

# Welcome to Norwest Private Maternity

**We're a  
community  
that cares**

for mums,  
babies and  
growing families

Community  
of Care

 **Norwest**  
PRIVATE HOSPITAL  
by Healthscope



# Contents

Welcome to Norwest Private Maternity.....	4
Our facilities .....	4
Private Dining.....	5
Hospital Amenities.....	6
Servicing your Room .....	6
Personalised Care Board .....	6
Handover Change Time .....	6
Visiting Hours.....	6
Parking.....	6
Wi-Fi.....	6
Length of stay .....	7
Maternity Support Services.....	7
Caring for You .....	8
Caring for Your baby.....	11
Frequently Asked Questions.....	20
Guide to Breastfeeding .....	21
From Hospital to Home.....	26

# Welcome to Norwest Private Maternity

Thank you for choosing Norwest Private Hospital to care for you and your family. As a Healthscope Hospital, one of the largest trusted providers of private healthcare in Australia, Norwest Private is a part of a Community that Cares.

At Norwest Private Maternity our focus is you. We love what we do and understand that this is such an exciting, unforgettable part of your life. We look forward to providing you with the same excellent medical care and comfort, as we have to so many other mums and families.

This is a handy guide to tell you more about our private maternity service and what to expect before your baby is born and after birth, with useful information to help care for you and your baby during your stay with us.

## Our facilities

### Birthing suites

You'll discover that your suite is a clever blend of expert medical care and comfort, complete with bathroom and television. Each suite is equipped with the foetal K2 monitoring system which means your obstetrician can keep a close eye on how your labour is progressing at all times. There is a range of active birth accessories to choose from, including bean bags, mirrors, birth stools, as well as an adjustable birthing bed so you can experience your optimal birth experience.

### Family Friendly caesarean

Women that meet the criteria are offered a Family Friendly caesarean section. This means that your husband/partner and the midwife all stay with you in the recovery ward to initiate skin to skin contact and establish the first breastfeed.

### Maternity suites

There are 37 spacious private maternity suites. All rooms include ensuite facilities, flat screen televisions, telephones and small refrigerators.

### Special Care Nursery

Our level 2 Special Care Nursery (SCN) provides specialised care for premature and sick infants from 33 weeks' gestation. If a higher level of care is required, your baby will be transferred to a Neonatal Intensive Care Unit. Visiting SCN is 24 hours for parents only but please see SCN staff if you wish for other family members to visit.

### Feeding Room

Relax in our comfortable Feeding Room, formerly known as the Well Baby Nursery. It's not just for babies but a lovely space for mums to enjoy and connect with other new mums. And because it can all be a little exhausting, you will find healthy snacks, fresh fruit, sparkling water and juice.

## Atrium

Located on the maternity ward this is a light and airy quiet space for you and your partner to enjoy or to entertain siblings and family members. Fitted with sculptures and rainforest plants, skylights and a flat screen television, it is a perfectly wonderful setting to catch up and quietly share your excitement.

## Tea Room

There is a Tea Room in the Unit which is accessible to you and your partner. Filtered water and ice is available, also tea and hot chocolate, along with a coffee pod machine.

## Born at Norwest Wall

Near the Maternity Unit Reception, you'll find our *Born at Norwest* photo wall for parents to create memories of their journey with us.



## Private Dining

Our catering team takes pride in making sure you have delicious meals and snacks throughout your stay with us. It is important that you feel well-nourished and pampered!

In the mornings we focus on foods that boost the metabolism and include low-GI grains for lasting energy. Lunch meals are energising, while for dinner, be excited by warm, nourishing comfort.

After baby has arrived, on day three of your stay, you'll love our Congratulations Plate and the Celebration High Tea with sweet and savoury treats, seasonal fresh fruit, finger sandwiches and fresh cakes for you and your partner to enjoy.

If you have any special dietary requirements, please let us know.



## Hospital Amenities

There is a Hudson's Coffee on the ground floor and they can deliver to the Maternity Unit from a selected menu in your room. Also on the ground floor is a Nut and Juice Bar for light snacks, and a retail pharmacy.

## Servicing your Room

We aim for hotel standards in terms of cleanliness of your room. If you need towels changed, or the room cleaned, just let us know.

## Personalised Care Board

We use a personalised care board, situated in your room, as another way to keep you and your family involved in your care. It's updated regularly by our health professionals. You can use it to jot down reminders and questions for your doctor or midwife.

## Handover Change Time

Midwifery team handover times are approximately 6.30am to 7.00am, 2.00pm to 2.30pm and 9.30pm to 10.00pm. The handover involves the team moving through the unit and coming to your bedside. We encourage you to be involved.

## Visiting Hours

Visiting hours can be viewed on our website [norwestprivatehospital.com.au/visitors/general-information](http://norwestprivatehospital.com.au/visitors/general-information)

Your partner or support person is welcome at all times.

Visiting hours are: 10.00am to 12.00pm and 3.00pm to 8.00pm

## Parking

You can buy a weekly pass to get unlimited access for seven days from first entry. On the first day of parking, please take the parking ticket to the attendant for validation.

Carparks on site are owned and operated independently of Norwest Private and are managed by Interpark.

## Wi-Fi

Wi-Fi is available throughout your stay. Log in through the Healthscope-Wifi connection.



## Length of stay

Your midwife or nurse will discuss with you your length of stay and write it on the Personalised Care Board in your room. Stay for a normal vaginal birth is five days and for a caesarean birth is usually six days.

*Expected time of discharge is 9.30 am*

You may wish to go home prior to the expected discharge day. Please discuss this with your midwife and they will inform your obstetrician and paediatrician. An extended length of stay may be required if there are complications with you or with your baby. This will be discussed and arranged through your obstetrician or paediatrician.

## Maternity Support Services

### Postnatal Education

#### **24 hour in room education**

ATV1 is an educational channel that runs 24 hours a day to support you during your transition into parenthood. It covers a broad range of topics to assist you during this period.

#### **Parenting Classes**

Daily parenting classes are offered and include feeding and newborn behaviour. You will find information and class times at the back of the compendium.

#### **Educational Resources**

A range of brochures with helpful information to care for you and your baby is available. These include *Jaundice and your newborn*, *Special Care Nursery (SCN)* and *Postnatal Exercise Guidelines*. Please ask the staff if you would like a copy of any of these brochures.

#### **Breastfeeding Support**

During your stay, breastfeeding support will be provided in your room by your nurse or midwife. You are also invited to relax in our comfortable Feeding Room which is a women's only space where you are able to feed and meet other mums.

