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**Your Pregnancy Diary**  
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# Foreword

## First of all, congratulations!

**Welcome to the beginning of a wonderful journey. This diary is brought to you by the team at JOHNSON'S® and BabyCenter. We are very proud of the diary and hope that you and the team of professionals looking after you will see this as a valuable and indispensable resource.**

There is no shortage of books and other materials available today about pregnancy and what to expect. In fact you may find the amount of information a little overwhelming. Finding the right sort of advice and information, in a style that you trust and are comfortable with is very important.

We believe that from the moment of birth and throughout life, a baby needs a mother's loving care. We know that providing that care is both an art and a science. For more than 125 years, mums have trusted us to help care for their children. There's nothing we value more and it's why we put all our products through the very toughest tests.

To find out more visit [www.safetyandcarecommitment.com](http://www.safetyandcarecommitment.com).

By working with the experts, including midwives, doctors and BabyCenter, we are able to bring you the right information to support and guide you through this important time in your life.

Your own midwife or obstetrician will be your best resource in the coming months and they will know you, your body and your specific needs during your pregnancy. It is always wise to ask them any questions you may have. It's a good idea to write your questions down so you remember to ask them at your next visit.

If you need any further information about pregnancy, childbirth or for information about your baby or toddler you can visit [www.babycenter.com.au](http://www.babycenter.com.au). For information about JOHNSON'S® baby and our products and services go to [www.johnsonsbaby.com.au](http://www.johnsonsbaby.com.au).

## Enjoy your pregnancy!

### The team at Johnson & Johnson Pacific

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# Antenatal education

Antenatal education, or birth education, may come in various forms, but all have the same aim: to help prepare you for labour, birth and early parenthood. By attending a session, you and your birth partner will acquire the skills and confidence needed to make birth a positive experience. It's also a great place to meet other parents-to-be.

**Q:** *Why should I go to antenatal education classes?*

**A:** Antenatal education can help you and your partner focus on your pregnancy, and prepare for labour and birth. If your sessions cover early parenthood, you and your partner will also be better prepared for the practicalities, and the highs and lows, of becoming parents.

Some antenatal education groups are booked according to your due date, so you'll meet other parents-to-be whose babies will be born at a similar time.

**Q:** *What is covered in antenatal education?*

- A:**
- Information about the process of labour and childbirth
  - Ways to prepare physically for the birth
  - The opportunity to learn about, and experiment with, different birth positions
  - A guide to pain relief choices
  - The chance to learn and try out massage skills, and breathing, and relaxation techniques
  - The time to ask questions and think about the decisions you may have to make in labour
  - An indication of the changes you may experience after the birth and in early parenthood
  - An introduction to breastfeeding and the benefits of holding your baby skin to skin
  - Practical tips on caring your newborn baby



# Choosing your antenatal education

Most maternity hospitals provide antenatal education sessions and there's likely to be a range of private sessions available locally. There are even some online courses. You may find it helpful to go to more than one type. Just remember when attending sessions other than those run by your hospital or health centre to check that the teacher has been properly trained.

Although you'll have to pay for private sessions, you may be able to do so by instalments, or at a reduced fee, if you're on a low income. Some courses offer a condensed schedule if you're short of time. Find out what's available in your area and register your interest.

Here's a guide to the types of antenatal education sessions that may be available.

## **Sessions for couples** Good for: first-time parents who want to learn together.

*What will the session cover?*

Going to a couples' session gives you both the chance to focus on your pregnancy and make it feel more real for you. It's also a chance for both you and your partner to get involved in the preparations for labour, birth and early parenthood. Couples sessions also provide practical information about being a birth partner and a new parent. Your partner will have the chance to try out techniques, such as massage and breathing support, in preparation for being your birth partner. It's also an opportunity for you both to meet other parents-to-be.

## **Active birth sessions** Good for: women who want an intervention-free birth.

*What will the session cover?*

The session will focus on normal labour, exploring both the physical and emotional changes your body will go through. You'll learn about positions, movements and breathing techniques that will help you approach birth with confidence.

## **Hypnobirthing** Good for: women who are interested in relaxation techniques for birth.

*What will the session cover?*

The goal of a hypnobirthing session is to make birth a calm, positive and empowering experience. Sessions will teach you techniques for self-hypnosis including breathing, relaxation and visualisation. Birth partners play an active role in helping you to stay focused during labour on the techniques you've learned.

## **Specialist sessions** Good for: women who are planning a caesarean birth, or a vaginal birth after a caesarean (VBAC), or who are having twins.

*What will the session cover?*

If you're having more than one baby, or if you know that you'll be having a caesarean, you may feel that the majority of topics in a regular antenatal education session won't be relevant to you.

## A guide to

# tests and scans during pregnancy

You'll be offered lots of tests during your pregnancy. They're designed to give you and your carers important information about your health and any possible problems you may have during your pregnancy. It's up to you which tests you have. Talk to your caregiver and your partner, if you're unsure.

### Blood tests

Blood tests are a routine part of your antenatal care. When you visit your GP or midwife to confirm your pregnancy, you'll be offered screening blood tests. These early blood tests can check:

- **Your blood group:** It's important to know your blood group in case you need a transfusion during pregnancy or labour. Blood group O is the most common; groups A, B and AB are less so.
- **Your rhesus status:** If your baby's blood cells have a certain protein on their surface and your blood cells don't, your body may produce antibodies against it. This usually won't cause a problem with this pregnancy. But you'll need an injection to make sure these antibodies don't cause problems in future pregnancies.
- **Your iron levels:** Haemoglobin is an iron-rich protein found in red blood cells. It carries oxygen around the body. If you don't have enough iron stored, you may become anaemic. Eating lean red meat and fresh leafy-green vegetables will help. You may also be prescribed iron supplements.
- **German measles (rubella):** If you catch German measles during pregnancy your baby could be harmed. Your blood will be tested to see if you're immune. If you're not, you'll be advised to avoid anyone with the infection.
- **Other infections and diseases:** You'll be offered tests for hepatitis B, syphilis and HIV/AIDS. You can also ask to be tested for chlamydia, vitamin D deficiency, toxoplasmosis and cytomegalovirus immunity, and hepatitis C if you think you may be at risk.

### Blood pressure

Your blood pressure will be checked each time you visit your midwife or doctor. High blood pressure can be a sign of pre-eclampsia, a pregnancy-induced condition, that can occur in the second half of pregnancy. Pre-eclampsia can be dangerous for you and your unborn baby.

### Urine tests

Early in your pregnancy your urine will be sent to a lab and tested for bacteria. This is because bacteria can put you at risk of infections. Your urine may be tested throughout your pregnancy for signs of protein, which may mean you have a urinary tract infection or that you have pre-eclampsia. You may also have your urine tested for sugar, which can be a sign of gestational diabetes.

### Glucose tolerance test

Your caregiver will offer you a glucose tolerance test (GTT) when you're between 24 and 28 weeks pregnant.

You'll be asked to fast for eight to 12 hours, have a blood test and then have a drink containing glucose. Your blood will be tested one and two hours after you have the drink, to measure your blood sugar level. If it's too high, you may have gestational diabetes.

Gestational diabetes can result in complications, such as having a large baby. The good news is that in most cases you can manage gestational diabetes with a healthy diet and exercise program. It usually disappears after birth.

## Group B streptococcus

Group B streptococcus is also known as GBS, or group B strep. It is a type of bacteria that many people have in their bodies. While GBS is generally harmless in healthy adults, it can be passed on during birth and cause serious infections in babies. At around 36 weeks pregnant, you may be offered a GBS test. If you test positive, your caregiver will recommend you receive antibiotics during labour which reduces your baby's risk of becoming infected.

## Cervical screening test

If you're due for cervical screening, the new cervical screening test can be carried out safely at any time during pregnancy. This test replaces pap smears.

## Ultrasound scans

An ultrasound scan lets you and your caregiver see an image of your baby inside your uterus. When you have a scan, a sonographer (the person performing the scan) will put some gel on your tummy. Then he'll move a hand-held device, or transducer, over your skin to pick up images of your baby. During the scan you'll see your baby on the sonographer's screen. Most women will be offered two scans during their pregnancy.

- The nuchal translucency scan (NT scan) between 11 weeks and 13 weeks and 6 days of pregnancy. This is to assess the risk of your baby having Down syndrome.
- Anomaly, or morphology, scan at 20 weeks to check that your baby is developing normally.

### In addition to these scans, you could be offered:

- An early scan if you have a high risk of miscarriage
- A dating scan to confirm your due date
- Growth scans from 28 weeks if you've had a small baby in the past, you are having twins or if you have other complications, such as diabetes.

## Chromosomal disorders

Chromosomal disorders result from a child inheriting faulty genetic material from his or her parents. The most common chromosomal disorder is Down syndrome. Down syndrome is a genetic condition that occurs when an extra chromosome is created in the baby's cells at the point of conception. A baby with Down syndrome may have a number of health problems and will have some degree of learning disability. That's why you'll be offered tests to establish whether or not your baby has Down syndrome. You don't have to take these tests; before going ahead you should think about what you would do if the result came back positive.

The tests you are offered will depend on your age (the chance of having a baby with Down syndrome increases as you get older), where you live and the type of care you have chosen. Most women have a nuchal translucency scan combined with a blood test, but you may only be offered a blood test. Another option, the non-invasive prenatal test (NIPT), is available privately.

Screening tests can't tell you for certain whether or not your baby has Down syndrome. They will only give you the likelihood. If the tests show that there is a higher chance than usual that your baby has Down syndrome, you will be offered a diagnostic test such as an amniocentesis or chorionic villus sampling (CVS). Unfortunately, these tests carry a small risk of miscarriage.

Only you can decide whether to have any test for chromosomal disorders, but talking to your partner, family, genetic counsellor and caregiver can help you make the decision that's right for you.

# 8-11 weeks

Your baby is developing fast! By the time you are 11 weeks pregnant she will measure 4 centimetres from the crown of her head to her rump and she will have all her body parts.

Each day more minute details appear, such as fingernails and peach-fuzzy hair. Your baby will start kicking and stretching. The movements are so fluid they look like water ballet but it will be a while before you can feel them. At 10 weeks, your baby's vital organs – her liver, kidneys, intestines, brain and lungs – will all be fully formed and functional. During the next six months your baby will grow larger and stronger until she can survive on her own outside the uterus.



**Q:** *Is it OK to have sex while I'm pregnant?*

**A:** Absolutely. With a normal pregnancy, you can keep having sex right up until your waters break. There are some important circumstances, however, in which you may be advised not to have intercourse. Do check with your doctor or midwife first if you're having any problems with your pregnancy, such as placenta praevia or bleeding, or if you have a history of cervical weakness.

Some women find that they enjoy sex even more during pregnancy, while others just don't feel in the mood. But if it's fear of hurting your baby that's holding you back, then relax. You won't hurt your baby by having sex, even with your partner on top. The amniotic sac and the strong muscles of the uterus protect your baby. And the thick mucus plug that seals the cervix helps guard against infection.

**Q:** Why am I feeling so tired?

**A:** Throughout pregnancy, but especially in the first few months, your body works very hard. You're making the placenta, your baby's life-support system. Your hormone levels and metabolism are rapidly changing, while your blood sugar and blood pressure tend to be lower, all contributing to your sense of fatigue.

