the aim of achieving fetal wellbeing. These interventions include medical (non-invasive) and surgical procedures.

Contact details:

Phone: **01 – 817 6572**
Email: **www.fetalmed@rotunda.ie**

Prenatal diagnosis clinic

The prenatal diagnosis clinic (PNDC) provides pregnancy screening, diagnostic testing, intrauterine therapies, and patient support and counselling. We provide a standard of excellence in the field of prenatal diagnosis and fetal medicine for patients from our own catchment area as well as for women referred to the clinic from other centres around the country. Our ultrasound scans are performed to the highest international standards and women are supported by informative and sensitive counselling services. Women and their partners receive personalised care by a team of specialist doctors and midwives.

Services provided include:

Screening for fetal chromosomal defects: First trimester screening (FTS) is the most accurate way of estimating the chances of your baby having a chromosomal problem such as Down syndrome and is carried out between 11 - 13 weeks gestation. This test measures the level of three proteins normally found in the blood during pregnancy. Along with a special ultrasound scan, this helps us to calculate the risk of your baby having a chromosomal abnormality.

Non-invasive prenatal testing (**NIPT**) is a new screening test that helps us to identify if your baby is likely to have a chromosomal condition, for example, Down Syndrome (Trisomy 21), Edward Syndrome (Trisomy 18) or Patau Syndrome (Trisomy 13). NIPT can also screen for some abnormalities linked to the sex chromosomes, for example, Turner Syndrome, which occurs when there is a missing X chromosome in a girl. The blood test can be performed from 10 weeks of pregnancy onwards. There is no risk of miscarriage associated with this screening test. The test can be helpful in deciding if an invasive screening test is required to outrule one of the syndromes mentioned above.

These tests are not carried out routinely on all pregnant women. It is an 'opt-in' service. Costs apply for these screening tests. Please contact the department for further information. For information on these screening tests, please see our website: **www.rotunda.ie** (maternity care – ultrasound and fetal medicine under antenatal care section).

Diagnosis of chromosomal and genetic conditions

Chorionic villus sampling (CVS) is a test where a small sample of tissue is taken from your baby's placenta, which is tested for chromosomal or genetic abnormalities. The test is performed between 10 weeks + 5 days and 14 weeks gestation. Amniocentesis involves taking a small amount of amniotic fluid from the pregnancy sac around the baby in the womb, which is tested for chromosomal or genetic abnormalities. This test is performed after 16 weeks of pregnancy.

Fetal cardiology: If you have a family history of certain heart conditions or if your baby is suspected of having a heart problem on ultrasound scan you will need to attend the clinic for a fetal cardiac echo (scan) with a fetal medicine consultant. You may then be referred to a special cardiac clinic where you will also meet a paediatric cardiologist. If there is an abnormality they will support and counsel you and will discuss the plan of care which is best for you and your baby.

Monitoring fetal growth and wellbeing: Sometimes babies do not grow at the appropriate rate for their gestation. If this happens we will need to investigate the cause and monitor your baby more frequently with ultrasound scans during the remainder of your pregnancy.

Complicated multiple pregnancies: If you have a twin or triplet pregnancy you will attend a special clinic to monitor your babies' growth and wellbeing.

Sometimes babies share amniotic fluid sacs and placentas, which makes the pregnancy more complicated. However there are some treatments available if complications develop, including fetoscopic laser ablation.

Intrauterine therapies: Some babies require treatment while they are still in the womb. These may include intrauterine transfusion, fetoscopic laser ablation, vesicocentesis and cordocentesis. We will provide you with information on any treatments you may require.

PLEASE NOTE

We will need to know your blood group if you are having any invasive procedure. Therefore, if you are not attending the Rotunda for antenatal care please bring details of your blood group with you. If you are on any medications, please contact us a couple of days before your appointment as you may need to stop or reduce your medication before the procedure.

How we will support you if there is an abnormality or problem identified with your baby

While most women give birth to healthy babies, about 3% will have a major birth defect. Most of these result from either a genetic or chromosomal disorder. When this happens we will provide parents with expert personal counselling and support and detailed information so that they can be involved in making decisions about their care. We will support you no matter what decisions you make about your pregnancy.

All the doctors and midwife specialists who work in the fetal medicine centre have had special training in diagnosing abnormalities and in supporting couples who are attending the clinic. They work very closely with the paediatric team, specialist consultants in the paediatric hospitals and with the bereavement support team, where appropriate. Weekly multidisciplinary team meetings are held to discuss patients and assist with planning the management and care for the pregnancy and birth. We will provide you with the contact details and information on the relevant support groups and organisations.

If we know that a baby may be stillborn or may not live for long after birth, parents may also wish to contact a bereavement support organisation when the diagnosis has been made. They provide helpful and important information to help and support parents at the time they are told the sad news that their baby has died or is expected to die shortly after birth.

Day assessment unit

During your pregnancy you may be asked to attend the day assessment unit (DAU) for additional monitoring and assessment to ensure that all is well with you and your baby. Some women may attend the unit just once, while others may attend regularly during their pregnancy. Attendance at the unit helps to reduce the likelihood of admission to hospital, but sometimes this may still be necessary.

A visit to the unit may take up to 4 hours. (Reduced rates for parking are available in the Parnell Centre Car Park, once your ticket is validated by security staff in the hospital and the ticket is presented to the car park office for payment.)

The assessment may include:

- discussion about your condition or any signs or symptoms you may have
- checking your blood pressure, temperature, pulse and respirations
- urine test
- blood tests
- CTG (tracing of the baby's heart rate) or an ultrasound scan
- an antenatal check up
- review by a senior doctor and a discussion about your ongoing care and management

Due to the number of women attending the unit and because of space restrictions, we ask women to please attend the day assessment unit on their own. Children are not allowed in the unit, except for newborn babies. Tea, coffee and some light refreshments are available. For further information, or if you are unable to attend, please contact the unit by phoning **01 817 2524**.

6

Chapter 6

Pregnancy information and support

Parent education classes

Parent education classes help to build self-confidence by encouraging expectant parents to increase their own knowledge and to learn about the many aspects of pregnancy. Midwife specialists and physiotherapists provide the course of six classes. A dietitian and social worker give extra help and advice at the first class, which is for mums-to-be only. Partners are encouraged to attend the remaining five classes.

The classes take the form of relaxed, interactive discussions and demonstrations. They help parents to become more involved in the pregnancy and help to calm fears by explaining the physical and emotional changes that take place during pregnancy. Expectant parents get a chance to share experiences with others and gain the skills and confidence to make birth and parenthood a positive experience.

We encourage all pregnant women to attend parent education classes. You will be offered an appointment to attend an introductory class (mums-to-be only) at your booking visit. These classes fill up very quickly so you are advised to book as early as you can.

The remaining five classes are booked after you attend the first class and will start around ten weeks before your baby is due. In the hospital, classes are held during the day, once a week and last for two hours. If your partner is unable to attend, a friend or relative is welcome to come with you.

Topics covered in the parent education classes:

- healthy eating during pregnancy
- exercise in pregnancy
- posture and prevention of back pain
- care and health in pregnancy
- tour of the delivery suite (depending on how busy it is at the time)
- signs of labour and admission to hospital
- coping skills for labour
- relaxation techniques
- care during the stages of labour, including pain relief
- baby feeding and weaning
- care of the newborn

- exercises for after the birth of the baby
- adjusting to parenthood – emotional and psychological aspects
- going home with a new baby
- family planning
- returning to work and
- looking after yourself

Refresher classes are available and are aimed at women who already have a child. If you find you are unable to come to the classes in the hospital, there are classes in your local community. Special classes are held for couples with support needs (including teenage pregnancy, hearing impairment, language difficulties, sight impairment and adoptive parents).

To make an appointment for parent education classes, please contact:

Public classes 2 to 6 – **01 817 1787**

Private classes – **087 661 9233**

6

Information on breastfeeding

The Rotunda hospital promotes breastfeeding as the healthy way a woman can feed her baby. Research shows that breastfeeding can really help to start your baby off on the road to good health. The World Health Organisation (WHO) states that breastfeeding is the best form of nutrition for infants and recommends exclusive breastfeeding for the first six months of life and thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.

There is, however, more to breastfeeding than simply providing food. The very intimate relationship that develops between a breastfeeding mother and her baby can also help the behavioural and emotional development of the baby. During the antenatal period, the doctors and midwives will discuss breastfeeding with you and answer any questions you may have.

Importance of breastfeeding for mothers

Research shows that breastfeeding has significant health benefits for mothers. These include:

- assisting the uterus (womb) return to its pre-pregnant state faster
- helping women to lose weight after the baby's birth
- reducing the risk of ovarian and pre-menopausal breast cancer
- reducing the risk of osteoporosis
- reducing the risk of mothers with gestational diabetes developing type 2 diabetes
- postponing the resumption of ovulation and menstruation during exclusive breastfeeding

Importance of breastfeeding for babies

Less illness and hospitalisations - babies who are breastfed have a lower risk of developing some illnesses including:

- stomach upsets and infections
- allergies
- asthma
- diabetes
- obesity
- respiratory and ear infections
- meningitis
- urinary tract infections

Perfect food – breast milk has all the important ingredients to build the baby's immune system. Breast milk changes from feed to feed to suit each baby's unique needs, making it the perfect food to promote healthy growth and development.

Breast milk is easily digested and allergies to breast milk are rare.

Environmentally, breast milk has no waste products and leaves no carbon footprint.

Breast milk is FREE, convenient, clean and safe – always available at the right temperature anytime.

We hold antenatal breastfeeding workshops on Tuesday evenings at 5.00 pm - 6.30 pm and Thursday evenings from 6.00 pm to 7.30 pm. All women are encouraged to attend this workshop once during pregnancy from 28 weeks onwards. This session is in addition to the parent education classes, which all women are encouraged to attend. Early booking is advisable as these sessions are very popular. Please phone **01 873 0596** or **873 0632** to book your place.

Medical Social Work

The medical social work (MSW) team provides a confidential support and counselling service to all women and families attending the hospital for maternity, gynaecology and paediatric care. They can help you to access practical supports and they have up-to-date information on parent support groups, community services and welfare entitlements and benefits.

The MSW team provides counselling support and advice on issues or problems in pregnancy which can affect your wellbeing including:

- crisis/unplanned pregnancy;
- coping with change/stress;
- relationship issues;
- bereavement - early pregnancy loss, miscarriage, stillbirth or neonatal death;
- counselling for women attending the fetal assessment or early pregnancy unit and teenage clinic;
- support for parents when their babies are admitted to the neonatal unit.

The service is confidential and free of charge to all women. Medical or midwifery staff and other healthcare staff can refer you to the medical social worker. You can also call into the department on the day you are having an antenatal visit or phone **01 817 1722** for an appointment.

Becoming a father

The nine months of pregnancy can be a time of mixed emotions for men. It can be wonderful and exciting, but it can also be difficult and vague, especially for first time dads. Men may not be sure what they should be doing to help their partner. You could be worried about money as there are costs associated with pregnancy and having a baby.

Remember that the birth of your baby will bring many rewards.

Men's thoughts during pregnancy often include:

- Will I be a good father?
- What if something goes wrong?
- What is expected of me at the birth?
- Will my partner give all her attention to the baby?
- Will our relationship stay the same when the baby is born?
- Will I still be able to go out with my mates to watch or play football?

During a pregnancy it is common for the father to feel left out. Your partner's attention will be on what is happening to her body and her needs such as visits to the midwife or doctor. You may not have realised how much you depend on

your partner to make you feel cared for and now that her attention is focused on her growing baby, you may feel quite lonely. It is important to share your feelings with your partner and for some men this can be difficult.

One of the most important ways to support your partner is to stay involved and to find ways of being connected with the pregnancy. Going to antenatal appointments and parent education classes with your partner will give you helpful knowledge of the many changes happening to your partner and your growing baby. The more you know and understand, the more you will be able to comment on, ask questions and take part during pregnancy.

In early pregnancy your partner may be emotional and irritable about the smallest thing. This is because of a rapid change in her hormone levels. Certain smells and tastes may make her feel sick and she may feel very tired. During the second part of pregnancy your partner will get back her energy levels. During the last months she can become tired and irritable again.

Men too can get symptoms of pregnancy - the most common being sleeplessness, indigestion and feeling sick. These symptoms are probably caused by stress. During the pregnancy you should not smoke in front of your partner as research shows that passive smoking will harm your partner and baby. You should also encourage your partner not to smoke or drink alcohol and to eat well.

Being at the birth of your baby

It is generally assumed that all fathers will be present for the birth of their baby but for many men this is a very hard task and they feel under pressure to be there. You should have calm, relaxed discussions with your partner, which will help to stop any confusion building up, and make the pregnancy and birth a shared experience for you both.

You can keep your partner company during the early stages of labour by holding her hand, giving her sips of water and helping her to find comfortable positions. You can provide massage and touch, give her encouragement and help her to relax and concentrate on her breathing. You can also speak on her behalf so it is important that you know and understand her wishes for labour and birth.

Watching your baby coming into the world is an incredible experience. After the birth the midwife will put the baby on your partner's tummy so that she can have direct skin to skin contact with your baby for at least 60 minutes after birth. Afterwards you will be encouraged to hold your baby and you may also have skin to skin contact. Some men are afraid they will hurt this tiny little creature but don't worry; your baby is not as fragile as you think. Hold your baby close and don't be afraid to feel its softness against your skin.

Many men feel exhausted after the birth and may feel very emotional. It is important that you can go home and rest once your partner is settled into the postnatal ward with your baby. Don't feel like you have to contact everyone yourself to give them the good news. Organise yourself so that you tell the closest family first such as grandparents and they can then contact other people. You too need to build your energy levels to be prepared for taking home your partner and baby.

Going home after the birth

Take some time off work when mother and baby come home from hospital. Plan the time so that you can give your partner time to rest and you can get involved with caring for your baby. At home, you can help your partner by cleaning and preparing meals. Remember that your home does not need to be spotless but it helps to be organised. You can quickly learn to change nappies and to bathe your baby, which will be a huge support for your partner. Get family members involved at an early stage which will give you and your partner time together to enjoy these special moments as you develop your parenting skills and get to know your baby. Don't be afraid to say no if too many visitors arrive, as they will quickly exhaust your partner.

Some mothers get the 'baby blues' or become depressed after the birth so you need to be aware of her moods. Try to be as supportive as possible during this time as your partner is probably facing the biggest challenge in her life so far. You too need support so make sure you talk to your partner and friends. Your baby will need night feeds for some time which will mean you will have broken sleep - just remember it will get easier over time.

Try to keep a sense of humour, remember you are a couple so try to make time for you two alone. As much as your baby needs you, your adult relationship is still important, so make time for adult conversation. Your physical relationship matters too. Sex is often the last thing on a new mother's mind; you need to be considerate as it may take a number of weeks or months before your partner feels comfortable having sex. Your relationship with your partner is key to the family. When a couple are happy together, your child will be happy too. Get off to the right start by making sure you stay connected to each other, give time to each other and make hugging each other a priority.

7

Chapter 7

Problems and concerns in pregnancy

Sometimes, the changes in your body during pregnancy can create discomfort or irritation. Indeed, at times, you may feel extremely uncomfortable and concerned for yourself and your baby. Always trust your own judgement and don't be afraid to contact your midwife or doctor between appointments. This section provides some information on the most common minor and serious problems and concerns during pregnancy.

Minor problems in pregnancy

Backache

This is due to the ligaments softening and stretching during pregnancy, which can put a strain on the joints of the lower back and pelvis. As pregnancy progresses, you gain weight and your posture changes to cater for your growing baby. This puts strain on your back which may result in backache. Gentle stretching, massage or heat packs may help to relieve pain. Special yoga classes for pregnant women and acupuncture can help. If you are in severe pain, always contact your midwife or doctor, as you may need to see a physiotherapist for specialist treatment.

To prevent backache:

- avoid lifting heavy loads.
- always bend your knees and keep your back straight when lifting objects.
- wear flat or low-heeled shoes as these allow your weight to be more evenly distributed.

Breathlessness

During pregnancy, you may find any physical exertion difficult and it may cause breathlessness. This is due to the growing baby pushing up your diaphragm, which makes it harder for you to take deep breaths. When this happens, stop what you are doing and breathe slowly in order to get the correct amount of oxygen. There is no risk to your baby.

Constipation

High levels of the hormone progesterone occur in pregnancy and can slow down the intestinal process which can result in constipation. To prevent or relieve constipation you should drink lots of water, eat fresh fruit and vegetables every day and include high fibre foods in your diet. Avoid sugary and fatty foods and try to exercise regularly.

Dizziness

Suddenly feeling faint or dizzy can occur at any stage of pregnancy but it is more common in the early weeks and towards the end of pregnancy. This can happen when your blood sugar level falls, especially if you have morning sickness. Eat small meals at regular intervals and drink plenty of fluids during this stage of your pregnancy. Your blood pressure can fall if you are lying on your back for some time, or you suddenly get up from bed or a chair. To relieve dizziness, sit down with your head between your knees, or lie down on your side. Try to avoid hot areas, don't stand for long periods of time and don't stand up or change position quickly.

Haemorrhoids (Piles)

These are swollen veins around your anus (back passage) which can itch, feel painful or bleed. You may feel a 'lump' around your back passage. Piles can make passing a bowel motion difficult and painful. To relieve the swelling and reduce the pain, use a haemorrhoid cream from the pharmacy or apply a cold compress. Avoid constipation and standing for long periods of time.

Headaches

These are common in pregnancy especially in the first few weeks. This is due to hormone changes and an increase in your blood supply. Drink plenty of water, rest as much as possible and take some gentle exercise to help alleviate the pain. If headaches are persistent, always inform your midwife or doctor, as it could be a sign of a more serious problem. (See the section on serious problems in pregnancy, later in this chapter.)

Heartburn

This is caused by the hormonal changes occurring in your body and by your growing womb pressing on your stomach. The valve at the top of the stomach relaxes during pregnancy allowing acid to rise. Try eating small amounts of food regularly and avoid fatty and spicy foods. There are a number of over-the-counter medications (simple antacids) available from your local pharmacy which can help to ease the symptoms of heartburn.

Always read the instructions carefully and make sure you do not take more than the recommended dose. Your pharmacist will be able to offer advice on the product you buy.

Leg cramps

This is a sudden sharp pain usually in the calf of the leg or the feet, which is more common at night time. To relieve cramp, flex (bend) your knee and/or ankle and pull your toes up towards your ankle. Massaging the affected area can also help relieve the pain. If pain in the calf of your leg persists or your leg becomes swollen, contact your midwife or doctor.