#### **Lactation Consultant**

Our unit is supported by IBLCE certified lactation Consultants. If your nurse or midwife, obstetrician or paediatrician feels it is necessary, they will make a referral to a Lactation Consultant and you will be reviewed during your stay with us to support your feeding journey.

#### **Physiotherapy**

To assist you in recovery after the delivery of your baby, a team of specialised Women's Health Physiotherapists are available throughout your stay.

# Caring for You

## Your Obstetrician

Your obstetrician will visit you during your postnatal stay. If you have any questions for your obstetrician during your stay, please let your nurse or midwife know and if appropriate we will contact them on your behalf.

## Medication

If you take any regular medication at home prior to coming to hospital, please let our nursing/midwifery staff know so you can continue on the same regime. The staff will regularly offer pain relief to you during your stay. If you remain in pain after this medication, please inform our nursing/midwifery staff. We want to ensure you are comfortable in the postnatal period which will assist in your recovery.

## What happens after birth?

The first 24 hours after birth may differ depending on the type of birth you have.

### After a vaginal birth

After delivery of your baby in the Birth Unit a nurse/midwife will escort you to the postnatal ward. You will be shown to your room and the nurse/midwife will help orientate you and tell you about our facilities and the parenting classes available to you.

### After a caesarean birth

From the recovery unit you will be transported to the postnatal unit. You will be connected to an intravenous drip, oxygen via nasal prongs, an indwelling catheter to drain urine from your bladder and a calf compressor machine to assist blood circulation in your lower limbs. You will remain in bed overnight and by morning these items will be removed and you will be given assistance to get up and have a shower. In the first 24 hours, you will also have your observations monitored regularly to monitor for any changes in your condition.

## After Birth Care

During your stay, your nurse/midwife will attend a daily postnatal check to monitor your recovery. This may include the following:

### Uterus

A nurse/midwife will assess your uterus to ensure that is beginning to return to its pre pregnancy state. This process may take up to six weeks. As the uterus contracts you may experience some period like cramping and a heat pack or pain relief may help with this.

### Bleeding

After birth, you will experience vaginal blood loss for up to six weeks. During the first 24 hours the blood loss will be bright red and resemble a heavy period. Over the days, the blood loss will slow down and the colour will change from bright red, to light pink to brown in colour. You may notice that your blood loss increases when you breastfeed or pump as your uterus is contracting. You may also pass some blood clots. Please let your midwife know if this occurs.



## Breast Care

During the initial postnatal period, you will experience breast changes as your milk supply begins to establish. You will notice that your breasts will become tender, warmer and firmer. You will notice the size of your breasts increase as your milk comes in. It is important to wear a well-supported crop top or bra to support your breasts during this time. Your nurse/midwife may also offer you cool packs to use for comfort for your breasts.

## Your Perineum

Following a vaginal delivery, your perineum may be uncomfortable. You may experience pain, pulling or tightness. All of these are normal.

To assist with the healing process of your perineum, ensure you keep your perineum clean and dry, shower 3 to 4 times a day and pat dry, change sanitary pads frequently and you can use ice packs for swelling in the first 24 hours. If you have stitches they do not need to be removed as they are soluble.

## Your Bladder

Initially after the birth of your baby it can sometimes feel different when you are passing urine. The aim is that you pass urine within six hours after the delivery of your baby or removal of your urinary catheter.

To avoid any problems occurring, keep yourself hydrated by drinking 6-8 glasses of water a day and wait until you have the feeling to go to the toilet (as long as it is not longer than six hours). If you have pain, take your medication, since pain may stop you from passing urine.

## Your Bowels

It is normal that you may not open your bowels for 2-3 days following the delivery of your baby. To avoid issues, it is important that you keep mobile, drink plenty of fluids and eat a high fibre diet. The nurse/midwife may also offer you a stool softener or medicine to relieve your constipation if it is appropriate.

## Haemorrhoids

These are swollen veins at your rectum that can be uncomfortable after birth. Pain relief, ice packs and topical ointment can help. It is important to avoid straining and constipation when opening your bowels.

## Your Pelvic Floor & Postnatal Exercises



*You will find this booklet at the back of this compendium.*

## Resuming Sexual Intercourse

You are able to resume sexual intercourse once your perineum has healed and feels comfortable and your vaginal bleeding has stopped. This timing will be unique and different for every couple.

## Contraception

There are many types of contraception available for use in the postpartum period. It is important you discuss your options with your GP or obstetrician.

## Supporting Your Mental Health

Learning how to be a parent and about the needs and behaviours of a new baby are not always easy, especially when you are feeling sore and exhausted. It is very normal in the first few days after birth to experience tearfulness, anxiety and being irritable. This is known as the postnatal blues or 'Day 3 Blues'. These feelings may last for a few days to a couple of weeks. For some mothers, these feelings may not go away and may indicate postnatal depression. Postnatal depression can occur any time in the first year after the baby is born.

Signs and symptoms can include:

- Panic attacks (racing heart, palpitations, shortness of breath, shaking or feeling physically 'detached' from your surroundings)
- Persistent generalised worry, often focussed on the health and wellbeing of the baby
- Sleep problems unrelated to baby's needs
- Changes in appetite
- Extreme lethargy

If any of these symptoms are affecting your day to day life or lasting for a period of longer than two weeks, it is very important that you ask for help. Discuss these feelings with your GP, obstetrician, midwife, early childhood nurse, Tresillian, Karitane or Beyond Blue.



*For more information, scan the QR code to go to <https://panda.org.au/>*

# Caring for Your baby

## Why you may hear conflicting advice

On occasions, you may find yourself receiving conflicting advice from staff about how to care for your baby. Your baby's needs will change over a matter of hours and over shifts, so the advice given at times may differ. There 's often more than one correct and safe way to explain a technique to parents.

Be assured that we are here to help and support you. Getting what may seem to be conflicting advice, can give you many different ideas on resolving an issue and skills to use in your journey into parenthood.

## Baby Identification

Babies are identified with two bands, placed around the wrist or ankle immediately after birth. Please don't remove these in hospital as these are required for security purposes. Let staff know if name tags fall off or need replacing.

## Parent Identification

You will have one identification armband on your wrist. These must remain in place for the duration of your hospital stay and your nurse/midwife will check these. If the ID band falls off please notify your midwife/nurse so they can replace it immediately.

Your partner/support person will have one ID band placed on their wrist for the duration of your admission. If your partner is required to go to work and there is specific workplace health and safety issues with wearing an armband, the band may be replaced each day as required.