The best way to cope is to listen to your body and rest whenever you can, even if that means sometimes going to bed as soon as you get home from work. Eat a healthy diet with plenty of fresh fruit and vegetables and remember that when you reach the 12-week stage, your energy will begin to return.

## TIPS

### for coping with ... Constipation

Unfortunately constipation is a common problem in pregnancy. Here's what you can do about it:

- Always go to the toilet when you first feel the urge.
- Gradually introduce more high-fibre foods into your diet. Wholegrain cereals, wholegrain bread, and fresh fruits and vegetables are all good sources of fibre.
- Drink plenty of water.
- Exercise! Walking, swimming, or yoga can help ease constipation, and leave you feeling fitter and healthier.
- Don't take over-the-counter laxatives without first consulting your midwife or doctor.

## TIPS

### for coping with pregnancy sickness

Most mums-to-be suffer from nausea early on in their pregnancy. The main cause is thought to be the pregnancy hormones that your body produces in large quantities in the first trimester. Your heightened sense of smell may also play a role. Tiredness, stress and hunger can make nausea worse.

The nausea can last from a few weeks to a few months. Most women find that they stop feeling nauseous by the end of the third month. You might find yourself making some strange food choices during this time but don't worry. As long as you are keeping something down you can catch up on healthy eating later.

- Keep some plain biscuits by your bed to nibble before you get up.
- Eat small, frequent meals – an empty stomach can increase nausea.
- Try some foods rich in vitamin B6 such as bananas, avocados or lean meat (if you can face them).
- Avoid rich, spicy, acidic or fried foods.
- Drink plenty of fluids, especially between meals.
- Sniff freshly cut lemons or add slices to iced tea or sparkling water.
- Try wearing acupressure wristbands.
- Get plenty of rest.
- If things get really bad, ask your midwife or doctor for advice.



## TIPS

### for coping with sore breasts

One of the early signs of pregnancy is extremely sensitive, sore breasts. Some women's breasts become so sensitive that even their clothes brushing against them is unbearable. The tenderness you're feeling will calm down after the first trimester, once your rising hormone levels have stabilised. But your breasts will continue to grow as they prepare for feeding your baby. To care for your breasts:

- Find a good, supportive bra – you'll probably be more comfortable in one without underwiring.
- Take the time to get fitted by a specialist, perhaps in a department store or maternity shop.
- Try to get fitted more than once during your pregnancy, as you may need to change cup sizes as your breasts grow.
- Lightweight cotton sleep bras will help protect you against tenderness at night.
- Always wear a supportive bra when you're exercising.

## 10 steps to a healthy pregnancy

1. Organise your antenatal care early.
2. Eat a healthy, balanced diet with plenty of fresh fruit and vegetables.
3. Reduce the risk of listeriosis - don't eat pâté precooked meats and some cheeses (see p. 12).
4. Be careful about food hygiene – wash fruit and salads thoroughly.
5. Take folic acid supplements – 400mcg daily for the first three months of your pregnancy.
6. Exercise regularly – swimming, walking and yoga are all great in pregnancy.
7. Begin doing pelvic floor exercises – see page 12 for a description of how they're done.
8. Stop drinking alcohol - Australian guidelines recommend that you avoid alcohol altogether.
9. Cut back on caffeine - stick to one cup of espresso-based coffee or two cups of tea a day.
10. Stop smoking.
11. Get some rest – take a nap or put your feet up whenever you can.

**Q:** Why do I keep needing the loo?

**A:** Frequent trips to the toilet are a hallmark of pregnancy. Having to pee a lot is especially common during the first and last trimesters. In fact, it's one of the early signs of pregnancy, caused by all the hormonal changes your body is going through. Later on, your growing uterus shrinks your bladder's capacity just as you are producing more urine. Even when your bladder is empty, the pressure on it can make it feel full, particularly late in pregnancy when your baby's head has 'engaged', ready for birth.

Also, pregnant women sometimes have trouble emptying their bladder completely, another reason for the extra pit stops. You can try drinking less for the hour or two before bedtime to cut down on night-time trips to the loo. (But keep drinking lots of water during the day.)

## Pregnancy symptoms

# you should never ignore

It can be hard to know whether what you're feeling during your nine months is normal or not. Here's a rundown of symptoms that should set off your warning bells. If you have any of these problems, call your midwife or doctor straight away.

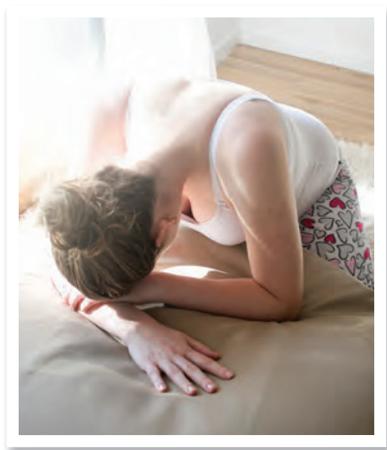
1. You just don't feel right.
2. Fever – a temperature above 38°C with no cold or flu symptoms could be the sign of an infection.
3. Sudden or severe swelling or puffiness of your hands, face and eyes.
4. Severe headache that lasts for more than two or three hours.
5. Any vaginal bleeding.
6. Leaking fluid from your vagina.
7. A sudden increase in thirst, and your pee is dark yellow, or you're peeing a lot more than usual.
8. Painful or burning urination accompanied by a temperature, shivering and backache.
9. Severe and persistent vomiting.
10. Fainting or dizziness.
11. Severe or sharp abdominal pain.
12. Absence of, or decrease in, your baby's movements after 24 weeks.
13. All-over itching late in pregnancy with or without jaundice (yellow skin), dark urine and pale stools.
14. You've had a fall or a blow to the stomach.

**Q:** *Are these headaches I am getting normal?*

**A:** It's not unusual to get headaches when you're pregnant, especially in the first trimester. Possible causes are thought to be the hormonal free-for-all your body is undergoing and changes in the way your blood circulates. Giving up caffeine can also make your head pound. Other potential culprits include fatigue, stress, dehydration and hunger, or more rarely, sinus congestion.

If you're suffering from a headache, don't take aspirin, codeine or ibuprofen, though paracetamol is considered safe in moderation. Or try using some alternatives to painkillers such as relaxation techniques, gentle exercise, staying hydrated, and swapping large meals for smaller more frequent ones. Placing a bag of frozen peas, a warm

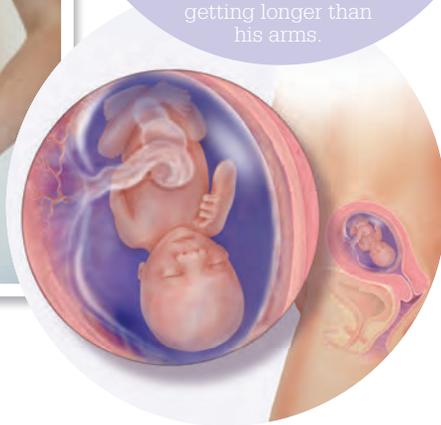
wheat pillow or a tea towel that's been soaked in warm or cool water over the area of pain may ease it.



# 12-15 weeks

By 15 weeks, your baby weighs around 70 grams and measures nearly 11 centimetres long.

Your baby's face is beginning to look more human. His eyes, which started out on the sides of his head, have moved closer together. He can now grasp, squint, frown and grimace. He may even be able to suck his thumb. If you poke your stomach gently and your baby feels it, he may start rooting – that is, act as if he is searching for a nipple. Your baby's proportions are changing. His body is growing faster than his head and his legs are getting longer than his arms.



## TIPS

### on how to protect your back

Many women experience some form of back pain in pregnancy as their baby grows. Follow these simple steps to protect your back over the coming months:

- Exercise regularly (see page 12).
- Avoid heavy lifting. If you have a toddler, see if they can climb onto a chair before you pick them up.
- Wear comfortable shoes.
- Improve your posture – stand tall and tighten your pelvic floor and tummy muscles.
- Get into a good sitting posture and make sure your back is well supported – try a lumbar support.
- Try getting on your hands and knees to reduce pressure from the weight of your baby on your back.
- Doing regular pelvic floor exercises and gentle tummy exercises can help reduce the strain on your back.
- If your back feels sore, try massage or a warm bath.
- As your tummy grows, use a pillow to support it in bed.

## 10 steps to a healthy diet during pregnancy

Now that you're a mum-to-be, you've probably got lots of questions about what, and how much, you should be eating. Following the old saying 'eating for two' is not necessary. On average, you don't need any extra kilojoules in your first trimester. If you were a healthy weight before you became pregnant, you'll need an extra 1,400kj a day in the second trimester and another 500kj in the last trimester. Healthy 500kj snacks include a small bowl of muesli, a banana or a small wrap with hommus.

Your appetite is probably the best indicator of how much you should be eating. So eat when you're hungry and try to choose a nutritious, well-balanced diet whenever you can.

1. Eat plenty of vegetables, legumes, fruits and wholegrain.
2. Include thoroughly cooked lean meat, meat, fish, poultry, tofu, nuts and seeds, and other protein-rich foods.
3. Include milks, yoghurts and cheeses or calcium-rich alternatives.
4. Don't eat pâté, undercooked or processed (deli) meats, soft or mould-ripened cheeses, unpasteurised milk, pre-prepared sushi and salads, soft-serve ice cream, unwashed fruit and vegetables.
5. Australian guidelines recommend that you avoid alcohol altogether.
6. Cut down on caffeine and drink plenty of water.
7. Take a daily supplement of 400 micrograms of folic acid and 150 mcg of iodine.
8. Don't go on a diet – but do eat healthily whenever you can.
9. If you're suffering from morning sickness, food aversions or heartburn, try having five or six healthy snacks or small meals rather than three larger ones.
10. Try not to eat junk food, but don't deny yourself the occasional treat!

## TIPS for strengthening your pelvic floor

Pelvic floor exercises are very important in pregnancy. A strong pelvic floor helps your body to support the weight of your pregnancy and can prevent stress incontinence (leaking urine while coughing, sneezing, laughing or exercising).

1. First find your pelvic floor muscles. Imagine you're trying to stop yourself from passing wind and passing urine at the same time. The feeling is 'squeeze and lift'.
2. Now try squeezing and lifting without holding your breath.
3. Put one hand on your tummy and make sure it's moving up and down – this shows you are breathing normally.
4. Gently pull up and in as you breathe out. Try to hold a squeeze for a few seconds while you breathe normally.
5. Gradually build up the length of each squeeze and the number of repetitions you can do.

**Q:** Can I exercise in pregnancy?

**A:** Exercise does wonders for you in pregnancy. It helps to relieve tiredness, reduce stress and keeps you fit. It also prepares you for birth by strengthening your muscles and building your endurance.

You'll need to choose your form of exercise carefully. Your body releases the hormone relaxin during pregnancy, which loosens your joints in preparation for birth. It also makes you more susceptible to sprains and other injuries.

