



Mercy Health
Care first

Your important health information

What to bring to hospital

Listed below are suggestions of what you can bring to hospital. You may want to bring other items to make your stay more comfortable.

For you - Please do not bring valuables

- Medicare card and Health Care card
- casual, comfortable clothes
- dressing gown and slippers or shoes
- two maternity bras and nursing pads
- three packets of thick maternity pads
- pyjamas or nightgowns – front opening for breastfeeding
- soap, toothpaste, shampoo, brush or comb, tissues, other toiletries
- pen.

Suggested items for labour

- loose fitting nightgown or t-shirt
- camera, music
- massage oil
- gel heat pack- **no hot water bottles**
- lip balm or Vaseline
- high energy foods and drinks such as Lucozade, healthy food/snacks for partner/support person
- bathers and towel for partner/support person for shower/bath use during labour.

For your baby (guide only)

- two packets of newborn nappies
- baby wipes
- four singlets
- two hats
- five night gowns or grow suits
- three wraps including one thicker wrap
- warm baby blanket
- two pairs of mittens, socks or booties
- baby wash
- If planning to formula feed you will need to bring the following equipment with you for your hospital stay:
 - 6 sterilised bottles, teats and lids
 - one tin of your chosen formula
 - microwave steriliser unit.

Electrical items need to be tested and tagged by our Engineering department a few weeks before your admission. The testing can be arranged by contacting Parent Education on 8458 4152.

For you and your baby on day of discharge

- Please have an approved car restraint fitted prior to the day of discharge.
- Medication may be obtained from the hospital pharmacy. You will need your Medicare card, concession card and Safety Net card if you have one.

Further Information

If you have any questions regarding this information, please contact:

Mercy Hospital for Women

Parent Education Department
Phone: 03 8458 4152

Acknowledgements

Produced by: Outpatients Department MHW

Date produced: May 2012

Date of last review: October 2019

Date for review: May 2024



Mercy Health
Care first

Your important health information

Pregnancy problems: when to come to hospital

If you think you are in labour, please call the Birthing Suites on 8458 4058 for telephone advice about your situation and when to come to hospital.

Come to the hospital at any time if:

- Your baby is moving less than normal
- You
 - o have vaginal bleeding
 - o think your waters have broken
 - o have pain in your abdomen/tummy
 - o are worried something isn't right

For problems not related to your pregnancy, please either telephone:

- NURSE-ON-CALL 1300 60 60 24
- go to your general practitioner (GP, also called your local doctor or family doctor) or
- go to a general emergency department

Mercy Hospital for Women (MHW) Emergency Department is a specialist women's emergency department dealing with pregnancy or gynaecological problems only.

What to expect if you come to the Emergency Department at MHW

When you arrive at the Emergency Department a midwife will talk to you about the reasons you have come to the department. The midwife will make a decision about how quickly you need to be seen (triage). You may be asked to sit in the waiting room if you don't need urgent care.

Patients with the most urgent healthcare needs will be seen first. If your condition is less urgent, you might have to wait a while.

Further Information

If you have any questions regarding this information, please talk to your doctor or midwife.

Acknowledgements

Produced by: Emergency Department MHW

Date produced: December 2022

Date for review: January 2025.

This document provides general information only and is not intended to replace advice about your health from a qualified practitioner. If you are concerned about your health, you should seek advice from a qualified practitioner.



Mercy Health
Care first

Your important health information

Going home after your baby is born

Following the birth of your baby, Mercy Health will offer you care through a mix of telehealth, phone and home visits.

Your stay with us may vary from 6-8 hours following the birth to one to two days after birth. Sometimes your stay with us may extend beyond a few days, if medically required.

You will go home with a plan to suit you. The health and wellbeing of you and your baby is our top priority.

Towards the end of your pregnancy please discuss with one of our midwives or your obstetrician how long your stay in hospital may be.

Supports available when you go home (public and private women)

A range of midwifery supports are available to help you be able to return to the comfort of home. These include domiciliary visits, Hospital in the Home (if eligible) and appointments with our lactation consultants.

Your local general practitioner (GP) and maternal and child health nurse (MCHN) will also be supporting you after discharge. Here are links to three of our patient information handouts you may want to look at before you go home with your baby. We can print a copy for you to take home.

- [Recognising serious illness in your baby](#)
- [When to seek help for you and your baby](#)
- [Going home after giving birth](#)

Going home (discharge)

- Please let your partner or family know they will be expected at the hospital one hour prior to the expected discharge time
- Remember if you are going home in your own car, you will need to have an appropriate child restraint fitted. For up to date information go to the Vic Roads website and search *child restraints*.

Further Information

If you have any questions regarding this information, please talk to your midwife or doctor.

Acknowledgements

Produced by: Clinical Midwife Consultant

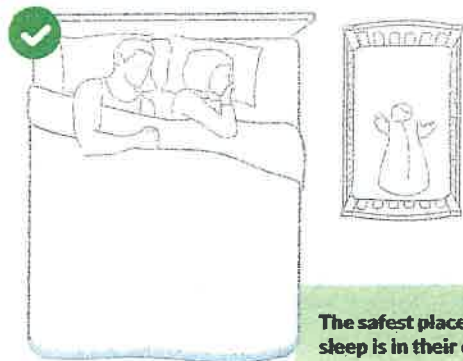
Date produced: July 2014

Date of last review: September 2022

Date for review: September 2024

This document provides general information only and is not intended to replace advice about your health from a qualified practitioner. If you are concerned about your health, you should seek advice from a qualified practitioner.

5 Sleep baby in safe cot in parents' room for the first 6-12 months*



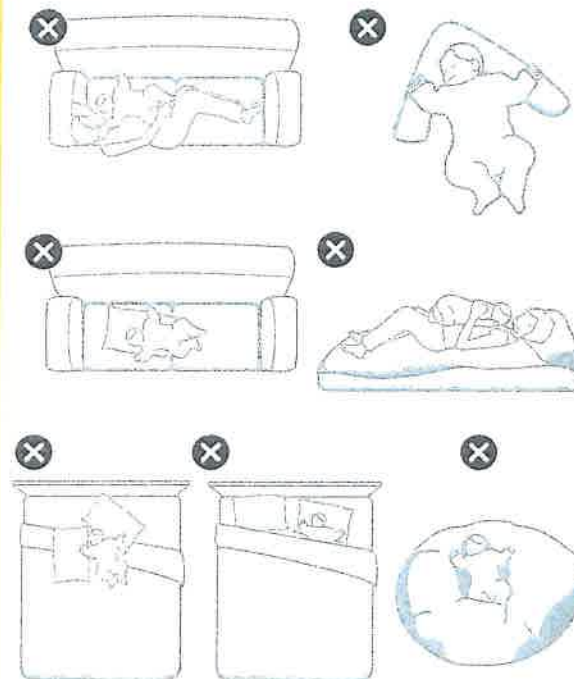
The safest place for baby to sleep is in their own safe space, in the same room as their parents or adult caregivers for the first 6-12 months.

