



Your guide to pregnancy

Women's and Children's Division



Government
of South Australia

Health

Southern Adelaide
Local Health Network

List of important telephone numbers you may need

Flinders Medical Centre (main switchboard-24 hours)	8204 5511
Admission Office	8204 4126
Women's Health Clinic (between 10am - 4pm)	8204 5197
Women's Health Clinic midwife	8204 4667
	8204 4680
Birthing and Assessment Suite (phone switchboard)	8204 5511
Birth Centre	8204 3130
Physiotherapy Department	8204 5498
Antenatal Ward	8204 4217
Postnatal Ward	8204 4216
Maternity Outreach	8204 5189
Postnatal Support Service	8204 4216
Neonatal Unit	8204 5041
Paediatric Unit	8204 4629
Noarlunga Health Services	8384 9222
Noarlunga Maternity Care Clinics	8384 9454

Welcome to Flinders Medical Centre

Congratulations and best wishes for the coming birth of your baby.

Pregnancy and childbirth are very special events. They bring with them joy and new responsibilities for a woman and her family, but may also present with uncertainty and anxiety. The aim of this booklet is to reassure women, by providing information about pregnancy, childbirth and their stay in Flinders Medical Centre.

It is a philosophy of Flinders Medical Centre, Women's and Children's Division that midwives provide and maintain a relaxed environment and an atmosphere in which women feel supported physically, emotionally and spiritually throughout their pregnancy and birth journey.

Obstetric antenatal care is provided by doctors and midwives at Flinders Medical Centre and at Noarlunga Health Service, Maternity Care clinics.

A comprehensive range of supporting services are available to ensure pregnancy is an enjoyable time and the birth of your baby a safe and memorable event.

Flinders Medical Centre is a Baby Friendly Health Initiative accredited hospital and, as such, supports and promotes breast feeding.



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Antenatal Information

Antenatal clinic appointment

Antenatal clinic appointments are attended at either Flinders Medical Centre in Women's Health Clinic level 1 (ground floor) or at Noarlunga Health Service in the Maternity Care clinic, outpatients.

Importance of antenatal care

Pregnancy and Childbirth are promoted as a normal process. Regular antenatal checks throughout the pregnancy are required to ensure you and your baby are healthy. Support persons (preferably one) are welcome to attend the antenatal appointments with you.

Pregnancy records

You will receive an orange folder; South Australian Pregnancy Record at your first visit, if not already given to you by your local doctor/General Practitioner (GP).

It is important the South Australian Pregnancy Record is bought to each appointment as it contains information regarding your pregnancy, which is recorded at each visit with all clinicians.

Models of Antenatal Care

During the first obstetric appointment (Pre-Obstetric booking - POB), models of antenatal care will be discussed to consider depending on individual medical and obstetric histories. Types of antenatal care include a medical model with a doctor, low risk antenatal care with a midwife, shared care with a registered shared care GP (general practitioner) or southern midwifery group practice (SMGP), which is midwifery based care only with a low risk criteria.

Obstetric antenatal care with a doctor

This model of care usually is for women who may have some prior medical or obstetric history that requires complex care.

Midwives clinics

Midwives clinics are designed for low risk women who would like the options of all types of pain relief in labour or have an obstetric history that prevents them from being in Southern Midwifery Group Practice such a previous caesarean section.

Southern Midwifery Group Practice

Southern Midwifery Group Practice is a model of maternity care designed for low risk women who do not have any medical or complicating obstetric history. Ideally these women would like to birth their baby with minimal or no pain relief and be discharged home soon after birth, typically within 4 to 24 hours.

Shared Care

Shared care is antenatal care shared with your local GP who must be accredited with the South Australian Shared Care programme. The majority of your antenatal care will be with the GP. Towards the end of your pregnancy antenatal appointments are required at Flinders Medical Centre for continuity of care within the birthing hospital.

Karpa Ngawattendi (Aboriginal Health Unit)

This is a free service for Aboriginal women living in Southern Metropolitan Adelaide who plan to birth at Flinders Medical Centre.

Phone: 8204 6359

Antenatal testing

Blood & Urine test

Usually when pregnancies are diagnosed, women attend a GP appointment and initial testing is started.

This usually comprises of a blood test, testing for a variety of blood levels including blood group and antibodies, full blood count, including iron levels, vitamin D, hepatitis B & C, HIV and syphilis infections as well as a midstream urine specimen.