## Paediatrician

All babies will be examined by a paediatrician within the first few days of birth. The examination will occur during your stay and may be at any time of the day.

This cost isn't included in your hospital stay. Each paediatrician charges independently for their services. There will usually be a minimum of two consultations with the Paediatrician while in hospital and follow-up at 6-8 weeks after you go home.

## Daily Baby Check

A nurse or midwife will perform a check on your baby daily assessing the following:

**Head:** The nurse/midwife will observe for anything unusual on the baby's head. For example lumps, scratches or bumps.

**Eyes:** All newborns eyes should be clean and clear. Occasionally newborns may have some yellow discharge from their eyes. This may be due to a mild infection or a blocked duct. In the majority of these cases, this is resolved by cleaning the baby's eyes regularly with normal saline. Your nurse/midwife will show you how to do this.

**Mouth:** Your baby's mouth should be clean, pink and moist.

**Rashes:** The most common newborn rash is "Erythema Toxicum" which appears between two days and two weeks of life. These appear when your baby is warm, and are small flat red patches with a white lump in the centre. This is a harmless rash and will go away without treatment.

**Umbilical Cord:** At birth, your baby's umbilical cord is thick and white. Over days the cord will dry, darken and shrivel up. Eventually the umbilical cord will fall off within 7-10 days after birth, and there may be a small amount of blood when this happens. When bathing your baby ensure the umbilical cord is clean by washing around the base and drying it well.

**Genitals:** Newborn genitals are often swollen. You do not need to retract the foreskin when cleaning boys. Girls may have a mucous discharge tinged with blood which is normal.

**Wet and Dirty nappies:** Your baby's nappies will change from day to day in the first week of life. Please fill in your baby's feeding chart and write if they have a wet or dirty nappy and the time.

## Baby's weight

It is normal for babies to lose some weight in the first few day of life. Your baby will be weighed at birth, day 4 and then again prior to your discharge home.

## My Personal Health Record (Baby Health Record book)



My personal health record also known as the “Blue Book” is given to each baby by the NSW Department of Health. The purpose of the book is to record important information from birth up to school leaving age. Take the book with you whenever you visit any healthcare professional so that accurate records may be kept of your child's progress.

## Tests and Screening for your baby

### Newborn Screening Test



This test is performed on all babies born in Australia from 24 hours of age. The procedure involves taking four spots of blood from either heel. The test is used to detect metabolic disorders that, unless treated, can affect your baby's development.

A brochure will be given to you prior to the test being completed. Staff will ensure that you fully understand and have given consent prior to completing the test.

*You will find the “Newborn Bloodspot Screening” brochure at the back of this compendium.*

### Hearing Screening



The NSW Statewide Infant Screening Hearing (SWISH) program is offered to all babies and is a 10-20 minute test. Sometimes, SWISH will need to be performed once you're home. If so, your midwife will arrange the appointment.

*The “Why does my baby need a hearing screen?” fact sheet is at the back of this compendium.*

## Pulse Oximetry



You will find the “What is Pulse Oximetry?” fact sheet at the back of this compendium.

## Jaundice and your newborn



You will find the “Jaundice and your newborn” brochure at the back of this compendium.

## Hep B Vaccine

Your baby will be offered their initial Hep B vaccine whilst in hospital. Please check the back of *My Personal Health Record* for schedule of vaccinations.

### Screening checklist for parents

These are the days when tests should be performed. If tests have not been done or scheduled, please let staff know.

**In first 24 hours:** Vitamin K and Hep B vaccine

**On day 3:** Pulse Oximetry test

**On day 4:** Weight and newborn screening test

**At any time during your stay:** TCBM transcutaneous bilirubin test and hearing screening.

## Safety

When you are in your room, we recommend that you place your baby's cot on the side of your bed farthest from the door and keep your baby in sight at all times.

When showering leave your baby with a family member in the room. If this is not possible, close your room door and prop open your shower door so you can see and hear your baby, whilst you shower.

Do not leave your baby unattended in your room. If you need to leave your room, please ask a family member to watch your baby.

Report any suspicious behaviour immediately to your midwife or nurse.

Use security doors appropriately, and do not hold open or prop open any security doors at any times.

For your babies safety please do not carry them outside your room, all babies must be transported in their cot, with the cot flat. This avoids the risk of falls.

## First few days of your baby's life

### Day 1

Following the birth of your baby, they will most likely be awake and alert for one to two hours and then become very sleepy. After the initial feed, it is then time to take advantage of your sleeping baby and recover and rest from the birth. This can be difficult as you will have an adrenaline surge and may be unable to sleep but try and lie down and rest.

Your baby may be “mucousy”, and may either vomit or attempt to swallow the fluid. If you feel your baby needs assistance, either pickup your baby and hold them upright or roll them on their side. Call for assistance from the maternity staff if you are concerned.

Low volume but high density colostrum will be sufficient to meet your baby's nutritional requirements. Usually babies have a very efficient initial feed after birth and then are quite sleepy.

Your baby should pass urine and stools within the first 24 hours of being born. Stools will be sticky green black “poo” called meconium. See “*Normal Nappies*” day 1 on the chart on the next page.

### Day 2

Today your baby will become more awake and active and will want more feeds. Baby may feed up to 10-12 times in a 24 hour period. Ensure your baby has at least six feeds in a 24 hour period.

It is a good idea to change your baby's nappy half way through a feed rather than at the beginning or end of a feed. A baby that is relaxed and settled attaches more easily to the breast rather than a baby that is crying.

Your baby should have two wet nappies on day 2. The urine will be in small amounts and appear concentrated. Stools will be soft and green black in colour. See “*Normal Nappies*” day 2 on the chart on the next page.

### Day 3

At about 72 hours after birth, your milk will begin to come in. As this happens, your baby may become more unsettled, feeding more frequently and for longer periods of time.

Baby will feed about 6-12 times in the 24 hour period.

A minimum of three wet nappies is expected and stools will change to a green brown colour and are less sticky. Wet nappies may have a red/orange stain on the nappy, called urates. See “*Normal Nappies*” day 3 on the chart on the next page.

Mums are often emotional on day three and is called the day three blues. This occurs as hormonal level drop and milk comes in. You will need as much rest and support as possible during this time.

### Day 4-5

Babies generally become more settled and develop a predictable feeding pattern. You will find that your baby may now have shorter feeds and longer sleeps. Baby will feed about 8-12 times in 24 hours and you may hear baby gulping during the breastfeed. You should expect four or more wet nappies but the number of stools per day may vary from baby to baby.