6 Breastfeed baby

Breastfeeding has been shown to reduce the risk of sudden infant death. For women who aren't breastfeeding, follow the first five recommendations to help keep your baby safe.



Unsafe sleeping spaces



*For information on co-sleeping visit: rednose.org.au/cosleeping

Safe Sleeping

How to sleep your baby safely to reduce the risk of sudden infant death.

For all babies 0-12 months



Red Nose Safe Sleep Advice Hub
1300 998 698
(during business hours)
education@rednose.org.au
rednose.org.au/safesleep

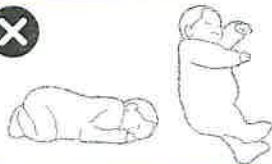
© Red Nose Limited 2020. Updated January 2021.
Except as permitted by law you may not reproduce, copy or communicate
any of the content from this document without the express and written
permission of the copyright owner, Red Nose Limited.

Red Nose recommends six key steps to reduce the risk of sudden infant death.

1 Always place baby on their back to sleep



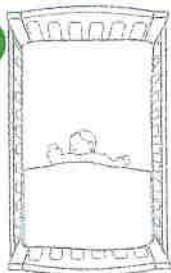
Placing baby on their back to sleep helps **keep their airway clear** and ensures their protective reflexes work. This reduces the risk of suffocation, overheating and choking.



Sleeping on the tummy or side **increases the risk** of sudden infant death.

2 Keep baby's face and head uncovered

Babies control their temperature through their face and head, so **keeping baby's face and head uncovered during sleep helps reduce the risk of overheating**. It also helps **keep their airways clear** which reduces the risk of suffocation.



- Baby on back
- Feet at bottom of cot
- Blankets firmly tucked in
- Only pulled up to chest
- Always choose a safe sleeping bag – fitted across the neck and chest, with baby's arms out, and no hood.

3 Keep baby smoke free before and after birth

Smoking during pregnancy and around baby once they are born increases the risk of sudden infant death – this includes second-hand smoke.



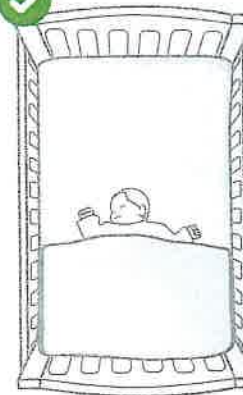
If you or your partner smoke, don't smoke around baby and never smoke where baby sleeps.

For free help to quit smoking call Quitline on 13 78 48.



4 Safe sleeping environment night and day

The safest place for your baby to sleep is in their own safe space, with a safe mattress, and safe bedding. Baby should always be placed on their back to sleep, with their feet at the bottom of the cot.



- **Safe cot**
Meets Australian standard AS/NZS 2172:2003.
- **Safe mattress**
Firm, flat, right size for your safe cot, meets voluntary Australian standard (AS/NZS 8811.1:2013).
- **Safe bedding**
Lightweight bedding, firmly tucked in and only pulled up to the chest.

Safe sleeping bag, well fitted across the neck and chest, with baby's arm out, and no hood.



No soft surfaces or bulky items

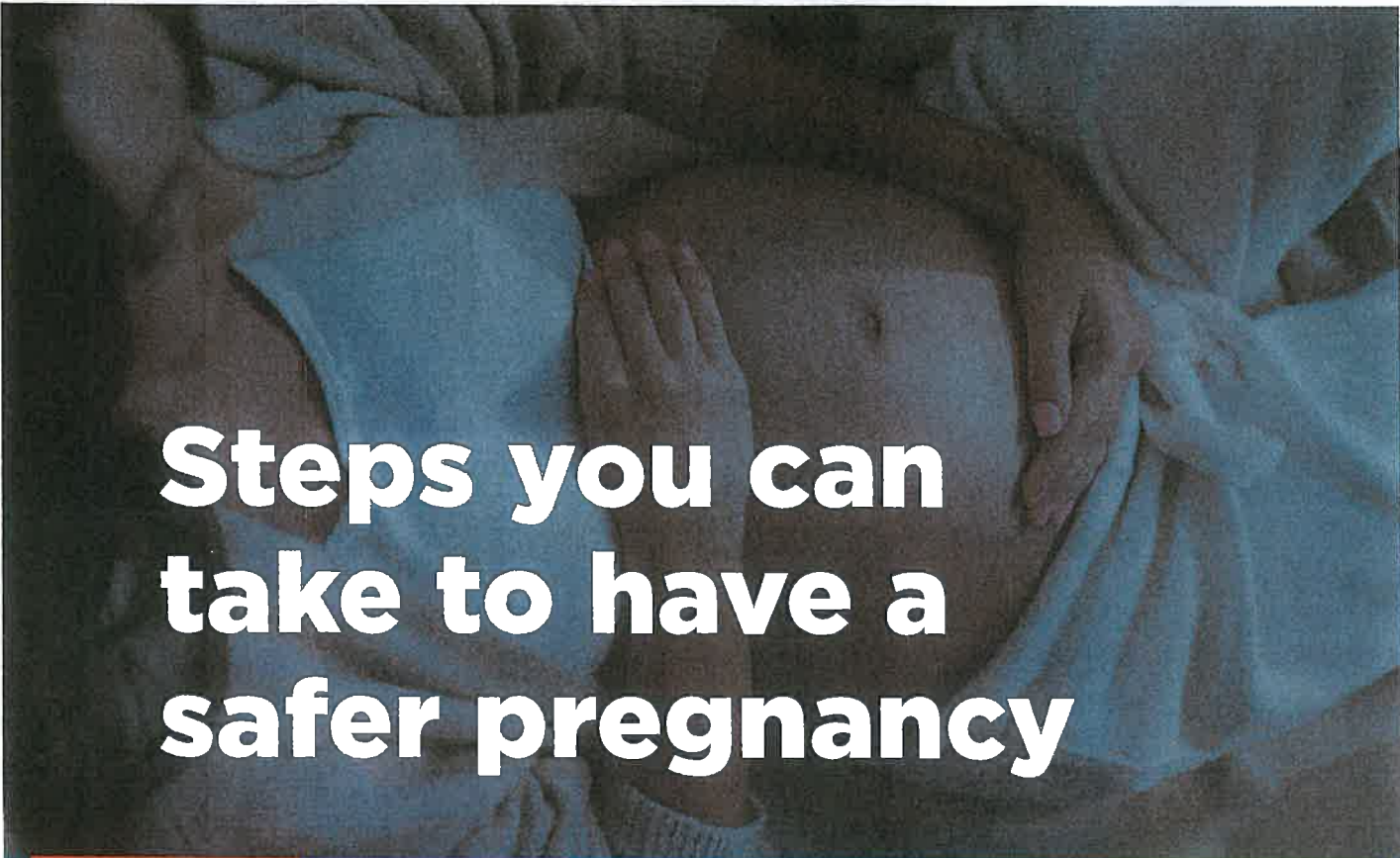
Don't use any soft items in the cot. Soft items in the cot are dangerous and increase the risk of suffocation and overheating.