Nausea or morning sickness

This is very common in the early stages of pregnancy. Some women may feel sick or vomit early in the morning. For others, it may last all day or occur only in the evening time. It is caused by the change in hormone levels in early pregnancy and the symptoms usually go away by 12 - 14 weeks. Try eating a plain biscuit or dry toast and eat small amounts frequently. Drink plenty of fluids to avoid becoming dehydrated. For most women, morning sickness will pass. Some women though are unable to keep any food or fluids in their stomach and become ill, requiring admission to hospital for treatment.

Nosebleeds

Some women suffer from nosebleeds during pregnancy which are due to the effects of the increased hormone levels. The bleeding usually stops by pressing the sides of the nose together with your thumb and forefinger. If the bleeding persists or is difficult to stop, please consult your midwife or doctor.

Skin itching

This is due to the increased blood supply to the skin and the stretching of the skin on the tummy. To relieve the itch, apply some calamine lotion from the pharmacy. If you have severe or persistent itching, contact your midwife or doctor as it could be a sign of a more serious problem. (See the section on serious problems in pregnancy, later in this chapter.)

Stretch marks

These occur around your tummy, breasts and the top of your legs. As the skin stretches during pregnancy, some of the fibres in the skin will tear resulting in red spidery 'stretch marks'. This can occur at any stage of the pregnancy and depends on your skin type. Some women will benefit from applying oils or creams to the area but for others, stretch marks will just happen as part of pregnancy. The marks will gradually become less noticeable after the pregnancy.

Swollen ankles and hands

This usually occurs towards the end of pregnancy as the body holds more fluid and the circulation is restricted due to the pressure of your growing baby. It is more common in hot weather and in the evening time, especially if you have been standing a lot. To prevent this occurring, avoid long periods of standing, sit down when possible and avoid wearing high-heeled shoes. Foot exercises can also help to ease the discomfort. Swollen ankles and hands can also be a sign of pre-eclampsia. (See the section on serious problems in pregnancy, later in this chapter.)

Teeth and gum problems

Bleeding gums can be a problem for some women caused by the build up of plaque on their teeth. Due to the hormonal changes in pregnancy, the plaque makes the gums inflamed and they become swollen and bleed. Using a mouthwash will reduce the build up of plaque and you might want to use a softer toothbrush. Avoid sugary drinks and food. Visit your dentist for further advice.

Thrush

Thrush is a yeast infection in the vagina caused by a fungus called candida. It results in a thick vaginal discharge and itchiness of the surrounding area. It is common in pregnancy as high oestrogen levels lower the acidity of the vagina. To relieve the symptoms, use an antifungal cream available from the pharmacy and wear cotton underwear. Eating natural yoghurt helps to prevent thrush. It may also help to relieve itching, if it is applied to the affected area.

Urinary incontinence

This occurs when small amounts of urine leak when you sneeze, laugh or cough. The softening of the ligaments and your growing baby putting pressure on your bladder causes it. If this becomes a problem for you, contact your midwife or doctor who will refer you to the physiotherapist for pelvic floor exercises to help tone up the muscles. At parent education classes, exercises to prevent this happening are discussed.

Varicose veins

These occur during pregnancy as rising hormone levels relax the walls of the blood vessels and the veins become swollen and painful. They are more common in the legs but can occur in the vulva (around the vaginal opening). The weight of the growing baby also puts pressure on the veins. Try not to stand for long periods of time and do not cross your legs. Compression stockings will help relieve the discomfort of varicose veins.

Serious problems in pregnancy

Abdominal pain

Abdominal or tummy pain can be associated with the growing womb; however, severe or lasting pain in early pregnancy can be a sign of an ectopic pregnancy (pregnancy outside the womb), which requires urgent medical attention. Later in pregnancy, abdominal pain may be a sign of labour. It can also be a sign of a urinary tract (kidney) infection or high blood pressure. If you have abdominal pain, which is severe or lasts for a few hours always contact your midwife or doctor.

Bleeding

Vaginal bleeding can occur at any stage of the pregnancy and it is not normal. As many as one in four women will have some degree of vaginal bleeding during the first three months, ranging from brown straining to bright red spotting or passing blood clots. In the majority of cases, the bleeding will settle down and the pregnancy will continue to full term with a healthy outcome. But, if you experience any vaginal bleeding and/or abdominal pain, you should contact your midwife or doctor.

In early pregnancy, bleeding can be a sign of a threatened miscarriage or an ectopic pregnancy. You should attend the assessment and emergency unit or the early pregnancy unit. An ultrasound scan will be performed to find the cause of the bleeding.

In later pregnancy, bleeding can be a sign that the placenta (afterbirth) is attached to the lower part of your womb or part of the placenta has become detached from the wall of your womb. There may also be light bleeding due to changes in the cervix. If at any time during your pregnancy you have vaginal bleeding, you should contact your midwife or doctor.

Blood clot

Pain and swelling in the calf of a leg can be a sign of deep venous thrombosis (blood clot), which is a very serious condition and requires urgent medical attention. Women who intend going on a long flight during pregnancy should wear compression socks/tights, as they are more prone to a blood clot. It is also important to drink plenty of fluids and to exercise the legs while travelling. A blood clot may also cause chest pain and breathlessness, therefore it is important to seek medical attention if you develop any of these symptoms.

Pre-eclampsia

High blood pressure can occur at any stage during pregnancy. If protein in the urine is also present, it is known as pre-eclampsia. It is most likely to occur in the last three months of pregnancy. You are checked for symptoms of high blood pressure at each antenatal visit. Many women with a mild form of pre-eclampsia may feel quite well. Sometimes a woman may complain of headache, blurred vision and/or abdominal pain. If pre-eclampsia is diagnosed, you may be monitored in the day assessment unit as an outpatient or admitted to hospital. The early birth of your baby may be necessary.

Pregnancy loss

While most pregnancies end successfully with the birth of a healthy baby, unfortunately sometimes things go wrong and you may lose your baby. There are specially trained staff in the hospital to help and support you and your family through this difficult time. These include the bereavement midwife, specialist midwives, medical social worker and chaplain. If you wish to speak with any member of the support team, please phone the hospital **01 817 1700**.

Reduced fetal movements

You should feel your baby moving at least 10 times in a 12-hour period, every day during the last three months of your pregnancy. If you notice the movements becoming less frequent or you are not aware of any movements for a number of hours, you should contact the hospital immediately. You will be asked to attend the assessment and emergency unit where the midwife will monitor your baby's heartbeat – this is called a cardiotocograph (CTG). You may be asked to keep a record of your baby's movements after your hospital visit.

Severe itching

Itchy skin can be common during pregnancy. However, for some women it can be a sign of pregnancy cholestasis, which can be a serious condition that affects the liver. If you develop a troublesome body rash, always contact your midwife or doctor for advice.

Trauma to the abdomen

If you fall or receive any injury to your tummy, you should come to the hospital to check that everything is ok with you and your baby. To reduce the risk of injury to your baby if you are involved in a road traffic accident, make sure you wear your seat belt correctly. (See staying healthy during pregnancy.) Depending on your blood group, you may require an injection called Anti-D to protect against antibodies developing in your blood.

Assessment and emergency unit

The assessment and emergency unit provides a 24-hour service for the examination and assessment of women who come in with signs of labour, complications of pregnancy, complications in the postnatal period or acute gynaecological emergencies. It is located on the ground floor, opposite the main reception area.

You may contact the assessment and emergency unit for advice at any time by phoning **01 817 1700**. Remember to bring your healthcare record with you to each hospital attendance.

On arrival

The staff at the main reception desk will check some information with you and inform a midwife in the unit that you have arrived. The midwife will aim to see you within 10 minutes of your arrival. She will talk to you about your symptoms or concerns. She will review your healthcare record and will carry out an examination and assessment to find out how urgently you need to be reviewed. This is called a 'triage' consultation. The urgency of your review will be categorised as emergency (red), urgent (orange) or non urgent (green). The midwife will decide if you need to be seen by a doctor and will tell you how long you are likely to be waiting.

You will be seen as quickly as possible and in order of medical need. If you feel your symptoms are changing while you are waiting please tell the midwife.

General prenatal ward

You may need to be admitted to the general prenatal ward following review in outpatients or in the assessment and emergency unit if a problem is detected that requires close observation and monitoring of you and your baby. Your doctor and the midwives will discuss any treatment and test results with you. The ward also includes a six-bedded area to care for women who require admission to hospital in the early stages of labour.

Table of Contents

PART 2

123 Preparing for labour
124 Birth plans
125 Packing your bag
127 Signs of labour
129 When to contact the hospital

8

131 Labour and birth
132 Delivery suite environment
134 Spontaneous labour
135 Induction of labour
136 Acceleration of labour
137 First stage of labour
138 Monitoring your baby's wellbeing
139 Pain management in labour
142 Second stage of labour
145 Third stage of labour
146 Immediate care of your baby after birth
148 Immediate care of you after birth

9

149 Postnatal care
150 You and your baby in the postnatal ward
151 Pain relief after birth
153 Caring for you
158 Care following caesarean section
160 Postnatal exercises
167 Caring for your baby
173 Birth notification and registration
173 Going home with your baby
175 Looking after yourself at home
177 Methods of contraception
179 Postnatal depression
183 Early days at home with your baby
185 Preventing cot death
185 Immunising your baby
186 Frequently asked questions about newborn babies
189 Care of your baby following discharge from hospital

10

191 Feeding your baby
192 The feeding question
193 Breastfeeding in the early days
195 Your baby's position
200 Continuing to breastfeed
203 Breastfeeding support groups
204 Cleaning and sterilising equipment
205 Vitamin D supplements for all babies

11

207 Babies who need special care
208 Neonatal Unit
209 Visiting policy
210 Paediatric Outpatients Department

12

211 Additional information

13

8

Chapter 8

Preparing for labour

Labour and the birth of your baby is one of the most exciting journeys that you will ever go through. After all the weeks of anticipation and planning, your big day is finally here. At the end of this journey you will get to hold your baby that has been kicking away inside you for months and months.

Labour is different for every woman, every time. It is difficult to anticipate exactly what your journey will be like, but in this section we will cover:

- birth plans;
- packing your bag for labour;
- the signs of labour;
- how to cope at home in the early stages of labour; and
- when to contact the hospital.

This section serves as a guide only. Your midwife or doctor will give you more individual advice towards the end of your pregnancy.

Birth plans

A birth plan is a way for you to highlight particular requests that you may have for your labour and birth. You do not have to have a birth plan – our aim is for you to have as natural a birth as possible. However, once you have completed your parent education classes, you may wish to make a birth plan.

It is very important that you discuss your birth plan with your midwife or doctor well in advance of your labour. This discussion will give everyone a chance to go through your requests and agree them with you. If there are any areas where the hospital may be unable to meet a particular request, then you will be given an explanation for this. Once the discussion is completed, your midwife or doctor will sign your birth plan and a copy will be put in your healthcare record. It is important to have an open mind about your labour and birth. We aim to work in partnership with you and to keep you informed and involved in your care during labour and birth.

Packing your bag

Once you have reached the final month of pregnancy, we advise you to have a bag packed and ready for the big day. You need to decide what to pack for yourself and your baby. Please remember that there is limited space available on the wards, so pack lightly. Some women have a bag for labour and birth and another bag for their stay in hospital after birth. Remember that if you forget anything, your partner can get it for you at one of the shops nearby.

If you have your own healthcare record at home, please keep it with your bag and do not forget to bring it with you when you are coming into the hospital.

Bag for your labour and birth

- Loose fitting nightdress or an old long t-shirt;
- Disposable underwear;
- Warm socks, slippers and a light dressing gown;
- Hair bobbins and brush;
- Wash bag with toiletries - shower gel, sponge, toothbrush and toothpaste, deodorant and so on;
- Maternity sanitary pads;
- Large, dark-coloured towel;
- Fresh night clothes to wear after the birth, (ideally front opening for breastfeeding) and a nursing bra;
- Babygro, vest, cardigan and baby hat and nappies for baby;
- List of phone numbers of family and friends;
- Camera and batteries;
- Money for parking meters.

Mobile phones must be switched off in the delivery suite as they may interfere with essential monitoring equipment.

Bag for your stay in hospital

For mother	For baby
Fresh pyjamas/nightdress for every day	Babygros or sleep suits
Disposable underwear	Nappies
Maternity sanitary pads	Vests
Bras and breast pads	Cardigan
Panties	Cotton wool
Wash bag with toiletries	Bath towel
Large, dark-coloured bath towel	Baby hats and bibs
Loose-fitting clothes for going home	Outfit for going home

When will labour start?

Most women will go into natural labour between 37 and 42 weeks of pregnancy. There is no way to accurately predict when labour will actually start; what we do know is that first time mothers are more likely to go over 40 weeks. If your pregnancy goes past your expected due date, there is nothing to worry about as long as you are feeling well and your baby is moving and kicking. Be sure to attend all your antenatal appointments especially towards the end of your pregnancy.

Baby movements

Right up to the moments before birth, your baby will be moving around inside you. At the end of pregnancy the type of movements may change and they may feel more like pokes, prods or wriggles. Babies do not stop moving before labour! They may have sleep periods but these will last for no longer than 45 minutes to one hour.

If you are unsure about your baby's movements, there are a few things you can do to wake your baby up:

- gently rub your tummy and talk to your baby;
- drink some cold water or eat something sweet; or
- have a warm bath or shower.

These things will often wake your baby up and normal movements will start again. You will be very aware of your own baby's pattern of movement. If you have any concerns about the amount or type of movements you are getting, please contact your midwife, doctor or the assessment and emergency unit. Your awareness of your own baby's movements is very important, particularly at the end of pregnancy.

Signs of labour

Waters breaking: For some women, the very first sign that anything is happening is that their waters break. Sometimes, it is obvious that the waters have broken by the fact that you soak your underwear or bed. (In fact, it is a good idea to sleep with a towel under you towards the end of your pregnancy to avoid damage to your mattress.)

However, for a lot of women it may be difficult to be sure if the waters have broken. Many women describe feeling 'damp down below' due to the increased amount of vaginal discharge that is normal at the end of pregnancy. If you find that you have to wear a sanitary pad due to the amount of fluid you are losing, you need to consider if your waters could have broken. One way for you to check is to have a shower, dry the vaginal area well and put on a maternity sanitary pad. If that pad quickly becomes damp or wet, it is likely that your waters have broken.

When the waters break, the fluid may be clear or slightly straw coloured. Sometimes there may be a vague tinge of pink in the waters. This is normal and should not alarm you. If your waters have broken, you should come in for a check-up to ensure all is well with you and your baby. If the fluid is green or green/brown in colour or heavily blood stained, you should come into the assessment and emergency unit immediately. Please remember to bring with you any stained sanitary pads you have for the midwife or doctor to see.

Show - as the cervix (neck of the womb) starts to stretch, a plug of mucous may be released. Typically, this plug or 'show' is bloodstained and sticky. This bloodstaining will be old brown blood or light pink. Many women describe a show as being like the very beginning or very end of their period. You should not see bright fresh blood. Not all women will have a show before labour starts and a show is not a sure sign of labour.

Pain - very early in labour, you may experience irregular cramping pains, like period pains. You may also have backache and a heavy sensation in your pelvis. This is all completely normal and is an encouraging sign that your body is getting ready for labour.

Restlessness - not being able to focus on one thing, or being unable to sit still but not really being sure what you want to do. Not all women feel like this.

What to do in the early part of labour

These signs may indicate that you are about to go into labour. However, there is also a chance that everything will stop and you may carry on being pregnant for a while longer. It is important not to get exhausted in the early part of labour so rest is very important. If you are getting period-like pains, have a warm bath and go to bed for a few hours. Even if you cannot sleep, just relaxing and listening to some music may help you later on.

Don't forget to eat - labour is hard work for your body so you will need food to keep going. Eat what you feel like. You may find that you would like pasta, bananas and other carbohydrate rich foods. Even if it is the middle of the night, cook some pasta and sauce if you fancy it. If you don't feel particularly hungry, then try some cereal and milk or toast and honey. And don't forget about fluids. It is so important not to get dehydrated during labour. While at home, keep a bottle of water near you and keep sipping it.

Contractions

The pains will become more regular and last for longer as labour progresses. Between contractions, you will have no pain. So, if you are getting a contraction every seven minutes, lasting 45 seconds, then for over six minutes you will be pain free! The advice for coping with contractions at home is:

Keep active - movement is great for helping with pain and for encouraging labour. Stay upright during the contraction and try swaying and rocking your pelvis as the contraction reaches the peak. Sitting and swaying on an inflated gym ball is also a great way of staying active.

Use of warm water - in the early stages of labour, many women find a warm bath a great way to relax and to cope with the contractions. Standing in a warm shower with the water directed at your lower back is also helpful.

Breathing - there is no magic formula to describe breathing in labour. The advice is to take slow, easy breaths. Some women tend to hold their breath during a contraction while others breathe too fast. It is always better to breathe slowly - in through your nose and out through your mouth.

Music and visualisation - the use of calm, quiet music is great for keeping you relaxed. Imagine holding your new baby and how happy you'll feel as your baby is placed into your arms for the first time. Try to imagine your baby's face and the feel of their skin. Visualisation (imagining) is great for reminding you of the end point of this journey.

Endorphins - your body is designed to cope with labour. As your labour starts, your body produces natural pain relievers called endorphins. These morphine-like substances flood through your system and allow your body to cope with the increasing frequency and strength of contractions as your labour progresses.

TENS machine - the 'transcutaneous electrical nerve stimulator' or TENS machine works by delivering small electrical pulses through the skin via electrodes placed on your back. The TENS machine consists of four pads that are placed on your back and a small hand-held battery-operated device. The electrical pulses are thought to 'block' pain messages reaching the brain and stimulate the body's naturally occurring painkillers – the endorphins mentioned above. Women using TENS often report less pain.

TENS machines work best if used early in labour. TENS machines can be rented prior to labour and can be used at home and left on when coming into hospital. If you are considering hiring a TENS machine, you should contact your local supplier for further information. It is a good idea to become familiar with the instructions for placing the pads on your back and how to work the machine before the big day.

When to contact the hospital

There are midwives on duty in the assessment and emergency unit, 24-hours a day, and they are only a phone call away at **01 817 1700**. The midwife will ask you some questions. If you have your healthcare record at home, the

midwife may ask for some details from the record. The midwife may advise you to stay at home and to ring again when your labour is stronger. Very often the reassurance of speaking to the midwife will give you the confidence to know that all is well and that you can stay at home for another while. If your healthcare record is in the hospital, the midwife will make sure your healthcare record is available when you come in.

You should contact the assessment and emergency unit if you have:

- been advised to come straight to hospital once labour starts by your doctor or midwife;
- contractions every 5 - 7 minutes, with pains lasting more than 45 seconds;
- any vaginal bleeding that is not a 'show';
- concerns about your baby's movements;
- severe, lasting abdominal pain;
- headaches or blurred vision;
- been feeling generally unwell;
- your waters have broken; of if you have
- any other worries or concerns about yourself or your baby.