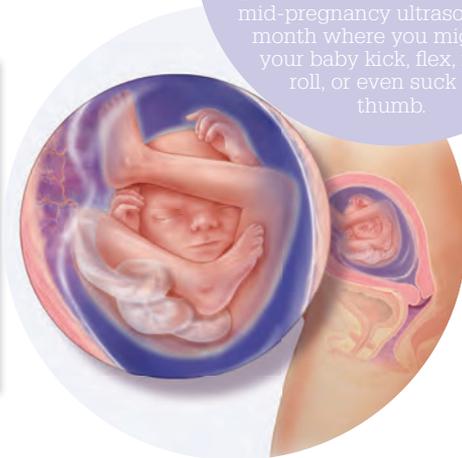
Walking, swimming, yoga, pilates, dance, low-impact aerobics and aquanatal education are all ideal forms of pregnancy exercise. Choose a class designed specifically for pregnant women or tell your instructor that you are pregnant.

Check with your doctor before starting any exercise if you've had complications in this or a previous pregnancy.

# 16-19 weeks

This month your baby grows to around 15 centimetres long. The top of your uterus reaches your belly button.

You can now hear your baby's heartbeat with the help of a special stethoscope. By the end of this month you may begin to feel the kicking and somersaulting of your baby. Many parents-to-be find that this is where the bonding process starts. You may have a mid-pregnancy ultrasound this month where you might see your baby kick, flex, reach, roll, or even suck her thumb.



## TIPS

### for planning your maternity leave

If you are working and planning to take maternity leave, you will need to give your employer at least 10 weeks' notice. In most cases you can take up to 12 months unpaid maternity leave once you have completed 12 months of continuous service. You may also be eligible for the federal government's paid parental leave scheme. This gives you 18 weeks of pay at the National Minimum Wage. You can get the government's paid parental leave if you:

- Are the primary carer of your newborn baby.
- Individually earned less than \$150,000 in the previous financial year.
- Have worked at least 330 hours in the 13 month period before your baby is born, with no more than an eight week gap at any time.
- Have worked 10 of the 13 months before your baby arrives.
- Are on leave or not working from the time you became the primary carer.

You can put in your claim for paid parental leave up to three months before your baby's due date. If your employer already has a maternity leave scheme, you can take both types of leave at the same time or one after another. Family Tax Benefit A will still be available, but you will not get Family Tax Benefit B until your leave is over. Visit your local Centrelink service centre to find out more.

## Taking care of yourself while working during pregnancy

If you're having a normal, low-risk pregnancy you can almost certainly continue with your regular job. But it's not always easy: you may experience nausea and sickness at work, and you may feel very tired, particularly at the beginning and end of your pregnancy.

1. Ask your employer to do a new health and safety assessment of your job now that you're pregnant.
2. Wear comfortable shoes and loose clothing.
3. Take lots of breaks. Put your feet up if you've been standing, or stand and walk around every two hours if you've been sitting.
4. Drink plenty of water. Keep a glass at your desk and refill it often.
5. Rest when you can. The more strenuous your job, the more you may want to reduce physical activity outside work.
6. Make your work station as comfortable as possible.
7. Eat properly. Choose lunches that are balanced and nutritious. Add fibre to your diet to ease constipation.
8. Cut down on stress if you can. If you can't eliminate stress at work, exercise such as yoga, deep breathing exercises or simply taking a walk at lunchtime can help.
9. Talk to other working mums who've been there for advice.
10. Accept all offers of help!

### Q: When will I feel my baby move?

**A:** Feeling those first, tiny sensations inside your uterus is a landmark of your pregnancy. If this is your first pregnancy, you may not notice them straightaway. Most first-time mums feel the first gentle, fluttering motions – like the flapping of butterfly wings – at around 18 to 20 weeks. If it's not your first pregnancy, you may feel them as early as 16 weeks.

After the initial vague stirrings your baby's movements will become more frequent and more noticeable. As your baby grows, these sensations change so that you start to feel thumping or kicking movements. Your partner will be able to feel them sometimes too. Your baby won't be kicking and moving constantly because, like you, there will be times when he just wants to sleep. Unfortunately, he may be at his most active when you are trying to sleep.

Your baby's movements will peak at about 32 weeks. After this, your baby won't move less, but his movements will feel different because there's less space in your uterus. If you notice a change in your baby's pattern of movements, contact your doctor or midwife.

### Q: Do I need to remove my body piercings?

**A:** That depends on where they are! During pregnancy, your abdomen will expand until eventually your belly button protrudes. It is unlikely at this point that your jewellery will stay in, so it may be better to remove it before it is ejected.

You don't need to remove jewellery from pierced nipples during pregnancy unless it begins to feel uncomfortable, but if you want to breastfeed you will need to take it out, at least during feeds. Nipple rings are a choking hazard for your baby, and can cause mouth damage or feeding problems.

A clitoral piercing may not cause you any problems during your pregnancy, though your midwife will probably ask you to remove jewellery from it when it comes to giving birth. This is because of the risk of it getting caught during the birth, or of that area tearing.

# 20-23 weeks

By 23 weeks your baby will be proportioned like a newborn. He'll still be very thin as his baby fat hasn't developed yet, but he's gaining weight every day.

At 23 weeks, your baby will weigh a little over 500 grams and measure about 29 centimetres from crown to heel. His skin is quite wrinkly and is getting a protective coating of a whitish, fatty substance called vernix caseosa. His hearing is developing fast. By 23 weeks he'll be able to hear a distorted version of your voice, the beating of your heart and your stomach rumbling.



**Q:** Why do I have more vaginal discharge?

**A:** During pregnancy, it's common to experience increased vaginal discharge. What you are noticing is leucorrhoea – a mild-smelling milky fluid or discharge, caused by an increased blood flow to the area around the vagina. It's probably not that different from the discharge you experienced before you were pregnant – there's just a lot more of it.

Keep your genital area clean but don't use perfumed bath products or vaginal deodorants. Wear cotton underwear and avoid tight or nylon pants. If you need to absorb the flow, use panty liners, not tampons. If your discharge changes, pay attention! If it is foul-smelling, thick, yellow, green, or causes itching or burning, it could be a sign of thrush or other infection. Contact your doctor or midwife as you'll need to treat it quickly to prevent complications.

## TIPS

Advice from  
**JOHNSON'S® Baby**

**CAREFREE® breathable liners.**

**Breathable** – helps to keep you feeling fresh.

**Feels as soft** and thin as your favourite cotton underwear.

**Highly flexible** – conforms to your body movements and can fold like wings to fit your g-string.



## Common changes to your skin during pregnancy

Pregnancy can give your skin a wonderful glow or bloom. But it can also bring some less welcome changes. Here are three of the most common:

### 1. Stretch marks

Most women get stretch marks. The thin reddish or brownish lines usually appear on your abdomen, breasts and thighs, often as you put on weight during pregnancy, causing the skin to stretch. There are no proven ways to prevent stretch marks, but you can try to minimise them by gaining weight slowly, eating a healthy diet and rubbing oil, cream or lotion over your abdomen.

### 2. Itchiness

Itchiness is common during pregnancy. Hormones and your stretching skin – particularly over your bump – are to blame. Moisturising your skin well, dabbing calamine lotion onto itchy patches and wearing loose cotton clothing will help. If you become severely itchy in your third trimester, talk to your caregiver. It could be a sign of a serious liver problem.

### 3. Pigment changes

You may notice patches of darker or lighter skin on your face (chloasma) or a line down the middle of your stomach (linea nigra). These are caused by pigmentation changes in your skin. Exposure to sunlight will make chloasma worse, so protect your skin with a high factor sunscreen (SPF30+) and wear a hat whenever you go out.

## TIPS

### for coping with cramps

If you wake up in the night with an intense pain gripping your leg or foot it is likely to be cramp. Cramp is a form of muscle contraction, which can be very painful. You may be more likely to suffer from cramp when you're pregnant because of the pressure that carrying the extra weight puts on your body. If you get a cramp:

- Straighten your leg from the heel, gently flexing your ankles and toes. This can be uncomfortable but will ease the spasm and help the pain go away.
- Don't point your toes as it will make cramp worse.
- Massaging the cramped muscle or walking the cramp off also helps.
- To avoid cramps in the future, don't stand for long periods or sit with your legs crossed.
- Also try daily foot exercises – flex and stretch each foot 30 times, then circle your ankles eight times in both directions.

## TIPS

### for easing heartburn

Many women experience heartburn for the first time during pregnancy – and though it's common and harmless, it can be painful.

- Avoid rich, high-fat or spicy foods, chocolate, citrus fruits and juices, alcohol and coffee.
- Have small, frequent meals regularly.
- Try having a milky drink, but switch to low-fat if full-fat milk makes your heartburn worse.
- Smoking makes heartburn worse (as well as being harmful to your baby) so if you smoke that's another reason to stop.
- Keep upright, particularly during and just after eating.
- Try not to eat or drink anything for the three hours before you go to bed.
- Sleep in a propped-up position. Gravity will help keep your stomach acids where they should be and aid your digestion.

# 24-27 weeks

By the time you are 27 weeks pregnant, your baby will weigh 875 grams and measure 36.6 centimetres from head to toe.

Many developments are taking place at this stage. At 25 weeks, fetal brain scans show response to touch. And if you shine a light on your bump your baby will turn her head, which shows her optic nerve is working. Your baby is likely to have hiccups as she breathes in amniotic fluid rather than air, so chalk up any rhythmic movements you feel to that.



## Q: What type of car seat should I buy?

Your baby will need an approved rear-facing car seat, such as an infant capsule or a convertible car seat designed for newborns. All car seats sold in Australia must comply with the Australian Standard.

Choosing the right car seat for your child's age and weight is very important. You must also make sure that it fits into the back seat of your car. Some car seats are very bulky so it's always worth checking before you buy.

Your car seat must be properly installed. It should be held tightly in place with very little sideways movement. You can have your seat professionally fitted, which you may be able to arrange through large baby stores or your state's automobile association. If you're doing it yourself, it's worth getting it checked by a professional to make sure the seat is correctly installed. If you're using an infant capsule, it's a good idea to practise fitting the seat onto the base before your baby arrives.

## Buying for baby – what you really need

It's tempting to think that when your baby is born you'll need lots of expensive equipment. In reality you need very little, though you may want to treat yourself and your baby to a few extras. Here's what you will need to have before your baby is born – anything else can probably wait until after your little one has arrived.

1. Nappies. Newborn babies need their nappies changed 10 to 12 times a day. Buy enough to keep you going for at least the first few days or so.
2. Baby wipes or cotton wool for nappy changing.
3. Changing mat or changing unit.
4. Three or four all-in-ones/sleepsuits.
5. Three or four singlets/bodysuits with poppers between the legs.
6. Two cardigans to provide an extra layer when necessary.
7. Summer or winter hat.
8. Bassinette, cot or side-sleeper.
9. Mattress that fits the bassinette, cot or side-sleeper.
10. Sheets for the bassinette, cot or side-sleeper.
11. Two blankets or baby sleeping bags and a muslin wrap.
12. Baby bath and mild cleanser. In the early days, you could bath your baby in a washing-up bowl or the sink.
13. Rear-facing car seat.
14. Stroller that has a lie-flat position, so is suitable for newborns.
15. Nursing bras and breast pads if you are planning to breastfeed.
16. If you are planning to bottle feed, you'll need bottles, teats, bottle brushes and a sterilisation method.

Happy shopping!

## TIPS

### on what to consider when choosing a pram

There are two factors to consider when buying a pram: **comfort** and **portability**.