- ✗ Doonas or loose blankets
- ✗ Pillows
- ✗ Cot bumpers
- ✗ Lambs wool
- ✗ Soft toys like a teddy

Safer Baby

WORKING TOGETHER TO REDUCE STILLBIRTH

A photograph of a pregnant woman lying down, with her hands resting on her belly. The image is in a muted, blue-toned color palette.

Steps you can take to have a safer pregnancy

#Quit4Baby

#GrowingMatters

#MovementsMatter

#SleepOnSide

#LetsTalkTiming



saferbaby.org.au

Stillbirth 
CENTRE OF RESEARCH EXCELLENCE



#Quit4Baby

Quit smoking for baby.

Quit Smoking and vaping for baby and keep your home smoke free.

It's one of the main causes of stillbirth and baby being born too early.

Your healthcare team and Quit are there to help you.

**Call Quitline
on 13 7848**

or scan this QR code
to visit quit.org.au



#GrowingMatters

Your baby's growth matters.

Attend all your pregnancy appointments to check baby's growth. Your healthcare team should measure your baby bump at each visit. Some women may need extra scans to check their baby.



#MovementsMatter

Your baby's movements matter.

From 28 weeks, feeling regular baby movements is a sign that your baby is well.

If your baby's movements stop or slow down, call your healthcare team straight away.





#SleepOnSide

Sleep on your side when baby's inside.

Going to sleep on your side
from 28 weeks of pregnancy
is safest for your baby.

Either side is fine.

**If you wake up on your back
don't worry!** Just roll over
onto your side.



#LetsTalkTiming

Let's talk timing of birth.

**Most women go into labour on their
own between 37 and 42 weeks.**

Having your baby as close to your due
date as possible is generally best.

For some women, planned (early) birth
might be safest.



**Talk to your healthcare
team and decide
together when you
should give birth.**

Scan this QR code
to learn more about
timing of birth



Safer Baby

WORKING TOGETHER TO REDUCE STILLBIRTH



Remember

Every pregnancy is unique, and the chance of stillbirth is very low. However, it is important you follow these steps to have a safer pregnancy.

Speak with your healthcare team about how to have a safe and healthy pregnancy.

When do I seek help?

Contact your healthcare team any time that you are worried about you or your baby.

Do not wait until your next pregnancy appointment if you have worries.

Your healthcare team is there to help you at any time of day or night.

Your healthcare team:



This initiative is being led by the NHMRC Centre of Research Excellence in Stillbirth (Stillbirth CRE) in partnership with health departments across Australia.

The list of organisations who have contributed to development of, and endorsed this resource, can be accessed on our website.

saferbaby.org.au



AUSTRALIAN
Preterm Birth
Prevention
ALLIANCE



Your baby's movements matter.



Feeling regular baby movements is a sign that your baby is well. If your baby's movements stop or slow down, contact your maternity healthcare professional without delay.



How often should my baby move?

You will start to feel baby movements between 16 and 24 weeks of pregnancy. The movements are small at first but you will feel them more and more as baby grows. **From 28 weeks onwards, you should feel regular baby movements every day, regardless of where your placenta lies.**

It is easier to feel your baby's movements when sitting quietly or laying on your side, especially in the evening.

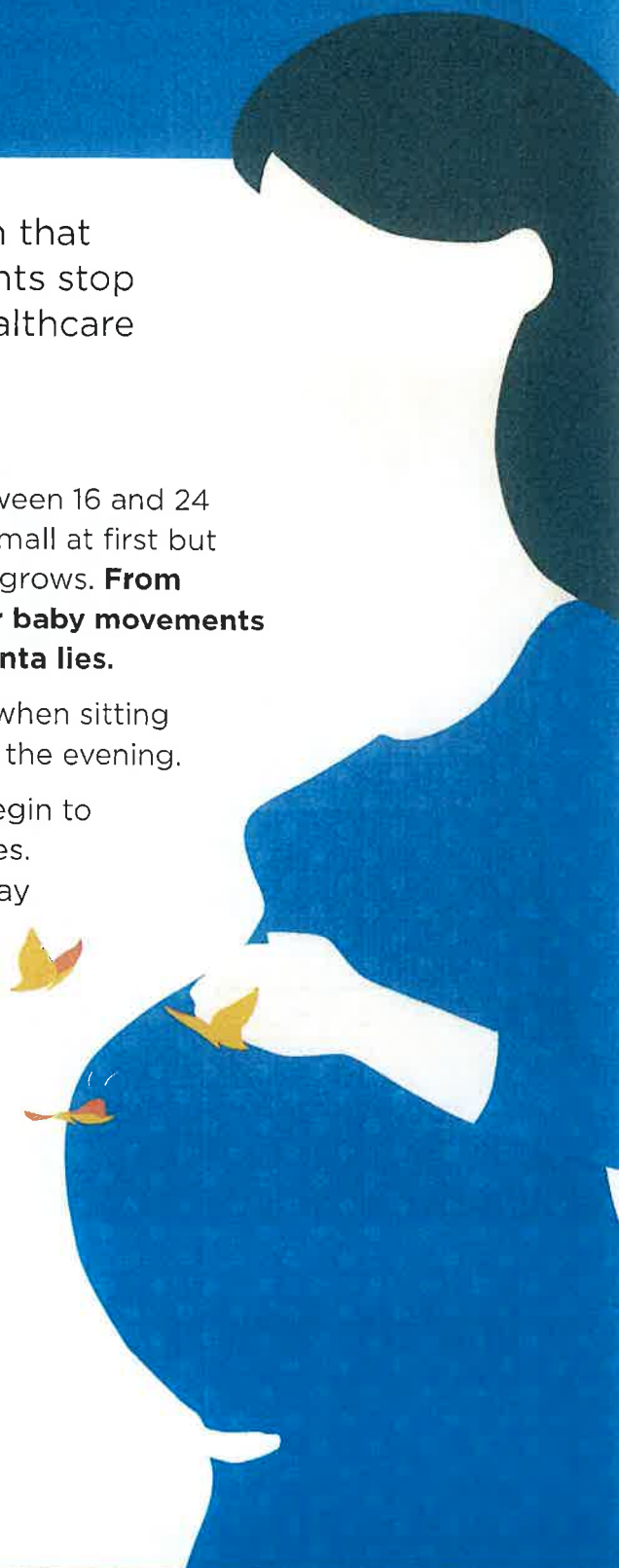
At the end of pregnancy, healthy babies begin to have longer rests between their active times. However, babies continue to move every day right up until their birth.



What should I do if my baby's movements stop or slow down?

If you notice your baby is moving less and less, or the movements are not as strong, contact your maternity healthcare professional without delay.

It is important for your maternity healthcare professional to know if you are concerned about your baby's movements. **You are not wasting their time. Do not wait until the next day or your next appointment.**



#MovementsMatter

Your baby's movements matter.



What happens when I contact my maternity healthcare professional about my baby's movements?

Your maternity healthcare professional should ask you to come in for a check-up (staff are available 24 hours, 7 days a week).