When you arrive in the Rotunda

Once you arrive in the Rotunda you will be taken to the assessment and emergency unit. The midwife will take a history from you and carry out some observations and assessments on you and your baby.

As part of the assessment, the midwife will:

- take your temperature, pulse and blood pressure and do a urine test;
- palpate (feel) your tummy to check the position of your baby and listen to your baby's heartbeat;
- start a continuous monitoring of your baby's heartbeat for 20 minutes;
- examine you internally (vaginal examination) to check how much your cervix has opened.

The midwife will discuss this assessment with you and your partner and plan the next stage of your care. If you are in established labour you will be transferred to the delivery suite. If you are in early labour and the observations are all normal, you have the option of returning home to await events or we can admit you to the general prenatal ward. If there are any concerns about you or your baby you will be seen by the doctor.

9

Chapter 9

Labour and birth

Here at the Rotunda, we believe that giving birth is a normal life event. The staff work together as a team to provide the care that you need to keep you and your baby well throughout your pregnancy, labour and birth.

Delivery suite environment

The delivery suite rooms are designed to provide an environment that is relaxing, personal and calm. The birthing rooms are very well equipped; they are nicely decorated with homely touches and have low lighting, mats, birthing beds, monitoring and emergency equipment available. There is an annexe suite, which is mostly used for women who are scheduled to have their labour induced. The annexe has separate bathroom and toilet facilities. There is an operating room in the unit, which is used for emergency caesarean sections.

Staff caring for you

The team on the delivery suite consists of midwives who are the main care providers, doctors, care assistants and non-clinical support staff. Student midwives, care assistants and medical students are supervised by the midwives.

Medical teams are always available if there are any concerns about your own or your baby's health and wellbeing. The obstetric medical team carry out ward rounds several times a day in the delivery suite and are kept up to date by the midwife about your progress or any concerns about you or your baby.

If you are attending for private care, the midwife will be in contact with the consultant during your labour to inform them of your progress and they will attend the birth. If you are attending for semi-private care, the midwife will be in contact with the registrar on duty, informing them of your progress. The registrar may attend the birth and may undertake any perineal suturing (stitches) that is required.

The anaesthetic team provides a 24-hour epidural service and provides anaesthetic support if surgery is needed. Paediatricians provide care for your baby at birth and afterwards.

We think it is very important to help you to make choices that are right for you and your baby when you are in labour. The staff will keep you informed of your progress in labour and they will discuss various options of care available to you. The health and safety of you and your baby is always the most important consideration when care options and choices are discussed.

Birth partner

At the Rotunda, we support your right to choose a birth partner. Whoever you choose to be with you during your labour can help and support you. They can keep you company during the early stages of labour by holding your hand, giving you sips of water and helping you to find comfortable positions. They can provide massage and touch, give you encouragement and help you to relax and concentrate on your breathing.

They can also speak on your behalf so it is important that they know and understand your wishes for labour and birth. Your birth partner might be the baby's father, a close relative or friend. It's your choice. However, we can only let one named birth partner stay with you during labour and birth as we have to comply with health and safety regulations and infection control procedures.

9

Spontaneous labour

There is no right or wrong way to go into labour. Every woman does it differently and no two labours are the same. There are three stages to labour - throughout the first stage, your womb (uterus) will contract repeatedly causing your cervix (neck of the womb) to thin, shorten and dilate. The first stage ends when your cervix has fully dilated to 10 cms. During the second stage of labour, the baby is pushed down through the birth canal and is born. In the third stage, the placenta (afterbirth) is delivered and bleeding is controlled.

When you are admitted, you will be shown to your birthing room and a midwife and student will be assigned to support and care for you. The midwife will ask you about your pregnancy and labour so far and will carry out an assessment of you and your baby. They will review your healthcare record. If you like, you can change into more comfortable clothes. We recommend loose clothing, preferably made from cotton, as you may feel hot during labour.

As part of the assessment, the midwife will:

- take your temperature, pulse and blood pressure and also do a urine test;
- palpate (feel) your tummy to check the position of your baby and listen to the baby's heartbeat;
- examine you internally (vaginal examination) to check how much your cervix has opened.

These assessments are repeated several times throughout your labour. The midwife will keep you informed about how your labour is progressing and give you an indication of how long your labour might last. She will discuss options and choices for labour with you. If you have made a birth plan, please let the midwife know. The midwife will try to meet your individual needs, making your birthing experience pleasant and fulfilling. Please discuss any requests you may have.

Induction of labour

You may be admitted to the annexe in the delivery suite or to a designated ward in general prenatal for induction of labour. As your labour becomes established you will be transferred to a delivery suite room. Induction involves starting labour artificially. Labour may be induced if there is some risk to you or your baby's health or if you are overdue. Induction of labour can take up to 24 hours: the longest part is getting the cervix to soften and open to about 2 cm. If your labour is induced, your contractions and your baby's heartbeat will need to be continuously monitored.

There are three methods used to induce labour. Some women might need just one method, while others might need all three. You will be given an information leaflet in the clinic once the decision is made to induce your labour and the doctor will tell you about the possible methods needed to induce your labour when you arrive in the hospital.

Prostin gel

Prostin is a hormone used to soften and shorten the cervix, sometimes referred to as 'ripening the cervix'. Before the prostin gel is inserted into your vagina, the midwife will carry out some assessments and observations on you and your baby, including monitoring of your baby's heartbeat for 20 minutes (CTG).

Once the prostin is inserted, you will be asked to stay in bed for one hour to help the gel to work. During this hour, continuous monitoring of the baby's heartbeat will continue. Provided the CTG is normal, the monitoring is discontinued after the hour and you are encouraged to walk about and to eat light food if you wish. At this stage, you might have pains like period pains. However, some women may require a second or third prostin gel as part of the induction process.

Very occasionally, the prostin gel may cause your womb to contract too much and this in turn may affect the baby's heartbeat. If this happens, you will be asked to lie on your left side and you may be given a drug to help your womb relax. Some women go into established labour following this method of induction.

Artificial rupture of the membranes (ARM)

The second method of induction is to artificially break the membranes – the bag of water surrounding the baby. The doctor will carry out a vaginal examination and break the waters. This is a painless procedure for you and your baby and is like bursting a fluid-filled balloon. Once the waters break, fluid called 'liquor' will drain throughout your labour. Sometimes, this method of induction is enough to start labour.

Syntocinon

The third method of induction is by means of a syntocinon drip. This is explained in the next section - acceleration of labour.

Acceleration of labour

If your labour is slow, the doctor or midwife may recommend speeding up or accelerating your labour. Your labour can be speeded up by breaking your waters artificially (ARM) or by starting you on a drip with a hormone called syntocinon, once your waters are broken. This hormone will encourage contractions and the dose of syntocinon can be altered according to the length, strength and frequency of your pains. Once the drip is started, it usually continues until the birth of your baby.

If the syntocinon drip is used to speed up your labour, the frequency and length of your contractions and the baby's heartbeat are monitored continuously. A known side effect of this drip is that the contractions can become too frequent or too long. This may affect your baby's heart rate. If this happens, you will be asked to lie on your left side, the rate of the drip will be reduced or turned off and a senior member of staff will review you. The contractions return to normal very quickly once the drip is stopped. You can move about (unless you have an epidural) and use upright positions even if continuous monitoring is required.

First stage of labour

During early labour some women find a warm bath helpful. Listening to soft music or going for a walk can also help. Simple, over-the-counter drugs like paracetamol can be taken, particularly if you have backache. Walking and using upright positions can improve your comfort too. In the early part of labour, you may have some light food.

Signs of true labour include:

- contractions occurring regularly;
- contractions getting longer, stronger and closer together;
- walking around or changing position does not make your contractions go away.

The length of the first stage of labour can be different for every woman. If it is your first labour, the time from the start of labour to full dilation of the cervix (10 cm) is usually 6 – 12 hours. If it's not your first labour, the time is usually shorter. The midwife will monitor the progress of your labour by continuously assessing the frequency, strength and length of your contractions. They will check every few hours to see how your cervix is dilating, what way the baby is presenting and how the baby is moving down through the pelvis.

Generally, as labour progresses, your contractions will become gradually stronger and more painful and come closer together. The bag of water (liquor) may still be present or may break at any time during this period.

Throughout your labour, the midwife provides emotional support, including reassurance and encouragement. They will tell you what is happening and help you to communicate your needs to other members of the team and help you to make choices that work for you. If you need any medical help to ensure your own safety and your baby's safety, the midwife will explain the reasons for it.

Towards the end of the first stage of labour, you may feel like pushing during the contractions. The midwife will let you know when the cervix is fully dilated and when it is safe to push.

9

Monitoring your baby's wellbeing

The midwife will monitor your baby's heartbeat throughout your labour. The midwife is watching for any changes in the heartbeat that may suggest your baby is becoming distressed or tired. The simplest method of monitoring is by using a pinard stethoscope. This is a trumpet-shaped stethoscope that helps the midwife to hear your baby's heartbeat through your tummy. A doppler is a small hand-held ultrasound machine that looks like a microphone. It is placed on your tummy and allows you, your birth partner and midwife to listen to the baby's heartbeat.

If there are any concerns about your baby's heartbeat or if your pregnancy or labour falls into a 'high risk' category, continuous monitoring is recommended. This is done using a CTG machine. Two pads are placed on your tummy: one records the contractions and the other records the baby's heartbeat. Sometimes it can be difficult to get a good printout of the heartbeat this way. The midwife might suggest putting a 'clip' on your baby's head to improve the recording of your baby's heartbeat. This involves securing a thin curved wire to the skin of your baby's scalp during a vaginal examination. Some women are concerned that they can't move around if they are attached to the CTG machine. The midwife will help you to find comfortable upright positions and there are pictures on the delivery room walls suggesting positions that you might find comfortable.

Pain management in labour

There are several ways of helping you cope with pain in labour. Relaxation and breathing techniques and walking are some of the self-help techniques. Some women find gentle massage, using warm water in the shower or bath helpful. It is difficult to know before labour what will work best for you. The midwife will be able to provide you with additional information to help you choose what suits you. Here are some facts about the main methods of pain management available in the Rotunda.

Natural methods of pain relief

Anti-burst gym ball

Sitting on a gym ball encourages a natural swaying and rotating motion of the pelvis and can help to move the baby down through the birth canal. Sitting on the ball can help to take pressure off your bottom. The way you sit on the ball is similar to a squat, which helps to open the pelvis and speeds up labour. Gentle moving on the ball reduces the pain of the contractions and it also means your partner can rub your back if you would like it massaged. If you are considering using a gym ball, please purchase an anti-burst one and make sure that it is inflated to the recommended level.

Massage

The sense of touch has been associated with the power of healing since the beginning of time. Touch has the power to soothe pain. Some women like a light, stroking massage or a long stroke massage, while others like firm, circular massage particularly if they are tense or are having back pain. Massage oils can be used and we recommend you talk about and practice the different types of massage with your birth partner before labour.

Breathing techniques

These relaxation techniques work by making you aware of your breathing patterns. Focusing on how you are breathing helps you to breathe slowly and deeply. It helps you to avoid holding your breath – holding your breath tenses up your muscles and reduces the level of oxygen. Some women develop techniques to help them concentrate on their breathing such as chanting a word or poem, or focusing on just one element of the breathing cycle.

Imagery
Thinking about or imagining something pleasant can encourage relaxation and help women manage their pain in labour.

Warm or cold pack
Warm or cold packs are simple ways of easing pain and helping you to relax in labour. You can buy heat and cold packs in your local pharmacy. An ice pack or heat pack on the lower back can help to ease backache.

Music
Music can help you to relax and reduce stress and tension. It might also help you to focus on your breathing and take your mind off the contractions.

Gas and air (entonox)
This is a mixture of oxygen and another gas called nitrous oxide. You breathe it in through a mouthpiece when you have a contraction. It acts quickly and wears off quickly once you stop using it. While it won't take the pain away completely, it makes the contractions easier to cope with. It doesn't cause any harm to the baby and it can be used at any time during labour. It can also be used with the TENS machine or pethidine.

TENS machine
TENS stands for 'transcutaneous electrical nerve stimulation'. Four electrodes are placed on your back, which are connected to a small hand-held device that is battery operated. TENS has been used for back pain for many years. It works by stimulating the nerve near your womb and your body responds by producing natural 'morphine like' substances called endorphins. These are the body's natural painkillers. The TENS machine helps to ease the pain for some women. There are no known side effects for either you or your baby and you can continue to move around while using it.

It is recommended that you start using the TENS machine as soon as your contractions become regular. As this often happens when you are at home, you may consider renting or buying one. If you start to use it at home, you can continue to use it throughout your labour. Some TENS machines are also available in the delivery suite.

Analgesia in labour

Pethidine

Pethidine is a drug that is injected into the muscle in your buttock (bottom). A second drug is given at the same time to stop you feeling sick. It takes about 20 minutes to work and the effects last between two and four hours. It works by easing the pain and it helps you to relax. Pethidine can make some women feel a bit light-headed and forgetful. Pethidine slows your digestion so eating and drinking in labour is restricted. The drug passes through the placenta to the baby so if it is given too close to birth, it may temporarily affect your baby's breathing at birth and the initiation of breastfeeding. If this happens, the midwife will give the baby a drug to undo the effects of the pethidine.

Epidural

An epidural is the most effective form of pain relief during labour. The word 'epidural' refers to a space in your back where pain messages from your womb and birth canal pass to the brain. An epidural involves injecting local anaesthetic and pain relieving drugs into this space to block the sensation of pain. If you decide you want an epidural, the anaesthetist will tell you how the procedure works and explain the advantages and possible side effects. You will need to sign a consent form before you can have an epidural.

It takes about 20 minutes to set up the epidural. You will need a drip in your arm to give you extra fluids so that your blood pressure does not fall. The midwife will help you into a sitting position or you can lie on your side. This makes it easier to get the epidural tube inserted. You will be asked to stay very still while the tube is being inserted.

The epidural can be very helpful for women who are having a long and painful labour. It takes the pain away for most women. Some of the disadvantages of having an epidural include having difficulty passing urine so a catheter (tube) is placed into your bladder to keep it empty. Your legs may feel heavy so you must stay in bed. Your baby's heartbeat will be monitored continuously. If you have an epidural for pain relief, only sips of water are recommended, as the drugs cause the stomach to empty at a slower rate.

Some of the known side effects of an epidural are:

- the second stage of your labour may take longer;
- you are more likely to have an assisted birth with forceps or vacuum (but it doesn't increase the chance of needing a caesarean section);
- you might have some backache for a few days after an epidural. (Long-term back pain after birth can happen with or without an epidural.);
- 1 in 100 people can develop severe headaches in the days following birth. This can be treated but it involves having another epidural procedure.

The risk of injury to the nerves in the epidural space is very small. This side effect is thought to occur 1 in 10,000 times. Numbness, tingling, or weakness in one or other leg can also rarely occur (1 in 2,000 times) following births where epidurals have not been used.

Second stage of labour

The second stage of labour starts when your cervix is 10 cm dilated. This will be confirmed by an internal (vaginal) examination. Up to an hour may pass before you will be asked to start active pushing. During this time, the baby's head will come down through the birth canal. The urge to push is caused by the pressure of your baby's head on your back passage. Sometimes, this feeling of pressure can make the bowels open.

Getting familiar with pushing may take some time, especially if it is your first baby. If you don't have an epidural, find a position that is comfortable and effective for you. You may wish to stay on the bed supported with pillows or to kneel, squat, stand or sit. These positions can be adopted on the bed or on the floor.

As the baby's head descends further through the birth canal, the contractions get stronger and so does the urge to push. If you have an epidural, you won't really be aware of these sensations. During each contraction, the midwife will tell you how and when to push. This stage is hard work and it is important to rest and relax between the contractions. After each contraction the midwife will listen to your baby's heart rate and will keep you informed of your progress. Your birth partner will also encourage you and may offer you sips of water and help support you in your chosen position.

As your baby's head moves down to the vaginal opening, the baby's head will become visible. At a certain stage, the midwife will tell you to either stop pushing, to push very gently or to pant (blow in an out quickly through your mouth). This is important so that your baby's head can be born slowly, giving the skin and muscles of the perineum time to stretch without tearing. (The perineum is the area between the vagina and the back passage.) Sometimes the skin won't stretch enough and may tear or it may be necessary to perform an episiotomy, which is a cut in the skin to widen the opening. The perineum is numbed with a local anaesthetic before an episiotomy is done (unless you have an epidural).

After your baby's head is born, the hard work is over. With one more contraction, your baby's body will be born and your baby will be placed onto your tummy, so that you can feel and be close to each other immediately and you can start getting to know your son or daughter.

Soon afterwards, the umbilical cord is clamped and cut and the baby is dried. Sometimes, some mucous needs to be cleared from the baby's mouth and nose. If your baby needs oxygen or any other care immediately after birth, they will be placed on a radiant warmer, which is like an open cot with a heater overhead, in the birth room. Your baby won't be kept away from you any longer than is necessary. As soon as possible, your baby will be returned to your arms for another cuddle.

Caesarean section

A caesarean section is an operation to allow the baby to be born without going through the birth canal. A caesarean section can be planned (elective) or unplanned (emergency). As a caesarean section is considered to be major surgery, it is only performed if there is a clinical need, following discussion between you and the obstetrician. The baby is born through an incision or opening in your tummy just below the bikini line. The midwife will come with you to theatre and will care for your baby when it is born.

Sometimes it is possible for your birth partner to come with you to the theatre for the birth. This will depend on how urgent your caesarean section is. Also, the obstetrician and anaesthetist must agree that it's ok. If your partner can't come with you, the midwife will stay with you throughout the operation; your birth partner will wait outside the theatre and will see your baby as soon as possible after birth.

If possible, the operation is performed under epidural or spinal anaesthetic. (A spinal anaesthetic is like an epidural but the drugs are injected into the fluid surrounding the lower spinal cord). A general anaesthetic (which puts you to sleep) is sometimes necessary in emergency situations when the baby needs to be delivered very quickly and an epidural tube is not in place. If you have the caesarean section under epidural or spinal, you will be awake throughout the operation. You won't feel any pain but you may feel some tugging as your baby is born. The operation takes about 30 - 40 minutes but the baby is usually born within the first ten minutes. A curtain or divider will prevent you and your partner from seeing the operation being performed. Once the baby is born and providing you and your baby are both well, the baby can be placed directly on your chest for skin to skin contact. If you are unable for skin to skin contact at this time, your partner will be given your baby to hold skin to skin.

Assisted vaginal delivery (ventouse or forceps delivery)

Some women need help to deliver their baby vaginally. This may be due to exhaustion and not being able to push the baby out. Also, the baby can show signs of becoming distressed during birth and the safest thing is to deliver the baby quickly. The midwife and doctor will explain the process to you. A ventouse (vacuum) is a shallow suction cup placed on the baby's head. This suction helps to get the baby out quickly. Forceps are metal instruments, which look like a tongs. One part of the forceps is gently placed on each side of the baby's head. You will be told to continue pushing during contractions while the doctor helps you using the ventouse or forceps. An episiotomy is more likely to be performed if you need an assisted vaginal delivery.

