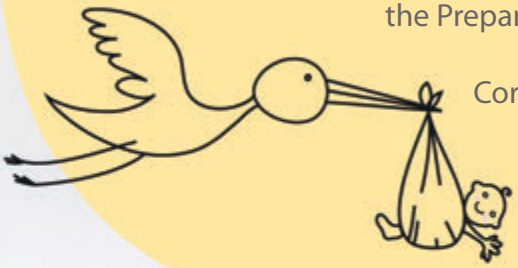
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UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Information on Preparing for Birth & Parenthood

A handbook for parents-to-be attending the Preparation for Birth and Parenthood Education programme at Cork University Maternity Hospital





Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Ospidéal Máithreachais na hOllscoile Corcaigh
Cork University Maternity Hospital

Women, babies and their families are the centre of our service as we strive for excellence and innovation



Our vision is to empower parents to develop the skills to negotiate all aspects of their journey through pregnancy, labour, birth and early parenthood.

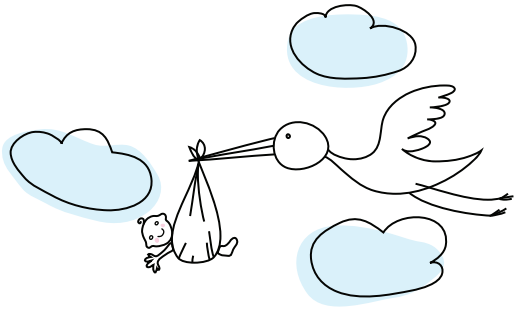
Editor: Cathy O' Sullivan, Midwife Teacher, Centre of Midwifery Education, CUMH.

Authors: Margaret Murphy, Midwifery Lecturer, UCC; **Mary Jeffery,** Senior Midwife, CUMH; **Cathy O'Sullivan,** Midwife Teacher, Centre of Midwifery Education CUMH; **Jane O' Connor,** Clinical Midwife Manager 3, CUMH; **Valerie Dennehy**, Clinical Midwife Manger 2 CUMH; **Monica O'Regan,** Midwifery Clinical Skills Facilitator, CUMH; **Olive Long,** Acting Director of Midwifery, CUMH; **Liz Barry,** Deputy Physiotherapy Manager, CUMH, **Anne Marie Cronin, Jean Dennehy and Shalini Wiseman,** Senior Physiotherapists for women's' health, CUMH and the entire physiotherapy team at CUMH; **Rebecca O'Donovan,** CMS Breastfeeding, CUMH and members of Parentcraft Education Sub-committee.

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Introduction

Congratulations...

...on the upcoming birth of your baby and thank you for choosing the Cork University Maternity Hospital services.

This booklet is used during our Preparation for Birth and Parenthood Education programme (also called antenatal education or parent craft education). Most women attending the programme will be 30 weeks pregnant or more, therefore we mainly include information that is relevant to you from this point onwards in your pregnancy. We will use this booklet as a guide during this programme and you will be able to go over the information and skills you have learned at home. All the information is on our website: www.cuh.hse.ie and see 'Our Services', 'Cork University Maternity Hospital'.

We hope that the handbook will help you make informed decisions about your care. It contains information that other parents have found useful. If you have further questions you can ask the midwives who present the Preparation for Birth and Parenthood Education programme. This programme is very informal and your birth partner is welcome to attend with you. It is run by midwives to give you information on birth and parenthood; to answer any questions you may have and to correct any misinformation.

The booklet will give you information and sources of information that are available to you. It gives you a flavour of many of the topics you will be interested in while pregnant and just after giving birth but is by no means an exhaustive source. You will get more information and help as you talk to other mothers, healthcare professionals and on-line. Follow on information from the HSE is available in our three guides: *Caring for your Baby - Birth to Six Months; Caring for your Child - Six Months to 2 Years and Caring for your Child 2 to 6 Years*. Your public health nurse will have copies of these booklets or see www.hse.ie/caringforyourbaby

We look forward to preparing you for this very exciting time in your life.

With best wishes from,

The Parentcraft Midwife Education Team

Preparation for Birth and Parenthood Education Programme

Cork University Maternity Hospital offers a Preparation for Birth and Parenthood Education programme to all our expectant parents. We will give you information and teach you skills that will prepare you realistically for labour, birth and becoming a parent. The programme runs in the mornings and afternoons from Monday to Friday between 9.30am and 4.30pm. You can book a place on the programme by telephoning (021) 4920600 between 10am and 12 noon from Monday to Friday.

The Preparation for Birth and Parenthood Education programme is run for the following groups:

- first time parents;
- teenagers and young adults;
- parents expecting multiple births - twins, triplets, etc; and
- parents expecting a second or subsequent baby who need a refresher education session.

We also hold individual sessions for parents with specific needs.

Below is a sample timetable of the Preparation for Birth and Parenthood Education Programme. This timetable may vary from time to time depending on group requests.

DAY 1: 9.30am to 12 noon and repeated from 2pm to 4.30pm
Presented by a midwife. **(Includes a break)**

- Introduction and Ice melters
- What expectant parents want from our preparation for birth and parenthood education programme?
- How to know when labour is starting?
- Labour practice/dealing with contractions
- Positions, Movement (Practical)
- Breathing for labour (Practical)
- Birth of baby and birth of placenta
- Communicating/connecting with your baby
- Preparation for parenthood
- Car seat safety demonstration (external speaker).

DAY 2: 9.30am to 12 noon and repeated from 2pm to 4.30pm
Presented by a midwife. **(Includes a break)**

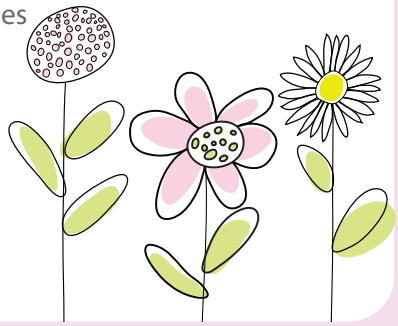
- Induction of labour
- Caesarean birth and assisted birth (forceps, vacuum, etc.)
- Birth and early parenthood
- Relationships / Parenting
- Breastfeeding
- Looking after mum and baby
- Fatherhood
- Baby tummy time
- Hopes and concerns
- Community Support services
- Information on CUMH (10 minute DVD)
- Post natal depression
- Check that learning needs have been met
- Evaluation.

Breastfeeding Preparation Class: 10am to 12.30pm
Presented by a midwife.
(You can make a separate booking for this class by telephoning (021) 4920600)

- Benefits of breastfeeding
- Realities of a breastfed baby
- Practical issues
- Question and Answer session.

Research at Cork University Maternity Hospital

Staff at Cork University Maternity Hospital take part in research to improve outcomes of care for women, babies and their families. We may ask you to take part in quality improvement initiatives, satisfaction surveys or questionnaires. Your participation in any study is entirely voluntary and you do not have to take part. It will in no way affect the quality of care that you receive.



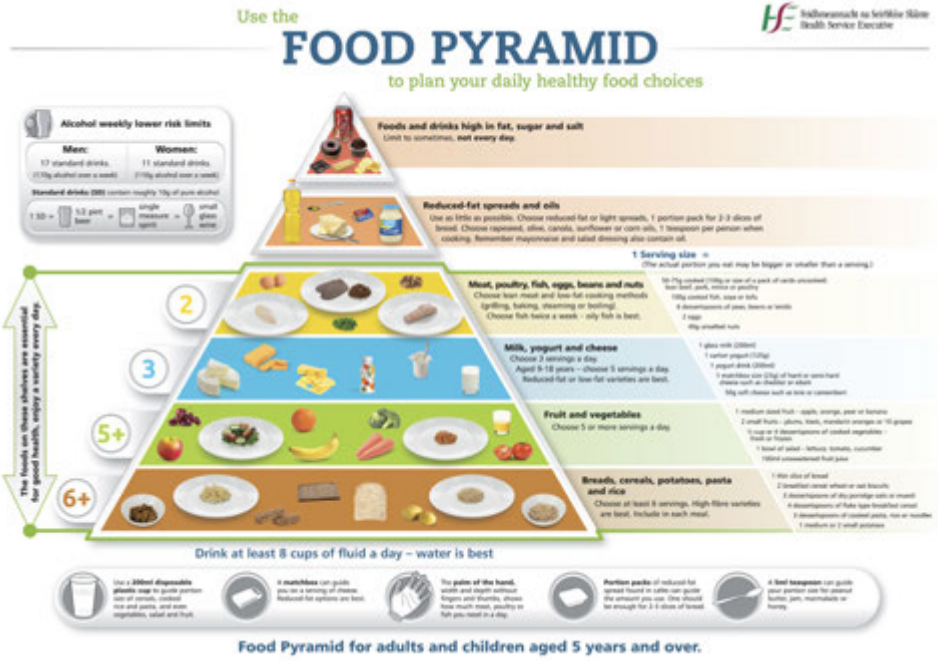
Having a Healthy Pregnancy

Healthy Eating

During pregnancy your unborn baby gets all its nutrients from you. Healthy food choices before, during and after pregnancy can help you stay healthy and well. This will also help your baby grow healthy and strong. Healthy eating during pregnancy may also protect your baby against diseases in later life.

Use the food pyramid **below** to help you choose healthy eating options which are good for you and for baby.

Further information is available on: healthpromotion.ie and search 'pregnancy'.



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

Alcohol
There is no known safe level of alcohol use in pregnancy – so stopping completely is best.

Further information is available on: www.yourdrinking.ie

Taking Medicine
Research shows that over-the-counter medicines you use in pregnancy can influence your child later in life. Even medicines that don't seem to do you any harm may be damaging to your baby. Take as few medicines as possible, and only where the benefit from taking them outweighs the risk.

Always tell any doctor, dentist, midwife or pharmacist that you are pregnant. Remember to seek advice from your health professional before taking any medication or alternative therapies in pregnancy.

Further information is available on: www.drugs.ie

Smoking
Stopping smoking is the single most important thing you can do to protect your health. If you are pregnant, giving up will help protect your baby's health too. Cork University Hospital is a smoke-free campus which means that smoking is not permitted anywhere on the grounds including all the areas around Cork University Maternity Hospital. This includes doorways, walkways, car parks, internal roads and bike sheds.

It may be helpful to contact your GP in advance of your stay at Cork University Maternity Hospital for advice on smoking cessation support options or nicotine replacement therapy.

Further information is available on: www.quit.ie and search 'pregnancy'

Depression during pregnancy

Most women have mood swings during pregnancy. This is perfectly normal. However, if you are constantly feeling down, angry or anxious, this may be more than a temporary blip and might need more careful attention. If you feel that you are slipping into depression, talk to your GP or midwife at the ante-natal clinics. If you already have mental health problems, you are more likely to become ill again during pregnancy, or in the first year after giving birth, than at other times in your life. Sometimes people who have a mental health problem stop taking their medication. If you do this without talking to your GP or midwife when you become pregnant, this can make your illness return or get worse, so it's important to talk to them first.

From the minute you know you are pregnant, your feelings change: feelings about yourself, about your baby and about your future. Your relationship changes: with your partner, other children and also with your parents and friends. Dealing with these changes is not always easy. If you are feeling concerned or anxious - for whatever reason - talk to your midwife or doctor as soon as possible.

Further information is available on: www.hse.ie/healthaz and see 'P', 'postnatal depression'.

Sexual health

Sexually transmitted infections (STIs) often have no symptoms, so you may not know if you have one. However, many STIs can affect your baby's health during pregnancy and after the birth.

If you have any reason to believe that you or your partner may have an STI, go for a check-up as soon as possible. You can ask your GP or midwife, or, if you prefer, go to a genitourinary medicine (GUM) clinic or sexual health clinic.

Further information is available on: www.thinkcontraception.ie

Sex during pregnancy

You can have sex during pregnancy. Your partner's penis can't penetrate beyond your vagina, and the baby cannot tell what's going on. It is normal for your sex drive to change during pregnancy though. Don't worry about this, but do talk about it with your partner. Your midwife or doctor will probably advise you to avoid sex if you've had any heavy bleeding in pregnancy, since sex may increase the risk of further bleeding if the placenta is low.

We will advise you to avoid sex if your waters have broken (rupture of membranes) as this can increase the risk of infection. If you're unsure, ask your midwife or doctor

Further information is available on: www.nhs.uk/conditions and search 'sex in pregnancy'.

Activity and exercise

The more active and fit you are during pregnancy, the easier it will be for you to adapt to your changing shape and weight gain. It will also help you to deal with labour and get back into shape after the birth.

Keep up your normal daily physical activity or exercise (walking, pilates, swimming, yoga or even just walking to the shops and back) for as long as you feel comfortable. Exercise is not dangerous for your baby – there is some evidence that active women are less likely to experience problems in later pregnancy and labour.

Further information is available on: www.hse.ie/healthaz and see 'P', 'pregnancy care', 'lifestyle' or www.nhs.uk and search 'exercise in pregnancy'.

Expecting more than one baby - multiple pregnancy



Classes are available at CUMH, tailored specifically for women/couples expecting twins, triplets or more. When you are expecting more than one baby it is nice to meet others at these classes who are in a similar situation.

The Irish Multiple Births Association has a helpful booklet and it is available on: www.imba.ie

Teenage Parents

Becoming a mum or dad is a pretty big deal, but being a teen mum or dad can be even more of a challenge. From the time you find out that there is a baby on the way, there are many things you might want to find out. As part of our Preparation for Birth and Parenthood Education programme, CUMH runs a special information session for teenagers and young adults expecting a baby.

You can also find lots of information to help you become the best mum or dad you can be on the website: www.teenparents.ie/iopen24

Domestic Violence

Domestic violence can be described as "The use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships…the term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse, the destruction of property, isolation from friends, family and other potential sources of support, threats to others including children, stalking, and control over access to money, personal items, food, transportation and the telephone.

Pregnancy does not offer protection from domestic violence. In fact, international research has found that 30% of women who experience domestic violence are physically assaulted for the first time during pregnancy. The Rotunda Hospital, Dublin conducted research which found that one in eight women surveyed were being abused during their current pregnancy.