Investigations may include:

- Checking your baby's heartbeat
- Measuring your baby's growth
- Ultrasound scan
- Blood test

Common questions about baby movements



Can I make my baby move?

No, having something to eat or drink to stimulate your baby DOES NOT WORK.



Can I use a home Doppler to check on baby's heartbeat?

No, do not use home Dopplers or phone apps to listen to your baby's heartbeat. These are not reliable and can give you false reassurance. Special training is needed to listen to a baby's heartbeat and check if they are well. If you are concerned that your baby's movements have stopped or slowed down, contact your maternity healthcare professional without delay.



Do babies move less towards the end of pregnancy?

No, healthy babies continue to move every day right up until their birth.



If you have questions about your baby's movements, you should discuss this with your maternity healthcare professional without delay.


Safer Baby
WORKING TOGETHER TO REDUCE STILLBIRTH

PERINATAL
SOCIETY
of Australia &
New Zealand
PSANZ

Stillbirth
CENTRE OF RESEARCH EXCELLENCE

We thank Tommy's UK for allowing us to adapt their campaign for our purpose.

The list of organisations who have contributed to development of, and endorsed this resource, can be accessed via: saferbaby.org.au



Digital Resources for Perinatal Depression and Anxiety

MUM space

Information for Health Professionals

Delivering leading online perinatal mental health resources in one place

Tens of thousands of women are affected by perinatal depression or anxiety in Australia each year. Prevention and early treatment is crucial in tackling perinatal mental health issues.

New mums and mums-to-be now have access to **MumSpace**, a government-supported website that brings together trusted online support programs and resources for the prevention and treatment of perinatal depression and anxiety.

Support for the emotional health of new mums at every step

Connecting mums quickly with the level of support they need, **MumSpace** currently offers:

- Advice and support in the transition to parenthood
- Easy access to leading Australian resources and mobile apps for new parents
- **MumMoodBooster** an effective online treatment programs for perinatal depression and anxiety

MumSpace is suitable for mums-to-be, new mums, their partners and healthcare professionals.

Why a stepped-care approach?

All new parents can benefit from support. Some will require an extra level of support while others will need more intensive treatment and monitoring. A stepped-care approach is a model of mental health care that delivers the level of support and treatment best matched to each person. MumSpace uses this model to enable women to decide which supports they want and need, and allows them to step up or step down a level as their needs change.

MumMoodBooster?

MumSpace provides access to **MumMoodBooster**, a proven effective cognitive-behavioural therapy treatment program. Available 24/7 and suitable for pregnant and new mums, it is the only online treatment program of its kind in Australia.

Research studies have shown that women who participate show rapid reductions in symptoms of depression, anxiety and stress. The program includes six online treatment sessions complemented by SMS support and can be accessed from home or mobile.

Other Resources

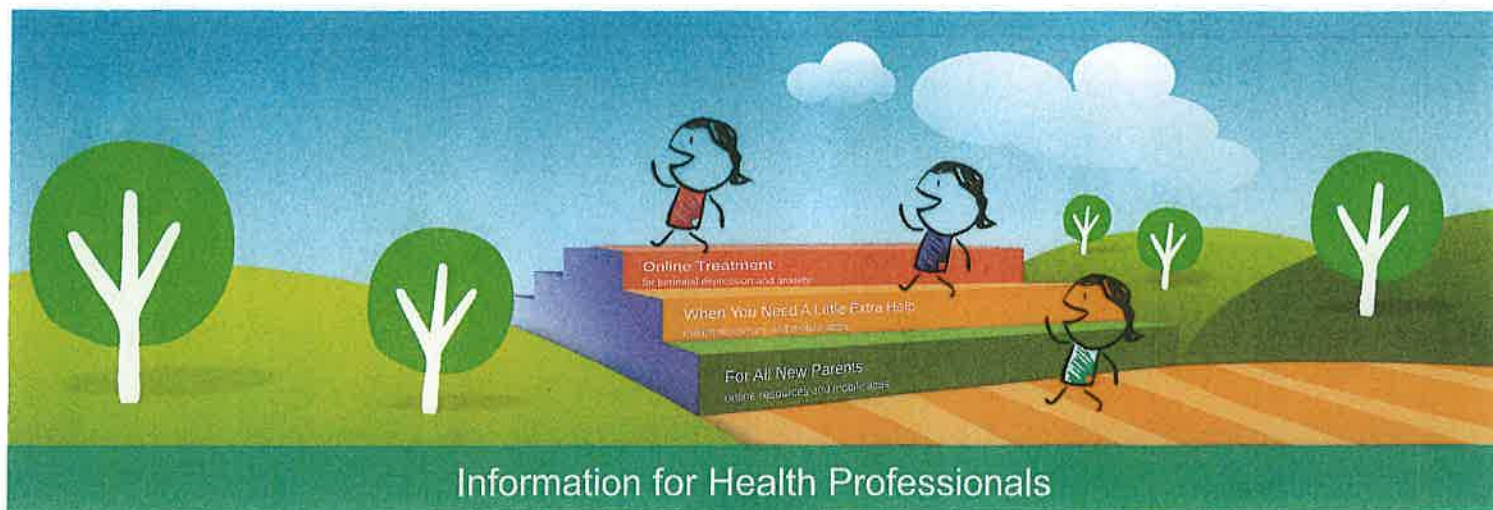
MumSpace also provides access to a range of evidence-based mental health support tools, apps, helplines and resources. These currently include **What Were We Thinking!** and **Baby Steps**, two prominent preventative psychoeducational supports, and links to other Australian perinatal mental health resources.

MindMum App

MindMum is the new mobile app being developed by PDeC for mums' emotional wellbeing in the perinatal period. It offers a convenient and easy tool to help new mums monitor their own mood, progress through self-paced guided activities and step up or down to online tools as needed. Download the MindMum app for free via **MumSpace** on both Google Play for Android and the Apple App Store for iOS devices.

www.mumspace.com.au





Information for Health Professionals



Parent-Infant Research Institute (PIRI)

PIRI is a vigorous and innovative Australian research institute committed to supporting all parents and their babies (conception to 2 years), including those with vulnerabilities, to have the best possible start to life. PIRI makes a unique contribution to early intervention in Australia by combining basic research and clinical expertise to address perinatal depression and other difficulties facing parents and infants. PIRI is a part of Austin Life Sciences, based at Austin Health, Melbourne.



PDeC Partner Organisations

The Perinatal Depression e-Consortium (PDeC) is a group made up of leading Australian perinatal maternal health experts led by the Parent-Infant Research Institute (PIRI) and includes Perinatal Anxiety and Depression Australia (PANDA), Queensland University of Technology (QUT), Monash University and Jean Hailes for Women's Health.

PDeC, with funding by the Australian Government, has developed MumSpace which provides a stepped-care approach to offer a one-stop-shop with free access to perinatal mental health resources and evidence-based supports.



About MumSpace

MumSpace is Australia's one-stop website supporting the mental health and emotional wellbeing of pregnant women, new mums and their families.