Third stage of labour

The third stage of labour starts after the birth of your baby and ends once the placenta (afterbirth) is delivered and the bleeding is controlled. At the Rotunda, we recommend using an injection to help complete the third stage. The injection makes the womb contract which helps to separate the placenta. This reduces the risk of excessive bleeding.

Some women choose to deliver the placenta without the use of drugs. We can help you to do this if you:

- are not at risk of any complications of bleeding;
- had no drugs administered during labour;
- have discussed this option with your doctor or midwife during your pregnancy and in early labour.

Once the placenta is delivered, the womb normally stays contracted, which helps reduce the blood loss. On average, women will lose 100 – 200 mls of blood at birth. Your body has been preparing for this and you should not feel any side effects.

Sometimes, a detailed laboratory investigation on the placenta is recommended. This may identify certain factors that may relate to your pregnancy or the wellbeing of your baby. If your placenta is sent to the laboratory, the hospital will dispose of it once any tests are completed. If you have any specific requests relating to the placenta, please discuss them with your midwife or doctor.

9

Immediate care of your baby after birth

Skin to skin contact

Immediately after birth, your baby will be dried and placed on your chest and tummy in direct contact with your skin and you will both be covered with a blanket. Skin to skin contact allows you to look closely at your baby and to touch them for the first time. Skin to skin contact also comforts your baby as they stay close to you. We recommend you put a hat on your baby's head to help them keep warm. At the Rotunda, we aim to allow uninterrupted skin to skin contact for at least 60 minutes. If you are going to fall asleep during skin to skin contact or anytime your baby is lying prone (on their tummy) make sure there is somebody close by to check on your baby.

The timing of the first breastfeed depends on when your baby is ready to feed and it will usually start within 30 minutes of the birth. Your midwife will help you to latch your baby onto your breast and your baby can enjoy their first feed.

Early feeding has been shown to help with the successful establishment of breastfeeding. These first precious moments are a very special time and allow you and your partner to welcome your new baby and to decide whom they look like!

Although the majority of babies cry at birth, some babies will need a little help to take their first breath. If the midwife or doctor has any concerns about the baby, a paediatrician will attend the birth. Babies who need help to breathe in the first few minutes usually recover quickly and can be placed skin-to-skin once they are crying and breathing themselves. Occasionally, babies may need ongoing care and observation by the midwife and paediatrician. In this case, your baby will remain under the radiant warmer in the birth room. Should your baby need to be admitted to the neonatal unit, the paediatrician will give you a detailed explanation of the reasons.

Identification and security

Identification bands will be put on your baby's wrist and ankle. These bands will contain your details and those of your baby, including its sex. The details on the band will be checked with you before the bands are put on. It is important that the identification bands stay on your baby for as long as you are both in hospital. The midwife will also place a security tag on your baby's ankle. The baby tag helps us to keep your baby safe while in hospital. If you notice that either the identity band or the security tag fall off your baby, please inform a member of staff immediately, so that the band or tag can be replaced.

Physical examination

The first question parents ask once the baby's sex has been discovered is "what's the weight"? The midwife will weigh your baby before transfer to the postnatal ward. The midwife will also carry out a physical examination of your baby including counting fingers and toes. This first physical examination will confirm that your baby appears to be healthy and well. The baby's temperature will also be checked.

Vitamin K

The Rotunda Hospital recommends that all newborn babies receive an injection of vitamin K following birth. Your midwife will discuss this with you during labour. Vitamin K is important for blood clotting and newborn babies don't have any stores of the vitamin in their bodies. Babies make vitamin K as they start feeding and their gut matures over the first 3 - 6 months. The injection offers protection until your baby produces sufficient amounts of vitamin K.

9

Immediate care of you after birth

Your beautiful newborn baby will seem to have the attention of everyone in the room, but you are also very important! Following the birth, the midwife or doctor will examine your vaginal area to see if you need any stitches. If you do, your perineum will be numbed with local anaesthetic (unless you have an epidural) and the stitches will be put in. Usually, one continuous stitch is used to repair the skin edges, which is more comfortable. The stitches dissolve over the next six weeks and do not need to be removed.

The midwife will also check your blood loss and will feel your tummy to make sure that your womb stays contracted. The midwife will check your temperature and blood pressure and will make sure you are comfortable and pain free.

Once you have finished feeding your baby, you will be offered a refreshing wash and you can change into some fresh nightclothes. If you've had an epidural, the midwife will remove the epidural tube from your back. The drip in your arm will be left in place until you have passed urine. You can try to pass urine before you are transferred to the postnatal ward. If you have a catheter in place, this will be removed.

You and your partner will then be given tea and toast, before you and your baby are transferred to the postnatal ward, which is usually within two hours of birth. Skin to skin contact can continue as you are transferred. The midwife will come with you to the ward, introduce you to the ward staff and give them a summary of your labour and birth details. The identification of your baby will be checked with you, your partner and the ward midwife.

10

Chapter 10

Postnatal care

10

You and your baby in the postnatal ward

When the midwives in the delivery suite are happy that all is well following the birth of your baby, they will transfer you and your baby to the postnatal ward.

When you are admitted to the ward, the midwife will check the sex of your baby with you by opening the nappy, the baby's identification bands and security tag. It is important to remember that if you try to move your baby outside the ward area your baby's security tag will set off an alarm. To make sure your baby is safe and secure, they must wear the security tag and identification bands at all times while they are in the hospital. If you notice that a band or the tag has come off please tell a member of the ward staff immediately. They will re-secure it for you.

You will spend the next couple of days in the ward getting to know your baby and preparing for when you leave the hospital to go home. The midwives, student midwives and care assistants on the ward will guide, teach and help you to care for yourself and your baby. After nine months of anticipation, excitement and probably some nerves, you and your partner can now start the next stage of a wonderful journey as you discover how to be parents.

During your stay in the postnatal ward you will experience a wide range of emotions. You will feel wonder as you look at this new little person in the cot beside you. You may also feel overwhelmed that your baby is completely dependent on you for all their care. Indeed, it is a time of huge learning, especially if this is your first baby.

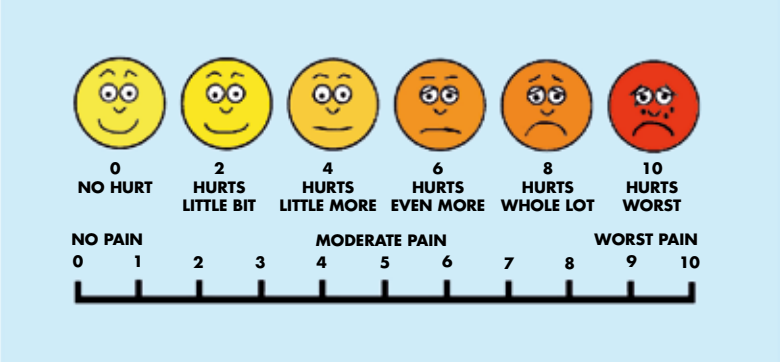
Pain relief after birth

Most women will experience some pain after giving birth. It is very important that your pain is well controlled so you can look after yourself and your new baby.

During your time in the Rotunda you will be offered regular pain relief. Pain will be better managed if you take the prescribed medication at regular intervals, rather than waiting until the pain is bad.

Pain relief medications work in different ways and one pain medicine alone may not be enough to control your pain. Depending on your level of discomfort you may be offered two or more medications to control your pain. Combining different types of pain relieving medications may give you better pain control and allows lower doses to be used.

To assess your pain, you will be asked to score it from 0 to 10 where 0 is 'no pain' and 10 is 'worst pain you can imagine'. This will help us to decide which pain medication is best for you, and how much you need. If your pain is not well controlled, please discuss this with your doctor or midwife.



Pain relief medications

The following types of pain medication work in different ways and are safe to take together:

- Paracetamol is a very effective pain medication which also reduces fever (high temperature) and inflammation.
- Anti-inflammatories including Ibuprofen or Diclofenac will help reduce levels of chemicals in your body that cause inflammation and pain.
- Opioids such as Oxycodone, Morphine or Codeine are only used if your pain is not well controlled with a combination of other drugs.

Paracetamol

Paracetamol is a very effective pain medication if it is taken at regular intervals. The adult dose is 1gram (two 500mg tablets) four times a day (maximum dose per day is 4grams or eight tablets). If you are taking other medications for pain or over the counter cold and flu remedies, always check with you doctor, midwife or pharmacist if these contain Paracetamol. You should only take one Paracetamol containing product at the time.

Ibuprofen

This can be safely taken with Paracetamol. The usual dose is 400mgs three times a day. Because these tablets can upset your stomach they need to be taken with or soon after food. If you have asthma, Ibuprofen may make it worse. Tell your doctor, midwife or pharmacist if you have asthma or if you are on any other medications as they may interact with Ibuprofen.

Diclofenac

Diclofenac is usually given as a suppository (100mgs once a day). It provides good control of your pain in the days after vaginal delivery or caesarean section. After the first two days you will usually be given Ibuprofen tablets which act in a similar way to Diclofenac. If you have asthma, Diclofenac may make it worse. Tell your doctor, midwife or pharmacist if you have asthma or if you are on any other medications as they may interact with Diclofenac.

Never take Ibuprofen and Diclofenac together.

Opioids

If the above medications do not fully control your pain, Opioids may be used. Opioids provide very good pain relief, but they are not used routinely due to side effects including nausea, vomiting, itch, confusion or dizziness, sweating and constipation.

As Opioids may affect your co-ordination or cause drowsiness, you should be careful handling your baby. If you feel very drowsy or short of breath after taking opioids, contact your midwife immediately. You may have to take laxatives while taking opioids to avoid constipation.

Pain relief after leaving hospital

On discharge you will either be advised to buy your medications without prescription in your local pharmacy or you will be given a prescription for pain medications. Bear in mind that pain is much harder to control if you let it build up so please take your medications regularly as recommended at discharge. Further information on those medications will be available on the patient information leaflet inside the pack or from your pharmacist.

Pain relief medications and breastfeeding

Paracetamol, Ibuprofen and Diclofenac are safe for use during breastfeeding. Pain relief medications that contain Codeine or Oxycodone are not used routinely if you are breastfeeding. If you are prescribed these medications and you are breastfeeding you need to tell the midwife or doctor if your baby is difficult to wake, does not feed well, does not gain weight, or appears limp or floppy.

Always be aware when handling your baby that Codeine or Oxycodone can affect your alertness and can make you drowsy which can slow down your movements and reaction times. Take care when standing up from a sitting or lying down position to avoid dizziness.

Caring for you

After an epidural

If you had an epidural during your labour and birth, you will need to stay in bed for at least four to six hours after the birth. This allows the effects of the drugs used in the epidural to wear off completely. Do NOT try to get out of bed by yourself. Even if you think your legs feel normal you may become weak when you stand up. You will be given a call bell so please call us for assistance the first time you want to get out of bed.

Lochia

After the birth of your baby you will lose blood from your vagina. This bleeding is normal and is called 'lochia'. The lochia can be heavy for a few days but will gradually settle down and usually stops within four to six weeks after the birth. The blood loss is caused by your womb contracting as it returns to the way it was before you were pregnant.

If the bleeding gets very heavy (for example, it soaks a sanitary pad in an hour or less) or if you notice any clots or a bad smell from your lochia please tell the midwife looking after you. This could be the start of an infection or a sign of 'retained tissue', which could need treatment.

Breast changes

You will experience breast changes in the days after the birth of your baby whether you are breastfeeding or not. This happens as nature prepares to fill your breasts with milk. You will notice your breasts become swollen, hard and sometimes sore. However, this period is short because once you have established breastfeeding your body will regulate the milk supply.

If you are not breastfeeding you can help reduce the engorgement by wearing a well-fitting bra with the straps pulled up tightly. It will also help if you avoid stimulating your breasts so don't put hot water directly on them while in the shower or bath. Breast engorgement will go after a few days if your baby does not stimulate them by sucking to produce milk.

Care of the perineum

Your perineum is the area between your vagina and back passage. If your baby was born vaginally, you may have stitches that become tighter as the wound begins to heal. This can make sitting down, walking and passing urine uncomfortable. Take regular pain relief. You could also try sitting on a cushion to relieve the discomfort.

Wash the perineal area frequently as this will keep the wound clean. Remember to dry yourself well after washing. There is no need to add any disinfectant or salt to the bath water as research has found bathing in plain water is much better for the healing process. It is also important to change your sanitary towels frequently. Do not use tampons as they can cause infection in the early days and weeks after you give birth.

Even if you did not need any stitches after the birth, you may still experience discomfort and heaviness in your vaginal area. This is normal as you are likely to be bruised and swollen around the vagina. Plenty of rest, warm baths, good hygiene and pelvic floor exercises will all help to heal the area.

Passing urine

Emptying your bladder completely after giving birth is very important. You will be asked to measure how much urine you pass when you go to the toilet for the first couple of times after birth. This is so that we know that you are emptying your bladder completely. You should drink at least two litres of fluid a day.

Bowel movements

Many women worry about opening their bowels for the first time after the birth. They are scared that their stitches might burst. Rest assured that this will not happen and in fact the sooner you start going to the toilet the better. If you put this off you may become constipated. To prevent this happening, drink plenty of water and eat high fibre foods such as fruit and vegetables. Gentle exercise will also benefit you.

Blood tests

If your blood group is rhesus negative you may need an injection called Anti-D. We will give you this injection within 72 hours of your baby being born.

During your pregnancy your blood will be tested to see if you are immune to rubella (German measles). If you were not immune to rubella, we can give you the vaccine on the day you are going home. Otherwise, you can get it from your own GP.

If you are rhesus negative and need Anti-D, you should not get the rubella vaccine for a number of weeks. This is because you cannot get these two injections at the same time.

The midwife's check

The midwife caring for you will carry out a daily postnatal check. They will want to know:

- how you are feeling;
- if you are in any pain;
- if you are experiencing any difficulties with the baby;
- how much you are bleeding vaginally (lochia);
- that you are passing urine without too much discomfort.

The midwife may also check your breasts, your tummy and, if you have stitches, your perineum. She will ask you if you have pain especially in your legs and she may check your haemoglobin (iron) level by taking a blood sample.

If you were taking any medication, for example, blood pressure tablets before the birth, then you will continue to take these while in hospital. During this daily check the midwife will give you information and advice about taking care of yourself. She will happily answer any questions you may have.

The doctor's check

If your baby was born by caesarean section or if you had an instrumental (vacuum or forceps) delivery then a doctor will visit you on the postnatal ward.

They will be happy to answer any questions you have about the birth of your baby.

Sometimes, the doctor may advise you to return to the hospital for your six-week check if they think they will need to talk to you or examine you again. Otherwise you should visit your GP around this time.

Baby blues

It is common to feel a little low a few days after your baby is born. The 'baby blues' describe weepy moments you may have during this time. Feeling overcome, emotional and crying for no apparent reason is a very normal response to the massive change that has happened in your life. You can feel overjoyed and frightened all at the one time. The tears may start for no reason. Don't be frightened by this, just go with it and have a good cry. As long as every day is not a tearful one you will be fine.

Having support on 'baby blues' days can be invaluable. A partner, mother or friend who will cuddle the baby while you have a bath and a cry will seem like a godsend to you! (See section on postnatal depression later in this chapter for more information.)

You will be asked to fill out a simple questionnaire called the 'Edinburgh score' before leaving the hospital. It will ask you to consider your mood and feelings at the time around the birth of your baby. This is a simple tool we use to identify mothers who are emotionally distressed. When you leave hospital, we pass on the score you received on the questionnaire to your GP and public health nurse (PHN). If you do have negative feelings, talking about them and planning a recovery programme can help prevent postnatal depression.

10

Care following caesarean section

Immediately after surgery

Once your baby is born and providing you and your baby are both well, the baby can be placed directly on your chest for skin to skin contact. Your partner can hold your baby skin to skin if you are unable to do so at the time of birth. Skin to skin contact with you can be continued or commenced on the postnatal ward.

When you arrive on the postnatal ward after your caesarean section, you will have a drip in your arm, through which you will be getting intravenous fluids. You will have a catheter which will drain urine from your bladder for the first 24 hours and you will pass urine normally within six hours of the catheter being removed. There will be a wound dressing on your abdomen over the caesarean section scar, which will be removed after 24 hours. The drip will be continued until you are able to drink enough fluids to stay hydrated and we are sure that the bleeding is not excessive.

If you had a spinal or epidural you will feel numb from the waist down for up to six hours after surgery. After that time, feeling and sensation will gradually come back into your legs. It is important that you do not try to get out of bed on your own during this time. If you had a general anaesthetic, you may feel groggy and sleepy for the first few hours. You may have a special pump attached to the drip through which you receive pain medication. This is known as patient controlled analgesia and the midwife will show you how to regulate the pump yourself.

During the first few hours after surgery, the midwife will be checking your observations regularly, including your temperature, pulse, blood pressure, respiratory rate and oxygen saturations, the wound dressing for signs of bleeding and your vaginal blood loss. She will encourage you to move your body a little in the bed at least every two hours so that a pressure sore will not develop. You will continue to wear white surgical stockings while in hospital and you will be encouraged to bend and move your legs to help prevent a blood clot developing in your leg. You will also receive heparin injections to prevent a clot from forming.

Diet after surgery

Once you are fully awake after surgery, you will be offered sips of water. Usually you can have tea/coffee and toast about four hours after surgery. If you are feeling ok after this we can stop the intravenous fluids. You will be offered a 'light diet' for the next day or so. You will be ready for a full diet when your bowel is working properly again - either by passing wind or having a bowel motion.

The catering staff will offer you a daily menu choice. If you would like something other than what is on the menu please ask the catering officer. Fruit or nuts can be a good snack especially when you are breastfeeding. Drink plenty of water to prevent dehydration and constipation.

Care of your wound

The wound dressing is removed 24 hours after surgery. You can then have a shower and you should pat dry the wound rather than rubbing it. The wound must be kept clean and dry to prevent an infection. The midwife will check your wound every day. You may have dissolvable stitches, or clips or beads, which will be removed after four or five days. Sometimes the doctor may ask us to leave them in place for a day or two longer. Wear panties that come up above your wound, to avoid friction on the wound site. The physiotherapist will visit you after the operation and she will advise you on postnatal exercises.

Caring for your baby

Your baby will stay at your bedside on the postnatal ward, unless your baby needs admission to the neonatal unit. If you are breastfeeding the midwife will help you and show you different positions to hold your baby so that they will not hurt your wound. The staff will help you to become confident in caring for your baby.