The benefit of these tests are that conditions can be treated which can improve prognosis and prevent transmission of a virus/infection to the baby, should a positive result occur.

Women who have Rhesus negative blood groups are recommended to have prophylactic Anti D at 28 and 34 weeks gestation, after any bleeding or trauma during pregnancy, and after the birth of baby. This is to prevent positive antibodies being made in the mother's blood.

First Trimester Screening

First Trimester Screening is optional but is recommended and needs to be ordered by your GP. This test comprises of a blood test and ultrasound performed between 11+0 and 14+0 weeks (the blood test can be performed as early as 9+0 weeks). This test determines the screening risk of certain chromosomal abnormalities for your baby. These tests are only screen tests and are not diagnostic. Should the test return a high risk reading for chromosomal abnormalities an appointment will be made with the Complex Care team to discuss the test results, further options and tests.

Second Trimester Screening

This is a blood test performed between 14+1 weeks and 20+6 weeks. This test screens for chromosomal abnormalities and Neural Tube Defects and is also an optional test. This screening test is not as effective as the First Trimester Screening, but may be an option if pregnancy is found out late. Should this screening test return a high risk result for chromosomal abnormalities, an appointment will be made with the Complex Care team to discuss the test results, further options and tests.

NIPT (Non-Invasive Antenatal Testing)

The GP may offer a NIPT test to determine the risk of chromosomal abnormalities. This is a blood test only. This test is quite specific for certain chromosomal abnormalities, and has a high accuracy rate, however is a screen test only. This is quite an expensive test, with no Medicare rebate. Please discuss with your local doctor or request to speak with a clinician at Flinders Medical Centre for further information. Should the test return a high-risk result for chromosomal abnormalities an appointment will be made with the Antenatal Diagnostic Clinic to discuss options.

Routine Investigations in Pregnancy

Morphology scan

Usually performed between 19 – 22 weeks gestation. The ultrasound assesses the baby's growth, structural development, the position of the placenta, cervix length and cord insertion.

Oral Glucose Tolerance Test (OGTT)

This test is performed at 28 weeks gestation and assesses for Gestational Diabetes. Gestational diabetes is a common condition that can occur during pregnancy and usually resolves after birth of the baby and placenta. If you have risk factors for gestational diabetes, an early OGTT will be recommended around 16 weeks gestation.

Other routine tests at 28 weeks include Haemoglobin (iron) levels, blood antibodies and if required, vitamin D levels.

Group B Streptococcus swab (GBS)

This swab is taken at 36 weeks gestation. Group B Strep is a bug that commonly lives in the bowel and one in four women can have it live in their vagina. Should GBS be present, intravenous antibiotics are recommended for labour or if your membranes rupture early. Further information will be discussed at your antenatal visits.

Other Health Professionals involved in Antenatal Care

Other health professional available to pregnant women at Flinders Medical Centre include Social Workers, Physiotherapists, Interpreters, Perinatal Mental Health Nurse, Drug and Alcohol support (DASSA) and Aboriginal Health workers.

Flinders Medical Centre is a teaching hospital. Medical and Midwifery students may be present during your care. Any concerns, please discuss with your midwife or doctor.

Antenatal Classes

Childbirth education sessions are available in person or online. Breastfeeding classes are available in person. You can bring your partner or support person. It is preferable to attend a session during your third trimester. Places are limited, so book your session early by calling Women's Health Clinic preferably before 20 weeks. A small fee is required if you do not have Medicare.

Fitness during pregnancy

Keeping fit during pregnancy will assist in coping with the physical and emotional strain on your body. Back and pelvic joints loosen during pregnancy. Physiotherapists can be referred to aid in any discomfort. The physiotherapists may also assist in other common issues such as abdominal muscle weakness, pelvic floor weakness and bladder control problems.

The Physiotherapy Department provides pregnancy and postnatal exercise classes. Please refer to the information leaflet in the orange South Australia Pregnancy Record.

General care in pregnancy

It is important to attend all antenatal appointments to ensure the wellbeing of you and your baby. A normal lifestyle can be maintained in pregnancy, but concerns that may arise need to be considered.

Dental

Dental appointments can still be attended to in pregnancy.

Medication

Prescribed medication and non-prescribed medication, including herbal medicines or remedies, needs to be discussed with the doctor, midwife or GP, as they may cause harm in pregnancy.