It is recognised that the birth of a baby can be a stressful time. Social workers based at Cork University Maternity Hospital provide a counselling and support service for expectant parents. They work closely with other professionals both within the hospital and with those based in the community. If you wish to speak to a social worker, please ask your midwife or doctor who will make contact with the department on your behalf.

Further information and help, free of change and in confidence is available from:

- **OSS Cork**, 94 South Main Street, Cork, www.osscork.ie free helpline number 1800 497 497;
- **Sexual Health Centre**, 5 Camden Place, Cork, www.sexualviolence.ie free helpline number 1800 496 496;
- **Women's Aid**, www.womensaid.ie free helpline number 1800 341 900

Covering the costs of pregnancy and birth

The costs of hospital and GP care can be covered for you if you are attending Cork University Maternity Hospital as a public patient. This is provided by the Maternity and Infant Care Scheme. If you are attending as a private patient, check with your health insurance company and with your consultant obstetrician for charges.

Further information is available on: www.citizensinformation.ie and search 'birth and family relationships'.

Travel during pregnancy

Car Travel: Place the seat belt over your shoulder and chest (between your breasts) without impinging on your abdomen. The lap strap should lie across your upper thighs. Neither strap should go over your bump.

Air Travel: Long-haul air travel is associated with an increased risk of venous thrombosis. Discuss flying, vaccinations and travel insurance with your doctor before you make your plans to travel abroad.

For more information see: 'pregnancy care' and 'lifestyle' on www.hse.ie/healthaz

DOMINO – Our combined midwifery and GP maternity service

CUMH provides a DOMINO (Domiciliary care In and Out of hospital) service whereby all your care before, during and after your birth will be shared by midwives who are members of the DOMINO team and your GP. You will see a DOMINO midwife during your antenatal appointments at the hospital. You will meet the entire DOMINO midwifery team during your pregnancy so that when it comes to giving birth you will be looked after by a midwife that you have already met. You will have your baby in hospital and you can go home six hours after the birth, if all is well. The DOMINO midwife will visit you and your baby at home up to five days after giving birth. You will not need to see a hospital doctor during your pregnancy unless a complication occurs. For further information contact the DOMINO lead midwife on telephone (086) 7872396.

Note: At the time of going to print, DOMINO is a pilot project and is limited to women living within a five mile radius of CUMH.

Some discomforts and conditions that may arise during pregnancy

Some women may experience discomforts or illness during pregnancy. Please consult your midwife or doctor to discuss any concerns that you may have. Below is a list of various discomforts and illnesses that may come up during your pregnancy. These include constipation, piles, heartburn and indigestion, varicose veins, stretch marks, thrush, vaginal discharge and incontinence.

For more information see: 'pregnancy care' on www.hse.ie/healthaz

Irish Maternity Early Warning System (IMEWS)

CUMH has an early warning system in place to pick up any change in your condition. This system is used along with clinical assessment to detect any change in your condition to improve the decision making about the care you may need if you are ill during pregnancy or in the first 42 days following the birth of your baby/babies.

For further information see: www.hse.ie click and on 'About Us' , 'Clinical Programmes' and 'Obstetrics and Gynaecology'.

Urinary Incontinence

Urinary symptoms such as frequency and urgency can be common in early pregnancy, up to 18 weeks and after 30 weeks. This is due to pressure from the uterus in the pelvis. Urinary incontinence on exertion is common as your pelvic floor muscles relax from the hormonal changes of pregnancy and increased pelvic pressure. A pelvic floor muscle exercise programme, avoiding excessive weight gain, constipation and heavy lifting will help.

If the problem has existed since your last pregnancy, is severe, or you have other bladder problems outside of pregnancy please contact the Continence Advisory Service in Cork University Maternity Hospital at 021 4920761.

Pregnancy Related Pelvic Girdle Pain

Pregnancy-related Pelvic Girdle Pain (PGP) or Symphysis Pubis Dysfunction (SPD) is a common condition in pregnancy. Between 50 and 70% of pregnant women experience pain in the pelvic joints or lower back during pregnancy. Women experience different symptoms and these are more severe in some women than others. If you understand how PGP may be caused, and how you can help yourself, this may lessen the impact of PGP on your life. The symptoms of PGP are often felt over the pubic bone at the front, below your tummy or across one or both sides of your lower back or buttock.

Symptoms

You may have difficulty:

- Walking;
- Taking weight on one leg at a time e.g. climbing stairs, dressing or getting into or out of the bath;
- Parting your legs for example getting in and out of the car;
- With hip movements for example turning in bed;
- Lying on your back or side; or
- With normal movement activities of daily life.

Causes of Pelvic Girdle Pain

It may be a combination of factors for example the ligaments around your pelvis can have increased laxity due to your pregnancy hormones. This can lead to increased or uneven movement in your pelvis. This extra movement in itself can cause pain. As your baby grows, your posture changes. This leads to a change in the activity of the muscles of your tummy, pelvic girdle, hips and pelvic floor. This can increase the strain on your lower back and pelvis. Due to increased movement in the joints of your pelvis and the change in muscle activity this can cause mal-alignment of the pelvic girdle joints. This can be a source of pain and discomfort. If you have a history of back pain your symptoms may worsen during pregnancy. Occasionally women experience pain due to the position of their baby.

General tips for preventing or managing Pelvic Girdle Pain

Standing

Changes in your posture occur as you carry the weight of your baby at the front. This changes the position of your centre of gravity.

Sometimes, the curve in the small of your back increases and your shoulders become more rounded. This can place extra strain on your lower back or your pelvis. Your tummy muscles can help lift and support the weight of your baby. This can reduce the strain on your back and pelvis. To feel these muscles working, place your hands on your lower tummy, below your belly button. Breathe in normally and as you breathe out gently pull your tummy muscles in, away from your hands, a very small amount. Hold your tummy muscles in gently as you continue to breathe.

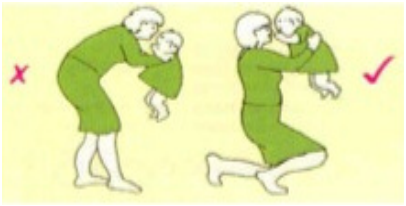
Practice tightening your lower tummy muscles when you walk and stand. This will ease the strain on your lower back and pelvis. Always maintain equal weight through both feet. Avoid putting weight onto one leg only. Wear comfortable flat supportive shoes. Rest when you can - you may need to rest and sit more often. Sit to get dressed and undressed.

Activities of daily living

- Be as active as possible within your pain limits and avoid activities that make the pain worse.
- Take the stairs one step at a time.
- When going upstairs try leading with the less painful leg.
- Going downstairs, try leading with the more painful leg and use the banister for support.
- Try to avoid lifting heavy things or doing heavy housework such as vacuuming.
- When lifting bend your knees and keep your back straight rather than stooping over.
- You may find it easier to sit when doing some house work such as ironing or preparing vegetables.
- Take care when pushing a heavy shopping trolley.
- Avoid turning quickly as this can strain your pelvis. Instead move slowly as you turn.
- Ask for or accept help with your daily work.

If you have toddlers or small children

- Avoid lifting them as much as you can.
- Kneel down to comfort them or sit and let them climb up to you instead of lifting.
- When lifting a small child bend your knees and keep your back straight.
- Let them climb into the car seat themselves if they can.
- Avoid bending or stooping as this places strain on your lower back and pelvis.
- Kneel down or place them at a height where you can stand or sit when caring for them.





Sitting

Sitting, slouching or sitting very straight can strain your back and pelvis. Aim for halfway between these two positions.



Placing a small support such as a cushion or rolled up towel at your lower back can help to avoid slouching. Sit well back into the chair and take its full support. Don't perch on the edge as your muscles will tire more quickly.

If using a computer bring your chair under the desk or the keyboard closer so your arms can rest by your side as you type. Adjust the monitor so it is at eye level.



When driving, adjust your seat so that your arms can rest by your side as you turn the wheel. This helps prevent slouching. When getting in and out of the car, move your legs in and out in stages rather than one big movement.

Sleeping
You may find lying on your side with a pillow between your knees comfortable.



As your pregnancy progresses, placing an additional pillow under your bump may prevent strain on your hips and low back.



To turn in bed easily, bend your knees up, pull in your tummy muscles and keep your knees together. Turn, moving your shoulder and hip together in one movement. If you find your hips are sore or aching this may be because your mattress is very firm. Doubling over a single duvet and placing it underneath you, can help to relieve this. To get out of bed, roll onto your side and drop your legs over the edge of the bed. Use your elbow and hands to push your body into a sitting position. When you want to get in to bed reverse this procedure.



During Labour
The majority of women with PGP cope very well with a vaginal birth. We will give you an information leaflet on managing PGP during labour and birth.

Further information is available on: www.cuh.hse.ie and search 'Pelvic Girdle Pain'.

Pregnancy related Carpal Tunnel Syndrome

What is the carpal tunnel?

The carpal tunnel is a narrow passage in your wrist made up of small bones and a tough band of tissue. Several tendons and your 'median nerve' run through the tunnel to supply movement and sensation to your fingers.

What is Carpal Tunnel Syndrome (CTS)?

CTS is a condition where the median nerve in the hand becomes compressed at the wrist. Symptoms of CTS occur when the median nerve becomes 'pinched' by pressure within the tunnel.

What causes CTS?

Fluid retention in pregnancy increases the pressure in your carpal tunnel. Symptoms are made worse if your wrist is bent for long periods of time e.g. prolonged use of a computer keyboard.

If you had similar, milder symptoms prior to pregnancy there may be other causes for this. Please discuss this with your GP or physiotherapist.

What are the symptoms of CTS?

- Tingling or numbness in a part of your hand (thumb, index, middle or ring fingers);
- Sharp pains that shoot from your hand or wrist up along the arm;
- Burning sensations in your fingers;
- Numbness in your hand while driving;
- Morning stiffness or cramping of your hands;
- Thumb weakness;
- Frequently dropping objects; and
- Waking at night with hand pain and numbness.

Your symptoms will tend to be worse at night or first thing in the morning. This is because you are unaware of what position your hands are in when you are asleep. They may have been bent for a period of time causing pressure on the nerve. We will give you a splint to wear at night to prevent you from bending your wrist and compressing the nerve.

What can I do to help improve the symptoms of CTS?

Remember **PRIME** (Positioning, Rest, Ice, Movement, Elevation).

Positioning - Avoid bending your wrists for prolonged periods of time e.g. typing at a keyboard. When doing any activities with your hands, such as typing, try and keep your hands in a supported neutral position. Wear your splint particularly at night. Change the position of your hands regularly.

Rest – Minimise any activities that make your symptoms worse. Take regular work breaks if you are doing a manual task.

Ice – When your symptoms flare up, cooling your wrists can help relieve your symptoms. Run your wrists under the cold tap. Use a cold compress, such as an ice pack or ice wrapped in a towel. Do not apply ice directly to your skin as it can cause an ice burn.

Movement – Gentle exercises will help to control the symptoms. Shaking your hands when they are numb or tingling may help.

Elevation – Where possible, try to elevate your wrists/arms on pillows, to help reduce swelling. This may help in the evenings before going to bed.

Exercises for CTS

Range-of-motion exercise: Clench fist tightly for 5 seconds, then release, straightening your fingers all the way and keep them straight for 5 seconds. Repeat 5 times for each hand.

Stretching exercise: Using one hand, bend the fingers and wrist of the other hand back towards you gently. Only stretch it back as far as comfort allows. Hold for 5 seconds. Repeat 5 times for each hand.

Will my CTS improve after my baby is born?

CTS usually resolves after your baby is born. For some women it can happen immediately, for others it can take a few weeks. Bring your splints to the hospital as your symptoms may be a little worse in the first few days after your baby is born. This is due to extra retained fluid or swelling. Your symptoms should be gone completely by your six week check with your GP. If not, discuss this with your GP.

If you have any queries CTS or would like to get a pair of wrist splints call our Physiotherapy Department on telephone (021) 4920567.

Further information is available on: www.hse.ie/healthaz and see 'carpal tunnel syndrome'.

Common viral illnesses in pregnancy

Chicken Pox

Chickenpox is a mild and common childhood illness that most children and sometimes adults catch at some point. It causes a rash of red, itchy spots that turn into fluid-filled blisters. They then crust over to form scabs, which eventually drop off.

Chickenpox during pregnancy can cause complications, both for the pregnant woman and the unborn baby. However, the actual risk of any complications occurring is low, occurring in approximately three in every 1,000 pregnancies. Most pregnant women who get chickenpox recover, with no adverse effects on the baby. Seek advice from your GP or midwife immediately if you're pregnant and:

- you think you may have chickenpox;
- either you've never had chickenpox or you're not sure, and you've been near someone that has it (even if you have no rash or other symptoms); or
- you get chicken pox within seven days of giving birth.

Whooping cough
Whooping cough (medically known as pertussis) is a serious infection that causes long bouts of coughing and choking, making it hard to breathe.

Getting vaccinated while you're pregnant may help to protect your baby from developing whooping cough in the first few weeks of their life.

The immunity you get from the vaccine will protect you and will pass to your baby through the placenta and provide passive protection for them until they are old enough to be routinely vaccinated against whooping cough.

The antibodies you pass to your baby in the womb decline rapidly in the first six months of life so it is important your baby gets the routine childhood vaccines (which include whooping cough vaccine) on time at two, four and six months.

Is it safe for pregnant women to be vaccinated for whooping cough?

Yes. The vaccine is safe for pregnant women. The National Immunisation Office has recommended this vaccine for pregnant women in Ireland. This whooping cough vaccine has been studied in pregnant women in the US and no risks have been found. Reactions are generally mild and serious side effects are very rare.

Further information is available on: www.immunisation.ie and search for 'whooping cough and pregnancy'.