Preparing for discharge

You will know the evening before your discharge that you will most likely be going home the following day. Ask your partner to bring in your clothes and the baby's clothes and car seat for going home. We will try to have you ready for home by 11 am. We will advise you where to go for your six week postnatal check up. Try to feed your baby just before going home as this will help to keep your baby settled while you are travelling and will give you some time to get settled in at home.

It is common to feel tired after the operation, so try to get as much rest as possible at home. Don't be afraid to accept help from family or friends with caring for your baby. Avoid lifting heavy objects and driving for six to eight weeks after the operation.

Postnatal exercises

Immediate care following birth

Rest is important to help with your recovery. Rest on your back or side to minimise discomfort, reduce swelling and take the weight off your pelvic floor and tummy. If your perineum is sore when sitting, put a rolled towel or small pillow under each thigh and buttock so that your perineum is not in contact with the chair.

Getting out of bed

Gently pull your lower tummy in. Bend your knees and roll onto your side. Slide your feet over the edge of the bed. Push yourself up to sitting using your elbow and hand.

Getting into bed

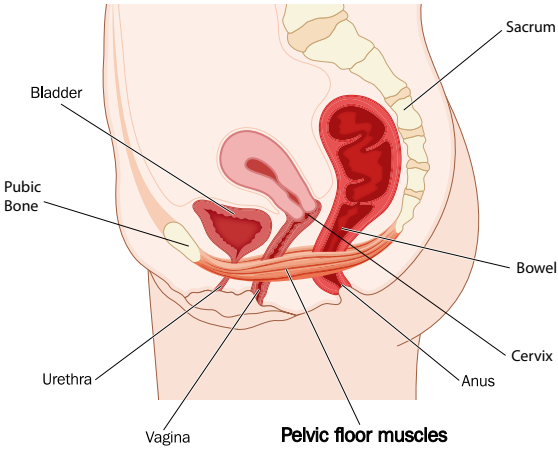
Gently pull your lower tummy in. Sit your bottom down square on the bed and then lower your head and shoulders onto the pillow. At the same time lift your legs up onto the bed.

Leg exercises

Move your feet forwards and back and around in circles 20 times every hour while resting in bed.

Pelvic floor and deep abdominal exercises help you return to your pre-pregnancy shape and will help with healing of stitches. They can be safely started 1 - 2 days following the birth of your baby, provided there is no increase in your pain.

Pelvic floor muscles are very important as they control the bladder and bowel. During pregnancy they become weakened due to pregnancy hormones and the extra weight of your baby. It is important for all women whether they have a vaginal or caesarean delivery to strengthen their pelvic floor muscles.



Exercises for your pelvic floor muscles

To begin with, lie on your back with your knees bent and your feet hip width apart or over on your side.

Long holds

- Squeeze and lift your pelvic floor. Starting at the back passage, squeeze as if you are trying to stop yourself passing wind and then urine. You may feel your lower tummy tighten gently.
- Hold for 3 seconds; keep your upper tummy, buttocks and thigh muscles relaxed and breathe normally.
- Relax completely for 3 seconds. Repeat this exercise 5 times. Repeat 3 times a day.
- As your pelvic floor muscles get stronger, practice in sitting and standing.
- Gradually increase the length of time and number of repetitions until you can do a 10 second hold 10 times. Always stop exercising when the muscle gets tired.

Quick holds

- Quickly tighten the pelvic floor muscles and hold for a second before letting go fully.
- Repeat 5 times in a row. Repeat 3 times a day.
- Gradually increase your repetitions until you can do 20 quick squeezes in a row; it may take a few months to be able to do this.

The knack

Quickly squeeze and hold your pelvic floor muscles BEFORE coughing, sneezing, laughing and when lifting your baby. This will give you more control of your bladder and will help to keep your muscles strong.

To be effective you need to do your pelvic floor muscle training 3 times a day

Pelvic floor muscle exercises - information videos.

Knowing how to do your pelvic floor muscle exercises is really important and can help you prevent or stop urine from leaking.

The physiotherapists in the Rotunda Hospital have made five videos on learning about pelvic floor muscles, doing your pelvic floor muscle exercises, leaking urine and doing exercises after you have your baby.

We made the videos so that all women can receive reliable, trustworthy, free information and to let women know that:

- leaking urine is **not normal and can be treated**
- doing pelvic floor muscle exercises regularly **helps treat and prevent urine from leaking**

Leaking urine or wetting yourself when you do not mean to (also known as urinary incontinence), can be treated with pelvic floor muscle exercises (PFME). PFME help reduce symptoms of urinary leakage; in some cases leading to temporary or even permanent relief.

We know from other research done at the Rotunda Hospital as part of the MAMMI study, that one in three women leak urine occasionally (less than once per month) **before** their first pregnancy; one in three first time mothers leak urine once a month or more frequently during pregnancy and as many as one in two first time mothers leak urine 3 months after the birth of their first baby. The numbers are higher in women who have had more than one baby.

We also know from looking at our antenatal class attendance records that only half of first time mothers and fewer than one in twenty women having their second or subsequent baby received PFME education, taught during the antenatal classes in the Rotunda Hospital.

The videos can be accessed on our website: **www.rotunda.ie** (maternity care, see the section on exercise in pregnancy, under 'staying healthy during pregnancy'). Each video is just 3-6 minutes long.

(1) Introduction to the videos and hello from the physiotherapy manager, Cinny
(2) Getting to know your pelvic floor
(3) Leaking urine
(4) How to do your pelvic floor muscle exercises
(5) Exercise and poise

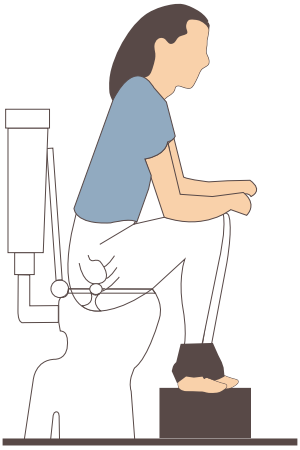
Once you have watched the videos, we would love to hear what you thought of them and in particular, if you found them a good way of providing information. We would also like to know if you did pelvic floor muscle exercise in the past and if you have ever experienced leaking of urine. Please follow the survey link, which is available on the website after the videos.

Healthy bladder and bowel habits

You should empty your bladder within 6 hours of your delivery. If you have difficulty emptying your bladder, talk to your midwife.

Drink 1.5 - 2 litres of fluid during the day (water is preferable to tea and coffee which may irritate your bladder). You need to drink more if you are breastfeeding. Eat plenty of high fibre foods (e.g. fruit, vegetables).

Don't ignore urges to empty your bowel in the first few weeks. For comfort when opening your bowels, hold some folded toilet paper over your stitches in front of your back passage. If you had a caesarean section, support your tummy with your hands or a folded towel.



Avoid straining – take your time. Sit leaning forward, with your elbows on your knees, and let your tummy relax. Use a foot stool or lift your heels up off the floor so that your knees are above your hips. Don't hold your breath.

If you have any leakage from your bladder or bowel, contact the physiotherapy department to make an individual appointment on **01 817 1787**.

1. Deep abdominal muscle exercises

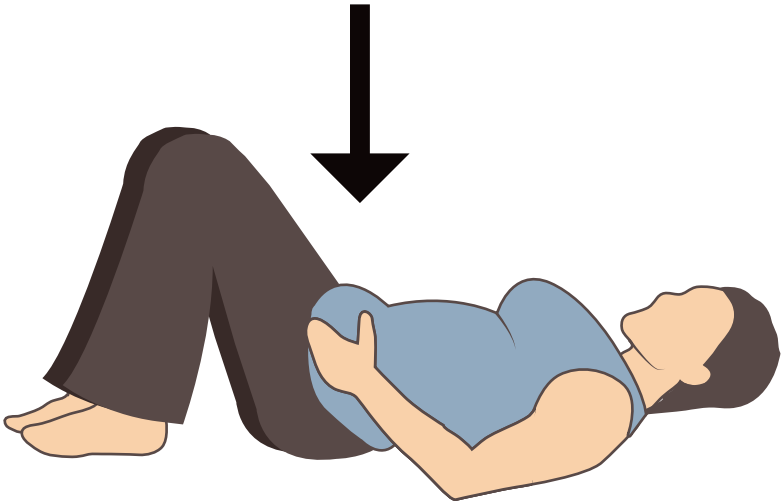
Abdominal muscles are important for back support and in maintaining good posture. During pregnancy, your abdominal muscles stretched and became weakened.

- Lie on your back, knees bent and feet hip distance apart.
- **Breathe in:** let your tummy rise.
- **Breathe out:** gently tighten your lower abdominal muscles by pulling your lower belly in towards your spine (as if getting into tight trousers).
- Keep your upper abdominal muscles relaxed throughout the exercise, breathe normally. Hold the position for 5 seconds.
- Repeat 5 times, 3 times a day.
- Pull in your deep abdominal muscles during activities like lifting your baby and walking.

As you get stronger, you can do the exercise in sitting, on all fours and when standing. Gradually increase the hold time up to 60 seconds.

2. Knee rolls (start as in exercise 1)

- Tighten your lower abdominal muscles, slowly lower both knees to the right as far as is comfortable.
- Use your tummy muscles to slowly bring your knees back to the middle and relax there. Repeat to the left.
- Repeat 3 times each side, 3 times a day.
- Slowly increase your repetitions till you can do 10 each side.



3. Pelvic tilts (start as in exercise 1)

- Tighten your lower tummy and flatten your lower back into the bed.
- Hold for 5-10 seconds and let go.
- Repeat 10 times.

Exercises following a caesarean section

The above exercises are helpful in relieving wind discomfort. When coughing firmly support your stitches with your hands or pillow. If you are in bed bend up your knees.

For the first 6 weeks avoid lifting anything heavier than your baby, including doing housework or other strenuous activity.

Sexual intercourse

If you are not experiencing any problems you can start as soon as you feel ready. Choose a comfortable position, use lubrication and start gently. If you have persistent pain or discomfort, contact the physiotherapy department to make an individual appointment by phoning **01 817 1787**.

Back care

When lifting, bend your knees, keep your back straight and always tighten your pelvic floor and abdominal muscles. Hold the object firmly and close to your body. Make sure your work surfaces are at waist height (e.g. bathing & changing your baby).

Create a supportive position for feeding. Sit well back in the chair, make sure your feet are supported and use pillows help lift the baby up to your breast.

Start gentle walking as pain/discomfort allows; gradually increase your distance and then your speed up to a 30 minute walk each day. You can start swimming when you have had 7 days in a row free from vaginal bleeding or discharge. Wait 3 months to return to heavy exercises, sit ups or weights.

Postnatal 'core and pelvic floor' exercise class

We recommend that you attend the postnatal exercise class within 6 weeks if you had a vaginal birth and within 8 weeks if you had a caesarean section. It is very important to attend the class if you are having problems with your bladder or bowel control or with back or pelvic pain. It is an opportunity to learn how and when to return to exercise and to meet other mums. You are welcome to bring your baby with you to the class, which is held every Thursday from 11.30 am to 12.30 pm in the physiotherapy department. Please ring **01 817 1787** to make a booking.

Caring for your baby

You will spend the first few days looking at your baby. You will notice every detail - the colour and texture of their hair, the shape of their hands and feet, and the different expressions on their face. The final colour of your baby's eyes will not be clear until they are six months old or more. You may notice that your baby's head appears pointed. This is because while your baby is being born their skull bones overlap. If you had a vacuum delivery, you may also notice a soft round cup mark on top of the baby's head. Overlapping or a cup-mark are both normal. Don't worry; by the end of a week your baby's head will regain the normal round shape.

Your baby needs a really clean environment, as they have not yet developed immunity to the many germs in our environment. Always wash your hands after changing your baby's nappy. Discourage visitors from holding your baby unless their hands are very clean. Babies do not like to be handled by lots of people so ask visitors to look but not to lift your baby.

During your stay in hospital, your baby will stay in the cot by your bed. It is best if you use the cot as your baby's 'house'. Keep your baby in the cot when changing nappies or dressing them. Do not put your baby on your bed at any time, as there is a risk of the baby falling off.

The midwife's check

While you are in hospital, the midwives and doctors will check your baby's health and wellbeing. Like you, your baby will have a daily check with the midwife. She will ask you about your baby's feeding pattern and whether they are having wet and dirty nappies. The midwife will also check the colour of your baby's skin for a yellow discolouration called jaundice. She will discuss your baby's sleeping pattern with you.

The midwife will examine the umbilical cord to make sure it is clean and dry. The midwife or care assistant will show you how to bath your baby, change the nappy, care for baby's delicate skin and how to look after the umbilical cord.

We will give you advice and support about aspects of feeding while in hospital. If you are formula feeding the midwife will show you how to sterilise bottles and how to safely make up feeds.

The doctor's check

A doctor from the paediatric team will carry out a thorough physical examination of your baby before you both go home. They will put a probe on your baby's hand or foot to check their oxygen levels. This will not hurt or disturb your baby in any way. A specially trained doctor will check your baby's hips by gently bending the legs upwards and then rotating the hips outwards; this test will detect a dislocated or 'clicky hip'. Clicky hips are a common problem that can be corrected easily while the baby is young and therefore prevent long-term damage.

Care of umbilical cord stump

The umbilical cord stump and clamp usually stay in place for about eight to 10 days after birth. Keep the cord area clean and dry – no special cleaning is recommended. After seven to 10 days the stump will simply fall off, leaving the 'tummy button' in its place.

If you notice the stump is moist, dirty with an unpleasant smell or if the area around it is red you should tell the midwife, as it could be a sign of infection.

Jaundice

Jaundice is very common, occurring in as many as 60% of all newborns and is called 'physiological jaundice'. The baby's skin and whites of their eyes take on a yellow tinge due to excess levels of bilirubin. This type of jaundice is visible within the first few days of life and usually disappears within 10 days without any treatment. A baby with jaundice may be sleepier and we will encourage you to make sure that your baby is waking up regularly for their feeds.

If the jaundice levels are rising and the midwife is concerned, she may use a skin probe (bilimeter) on the baby's forehead to test the skin level of jaundice. If the level is high, a paediatric doctor will review the baby.

The doctor may take a small blood sample from your baby to be tested in the laboratory. If your baby needs treatment for jaundice, we will use phototherapy. Phototherapy (light treatment) is the process of using light to eliminate bilirubin from the blood, which can then be excreted through the urine. We will also encourage you to feed your baby regularly as increasing the amount of fluid will help to resolve the problem.

Breast milk jaundice is another common form, usually occurring four to seven days after birth and can last for three to six weeks. This is not harmful to your baby.

Sometimes jaundice can be a sign of a serious problem, for example, if jaundice appears within 24 hours of birth. It can also occur in a baby that is premature or it could be a sign of infection or when the baby's body is unable to process and remove bilirubin.

Signs of significant jaundice include when:

- baby's skin takes on a yellow colour beginning on the face and then moving down to the chest and body;
- baby is tired and sleeps most of the time;
- baby is slow to feed and does not feed well;
- baby's nappies are dry; and
- baby appears to have a fever and appears sick or off-form.

If these signs are present it is important that you get medical advice and treatment immediately.

Newborn bloodspot screening test

This test is also known as the 'heel-prick test'. It identifies babies who may have rare but serious inherited conditions, which are treatable if detected early in life. Early treatment can improve their health and prevent severe disability and even death. The conditions are phenylketonuria (PKU), maple syrup urine disease, homocystinuria, classical galactosaemia, cystic fibrosis and congenital hypothyroidism.

When your baby is due to have the heel prick test, you will be given information and asked to sign the newborn screening card to confirm that you have received information about the programme, that the information about your baby is correct and that you consent to the test being done.

Screening your baby for these conditions is strongly recommended, however it is not compulsory. The test is done between 72 and 120 hours after your baby is born, so it may be done by a midwife or else by the public health nurse. The midwife will prick your baby's heel using a special device to collect some drops of blood onto a special card, which is then sent away for testing. Occasionally a second blood sample from your baby's heel will be required. If the test results show that your baby does not have any of the conditions, you will not be contacted.

Newborn hearing screening

All babies born in the Rotunda are offered newborn hearing screening before they are discharged. This will screen for congenital nerve deafness. The test takes place at the bedside for well babies and in the neonatal unit for babies admitted there for more than 48 hours. The test takes just a few minutes. A failed test in either or both ears does not necessarily mean your baby has a serious hearing loss, but may be due to the ear canals being full of fluid following birth. If your baby fails three tests they will be referred for a more advanced specialist hearing assessment.

If you are discharged home before the screening test an outpatient appointment will be arranged for your baby to have the test. For the small number of babies who have nerve deafness, early detection means they can be fitted with hearing aids as early as three months. This reduces the long-term speech and social interaction difficulties that come from not having hearing in the normal range. Without newborn hearing screening most of these babies would not be detected until close to three years of age. If your baby passes the test but there is a strong family history of nerve deafness or you have concerns regarding your baby's ability to hear you will be offered specialist screening around nine months of age.

Bathing your baby

The skin on a newborn baby is delicate and needs to be treated with care. It is not recommended to bath babies for the first 24 hours after they are born. This allows the baby's natural oils to soak into the skin.

If your baby's hair is bloodstained following the birth, you can use warm wet cotton wool to gently loosen and remove the blood. The midwife or care assistant will show you how to hold and support your baby as you wash them. You need to get everything together before you start. This is because the baby can get cold very quickly so it is very important to organise yourself before you take off your baby's clothes. A baby does not need a bath every day, two to three times a week is enough to keep baby fresh in the first few weeks. On the days that you do not bath your baby you can 'top and tail' by washing your baby's face, the folds under the neck and arms and bottom.

Most newborn babies will cry with great gusto during their first few baths. This does not mean that your baby is distressed, it is just something new and very soon your baby will learn to love bath time.

Preparing for bath time

- Collect clean bath towel, clothes, nappy, cotton wool or wipes and place them beside the bath.
- Close any windows near you to prevent a draught.
- Put the cold water into the bath first, then the warm water. Fill the bath just high enough to cover the baby's tummy. Four inches (10 cms) is usually enough for a newborn. Spread the hot water around the bath evenly with your hand.
- Check the temperature of the water with your elbow – it should feel nice and warm but not too hot.
- Undress your baby and with both hands gently lower the baby into the bath.
- While washing the baby with one hand support their back and head with the other hand.
- Make sure you use both hands to lift your baby out of the bath. Lay the baby flat on the towel and cover and dry all the skin folds gently.

Do's and don'ts when bathing your baby:

- do choose a quiet time when you are not too tired;
- don't be tempted to answer the phone;
- don't ever leave your baby alone even for a second;
- don't leave an older brother or sister to watch over your baby in a bath;
- don't add any bath products to the water for the first month; and
- don't bath your baby directly after a feed, as they could get sick.