MumSpace is designed to connect parents quickly with the level of support they need, from advice and support in the transition to parenthood, to effective online treatment programs for perinatal depression and anxiety. The resources on MumSpace will help parents 'step-up' to whichever level of support suits them best. MumSpace is also a valuable resource for healthcare professionals.

The online resources and apps available through MumSpace are evidence-based and have been evaluated by the PDeC partners in research studies conducted here in Australia.

The mental health information in our resources is provided by appropriately trained and qualified professionals, who are members of the Perinatal Depression e-consortium (PDeC).

Learn more

For further information or to access the online treatment tool and resources visit mumspace.com.au or email piri@austin.org.au

*The Parent-infant Research Institute
Austin Health, Heidelberg, Victoria 3084
T: (03) 9496 4496
E: piri@austin.org.au*



Falls Prevention – For maternity services

Mothers of new born babies can fall whilst in hospital which can cause injury

As a new mother you have an increased risk of falling if you:

- Are very tired, disoriented or drowsy
- Have had an epidural, spinal, general anaesthetic, sedation or pain relief medication
- Have had bleeding during pregnancy, birth or postnatally
- Have certain medical conditions such as epilepsy, low blood pressure or diabetes
- Are wearing badly fitting footwear, socks or surgical stockings without shoes
- Have a visual or physical impairment



Mothers of new born babies can reduce their risk of falling in hospital by:

- **Use your call bell** if you require assistance.
- **Take your time.** When getting up from sitting or lying down. Let staff know if you feel unwell or unsteady on your feet. Use stable objects for support.
- **Wear safe footwear.** Only walk around in socks or surgical stockings with non-slip soles.
- **Use a shower chair** when showering.
- **Use the rails** to get off the chair or the toilet. If you feel unsafe in the bathroom, remain seated.
- **Familiarise yourself with your room and bathroom.** Be aware of any hazards (e.g., spills and clutter) and tell staff when you see them.
- **At night.** Use the light button on the call bell to turn on the light before getting out of bed. Turn the light on in the bathroom.

If you do have a fall - do not get up on your own - wait for help.

Falls Prevention – For maternity services

How to keep your baby safe from falling:

- **Place your baby to sleep on their back from birth in their safe cot next to your adult bed.**
- **Don't fall asleep while holding your baby** as they can fall from your hold.
- **Never leave your baby unattended** on an adult bed or other surface from which they may fall.
- **Ask for assistance**, when moving your baby from their own safe cot if you feel at risk of falling.
- **When transporting your baby** around the unit **always place your baby in their own safe cot**. Walking with your baby in your arms is not encouraged.
- **Take extra care** when changing nappies and bathing your baby. These are situations where your baby may fall.



Please let your visitors know it is important to move your baby only in their wheeled cots.

Encourage your visitors to make sure that the bedside is clear when they leave and that any **extra chairs are put away**.

Acknowledgement to:
NSW Kids and Families

For further information scan this with your smart phone

Email: falls@cec.health.nsw.gov.au
Web: www.cec.health.nsw.gov.au





Mercy Health

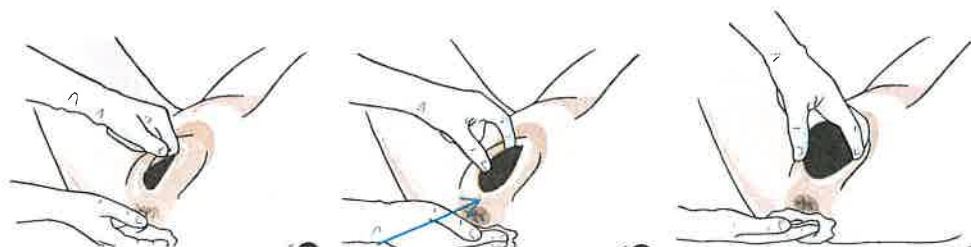
Care first

Your important health information

Understanding perineal tears and episiotomy during a vaginal birth

The perineum is the skin and muscles between your vaginal opening and the anus.

Towards the end of your labour, the perineum will thin and stretch to allow your baby to be born (as shown below).



Stretching perineum

It is quite common for women to have some form of perineal or vaginal tearing at this time, particularly if you are having your first baby.

Types of tears

A **perineal tear** affects the skin and muscles of the perineum. Tears can also occur inside the vagina.

Midwives and doctors use a grading system to describe the types of tears according to the size of the tear and type of tissue involved.

First and second degree tears are tears which involve the perineal skin and perineal muscle. They will usually require stitches.

Third and fourth degree tears are not very common. Approximately 4 out of every 100 women, having a vaginal birth, experience a third or fourth degree tear. Both involve some tearing of the anal area.

Third and fourth degree tears require stitches and this is done in an operating theatre by an experienced doctor. You will see a doctor and a physiotherapist before you go home to discuss the healing process and what follow up you may require.

Could I be at risk of a third or fourth degree tear?

Some factors contribute to perineal tears in birth. Such as:

- instrumental births
- a previous third or fourth degree tear
- babies weighing over 4 kilograms

What does this information mean for me?

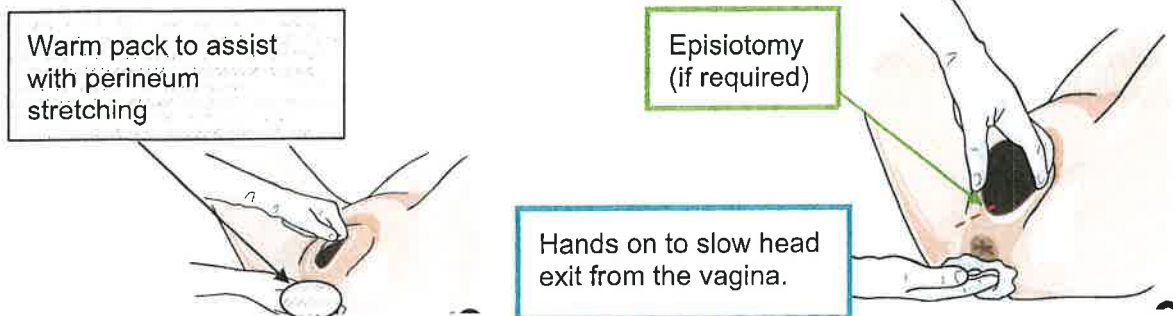
There are ways to reduce the risk of a third or fourth degree tear during your pregnancy. These include:

- perineal self-massage (or with the help of your partner) after 34 weeks of pregnancy
- pelvic floor muscle exercises



To reduce your risk of having a third or fourth degree tear during a vaginal birth, you may be offered the following:

- A warm compress applied to your perineum when you start pushing and the baby's head starts to show.
- Guidance with breathing techniques to have a slow, controlled birth.
- The midwife or doctor will gently support your perineum with their hands during the birth of your baby's head.



Some women may require an episiotomy. An episiotomy is a cut made to enlarge your vaginal opening to help your baby to be born.