Stools will now be a lighter greenish brown or may have changed to a mustard-yellow which can be seedy and watery. See “*Normal Nappies*” day 4 on the chart on the next page.

### Day 6-7

By now baby should be doing a wet nappy with every feed and a minimum of six wet nappies in 24 hours. The number of stools may continue to vary and will be mustard yellow in colour, soft and liquid. See “*Normal Nappies*” day 5 on the chart on the next page.

*Reference: Breastfeeding Management in Australia, 2019*



# Normal Nappies: What to expect!



You can tell if your baby is getting enough breastmilk by looking at the nappies.

Please note: Pictures are a guide only. There is a wide variation in newborn patterns of elimination.

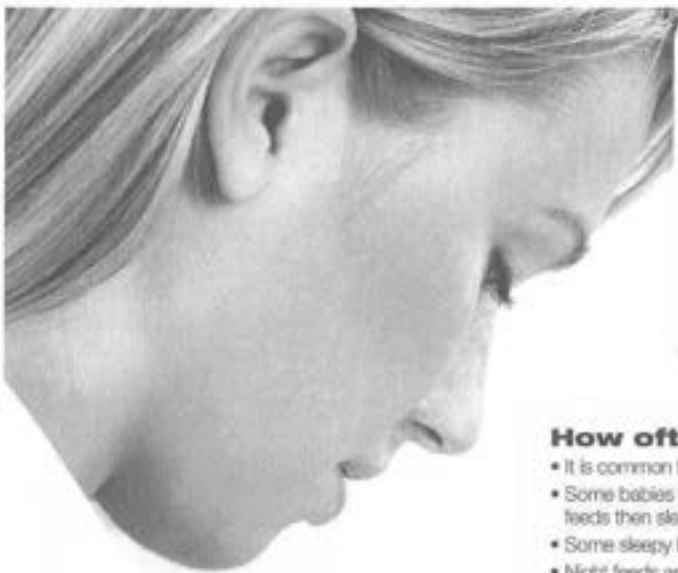
Day 1 0-24 hours	Day 2 24-48 hours	Day 3 48-72 hours	Day 4 72-96 hours	Day 5 96 + hours	Red-Orange Wet Nappy	Watery Poos
						
Babies will have about ½ teaspoon of colostrum at each feed. You can expect to see:  Sticky green-black poo.  1+ wet nappy.	Babies will have about 1 teaspoon of colostrum each feed. You can expect to see:  Soft green-black poo.  2+ wet nappies.	Breastmilk supply is increasing. You can expect to see:  Poos change to a greenishbrown colour and are less sticky.  3+ wet nappies.	Poos become a lighter greenish-brown or may have changed to mustard-yellow which can be seedy or watery.  If 3 or less poos seek help from a health professional skilled in breastfeeding.  4+ wet nappies.	Breastmilk supply increases to 500-800mls per day. You can expect:  Mostly mustard-yellow, soft or liquid poo 4 or more times every 24 hours.  5+ wet nappies.	It is normal in the first few days to see pink/orange stain on the nappy. If this happens after day 3 (72 hours) it is sometimes an indication of low supply. Please consult your midwife, lactation consultant, hospital of birth or medical advisor for further guidance.	Watery poo can be normal.  10+ watery nappies, bulky/frothy poo can be an oversupply of breastmilk— talk to an ABA breastfeeding counsellor or lactation consultant.

 **1800 mum 2 mum**  
1800 686 2686  
**Breastfeeding Helpline**

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**Day 6+ You can expect to see:** 6-8 clear wet (not strong-smelling or yellow stained) nappies in 24 hours. (Disposable nappies – at least 5 heavy wet nappies every 24 hours). Breastfed babies until about 6 weeks have about 4 poos in 24 hours. Poo is not offensive smelling when baby is only fed breastmilk. As they get older breastfed babies may poo less frequently but the amount usually increases. The introduction of other fluids/food changes consistency and smell.

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



### How will I know that my baby is getting enough breastmilk?

- S/he has 6-8 wet cloth nappies (4-5 heavy disposable nappies) a day. Urine should look clear.
- S/he has soft bowel motions regularly. Older babies may poo less frequently.
- Baby's arms and hands relax when feeding.
- Baby is alert, acts hungry at times, is fussy at certain times of the day and acts satisfied after feeds.
- Your breasts become softer and lighter as you feed.
- You hear your baby swallowing when feeding.
- Your baby gains weight and grows in length & head circumference. If your milk supply is low there are things that can be done to increase it, talk to your Lactation Consultant or ABA Breastfeeding Counsellor.

### How often do babies need to be breastfed?

- It is common for babies to be breastfed 8-12 times in 24 hours.
- Some babies will breastfeed every 3 hours day and night; other babies will cluster-feed, every hour or less for 4-6 feeds then sleep 4-6 hours.
- Some sleepy babies may need to be woken for feeds.
- Night feeds are important for making milk. Some babies need them for longer than others.
- Babies will tell you they are hungry before crying by: putting hand to mouth, rapid eye movements, soft cooing or sighing sounds. It is often easier to breastfeed a baby who is a little hungry than one who is very hungry.

### What do I need to know about breastfeeding?

- The more milk that is drained from your breasts the more milk you will make. Introducing other fluids, including infant formula, will decrease your milk supply.
- It takes time to learn to breastfeed and early difficulties can be overcome.
- Being around other mothers experienced in breastfeeding can help you to succeed. ABA discussion meetings provide this. For times and places: [www.breastfeeding.asn.au](http://www.breastfeeding.asn.au) or call the association's **National Helpline 1800 mum 2 mum (1800 686 2 686)**
- Most medications can be safely taken whilst breastfeeding. Phone the National Prescribing Service 1300 888 763.
- It is not usually necessary to wean if you get sick or have mastitis.
- All mothers get tired regardless of how their baby is fed.
- Breastfeeding is everything your baby needs for the first 6 months. It continues to play an important role in your baby's diet for up to 2 years or more. There are health risks associated with early weaning.
- It is possible to start breastfeeding again (relactate) after you have weaned.

# Frequently Asked Questions

### What things can help breastfeeding go well?

- Skin-to-skin contact between you and your baby.
- Breastfeeding soon after birth.
- Good positioning and attachment of the baby at the breast.
- Feeding your baby when s/he show signs of wanting to be fed.
- Letting your baby suckle until s/he is full and lets go of the breast.
- Asking for skilled help if things aren't going well.
- Avoiding bottle teats, dummies and nipple creams.