Drugs and Alcohol

Illicit drugs and alcohol are extremely harmful in pregnancy and should be avoided. If you have been taking illicit drugs or alcohol in your pregnancy, please discuss this with your doctor, midwife or GP and request drug and alcohol support (DASSA).

Smoking / Vaping

Smoking and vaping are health hazards and women are advised to not smoke/ vape during their pregnancy. If assistance is required to quit or reduce smoking/ vaping, please discuss with your doctor, midwife or GP for assistance and the smoking Quitline.

Rest

Rest is important, especially later in your pregnancy to reduce fatigue. Try lying on your side for a half an hour each day or try to go to bed earlier at night.

Nutrition

Good food during pregnancy is important in supplying energy and nutrition to yourself and your baby. This does not mean to eat more, but to eat and choose a well balanced diet of the 5 main food groups:

- Breads, cereals, pasta, rice (preferably brown for all)
- Fruits and vegetables
- Meat, legumes, fish, eggs, nuts and tofu
- Milk, yoghurt, cheese
- Fats and oils

Extra iron is usually required during pregnancy. The best dietary sources of iron are lean red meat, chicken and fish. Other sources include fortified cereals, green leafy vegetables, eggs, legumes, baked beans, soya beans, almonds, nuts mixed dried fruit and peanut butter. Foods high in vitamin C can aid in absorption of iron, for example orange juice and tomatoes.

Calcium is important for healthy teeth and bone growth and can be obtained in dairy foods. (Please Note: Calcium can interfere with iron absorption so avoid calcium rich food when taking iron supplements).

An iodine supplement (150 micrograms daily) is recommended during pregnancy and whilst breast feeding to enhance growth and development of baby's brain and other organs.

Note: for safety reasons please do not take any vitamin or supplement unless it is discussed with a health professional first.

Foods to avoid

Foods that have the potential to be contaminated with *Listeria* need to be avoided in pregnancy. *Listeria* is a bacterial infection caused by eating certain foods such as deli meats or unpasteurised dairy foods. In pregnancy *Listeria* infection is likely to cause only mild symptoms to the mother but the consequences on the baby can be devastating.

Listeria is destroyed by heat, but can survive in the refrigerator (unlike most bacteria). Eating freshly prepared, freshly cooked foods is the best way to avoid contact with *Listeria*.

Foods to avoid during pregnancy are mostly chilled, ready to eat foods, deli meats and unpasteurised dairy foods. These include:

- Soft cheeses (brie, camembert, ricotta and fetta)
- Takeaway cooked chicken
- Cold meats
- Pate

- Prepared and stored salads
- Raw seafood (oysters, sashimi)
- Smoked seafood (smoked salmon, smoked oysters)
- Soft serve ice cream

For more information about the effects of *Listeria* in pregnancy, ask your doctor or midwife.

Contact with illness

Avoid close contact with people or animals suffering from any kind of illness or infection. Should contact occur, please advise your doctor, midwife or GP.

Sexual intercourse

Sexual intercourse may continue as normal during your pregnancy unless you have been advised otherwise.

When to contact the hospital

Contact Flinders Medical Centre should you experience:

- Bleeding from the vagina
- Vomiting and/or abdominal pain
- Regular contractions before 37 weeks gestation
- Severe headache or visual disturbances (dimness or flashes of light)
- Urinary problems of any kind
- A change in your baby's movements
- If your membranes (waters) break
- If you are concerned or anxious

Phone: (08) 8204 5511 - ask for Birthing and Assessment Suites (BAS) for further advice.

Common discomforts

Nausea/vomiting

This usually occurs during the first three months but can occur for longer in pregnancy.

Try to eat small frequent meals and stay hydrated. Crackers, toast and sandwiches may be best tolerated. Avoid fatty foods or smells that enhance nausea.

Re-hydration may be required in hospital should dehydration become severe.

Constipation

Constipation can be common in pregnancy. Consume a diet rich in fibre, such as wholegrain bread and cereals. Eat plenty of fresh fruit and vegetables or dried fruit. Exercise and drink plenty of water, 6-8 glasses per day and avoid more than 3-4 cups of coffee. Avoid laxatives unless prescribed by your doctor.

Hæmorrhoids

Haemorrhoids may appear or become worse if already present before pregnancy. It is important to avoid constipation and straining. Ensure a high fibre diet and drink plenty of water. If this becomes a problem, please discuss with your doctor or midwife.