Preparing a Birth Plan

A birth plan is a written plan that helps you to think about options you may like to explore around your labour and birth. There is a section in your notes/chart about your birth plan. Discuss your wishes for your labour and birth with your partner. Talk to your midwife or doctor at your antenatal visits about your wishes.

Keep an open mind when you are discussing your birth process as plans may need to change.

Packing your Bag

What you need to bring with you for your stay at Cork University Maternity Hospital:

Mother

- your maternity chart,
- 4 large packs maternity sanitary towels,
- 3 or more cotton nightdresses or pyjamas (an old nightdress or t-shirt for the Birthing Suite),
- disposable/or large panties,
- dressing gown,
- slippers, and
- toiletries: shower cap, soap, towels, face cloth, wash bag, etc.

Baby

- 4 baby vests,
- 6 babygros and bibs,
- baby towels for washing baby,
- 24 disposable nappies (extra will be required if baby is admitted to the Neonatal Intensive Care Unit),
- 1 roll cotton wool,
- baby wipes or baby cleansing lotion,
- Vaseline or Sudocrem,
- blanket and hat for going home, and
- baby seat for car journey home.

Nesting

Normal pregnancy lasts 40 weeks, but it can range from 38 to 42 weeks. In the last few weeks of pregnancy you may have noticed your body is getting ready for the birth of your baby. You may begin to clean the house and many women describe a burst of activity that can come before labour. It is often called 'nesting'.

How can I help my baby to get into the best position for birth?



Your baby is also preparing for birth by trying to get into the best position to be born. The best position for your baby to be in at the start of labour is with his head down and his back faced outwards towards your tummy. **This is called optimal fetal positioning or the occipito-anterior (OA) position**.

Sometimes babies may adopt a head down, back inwards (towards your back) approach, called the occipito-posterior (OP) position. This OP position may lead to a longer labour time. To encourage your baby to adopt an OA position there are a few things that you could try from 34 weeks onwards.

The best way to do this is to spend lots of time kneeling upright, or sitting upright, or on your hands and knees.

- When you sit on a chair, make sure your knees are lower than your pelvis, and your trunk should be tilted slightly forwards.
- Watch TV while kneeling on the floor, over a beanbag or cushions, or sit on a dining chair.
- Try sitting on a dining chair facing (leaning on) the back as well.
- Use yoga positions while resting, reading or watching TV - for example, tailor pose (sitting with your back upright and soles of the feet together, knees out to the sides).

- Sit on a wedge cushion in the car, so that your pelvis is tilted forwards. Keep the seat back upright. Don't cross your legs! This reduces the space at the front of the pelvis, and opens it up at the back. For good positioning, the baby needs to have lots of space at the front.
- Do not put your feet up! Lying back with your feet up encourages posterior presentation.
- Sleep on your side, not on your back.
- Avoid deep squatting, which opens up the pelvis and encourages the baby to move down, until you know he/she is the right way round. We recommend squatting on a low stool instead, and keeping your spine upright, and not leaning forwards.
- Swimming with your belly downwards is said to be very good for positioning babies - not backstroke, but lots of breaststroke and front crawl. Breaststroke in particular is thought to help with good positioning, because all those leg movements help open your pelvis and settle the baby downwards.
- A birthing ball can encourage good positioning, both before and during labour.
- Various exercises done on all fours can help such as wiggling your hips from side to side.

If the baby's back is positioned to your back, getting down on the floor on your hands and knees (all fours position) in late pregnancy or labour is helpful. Please be aware that this may not be suitable for all pregnancies or for all women so always ask your midwife or doctor first. Only do this if there is just one baby and it's coming head first.



All fours position

Your baby's head also needs to drop down into your pelvis, this is called engagement, dropping or lightening. If it is your first baby, his head may drop down into your pelvis from about 37 weeks on. Don't worry if this does not happen until you go into labour.

Further information is available on: http://optimal-foetal-positioning.co.nz

Preparing your body to give birth - perineal massage

Research has shown that massaging your perineum from approximately 34 weeks into your pregnancy reduces the risk of damaging this area during birth (with a tear or bruising). This is particularly beneficial if you are having your first baby.

Antenatal perineal massage can also help with your recovery after the birth, particularly if you are having your second or further babies.

What is the perineum and pelvic floor?
The perineum is the area of tissue between your vagina and anus (opening of your back passage). It connects with the muscles of the pelvic floor. The pelvic floor is a hammock of muscles which support your pelvic organs, such as your bladder and bowel.

Tearing your perineum during childbirth can affect the support that your pelvic floor gives you at the back wall of your vagina. This can mean that you are more likely to have a prolapse (or dropping down) of your uterus. A weak pelvic floor can also affect the control you have over your bladder and bowel. Damage to your perineum might also lead to discomfort and pain during sexual intercourse. Approximately, 85% of women will have some degree of perineal tear during a vaginal birth.

What is perineal massage?
Perineal massage is a way of preparing your perineum to stretch more easily during childbirth. During birth the perineal tissues need to relax and open to allow your baby to pass through your vagina.

The advantages of perineal massage are:

- It increases the elasticity (stretchiness) of the perineum. This improves the perineum's blood flow and ability to stretch more easily and less painfully during the birth of your baby.
- Tears in the perineum are less likely, and you are less likely to need an episiotomy (a cut to the perineum that is sometimes performed to speed up the birth of your baby or to prevent a more severe tear).
- It helps you focus on the feeling of letting your perineum open up.
- Your perineum is less likely to be painful after the birth of your baby.

- It can be particularly helpful if you have previous scar tissue or a rigid perineum, which can occur in some horse riders or dancers.

When should I start?
You can start anytime from when you are 34 weeks pregnant.

Perineal massage can be done by you or your partner, if you are comfortable with this. You may want to start off yourself and then invite your partner to massage as you get nearer to the time of the birth.

When should I do it?
A good time is during or after a bath or a shower because the blood vessels in the area are dilated. This makes the perineum softer and more comfortable to touch. You are also more relaxed. We suggest you use a small amount of unscented, organic oil, for example olive, sunflower or grape seed oil to lubricate the area and make the massage more comfortable. You can also use an unscented personal lubricant, such as K-Y Jelly ™. Do not use synthetic oils such as baby oil or petroleum jelly (Vaseline). Make sure your hands are clean before you start.

Comfortable positions include:
- Propped up with pillows on a bed/sofa with your knees bent out and supported.
- Resting back in the bath with one leg up the side. Then change legs.
- Standing under a warm shower with one leg up on a stool, then change legs.
- Sitting on the toilet.

How do I do it?
- Get comfortable and relaxed in a place where you feel safe, secure and will not be interrupted.
- You might find it easier to use a mirror for the first few tries, to help you see what you are doing.
- Place one or both thumbs on and just within the back wall of your vagina, resting one or both forefingers on the buttocks. You may prefer to use only one hand.

- Pressing down a little towards your rectum (back passage), gently massage by moving your thumb(s) and forefinger(s) together in an upwards and outwards rhythmic "U" shaped movement. You are aiming to massage the area inside your vagina, rather than the skin on the outside. However, you may still feel the stretching sensation on the skin on the outside.
- Perineal massage should be comfortable but you will also feel a stretching feeling. This is similar to how your perineum will open up as you give birth to your baby.
- Focus on relaxing your perineum as much as possible during the massage.
- The massage can last as long as you wish, but aim for around five minutes at a time.
- With time and practice, as your perineum becomes more elastic, you will increase your ability to relax and you can increase the pressure towards your rectum. Being able to relax through this feeling of increased pressure will help you relax as you feel the pressure in labour and your baby's head is about to be born.
- Repeat as often as you wish. For most benefit, aim for a massage every day or every other day.

Do not do perineal massage if you have:

- vaginal herpes;
- thrush; or
- any other vaginal infection.

If you feel pain at any point, stop and try again another time.

If you continue to find this painful speak with your midwife or doctor and they will help you to check your technique.

See: www.ouh.nhs.uk/patient-guide/leaflets/files/10938Pmassage.pdf

Should I have a birth partner?

A midwife will be with you at all times during your labour and birth. If you like, you can also have one person stay with you throughout your labour and birth. You will benefit from emotional support in the form of praise, encouragement, being listened to and the physical presence of a support person.

Research shows that having continuous support in labour can mean you will:

- use less pain-relieving drugs;
- have a better chance of having a natural, vaginal birth;
- have a greater chance of avoiding a Caesarean birth or using forceps or ventouse (vacuum); and
- have a more satisfying childbirth experience.

Helpful hints for your birth partner

- Just being there is very supportive. You can be a very important support in the early labour before you go to the hospital.
- You may not like hospitals or worry about being 'in the way'. However, your presence is a valuable source of support for your partner. Having a friendly face is very important to women in labour. If you have any worries discuss them with the midwife.
- Quiet time is very important for the woman in labour. This is especially true when labour progresses and the contractions are coming often. Try not to talk or ask questions while your partner is having a contraction as this can be very distracting.
- Make sure she is well supported and relaxed. Work through any relaxation techniques you have learned and practiced during the pregnancy.
- Help her to concentrate on her breathing techniques, if she needs it. Beware of over breathing as this can lead to dizziness or pins and needles - in this case she will need to slow her breathing down.
- Discuss how to deal with contractions together beforehand. It takes **PRACTICE** to master pain coping techniques. These techniques need to become a **HABIT** in order for them to work in stressful situations like labour. It's difficult for women to make decisions when in labour but she will know at the time what she most needs and her wishes need to be respected.

- Eye to eye contact can be helpful as it helps focus attention away from the pain.
- Massage. This will need to be discussed beforehand as some women are hypersensitive during labour and may find touch annoying. Ask her where she needs it, how strong it needs to be and be aware that over massaging can lead to skin soreness. Avoid this by using massage oil like olive oil or grape seed oil.
- Positions. Using different positions in labour may be useful for different times. **Practice** these beforehand and how best you may support her.
- Remember there is no 'right' way for labour and birth to happen. Each woman's experience is different and each time she does it, it's different. Take each contraction as it comes. Do not try to anticipate events. Ask questions and do the best thing at that time in each given situation.

What is labour?

Labour is the process by which your baby is born. It usually starts by itself between 38 and 42 weeks and ends up with you actively helping your baby to be born. Normal labour usually begins with occasional contractions (tightening of the womb) which will happen more often and last for longer as your labour continues.

Your waters may release naturally and the neck of your womb (cervix) will open (dilate) to allow your baby to be born. In first time mothers this process may take up to 18 hours and up to 12 hours for mothers expecting their second or later baby. Sometimes the waters do not release until your baby is almost ready to be born.

There are three phases of labour:

1. **Contraction phase of Labour.** This is when your contractions make the neck of your womb (cervix) gradually open up and it continues until it is fully open at 10cms.
2. **Birth phase of labour:** from when the neck of your womb is fully open until your baby is born. This is the part of labour where you help your baby to move through your vagina by pushing with your contractions.
3. **Birth of placenta**: this happens after the birth of your baby. Contractions cause the afterbirth (placenta) to come out through the vagina.

What are the signs that my labour may be starting?

There is no one definite sign that tells you labour may be starting, the following are examples of what you can expect.

A show, waters releasing, contractions, backache and an urge to go to the toilet are all signs of labour starting. We will now explain what these signs mean and what to do when you experience any or all of these.

- **Show:** this is when you pass a bloody, plug of mucus from your cervix. This looks like egg white streaked with blood.

- **Regular and painful uterine contractions:** these are painful so they are different to the Braxton Hicks (practice) contractions that you might get from 36 weeks onwards.
- **Waters releasing/breaking:** Your unborn baby develops and grows inside a bag of fluid called the amniotic sac. When it's time for your baby to be born, the sac breaks and the amniotic fluid drains out through your vagina. This is your waters releasing/breaking. You may feel a slow trickle, or a sudden gush of water that you cannot control. If your waters break/release before labour starts phone the hospital for advice.
- **Backache and an urge to go to the toilet,** which is caused by your baby's head pressing on your bowel.

If you have any of the above signs, it doesn't not mean that you have to hurry to the hospital but may mean that labour will start soon. If you are unsure please phone the hospital and we will discuss the best option for you. **If you experience heavy vaginal bleeding** (this is not usual) **or if your waters are releasing** (the sac of water around the baby breaking), please come directly to the Reception at Cork University Maternity Hospital and we will see you. Remember to bring your chart with you.

Active Labour (True Labour)	Practice Labour (False Labour)
Contractions/Surges	**Contractions/Surges**
May be irregular at first. Usually become regular, longer, closer together and stronger.	Usually irregular and short. Do not get closer together. Do not get stronger
Walking makes them stronger	Walking does not make them stronger
Lying down does not make them go away	Lying down may make them go away
Usually felt in the lower back and may radiate to the front	Usually felt in the top of the uterus and groin
Changes in the cervix/neck of womb	**Changes in the cervix/neck of womb**
It softens, thins and opens	It may soften but no significant change in thinning or opening
Baby	**Baby**
Begins to go into the pelvis	No real change in position

If you have any worries about your labour including your baby's movements or if your waters are releasing please contact Cork University Maternity Hospital at any time, day or night, on telephone (021) 4920545.

What will I do if labour starts at home?

If it's your first pregnancy, you may feel unsure about when you should go into hospital, telephone us for advice on (021) 4920545.

If your waters have released (broken), we will tell you to come in to be checked. If it is your first baby and you are having contractions but your waters have not released (broken), we may ask you to wait at home until your contractions are:

- regular,
- strong,
- about five minutes apart, and
- lasting about 45-60 seconds.

If you don't live near the hospital, you may need to come in before you get to this stage. Make sure you know the signs of labour and what happens.

Second babies often arrive more quickly than the first, so you may need to contact the hospital, sooner. Telephone the hospital before leaving home, and remember to bring your chart.

If you are happy to stay at home, stay as active as possible when your labour starts. You can do a lot at home before you decide to go in to hospital:

- Have a bath or a shower.
- Go for a walk.
- Have a snack, as this will keep your energy levels up during labour.
- Practice the breath awareness that you learned at our Preparation for Birth and Parenthood Education programme.