Generally speaking, traditional prams, joggers and travel systems are sturdy and comfortable, but are heavy and difficult to carry around. At the other end, lightweight strollers offer the ultimate in portability but provide a less comfortable ride. They are not always suitable for newborns who need a lie-flat setting and a comfortable padded seat. There are plenty of prams and strollers to choose from so you are sure to find one that fits your needs. Before buying one, ask yourself:

- Can you fold it easily and get it on the bus or in the boot of your car?
- Is it light enough to carry upstairs if your home isn't on the ground floor?
- Do you want to be able to use it for more than one baby? If you do, it's worth considering investing in quality.

## TIPS

### on how to get a good night's sleep

Pregnancy symptoms like nausea and heartburn can make sleeping difficult.

- Cut down on caffeinated drinks, such as coffee, tea and colas.
- Drink less in the late afternoon or evening.
- Avoid heavy meals and spicy food late at night.
- Finish exercising at least three hours before bedtime.
- Establish a relaxing bedtime routine.
- Have a light snack before bedtime.
- Take a warm bath.
- Make your bedroom as relaxing as possible.
- Keep your bedroom at a comfortable temperature.
- Use pillows to support your bump and legs to help you find a comfortable sleeping position.
- Take naps whenever you get the chance.
- Breathe deeply as you try to get to sleep.

# 28-31 weeks

By the time you are 31 weeks pregnant, your baby weighs about 1.5 kilograms and may measure 41 centimetres from top to toe.

You're on the home stretch. The third trimester starts when you are 28 weeks pregnant and lasts another 12 weeks, and sometimes even longer! Your baby's head is getting bigger, and brain growth is very rapid at this time. While your baby may soon slow up growing in length, he will continue to gain weight until he's born. He's got less space to move around now so you may notice him making smaller, more definite movements.



## TIPS

for coping with

### *the return of tiredness*

Tiredness is a natural part of being pregnant, because your body is working extremely hard to develop and grow your baby. But towards the end of your pregnancy, your baby's movements, the size of your bump and frequent trips to the loo may make it more difficult for you to sleep well at night. Here's what you can do:

- Boost your energy by eating a nourishing diet with plenty of fresh fruit and vegetables.
- Take frequent breaks during the day and even take naps if you can.
- Accept any offers of help with shopping and housework and leave anything that is not essential.
- A few extra pillows in bed to support your legs and your bump can make all the difference when it comes to getting to sleep.

## TIPS

### on easing aches and pains

Most women experience aches and pains at some time during pregnancy. But there's a lot you can do to alleviate the discomfort:

- Massaging your lower back can help tired, aching muscles.
- A warm bath, a heat pack or a warm jet of water from a shower head can all help with aches and pains.
- Gentle exercise may help, but don't force yourself to keep going if you're in discomfort.
- Avoid heavy lifting. You could do your food shopping online so you don't have to carry heavy bags.
- If things get really bad, see your GP or midwife who may be able to refer you to a physiotherapist.

## Things to consider when Naming your baby

1. **Sound and compatibility:** How does your baby's name sound when it's said aloud? Is it melodious? Harsh? Does it go well with your surname?
2. **Resist puns:** A name like 'Holly Wood' will be fun for about five minutes. Then your poor child will be stuck with it for the rest of his or her life.
3. **Uniqueness:** An unusual name has the advantage of making the bearer stand out from the crowd. But a name no one has heard of and can't pronounce or spell can bring attention a child would rather avoid.
4. **Relatives and friends:** Many parents choose to name their baby after a relative or close friend. Take ideas graciously, but don't tell anyone what you and your partner have decided until after your baby is born – when it's too late to give in to any subtle hints.
5. **Meaning:** No one is likely to treat your daughter Ingrid differently because her name means 'hero's daughter'. But if little Stockard finds out some day that her name means 'from the yard of tree stumps', she may not be so pleased.
6. **Initials and nicknames** Try to anticipate any potentially embarrassing nicknames. Be aware of what your child's initials spell. Zachary Ian Thomas could be in for a lot of teasing; Zachary Edward Thomas probably won't.

**Q:** What are Braxton Hicks contractions?

**A:** You may have started to notice the muscles of your uterus tightening, for about half a minute. This may happen to you once or twice an hour, a few times a day. Or it may not happen at all. Either way, it's nothing to worry about. These random, usually painless, contractions are called Braxton Hicks contractions. They feel different to real labour contractions in several ways: labour contractions are noticeably longer as well as more regular, frequent and painful than Braxton Hicks. Also, labour pains are persistent, and will increase in frequency, duration and intensity as time goes on, while Braxton Hicks contractions are unpredictable and non-rhythmic. If you're in any doubt, or if your contractions are accompanied by watery or bloody vaginal discharge, pelvic pressure, lower back pain or cramping, give your midwife or doctor a call.

# 32-35 weeks



By 35 weeks your baby will weigh about 2.4 kilograms and measure around 45 centimetres from head to toe.

## TIPS

### on wearing car seatbelts

You are required by law to wear a car seatbelt when travelling in both the front and back seats. A three-point seatbelt has a lap belt and diagonal strap. It is the safest type of seatbelt for you and your unborn baby if you are involved in a crash. When traveling by car:

- Wear the lap portion of the seatbelt so that it fits across your pelvis, under your bump.
- The diagonal strap should sit over your collarbone and between your breasts, not over your bump.
- Your seatbelt should feel snug and secure.
- If you're finding long journeys uncomfortable, take short breaks about every 90 minutes to stretch your legs and prevent your ankles from swelling and cramping.
- If you're experiencing backache, a cushion or foam wedge in the small of your back may ease the discomfort.

**Q:** How often should I feel my baby move?

**A:** At 32 weeks you're likely to notice a peak in your baby's movements. After this point, you should notice the same number of movements but they will feel different as your baby has less space to move. You are likely to feel jabs from her arms and legs, and possibly painful kicks to your ribs.

If you're busy, it's easy to miss these sensations. If you haven't noticed your baby moving, take a break to give yourself a chance to focus on what she is doing. Lie on your side with support under your bump. You should feel at least ten separate movements in a period of two hours. If you don't feel ten or more movements, contact your midwife or doctor straight away.

You should also check with your care provider if:

- Your baby doesn't move in response to noise or some other stimulus.
- There's a big decrease in your baby's movements, or a gradual decrease over several days.

You might feel an elbow or foot stick out from your stomach when your baby stretches and squirms about. Her lungs won't be fully developed until just before birth, but your little one is inhaling amniotic fluid to exercise her lungs and practise breathing. If you're a first-time mum, your baby's head may move into your pelvis now and press firmly against your cervix. If you've already had a baby, this may not happen until you go into labour.



## TIPS for coping with swollen ankles

Swollen ankles are very common in the third trimester. The swelling happens because your body is holding on to more fluid than usual.

Diuretics – drugs which remove water from your body — aren't suitable for you to use while you're pregnant, but you can try other methods to reduce the puffiness:

- Put your feet up whenever possible, to help your circulation.
- At home, try to lie down on your left side. This takes pressure off an important vein, the inferior vena cava.
- Put on support tights before you get out of bed in the morning, so fluid has no chance to pool around your ankles.
- Drink plenty of water. Surprisingly, keeping hydrated helps your body retain less water.
- Exercise regularly, especially by walking, swimming or using an exercise bike.
- If you're travelling long distances, take regular breaks to stretch your legs.
- Eat well, and try not to have high-sodium and salty foods, such as olives and salted nuts.
- Ask someone to massage your ankles and feet, upward towards your knees. This can help to get the fluid moving.

## Creating a safe nursery

Deciding how to paint and decorate your baby's nursery is a fun project, but there are also important safety considerations to bear in mind:

- Position cables and leads out of your child's reach and away from any sources of heat.
- Choose curtains and blinds without cords, or tie cords high up and out of your child's reach.
- Keep furniture away from windows and install window locks to stop your child from opening them.
- For houses built before the 1970s, call in a professional to check for lead paint and seal or remove it.
- Use stable furniture that won't topple over, or secure furniture to the walls with simple brackets.
- Only buy a cot that conforms to AS/NZ 2172. Also check that the cot mattress fits snugly.
- If your cot is second-hand, make sure the distance between each bar is between 5 and 9.5cm.
- Don't put pillows, bumpers, quilts or soft toys inside the cot as they increase the risk of cot death.

# 36+ weeks

As your baby approaches birth, he could weigh anywhere between 2.5 and 3.8 kilograms. The average healthy baby is somewhere in between.



Your baby is still building a layer of fat, to help her control her body temperature. You may begin to feel an increased pressure in your lower abdomen and notice that your baby is gradually dropping. This is called lightening or engagement, and your lungs and stomach will finally get a chance to stretch out a little. The good news is that by 37 weeks, your pregnancy will be considered full term and you could give birth any day now. And if your due date passes and there's still no baby? Don't panic – only five per cent of babies are born on their scheduled due date. Your baby may not arrive for another week or two. Talk to your midwife about your options.

**Q:** How can I get comfortable in bed?

**A:** As the birth gets closer, a good night's sleep may become a distant memory. Your bump is now simply too big to allow you to lie down comfortably.

If sleeping on your left side with pillows wedged between your legs and behind your back doesn't help, try settling in a comfy chair instead. In these final weeks, you may find that you get your best rests by sleeping sitting up.

You could also try wearing a sleeping bra and a maternity belt to see if the extra support makes you more comfortable.

Some sleepless nights are unavoidable at this late stage, so try not to lie awake feeling stressed about not sleeping. It could be good preparation for when your baby comes!

If a tingling or creeping feeling in your legs is keeping you awake, you may have restless legs syndrome. Drinking plenty of water throughout the day may help. But you may just have to wait until the symptoms subside, usually within a few weeks of having your baby.

## TIPS

### for dealing with leaking breasts

Leaking breasts are normal and nothing to worry about. What's leaking is colostrum, the first thick, creamy milk your breasts make before producing breastmilk.

Some women leak quite a lot of colostrum and others don't seem to at all. If you're leaking now, it won't make any difference to how much milk you produce once your baby's born.

Leaking can be a nuisance, but dealing with it is simple:

- Wear breast pads inside your bra when you are out and about. These will absorb the fluid and prevent wet patches showing on your clothes.
- Change the pads during the day to keep you comfortable, and to stop any smell of stale colostrum.
- You might need to wear breast pads at night. Look for lightweight, cotton, sleep maternity bras that are more comfortable at night than everyday bras.

## Q: What happens if I go past my due date?

**A:** If you go past your due date, you're not alone: normal pregnancy is anywhere between 37 and 42 weeks gestation. If you haven't had your baby by 41 weeks your midwife or doctor will discuss what the options are at this stage and assist you to make decisions about how to progress.

Your midwife may offer to carry out an internal examination to see if your cervix is ready for labour. She may offer to sweep your membranes, by sweeping a finger around the neck of your uterus to see if this will trigger labour. She will discuss with you whether it would be better for your baby to continue inside the uterus or for you to be induced. If you decide on induction, you'll be given a date to come into hospital.



## Q: Are there any ways to bring on labour naturally?

**A:** There are lots of things you can try, but there isn't a lot of evidence that they will work! Before you try anything, check with your doctor or midwife that it's safe for you.