Varicose veins

Legs and vulval area

Varicose veins may appear or become worse during pregnancy in legs and vulval area. Lying down two to three times a

day, support stockings and ice packs may assist in discomfort and reducing swelling. If these are not effective, a referral to the physiotherapist can be arranged.

Backache

Backache is common in pregnancy. This is due to increase softening of joints and the increasing weight of the growing baby altering posture. This makes women more vulnerable to strain during daily activities. Maintaining a good posture, practicing regular antenatal exercises and wearing comfortable flat-heeled shoes can help to relieve symptoms. If backache persists, please speak to a midwife to organise a tubi-grip support band or a referral to the physiotherapist.

Reflux (heartburn)

Heartburn may develop during pregnancy due to internal organs being moved to make room for the baby. Particular foods such as acidic, spicy, fatty or rich foods may aggravate the symptoms and should be avoided. Sleep with an extra pillow under your head and shoulders and avoid lying flat. Should reflux persist, speak to your doctor or midwife to recommend reflux relieving medication.

Cramps

Muscle cramps, usually in the legs at night are common in pregnancy. Leg cramps may be relieved by rubbing the affected area or by applying warmth. Calf stretches prior to going to bed may be helpful. If leg cramps continue please discuss with the doctor or midwife.

General Information

Admission to Flinders Medical Centre

All women who are to be admitted to Birthing and Assessment Suite or Southern Midwifery Group Practice are requested to enter via the Emergency Department.

What to bring into Hospital:

- Supports you might like to use during labour e.g. music
- Orange South Australian Pregnancy Record
- Comfortable casual clothes (shirts that open in the front for ease when breast feeding)
- Supportive maternity bras
- Nightwear
- Dressing gown and slippers
- Toiletries (shampoo/conditioner, soap, toothpaste/toothbrush, brush)
- 1 x box of tissues
- 3-4 packets of sanitary pads
- 1 x box of breast pads
- Underpants
- Pen
- Own pillow if you wish

If choosing to bottle feed or artificially feed (formula), bottles and formula will be provided during your hospital stay, but also bring a tin of your chosen formula for demonstration purposes.

We advise no valuables to be bought into hospital, such as jewellery or large amounts of money.

For safety reasons please do not bring in electrical equipment. TV, radio facilities and hairdryers are available.

What to bring for Baby

- 2 x singlets
- 2 x grow suits or outfits
- 1 x baby jacket
- 1 x blanket
- 2 x wraps
- Mittens
- 1-2 large packets of disposable nappies (newborn size) or fasteners/nappy pins for cloth nappies, including pilchers x 6 (not plastic).
- Baby capsule or car seat for baby aged 0-4 for transport home.

Home Preparation

A new baby can be tiring and emotional for both parents. Caring for a newborn baby is very time consuming. Being prepared and planning for home can help the transition of a new baby easier.

If possible, arrange to have some help with the housework for the first few weeks. Preparing meals which can be frozen and accepting offers of help from family members is advised.

Practical tips

- Arrange the fitting of the baby capsule or car seat to your car, a few weeks prior to the due date;
- Prepare some meals in advanced and freeze;

- Stock the pantry;
- Prepare the baby room and wash all the baby's clothes a few weeks prior to the due date;
- Encourage partners to do housework and cooking;
- Understand that you may not be able to keep up previous standards of housework or tidiness in the home until you are settled and find routine after bringing your baby home.

Talk to your partner about both your feelings and how you both may be able to assist each other in the adjustment of a new baby.

Take time out for each other. If you have other children, arrange well in advanced of your due date, care arrangements for when you come into hospital.

Baby safe capsule

Legally it is a requirement to have a baby appropriately restrained whilst travelling in a motor vehicle in a baby capsule or 0-4 car seat. 0-4 car seats are available for purchase from department stores or baby furniture stores. Alternatively, baby capsules can be hired.

Birth

Birth involves three stages of labour.

The first stage involves the contraction of the uterus and dilation of the cervix. The second stage is when your cervix is fully dilated, and birth of the baby. The third stage is the passing of the placenta.

Early labour at home

When contractions start, they might be irregular in strength, length and frequency. If possible, stay active by going for a walk or continuing with daily activities. Watching TV or reading a book may distract from the early process. If contractions start at night, it's important to keep relaxing and try and get some sleep, as this process may go on for a while.