### What can I try if my baby is unsettled/ crying?

Babies cry for many reasons eg: hunger, dirty nappy, pain, loneliness, when they are overheated, cold, tired or uncomfortable.

- Feeding, changing nappy, holding baby upright, lying baby across knee, bathing baby or bathing with baby, massaging, rocking baby—perhaps in a pram, playing music or singing to baby, walking outside, riding in the car, using a baby sling.
- Many babies are soothed by the sounds and smells of their mothers' bodies.
- Breastfeeding is relaxing for babies and many babies will go to sleep while feeding.

### Should breastfeeding hurt?

- Breastfeeding should not be painful.
- However, there can be some tenderness in the first few days of breastfeeding. This should reduce over time.
- Pain can be caused by the baby being poorly attached to the breast or by infection.
- Seek help from a Lactation Consultant or ABA Breastfeeding Counsellor. It is important to get help and keep seeking help until breastfeeding is no longer painful.
- Pain during breastfeeding can be overcome so that breastfeeding is comfortable.

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



## Helpful Tips for Settling Your Baby

### Recognising Tired Signs

Your baby will communicate their need to sleep through tired signals. Your ability to recognise your baby's tired signs will gradually develop over time as you learn to communicate with each other.

Here are some common tired:

- clenched fists
- grizzling/crying
- jerking movements
- eye rubbing
- yawning

When your baby shows tired signs, it is time to prepare them for sleep. Babies can go from being very active and alert to very sleepy, quickly. Before you get your baby ready for bed, ensure they are well fed, have a clean nappy, been given the opportunity to burp and are not too hot or too cold. Try not to over stimulate your baby, especially before bed time as this will stop them from settling quickly and make them irritable.

*Reference: Karitane, 2022*

### Settling and Sleep

Babies have a 20-50 minute sleep cycle. This means that every 20-50 minutes, they fall in and out of deep sleep. At this time, baby may wake and may not be able to get back to sleep by themselves so may cry and require your help. Babies may need hands on settling. This will not spoil your baby as they need to feel loved and secure.

Some examples of hands on settling techniques include:

- Wrapping your baby. By wrapping your baby, it reminds them of the safe place of the uterus and makes them feel comfortable and safe. When the baby is calm, you can place them in the cot. If the baby continues to cry, place your hands on baby in the cot and rock gently. You may want to also try some soft music.
- Calm your baby through cuddling or skin to skin contact
- Bathing your baby
- Walking your baby in the pram or driving in the car
- Carrying your baby in a pouch or sling





## Why do babies cry?

Crying is natural for babies. It's a baby's way of communicating to you their needs. All babies cry and some babies can cry up to three hours a day.



Possible Causes	Possible Solutions
<b><i>Hungry?</i></b> Watch for signs that your baby would like to be fed. For example rooting reflex, mouthing.	Feed baby
<b><i>Dirty Nappy?</i></b> Some babies let you know that they want to be changed, others don't.	Check and change baby's nappy
<b><i>Uncomfortable?</i></b> Newborns like to feel warm and secure so be careful not to overdress baby. Generally one layer more than you are wearing is sufficient	Check that baby is not too hot or too cold and is wearing clothing that is not restrictive and tight
<b><i>Feeling Insecure?</i></b> Babies like to feel warm and secure by being physically close to their parents. They also find movement soothing.	Wrap and hold baby close or carry baby around in a sling. You will not spoil them by holding them close and carrying them.
<b><i>Needing Your Attention?</i></b> Babies like to hear their parents' voices, see your faces, listen to your heart beating and be near familiar smells.	Holding baby close to you, softly sing, whisper or talk to them. Skin to skin contact.
<b><i>Overtired/overstimulated?</i></b> Adjusting to the new world can be tiring. The passing from person to person, lights and noises can be overwhelming for baby.	Try settling baby by taking them somewhere quiet and calm. You could dim the lights in your room and play soft music.
<b><i>None of the above?</i></b> Sometimes you may not be able to figure out what is wrong. They may just be having a period of fussiness.	Try bathing your baby in a warm and deep bath to relax them. Go for a walk in the pram or go for a drive. The movement may help settle them.

## How to Wrap Baby

Scan the QR codes to follow the links to helpful videos on how to wrap your baby.



*Hands up wrap*

<https://karitane.com.au/wrapping-your-baby>



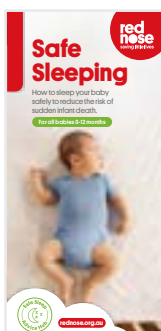
*Hands down wrap*

[https://www.youtube.com/watch?v=1\\_OV415s9m0](https://www.youtube.com/watch?v=1_OV415s9m0)

## Safe Sleeping

Sudden unexpected death of an infant (SUDI), formerly known as SIDS is the unexpected death of a newborn up to one years of age. Sleeping your baby safely will help reduce the risks of SUDI. The exact cause of SUDI is unknown, however by following the Safe Sleeping guidelines recommended by Red Nose will greatly reduce the risk to your baby.

- Sleep your baby on their back. Not on their stomach or side
- Sleep your baby with their face and head uncovered
- Keep baby's environment smoke free before and after birth
- Ensure safe sleeping environment meets the Australian standards
- Baby has their own sleeping space within the same room as an adult or caregiver for the first 6-12 months of life
- Breastfeed your baby
- Wrap your baby in a cotton or muslin wrap that allows heat to escape.



*For more information, you will find the Safe Sleeping brochure at the back of this compendium or scan the QR code to go to <https://rednose.org.au/section/safe-sleeping>*



## Frequently Asked Questions

**Q. My baby is sneezing. Do they have a cold?**

A. No. All newborns sneeze. It helps clear their nasal passage of congestion.

**Q. My baby is “mucousy” and vomiting, what do I do?**

A. If you see your baby gagging or vomiting, sit them upright or lift them up and place them over your shoulder.

**Q. What do I do if my baby has hiccups?**

A. You do not need to do anything if your baby has hiccups. It is a natural reflex and will pass on its own.

**Q. What can I do with my baby’s nails if they are very long?**

A. Use a nail file to trim your baby’s nails down. Never trim your baby’s nails until they are six months of age.

**Q. Will I spoil my baby if I hold them too much?**

A. No, you will not spoil your baby. If your baby is crying, it means they need you. By holding them and giving them comfort, your baby will settle and learn the world is a safe place.