- Love-making can trigger the release of the 'contraction hormone' oxytocin, and semen contains prostaglandins, which can help soften the cervix.
- Walking may help your baby to 'drop' into a more favourable position for labour.
- Complementary therapies such as acupuncture could help to get things moving. Always see a qualified practitioner.
- Don't take laxatives such as castor oil, as they could lead to nausea, discomfort and complications.
- Friends may suggest pineapple or hot curries but there is no evidence that these have any effect.

### Preparing for an induction

Sometimes the birth process needs to be started artificially. This is called induction. There are a number of methods your doctor or midwife can try to help you go into labour; you may need to try more than one before your labour progresses well. If the membrane sweep doesn't work, you may be offered a Foley catheter. This method uses a small balloon, inserted into your cervix and inflated with sterile water, to help soften your cervix. Or you could be offered hormones in the form of a pessary or gel (prostaglandin), or a drip (Syntocinon).

Inducing labour can lead to some complications so it's really important that you talk it through with your doctor or midwife. You would need to be monitored closely during an induced labour; that can prevent you moving around as you might have planned. There is also some evidence that being induced means that you are more likely to need instruments such as forceps or vacuum (ventouse) to help deliver your baby.

# Planning your birth

Reading through these pages will help you to learn about, and prepare for, giving birth.

## TIPS

### for considering your birth options

It's a good idea to think about what you would like to happen when you give birth, and what you would like to avoid. But you should also be flexible and allow for different options if unexpected things happen during your baby's birth. Find out what your partner feels about these things too.

- **Positions for labour and birth.** Think about how active you would like to be and which positions you would like to use during labour and the delivery of your baby.
- **Pain relief.** Read up on the kinds of pain relief you might use, and in what order.
- **Birthing pool.** If your hospital or birth centre has a birthing pool, think about whether you would like to use it during your labour and birth. Talking to other mums who have had a water birth might help you to decide.
- **Monitoring.** Talk to your midwife about the choices in your hospital or birth centre, and what would be best for monitoring your baby.
- **Third stage (delivering the placenta).** You can have an injection to help deliver the placenta, or you can choose not to.
- **Delayed cord clamping.** Waiting to clamp the umbilical cord may have health benefits for your baby. Talk to your midwife about this option.
- **Special needs.** If you have a special need or a disability, talk to your carers about your needs and options in advance.

## Q: How do I know when I am in labour?

**A:** Labour is different for every woman, and pinpointing when it begins is not really possible. If you're truly in labour, one or more of the following four things will happen:

1. Contractions will occur at regular and increasingly shorter intervals. They also become longer and stronger in intensity.
2. You may have persistent lower back pain, often accompanied by a crampy, premenstrual feeling.
3. You may notice the appearance of a bloody show (a brownish or blood-tinged mucus discharge).
4. Your waters break and are accompanied by contractions.

If you're not sure, don't be embarrassed to call your hospital or midwife. Midwives are used to getting calls from women who are uncertain if they're in labour and who need guidance – it's part of their job. And your midwife will be able to tell a lot by the tone of your voice, so verbal communication helps.

# Giving birth to your baby

**The first stage of labour:** Before you go into labour the neck of your uterus (your cervix) is tightly closed. During the first stage of labour it softens and opens, gradually dilating to 10cm.



## What happens?

- Contractions start and gradually become longer and more powerful.
- Your cervix begins to open (dilate) and become softer and stretchier.
- Towards the end of the first stage, contractions may last as long as 90 seconds and happen every three to four minutes.

## What you can do:

- Relax as much as possible. You could take a bath, watch TV, or have a nap if you can.
- Stay at home for as long as you can.
- Snack on carbohydrate-rich foods for energy and drink plenty of fluids.
- If you are finding the contractions difficult to cope with, try moving around to find a more comfortable position.
- Use breathing exercises and relaxation techniques to take the edge off your contractions.
- Later in labour, try gas and air or other pain relief options if you feel you need them.
- Make the most of time in between contractions to rest and relax.
- Towards the end of the first stage you may feel shaky or sick: hang in there!
- You may find that water helps at this stage so having a warm shower or bath will give some relief and help you to relax.



# Giving birth to your baby

**The second stage of labour:** Once your cervix has dilated to 10cm you can push your baby through your vagina (birth canal) and into the world. This is the second stage of labour.

## What happens?

- You'll feel pressure in the back of your pelvis, like when you need to have a poo.
- With every push, your baby will move down through your pelvis a little.
- When your baby's head is stretching the opening of your vagina, you'll probably feel a hot, stinging sensation.
- If you have had a baby before, the second stage may only take five or 10 minutes. For first-time mums the second stage could take several hours.

## What you can do:

- Listen to your body and push when you get a strong urge.
- Use gravity: stand up, kneel or squat.
- Try to continue breathing while you're pushing.
- If you've had an epidural, listen to your midwife - she will tell you when to push.
- As your baby's head comes out, your midwife may tell you to stop pushing, so that your baby is born gently and slowly. Pant him out to reduce the risk of tearing.



# Delivering the placenta

**The third stage of labour:** The third stage of labour happens after your baby is born, when it is time to deliver the placenta.

## What happens?

- If you have decided to deliver the placenta naturally (physiological third stage), contractions will start again to cause the placenta to peel away from the uterus and drop down. You will then need to push it out.
- Alternatively, if you have agreed, your midwife can give you an injection just as your baby is born to speed up the delivery of the placenta and reduce the risk of heavy bleeding.
- Now that the birth is over, you may feel shaky, exhausted, hungry, or on a massive high! Everyone is different.

Now your baby is born you can give her that first cuddle! Hold her next to your skin; it will help you bond and may lead to the first breastfeed. It will also help your uterus contract if you opt for a natural third stage.

## What happens to my placenta?

- You can ask to see your placenta being examined after you've given birth.
- Most placentas are disposed of after they have been checked.
- You can request to keep your placenta.
- Some women take their placenta home.
- Ask your midwife what your choices are in your chosen place of birth.



# The best positions for labour

You might think that you will be most comfortable giving birth lying down, but keeping as upright as you can may help lessen the pain of contractions. It could also help your labour to progress.

## You could:

- Lean onto a work surface or the back of a chair.
- Put your arms round your partner's neck or waist and lean on him.
- Lean onto the hospital bed (with the height adjusted for your comfort) or a window-sill.
- Kneel on a large cushion or pillow on the floor and lean forwards onto the seat of a chair.

Rocking your hips backwards and forwards or in a circle will help your baby through your pelvis and can also be a comfort to you. You'll be more likely to use these positions in labour if they are familiar to you, so try them out while you are still pregnant.



## Or try:

- Sitting astride a chair, resting on a pillow placed across the top.
- Sitting on the toilet, leaning forwards, or sitting astride, leaning onto the cistern.
- Going onto all fours.
- Kneeling on one leg with the other bent.

## Breathing techniques in labour

Rhythmic breathing during labour maximises the amount of oxygen available to you and your baby. Breathing techniques can also help you cope with the pain of contractions.

1. Think of the word "relax". As you breathe in, think "re" to yourself, and as you breathe out, think "laaaax". Don't let your mind wander away from repeating the word in tune with your breathing. When you breathe out, let go of any tensions in your body.
2. Breathe in, counting slowly up to three or four, then breathe out counting to three or four again. You might find it more comfortable to breathe in to a count of three and out to a count of four.
3. Breathe in through your nose and out through your mouth. Keep your mouth very soft as you sigh the breath out. You might find it helpful to make a sound on the out-breath, such as "oooooh" or "aaaaaah".
4. Make eye contact with your birth partner and hold hands. Follow your partner's pattern of breathing: in through the nose then blowing out softly through the mouth.

# The importance of relaxing in labour

Being relaxed in labour has many benefits. Your body will work better if you're relaxed and you'll have more energy for your baby's birth. Your muscles tense whenever you feel stressed and anxious. If that tension goes on for too long it will tire you out and waste of your precious resources.

## It's not always easy to relax in labour, but a few simple techniques can help:

- Focus on your breathing.
- Between contractions, when most women are free of pain, check which parts of your body are tense, and relax them.
- Try picturing your baby as he moves down through your pelvis. Send positive thoughts to him that he is loved and that you are there to help him.
- Your birth partner can help you with massage, breathing and encouragement. Partners can also liaise with your midwife or obstetrician while you focus on giving birth to your baby.

Stress and anxiety also make your body produce fight-or-flight hormones, such as adrenaline. These stress hormones can reduce blood flow to your uterus. Your uterus needs a good blood flow to help it contract strongly.



During pregnancy, get to know your body and practise breathing techniques regularly.

## Your options for pain relief in labour

### The use of water

You don't need to have a water birth to benefit from using water in labour. Warm water can help relax you and ease the pain of contractions. Try lying in the bath while your birth partner pours warm water over you. Alternatively, stand in the shower, or kneel on all fours, while your partner runs water from the shower over your back.



#### Advantages:

- Simple to use.
- Helps you to relax.

#### Disadvantages:

- You'll need to take care not to slip.
- Your partner may get wet!

### TENS

TENS stands for transcutaneous electrical nerve stimulation. A TENS machine gives out pulses of electrical energy that may help to stop pain signals from your uterus reaching your brain.

#### Advantages:

- Easy to use.
- Doesn't stop you being mobile.
- No lasting side-effects.
- Safe for your baby.
- Can be used for a home-birth.

#### Disadvantages:

- May only help in the early stages of labour.
- You'll have to pay to hire one.
- Makes it harder for your birth partner to massage your back.



## Sterile water injections

Sterile water injections (SWIs) are a new way of treating back pain in labour. SWI involves tiny amounts of sterile water being injected under the skin at four locations on the lower back.

### Advantages:

- Works quickly.
- Won't make you feel drowsy.
- No effect on your baby.
- Doesn't limit mobility.
- Doesn't slow down labour.
- Can be repeated as needed.
- Is a simple procedure.

### Disadvantages:

- The injections can be uncomfortable or painful.
- It's relatively new, so may not be available everywhere.
- It's not certain that they provide effective pain relief.

## Gas and air

Entonox (or gas and air) is a combination of oxygen and nitrous oxide. You breathe the gas through a mouthpiece at the start of each contraction.

### Advantages:

- Easy to use.
- Doesn't stay in your system.
- Safe for your baby.
- Can be used for a water birth.

### Disadvantages:

- Only a mild painkiller.
- May make you feel sick.
- Can dry your mouth.



## Pethidine or morphine

Pethidine and morphine are opiates. These drugs are usually given by injection, but may be given as a tablet or via a drip in your arm.

### Advantages:

- Works quickly.
- Helps you relax.
- Can help you to postpone an epidural.
- Won't slow down established labour.

### Disadvantages:

- May make you sleepy or dizzy.
- Can make you feel sick or vomit.
- Provides only limited pain relief.
- May affect your baby's breathing and make her sleepy for a few days.
- Your baby may need an injection as soon as she is born to reverse the effects of the opiates in her system.



## Epidural

An epidural is an injection of local anaesthetic into the small of your back. It numbs your belly so you don't feel the pain of contractions.

### Advantages:

- Gives very effective pain relief.
- Can be topped up if you need it.
- Safe for your baby.

### Disadvantages:

- Only available in hospital maternity units.
- You usually have to stay in bed.
- You will probably need a catheter in your bladder.
- You may have to be told when to push.
- Can increase the length of the second (pushing) stage of labour.
- More likely to need a forceps or vacuum delivery.
- You may feel shivery.
- Very small chance of developing a severe headache.