Birth notification and registration

The birth notification staff will visit you shortly after the birth of your baby in the hospital, to complete a 'Notification of Birth' form for your baby's birth registration. You can get the birth certificate two weeks later from your local Civil Registration Office.

If you meet the birth notification staff member they will give you an information leaflet on:

- how to get a birth certificate;
- the contact details of your local Civil Registration Office
- how to claim 'child benefit'.

If you have any questions or concerns about registering your baby please discuss them with the birth notification clerk during their visit. If you have not met a member of the birth notification team before you leave hospital, they will phone you at home. The ward staff will also give you a yellow card that contains the phone number (**01 817 1726)** and times to call the birth notification office.

Further information can be found on the General Register Office website **www.groireland.ie**.

Going home with your baby

How long you stay in hospital will depend on the type of delivery you had or if you or your baby had any complications following birth. We recommend that you stay in hospital for at least 24 hours unless you are going home under the care of the community midwifery team (DOMINO and ETH). If you are breastfeeding for the first time and are not living within the community midwives' area, we recommend that you stay in hospital for 48 hours. While in hospital, try to get as much rest as possible.

Guide to your length of stay in hospital after birth	
If you have access to community midwifery services	6 - 24 hours.
If you don't have access to community midwifery services, your baby was born by vaginal delivery and you are:	
breastfeeding	48 - 72 hours;
formula feeding	24 - 72 hours.
If you had a caesarean section	3 - 5 days.

Early Transfer Home (ETH) Service

The ETH service is provided by the community midwives who, if all is well, offer women and babies the opportunity to be discharged from hospital within the first 24 hours following birth.

A midwife from the team will then visit you at home for up to a week to provide care, advice and support. The ETH team operates in the local catchment area of the hospital – the north side of Dublin.

The midwives visit the postnatal wards every morning to arrange for suitable women and babies to go home. If you would like to consider ETH, please phone **01 817 6849** or **817 6850**. If you are not within the catchment area for the ETH service then your public health nurse (PHN) will visit you within two days of leaving hospital.

Travelling home with your baby

Leaving hospital with your new baby is one of the most exciting and scary parts of the whole pregnancy, birth and baby journey. You and your partner will remember your first night at home with your baby forever.

If you are taking your baby home by car or taxi you must have an appropriate car seat. It is very dangerous and also illegal to travel without a properly fitted car seat.

You should buy your car seat well before your baby is due to be born. You and your partner should become very familiar with the seat and know how to fit it correctly and safely into a car. Babies up to 13 kgs (29 lbs) must be strapped into the seat, which must face the rear of the car - not the front.

Never put a rear facing baby seat into the front passenger seat of the car where an airbag is fitted. If the airbag was ever activated, even in a small accident, the airbag could severely injure or even kill your baby. For further information on car safety, please check the website: **www.rsa.ie**

Looking after yourself at home

As a new mum, it is very important that you take good care of yourself. You should make sure to have someone staying with you for the first few nights. If your partner cannot be there perhaps your mother or a good friend could stay with you. If you have other young children it is often a good idea to let them have sleepovers with your mother or a sister or friend.

Rest and sleep are so important for you and your baby. Try to keep visitors to a minimum until you feel ready to entertain. People who do visit should be encouraged to stay for just a short time. Very often your partner will take charge of organising visitors so he should be aware of your need to sleep.

Stock up your freezer with cooked meals or have family members lined up to provide you with meals for the first week or so. Not having to think about cooking will allow you to spend more time with your new baby. It is important to drink plenty of fluids so have plenty of drinking water easily available.

When breastfeeding you may feel thirsty so keep a drink nearby and avoid very fizzy drinks or drinks with a high caffeine content.

Recovering from the birth

Your body will take time to recover physically from the birth. Your recovery will depend on how your pregnancy and birth went. Recovery will be quicker for some women while others may take a little longer to feel back to themselves. In general, it will take six weeks for a full recovery. You should plan to have at least two weeks dedicated at home to you and your baby. After this you may feel ready to face the world and introduce your new baby to it!

Your bleeding should settle down to a period like bleed over the first three to five days. You may pass the odd small blood clot if you have been lying down for a long time or after you breastfeed. If your bleeding gets heavier and you are soaking pads or passing lots of clots, please ring the assessment and emergency unit for advice – **01 817 1700**.

At first, you may experience some stinging when passing urine, but this should ease over the first few days. If you suddenly notice increasing pain when passing urine or severe backache, you should look for medical advice to make sure you don't have a urinary tract infection.

You may not have a bowel motion for a few days after the birth. This is normal and nothing to worry about. However, it is important not to become constipated so drink plenty of water and eat a varied diet with fruit and vegetables. If you become constipated it will increase the pain and discomfort around your stitches.

You may have pain or discomfort in your vaginal area, particularly if you had stitches. You should try to find the most comfortable position for you when sitting down. Very often it is bruising and swelling that causes the most discomfort. Regular bathing will help. Gentle pelvic floor exercises in the early days encourage the reduction of swelling and are great for easing pain.

The cervical smear test is a screening test, which checks to see if the cells that make up the surface of the cervix are normal. It aims to identify any abnormality which can be simply and effectively treated and therefore prevent long-term problems. You should wait until 12 weeks after giving birth before having a smear test. Cervical screening is free in Ireland with 'CervicalCheck'. You should register with your GP or Well Woman centre to avail of this service. For further information, check the website: **www.cervicalcheck.ie**

When to restart your sex life is a very individual decision. Physically, most women will know when their bodies are ready for sex again. Emotionally, it very much depends on how you and your partner are coping with this massive life-changing event. It is important to talk to your partner to make sure you both understand each other's needs.

Methods of contraception

Contraception should involve both partners. Each couple has to balance the risks and the benefits, bearing in mind their own culture, medical histories and lifestyles. These may change over time and therefore you may choose to use different methods at various stages in your life.

Most contraceptives have very high success rates if they are used carefully and consistently. Full instructions on using your chosen method should be provided by your GP or family planning clinic.

'Combined' pill

This tablet contains two hormones – oestrogen and progesterone. It is 99% effective at preventing pregnancy provided you take it correctly. It is not suitable for women who have a history of a blood clot, high blood pressure or for women over 35 years of age who smoke.

Progesterone only or 'mini-pill'

This works mainly by preventing sperm getting through the cervix. It is 96 – 98% effective if taken correctly and at the same time every day. Additional contraceptives are required if the tablet is taken more than three hours late. It is suitable for breastfeeding mothers and for women who cannot take oestrogen.

Progesterone injection

This works in a similar way to the progesterone only pill and prevents ovulation (99% effective). The injection is given every 8 – 12 weeks and is effective immediately. It can be safely used while breastfeeding. It is also suitable for women who do not like or forget to take pills.

Vaginal ring

This is a flexible ring that slowly releases contraceptive hormones into the vagina and is left in place for three weeks and it is then removed. There is a break for one week after which a new ring is inserted. It is 99% effective.

Patch

The contraceptive patch is worn on the skin. The hormones are absorbed into the skin and then into the bloodstream. A new patch is used every week for three weeks. No patch is worn on the 4th week. It is 99% effective if it is used correctly.

Intrauterine contraceptive device (IUCD)

A copper based coil (IUD) or the more popular progestasert system (IUS) is inserted into the womb during a woman's period and it is effective for 3 – 5 years. Fertility returns quickly after it is removed. It is suitable for women who want a long term method of contraception or who cannot take oestrogen. It is also suitable for women who are breastfeeding and it is 98 – 99% effective.

Implants

An implant is a small flexible rod which is placed just under the skin, usually in the upper arm and contains progesterone only. It is 99% effective and lasts for three years and is suitable while breastfeeding.

Barrier methods

These include spermicidal products, diaphragms, cervical caps, male and female condoms. They work by preventing the man's sperm from entering the womb and are less reliable than hormonal methods. Diaphragms and caps need to be fitted by a doctor or nurse and require practice to be used effectively. Condoms are the only method that protect against STIs (sexually transmitted infections).

Natural methods

Natural methods of contraception involve learning how to recognise the fertile and infertile time in your menstrual cycle. It can be used to achieve or avoid a pregnancy and therefore you can be in control of your own fertility. It is called 'natural' as it does not interfere with any of the normal physiological processes of the body.

Methods include the calendar method, basal body temperature method (BBT), cervical mucus method (Billings Method), muco-thermal method, symptothermal method and ovulation awareness monitors.

The Billings Method can be used while breastfeeding (lactational amenorrhoea) as breastfeeding delays the return of ovulation after birth. The successful use of this method demands full breastfeeding day and night without the addition of other milk, juice, solids or the use of soothers. It should only be used during the first six months after giving birth, providing that menstrual periods have not returned.

Special instructions should be sought for all natural family planning methods.

Surgical methods

These include a vasectomy for men and tubal ligation for women; these must be considered permanent. Therefore, couples should be counselled in all aspects of sterilisation before a final decision is made.

Emergency contraception

Usually called the 'morning after pill', this prevents pregnancy in the event of unprotected sexual intercourse or failure of a birth control method, such as a condom breaking or slipping or forgetting to take the pill. It is available over the counter in pharmacies and must be taken within 72 hours of sexual intercourse but earlier if possible. It is 75% - 95% effective. It should not be used regularly as it is only intended for emergency use.

Postnatal depression

Postnatal depression is common. It can happen to any mother after having a baby, but it is more common if a woman has a previous history of depression. About one in eight women suffer from postnatal depression and many women have had some depressive symptoms during pregnancy.

The suffering caused by postnatal depression is profound and frequently underestimated. Sufferers are robbed of many of the joys that are so commonly written about and portrayed by the media. Women who have always been seen as competent and responsible, leading fulfilling lives, unexpectedly find their lives shaken by this condition that can creep in gradually or strike suddenly without warning.

The negative effects of postnatal depression are often made worse by a delay in diagnosis and treatment. Many women are reluctant to admit to feeling down, as they fear they may be judged 'bad' or unfit to care for their baby. Many do not know what is wrong with them or that help is available.

Being a new mother means you can't do everything you did before the birth. You need to take time to recover from the pregnancy and the birth and adjust to being a mother. Take every chance you get to rest and build up reserves of energy. Your maternity leave is there for your benefit and to benefit the relationship between you and your baby. Involve your partner and people you trust to help with the baby and housework.

Try also to:

- Have regular meals; choose nutritious foods that require little cooking. Avoid high sugar snacks and meals, as they tend to increase irritability and reduce energy.
- Get some physical exercise, as it is a great stress buster and will make you feel better.
- Be open about your feelings and worries with someone that you trust. This will help them understand what you need. It is not your fault if you are having a hard time. Equally it is most likely not your partner's fault.
- Organise a baby sitter and have a 'date' every couple of weeks to discuss life and its new challenges.
- Make a plan to reduce stressors and take time to relax with family and friends.

Signs of postnatal depression

The signs of postnatal depression are very varied and include:

- feeling irritable, moody and angry;
- feeling low and unhappy, not really enjoying the baby;
- feeling sad and lonely even with people around;

- crying for no reason;
- feeling inadequate and unable to cope;
- feeling out of control and as if you are losing your mind;
- feeling anxious and panicky;
- worrying about things you would normally take for granted;
- not sleeping well, difficulty getting to sleep and waking early;
- feeling exhausted and lacking in energy; and
- having difficulty in getting motivated to do anything – some days hardly able to get dressed.

It can also be a sign of postnatal depression if you are over-involved with the baby and don't allow anyone else to help. This can lead to exhaustion and make the condition worse. A small group of women feel they cannot do anything right for the baby and will ask their partner or family friend to care for the baby.

Some mothers with postnatal depression will be reluctant to leave the house to meet friends or take 'time out'. They may use excuses like "what if the baby needed me" or "I'm too tired".

Other signs of postnatal depression include:

- being over-involved in keeping the house tidy or being too exhausted to do any housework;
- having poor concentration – unable to focus on what people are saying, often forgetting things and finding it difficult to make decisions;
- having a disturbed appetite – some mothers forget to eat and others comfort eat or a combination of both;
- lacking sexual desire – some mothers think "what did I see in him" and another time will think that their partner will meet someone else and leave them;
- feeling guilty about many things, for things said and things not said; and
- thinking about running away or harming themselves – "the family would be better off without me".

Treatment

It's good to talk - Women who have postnatal depression respond well to treatment. Women who are diagnosed and treated early recover faster than those treated later. The key to prevention and early recovery is extra support and practical help. If you feel that all is not 'right' acknowledge this and talk to someone you trust – a friend, your midwife, your public health nurse or your GP. **A bad day is normal, a bad week or two is not.**

We have a dedicated service for mothers who are having a hard time adjusting to being a new mother. You can contact the support midwife at **01 817 2541** and she can arrange an appointment at a time that suits you. Or else you can contact the appointments desk at **01 873 0632**.

Sometimes, postnatal depression needs a dual approach. First, talking helps mothers develop a sense of perspective about the situation and allows them to consider what steps they can take to regain a sense of control. Second, about 30% of mothers with postnatal depression will need drug treatments. These drugs are not addictive. The length of time that mothers need to be on medication varies from six months upwards. Anti-depressants take at least two weeks to begin to work. If you stop taking medication before six months there is a bigger risk of the depression coming back.

Support from family and friends is also crucial to recovering from postnatal depression and therefore should be part of your care plan. Ask for their help and support. Local parenting groups and support groups often help by offering support and understanding. With help all postnatal depression can be overcome. You will enjoy life with your new baby and family again.

Early days at home with your baby

The old saying "sleeps like a baby" certainly does not apply to newborns. Caring for your new baby is a 24-hour-a-day seven-days-a-week job. In this section we will look at caring for your baby at home. We will also explain how important it is that your baby has a safe environment and advise you what medical checks your baby should have over the first six weeks.

Going out with your baby

Women often ask how soon is it okay to take a new baby out? The answer actually depends on how you are feeling. While babies have immature immune systems they are actually born with inherited immunity from you. If you feel like going out for a short walk in the first few days after getting home, then the baby is good to go with you. Make sure the baby is well wrapped up for the weather, and protected from the sun, and both of you can enjoy your first venture outside. It is a good idea to have someone with you for support.

What a newborn baby can do

There is one important skill that babies don't have to learn – they are born knowing how to suck. During the first few days they learn to coordinate their sucking and their breathing. Newborn babies also automatically turn towards a nipple or teat if it is brushed against one cheek, and they will open their mouths if their upper lip is stroked.

They can also grasp things (like your finger) with either hands or feet, and they will make stepping movements if they are held upright on a flat surface. All of these, except sucking will be lost within a few months, when your baby will begin to make controlled movements instead.

Newborn babies can use all their senses. They will look at people and things, especially if they are near, and particularly at people's faces. They will enjoy gentle touch and the sound of a soothing voice, and they will react to bright light and noise. Very soon they will also know their mother's special smell.

Sleeping

It can be difficult to encourage a pattern of sleep in the first few weeks. Newborn babies tend to sleep for two to three hours and then wake for a feed. Newborns like to sleep during the day and are often wide-awake at night. This is normal and the baby will eventually sleep more at night. You must be patient and learn to sleep when your baby sleeps.

Background talking, music or children playing generally do not cause any problems for the baby sleeping, but a sudden loud noise will. As each week progresses the baby will stay awake for longer periods and will settle into a routine of sleeping. By three months your baby will usually wake up for a time before they are due a feed and quite a few will sleep for most of the night.

Tips to help settle baby at night:

- Bath and feed your baby, change their nappy if needed and dress them in a comfortable babygro.
- Do not talk out loud while settling your baby as this can encourage the baby to stay awake.
- Dim the light, as a bright light will keep the baby alert.
- Make sure the room is not too hot and free from draughts.
- Do not pick the baby up again once they are settled because this will confuse them.

It is recommended that your baby stays in the same room as you for the first six months, but they should sleep in their own cot.

Preventing cot death or sudden infant death (SIDS)

SIDS (sudden infant death syndrome) or cot death is the tragic sudden and unexpected death of a seemingly healthy baby. No cause for death can be found even after a post mortem. Cot death can occur in a cot, pram, bed, car seat or anywhere a baby is resting. The best position for your baby to sleep in is on its back, with the back of their head lying on the mattress.

How to reduce the risk of cot death

- Always put your baby on their back to sleep in a face up, face clear (nothing blocking their face) position.
- Place your baby's feet at the foot of the cot.
- Do not smoke in the same room as your baby.
- Do not share a bed with your baby.
- Keep your baby's head and shoulders above the blankets.
- Do not let your baby get too hot or too cold. To check how warm your baby is, feel their tummy, which should feel warm, but not hot.
- Dress your baby for bed in a nappy, vest and babygro. In hot weather, your baby needs fewer clothes.
- Use light layers of blankets in an ideal room temperature of 16° - 20°C.
- Duvets are not recommended for babies under one year of age.
- Do not put a pillow in your baby's cot.
- Take off the dribbling bib before you put your baby down to sleep.
- Do not have a 'soother' (also called a 'pacifier' or 'dummy') attached to the babygro by a ribbon.

Immunising your baby

Immunisation is a safe and very effective way to protect your baby against certain diseases. These diseases can cause serious illness or even death. Immunisation works by causing the baby's immune system to produce antibodies to fight these diseases.

BCG is a vaccine that protects against tuberculosis (TB). The vaccine contains a weakened form of the bacteria that causes TB; this stimulates the baby's immune system to protect against the infection. The vaccine is given to the baby in the first few weeks of life and is available through your local health centre. The vaccination is free of charge.

Your baby should have the next immunisations when they are eight weeks old. It is very important that your baby receives the different vaccinations when they are due. Your GP or public health nurse will give you information on the schedule of vaccinations.

For further information on the childhood immunisation programme, visit the website: **www.immunisation.ie**

Frequently asked questions about newborn babies

How do I know if my baby is getting enough milk?

Some babies will take to feeding without any problems while others need a little bit of encouragement. Your midwife will guide you on feeding; for most babies we recommend that you feed them when they seem to want it -'demand feeding'. Small or jaundiced babies may require more frequent feeds.

You will recognise when your baby has had enough because they:

- are happy and active
- sleep well between feeds and
- have wet and dirty nappies.

It is common for babies to lose a small amount of weight in the first few days; however, your baby should return to their birth weight by the time they are two weeks old. The midwife will weigh your baby before you go home from hospital. The public health nurse will also check your baby's weight when she visits you at home. If you have any concerns about your baby's weight always ask for advice early from your midwife or doctor.

What do I need to know about vomiting?

Young babies frequently bring up some of their feed, which is called 'posseting', particularly if they are trying to bring up wind - this is normal. You only need to tell your midwife or doctor if:

- the vomiting is forceful or repeated effortlessly and
- occurs after every feed.

My baby has loose stools, why?

Your baby will pass a sticky green-black bowel motion for the first few days. This is called meconium; following this the stools turn yellowish. Formula fed babies commonly pass firmer stools than breastfed babies. However, if you find the baby is constantly passing very runny stools tell the midwife or doctor because a baby can become dehydrated quickly.