**Q. When can I take my baby out in public?**

A. Your well and healthy baby can be taken outside for fresh air, however it is important to make sure your baby is dressed appropriately for the weather and avoid too much sunlight for their gentle skin and people who are sick.





# Guide to Breastfeeding

## Why you may hear conflicting advice

On occasions, you may find yourself receiving conflicting advice from staff about breastfeeding.

This may be due to changes in your baby's needs, your breasts, and milk supply, which may change over a matter of hours and over shifts, so the advice given may differ.

There's often more than one correct and safe way to explain a technique to parents so please be reassured that we are here to help and support you. Getting conflicting advice can give you many different ideas on resolving an issue and add skills for you to use in your journey into parenthood.

## Why Breastfeed?

Breastfeeding is the normal and most beneficial way of feeding your baby. Breastfeeding provides all your baby's essential needs for growth, development and protection from illness and disease. Your breastmilk is perfect for your baby, even if born early. Your milk will adapt to meet your baby's changing needs and protect against a range of illnesses.

## What is skin to skin?

Skin to skin contact with your baby after birth is important as it:

- Helps keep your baby warm and adapt to life outside of the uterus
- Encourages bonding and release of important hormones in you and your baby
- Encourages breastfeeding instincts in your baby
- Helps stabilise your baby's heart rate, blood pressure and blood sugar levels
- Helps your uterus contract
- Helps improve pain relief effectiveness

*Reference: Breastfeeding Your Baby, NSW Health, 2016*

## Feeding cues

Your baby should be allowed to feed as often as they need. In a 24-hour period, a healthy baby may feed 8-12 times or more. Some babies may want to feed a little less than this, others a little more. You should not wait until your baby is crying for a feed and it is important to recognise baby feeding cues so you can latch the baby to the breast when they are calm.

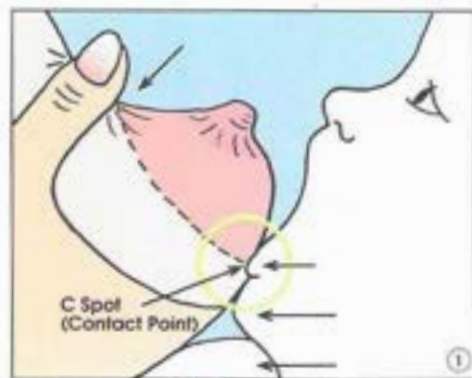
## Feeding signs

Your baby's hunger cues are the best indicator for when to feed. Going by a set time does not take your baby's individual needs into consideration. Look for these hunger cues:

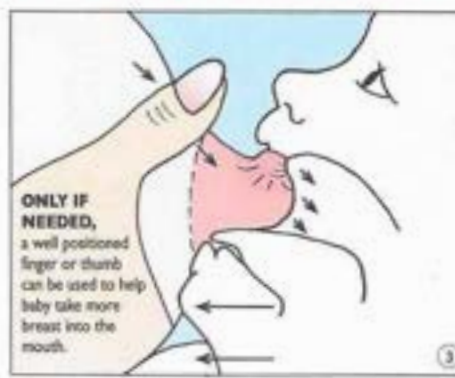
- Sucking noises
- Opening mouth
- Turning towards the breast or bottle
- Sucking fingers and/or fist
- Crying
- Being unsettled

*Reference: Kartiane.com.au/breastfeeding, 2022*

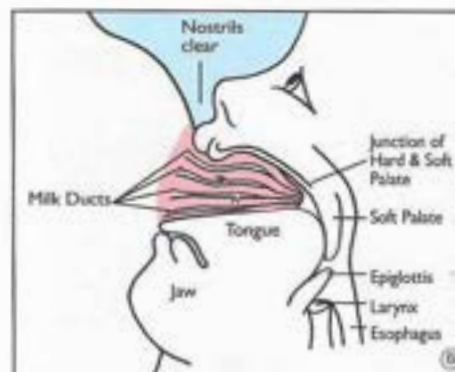
# ATTACHMENT - The Key to Successful Breastfeeding.



Quickly 'hug' between baby's shoulders, bringing baby onto the breast



ONLY IF NEEDED, a well positioned finger or thumb can be used to help baby take more breast into the mouth.



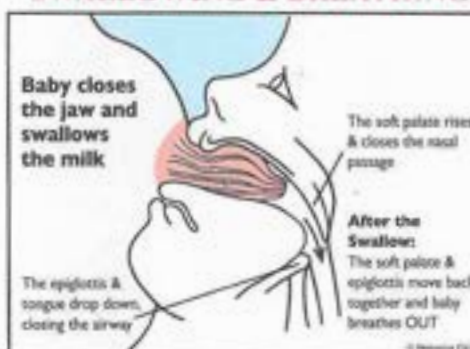
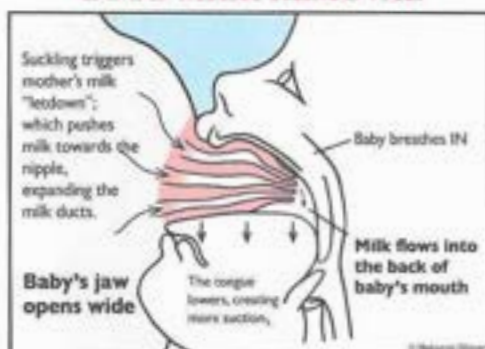
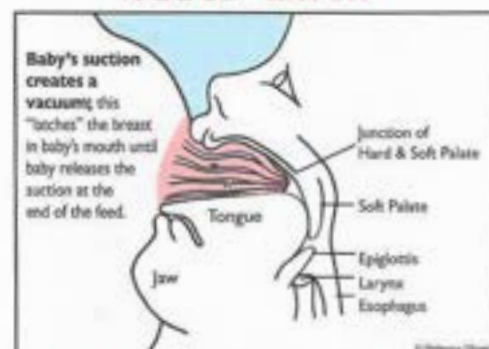
The breast COMPLETELY FILLS baby's mouth

This triggers baby's suckling reflexes

## A GOOD "LATCH"

## GOOD MILK REMOVAL

## SWALLOWING & BREATHING



## TO REMOVE MILK WELL, BABY'S TONGUE MUST BE "LATCHED" DEEPLY UNDER THE BREAST

### Supporting your baby's in-born attaching behaviours

For the first 3-4 months your baby breastfeeds using instinctive reflexes. These reflexes work best when baby receives the right physical contact and stability - your baby's full front in firm contact with your body and breast.