It is done when your perineum is very thin and you may need an injection of a local anaesthetic. An episiotomy involves the same muscle and tissue as a second degree tear and always needs to be stitched. We will talk to you and gain your consent if an episiotomy is recommended.

What if I require an assisted vaginal birth?

An assisted vaginal birth means that a doctor uses specially designed instruments, such as a vacuum (Ventouse) or forceps to help your baby to be born.

If this is your first vaginal birth and you are having an assisted birth, we will discuss and recommend an episiotomy with you.

How will I know if I have a tear?

After your baby is born, a doctor or a midwife will examine you to check for any tears. This includes an examination of your anal area. If we find a tear, we will discuss if there is a need for stitches and what follow up care you may require.

Recovery from your tear or episiotomy

Healing time varies but usually the pain and swelling settles within a few days to a week. You will be given ice packs and medicine to reduce swelling and any pain for a few days. Your stitches do not need to be removed as they dissolve over time.

Further Information

If you have any questions, at any time, please speak to your midwife or doctor.

Acknowledgements

Produced by: Women's and Children's program MHVL
Date produced: August 2018
Date of last review: July 2021
Date for review: July 2024
Graphics purchased from Shutterstock



Mercy Health
Care first

Your important health information

Bringing food into hospital

Food can be brought into hospital.

However, food must:

- be safely prepared, stored and transported
- meet medical and nutritional needs, including food allergies and textures.

Mercy Health does not accept responsibility for food prepared externally, including take-away food or delivered meals such as Uber Eats.

If food is provided to patients by visitors, please follow the advice below.

Food safety

Food poisoning is caused by eating foods that contain harmful bacteria or toxins. This can occur if food is not properly prepared, transported or stored and can be very serious for some patients.

Eating food that does not meet a patients' medical or nutrition needs can also be life threatening, for example those with a food allergy. Food should not be shared with other patients.

Safe food preparation and transportation

- Always maintain personal hygiene and wash hands with soap and water prior to handling food.
- All potentially unsafe foods (see over the page) must be transported to hospital in an esky or chiller type container.
- Hot food must be transported in a suitable container and kept hot until eaten. Transporting hot food for long distances is not recommended as it can be hard to keep hot.

Safe storage

- If potentially unsafe food cannot be consumed immediately it must be put in the refrigerator within 15 minutes of arrival.
- All food put into the refrigerator must be labelled with the:
 - patient's name, ward and room number
 - date food was prepared (ideally same day it is brought in)
 - date and time food was brought into the hospital.
- Labels and the location of the refrigerator are available from nursing staff.
- Food brought in for patients with food allergies should have their food stored at the top of the refrigerator to prevent cross contamination.
- Any food that is stored in the refrigerator and not consumed within 24 hours will be thrown out by staff at 9am daily. This does not include any products which have their own use by date on the packaging, for example, yoghurt.
- Any food without correct labelling will also be thrown out.

Re-heating food

- Food must be re-heated in a microwave for at least two minutes on high or as per product's heating instructions. It needs to be steaming hot.
- Never re-heat food which has already been reheated.
- Mercy Health staff are not responsible for re-heating food.

Safe foods to bring in

These can be kept by the patients' bedside and do not need to be labelled.

- Dry biscuits, sweet biscuits
- Pretzels, potato chips
- Muesli bars
- Washed and uncut fresh fruit, dried fruit
- Baked products such as breads, bagels, muffins, scones, plain cakes – no cream
- Boiled lollies, liquorice, mints, chocolate
- Cordial, tea bags, powdered hot chocolate

Note: All food must meet patients' nutritional and medical needs. If unsure, please ask your nurse or midwife.

Potentially unsafe foods

Any food that can spoil if not kept refrigerated.

- Raw or cooked meat, poultry, fish or shellfish
- Prepared rice and pasta dishes
- Soft cheeses, deli meats and pates
- Salads and other items containing dairy or creamy dressings such as coleslaw
- Sweet dishes or cakes containing custard, cream or made from uncooked eggs
- Casseroles, soups and sauces
- Sandwiches with potentially hazardous fillings such as meat, fish, cheese
- Prepared fruit salads
- Yoghurt, smoothies and other milk drinks

Note: Follow listeria and food guidelines for anyone at higher risk of listeriosis, such as pregnant women, cancer patients or those over 65 years of age.

Further information

Victorian Department of Health www.betterhealth.vic.gov.au

Food Safety Victoria www.health.vic.gov.au/public-health/food-safety

Food Standards Australia New Zealand (listeria and food)

<https://www.foodstandards.gov.au/publications/Pages/listeriabrochuretext.aspx>

Further Information

If you have any questions regarding this information, please contact:

Dietitians

Mercy Hospital for Women

Phone: 03 8458 4165

Werribee Mercy Hospital

Phone: 03 8754 3150

Acknowledgements

Produced by: Dietitians MHVL

Date produced: January 2022

Date for review: January 2024



Mercy Health
Care first

Your important health information

Birth ideas

Here are suggestions for comforts in labour, birth and early care of your baby.

Tick the ideas you would like for your birth.

Bring *Birth ideas*

- to one of your appointments to discuss with your midwife or doctor.
- to hospital when you are in labour so midwives and doctors know your preferences.

Comfort measures

- | | |
|---|--|
| <input type="checkbox"/> walking, rocking, swaying | <input type="checkbox"/> T.E.N.S: Transcutaneous Electrical Nerve Stimulation, buy or hire at 36 weeks |
| <input type="checkbox"/> damp cloth for face, neck, shoulders | <input type="checkbox"/> gel heat pack, brought from home |
| <input type="checkbox"/> comfortable nightgown or shirt | <input type="checkbox"/> warm shower or bath |
| <input type="checkbox"/> fluids and snacks | |
| <input type="checkbox"/> sighing, moaning, singing counting, | |

Relaxation ideas

- | | |
|---|--|
| <input type="checkbox"/> low lighting | <input type="checkbox"/> massage neck, shoulders, back, thighs and feet (bring your own massage oil or tool if required) |
| <input type="checkbox"/> your choice of music | |
| <input type="checkbox"/> aromatherapy (electronic only) | <input type="checkbox"/> a quiet environment |
| <input type="checkbox"/> slow and regular breathing | |
| <input type="checkbox"/> meditation/visualization | |

Positions to try

- | | |
|--|--|
| <input type="checkbox"/> stand upright, legs apart | <input type="checkbox"/> straddle a chair |
| <input type="checkbox"/> lean against a wall | <input type="checkbox"/> squat with a birth stool or low stool |
| <input type="checkbox"/> rock on birth ball | <input type="checkbox"/> rest in bed on your side |
| <input type="checkbox"/> kneel into beanbag, chair-seat, low bed or birth ball | <input type="checkbox"/> try all fours; hands and knees on a gym mat or on the bed |

Welcoming baby

- ☐ immediate skin-to-skin contact.
- ☐ baby lie on mother's chest for as long as possible.
- ☐ allow baby to breastfeed as soon as possible.
- ☐ time for parents to be alone with baby.
- ☐ name of person to cut the cord _____
- ☐ baby checks and injections after first breastfeed