My baby has facial spots or a rash – what should I do?

Many babies have milk spots on their nose or face, which usually disappear in a few weeks without treatment. Newborns can develop spots on their bodies as they get used to the outside world. Generally these spots appear for a short time and then disappear. Please consult your midwife, public health nurse or GP if you are concerned about spots on your baby.

What should I do if my baby has trapped wind?

Trapped wind can give rise to tummy pains and the baby will cry and will not settle after the feed. There are simple techniques that usually work to deal with wind, like holding your baby up against your chest as well as gently massaging the baby's back. Sometimes walking up and down stairs with your baby held against your or your partner's chest can help to shift the baby's trapped wind.

Why is my baby crying?

Crying is baby's natural way of communicating. While you were pregnant your baby let you know they were happy with their movement and kicking; now the baby is more vocal and there are many reasons for crying.

As you get to know your baby you will begin to understand their different cries and what each one means. Reasons for crying can include that your baby:

- is hungry or thirsty;
- has a wet or dirty nappy and needs a change;
- has trapped wind or colic;
- is either too hot or too cold;
- is sick or in pain; or
- is lonely and wants a cuddle and some attention.

How to soothe a crying baby

- Pick your baby up and hold them close to your body.
- Talk or sing to your baby and gently massage their back.
- Feed your baby.
- Change their nappy.
- Go for a short walk with your baby.

If your baby continues to cry, ask another member of the family to take over as sometimes the baby can sense if you are under stress. It is best to seek medical advice as soon as possible if:

- you think the baby is in pain;
- the type of crying is unusual;
- the baby is pale
- the baby has a purple or red rash on its body; or
- the baby feels hot.

Remember never shake your baby as this can damage the baby's body and brain.

'Sticky eyes' – are they a problem?

'Sticky eyes' are usually due to a mild eye infection. You can usually solve the problem by gently cleaning the affected eye with a piece of cotton wool dipped in cooled boiled (sterile) water. Use each piece of cotton wool just once and wipe the eyes from the inside (near the nose) to the outside. Sometimes a baby will need an antibiotic depending on the infection.

Care of your baby following discharge from hospital

The role of the public health nurse (PHN)

Once you have been discharged from our hospital we will pass on your details to your local PHN. The PHN will contact you and arrange to visit you and your baby at home. This visit will normally take place within 48 hours of you leaving hospital.

The PHN will arrange to carry out weight and development checks on your baby until school going age. The PHN will give you lots of information about local support groups and services. If you are under the care of our community midwifery services (DOMINO and ETH) then your first visit with the PHN will be after the community midwife has finished caring for you and your baby – usually around seven days after the birth.

The role of the GP

If you attended your GP for 'combined care' during your pregnancy, you should take your baby for a health check to your GP at two and at six weeks of age. These visits are part of the combined care service and you will not be charged for them.

Babies who have left hospital in the previous two weeks

Your GP or PHN (public health nurse) or community midwives are available to deal with any medical or other concerns you might have about your baby. Please use these services. The community midwife or PHN will visit you at home shortly after your discharge and will advise you about any questions or problems you may have. They will also arrange to have the baby's weight checked.

The Department of Paediatrics in the Rotunda offers 24-hour medical emergency services to all babies born in the Rotunda for two weeks after they leave hospital. Between 8.00 am and 4.00 pm Monday to Friday you should bring your baby to paediatric outpatients (POPD). Outside these hours we will treat your baby in the assessment and emergency unit. We strongly advise you to attend POPD during office hours and to phone to arrange an appointment where possible. If you are not sure whether or not we need to see your baby, please phone **01 817 1728** for advice.

If we need to admit your baby to hospital, we will usually admit them to the Rotunda. However, sometimes we may need to transfer the baby to another hospital.

Emergency services for infants beyond 2 weeks

For emergency services after 2 weeks you should take your baby to your GP or the local paediatric emergency department, as a maternity hospital has no facilities or inpatient cots to meet the needs of your infant.

Your GP and public health nurse are available to deal with any medical or other concerns you have about your baby. Your local health clinic or your public health nurse can check your baby's weight.

We provide an outpatient service for babies who have left the Rotunda between two and six weeks previously by appointment only. The outpatients department is open Monday to Friday from 8.00 am to 4.00 pm.

Babies who are more than six weeks old will only be seen in the Rotunda if they have an appointment or if it has been arranged in advance. Parents may phone **01 817 1728** for advice.

11

Chapter 11

Feeding your baby

11

The feeding question

The Rotunda Hospital recommends breastfeeding because it is the best start in life for babies. We are accredited as a 'baby friendly' hospital, which means that we provide a high standard of care so that pregnant women and new mothers receive the support they need to breastfeed successfully.

However, we support choice for women and we will support mothers whatever decisions they make about how to feed their baby. It is not necessary to make this decision until after you have held your baby skin to skin after birth. We recommend that you take the time to read through this section and discuss your options with your midwife or doctor.

You will hear lots of opinions and stories about other people's feeding experiences. While much of the advice and information you get from friends and family will be very useful, some of it may confuse rather than guide you. In this section we aim to give you the information that you need to help you decide what is best for you and your baby.

If your baby is born prematurely or is unwell then it will be vital that you provide breast milk for your baby. You will be advised and supported by the midwives on how to establish and maintain your milk supply.

How breastfeeding works

The first milk your breasts produce is called 'colostrum'. This milk is ideal for your baby for the first few days. It is made in small quantities so your baby will feed frequently, which is perfectly normal. The more your baby feeds the more milk you will produce.

After about three days your breasts may become engorged. They may feel heavy, hot and full. This is normal and is due to an increase in the blood and milk supply to your breasts. It usually settles within 24 – 48 hours with frequent feeding and by using cold compresses on your breasts between feeds.

Sometimes women may have to hand express to soften the areola (area around the nipple) so that the baby can attach properly to the breast.

Once the mature milk is established it contains 'fore" milk and 'hind' milk. The fore milk is high volume milk, which will quench your baby's thirst. The hind milk is high in fat and calories, which will settle your baby between feeds and ensure that they will put on weight.

It is important that you don't restrict how long your baby spends feeding. Babies will vary the length of their feeds. Just like us, they may fancy a quick snack or will want to settle in for a full three-course feast! As a general rule, your baby should feed from the first breast until the breast is softened and/or your baby comes off the breast naturally. Always offer your baby the second breast although they may not take it. Throughout a breastfeed your baby's sucking will send messages to your brain to 'order' milk for the next feed.

Breastfeeding in the early days

Following the birth of your baby you will be given your baby to hold skin to skin for at least 60 minutes. This is a good time to offer the first breastfeed as your baby will be awake and alert after birth. We will show you how to recognise the early signs of your baby's readiness to feed and we will give you any help you require. Skin to skin contact may continue during your transfer to the postnatal ward and it will not be interrupted for routine procedures.

If there is a medical reason why you cannot give your baby skin to skin contact immediately after birth, your partner can hold your baby skin to skin. If you have a caesarean section under general anaesthetic, skin to skin contact can start when you are alert and awake. Babies that require non emergency transfer to the neonatal unit will be given skin to skin contact and an opportunity to breastfeed before transfer. Babies requiring immediate transfer to the neonatal unit can have skin to skin contact as soon as their condition improves.

Baby led feeding means that no restrictions are placed on the frequency or duration of breastfeeds for healthy babies. If there is a medical reason why your baby needs scheduled feeding, this will be discussed with you. Your baby is likely to want to feed at least six to eight times in 24 hours, which includes at least once during the night.

Signs your baby wants to breastfeed

Your baby will usually give you plenty of warning when they want food.

Early signs to watch for are when your baby:

- sucks its fists;
- turns its head looking for the breast; or
- opens its mouth and puts out its tongue.

After these early signs your baby may then start to:

- make noises;
- cry loudly.

When you see these early signs, it is a good time for you to prepare for feeding by going to the bathroom, have a glass of water at hand and make yourself comfortable. Babies cry for lots of reasons not just for feeding. In time you will recognise your own baby's signals and what they mean. Sometimes to get your baby ready to feed you may have to calm and comfort them first.

Putting your baby to the breast

It is important that you find a comfortable position. If you are sitting down to feed, try to make sure that:

- your back is well supported;
- your lap is almost flat;

- your feet are flat on the ground; and
- you have extra pillows to support your back and arms or to help raise your baby to the level of your breasts.

Breastfeeding lying down can be very comfortable and handy if you have had a caesarean section and for night feeds. Lie on your side with a pillow supporting your head and back, with another pillow between your legs. Once your baby is feeding well, you will be able to feed them comfortably anywhere without needing pillows.

Your baby's position

There are various ways that you can hold your baby for breastfeeding. Whichever way you choose, here are a few guidelines to help make sure that your baby is able to feed well:

- Hold your baby close to you.
- Baby should be facing the breast, with head, shoulders and body in a straight line.
- Baby's nose or top lip should be opposite the nipple.
- Baby should be able to reach the breast easily.
- Remember always to move your baby towards the breast rather than your breast to the baby.

Attaching your baby to the breast

It is important to make sure that your baby latches onto the breast correctly, otherwise, baby may not get enough milk during the feed and your nipples could become sore.

Position your baby with their nose or top lip opposite your nipple. Tease the baby with the nipple in a downward direction. Wait until the baby opens its mouth and move the baby onto your breast so that its lower lip touches the breast as far away as possible from the base of the nipple. This way, your nipple points towards the roof of your baby's mouth.

When your baby is properly attached to the breast you will notice that:

- your baby's mouth is wide open and they have taken a big mouthful of breast tissue;
- your baby's chin is touching the breast;
- your baby's bottom lip is curled back;
- feeding should not hurt you;
- if you can see any of the areola (the brown skin around the nipple) more should be visible above the baby's top lip than below its bottom lip; and
- your baby's sucking pattern will change from short sucks to long deep sucks with pauses.

Feeding should not be painful. If you feel some tugging when the baby first attaches to the breast, this sensation should fade quickly and then the feeding should be comfortable.

If it is uncomfortable throughout the feed, this can mean that your baby is not attached properly. Remove the baby from the breast by:

- placing the tip of your little finger into the side of the baby's mouth so that the suction is broken.

You can then help your baby to reattach correctly. If the pain continues, ask a midwife for help.

Tips for successful breastfeeding

- You and your baby will have skin to skin contact after birth. This is a great opportunity for your baby's first breastfeed.
- 'Rooming in' is hospital policy. This means that you keep your baby near you throughout your stay in hospital so that you get to know your baby and their feeding cues.
- Good positioning and attachment.

Breastfeeding support while in hospital

The midwives will assist you with breastfeeding while you are in hospital. Make sure that a midwife checks that your baby is positioned correctly and is well attached to the breast during your stay in hospital. The lactation midwives are available in the hospital Monday to Friday. The midwives on the wards will contact them if special assistance is required. Breastfeeding support sessions are held on the postnatal wards. Once you are discharged from hospital you may ring the lactation midwives for support by phoning **01 817 1700** or you may attend the breastfeeding support group sessions held weekly.

Patterns of breastfeeding

Babies feeding patterns vary enormously. For example, some breastfed babies do not want many feeds in the first two days. However, the feeds may then become very frequent, particularly in the first few weeks. This is quite normal: if you just feed your baby whenever they are hungry, you will produce plenty of milk to meet their needs. This is called 'demand' feeding. Each time your baby feeds, messages are sent to your brain, which then sends signals to your breasts to produce more milk.

If your baby does not breastfeed at least six to eight times in 24 hours, you may notice that you do not produce enough milk to meet your baby's needs. Therefore, whenever your baby is hungry put them to the breast. If your baby has been fed and is still unsettled, check if the nappy needs changing or if your baby just wants a cuddle or to be soothed. If none of these settle your baby then offer them another breastfeed.

More feeding = more signals = more milk

Each time your baby feeds, the milk supply is being built up. While your baby is learning feeds may last quite a long time. Many mothers worry that frequent feeding means that they do not have enough milk to feed their baby. Providing that your baby is properly attached to the breast, this is very unlikely to be the case. Ask the midwife if you are unsure. Once you and your baby are used to breastfeeding, it is usually very easy. The milk is always available at just the right temperature. In fact, there is really no need to think about it at all. Your baby lets you know when it is time for the next feed.

How do mothers know if breastfeeding is going well?

Breastfeeding is going well when your baby:

- is alert and waking for feeds;
- has a minimum of six wet nappies and four soiled nappies every day after the first week;
- is gaining weight after the first week;
- settles and sleeps between feeds; and
- your breasts or nipples are not sore.

Looking after yourself

It is important that you rest, eat well and drink for your thirst. Avoid alcohol and limit how much caffeine you take in drinks like coffee, cola and tea.

Breastfeeding is nature's way of making you take it easy for the first few weeks after the birth. This is good as your body undergoes huge changes in the days following the birth and lots of rest will help you to recover.

Try to have as much help around as you can. If you have other children, arrange relatives and friends to help you with them.

Your partner will have the job of caring for you while you feed your baby. They can spend plenty of time with your baby between feeds while you are resting.

There will be no shortage of nappies to change or cuddles to give your baby. It is a good idea to have the freezer stocked with meals and foodstuff before the baby arrives making it easier for you and your partner.

While you may be excited to introduce your precious new baby to all your family and friends, it is actually a good idea to keep visitors to a minimum for the first week or so. Newborn babies do not like being over-handled and can become upset and fretful if passed from one person to another.

11

Continuing to breastfeed

Growth spurts

Babies grow all the time. However, they do have growth spurts, which occur around three, eight and 12 weeks. At this time the baby feeds more often and this increases your milk supply. This usually lasts for about 24 – 48 hours and then the feeding pattern returns to normal.

Reasons for expressing milk

You may want to express milk if:

- your breasts are too full for the baby to attach;
- your breasts feel full and uncomfortable;
- your baby is too small or sick to breastfeed; or
- you will be away from your baby for more than an hour or two.

You can express milk:

- by hand;
- using a hand pump;
- using an electric pump.

Whichever way you choose, when you express your milk it may take a minute or two to start flowing. Milk can be continuously expressed from one breast only for a few minutes before the supply slows down or appears to stop. Milk should then be expressed from the other breast, then go back to the first breast and start again – about ten minutes on each breast altogether. Keep changing breasts until the milk stops or drips very slowly.

When expressing, you can encourage your breast milk to flow by trying some of the following.

- Try to be as comfortable and relaxed as possible. Sitting in a quiet room with a warm drink may help.
- Have your baby close by. If this is not possible have a photograph of your baby to look at instead.
- Have a nice warm bath or shower before expressing, or apply warm flannels to your breasts.

- Gently massage your breast. This can be done with your fingertips or by rolling your closed fist over your breast towards the nipple. Work around the whole breast, including underneath. Do not slide your fingers along your breast as it can damage the skin.
- After massaging your breast gently roll your nipple between your first finger and thumb. This encourages the release of hormones, which stimulate your breast to produce and release the milk.
- As you get used to expressing your milk you will find that you do not need to prepare so carefully. Just like breastfeeding, it gets easier with practice.

Hand expressing

This is a free and convenient way of expressing milk and is particularly useful if you need to relieve an uncomfortable breast. These instructions are a guide but the best way to learn is to practice so that you find what works best for you. With practice it is possible to express from both breasts at the same time.

Techniques for hand expressing

Each breast is divided into around 15 sections, each with its own milk ducts. It is from these ducts that you express the milk. It is important that you rotate your fingers around the breast to ensure that milk is expressed from all the lobes.

1. Place your index finger under the breast at the edge of the areola, and your thumb on top of the breast opposite the index finger. You may be able to feel the milk ducts under the skin. If your areola is small, you may need to move your fingers away from the edge of the areola. Your other fingers can be used to support the breast.
2. Keeping your finger and thumb in the same places on your skin, gently press backwards towards the chest wall. Press your thumb and finger towards each other, moving the milk towards the nipple.
3. You should not squeeze the nipple, as this is not effective and could be painful. Be careful not to slide your fingers along the breast as this can damage the delicate breast tissue.
4. Release the pressure to allow the ducts to refill.
5. Repeat steps 2 and 4.

Once you have a good technique steps 2 and 4 take no more than a few seconds. You are then able to build up a steady rhythm. This results in the milk dripping and perhaps spurting from the breast.

Pumps

There are a number of different pump designs; some are operated by hand, some by battery and some are electric. They all have a funnel that fits over the nipple and areola.

Electric pumps

Electric pumps are fast and easy because they work automatically. They are particularly good if you need to express for a long period, for example if your baby is in the neonatal unit. If this is the case, then you should try to express a minimum of six to eight times in 24 hours including once during the night, to maintain supply.

It is recommended to massage the breast prior expressing and always hand express for a couple of minutes at the beginning and the end. It is possible to express both breasts at the same time using some electric pumps that have a dual pumping set. This is quicker than other methods and may help you to produce more milk.

Follow the manufacturer's instructions very carefully if you use a pump. Whichever method you choose, it is important that you wash your hands thoroughly before you start. You must wash all containers, bottles and pump pieces in hot soapy water before you use them, and you must sterilise them if your baby is very young, in hospital or if you are sharing equipment.

Storing breast milk at home

You can store breast milk in the coolest part of a fridge at a temperature of 2° - 4°C for up to five days. If you do not have a fridge thermometer, it is probably safest to freeze any breast milk that you do not intend to use within 48 hours. You can store breast milk for one week in the ice compartment of the fridge,

up to three months in a drawer freezer or for six months in a chest freezer. If you have a self–defrosting freezer, store the milk as far away as possible from the element.

When freezing breast milk for occasional use at home, you can use any plastic container provided it has an airtight seal and you can sterilise it. Remember to date and label each container and use them in date order. If you are expressing breast milk because your baby is premature or ill, ask the staff who are caring for your baby for advice about storage containers and how to store your milk.

You can thaw frozen breast milk slowly in a fridge. Standing the container in warm water will also thaw frozen milk. You can store thawed breast milk in a fridge and use it for up to 24 hours. Once it has warmed to room temperature, you should either use it or throw it away.

You should never refreeze breast milk. Don't defrost breast milk in a microwave because it may heat up unevenly and your baby could then burn their mouth on a hot spot.

Breastfeeding support groups

In the Rotunda we have a breastfeeding support group, which usually meets every Thursday morning at 11.30 am but please ring to confirm that the session is going ahead. If you have any problems with feeding at home the lactation midwife in the hospital is only a phone call away at **01 817 1700**, Monday to Friday.

There are community support groups in your area and meetings are usually held in the local health centre. Your public health nurse will tell you the date and time.