When a hungry baby is stabilized on mother's body (fig 1,2), baby will lift head, chin & mouth to search for the nipple. With cheeks, lips, & chin against the breast, baby will instinctively find and centre on the nipple, swing the lower jaw wide open, anchor the lower lip & chin deep below the nipple, and scoop up a good mouthful of breast & nipple.

Now let's break that into practical steps:

1 **Stabilizing your body and baby's body** - This releases a cascade of hormonal and reflex responses in mother and baby.

• Sit with an open body, upright or leaning back slightly against comfortable support, with a straight back and open shoulders. A little cushion in your lower back will help.

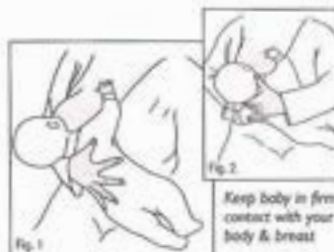
This posture lifts your breasts, and flattens your tummy, creating the ideal space to position baby's open body against you.

• Unwrap baby, then hold baby with the heel of your hand supporting baby's shoulder blades, and your fingers relaxed. The rape of baby's neck will rest gently on your wrist, or your thumb and forefinger, (fig 1,2).

This hold allows baby to lift their head, chin and mouth to seek the nipple, and helps "uncurl" and open baby's body ready to lie flat against your body.

• Turn baby's whole body to face you, then, with an arm on each side of the breast, "snuggle" baby's chest against the base and side of your breast (side only of a larger breast).

Ensure that baby's open body is applied to your open body, with no gaps between baby's chest and your breast. (If baby can get arms or hands in front of their body, baby is not close enough.)



2 **Seeking the breast and nipple** Good face on breast contact triggers the rooting and head righting reflexes that baby uses to move their mouth to your nipple.

• Watch baby begin to feel and smell the way to your nipple; with chin & mouth forward and head tilted back.

Your instinct is to help your baby:

• Keep your nipple above baby's top lip and baby's lower face (cheeks-lips-chin) in good contact the breast below your nipple.

• Watch & Wait for baby's mouth to centre on the breast below your nipple - your nipple just under baby's nose.

3 **Scooping** - how baby attaches

Baby uses the gaps and tongue extrusion reflex to scoop up a good mouthful of breast (see diagrams 1-6).

• Watch baby's lower jaw swing wide open, with the tongue down.

To help your baby:

Ensure baby's bottom lip anchors on the breast at least 3-4cm below your nipple (this may be well outside your areola) and quickly HUG baby onto the breast.

The further baby's bottom lip is from the nipple the bigger the mouthful baby will take.

Hug behind baby's chest & shoulders; never put behind baby's head.

• Watch baby's chin sink into the breast and your nipple brush or fold under baby's top lip

These steps help your baby position the tongue and jaw deep under the breast, the nipple rolls the back of baby's mouth, (a safe place where it cannot be pinched or damaged) baby can form good latch (see graphic above) and begin feeds

## The first few days

Feed your baby to satisfy their appetite. Stay with your baby to learn their cues for feeding and sleeping. For the first few days, your baby may sleep for long periods or be wakeful and need frequent feeds. Both are normal.

Over the first few weeks, your milk will change to a lighter colour and be more abundant. Some babies have periods of wanting to be fed frequently especially at night. This is normal and it is helping your milk supply to establish by stimulating your breasts regularly.

During the first week, your nipples may feel sensitive and you may experience some pain or discomfort when your baby first attaches. This should settle within the first minute or so of your baby latching and sucking. If the pain does not settle, you may need to detach baby and try reattaching baby deeper. To detach baby from the breast gently slide your finger into the corner of your baby's mouth to break the suction. If the pain during a breastfeed continues or your nipple is pinched on detachment, these are signs that will need to be reviewed and corrected.

Most women experience some nipple discomfort in the early weeks. Ensuring your baby is attached correctly to the breast will help to avoid discomfort. Ask questions if you have any concerns and attend the regular breastfeeding classes offered in the unit to assist in your learning.

If your baby is not interested in feeding, colostrum will have to be expressed and given to your baby.

*Reference: Breastfeeding your Baby, NSW Health, 2016*

## Rooming In

If you and your baby are well, then rooming in and remaining together 24 hours a day is recommended. Rooming in enables you to learn your baby's cues and allows your milk supply to establish, by allowing unrestricted access to feeding.

*Reference: Breastfeeding Management in Australia, 2019*

## Signs your milk is in and flowing

- Both of your breasts will increase in size and become firmer. You may experience some discomfort and this can be relieved by gentle massage of the breast while baby is feeding, wearing a supportive breastfeeding bra during the day and crop top at night (no wires), ice packs and simple analgesia such as paracetamol or ibuprofen.
- Baby swallowing at the breast may become audible and more obvious.
- While feeding on one breast the other breast may start to leak.
- You may have to soften the breast to achieve a comfortable and deep latch. This can be done by hand expressing.

## Which breast? One or both breasts?

Each mother and baby have individual preferences so there are no rules. Your milk supply is signalled by your baby's sucking at each breast. It is suggested to begin each feed on the opposite breast. This means start with the right breast for one feed, and the left breast for the next. This will ensure each breast is stimulated and drained after each feed. As a general rule, before your milk comes in, offer and stimulate both breasts with each feed. Once your milk comes in offer one side twice, before offering the second side, to drain that first breast.

Reference: *Breastfeeding Management in Australia, 2019*

## Breast Compression

Breast compression can help if your baby is sleepy whilst feeding or slow to gain weight. By compressing your breast you will encourage your milk to flow while your baby is feeding.

Gently press your hand around your breast, close to your chest wall, this should not be painful. When baby stops sucking, release the pressure and when baby starts suckling again, compress your breast again.

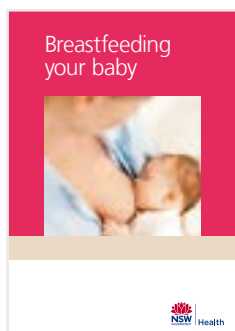
## How do I know my baby is getting enough?

Exclusively breastfed babies generally show this behaviour:

- Pass their first urine and bowel action within the first 24 hours.
- There should be a change in stool colour and consistency (see *Normal Nappies: What to Expect Chart*)
- Urine output will match the days old of your baby up to when your milk supply establishes, at which time your baby should pass urine with each feed.
- Your baby is alert and reasonably content
- Over the first four days, your baby can lose up to 10% of their birth weight. This is normal and they should regain to their birth weight by two weeks of age.