Time your contractions so that you know when they are strong and that you need to go into the hospital.

What happens at the hospital?

A midwife will assess you and if you are in early labour and you live nearby you may prefer to go home until labour becomes more established (gets stronger).

If you need to stay in hospital, we will admit you to the antenatal ward or the birthing suite. If you are admitted to the antenatal ward it may not be possible for your partner to stay with you during the night. This is for the comfort of other mothers and babies who may be sleeping. However, if you are in labour and are admitted directly to one of the single birthing suite rooms your partner will be able to stay with you.

Inducing Labour

What is induction of labour?
In most pregnancies labour starts naturally between 37 and 42 weeks. In preparation for labour the cervix (neck of womb) softens and shortens. This is called ripening. Before or during labour the membranes break and the fluid surrounding the baby drains away. This is also known as 'the waters releasing'. The cervix then opens up and the womb contracts and pushes the baby out. Induction of labour is the term used when this process is started artificially. About one in five labours are induced.

Why is it necessary to induce your labour?
We offer to induce your labour if we feel it would benefit you and your baby's health. Your doctor will explain why it is being recommended for you. The most common reasons for induction are:

- Prolonged pregnancy. If you are 10 days over your expected date of birth we will offer you an induction. This is because the placenta, which nourishes the baby may begin to work less efficiently after this time.
- If your waters have broken (released) more than 24 hours and labour has not started. There is an increased risk of infection to both you and your baby.
- If your baby is not growing as well as expected.
- If you have any medical conditions such as pre-eclampsia, high blood pressure or diabetes.

Where does induction take place?
As it can take up to 24 hours for labour to start after we induce you, you either stay in our Induction Room, which has five beds or in an antenatal ward. When labour starts we will take you to the birthing suite.

How do you induce labour?
We use three ways to induce labour. You may need just one or you may need all three.

1. **Prostaglandin gel/tablets.** We use this hormone if your cervix is not ripe. It softens the cervix and encourages labour to begin. We place the gel or tablets behind the cervix during an internal examination, and you will remain in bed for at least 30 minutes afterwards to allow it to be absorbed. It is normal to have some tightenings but this does not necessarily mean that you have gone into labour. It may be necessary to repeat the gel or tablets after six to eight hours if it has not had an effect on the cervix. We will monitor your baby's heartbeat using a machine called a fetal monitor before we give you the gel/tablets.

2. **Artificial Rupture of Membranes (ARM).** This is another name for breaking the waters. We will only do this if your cervix is soft and open. The doctor or midwife will gently break the waters during an internal examination. This allows the baby's head to push down on the cervix and encourages labour to start. It only takes a few minutes and can be a bit uncomfortable. You will be encouraged to move around afterwards. We will monitor your baby's heartbeat for approximately 30 minutes after the procedure, using a fetal monitor.

3. **Oxytocin.** This is a hormone, given in a drip, which causes the womb to contract. We will place a small plastic tube (cannula) in a vein in your hand and connect the drip to it. We will increase the rate of the drip gradually until your contractions are regular and strong. When you are on the drip we will monitor your baby's heartbeat all the time, using a fetal monitor.

Are there any risks with induction?

1. **Your labour fails to start**, which is rare but it can happen. The doctor and midwife will fully explain the options available to you and you will make a decision together based on the best choice for you and your baby's health.

Induction increases the risk of having an assisted birth or a Caesarean birth.

For information on assisted births and Caesarean births see page 50.

2. **Increased need for pain relief:** Some women find that the pain is more intense when labour is induced. We will offer you support and appropriate pain relief. This includes inhaled gas, tablets and injections. You can ask for an epidural when your labour starts. Further information on pain relief is on page 50.

3. **Over stimulation of the womb:** Sometimes the drugs we use for induction can cause the womb to contract too much. This can affect the baby's heartbeat and may be very uncomfortable for you. In that case, we will stop using or reduce the drugs and we will monitor your baby continuously. We can also give you other drugs to counteract the effect of the induction drugs, if necessary.

Can my birth partner stay with me?
Yes, your birth partner can stay with you from 8am to 10pm while you are in the ward. They will have to go home at night as you and other women and babies will need to sleep. When you are in the birthing suite your partner can stay with you until you give birth. No other visitors are allowed during induction.

Being Active In Labour

Spend some time thinking about what positions you'd like to use before you go into labour. Use the skills you have learned at our Preparation for Birth and Parenthood Education programme to try out different positions and **PRACTICE** these skills at home with your partner so that you become comfortable with them and find what works for you.

Practice these skills so that they will come naturally to you when it comes to labour and birth.

- Walking in labour helps shorten the early stages of labour and can be a distraction, especially if things seem to be moving slowly.
- When you are in active labour, you might need support to walk between contractions. At this time, you might prefer to lie on your side or in a reclining position as these positions will help your body to fully relax.
- The Slow Dance is an upright childbirth position that uses gravity and movement to increase comfort during labour. It is usually done by rhythmically rocking back and forth, with or without music, as you put your arms around your birth companion's neck and shoulders. Your birth partner can apply counter pressure to any particular spot or simply wrap their arms around your belly. You can rest your head on the partner's shoulder or neck if you prefer.It is also easy to use other comfort measures while in this position, such as any of the relaxation techniques, breathing, counter-pressure, or hot/cold pads. This position can also be very emotionally supportive for you.

What positions can I use for Labour and Birth?

There are many benefits to staying upright in labour for as long as possible. This means using any position that avoids lying flat. The benefits include:

- Gravity helps your baby move down the birth passage;
- Better oxygen supply to your baby;
- Baby gets into a better position for its journey down the birth canal; and
- Contractions are stronger and more effective when you are upright. This helps your cervix (neck of womb) to open up more quickly and leads to a shorter labour.

Why will it help me if I stay upright instead of lying down?

You will know best which position is best for you and your baby when you are in labour. Many women say they have an urge to stay upright, mobile and adopt a certain range of positions, which helps relieve the pain of contractions.

Being upright can be:

- standing,
- sitting in a chair,
- on a birthing ball,
- kneeling,
- squatting, or
- on all fours.

However, some equipment such as electronic monitors, drips (intravenous infusions) and epidurals can limit your movement but we will help you to stay as upright as comfortably possible.

The benefits of being in an upright position rather than lying down for labour and birth	
Upright Positions: Standing, Kneeling and Squatting	**Lying Positions: Lying down**
In Labour	**In Labour**
Gravity works: Weight of the baby's head puts even pressure on the cervix (neck of womb), means it opens faster.	Gravity doesn't work: Less pressure on the cervix (neck of womb) from the baby's head, means uneven pressure on the cervix with slower opening.
Womb tilts forward during contractions freely: means better contractions and less pain.	Womb tilts backwards during contractions, less free: means slower contractions and more pain.
Less Pressure on Major Blood Vessels: Means better blood flow to the baby and better oxygen supply with less risk of baby getting distressed.	Weight of womb presses on major blood vessels: This can affect the blood flow to the baby and placenta with a risk of baby getting into distress.
Sacrum (lower part of spine) can move: Pelvic canal can widen and make room for the baby's head.	Sacrum (lower part of spine)can't move: Pelvic canal and outlet are narrowed.
Pelvic joints can expand and move which means less pressure on nerves: Less pressure on joints means less pain and more space for the baby as the room in the pelvis increases.	Pelvis less mobile meaning more pressure on nerves: More pressure leads to pain and less space for the baby as the room in the pelvis is reduced.
Birth	**Birth**
Pelvis upright: Baby's angle of descent (downward movement) is easier womb exerts maximum force bearing down is efficient Birthing phase (second stage) is shorter.	Pelvis flat/horizontal: Baby's angle of descent is uphill. Bearing down is less efficient Birthing phase (Second stage) is prolonged.
Perineum expands evenly: This reduces the risk of tearing.	Direct pressure on perineum: This leads to greater risk of tearing.
Baby at birth in best position.	Baby at birth, position may be compromised.
Mum upright and active: Less need for pain relief or interventions (to help get your baby out).Gravity assist separation and expulsion of the placenta.	Mum passive: More need for pain relief and interventions (to help get your baby out). Less efficient separation of placenta.

Using birthing balls (gym balls) and other equipment during labour

We have many items to support you and make you feel more comfortable in our birthing suites. These include pillows, adjustable beds, floor mats, a pool room and wall rails (in the bathrooms). The birthing suite beds are adjustable into many positions to help you give birth comfortably, (see pictures on page 39). Birthing balls, also called gym balls, are available in the birthing suite. However, the use of some hospital equipment can limit your movement in labour for example electronic fetal (baby) monitors, drips and epidurals. Discuss your wishes about your positions in labour with the midwife caring for you.

If you **PRACTICE** with the equipment, for example a birthing ball, during your pregnancy you will feel more comfortable using them when you are in labour. It is not a good idea to use a birthing ball for labour, if you have not practised using it beforehand.

What are helpful positions in the labour phase and the contraction phase?

Standing and leaning forward

- This position can help your baby's head stretch your cervix by using gravity.
- Leaning forwards and keeping your legs apart helps your pelvis widen.
- A step can be used instead of a chair (Please avoid using this position if you have pelvic girdle pain).



Kneeling

Kneeling is helpful because it can help relieve back pain. Gravity helps your cervix stretch and your pelvis widens as you lean forward and keeps your legs apart.



Sitting on a birthing ball

Sitting is a helpful position as it allows gravity to help stretch your cervix. It can be a comfortable position to rest in. It allows your partner to do some massage. Leaning forward and keeping your legs apart helps widen your pelvis.



Sitting on a birthing ball is helpful because it is versatile and a comfortable position to rest in. It also allows your partner to do some massage if you would like that. When sitting on a birthing ball ensure it is inflated such that your hips are higher than your knees. This makes it easier to lean forward to widen your pelvis. Rocking back and forth can be soothing and helps your cervix stretch.

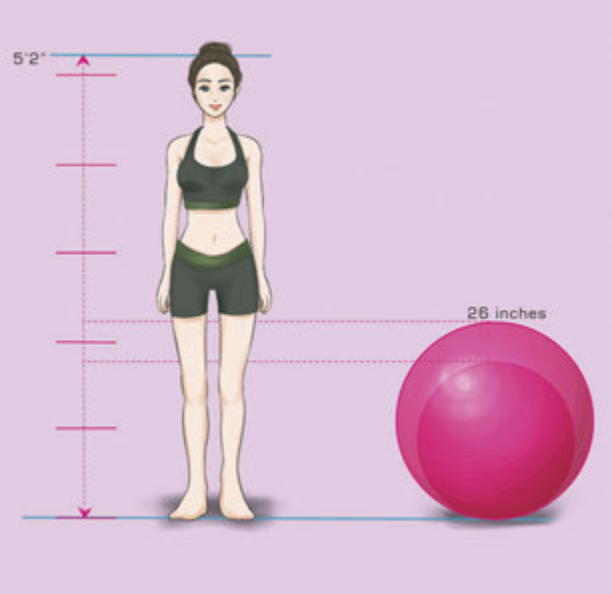
Tips for buying a birthing ball:

- It is safer to get a ball with an anti-burst valve.
- Pumps are often sold with gym balls or it can be inflated at the air pump at a petrol station.
- According to the manufacturer's guidelines, the table below helps you to choose your birthing (gym) ball:

Your Height	Ball Size
Less than 5.0"	45cms (18in)
5.0" -5.5"	55cms (22in)
5.6"-6.0"	65cms (26in)
> 6.0"	75cms (30in)

- **You will need a larger ball, if:**
- you have longer legs and your knees are above 90 degrees and are higher than your hips when sitting on the ball.
- you have a back problem.

- Test the ball before you buy it to ensure the ball is big enough.
- To see if a 55cm ball is right for you, place a mark on a wall about 20 inches high (16 in. for a 45cm ball), and squat next to it. Consider that you will sink down a few inches (depending on your weight and amount of inflation). This is approximately how tall the ball will be when sitting on it. **Get a larger size if you don't like this height!** Most people underinflate a ball because it is so firm (like a rock) when inflated to its maximum diameter.
- Make sure that the ball is inflated correctly and that when you sit on it your hips are higher than your knees.



Further information is available on:
www.cuh.hse.ie and search 'positions for an active labour'.

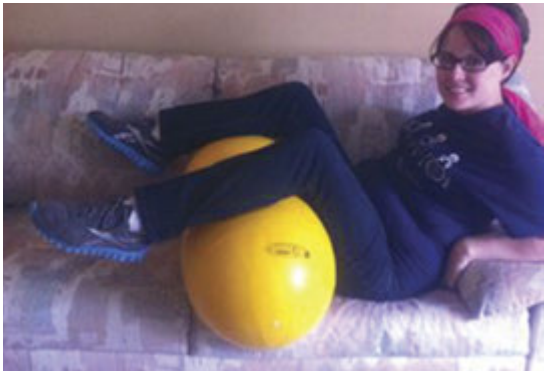
Peanut ball

There are several different positions to use the peanut ball. During active labour and transition, the midwife will help you to find the most comfortable position for you. See pictures below.

Further information is available on: www.cappa.net see 'archived articles' and 'The Peanut Ball And Its Effect On Labouring Women'.







What are helpful positions when I'm giving birth (pushing phase)?



Sitting upright:

- Uses gravity to assist with the birth of your baby.
- Helps to widen your pelvis. Leaning forward and bringing your legs apart in this position also helps to widen your pelvis.

Kneeling:

- Uses gravity to assist with the birth of your baby.
- Can help relieve back pain.
- Can be more comfortable if you have pain in the pubic area during pregnancy and find keeping your legs apart uncomfortable. The back of the bed may be positioned to upright to be used as a support instead of the bar.



If you have an epidural:

- You will be unable to lean on or take weight through your legs as they may be numb.
- You can be supported into upright sitting. This allows gravity to assist with the birth of your baby. We can put pillows at either side of your legs to support them.
- Lying on your side with your upper leg supported will allow your pelvis to widen, bringing your tailbone out of the way. This helps with the birth of your baby.