# Water birth: what to consider

You'll hear some new mums sing the praises of giving birth in water, while others find it just didn't suit them. To help you decide if you want to plan a water birth, here are some of the pros and cons:



## Benefits of water

- Being in warm water can make it easier for you to cope with the pain of contractions. It's just the same as having a bath to soothe a tummy ache or backache.
- If you become tense, your contractions can lose their rhythm. The relaxing effect of water can help you go with your contractions, to progress your labour.
- The water buoys you up and makes you feel lighter. It's easy for you to move about, so you can make yourself comfortable.
- It may be easier to push your baby out in the water than in air. You'll be supported by the water and can use the sides of the pool for extra support.
- Some midwives say that babies born in water are calmer. The warm waters of the pool may feel like the waters of your uterus to your baby and make the transition to the outside world less traumatic.
- Using a birthing pool for labour is often such a positive experience that many women want to use one again when they have their next baby.

## Things to think about

- You may find that being in a birthing pool does not make contractions less painful.
- You may have to stay out of the birthing pool if you develop complications during your labour. Not being able to use water, and having to change the course of your labour, may be upsetting for you.
- Water birth babies are gently brought to the surface to breathe. In a very few cases this has caused the umbilical cord to snap. Your midwife will take extra care not to pull on the cord as your baby is lifted from the water.
- As you push your baby out, you may open your bowels. You might feel embarrassed about the idea of this, but your midwife won't be. She will quickly clear the debris from the water.

# Other things to think about

**Q:** *Having an assisted birth*

**A:** In about one in 13 births in Australia, a baby needs help to be born vaginally. An assisted birth (sometimes called an instrumental or operative vaginal birth) uses instruments (either forceps or vacuum extractor) that are attached to your baby's head so that he can be pulled out. Your doctor will use the instrument that is best suited to your particular circumstances.

Forceps are sometimes described as looking like stainless-steel salad servers or tongs. They come in two intersecting parts, and have curved ends to cradle your baby's head. There are many different types of forceps.

The vacuum extractor, or ventouse, has a plastic or metal cup attached to a small vacuum pump, and a handle for pulling on. The cup fits onto the top of your baby's head.

Your midwife or doctor might recommend an assisted birth if:

- Your baby has become distressed during the pushing stage of labour.
- You are very tired and can't push any more.
- Your baby isn't making any progress through your pelvis.
- There's a medical reason why you shouldn't push for too long.

If you have an assisted birth your doctor or midwife may give you an episiotomy, a small cut in between your vagina and your back passage. This is to make it easier for your caregiver to get your baby out. You'll be given pain relief before and after an assisted birth.

See page 43 for tips on recovery.

Your baby may have some bruising or marks after an assisted birth, but rest assured that long-term problems are very rare.



# Having a caesarean

**Q:** *Why might I need a caesarean?*

**A:** A caesarean section is an operation in which an obstetrician makes a cut through your belly and uterus so that your baby can be born.

It's the most common major surgery that women have. In Australia, almost one third of women give birth by caesarean every year. About 60 per cent of these operations are planned before the baby is born.

You should only be offered a planned, or elective, caesarean for medical reasons. These may include:

- You've already had two or more caesarean sections.
- You've asked to have a caesarean, perhaps because of a previous vaginal birth that was traumatic.
- Your baby is in a sideways (transverse) position.
- You have severe pre-eclampsia or eclampsia.
- Your baby is not growing as well as he should be in your uterus.
- You have a medical condition, such as heart disease.
- You have a low-lying placenta (placenta praevia).

Depending on your circumstances you may also have a caesarean if your baby is in a bottom-down, or breech, position, or you are expecting twins or more.

Sometimes the decision for a baby to be born by caesarean happens after labour has begun. This is known as an emergency caesarean and can happen for a number of reasons. It might be that your labour is not progressing, or it could be that you or your baby develop a complication that means your baby needs to be born quickly. Even though it's called an emergency caesarean, you and your partner will usually still have time to prepare for the operation.



## Q: *How do I get ready for a caesarean?*

**A:** Your doctor or midwife should talk you through the procedure and ask for your consent. Before surgery, you will need to change into a hospital gown. You'll have to take off jewellery, although rings can be taped over. You will also need to take off make-up and nail varnish. This is so your skin tone can be monitored during the operation. You won't be able to wear contact lenses. If you wear glasses, give them to your birth partner or midwife, so that you can put them on to see your baby.

In most cases, your partner will be with you during your caesarean. Partners have to change into theatre clothes. These may include a mask for the nose and mouth, a hat and special footwear.

Quite a lot of things will happen to prepare you for your caesarean. These include:

- You'll have a blood sample taken.
- A drip will be inserted into a vein in your arm. This will give you fluids and make it easy to give you drugs later if you need them.
- You'll be given an anaesthetic. This will usually be regional, which means it numbs your bottom half, via a spinal or epidural. It's safer for you and your baby than a general anaesthetic, which puts you to sleep.
- A thin tube, or catheter, will be inserted into your bladder via your urethra.
- The area where the cut will be made will be shaved and cleaned with antiseptic.



## Q: *What does a caesarean feel like?*

**A:** Cold! The operating theatre is usually kept at about 21°C so may feel very cool. Your midwife may give you a warm blanket if you are particularly cold. If you have a general anaesthetic, you won't be aware of a thing! But if, like most women, you have a regional, you'll still be awake and aware of what's happening.

- You may hear and sense fluid whooshing out through the opening once the cut has been made.
- Some women describe having a caesarean as feeling like a rummaging sensation in their tummy. Others just feel pressure.
- The key thing is that it won't hurt. Before anything happens, your anaesthetist will check that your painkiller is working properly.



**Q:** *What will happen after my baby is born?*

**A:** Usually a paediatrician will check out your baby immediately after delivery. Then your baby may be placed on your chest for you to cuddle. Your partner can usually hold your baby if you are unable to. If you're having twins, you may be cuddling one baby each sooner than you expected! Babies born by caesarean can be a little cold so they need wrapping up well.

Your baby will be given an Apgar score one minute and five minutes after he's born. The score measures your baby's wellbeing. Some babies need oxygen, or to go to special care nursery, for a while.



It's a good idea to introduce your baby to your breast while you are still in the recovery room. Your midwife will help you hold him close to your breast. Don't worry if he doesn't actually feed. Just smelling and licking the nipple helps him learn how to feed.



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# Skin-to-skin contact and the first feed



Breastfeeding is the best possible way to feed your baby. The early skin-to-skin contact, within the first hour of your baby being born, will actually help you establish your breastfeeding relationship. So, what's the secret to effective and comfortable feeding? Simple. It's attachment, attachment, attachment.

Try to learn as much as possible before your baby is born and encourage your partner to as well.

Support from your midwife, as well as family and friends who have babies is invaluable. You'll be surprised how much you'll learn from your baby by getting to know her signals and in time learning how to respond to them.

Try feeding your baby when you are semi-reclining in bed, supported by pillows, or lying on a sofa. Place your baby on your bare tummy with her head resting on your breast. Be patient while she nuzzles your breast and allow her to use her instincts and natural reflexes to latch herself on. This is called "biological nurturing" and can be a wonderful experience for you and your baby.



JOHNSON'S®  
ULTRAFORM™  
nursing pads are designed for complete discretion - so you can focus on enjoying the special bond created through breastfeeding your baby.



# Hospital bag checklist

## Labour bag

- Music to listen to and relaxation materials, such as books or magazines.
- Old nightdress or t-shirt, slippers and socks.
- Camera, and mobile phone, fully charged.
- Money (coins) for parking and a prepaid phone card (if you're not allowed to use your mobile phone in your designated area of the hospital).
- Drinks and snacks, such as jelly beans or barley sugars.

## Postnatal bag

- Nighties. Choose ones that open at the front if you are planning to breastfeed.
- 2 or 3 nursing bras, breastpads and nipple cream.
- 2 packs of maternity pads and underpants for a week (early discharge is common in many hospitals, but you may need to change underpants frequently or be required to stay in hospital longer). Go for old, cheap or disposable ones.
- Notepad or journal, plus pen or pencil, for questions, memories, etc.
- Earplugs and toiletries, including toothpaste, toothbrush, shampoo and hairbrush.
- Your birth plan and maternity notes.
- Medicare card and health insurance details.
- Comfortable clothes to come home in.
- Baby hat, socks or booties, and mittens
- Nappies, wipes and baby toiletries.
- Baby blanket (a warm one if the weather is cold).
- Baby sleepsuits and singlets, 3 or more, depending on how long you're staying in hospital.
- THIS BOOK.*
- Anything else your midwife or doctor may advise. You can check with the hospital or clinic to find out what they recommend.



# Caring for your newborn



## Congratulations — You're a new parent!

**Q:** *What does a newborn look like?*

**A:** Newborns have big heads, no necks, short legs and big, distended torsos. Their heads can often be left a little pointy from being squeezed through the birth canal if you had a vaginal birth. Expect your baby's genitals to be somewhat swollen from the extra dose of female hormones he got from you just before birth; his face and eyes can appear a little swollen as well.

Newborn skin varies according to how many weeks pregnant you were when your baby was born. Premature babies have transparent-looking skin and may be covered with lanugo, a fine, downy hair, and vernix, a greasy white substance that protects his skin from the amniotic fluid. Full-term and late babies will have only a few traces of vernix in the folds of their skin. Late babies may also have a slightly wrinkly appearance.

### TIPS

#### for caring for your baby's *umbilical stump*

After your baby is born, the umbilical cord is clamped and cut in a painless procedure, leaving a 2cm to 3cm umbilical stump. Some time between four and seven days after birth, the stump will dry up, turn black and drop off, leaving a small wound that will heal and become your baby's belly button.

- Keep your baby's stump clean and dry to prevent infection and always wash your hands before and after handling it.
- Avoid the cord stump getting wee or poo on it by folding your baby's nappy down away from it.
- If the stump gets dirty, wash it using clean water. If you do need to use a cleanser, choose one that is pH neutral.
- If the stump becomes swollen or smelly, or your baby develops a fever, contact your midwife or doctor; he may have an infection.

## Deciphering your baby's cry

All babies cry sometimes. They have to. Crying is a baby's way of communicating his needs. As a new parent, it can sometimes be difficult to work out what your baby is telling you – is he hungry, cold, thirsty, bored, looking for a cuddle? You'll gradually begin to recognise your baby's different crying patterns and, as you get to know him better, will be able to anticipate his needs. Here are the most common reasons babies cry:

**I need food.** Try feeding him as he may be hungry.

**I need to be comfortable.** Babies very sensibly protest if their clothes are too tight or they have a wet or soiled nappy.

**I need to be warm.** Feel your baby's tummy to check whether he's too hot. Then remove a blanket or layer of clothing if he feels too hot, or add one if he feels cold.

**I need to be held.** If you've fed your baby and changed his nappy, you may find that he now simply wants to be held.

**I need a rest.** If your baby has been receiving a lot of attention he may find it hard to settle. Take him somewhere calm and quiet.

**I need something to make me feel better.** A baby who is ill often cries in a different tone to his usual cry – it may be more urgent or high-pitched. Call your doctor if you are concerned.