Reference: *Breastfeeding Management in Australia, 2019*.

## Expressing Breast Milk



Refer to the NSW Health 'Breastfeeding your baby' booklet, pages 14-16 or the Guide to Expressing Milk fact sheet at the back of this compendium.

Scan QR code to download the NSW Health 'Breastfeeding your baby' booklet.



## Storing and labelling of breastmilk while in hospital

All colostrum and expressed breast milk (EBM) must be correctly labelled before placing in the EBM fridges in maternity or special care nursery by staff.

At the time of collection you will need to:

1. Place your baby's identification label onto an EBM label, this is then placed onto the container that holds your EBM.
2. Write the date and time of collection on the label, sign and countersign the label (Either yourself and a staff member, or two staff members).

When the baby receives your EBM you will need to:

1. Check the label on the EBM container and ensure it is yours before giving it to your baby with a staff member
2. You will be asked to sign the EBM storage and administration sheet if you checked the EBM with a staff member.

EBM – EXPRESSED BREAST MILK			
DATE	TIME	SIGNATURE 1	SIGNATURE 2

## Storage of breastmilk at home

*Refer to the NSW Health Breastfeeding your Baby, page 17.*

## Possible Breastfeeding Issues

### Full or Engorged Breasts

*Refer to the NSW Health Breastfeeding your Baby, page 18.*

### Sore or cracked nipples

If your baby is correctly attaching to the breast, feeds should be comfortable. Sore or damaged nipples could be caused by

- Poor positioning and attachment
- Tongue tie
- Infection

If you have sore or damaged nipples seek assistance from your midwife or lactation consultant. Handle your breasts with clean hands. After each feed, allow colostrum or milk to dry on the nipple. While waiting for assistance, if breastfeeding is too painful or nipple damage is increasing you may need to rest your nipples and express by hand or an electric pump and give the baby EBM via a cup feed or bottle.

### Mastitis

*Refer to the NSW Health Breastfeeding your Baby, pages 19-21.*

### Returning to Work

*Refer to the NSW Health Breastfeeding your Baby pages 22-23.*



# From Hospital to Home

## Prior to discharge

Congratulations, the day of discharge is an exciting day for you and your family.

On the morning of the day of discharge the midwife will perform a check on you as well as your baby and your baby will be weighed. Your paediatrician will also need to check your baby the day you go home or the day prior. The midwife will also talk to you about your baby's "Blue book" and the discharge process. Our aim is to make discharge a smooth transition for you and your family.

## Discharge Paperwork

The midwife looking after you on the day of discharge will print out your discharge paperwork. This will contain information on your antenatal, delivery and postnatal history. The midwife will get you to read through this information and she will then fax the information through to your local community area Early Childhood Clinic for them to call you for a follow up appointment. Generally you will be seen by the community midwives for follow up within a two weeks after you leave hospital.

## Follow Up Appointments

If there were no problems or concerns during your stay you should make an appointment to see your obstetrician and paediatrician at six weeks postnatal.

## Birth Registration and Family Tax Benefits



After the birth of your baby, you will be given Birth Registration papers for your baby, which you will need to sign for. You will use these papers to register your baby's birth within 60 days.



A Newborn Child Declaration form will also be made available for you to complete and return to Centrelink, to support claims for Family Tax Benefits and Medicare.

## Car seats

Please ensure that you have a fully fitted child restraint secured in your car before taking your baby home. We recommend an authorised fitting station. We can help you find one, or contact your local RTA.

[www.roadsafety.transport.nsw.gov.au](http://www.roadsafety.transport.nsw.gov.au)



## Norwest Early Childhood Clinic

One of the benefits of having your baby at Norwest Private is that our nursing support continues even after you go home.

The Norwest Private Maternity Early Childhood Clinic (EHC) is available to all babies born at Norwest Private Hospital. 2 complimentary appointments are available in the first 12 weeks. Appointments after this will incur a fee of \$45 per visit.

Routine baby health checks will also be available as per the NSW Health schedule.

At the EHC visit, you will have the opportunity to talk to an experienced midwife and get advice on concerns that you've had after going home including infant feeding, infant care, child development and management.

Norwest Private Maternity Early Childhood Clinic is open Tuesdays to Fridays.

To make an appointment, please call Maternity Bookings on Monday or Tuesday on **02 8882 8807** or email [norwestmaternity@healthscope.com.au](mailto:norwestmaternity@healthscope.com.au)



*You will find the Early Childhood Clinic information sheet at the back of this compendium.*

## Baby and Child CPR and First Aid Classes

CPR kids run comprehensive classes on baby and child CPR and first aid at Norwest Private Hospital.

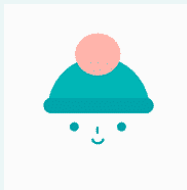


*Scan the QR code to visit  
<https://www.cprkids.com.au>*

## Community Support

On the back of your baby's *My Personal Health Record* (Blue Book), you will find a list of support services available in the community. These include service hotlines for Karitane, Tresillian and the Australian Breastfeeding Association (ABA) who can provide support and advice.

## Helpful Apps for New Families



### Sleep Well Baby – Tresillian

Scan the QR code to visit

<https://www.sleepwellbaby.io/tresillianaccess>



### PANDA – Support that is there for you and your family

Scan the QR code to visit

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



### SMS For Dads

Scan the QR code to visit

<https://www.sms4dads.com.au/>



### What were we thinking?

Scan the QR code to visit

<https://www.whatwerewethinking.org.au/app#YsJBqHZBzrc>



### Having a baby

Scan the QR code to visit

<https://bit.ly/3om12YR>



### Red Nose

Scan the QR code to visit

<https://rednose.org.au/>



### Mum Space – Support for the emotional health of new mums

Scan the QR code to visit

<https://www.mumspace.com.au/when-you-need-extra-help/>



### mum2mum – Australian breastfeeding association

Scan the QR code to visit

<https://www.breastfeeding.asn.au/mum2mum>

“ We feel privileged that we have shared this exciting time with you. Best wishes to you and your family for the journey ahead. ”

Norwest Private Maternity

References:

*Australian Breastfeeding Association 2022, Breastfeeding Review 2005, Breastfeeding Your Baby NSW Health 2016, Brodribb, Wendy 2019 Breastfeeding Management in Australia, 5th Ed Valiant Press, PANDA.org.au 2022 (Perinatal anxiety and Depression Australia), Karitane.com.au/sleep-and-settling 2022, Kartiane.com.au/breastfeeding 2022, Rednose.org.au 2022.*



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