Examination:

If we need to examine you or help you with the birth of your baby, we may place your legs on supports to do the examination easily.



Your midwife and doctor are there to provide you with advice and support regarding labour positions. You may change positions during the second stage of labour depending on how long it is and how it is progressing.

Further information is available on:

www.givingbirthnaturally.com and search 'positions for childbirth'.

Breathing Techniques for Labour

Breathing

- During labour the contractions you feel may cause you to become tense.
- When tense, breathing may be erratic, or you may hold your breath.
- Breathing is something you can use to help you deal with the contractions in labour.

How can breathing help in labour?

- It increases the oxygen available to you and your baby.
- It helps you to relax.
- It conserves your energy.

Breathing techniques for the contraction stage of labour

1. Slow Relaxed Deep Breathing Technique

- Sit comfortably with your eyes closed and rest your hands on your tummy.
- As the contraction begins, breathe deeply in through your nose and feel your tummy rise.
- Purse your lips and exhale slowly through your mouth.
- As you breathe out let the tension flow from your body as if you are blowing a feather away.
- Keep your shoulders relaxed.
- Breathing should be slow and relaxed.
- When in doubt breathe out.
- **Focus on your breathing…..Focus on the contraction. Try not to let your mind race ahead.**

2. Sigh Out Slowly (SOS) Breathing Technique

As the first phase of your labour progresses and the contractions are becoming more frequent and intense, you may find the SOS breathing technique more useful to cope. This breathing technique will help keep you calm and focused on the task and maintain a regular breathing pattern.

- Open your mouth.
- Sigh out long and slowly; imagine you are fogging up a mirror.
- Breathe in and repeat this technique.

Pushing Technique - Birth Stage of Labour

Your midwife will tell you when you have reached this stage and you may feel a strong urge to push.

How do I push?

- It is important to work with the 'urge' to push. The urge to push is similar to the urge to opening your bowels, therefore pushing is similar to opening your bowel.
- Get into the position that feels most comfortable for you.
- Breathe in through your nose allowing your belly to expand and widen your waist as you breathe in.
- Breathe out through your mouth and as you breathe out keep your belly and waist widened and bear down steadily through your back passage as you would if you were emptying your bowel.
- Keeping your belly and waist widened helps you to bear down more easily.
- Grunting and moaning on breathing out also helps with the force required to bear down.
- Don't hold your breath when bearing down.
- Keep your chin tucked in gently towards your chest. This can help direct the pressure downwards.
- Repeat as needed.
- It is important to relax between contractions and remember to breathe slowly and deeply.

Panting

As your baby's head is stretching the vaginal muscles you may feel a tight, burning sensation. Stay calm as your midwife will guide you through panting.

Why do I need to pant?

Panting helps your vaginal muscles to slowly stretch over your baby's head. This allows you to give birth to your baby slowly and safely.

How do I pant?

- Open your mouth in the shape of an 'O'.
- Make an 'OH' 'OH' panting sound. (like blowing out a candle).
- Stay calm and listen to your midwife.
- Your midwife will guide you to push and pant when needed.

Further information is available on: www.cuh.hse.ie and see 'Our Services', 'Clinical Support Services', 'Physiotherapy'.

Dealing with contractions (Pain Relief Options)

Pain from contractions in labour is probably one of the most important issues for all pregnant women. Labour can be painful, so it's important to learn about all the ways that you can relieve the pain.

It's also helpful for whoever is going to be with you during your labour to know about the different options, as well as how they can support you. Discuss the issue with your birthing partner. All pain relief options will have been explained to you during our Preparation for Birth and Parenthood Education programme.

Preparation for childbirth during pregnancy (such as breathing techniques, positions, helpful equipment and medication) has been shown to reduce the need for pain relief in labour. If you have not had information before the baby is born, the midwife looking after you in labour will guide you. You may need help and support from the midwife to choose between the different methods, of coping with labour, available to you.

Massage

Your partner or midwife can help by massaging you in labour. However some women may prefer not to be touched. Be sure to discuss this beforehand and let them know what feels right. It is a good idea to **start practicing** this in the weeks before your due date and before labour starts so that it will feel natural when you are in labour. You will learn some massage techniques at the Preparation for Birth and Parenthood Education programme.





Water



Water is very helpful and therapeutic in labour. There are showers and baths available on the wards and each birthing room has an en suite shower. We also have a pool room, which you may use: if it is available; if there are enough staff on duty; and if using the pool is safe for you and your baby.

Will I be able to use the pool?
You will be able to use the pool if you:

- have a straightforward pregnancy;
- are in the contraction stage of labour;
- are able to move around without difficulty;
- have no medical conditions;
- if your waters are not broken (released) more than 18 hours; and
- have not received Pethidine in the previous four hours.

Can I give birth in the pool?
No, the pool facility at CUMH is not for use during birth. However, you can give birth upright, or on a mat in the pool room, or move to a nearby room.

What clothes do I need to bring to the pool room?
A dressing gown and non-slip shoes/flip flops. Some women like to wear a t-shirt or a similar item in the pool.

Will the midwife assist me in and out of the pool?
Women using the pool must be fully mobile as health and safety guidelines recommend that our staff do not lift women whenever possible.

What is the water temperature?
The water will be at body temperature (37° C) which is nice and warm.

Can I eat and drink in the pool?
We encourage women to eat and drink during labour whether you are in the pool or not.

Can I use Gas and Air (Entonox) in the pool?
Yes.

How will the midwife monitor my baby while I am in the pool?
The midwife will use an underwater machine called a Sonicaid to listen to your baby's heartbeat.

Will labour slow down when I get into the pool?
Rarely- once you are in established labour the water can relax you and speed up the labour.

Complementary therapies

Complementary therapies that may help you include:

- hypno-birthing,
- acupuncture,
- aromatherapy,
- homeopathy or
- reflexology.

Consult a qualified therapist to discuss the use of these therapies in pregnancy, labour and after you give birth to your baby. Please discuss your intended use of any of these therapies with your midwife.

TENS machine

What is a TENS (Transcutaneous Electrical Nerve Stimulation)?
TENS (Transcutaneous Electrical Nerve Stimulation) is a non-invasive, drug-free method of controlling pain. It has been used for many years for the control of acute and chronic pain, particularly where people are wishing to minimise their use of medication. Over the last 15 to 20 years women have been using TENS as a means of managing labour pain.

The TENS unit consists of a battery powered stimulator and one or two pairs of electrodes with connecting leads. A mild electrical current is produced by the TENS unit which you will feel as a tingling sensation on your skin. The intensity, rate and duration of the electrical impulses produced by the TENS unit can be adjusted by the person using it.

Benefits of using TENS in labour

- TENS is a form of non-invasive pain relief
- TENS has no harmful effects on either the mother or baby
- TENS does not restrict your ability to move about in labour
- TENS can be applied at home during early labour

Other pain relief options can still be used if TENS does not provide you with adequate pain relief.

How does TENS work?

When we experience pain, messages are sent along the nerves to the brain and then pain is felt.

The TENS unit produces tiny electrical impulses which are sent through the skin to the nerves. This electrical stimulation of the nerves blocks those pain messages from reaching the brain. The brain then registers the tingling sensation produced by the TENS unit rather than the pain.

TENS also increases your body's production of endorphins – these are your body's natural painkillers.



How effective is TENS?

For many women, TENS is an attractive first option for pain relief in labour. Women who use TENS report that they have a feeling of control over their pain and that they can actively participate in their labour, which is not always possible with other forms of pain relief. Many women who have used TENS are keen to use it again for subsequent labours. However, the results of research on the effectiveness of TENS for relieving labour pain are conflicting. Overall, there is weak evidence of the positive effects of TENS on labour pain; however, better quality research is needed in this area.

Precautions when using TENS

TENS is an electricity-based apparatus and therefore care must be taken when using it. Specific precautions include:

- TENS should not be used in the bath or in the shower.
- Women who have metallic implants or an implanted electronic device, (e.g. a cardiac pacemaker) should not use TENS.
- TENS should not be used while driving a car.
- TENS should not be used prior to the 37th week of your pregnancy unless advised by your doctor or physiotherapist.
- TENS must be turned off before applying or removing the electrodes.
- TENS should be kept out of reach of children.

If you wish to use a TENS machine, we recommend that you start using it in early labour. TENS is not an effective pain reliever in established labour. However most women assess TENS favourably and say they would use it again in a subsequent labour. It may be more effective for back pain than abdominal pain.

At present you should hire your own TENS machine to bring into hospital and you or your partner need to be able to use it when you come in.

Gas and Air (Entonox)



We can give you gas and air (Entonox), which is a mixture of oxygen and nitrous oxide gas to reduce pain at anytime during labour, even when you are labouring in water. It can increase your sense of personal control, as you use it yourself. However, it may make you feel light-headed and nauseous.

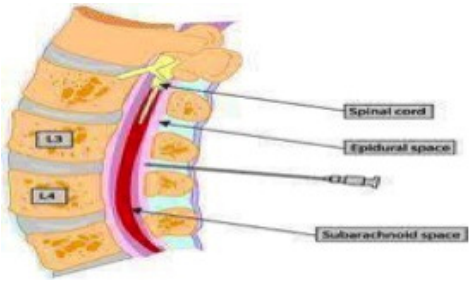
Gas and air needs to be used as soon as a contraction starts as it takes 20 seconds to work. By taking gas and air as soon as a contraction starts it means that it will be working at its most effective when your contraction reaches its strongest point. You can stop using gas and air as soon as the contraction stops. You can then rest in between contractions and takes sips of fluid to keep you energised.

Pethidine injections

Pethidine is a pain relieving medication that we can inject into your thigh during the contraction phase / first stage of labour. However, it only provides limited pain relief during labour and may make your baby sleepy. This could slow down your baby's breastfeeding efforts in the first few hours. We will need to do a vaginal examination before giving you Pethidine, to check in case the birth of your baby is too close.

Further information is available on: www.cuh.hse.ie and see 'Our Services', 'Clinical Services', 'Cork University Maternity Hospital'.

Epidural



Epidurals are widely used for pain relief in labour and, in general, are safe and effective. During an epidural, painkilling drugs are passed into the small of your back via a fine tube. It is a regional anaesthetic, so the drug is injected around the nerves that carry signals from the part of your body that feels pain in labour. It will numb your tummy and provide you with very effective pain relief.

Setting up your epidural

We will insert an intravenous cannula into your arm and attach it to a drip.

- You will need to have a catheter inserted into your bladder to drain your urine.
- While the epidural is being put in, it is important that you keep still and let the anaesthetist know if you are having a contraction.
- The epidural usually takes about 20 minutes to set up and a further 20 minutes before it starts to relieve the pain.

Advantages of an epidural

- An epidural that is working well usually provides excellent pain relief.
- Epidurals may also be topped up for a Caesarean birth.

Disadvantages of an epidural

- Some epidurals do not work fully and need to be adjusted or replaced.
- The most common complication of having an epidural is a headache which may need further treatment (1-2%).
- You may experience low blood pressure, itching or shivering.
- You may experience leg weakness and you will be confined to bed for the duration of the epidural, the birth of your baby and for 6 hours after the birth.

We will monitor your baby's heartbeat using a machine called a cardiotocograph once you had your epidural.

For further information see: www.hse.ie/healthaz when you access this website see 'E' and 'epidural'.

Giving Birth

Giving birth normally

Giving birth normally is when your baby is born vaginally with your own effort. When the neck of the womb is fully open you will get a strong urge to bear down/push. As you bear down, your baby's head moves down the vagina until it can be seen. When the head is almost ready to come out, the midwife will ask you to stop pushing and to pant, (see page 40 breathing techniques "How do I push?). This helps your baby's head to be born slowly and gently, giving the skin and muscles of the perineum (the area between your vagina and anus) time to stretch without tearing.

Once your baby's head is born, most of the hard work is over; your baby will be born then with one more gentle push. We can put the baby straight onto your abdomen before we clamp and cut the cord.

Your baby may be born covered with a white, greasy substance known as vernix, which protected the baby in your uterus.

Birth of the placenta (after birth)

Once your baby is born, the placenta (afterbirth) will then need to be born. This is the third phase of labour. At CUMH our policy is to medically manage the birth of the placenta. This means that we will give you an injection containing a drug called Syntocinon, during the birth of your baby. This makes the womb contract and helps to prevent heavy bleeding (haemorrhage). This is recommended by the Irish Institute of Obstetricians and Gynaecologists and the HSE.

Should you prefer not to have the Syntocinon injection, this is possible if you have a normal blood count, have started labour naturally and you haven't taken any medication, such as an oxytocin drip, pethidine or epidural, during labour and birth. The midwife or doctor will discuss the benefits and risks of medicated and natural management of the third stage of labour with you to help you to make an informed choice.

We will encourage you to breastfeed your baby as soon after birth as possible. This helps your womb to contract and it also helps with breastfeeding later on.

Having an assisted birth

Some women need to have an assisted birth, for which we can use two instruments a forceps or a vacuum (also called a ventouse or Kiwi), to help with the birth of the baby's head. This is done by a by a specially trained doctor.

The reasons for an assisted birth can be that:

- we are concerned about your baby's heart rate;
- your baby is lying in an awkward position; or
- you are too exhausted to give birth naturally.

Vacuum Birth (also called Ventouse or Kiwi)
We will place a suction cup on the baby's head. The doctor with the help of your breathing out pushing effort with a contraction, gently helps the birth of your baby, usually with three pushes. We will give you a local anaesthetic to help with the pain or we can top up your epidural. Focusing on your breathing out effort will help you relax and protect your pelvic floor from damage.

Forceps Birth
Forceps are smooth metal instruments, which are curved to fit around the baby's head. We carefully position the forceps around your baby's head and join then together at the handles. With a contraction and your pushing, the doctor gently pulls to help your baby to be born. We usually give you an epidural or local anaesthetic to help with the pain. Focusing on your breathing out effort will help you relax and protect your pelvic floor from damage.