## Newborn nail care

It's a good idea to keep your newborn's nails clean and short. Her fingernails will grow so quickly that you may have to shorten them more than once a week to prevent her from scratching herself. Her toenails grow more slowly, so they won't need shortening as often.

Follow these tips for safely caring for your baby's nails:

- If you're using scissors, press your baby's finger pad away from the nail to avoid nicking her skin. Or use an emery board.
- The tops of soft newborn nails can be gently peeled off with your fingers.
- Don't nibble your baby's nails; it could cause an infection.
- Try doing her nails while she's feeding or sleeping.





## 10 things that change when you have a baby

Everyone warns you that having a baby will change your life. You'll have less money and sleep, and a lot more responsibility. But here are some changes you might not be expecting.

1. You discover an inner strength you never realised you had.
2. Any pain your baby suffers feels much worse than your own.
3. You don't mind going to bed at 9pm on a Friday night.
4. Your heart breaks much more easily.
5. You discover how much there is to say about the contents of a nappy.
6. You look at your baby in the mirror instead of yourself.
7. The sacrifices you thought you'd made to have a baby no longer seem that big a deal.
8. You give parents with a screaming baby an 'I-know-the-feeling' look, instead of a 'Can't-they-shut-him-up?' one.
9. You learn that taking a shower is a luxury.
10. You find that things that once seemed important are now meaningless.

**Q:** When will I lose my baby weight?

**A:** In the first few days after you give birth, you will lose weight quickly as the extra water you carried during late pregnancy is passed out in your urine and sweat. You will lose more weight as the amount of circulating blood returns to normal levels and your uterus gets smaller. But after this, weight loss tends to slow down.

Don't be disappointed if your body doesn't snap back to its pre-pregnancy shape as soon as you've had your baby. Your body has been through some major changes and it will need time to recover. Don't forget, it took you nine months of pregnancy to get to where you are so it's only fair to allow your body the same amount of time to get back into shape. Healthy eating, particularly if it's combined with exercise, can help you shed the weight. In time, you will get your fitness back!

### TIPS for soothing stitches and bruising

If your baby was born by caesarean, your midwife will show you how to care for your wound. If you had a vaginal birth, these remedies may help with any soreness:

- Having a warm bath.
- A cooled gel pad, or a bag of crushed ice or frozen peas, on your perineum for about 15 minutes several times a day.
- Over-the-counter painkillers, such as paracetamol. Check with your midwife or doctor before taking ibuprofen.
- Sitting with a cushion under each buttock.
- Using a squeeze bottle to pour warm water over your vulva may help to reduce any stinging when you wee.
- Pelvic floor exercises – start doing them as soon as you can after the birth and keep doing them to speed up the healing process.

## What you should know about the baby blues

Having a baby can bring much joy; it can also affect you in ways you would never have expected. Soon after giving birth, many women encounter the 'baby blues'. The baby blues are often linked to hormonal changes during the week after giving birth. You might feel a sense of physical and emotional anticlimax after the birth and you may be overwhelmed, irritable or moody and anxious. It can be all the harder to deal with because around you seems to expect you to be happy.

The baby blues are not an illness and usually go away on their own. No treatment is necessary other than reassurance, support from family and friends, rest and time. If you continue to feel this way a month or so after the birth, you should call your midwife, child health nurse or GP as you may be suffering from postnatal depression.



### Q: Postnatal bleeding – what's normal?

**A:** Every woman bleeds after having a baby. Postnatal bleeding, known as lochia, is how your body discharges the lining of the uterus after birth. It may come out in gushes or flow more evenly like a normal period. As healing continues and your uterus gets smaller, the flow of lochia will slow and turn from bright red to pink and, eventually, to yellow-white. You may bleed for as little as two to three weeks or as long as six weeks after birth.

#### Call your midwife or doctor if:

- Your lochia has a foul smell.
- Is heavy and bright red after the first week.

#### Call an ambulance if you start to feel faint, or your heartbeat starts to race or become irregular, and the bleeding:

- Soaks more than one pad an hour.
- Returns to bright red four or more days after birth and does not improve with bed rest.
- Has large blood clots (bigger than a 20 cent piece).

## TIPS

to ensure  
*safe sleep*

Although it's very rare, worrying about SUDI (Sudden Unexpected Death in Infancy) is enough to keep any new mum awake. Follow these simple guidelines to ensure that your baby is sleeping safe and sound:

- Put your baby to sleep on her back, right from birth. This is the single most important thing you can do to help protect your baby.
- Keep her head uncovered – lay your baby with her feet at the foot of the cot so she can't wriggle down under the bedding.
- Use a firm, flat mattress that fits the cot well, without gaps at the edges.
- Don't smoke, and make sure your home is a smoke-free zone.
- Avoid overheating your baby – feel your baby's tummy to see if she is getting too hot or too cold and adjust her bedding accordingly. Don't feel her hands or feet to work out if she is warm enough; it's normal for them to feel a little cooler.
- Keep the room your baby sleeps in at a comfortable temperature. Babies should not sleep next to a radiator, heater or in direct sunlight. Don't use a hot water bottle or an electric blanket.
- Use a sheet and cellular blankets rather than a doona, or a well-fitted lightweight baby sleeping bag. Sleeping bags should not be big enough for your baby to slip down inside.
- Sleep in the same room as your baby.
- Keep up to date with your baby's immunisations and seek medical advice if your baby is unwell.
- If you can, breastfeed your baby.

# Breastfeeding your baby

Breastfeeding has many benefits for both you and your baby. On the practical side, a big benefit of breastfeeding is how convenient it is. You have nothing to wash, sterilise or prepare. And it's a lovely way for you to feel close to each other.

Best of all, your breastmilk gives your baby everything she needs nutritionally to thrive for the first six months of her life.

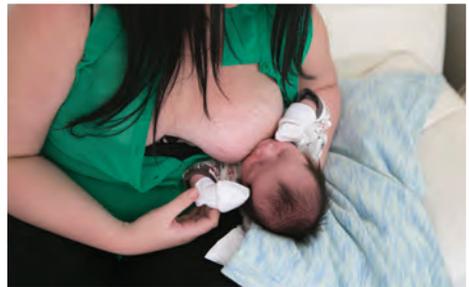
- Breastmilk contains antibodies which help protect your baby against illnesses such as tummy bugs (gastroenteritis), colds, and chest and ear infections.
- Breastmilk may reduce the risk of your baby developing wheezing in early childhood and severe eczema.
- Breastmilk has long-chain polyunsaturated fatty acids, which are essential for helping your baby's brain develop.

## Positions for feeding

It is essential that you are comfortable during feeding so finding the best position for you is very important. Using cushions to support your position may help.

### Here are a few positions you could try:

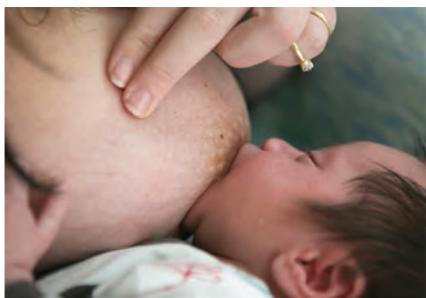
- Holding your baby across your lap, supporting him with the same arm as your breast, or with your other arm.
- Lying down with your bodies parallel.
- Holding your baby under your arm.
- Lying on your back so your baby can rest on your body.



### Latching on: try following these steps

- Check your baby's mouth is as wide open as possible as he comes onto your breast.
- Make sure his tongue, bottom lip and chin touch your breast first.
- Aim his bottom lip well away from the base of your nipple, so he can take a large mouthful of breast.

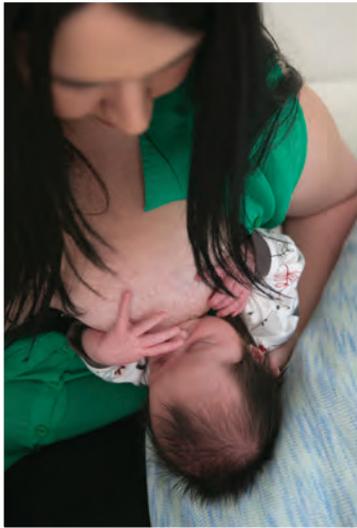
Feeding your baby shouldn't hurt. If you're in pain, that's also a sign that your baby isn't latched on properly. If you think he isn't, gently insert your finger between your baby's mouth and your breast to break the seal. Then try again.



## TIPS for breastfeeding

- Since feeds can take anything from five to an hour, pick a comfortable place for breastfeeding.
- Atmosphere is important, especially in the early days of breastfeeding when you're still trying to get the hang of it. Ask visitors to leave or go to a quiet place, such as your bedroom.
- Have a glass of water beside you, as you will get very thirsty when you feed.

When your baby's feeding, his head should be tipped back and his chin should be touching your breast. He should be able to breathe easily, without you needing to push your breast away from his nose. If your baby is not latching on properly, he may not get enough breastmilk and will still be unsettled after a feed.



**When you're breastfeeding you can't see how much milk your baby is drinking so many new mums worry that their baby isn't getting enough. Here's how you can tell:**

- Your baby feeds at least six to eight times a day.
- Breastfeeding feels comfortable.
- Your breasts feel emptier and softer after feeds.
- Your baby looks a healthy colour and has firm skin.
- After the first few days your baby is wetting at least six nappies every 24 hours.
- You can see or hear your baby swallow while she is feeding.
- Your baby has a slow and steady suck-and-swallow rhythm.

### **These can be signs your baby is not getting enough milk:**

- Your baby hasn't regained the weight she lost in the first few days after birth by the time she is two weeks old.
- Your nipple is sore or damaged, or looks pinched after a feed.
- Your breasts don't feel softer after feeds.
- Your baby is unsettled after feeds.
- Your baby wants to feed constantly.
- Your baby is sleepy most of the time.
- Your baby has dimples in her cheeks or makes clicking noises while feeding.
- Your baby's wetting five or fewer nappies in 24 hours.
- Your baby poos less than twice a day, or begins to do small, dark poos.
- Her skin becomes yellow after the first week.



If you have a question, or just want to be reassured that all's well, discuss your baby's feeding with your midwife, lactation consultant or paediatrician.

If you're having problems, don't suffer in silence. Talk to your midwife, GP or child health nurse or contact the Australian Breastfeeding Association. Once your baby is latching on well, you should find that he will feed happily and easily.

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# Bathing

Bathing your baby is a time you'll both come to love and is important to his development. The trick is to get everything ready beforehand. That means preparing a baby bath, laying out a pH-neutral cleanser, a soft cloth, clean towels, a clean nappy and a set of fresh clothes. Ensure everything is within easy reach, set aside for approximately 30 minutes and switch off your phone. This can be a perfect time for Dad to get involved too!



**1** Make sure the environment is warm and draught free. Fill the bath with warm, not hot, water – 36.5°C to 37.5°C is the perfect temperature to retain his body heat. Test the temperature using a thermometer (if you have one) and always double check using your wrist or forearm to ensure it is warm to touch.

**2** Remove his clothes but keep his nappy on to prevent accidents. Wrap him in a towel to keep him warm. Lie him down while you clean his face, behind his ears, and in the creases of his neck using water and a soft cloth.