Our other ideas

Further Information

If you have any questions regarding this information, please contact:

Mercy Hospital for Women

Phone: 03 8458 4151

Werribee Mercy Hospital

Phone: 03 8754 3390

Acknowledgements

Produced by: Parent Education MHW

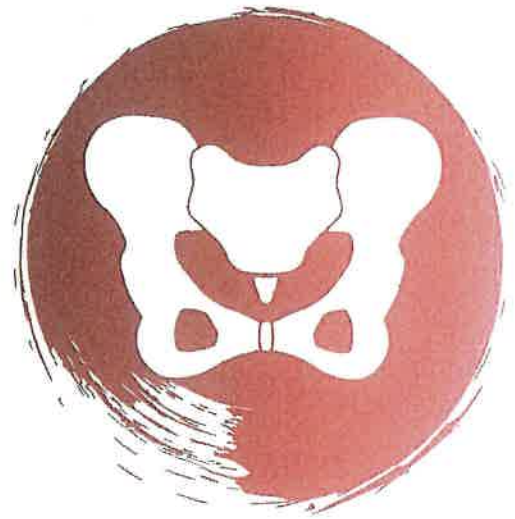
Date produced: August 2014

Date of last review: November 2020

Date for review: May 2024

REFRAMING BELIEFS ABOUT PREGNANCY- RELATED PELVIC GIRDLE PAIN

Pulsifer J, Britnell S, Sim A,
Adaszynski J, Dufour S



STABLE

The pelvis is resilient and adaptable to the demands of pregnancy, childbirth and childcare while maintaining its stable structure.



SAFE

Postural and pelvic structural changes are normal, safe and necessary to support the growing demands of pregnancy and childbirth.



SELF MANAGEABLE

Pain education, emotional wellbeing, sleep optimization, exercise and external supports that promote independence are the most helpful strategies to reduce pelvic girdle pain.



**THE STRONGEST
PREDICTOR OF
RESOLUTION OF
PREGNANCY-RELATED
PELVIC GIRDLE PAIN (PPGP)
IS HAVING THE BELIEF
THAT IT WILL GO AWAY**



Mercy Health

Care first

PHYSIOTHERAPY VIDEOS

Evidence-based online education for you during your pregnancy and following the birth of your baby.

These videos have been created by the team at Mercy Hospital for Women.

During your pregnancy

Some of the topics covered in these videos are:

- Pregnancy-related back and pelvic pain
- Moving during pregnancy
- Exercise during pregnancy

Access videos via this QR code or follow the link:

<https://www.youtube.com/playlist?list=PLsPvysJbVI2NcR35i658tN3Llv4qOpfaz>



Videos to watch following the birth of your baby

Topics include

- Pelvic floor muscle exercises
- Bladder and bowel care after birth
- Abdominal muscles after birth (DRAM)
- Caring for your perineum
- Back care after birth
- Returning to exercise

Access videos via this QR code or follow the link:

https://www.youtube.com/playlist?list=PLsPvysJbVI2M_gsUo4cAqKcB69_8mRvP0



If you have any questions regarding this information, please contact:

Physiotherapy Department

Mercy Hospital for Women

Phone: 03 8458 4141

Werribee Mercy Hospital

Phone: 03 8458 4141





#letstalktiming
www.everyweekcounts.com.au
www.womenandbabiesresearch.com



The University of Sydney | ABN 15 211 513 464

Women and Babies Research, Kolling Institute | Level 5, Douglas Building | Royal North Shore Hospital | St Leonards NSW 2065
© 2019 The University of Sydney

The information is provided for education and information purposes only. While the information is believed to be accurate at the time of writing, it is not intended in any way as a substitute for professional medical advice or treatment. If there are health complications, the timing of birth should be guided by your healthcare professional. The University of Sydney does not accept any liability for any injury, loss or damage incurred by use of or reliance on the information provided.

Our materials reflect current research recommendations at the time of publication.



EVERY WEEK COUNTS TOWARDS THE END OF PREGNANCY

Through research we're discovering that every week your baby continues to grow inside you makes a difference to their short and long term health outcomes.

WEEKS' GESTATION

BABY'S BRAIN

A baby's brain at 35 weeks weighs only two-thirds of what it will weigh at 39-40 weeks

BABY'S RISK AT BIRTH

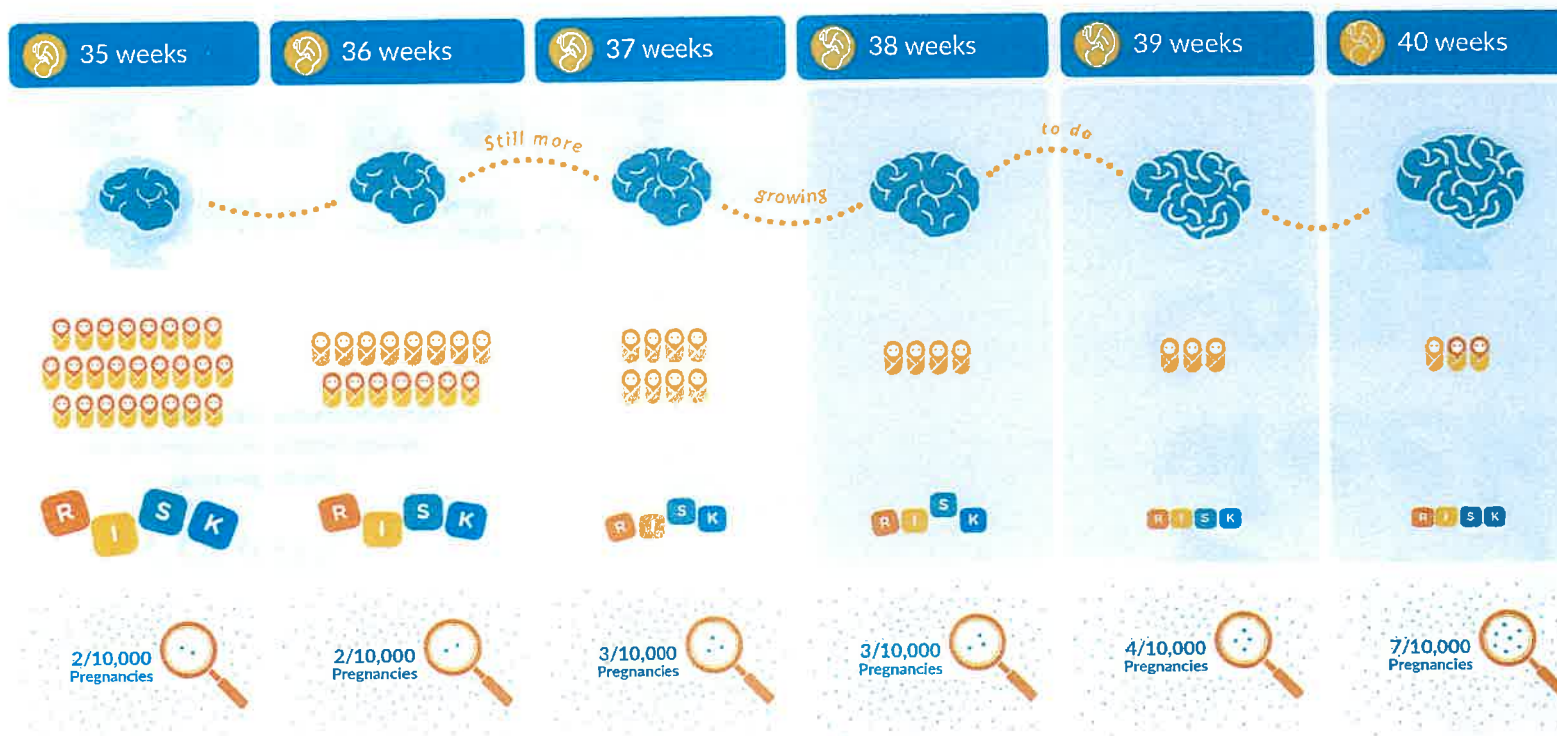
Number of babies spending time in a special care baby unit