Episiotomy
An episiotomy is a cut in your perineum to enlarge the entrance of your vagina, given under local anaesthetic injection or epidural top up. It is only given after discussion with your midwife or doctor usually if the baby is in distress and has to be born quickly or if an instrumental birth is needed. Afterwards, we will stitch the cut to help the healing process.

Will I have to have an episiotomy if I have an assisted birth?
We usually need to do an episiotomy during a forceps or vacuum birth. The midwife or doctor will only do it, if necessary. Focusing on your breathing helps you to relax during this procedure.

Caesarean birth
A Caesarean birth is where we will give you an anaesthetic; make a cut in your abdomen and then your uterus, to enable your baby to be born. Sometimes it may not be safe for you or your baby to have a vaginal birth and we may advise you to have a Caesarean birth. As this involves major abdominal surgery we only advise it when absolutely necessary. If we know in advance that you will need a Caesarean birth, we call this a planned Caesarean birth. Your doctor of midwife will explain it fully to you, give you our information leaflet, answer any questions you may have and get your consent. If, however, unforeseen complications arise during your labour, we may have to perform an emergency caesarean birth. If this happens we will discuss it with you and explain the reasons and the anaesthetic choices available (for example epidural/spinal or general anaesthetic) and get your consent.

Skin-To-Skin Contact

We recommend that you make skin-to-skin contact with your baby immediately after birth unless you or your baby needs medical treatment. This helps your baby to adjust to life outside the womb and also helps you breastfeed.

We will place your healthy newborn baby naked (with a nappy) on your chest for at least one hour. The midwife will help you with your first feed during skin-to-skin contact. Wear a very loose fitting top without a bra or neck jewellery when you begin labour.

If you or your baby need medical care immediately after birth, we will help you start skin-to-skin contact as soon as possible. Examples of medical care that will delay starting skin-to-skin contact include:

- stitching;
- being in a legs up position (known as the Lithotomy position);
- having received sedation; or
- if you have had a Caesarean birth. We will dress your baby in a Babygro (without a vest) and wrap him in blankets. When you move to the recovery room we will unwrap the blankets, open the Babygro and you can make skin-to-skin contact then.



During the early hours of life both you and the healthcare staff need to closely observe your baby while he is in skin-to-skin contact or breastfeeding so that, he:

- is in a good position that keeps his airway open;
- is breathing easily and regularly; and
- has a good colour.

Your midwife will explain this to you.

To ensure that your baby enjoys safe skin-to-skin contact make sure that:

- your baby's chest is on your chest;
- your baby's head is turned to one side and visible;
- your baby's nose and mouth are not covered;
- your baby's neck is straight not bent;
- your baby's back is covered with a blanket; and
- you are not wearing tight restrictive clothing or neck jewellery.

We will give you a leaflet on safe skin-to-skin contact when you are 32 weeks pregnant and when you come in to give birth. We also give you information on other baby safety issues and safe sleep when you are in hospital.

Vitamin K

We recommend that all babies born at Cork University Maternity Hospital receive Vitamin K, to ensure that your baby's blood will clot properly and to prevent bleeding disorders.

Why does the baby need Vitamin K?
Babies are born with low levels of Vitamin K and are prone to a bleeding disorder that can be prevented by giving your baby Vitamin K.

How is Vitamin K given?
With your consent, the midwife will give your baby an injection of Vitamin K 1mg (0.1ml) into the thigh.

When is Vitamin K given?
Vitamin K will be given to your baby in the Birthing Suite immediately after birth.

Are there any side effects?
While there are no reports of side effects from the Vitamin K, some babies will have a minor swelling for a short time around the injection area.

Examining baby

While you are establishing skin-to-skin contact, we will examine your baby from head to toe. We will take your baby's temperature and check his oxygen levels.

We will check your baby's identification and security tags and put them onto your baby in front of you.

Please feel free to ask us any questions that you may have at this time.

Examining mum

We will also examine:

- you to see if you need stitches to repair a natural tear or after an episiotomy.
- your tummy to ensure that your uterus has tightened after the birth of your baby and the placenta.
- your placenta to make sure that it has all been delivered.
  We will also check that your blood loss is normal and not too heavy.

You can have some refreshments while you and your partner spend some time with your baby while the midwife completes the paperwork. We will then transfer you and your baby to a postnatal ward or room.

Baby Tagging Security System

In order to keep all babies safe, we have a computerised Baby Security system along with a strict Baby Security policy at CUMH. When your baby is born, we tie an electronic security tag on to your baby's ankle.

This tag is picked up by the computerised security system, which is monitored at all times by the security officers and the midwifery staff. If a baby approaches a door the tag will activate and the door will automatically lock. If a baby with a tag goes through a door the next door will lock and an alarm will sound.

All of this activity is carefully monitored. When the baby is going home we will remove the security tag.

Moving on to the postnatal ward

You and your baby will stay together at all times while in hospital unless the baby needs special care. Your baby will stay at your bedside and this is called Rooming In. It helps you to get used to caring for your baby and to recognise when your baby needs feeding, which helps a lot with mothers who are breastfeeding.

All newborn babies have very tiny tummies and they prefer to feed little and often.

This can be challenging in the first few days of life. Once babies are wetting and soiling their nappies you can be assured that they are getting enough milk. You will need plenty of rest, help and support in the first few days. During your stay the midwives will examine you and your baby daily. They will assist you with feeding and baby care. Washing your hands before and after nappy changing and before feeding your baby is very important in preventing infection.

A paediatric (baby) doctor will carry out a full examination of your baby at your bedside before you go home.

Visiting Times

Our hospital has strict visiting times. Mothers have told us this is helpful to allow for rest and baby bonding. Be sure to tell your family and friends that they will not be allowed to visit outside of these times. You may prefer to ask them to wait until you are at home when you will be very grateful for the visits and support.

Visiting Times

- Husbands and partners: 7am to 11pm
- Siesta time for mothers: 12pm to 2pm
- General time for visiting: 3pm-4pm and 7pm-8.30 pm.
  (Children may only visit during these times.)

Special Cases

What happens if my baby needs to go to the Neonatal Unit?

Occasionally some babies who may be premature or unwell need to be admitted to our Neonatal Unit for specialised care. The Neonatal Unit has intensive care and special care areas. In the unit we practice skin-to-skin care for parents and babies. We encourage mothers to express breast milk for premature babies who cannot suck. Our staff will inform you of the benefits of providing breast milk for babies while they are in the Neonatal Unit.

Parents are welcome to visit and spend time with their babies in the Neonatal Unit. A parent support group is run in the unit weekly and neonatal staff members attend. There is also a dedicated social work service for the Neonatal Unit.

Further information is available on: www.irishprematurebabies.com

The Irish Neonatal Health Alliance supports families affected by prematurity by advocating increased awareness, improved pre-conceptual, ante-natal education and post natal education equitable and standardised neonatal care and improved long-term care for both the premature baby and the family. **Their Facebook page is:** www.facebook.com/pages/Irish-Neonatal-Health-Alliance

Pregnancy Loss

Unfortunately, some women have to deal with a pregnancy loss late in pregnancy. This can be a stillbirth or the death of their baby soon after birth.

In Ireland about 350 babies are stillborn every year. This usually means that the pregnancy has lasted for 24 weeks or more and the baby has died in the womb before birth.

A smaller number of babies die soon after birth, in the birthing suite or in the Neonatal Unit.

Stillbirth is a significant and complex bereavement and may have profound and devastating effects on the parents, their other children and their wider family.

At Cork University Maternity Hospital we have a dedicated pregnancy loss support team on hand to provide invaluable support and assistance following

a pregnancy loss or the death of a baby soon after birth. We also offer counselling after the parents have returned home in order to help you work through the difficult aspects of the grieving process. The team includes bereavement and loss midwives, social work staff and hospital chaplains.

Further information is available on: www.cuh.hse.ie see 'Our Services', 'Cork University Maternity Hospital', 'Services Provided'.

Feeding your baby

Breastfeeding

Your breast milk gives your baby all the nutrients he needs for the first six months of life. It is important for your baby's health, growth and development. Breastfeeding even for a short time will help to protect your baby's health. Your body will produce all the milk your baby needs for the first six months. No water or other fluids are needed. From six months onwards you can start your baby on solid foods, however, your milk continues to be an important part of his diet, as other foods are introduced, for up to two years of age and beyond. The longer you breastfeed the greater the health protection, so breastfeed as long as you can.

Benefits of breastfeeding

- Your breastmilk is uniquely made for your growing baby's needs.
- It is easy for your baby to digest and breast milk protects your baby's digestive system.
- It helps protect your baby from infection and other illnesses.
- Research suggests that breastfed babies have better mental development and it is also important for your baby's brain development.
- Breastfeeding is also convenient and free-of-charge.
- You will enjoy the feeling of closeness breastfeeding creates with your baby.
- Breastfeeding also provides instant food when your baby is hungry; and it provides instant comfort when your baby is distressed.

Benefits for mum

As a mother breastfeeding reduces your chances of getting some illnesses later in life. It can help protect you from breast and ovarian cancer and give you stronger bones in later life. It also helps you lose the weight gained during pregnancy.

Some good reasons to breastfeed

Research shows that children who are **not** breastfed:

- are more likely to develop ear, nose and throat infections;
- are more likely to develop gastroenteritis (vomiting and diarrhoea);
- are more likely to develop kidney and chest infections;
- have a greater risk of asthma and eczema;
- have a greater risk of obesity and of developing diabetes; and
- have an increased risk of sudden infant death syndrome.

Guidelines from the Department of Health, Ireland and World Health Organization

The Department of Health, in line with the World Health Organization, recommends that babies should be exclusively breastfed for six months (not introducing any other food or drink). You should continue to breastfeed in combination with solid foods until the baby is two years and beyond.

Breastfeeding in CUMH

Having good information about breastfeeding will help you get off to a good start and the right support will help you to continue. The breastfeeding service in Cork University Maternity Hospital (CUMH) aims to educate, encourage and empower women and their families starting and continuing to breastfeed. We discuss the benefits of breastfeeding and how we support mothers to breastfeed with all women during their antenatal visits to the hospital. We offer breastfeeding classes to all pregnant women.



When all mothers give birth to their babies in CUMH, we encourage skin-to-skin contact between mother and baby and show you how to start the first breastfeed and how to continue. We will show you how to position and correctly latch on your baby to your breast. This is the secret to successful breastfeeding.

Booklet available to order on: www.breastfeeding.ie and see 'Publications'.

If your baby is in the Neo Natal Unit (NNU) and is too unwell to breastfeed, we will show you how to hand express or pump your breast milk.

During your first days of being a parent we will encourage you to regularly feed your baby on demand and to avoid using formula feed, teats and pacifiers. We run a support group for breastfeeding mothers while you are in hospital. Ask a midwife for details.

On discharge, we will give you written information about the hospital breastfeeding support group. It is held every Wednesday from 4.30pm to 6.30pm in the Parentcraft Room, on the first floor at CUMH (no appointment necessary). There is also a breastfeeding helpline available for any queries you may have on breastfeeding your baby. The number is (021) 4920752 or (087) 6623874.

We will also give you information on community breastfeeding support groups facilitated by the public health nurses and voluntary breastfeeding and social support groups (La Leche League, Cuidiú and Friends of Breastfeeding).

Recognising if my baby is hungry

In the first few weeks of life your newborn baby will only wake up because he is hungry. Early feeding cues include stirring, mouth opening, head turning, seeking/rooting. If you don't recognise these early cues your baby will become increasingly more alert. Mid feeding cues include stretching, becoming increasingly more physically active, putting their hand into their mouth. Finally your baby will become upset, begin crying, and becoming more agitated and distressed. By keeping your baby with you (rooming in) you will learn to recognise their early feeding cues and this means that you will be able to pick them up and feed them early, before they become too distressed. When you are learning to breastfeed these cues are a useful way of getting to know your baby.



Source Queensland Health, Australia

Further information is available on: http://kemh.health.wa.gov.au and see 'breastfeeding', 'breast feeding advice for new parents'.

How do I know my baby is getting enough milk?
Your breasts will make milk, whether you breast or bottle feed your baby. The first milk you produce is called colostrum and it is in your breasts from when you are 16 weeks pregnant.

After your baby is born this colostrum will nourish you baby for the first three to four days of life. Your milk will change to mature milk around day three to four. Colostrum is small in volume but rich in nutrients, ideal first food for your baby. You know that your baby is getting enough milk when he is having wet and dirty nappies. For example one wet and one dirty nappy on day one; two wet and two dirty nappies on day two; three wet and three dirty nappies on day three. From four days, on your baby will be having six wet nappies and at least one dirty nappy a day.

Vitamin D

Whether you choose to breastfeed or formula feed your baby you should give your baby 5 micrograms (5µg) of vitamin D3 every day.

Why should I give my baby Vitamin D?

Vitamin D helps control the amount of calcium and phosphate in your baby's body, which are needed to keep bones and teeth healthy. Children (and adults) in Ireland have low levels of vitamin D which can lead to weak bones. In severe cases low levels of vitamin D can cause rickets in children. There has been an increase in the number of cases of rickets in Ireland in recent years.

Vitamin D is known as the 'sunshine vitamin' because our bodies can make vitamin D from the sun. When sunlight hits our skin, the ultra-violet B (UVB) sun rays are used to make vitamin D. However, it is not possible for babies to safely get the vitamin D they need from the sun.

There are a number of suitable Vitamin D3 products available to buy in Ireland. You can find a list of these products and further information on the website www.hse.ie/vitamind or ask your pharmacist, doctor, nurse or other healthcare professional.

Vaccines and tests for your baby

There is a routine vaccination and a number of tests that we will offer for your baby while you are in hospital. We will explain them to you and ask for your consent to vaccinate and do the tests before doing them.

BCG vaccination

We offer the BCG vaccination to protect your baby against tuberculosis (TB). Tuberculosis (TB) is a serious infection which affects the lungs, but it can affect other parts of the body such as the bones, joints and kidneys. It can also cause meningitis.