**3** Now unwrap your baby, remove his nappy, and gently lower him into the bath. Babies are slippery when wet, so support his head in the crook of your wrist, circling his arm with your thumb and forefinger.



**4** Wash your baby using your other hand and remember to clean the creases in his arms and legs. Use a mild pH-balanced cleanser; you'll only need a tiny amount in the first few weeks. And he won't need a bath every day; every other day is fine.



**5** Smile, talk to your baby, and play water games with him. He'll soon associate water with having fun. When you're ready, gently lift your baby out of the bath and wrap him in a towel for a cuddle.



#### How do I know I'm doing it right?

- your baby will be relaxed.
- your baby will make eye contact with you.
- you will all enjoy and perhaps even look forward to bath time each day.

JOHNSON'S® baby TOP-TO-TOE™ Wash is a mild, all-over body cleanser that is as gentle to your baby's skin as pure water. In fact it's so gentle it's been clinically proven to be safe from the first bath.



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# Massage



**1** Firstly, find somewhere warm and quiet for a massage. Your baby will need a soft surface to lie on. Place a clean nappy or soft towel nearby and some mild baby oil or lotion. Before beginning, "ask permission" by rubbing a little oil between your hands and saying "Can I give you a massage?" Your baby will soon learn that this means the massage is about to start. Then gently make a smile on her upper lip and lower lips with your thumbs.

**2** Next, place both hands at the centre of your baby's chest, then push them out to the sides, following her rib cage, as if you were gently flattening the pages of a book. Without lifting your hands, bring them around in a heart shaped movement.

**3** Using the edge of each hand, make padding strokes on her tummy, one hand following the other. Walk your fingertips across your baby's chest, from your left to right. Stroke "I Love You", making the shape of an I (a downward stroke), then an upside down L and U. Always work from left to right.



**4** Lift your baby's right arm and stroke the armpit a few times. Wrap your hands around the top of her arm and move them toward her wrist, as if you were milking. Then move them back up. Repeat on her left arm.

**5** Gently encircle your baby's right leg with your hands, one on top of the other. Move your hands like you did for her arms, stroking from her ankle to her hip and back down. Gently roll her leg between your hands, from her knee to her ankle. Repeat both steps on her left leg.

**6** Gently turn your baby over and place your hands at the top of her back, at right angles to her spine. Move your hands back and forth, in opposite directions, going down her back to her buttocks then up to her shoulders.

### How do I know I'm doing it right?

A gentle massage in the early weeks is a lovely way to bond with your newborn. The sound of your voice, and your eye contact, can all be part of "touching" her and may benefit her development. Set the mood by playing gentle music if you wish and keep it relaxed by choosing a time when your baby isn't hungry or cranky. There are no set rules, just notice how she responds and stop when she has had enough.

TIP: Don't apply oil or lotion to red or irritated skin. If a rash develops, discontinue use.



JOHNSON'S® baby oil has been specifically designed to hydrate and protect your baby's delicate skin, making it perfect for massage.

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# Changing

**1** You need to change your baby's nappy whenever it's soiled or wet. Newborns need to wee and poo once in the first 24 hours. When feeding is established, you should expect between six and eight wet or soiled nappies per day. Always change your baby's nappy on a covered surface, such as a changing table or changing mat. Unfasten the dirty nappy and lift her bottom by holding her ankles gently, but firmly together.



**2** Soak cotton wool balls in warm water to clean your baby. If you choose to use baby wipes, choose ones that are alcohol free and clinically proven to remove all traces of the fat found in poo. It's this fat that can attract the bacteria that may cause nappy rash. Make sure you clean well in all her creases and dry thoroughly.



JOHNSON'S® baby skincare wipes gently cleanse and offer extra protection for your baby's skin from the very first days.

## TIPS

for coping with ...

changing

- If you're changing your baby on a changing table, bed or other high surface, make sure you always have one hand on your baby at all times to prevent her falling off.
- For a girl, always wipe front to back. When you're changing a boy never pull the foreskin back.
- Don't worry about the frequency of her poos, as long as they are soft and easy to pass.

## How do I know I'm doing it right?

- your baby should have between six and eight wet nappies a day after day three
- your baby's skin should look pink and have no signs of redness
- you have all the nappy changing equipment you need before starting
- you always keep one hand on your baby to keep her safe and prevent her falling



**3** Breastfed babies may poo as frequently as four times a day, or as little as once every three days. Bottle-fed babies need to poo every day to avoid constipation.

For the first couple of days after the birth, your baby will pass meconium. This is a sticky, green-black substance that has built up in your baby's intestines during your pregnancy and is made up of bile, mucus, cells from the bowel wall, secretions and amniotic fluid. While meconium may be difficult to wipe off that tiny bottom, its appearance is a good sign that your baby's bowels are working normally. After a day or two, once feeding is established and the last of the meconium passes out, the poo will turn a brown-green and be loose and grainy in texture before becoming more regular and yellow.

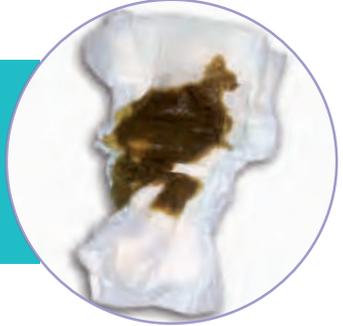
**4** What type of nappy you use is completely up to you. **Disposable nappies** – choose an appropriate disposable nappy for your baby's size so it fits snugly, but not too tightly.

**Cloth nappies** – choose the type of fold that suits you, or use ready-shaped cloth nappies. Don't forget if you choose cloth nappies you'll need nappy liners too.

Meconium - baby passes this for the first one to two days



This is a transitional stool - after the first couple of days the poo will lighten in colour as your baby takes more milk.



Your milk has come in and feeding is established. Baby's poo will be yellow with small curds in it.





**We believe that from the moment of conception through birth and throughout life, a baby needs a mother's loving care and the care of expert health professionals. We know that providing that care is both an art and a science. For more than 125 years, parents and health professionals alike have trusted us to help care for their little ones. There's nothing we value more and it's why we put all our products through a 5 step safety assurance process.**

We've learnt a lot since we launched our first baby powder in 1894, and we now have a range of products to help you care for your baby at every occasion, from the first morning cuddle to the last goodnight kiss. We take safety very seriously, which is why each and every product undergoes rigorous testing for gentleness. This is symbolised by the NO MORE TEARS® and CLINICALLY PROVEN MILDNESS® certifications.

Science is a work in progress, no one can know it all. With each day comes the opportunity to learn something new and our scientists are always on the lookout for ways to improve and develop the safety of our products. If there's something new to learn, our scientists will find it and you and your baby will be the first to benefit.

We work with healthcare professionals worldwide to be part of the most recent and up to date research on infant skin and how it differs from adult skin. This has led to the development of new product formulations and appropriate ingredient selection to ensure the safety of delicate infant skin. The recent publication of two randomised controlled trials on TOP-TO-TOE Bath and fragrance free wipes in the UK has also been a huge step in giving new parents and health professionals the ability to make evidence-based decisions and have some choice over the care of their baby's skin.

For further information on our safety and products please visit [www.safetyandcarecommitment.com](http://www.safetyandcarecommitment.com).



How to say  
**‘Thank You’**  
to a very special midwife.



Vote for your midwife at  
[www.midwifeoftheyear.com.au](http://www.midwifeoftheyear.com.au)  
to complete your application

*Johnson's*<sup>®</sup>

- ANNUAL -

Johnson's

# Midwife OF THE Year Award

## REWARDS

The JOHNSON'S® baby Midwife of the Year and the state and territory winners will each RECEIVE A TABLET preloaded with educational skincare resources.

Each person who nominates a state, territory or national winner will receive a JOHNSON & JOHNSON PACIFIC GIFT PACK valued at \$100!

We recognise the care and expertise that midwives give to new mothers and babies. Midwives are experts in all aspects of normal pregnancy care. Midwives work in hospitals, the community or home based settings and would have assisted you throughout your pregnancy, birthing experience and during the first weeks of your baby's life.

Your midwife has played one of the most significant roles in the birth of your baby and now here's your chance to say 'thank you' in a very special way. Johnson's Midwife of the Year Awards acknowledge the great work and invaluable service they provide to new parents. From your nominations a state and territory winner and an overall national winner will be awarded.

**CONDITIONS OF ENTRY** 1. Competition runs for each calendar year. Entries must be received by close of trade on 31st December in the relevant year (Award Period). Entries received after 31st December may be considered for judging in the following calendar year. To enter, during the Award Period, entrants must fully complete the entry form found at [www.midwifeoftheyear.com.au](http://www.midwifeoftheyear.com.au) including your details and some details about the midwife you are nominating (for which you will need to have obtained the midwife's permission). Incomplete or illegible entries will be deemed invalid. Only the first 300 words will be judged on entries longer than 300 words. 2. This is a game of skill and chance plays no part in determining the winners. Each entry will be individually judged according to its merit. Only midwives are eligible to win the Midwife of the Year prize. One midwife winner from each state and territory will be selected. One national midwife winner from the state and territory winners will be selected. The selected midwives will be contacted by the Promoter to confirm that they wish to proceed in the Promotion and accept these terms and conditions. If a midwife does not accept these terms and conditions an alternate nominee will be selected in the judge's absolute discretion. 3. The selected midwives who accept these terms and conditions will each receive a tablet that will be preloaded with midwifery educational and scientific content. A data plan is not included with the tablets and it is the responsibility of the midwife winner to organise this if they choose to. The total prize pool is valued at AU\$4,500. 4. The entrants / nominator of each state and territory midwife winner who is judged to have submitted the best entry will receive a gift pack of Johnson & Johnson Pacific products to the value of \$100 recommended retail value. 5. All winners will be notified by the 15th April and an event organised for the presentation of the prize to the state / territory / national winner. If a presentation event is not feasible, the prize will be sent by mail. 6. Judge's decision is final and no correspondence will be entered into. 7. Prize is not transferrable or exchangeable and cannot be redeemed for cash. If for whatever reason a prize is not available the Promoter reserves the right to award an alternative prize of equivalent value. 8. The promoter shall not be held liable for any loss or damage whatsoever which is suffered (including but not limited to indirect or consequential loss) or for personal injury suffered or sustained as a result of accepting or use of a prize, except for any liability that cannot be excluded by law. 9. Entrants' personal information (PI) will be collected to enable the Promoter and its agencies to administer and promote this promotion (and its winners). The entrant must obtain their nominated midwife's consent to provide their PI as part of the entry. The PI of winning midwives and entrants may be provided to third parties assisting in the conduct of the promotion, including prize suppliers and deliverers, and for publicity purposes surrounding the promotion. If the PI requested is not provided, the entrant and midwife may not participate in the promotion. By entering this promotion, the entrant consents to the use of their PI as described and agrees that they have obtained the midwife's consent to the use of their PI as described. A request to access, update or correct any personal information should be directed to The Privacy Officer, Johnson & Johnson Pacific Pty Limited Locked Bag 5, Broadway NSW 2007, by phone on 1800 029 979 10. The Promoter is Johnson & Johnson Pacific Pty Ltd, ABN 73 001121 446, 45 Jones Street, Ultimo NSW 2007.

Vote for your midwife at [www.midwifeoftheyear.com.au](http://www.midwifeoftheyear.com.au)  
to complete your application