Contractions will increase in strength and length and become regular. It is good to have your partner or support person close or with you, in case you require assistance. There are many ways to help assist with the discomfort at home. Try:

- Warm water in the shower or bath (ensure your partner or support person is with you, in case you feel faint or require help getting out of a bath)
- Hot water bottle or heat pack may provide some relief in the lower back or abdomen area.
- Massage to the lower back (or shoulders for distraction)
- Leaning forward into a bean bag or chair to relieve pressure off your back
- Different positions such as lying down, walking or squatting
- Simple analgesia such as Panadol may give some relief (aspirin or ibuprofen cannot be taken)

When labour begins – what to do

This is when contractions are painful, regular, lasting 1-2 minutes. Remain calm and ensure your support person is with you. Time contractions. A bloody, mucous from your vagina may occur at this time. This can also occur a week before labour begins.

Note: contractions of the uterus that are not usually painful and often irregular are called Braxton Hicks and may occur throughout pregnancy.

Phone Birthing and Assessment Suites (or SMGP) before coming in to speak with a Midwife, who will support you in either staying at home longer or advise to come in.

Breaking of Membranes (waters)

If your membranes break (waters) put on a pad and check the colour of the amniotic fluid. Call Birthing and Assessment Suite and inform them.

The Midwife will ask questions about your condition:

- What time the membranes have broken and what colour the fluid is;
- If the baby is moving and has there been change in movements;
- What your contractions are like, how often and how long they last;
- If there is any bright bleeding from the vagina;

The Midwife will advise you when to come into Birthing and Assessment Suites.

Going to Hospital - Birthing and Assessment Suites

The midwife will advise to come in to Birthing and Assessment Suites if membranes have broken, if the discomfort/pain is too much to manage at home or if the midwife feels that assessment is required.

If you are with Southern Midwifery Group Practice, call your Midwife and she will instruct you further.

Birthing and assessment Suite

Birthing and assessment suite is located on the 3rd floor. The Midwife caring for you will answer any questions you may have and discuss any birthing preferences.

The midwife is there to support you throughout labour and to manage and monitor your progress.

Support during labour

The midwife will give support throughout labour but is advisable to have your partner and/or support person with you also.

There is a limit of two support persons in the birthing rooms at any one time. If you have more than two support persons they will be asked to wait in the waiting room. They can swap with each other whilst you are in the birthing room.

Care during labour

Throughout labour, the midwife will monitor your temperature, blood pressure, pulse, contractions and the baby's heart rate.

If continuous monitoring is required, the midwife will discuss with you at the time.

Pain relief

During labour, a range of pain relief methods and options are available.

Common methods of relieving pain are:

- Being active
- Position changes
- Hot packs (please do not bring your own, these are provided)
- Water – shower or bath (a consent for the bath must be signed for in antenatal clinics prior)
- Nitrous oxide (gas)
- Tens machines
- Opiate injection (fentanyl)
- Subcutaneous water for injection in sacral pressure points
- Epidural anaesthesia

Induction of Labour

An Induction of Labour is when labour is started artificially. This may be recommended if labour has not started naturally on its own or for other reasons explained by the doctor. The procedure will be fully explained to you prior to your admission to hospital.

Assisted birth

Occasionally women require assistance at the end of labour to birth their baby. This can be for a variety of reasons such as exhaustion, or if the baby heart rate suggests some distress. Types of assisted birth that may occur are:

Episiotomy

It may be necessary to birth baby quickly or the opening from the vagina may be required to be larger to prevent injury in which case an episiotomy may be performed. This is a small incision in the perineum, between the vagina and the anus. This is usually a painless procedure, as local anesthetic is often used, and will be repaired with dissolvable stitches.

Forceps and Ventouse birth

Forceps and ventouse may be required to assist the birth of the baby. If the birth of baby requires either of these, the doctor will explain this with you at the time and a paediatrician will be present for the birth.

Cæsarean section

A caesarean section is an operation that involves the delivery of the baby via a surgical cut through the abdomen and the uterus, usually near the top of the pubic area, however if baby requires delivery prematurely an abdominal incision higher may be required. Caesarean sections are performed with anaesthesia; either spinal, epidural top-up or general anaesthesia.

Approximately 30% of babies are born this way.

A caesarean can either be planned or an emergency. Reasons for a planned caesarean section will be discussed with you during antenatal appointments. An emergency caesarean section is performed if labour does not progress well.