Although TB can be a very serious disease, it is possible to make a full recovery from most forms of TB with treatment.

When we give your baby the BCG vaccine we will also give you information on further vaccines. Below is a short summary of these vaccinations:

When my baby is	My baby should have	Number of Injections
Born or soon after	BCG	1
2 months	6 in 1 + PCV	2
4 months	6 in 1 + Men C	2
6 months	6 in 1 + Men C + PCV	3

Further information is available on: www.immunisation.ie

Hearing Test

We will offer you a routine hearing screening test for your baby before they are discharged from hospital. This test uses quick and simple methods to check the hearing of all newborn babies. It only takes a few minutes and you can stay with your baby while the test is being done. The test doesn't hurt and is not uncomfortable. It will usually be done while your baby is asleep or settled.

Why screen my baby's hearing?
One to two babies in every 1,000 are born with a hearing loss in one or both ears. It is not easy to tell if a baby has a hearing loss. This hearing screening test means that if your baby has a hearing loss, it will be picked up early. Early identification of a problem is important for the development your child. It also means that you get the support and information you need at an early stage.

Further information is available on: www.newbornscreening.ie

Heel Test (Newborn Bloodspot Screening)

Soon after your baby is born we will offer you a Newborn Bloodspot Screening Test (or Heel Prick Test) for your baby. This test is strongly recommended, but you may say no if you wish. This test helps us to find rare but serious conditions in babies. Early treatment of these conditions can prevent severe disability or even death.

In Ireland, all babies are screened for: phenylketonuria, congenital hypothyroidism, classical Galactosaemia, homosystinuria, cystic fibrosis, and maple syrup urine disease. The test is carried out four days after your baby is born. The public health nurse (PHN) or midwife will prick your baby's heel using a special device to collect some drops of blood onto a special card. You can help by making sure your baby is warm and comfortable and by being ready to feed and/or cuddle your baby. For babies at a higher risk of galactosaemia, a heel-prick sample will also be taken at birth for a special test (Beutler test). If your baby is at risk of galactosaemia, you may be advised not to breastfeed until the result of a normal test is back.

If your baby's tests are normal, we will not contact you directly. Occasionally the public health nurse or midwife will contact you to take a second blood sample from your baby's heel. This may be because there was not enough blood collected, or the test result was unclear. Usually the repeat results are normal. CUMH will have the results of abnormal results within five working days. If your baby's results are of concern we will contact you to arrange more blood tests. Some babies may need to stay in hospital for a short time. If your baby has one of these rare conditions, a team of specialist doctors, dieticians, midwives and nurses will advise you on how to manage your baby's condition and will follow your baby's progress long term. The majority of babies with these conditions will grow up healthy and well, once the treatment has started. For further information please ask your midwife or PHN.

Further information is available on: www.newbornscreening.ie

Newborn Infant Oxygen Saturation Test

All infants born at CUMH will have the oxygen levels in their blood checked by pulse oximetry. The procedure will be performed by your midwife and involves attaching a small plastic probe to your infant's foot. It takes about two minutes to perform and your baby will not feel anything. The test helps detect some heart problems that may not otherwise be possible to detect during your baby's newborn examination.

Rubella (German Measles) Vaccination

If you are not immune to rubella (rubella negative) we will offer you the measles, mumps and rubella (MMR) vaccination. Rubella is a serious concern if a pregnant woman catches the infection during the first 20 weeks of her pregnancy. This is because the rubella virus can disrupt the development of the baby and cause a wide range of health problems, such as:

- eye problems, such as cataracts (cloudy patches on the lens of the eye);
- deafness;
- heart abnormalities; and
- brain damage.

The birth defects caused by the rubella virus are known as congenital rubella syndrome (CRS).

If you get the vaccination at CUMH, it is important not to become pregnant afterwards for one month.

Further information is available on: www.immunisation.ie

Going home from hospital

On average, you will stay in hospital for two nights after a vaginal birth and four nights after a Caesarean birth but each woman's experience is different. You and your baby can go home earlier if all is well and all the screenings and tests have been completed. Please discuss your wishes for returning home with the midwives when you are admitted to the postnatal ward. We ask that you leave your room by 11 am on the morning that you are going home as there will be women waiting in the birthing suite for a bed. Your public health nurse will visit you on your return home.

Infant Safety - Car Seats

When you are making arrangements to take your baby home please ensure that you have a proper baby car seat. This car seat should be carefully checked on purchase and also checked before baby is discharged. A baby should never be carried in the front passenger seat as most cars now have air bags.

Further information is available on: www.rsa.ie and see ' Education Leaflet & Poster Corner'.

Immediate care after vaginal or Caesarean birth

This information below is designed to help you recover after a vaginal or Caesarean birth. Further advice is provided by a woman's health physiotherapist or a midwife. Classes are held in the wards at CUMH after you give birth.

Rest
Rest properly after childbirth to help you recover. Do not push yourself and listen to your body.

Comfortable resting position
- Rest on your side and make yourself comfortable by placing pillows under your abdomen and between your knees.
- This position is comfortable if you have stitches in either your abdomen or your perineum (the area between your legs). This is also a useful position for breast feeding your baby.

Sitting
- It can be uncomfortable to sit if you are sore at the perineum.
- To ease the soreness while sitting, take two rolls of towels. Place them on the bed or a chair parallel to each other, with sufficient gap between them. Sit with one thigh on one towel and the other thigh on the second towel such that your perineum is placed between the towels, not touching the bed or chair.
- Perching on a wedge pillow can also help relieve the pressure off the perineum.

Bladder awareness
- Make sure you empty your bladder 6 to 8 hours after the birth especially if you have had an epidural.
- The midwife will measure the amount of urine you pass following the birth to ensure your bladder is working normally.
- If you have not emptied your bladder, inform the midwives on your ward.
- Remember to empty your bladder regularly and completely.
- Drink normal amounts, about 1.5 litres of liquids and aim to go the toilet every 2 to 3 hours.
- Do not 'stop and start' the flow of urine.

Bowel care

- While having a bowel movement, try holding a wad of toilet paper or sanitary pad firmly in front of the back passage to give support to your stitches.
- If you have had a Caesarean birth, supporting your abdomen wound with a folded towel may help.
- Do not strain.
- Breathing out slowly as you move your bowel or pass urine, may help to ease any discomfort you may have.

Hygiene

- There is an increased risk of infections with cuts, tears and stitches.
- Change pads regularly.
- Showering or pouring warm water over stitches after going to the toilet helps. Pat or blot the area dry. While in the hospital, bathe using a bidet or have a bath at home. Warm water and baths will also help soothe the area.
- Do not use perfumed products such as vaginal deodorants, creams or talcum powder for 4 to 6 weeks. There is no benefit to adding salt to your bath water.
- Do not use herbal or aromatherapy remedies without consulting a qualified therapist.

Healthy Eating

- Eat well to help you recover.
- Increase your fibre intake to prevent constipation as this in turn will prevent you from straining on your stitches and pelvic floor muscles.
- Ask your pharmacist for product advice if you are prone to constipation.

Care for tears/episiotomy

- Your pelvic floor muscles can be injured during a vaginal birth when the baby's head is coming down the vagina and crowning.
- Some women tear naturally while others have an episiotomy. An episiotomy is a surgical cut from the vaginal opening to the left or right side away from the anal sphincter muscles (back passage).

- Tears are graded from 1° (first degree) to 4° (fourth degree). If you have a 3° or 4° tear the women's health physiotherapist will visit you in your ward to advise and treat you.
- It is vital that you start your pelvic floor exercises within the first few days or when you feel able. See below.
- Even if you have not received stitches, you may experience some soreness or pain in the perineal area. This can last from a few days to weeks.

You may experience:

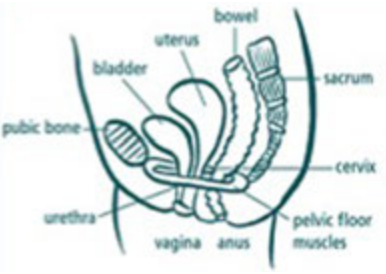
- difficulty in walking,
- difficulty in sitting comfortably,
- problems in passing urine,
- feelings of not wanting to breastfeed,
- feelings of being unable to care for your baby, or
- feeling irritable or tired.

Pain killers such as paracetamol or ibuprofen can help.

If the pain gets worse or if you have an unpleasant discharge ask your midwife, public health nurse or GP to check for signs of poor healing or infection. Redness may be a sign of infection.

'Cold therapy' such as ice packs or gel packs can relieve pain, swelling and ease discomfort. If cold therapy is used in the first 2 to 3 days it should be applied for just 10 minutes and no more frequently than 2 hourly. It is very important that the ice pack does not come into contact with your skin as this could cause a painful ice-burn. You can wrap the ice in a flannel to reduce tissue swelling and localised pain.

Pelvic floor muscles



Your pelvic floor is made up of layers of muscles and tissues which stretch like a hammock from your tailbone at the back to your pubic bone in the front. Your pelvic floor muscles support your bladder, womb and bowel and play a vital role in controlling your bladder and bowel. They also affect how you experience sex. Pelvic floor exercises are essential whether you have had a vaginal birth or a Caesarean birth.

Due to the tenderness it is beneficial to start with an experimental slow squeeze within a few days after the birth. Often tenderness and soreness can make tightening your muscles difficult but try to do the exercises as little and as often as possible and progress every week.

Pelvic floor muscle exercise
Chose any comfortable position with the muscles of your thighs, bottom and stomach relaxed.

Slow pelvic floor muscle exercise

- Tighten the muscles of your back passage as if you are trying to stop passing wind. Hold for as long as you can.
- Aim for 5 seconds.
- Practice this several times.
- Tighten and lift the muscles at the front as if you are trying not to pass urine. Hold for as long as you can.
- Aim for 5 seconds.
- Practice this several times.
- Now tighten both together .You may feel the lower part of your stomach draw in when you do this.
- Hold for as long as you can.
- Aim for 5 seconds.
- Practice this several times.

Fast pelvic floor muscle exercise

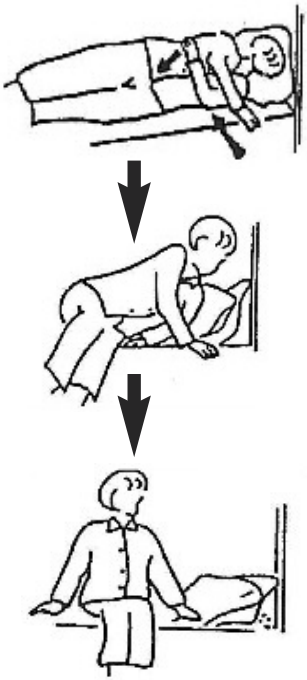
- Quickly pull up both the front and back passage and then relax them. Aim to do this as many times as possible.
- Start slow and hold only till comfortable.
- Aim to progress holding for at least 10 seconds by six months following the birth.
- Also remember to squeeze up your muscles before you sneeze or cough.

Caesarean Birth



- Follow the previous advice on rest, bladder and bowel care on pages 65 and 66.
- There are several layers of stitches in your lower abdomen that will take time to heal so increase your activities gradually as you feel able.
- Take regular pain relief as you require it in the early days.
- Maintain circulation by bending your ankles and feet up and down briskly for 30 seconds every hour.
- When coughing/sneezing/laughing/leaning forward, support your stitches with your hands or a roll of towel or a pillow across your abdomen.
- Place a pillow under your knees and feet to keep your feet raised and supported immediately following the birth
- Avoid any activities that cause strain for the first 6 weeks for example prolonged standing, vacuuming, lifting anything heavier than your baby.

Back care after a Caesarean birth: Getting in and out of bed



Getting out of bed
Roll over onto your side. Bring your hands across to grip the edge of the bed for support.

Drop both your legs over the edge of the bed. Use you elbow and hands to push yourself into a sitting position.

Once you are sitting up, progress to standing slowly.

Getting into bed
Reverse the process.

Driving after a Caesarean birth

- Driving is normally safe after 4 to 6 weeks; however seek clearance with your GP or consultant at your 6 week check up.
- Ensure that you:
  - Check with your insurance company that you are covered.
  - Take a driver with you on your first journey.
  - Are able to concentrate as normal.
  - Can wear a seat belt comfortably.
  - Can look over your shoulders and turn the steering wheel without discomfort.
  - Can perform an emergency stop without undue pain. Try this by applying the brakes hard in a stationary car.

Vaginal birth after a Caesarean birth

It may be possible to have a vaginal birth in the future after having a Caesarean birth. Talk to your midwife about this.

Back care

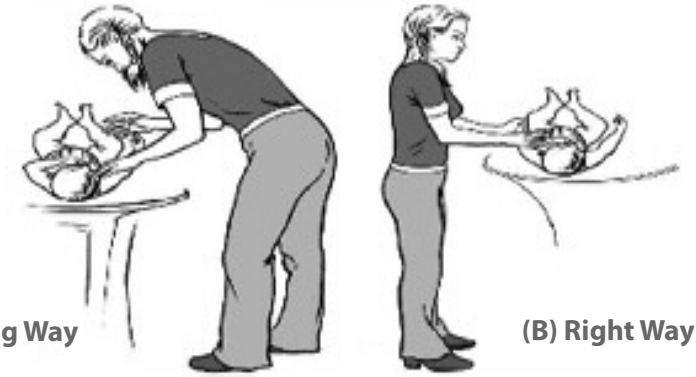
Feeding your baby

- Do not stoop over the baby while feeding.
- Always bring the baby up to you for feeding and sit up straight.
- If feeding in bed, find a good upright, supported position with pillows.
- If feeding in a chair, use a comfortable chair with arm rests. Avoid sitting in low chairs. Your knees should be in line with your hips when sitting.
- Use a feeding pillow when breastfeeding or bottle feeding, to raise the baby up and support his/her weight. Alternate the sides of feeding while bottle feeding and winding the baby. If any position is uncomfortable, stop and find a comfortable position.