La Leche League in Ireland	**www.lalecheleagueireland.com**
Cuidiú Irish Childbirth Trust	**www.cuidiu-ict.ie**
Friends of Breastfeeding	**www.friendsofbreastfeeding.ie**
HSE Breastfeeding Support Network	**www.breastfeeding.ie**

11

Cleaning and sterilising equipment

It is very important that you clean and sterilise all the equipment you use to feed your baby. Cleaning and sterilising remove harmful bacteria that could make your baby sick.

Cleaning

- Wash your hands well with soap and warm water. Dry them using a clean towel.
- Wash all feeding equipment well in hot soapy water.
- Use a clean brush to clean the inside and outside of the equipment to make sure you remove any leftover milk from the hard-to-reach places.
- Rinse well in clean running water.

You can use your dishwasher to clean feeding equipment provided it is dishwasher proof. Dishwashers do not sterilise feeding equipment.

Sterilising

Sterilise the clean feeding equipment before you use it, using one of these methods.

1. **Steam** – This is the best way to sterilise feeding equipment. You can buy plug in sterilisers or microwave sterilisers. Always follow the manufacturer's instructions.
2. **Boiling water** – Fill a large saucepan with tap water (as long as the tap water in your area is safe) and completely cover all the equipment. Make sure there are no trapped air bubbles. Cover the saucepan with a lid and bring to the boil and boil for at least three minutes. Make sure the feeding equipment is fully covered with boiling water at all times. Keep the saucepan covered until you need to use the equipment.
3. **Chemical steriliser** – Make up a batch of sterilising liquid following the manufacturer's instructions. Make sure all equipment is completely covered by the liquid and that there are no trapped air bubbles. Leave the equipment covered for the length of time stated on the instructions.

Storing sterilised equipment

You will need to wash your hands and assemble any equipment immediately to keep the inside sterile. Store the equipment in a clean place. If put together correctly it will be safe for use for 24 hours. If not used within 24 hours, you should sterilise it again.

Vitamin D supplements for all babies

Vitamin D is important for healthy bone growth and to prevent certain diseases. It helps lay down calcium in your bones and control calcium levels in your body. Babies must get enough vitamin D in the first year of life when there is rapid bone growth. Babies with very low vitamin D levels can develop rickets – a disease where the bones become soft and weak. Children with rickets have bowed legs and arms as well as other bony changes. Adults with low vitamin D levels can also develop weak bones. Vitamin D may also have a role in preventing some chronic (long-term) illnesses.

Vitamin D comes from the reaction of sunlight on your skin during the spring and summer months. However, you should not expose babies under six months of age to the sun, in an attempt to boost their vitamin D levels or for any other reason, because their new skin can burn easily. Furthermore, babies will not be eating the vitamin D rich foods (oily fish-salmon, mackerel, sardines; whole eggs, liver and some fortified milks and breakfast cereals) in large enough amounts to meet their needs for vitamin D during the first year of life.

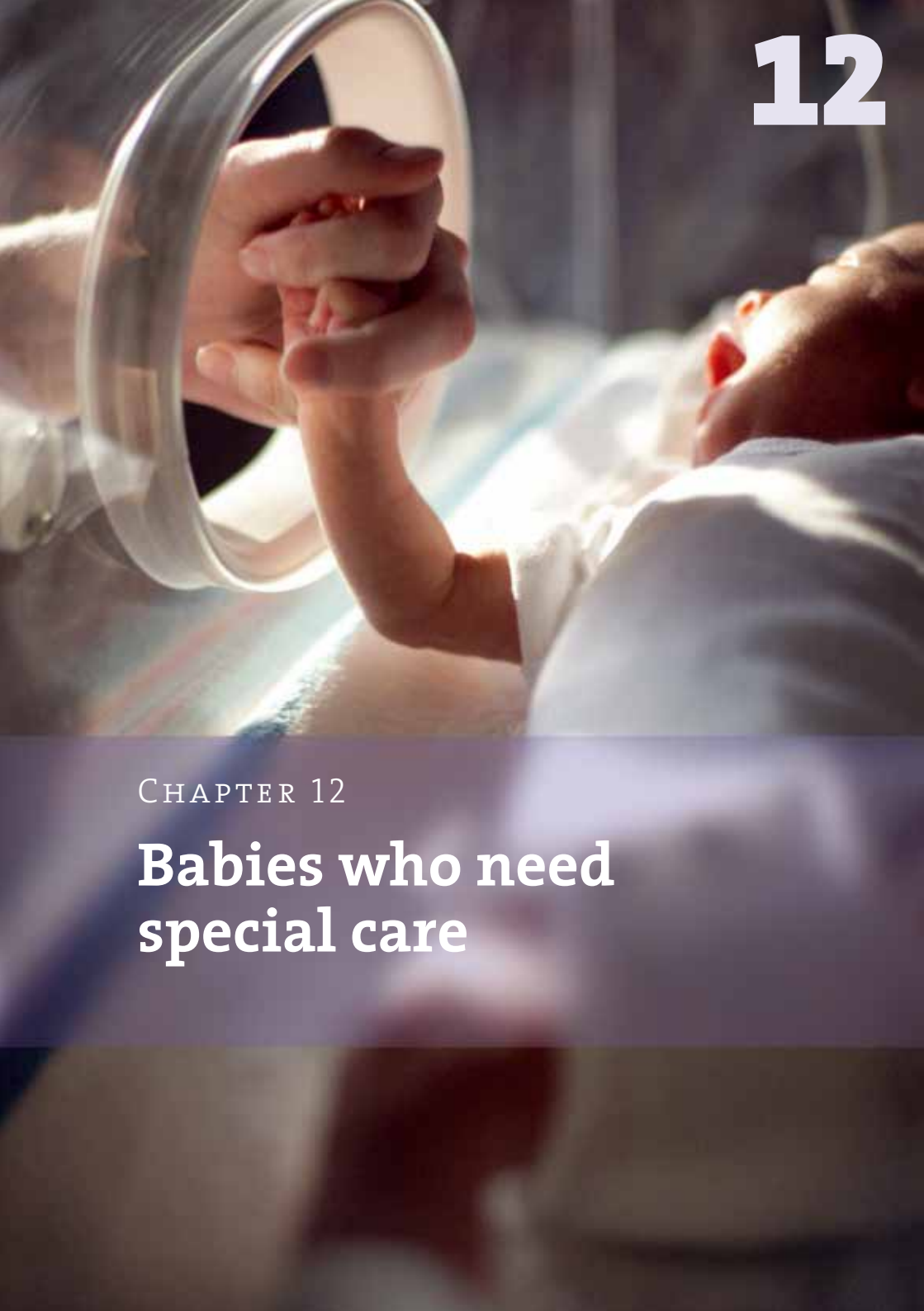
For these reasons, all babies, both breastfed and formula fed, should be given vitamin D drops containing 200 IU (5 μg) of vitamin D from the first week of life until they are at least 12 months old. Once your baby is over 12 months you should offer them a variety of foods and drinks containing vitamin D or continue giving them vitamin D drops.

Vitamin D drops for infants are available at most pharmacies. Remember, it is as harmful to take too much of any vitamin as it is to not take enough. Always read the instructions before using any supplements. If you have any questions please ask your doctor, midwife, public health nurse, dietitian or pharmacist.

The names and doses of vitamin D drops available in your local pharmacy are listed in the table below. For the most up to date information on vitamin D, please see the HSE website:
www.hse.ie/eng/health/child/vitaminD/vd.html

Name of Vitamin D Supplement	Supplier	Amount of product to give one dose of 5µg vitamin D each day	How to give vitamin D to your baby
Abidec Vitamin D3 Drops	Chefaro Ireland, Ltd.	5 drops	5 drops on a baby spoon and then place into baby's mouth
Baby D	KoRa Healthcare Ltd.	0.2 ml of liquid	0.2 ml of liquid using the syringe provided, and place into baby's mouth
BabyVitD3 Drops	Shield Health Ltd.	2 drops	2 drops using the dropper provided, and place into baby's mouth
BabyVitD3 Pump	Shield Health Ltd.	1 pump of liquid	1 pump of liquid onto a baby spoon and place into baby's mouth
Baby Vitamin D3 Drops	Beeline Healthcare	0.5 ml of liquid	0.5 ml of liquid using the dropper provided, and place into baby's mouth

More information on feeding your baby can be found on this website:
www.indi.ie/fact-sheets/fact-sheets-on-nutrition-for-babies-children.html



12

Chapter 12

Babies who need special care

The Rotunda Hospital provides care for all newborn babies. Neonatal care means providing care for newborn infants in the first two weeks of life. In certain circumstances, we provide care for babies for a much longer period. Most babies are well at birth and are transferred to the postnatal ward with their mother where care is provided by midwives to the baby at the mother's bedside.

However, a small number of babies are admitted to our neonatal unit for intensive or special care. We also provide an outpatient service for babies requiring special follow up after discharge. The following pages have more information on each of these areas.

Neonatal Unit

The neonatal unit in the Rotunda has been providing care for all sick or premature infants born in the hospital and those transferred from other hospitals since the 1950s. The present unit was completed in 2002 and is situated on the second floor of the Hospital.

Most babies are in good health at birth but around 10% will require admission to the neonatal unit. A large number of our patients are born less than 32 weeks gestation and weigh less than 1500 grams. Small premature babies (born before 34 weeks gestation) and sick bigger babies will be admitted to the neonatal unit for observation, treatment and ongoing care.

Bigger babies are transferred back to their mothers on the postnatal ward once their condition improves. Premature babies, because they are born early, may take some time before they are well enough to go home. Babies transferred from other hospitals to the Rotunda for intensive care will be transferred back to their referring hospital for ongoing care once their condition is stable enough to allow their transfer.

Every year, we have about 1400 babies admitted to our neonatal unit. The majority of those babies are born in the Rotunda Hospital. The team caring for your baby is multi-disciplinary in nature. This means that healthcare workers with different areas of expertise contribute to the day to day care of your baby. The team is made up of consultant neonatologists, paediatric registrars and senior house officers, clinical midwife managers, staff midwives and nurses, neonatal nurse practitioners, clinical nurse specialists, pharmacists, a dietitian and social workers.

We also have consultant specialists in other paediatric disciplines such as cardiology and neurology that provide care. In addition, we have a very strong administrative team and clinical engineers that provide ongoing support.

If your baby has been in the neonatal unit for a long time, going home is a very exciting time but it can also be very overwhelming. Your baby will be ready for discharge when s/he is feeding well, keeping warm in a cot and gaining weight. The midwifery and nursing staff along with our neonatal discharge coordinator will guide you on how to care for your baby at home.

Our philosophy of care in the neonatal unit is to:

- Provide a high standard of holistic family-centred care to sick newborn infants and their families.
- Ensure all care is individualised and developmentally supportive so that all infants may achieve their maximum potential.
- Provide support and education to parents and family by maximising their involvement and facilitating good communication with all team members.

Visiting policy

Only parents may visit the neonatal unit however this is under constant review. This is to help reduce the risk of infection for sick newborn infants. There are certain times during the day when we restrict visiting, for example, during the daily medical ward round, the nursing handover and during some medical procedures. If you visit during these times we will ask you to wait in the waiting room.

For further information:

Download our Parent's Guide to the Neonatal Unit booklet from:
www.rotunda.ie/NeonatalCare/NeonatalUnit.aspx

Information on the support services available in the Rotunda is also available from the website: **www.rotunda.ie**

The following links provide help and support to the families of preterm babies:

www.irishprematurebabies.com

www.bliss.org.uk

Paediatric Outpatients Department

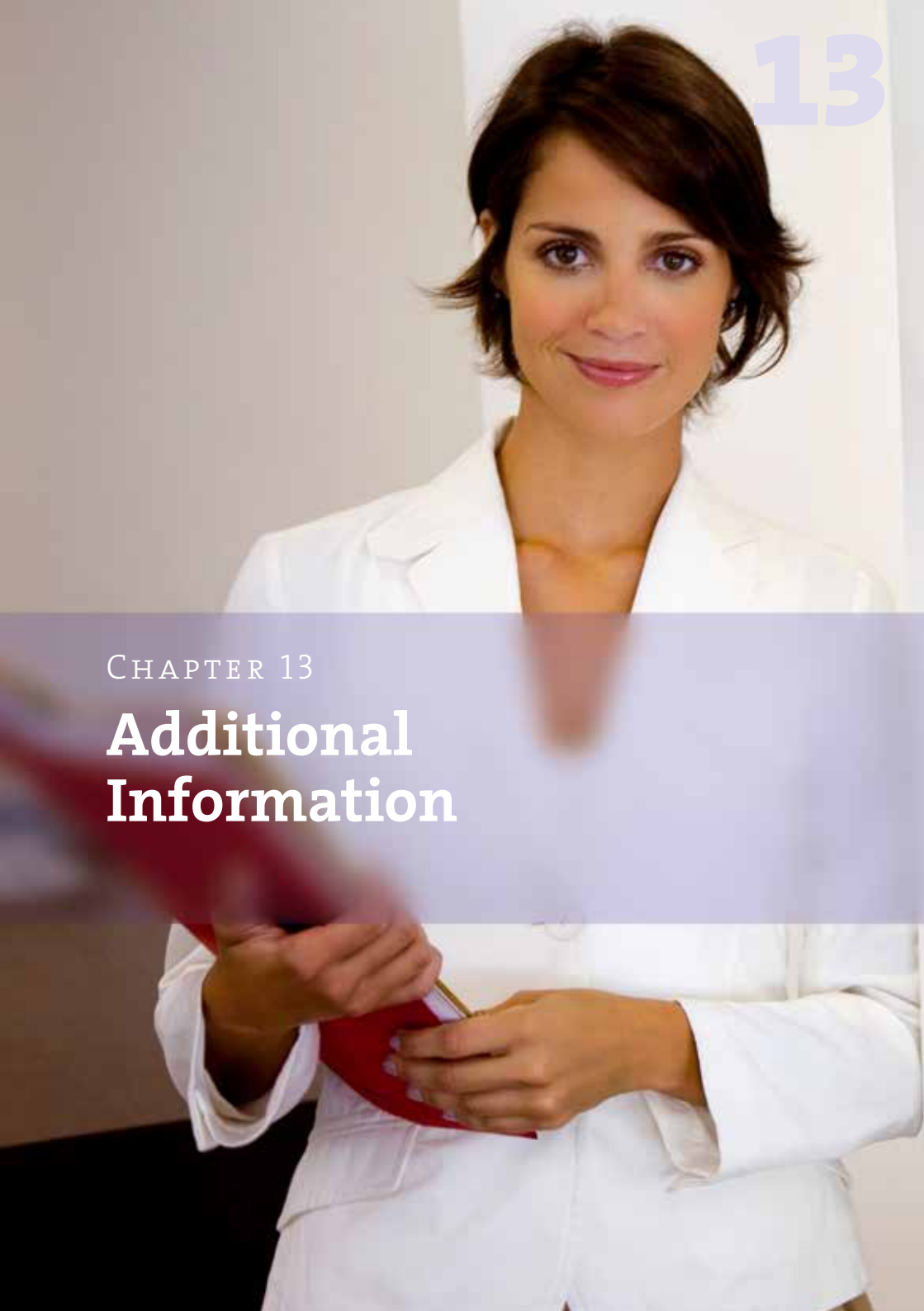
The paediatric outpatients department provides follow up care for infants born at the Rotunda Hospital. There are over 1500 clinics every year, which cater for 11,000 visits to the department. This service includes providing follow up for premature and term infants admitted to our neonatal unit, baby checks, feeding advice, follow up of jaundice in addition to dedicated infectious disease and neurology clinics for infants with specific conditions.

The clinic hours are Monday to Friday from 8.00 am - 4.00 pm. It is important that you bring your baby to the clinic for his/her follow up appointments and if you cannot attend for any reason please ensure that you contact the department at **01 818 1728** in advance to cancel and/or rearrange the appointment.

You should contact your GP immediately if your baby becomes unwell. The hospital provides an out-of-hours service for newborn babies up to 2 weeks of age. If your baby is over 2 weeks old, you should attend a paediatric hospital such as the Children's University Hospital, Temple Street, as the Rotunda cannot admit babies of this age.

Our philosophy of care in the paediatric outpatients department is to:

- Embrace and welcome diversity
- Provide appropriate care, education, and follow up to all infants and their families
- Promote health
- Empower and equip families and carers with the knowledge, and support to help their child achieve their maximum potential
- Facilitate good communication between families, members of the health care team and outside organisations



13

Chapter 13

Additional Information

Adoption

Adoption authority of Ireland	www.aai.gov.ie

Baby

American academy of paediatrics	www.aap.org
Birth registration	www.groireland.ie
Bliss	www.bliss.org.uk
Car seat safety	www.rsa.ie
Childhood immunisation programme	www.immunisation.ie
Irish multiple births association	www.imba.ie
Parent line	www.parentline.ie
Premature baby	www.irishprematurebabies.com

Benefits and welfare payments

Citizens information	www.citizensinformation.ie
Department of social protection	www.welfare.ie
Health service executive	www.hse.ie
Money advice and budgeting service	www.mabs.ie

Breastfeeding

Baby friendly initiative	www.babyfriendly.ie
Cuidiú - Irish childbirth trust	www.cuidiu-ict.ie
HSE breastfeeding support network	www.breastfeeding.ie
La leche league Ireland	www.lalecheleagueireland.com
Friends of breastfeeding	www.friendsofbreastfeeding.ie

Crisis or unplanned pregnancy

Crisis pregnancy agency	www.crisispregnancy.ie
Irish family planning association	www.ifpa.ie

Domestic abuse/refuge

Safe Ireland	www.safeireland.ie
Women's aid	www.womensaid.ie

Health promotion

Breast check	www.breastcheck.ie
Cervical screening programme	www.cervicalcheck.ie
Healthy eating	www.safefood.eu/Healthy-Eating.aspx
Health promotion	www.healthpromotion.ie
Quit smoking	www.quit.ie
Sexual health	www.yoursexualhealth.ie

Mental health support

Royal college of psychiatrists	www.rcpsych.ac.uk
Depression - Aware	www.aware.ie

Migrant/minority ethnic women

African women's network	www.akidwa.ie
Cáirde	www.cairde.ie
Immigrant council of Ireland	www.immigrantcouncil.ie

Pregnancy and childbirth

Cuidiú - Irish childbirth trust	www.cuidiu-ict.ie
Royal college of obstetrics and gynaecology	www.rcog.org.uk/womens-health

Pregnancy loss

Miscarriage association of Ireland	www.miscarriage.ie
A little lifetime foundation	www.alittlelifetime.ie
Parental and sibling bereavement support	www.anamcara.ie
Féileacáin	www.feileacain.ie

Private health insurance

Vhi healthcare	www.vhi.ie
Laya healthcare	www.layahealthcare.ie
Aviva health	www. avivahealth.ie
GloHealth	www.glohealth.ie

Single parents

One parent families	www.onefamily.ie
National federation of services for unmarried parents and their children	www.treoir.ie

Notes

Notes