After the birth of the baby

As soon as the baby is born, providing mother and baby are well, skin to skin contact is encouraged between mother and baby. If baby has been born by caesarean section, all attempts will be made to facilitate keeping the baby close to the mother as possible. If choosing to breast feed, this is encouraged straight after birth.

During admission or soon after birth, it will be asked if you consent to baby receiving Vitamin K. This is to prevent blood clotting disorders due to an underdeveloped clotting system. An information sheet regarding Vitamin K is located in the QR codes Antenatal Education leaflets in the orange South Australian Pregnancy Record.

Baby will be weighed and measured at this time.

Postnatal Ward and Care

After birth of baby and when both mother and baby are stable, you will be transferred to the postnatal ward 4C or 4SMG. Depending on availability and care requirements the rooms are single or share rooms. Whilst it is not always possible, partners may be able to stay with you in the postnatal ward if you have a single room, on the fold-out chair/ bed.

The baby will “room-in” with the mother, so the mother can gain confidence in caring for and feeding her baby. The midwives caring for you will discuss/ demonstrate settling techniques and parenting skills.

Baby will be referred to by the Mother's surname to avoid confusion. Two name bands will be placed on baby's ankles for identification. Should a name band fall off, please alert the midwife to replace the identification band.

Once in the postnatal area, the midwife will spend time with the mother to educate on breast feeding and/or bottle feeding, bathing the baby, vaccinations for baby that are recommended and prepare you for leaving the hospital.

Mother and baby will be assessed regularly each day to ensure wellbeing post birth.

Occasionally babies require extra care post birth and may be transferred to the Neonatal Unit. If baby requires care in the neonatal unit, every effort is made for the mother and/or father to be involved in the baby's continuing care.

Visiting hours

Visiting hours are recommended between 3pm-8pm, however partners may be present outside of those times.

If anyone is sick or unwell they will not be permitted in the hospital in any area.

Neonatal Unit

Sometimes babies require more care than the postnatal wards can give and are transferred to the Neonatal Unit, located on Level 3. This can be for a variety of reasons, which your doctor will explain and discuss with you. Parents and siblings are welcome to visit baby at any time however, only two people are allowed at the cotside at any one time. Other visitors are strictly between 4pm-8pm and are part of the two people at the cotside.

Discharge from Hospital

The best place for mother and baby to be is in their own home environment. It is usual to stay in hospital for approximately 24 hours after baby is born, Mothers who wish to discharge earlier are required to stay in hospital for at least 4 hours post birth for clinicians to be assured both mother and baby are stable and well. Women who have a caesarean birth are expected to stay longer, approximately 48 hours.

Postnatal midwives will be preparing women for discharge and life at home. Discharge time is usually 10am. It is important to organise transport for this time.

Physiotherapy

Physiotherapists will see women who require extra care. Please discuss with your midwife.

Infant feeding

Breast Feeding

Flinders Medical Centre is an accredited Baby Friendly Health Initiative hospital. Breast feeding is recommended as the most beneficial way to feed your baby. Breast milk contains everything that your baby requires to grow and develop. Please refer to the "Advantages of Breast Feeding" education leaflet in the QR codes for Antenatal Education, in your orange South Australian Pregnancy Record.

It is important in your pregnancy that you obtain supportive maternity bras without wires, preventing blockages of the milk ducts. Try to avoid washing nipples with soap products when showering, as soap products will remove the protective natural oils and secretions.

Breast feeding is a learned technique which takes practice for both mother and baby. The midwives in the postnatal ward will educate and facilitate women to develop techniques for successful breastfeeding including correct positioning and attachment of the baby at the breast.

Artificial feeding

Women choosing to bottle feed will be supported by the midwives. Please bring a tin of your chosen formula for demonstration purposes. Formula and bottles will be provided whilst in hospital.

Registration Forms

All baby registration forms are online with Births, Deaths and Marriages. Parent packs are given out in Birthing and Assessment Suites.

Neonatal (Baby) examinations and tests

All babies will have a routine physical examination by a paediatrician prior to discharge. A routine Neonatal Screen Test is performed on all babies at 48 hours of life to test for rare metabolic diseases, that can be treated if detected early. This blood test requires a heel prick to gain blood. A hearing test on baby is usually performed prior to discharge.

For further information, "Now that you have had your baby" book can be found on-line on the Flinders Medical Centre website under Women's and Children's Division.