Changing Nappies

- Always try to change the baby on a surface at the waist level e.g. a changing unit.
- Otherwise try to sit or kneel without stooping over the baby.



(A) Wrong Way **(B) Right Way**

Lifting your baby

- Avoid low cots!
- Bend your knees and keep your back straight while lifting.
- Keep your baby as close to you as possible while lifting.

Bathing your baby

- Avoid carrying a bath full of water use a hose or tap to fill the bath or else use a jug to fill and empty the bath.

Pushing the buggy

- The handles of the buggy should be at your waist height, if possible.

Stand upright to push the buggy.



Car Seat



(A) Wrong Way



(B) Right Way

To get the baby in or out of the car

- Leave the car seat in the car; avoid carrying it as they are heavy and awkward.
- Avoid twisting, turning and lifting the car seat or your baby in or out of the car.
- Stand close and keep your back straight.
- Always bend your knees while placing your baby in or out of the car seat.
- Hold your baby as close to you as possible when lifting your baby out of the car seat.

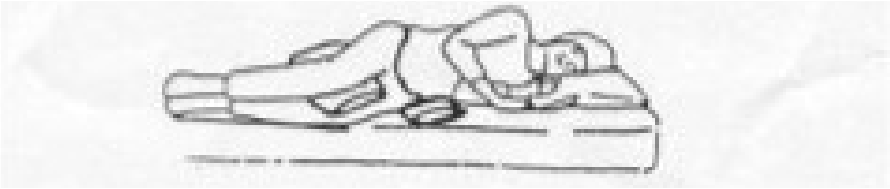


Abdominal muscles care and exercises

Your abdominal muscles have been stretched during your pregnancy. It is vital to strengthen the core muscles of your abdomen to prevent back injury and to tone up your waist line. You can start these exercises immediately after the birth or when you feel well enough.

Lower abdominal exercise

This can be done as early as possible. Start this in a side lying position and progress to other positions like sitting, standing or lying on your back with your knees bent and your feet flat on the bed/floor.



- Take the above given position.
- Let your tummy sag!
- Breathe in gently.
- As you breathe out draw in your belly button towards your back– Your lower back should not move during this exercise.
- Aim to start holding for 5 seconds and progress to holding for 10 seconds.

You should be able breathe and talk while doing this exercise

Pelvic tilting

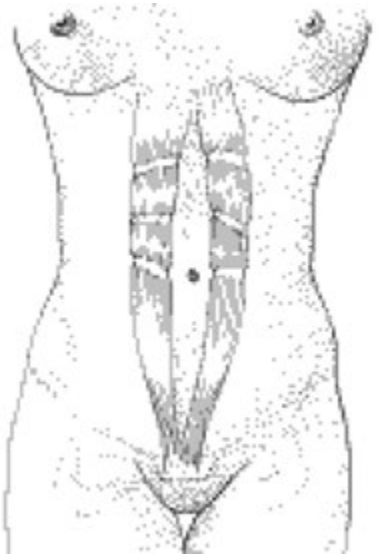


- Lie on your back with your knees bent and your feet flat on the bed/floor.
- Draw your belly button to your back.
- Squeeze your buttocks and flatten your lower back against the bed.
- Aim to start holding for 5 seconds and progress to holding for 10 seconds.

Remember while doing the exercises

Keep your stomach flat. If a dome shaped bulging appears at the belly button level of the abdomen then go back to doing the lower abdominal exercise and try the pelvic tilting again after a few days. Contact your Women's Health Physiotherapist to review your exercises if the bulging continues and to modify or progress your exercise regime.

During pregnancy your abdomen stretches and lengthens and usually separates down at the centre leaving a wide gap. This usually returns to normal around 6 weeks after birth**.**



Diastasis Rectus Abdominus
(Separation of the Abdominal Muscles)

Post natal self-check for the width of the Rectus Abdominus gap (This is a test, not an exercise)

- Lie on your back with your knees bent and your feet flat on the floor.
- Place one hand behind your head, and the other on your abdomen, with your fingertips across your midline-parallel with your waistline-at the level of your belly button.
- With your abdominal muscles relaxed, gently press your fingertips into your abdomen. Roll your upper body off the floor into a "crunch", making sure that your ribcage moves closer to your pelvis.
- Use the hand behind your head to help you to do this.
- You should feel the space narrowing above your belly button in your abdomen as you lift your head off the bed.

Resuming Normal Activities

- Exercise should always be undertaken gradually, particularly if you are not used to it. Progress at a pace that suits you.
- Many women choose to go back to their activities two to three months after birth, but everyone is different.
- Always remember to walk tall, draw in your lower abdomen (which is between your belly button and your pubic bone), and get out and about.
- Avoid high impact exercise e.g. running, jumping, contact sports, aerobics classes for 12 weeks following the birth of your baby.

Sexual Intercourse

- Resume sexual relations when you feel ready. You are the best person to know when your body has fully recovered and you feel emotionally and physically ready to resume sexual relations.
- It is preferable to wait six weeks until your GP or consultant check up.
- Find a position most comfortable for you, use plenty of lubrication and start gently.

If you have any worries about physical or emotional issues, which prevent you resuming normal sexual relations with you partner or if you have persistent discomfort or pain with intercourse discuss this with your GP, consultant, public health nurse, midwife or physiotherapist.

Contact the CUMH physiotherapy service if, six weeks following the birth of your baby, you have:

- bladder or bowel problems.
- vaginal discomfort/heaviness.
- pain on sexual intercourse.
- pain in the area between your legs around your vagina and/or the tip of your tailbone.

Please ask with your GP to refer you to a chartered physiotherapist if you have:

- pain or discomfort in your back or pelvis.
- doming of the tummy muscles at the belly button level of the abdomen on bending, stooping or while coming to sitting from lying.
- need advice on fitness and exercise following the birth of your baby.

Contact information:
Physiotherapy Department CUMH, Telephone (021) 4920567.

Routine GP check-ups

Your baby should be checked by his GP at two weeks and at six weeks. At six weeks after you give birth you too can go to your GP for a postnatal health check which includes a breast check. This is included in the Maternity and Infant Care Scheme, so you do not have to pay for this visit.

Cervical Screening
If you did not have a cervical smear test shortly before becoming pregnant you may be due to have one. Women aged 25 to 60 who have ever been sexually active should have regular smear tests and continue to have regular smear tests after the menopause. Talk to your GP about this. There is a cervical screening programme in place in Ireland.

Further information on cervical screening is available on: www.cervicalcheck.ie

Looking after your mental health

Looking after your emotional or mental health is very important when you become a parent. Talk to your partner or family if you feel tearful or weepy. Some mothers may experience a type of depression after they have had a baby called postnatal depression. It usually develops in the first four to six weeks after childbirth, although in some cases it may not develop for several months. Support groups are available if you experience post natal depression but you need to also seek medical advice from your doctor.

Further information is available on: see postnatal depression on www.hse.ie/healthaz and see "P", 'post natal depression' and www.pnd.ie

Family planning after childbirth

It is important to remember that you will become fertile and could get pregnant between the birth of your baby and the time of your first period and even if your periods have not returned. If you do not wish to get pregnant soon after the birth of this baby, you and your partner will need to take precautions or use contraception.

If you are breastfeeding your periods may not return until you stop or until you start supplementing your baby with milk other than directly from your breast. This may give you some protection against pregnancy provided that your baby is:

- less than six months of age;
- exclusively breastfeeding from your breasts at every feed (and is not getting top-ups); and
- is feeding regularly (not sleeping for longer than 6 hours at any one time).

Further information on contraception is available on: www.thinkcontraception.ie
Information on natural family planning is available on: www.naomi.ie

Information on caring for your baby

Safe Sleep
Remember to place your baby on his back to sleep. Take care to turn your baby's head to the side (alternating sides) to prevent the back of his head flattening.

Keep the cot free of soft objects and anything loose or fluffy. The ideal room temperature is 18 ºC or 65 ºF. Avoid overheating by ensuring that your baby's head is not covered and by using cellular blankets. A folded blanket counts as two layers. Do not use duvets, cot bumpers or fleece blankets as these can cause your baby to overheated.

Further information is available on: www.healthpromotion.ie, see 'safe sleep'

Baby Bathing See www.mediaconcepts.ie/whatsupmum

Child Safety See www.hse.ie/childsafety

Nappy Rash See www.hse.ie/healthaz and see on 'N', Nappy Rash

Play and Tummy Time for Babies

Play
It is important for babies to experience different positions during wakeful supervised periods, for example spending time on their tummies or on their sides.



What do babies do on their tummies?

- They achieve better head control and stronger muscles in their shoulders arms and necks.
- Babies move from side to side on their tummies which helps them to learn to crawl and reach.
- Tummy time helps to improve eye-hand co-ordination.
- Babies develop better balance and co-ordination.

You can start by placing your baby on your chest in a semi-reclined position. Hold your baby facing you. This is a great way to play with your baby as they have to lift their head to see your face, while also strengthening their neck muscles.



Place mirrors and brightly coloured toys in front of your baby on the floor to encourage your baby to lift and turn his head.



Should you have any concerns regarding your child's development, please talk to your GP or your public health nurse.

Parenting

Becoming a parent can be one of the most exciting and also challenging times of your life. The transition from partners to parents is a major change and you need time to adjust. Caring for a baby or babies is enjoyable, but also very demanding. Getting to know your baby's/babies' needs and adjusting to their presence in your life takes time also.

Exercises to help you to think about parenting
Before your baby is born ask yourself "How do I want my baby to see me?" Think about what you would like your baby to say about you if he or she could chat with other babies at his first birthday party? What are your dreams about becoming a parent? How can you best fulfil these dreams?

Another exercise that you might find helpful is to write a parenting adjustment plan. Write down five things that you think could be challenging about being a parent. Now think about all the possible solutions to these challenges. From your list choose the two most likely solutions to ease each of these problems. If you were to implement a solution what would be your first small step? Write it down now and implement it when the time comes.

Another suggestion is to write a letter to your unborn baby telling them that you love them and look forward to being a loving parent to them.

Helpful tips to enjoy parenthood

Support: from family and friends
Ask for and accept help and support from family and friends. It is important to realise that it is ok to say yes when other people offer to help you when you go home. Support from your friends and neighbours are an invaluable resource at a time when you are busy and tired.

Parent and toddler groups
Join parenting support groups like Cuidiú and La Leche league as these groups offer information, support, friendship and lots of new ideas for you to try. Find out about parent and toddler groups in your area. They are a great way of getting to know other parents and to have fun and enjoy socialising in a different way.

Look after yourself
Eat well. Have a balanced intake of foods as suggested on the food pyramid. See page 3.

Rest and sleep, when you get the chance, rather than doing too much and getting exhausted. It is important to remember that rest is not idleness! Learn to say No, rather than doing too much and becoming overtired and stressed. Take time to do something nice for yourself like getting your hair done, going for a walk or meeting friends. This will give you a break from the routine and re-energise you.

Look after your relationship
Becoming a parent is a major, life-changing event. Like other big changes in your life it can bring great joy and a certain amount of stress. Many new parents find themselves unprepared for the parenting role and the move from being a couple to being parents.

Having a baby can bring challenges to your relationship with your partner. You may have different ideas on how to parent and you are also both trying to balance your own needs following your baby's birth. If you attend a preparation for birth and parenthood course during pregnancy this will help to build your self-confidence and your ability to become a confident parent as well as helping you enjoy the role of parenting together.

Don't aim for perfection

Do the best you can and enjoy your baby. The women in glossy magazines who look so well probably have a personal trainer, hairdresser, and housekeeper to keep them looking pristine. Be realistic about the demands of a new baby, there are times you will have lots of energy, but there are times also when you may feel exhausted and that is normal. What is important is to care for you and be kind to yourself at all times.

Helpful skills for the early days of becoming a parent

- Know what resources are available to you and find out how to access and use these resources.
- Stress management techniques. Breath awareness is a very helpful tool in a stressful situation.
- Being flexible is very important.
- Becoming confident in your competence as a parent. Your confidence will grow over the early weeks of being a parent and it will increase as you both get to know your baby better. It's important to look at what you are doing well and perhaps keep a diary of what's working well for you.
- Think about doing a parenting course as your baby gets older and goes through the toddler and preschool years and beyond!
- Recognise your limitations. This is not something to beat yourself up over. Rather it is about being realistic about the needs of a baby and integrating the baby into your life.

Close relationship with your baby

Hugs are very important to your baby. During pregnancy when you gave a hug to somebody, baby was right there in the centre sharing that hug with you both. Hugs help babies to thrive and are a wonderful way to express your love for your baby and are beneficial throughout your child's life.

Parenting books

There are numerous parenting books on the market and each one offers helpful suggestions. Take from these books what you find helpful and realise that certain books may appeal to some parents. Recognise the limitations of books also, because nobody knows your baby or child as well as you do. You will know your baby well enough to respond appropriately to his or her needs.

Useful Websites

There are many helpful Irish websites on parenting:

www.whatsupmum.ie
www.cuidiu-ict.ie
www.breastfeeding.ie
www.lalecheleague.ie
www.rollercoaster.ie
www.pnd.ie
www.dad.ie
www.koemba.com
www.alciireland.ie
www.teenparents.ie

Useful Contact Numbers

Cork University Maternity Hospital 021-4920500
Breastfeeding Support CUMH 087-6623874
Your GP Dr_____
Your Public Health Nurse _____
Your Health Centre _____

(Find out your local Public Health Centre and Public Health Nurse name and contact number and fill them in above).

Further HSE information
Follow on information from the HSE is also available in the three HSE guides, which are available on www.hse.ie/caringforyourbaby:

- Caring for your Baby – Birth to Six Months;
- Caring for your Child – Six Months to 2 Years: and
- Caring for your Child 2 to 6 Years.

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communications@hse.ie or cathy.osullivan@hse.ie

Cork University Maternity Hospital
Cork University Hospital, Wilton Road, Cork
t :: (021) 492 0500
w :: www.cuh.hse.ie www.hse.ie

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