Community Support

Maternity Outreach

Maternity Outreach Service will be offered to women and their baby within the defined Flinders Medical Centre catchment. A Midwife from Maternity Outreach will phone within 1-2 days after discharge. Visits will be offered as needed in your home or occasionally onsite at Flinders Medical Centre. It is encouraged to make contact to organise follow-up with Child and Youth Health services and/or your GP as well.

Post-natal day service

This is a free service for Medicare eligible women who might be finding difficulties in feeding or settling their baby. For more information or an appointment please phone the postnatal ward on 8204 4216.

Child and Youth Health Services (CYH)

Child and Youth Health Services aim to make contact with new mothers approximately 2-4 weeks after the birth of the baby, if consent given.

CYH can provide parenting support from birth to five years of age. Supports offered are breast feeding, developmental checks and support with any parenting concerns.

For earlier support or information please call CYH on 1300 733 606.

Australian Breast Feeding association (ABA)

This is a voluntary organisation that encourages and supports mothers wishing to breast feed their babies. ABA has trained breast feeding counsellors who are available to assist mothers. For more information, please call the ABA on 8333 3276 or the ABA – breast feeding helpline on 1800 686 268.

Multiple Birth Association

The Multiple Birth association provide support and encouragement to parents of twins, triplets or more. For more information, please call the Multiple Birth association on 8342 2330. Flinders Medical Centre has a Complex Care Coordinator that can be contacted by calling Flinders Medical Centre on 8204 5511 and asking for Women's Health Clinic.

Postnatal Depression

Some women may experience “baby blues” shortly after the birth of their baby.

Experiences may include feeling anxious and fearful. One in five mothers may find these feelings do not improve over time which may be a sign of depression. Depression is a treatable condition and often requires assistance to manage. Counselling and supportive therapy may be all that is required, however some women may require medication.

Symptoms to be aware of are:

- Inability to sleep
- Decrease in interest, pleasure or motivation
- Irritability
- Constant fatigue
- Loss of appetite, weight changes
- Anxiety and panic feelings/thoughts
- Bad memories of childhood
- Disinterest in new baby

Please contact your GP should any of these feelings be experienced.

Alternatively phone one of these services for assistance:

- **Helen Mayo House**
(Family Unit Glenside)
8303 1183
(24-hour counselling line)
- **Domestic Violence Help Line**
1800 800 098
(24-hour counselling service)

- **Women’s Health State-wide**
1300 882 880 (metro callers)
1800 182 098 (country callers)
- **Emergency Department**
Flinders Medical Centre
8204 5511 and ask for the Emergency Department
- **PANDA
(Perinatal Anxiety and Depression Australia)**
National Helpline (Monday to Saturday)
1300 726 306

Resources

Websites

Families – Services Australia

<http://www.servicesaustralia.gov.au/individuals/families>

(Centrelink Medicare Information)

Flinders Medical Centre

<http://www.sahealth.sa.gov.au/.../flinders+medical+centre>

Child and Youth Health Services

<https://www.cyh.com>

Australian Government Department of Health

<http://www.health.gov.au>

SA Health

<https://www.sahealth.sa.gov.au>

Parenting SA

<https://parenting.sa.gov.au>

Postnatal Depression

<https://www.beyondblue.org.au>

Perinatal Anxiety and Depression Australia

<https://www.panda.org.au>

Quitline

<https://www.health.gov.au/contacts/quitline>

Australian Institute of Social Relations

<https://www.socialrelations.edu.au>

(advice on relationship issues)

SA Multiple Birth Association

<https://www.multiplebirthsa.org.au>

Shine SA

<http://www.shinesa.org.au>

(sexual health/contraception)

Sids and Kids

<https://www.siddsa.org.au>

Australian Breast Feeding association (ABA)

<https://breastfeeding.asn.au>

Baby/Child restraint information

<https://www.myllicence.sa.gov.au/road-rules/seatbelts-and-child-restraints>

FLINDERS MEDICAL CENTRE IS A NON- SMOKING INSITUATION AND PROMOTES HAND HYGIENE

Notes:

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For more information

**Flinders Medical Centre,
Women's and Children's Division**

**Bedford Park
South Australia 5042
Telephone: 08 8204 5511
www.sahealth.sa.gov.au/fmc**



This document has been reviewed
and endorsed by consumers.



Interpreter



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**Government
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Health
Southern Adelaide
Local Health Network