LEARNING DIFFICULTIES AT SCHOOL ENTRY

STILLBIRTH

Per 10,000 ongoing single baby pregnancies*

*NSW Perinatal Data



Brain development is responsible for learning, movement and coordination

Babies are less likely to need specialised care for breathing and feeding difficulties when born closer to their due date

There is less risk of learning difficulties at school entry for babies born closer to their due date

The rate of stillbirth increases slightly towards 40 weeks, but remains very low

Every pregnancy is unique. The decision about the timing of your birth should be based on balancing health benefits to your baby with any risks specific to your pregnancy.



Mercy Health
Care first

Parent Education

Mercy Hospital for Women, Heidelberg 2023

Mercy Hospital for Women is offering a variety of Parent Education classes for all expectant families birthing their baby at MHW Heidelberg. Suitable to start from 28 weeks of pregnancy. Classes may be face-to-face, online (via ZOOM) or a hybrid of both. Check before booking to ensure you can attend all sessions.

Booking and payment: Via the Try-booking website – see link and QR code. New class series will be released regularly.

<https://www.trybooking.com/eventlist/mercyhospitalforwomenparented>



Cost: Covers Birthing parent + 1 support person to attend. You will also receive 'Preparing for Birth' Book.

Topics covered include:

- ✚ Stages of labour, active birth, coming to hospital, support in labour, normal labour & birth
- ✚ Variations of labour and birth, the role of midwives and obstetricians, pain relief choices
- ✚ Understanding Breastfeeding
- ✚ The 4th trimester – the new family at home (safe sleeping and settling, newborn care, maternal recovery)

Alternative Classes: Various individual classes such as Vaginal Birth after Caesarean (VBAC), Multiple Birth, Grandparents classes. Check try-booking link for details and costs of these.

Do you require an INTERPRETER? Please email us directly or ask your midwife at your 20 week appointment to send us a referral for you.

Questions:

Contact Parent Education Department, Mercy Hospital for Women via email

PEducation@mercy.com.au

Note: Face-to-face classes may be altered to ONLINE depending on DHHS / Mercy Hospital COVID restrictions. If this is the case, you will be notified prior to session commencing.



Your important health information

Learning about breastfeeding during pregnancy

Breastfeeding is normal and natural. It can be a rewarding experience for both parents and baby. Learning about breastfeeding during pregnancy can help parents feel more confident with feeding their baby in the early days and weeks after giving birth.

Mercy Health breastfeeding support service

- Our Lactation Consultants offer individual breastfeeding support and advice for families in the lead-up to birth, and in the first few months of breastfeeding.
- The service is available across both Mercy Health maternity services, including in the neonatal nurseries.

Breastfeeding information online



Australian Breastfeeding Association

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



The first week, Australian Breastfeeding Association

<https://www.breastfeeding.asn.au/resources/first-week>



Breastfeeding basics video, Australian Breastfeeding Association

<https://www.breastfeeding.asn.au/resources/breastfeeding-basics-video>



Breastfeeding Confidence booklet, Australian Breastfeeding Association

<https://www.breastfeeding.asn.au/resources/breastfeeding-confidence-booklet>



Newborns: breastfeeding and bottle feeding, Raising Children Network

<https://raisingchildren.net.au/newborns/breastfeeding-bottle-feeding>



Positions for breastfeeding video, Global Health Media

<https://globalhealthmedia.org/videos/positions-for-breastfeeding/>



Attaching your baby at the breast video, Global Health Media

<https://globalhealthmedia.org/videos/attaching-your-baby-at-the-breast/>



Breastfeeding in the first hours video, Global Health Media

<https://globalhealthmedia.org/videos/breastfeeding-in-the-first-hours-after-birth/>

Community breastfeeding supports

- National Breastfeeding Helpline: 1800 686 268 (131 450 for interpreter) 24 hours a day, 7 days a week. This is a free service you can contact anytime during pregnancy and after your baby is born.
- The Australian Breastfeeding Association delivers both in person and online 'preparing for breastfeeding' classes. There are specific classes available for families expecting multiples, women with diabetes, and LGBT+ families (<https://www.breastfeeding.asn.au/education>).
- Australian Breastfeeding Association's local support groups (<https://www.breastfeeding.asn.au/connect-your-local-group>).
- Most local councils offer lactation support – during pregnancy, you can ask your Midwife about what your council offers or refer to your local council's website.

Further Information

If you have any questions regarding this information, please contact:

Mercy Hospital for Women

Breastfeeding Support Service
Phone: 03 8458 4677

Werribee Mercy Hospital

Breastfeeding Support Service
Phone: 03 8754 3407

Acknowledgements

Produced by: Breastfeeding Support Services
MHW

Date produced: November 2023

Date for review: November 2026

How to access an interpreter at Mercy Hospital for Women



Mercy Health
Care first

Before requesting an interpreter

Ensure that you have the following details:

- language or dialect required
- UR number and patient's full name
- how long the interpreter is needed
- reason for request such as education, appointment
- any specific requirements such as preferred gender
- will it be via telephone, video or onsite.



To access an interpreter

During business hours (Monday to Friday 8.30am – 4.00pm)

Contact Interpreter Bookings Coordinator on 8458 4282 or via email Interpreter@mercy.com.au

For in-house languages call:

- Arabic - 8458 4283*
- Mandarin and Cantonese - 8458 4284*
- Persian - 8458 4189*

**if in-house interpreter is unavailable, contact the interpreter bookings coordinator*

After hours

- Languages other than English – call one of the external interpreting agencies:
 - ONCALL on 8807 2301
 - All Graduates on 9605 3052
 - Language Loop on 9280 1955 PIN 21370
- Auslan (Australian sign language) – contact Expression Australia 1800 937 446

For more information refer to the following documents on PROMPT:

- Language services policy
- MHW interpreting services procedure



THIRD STAGE OF LABOUR MANAGEMENT



This information sheet will provide information on the management options available for the third stage of labour.

What is the third stage of labour?

The third stage of labour is the period between the birth of your baby and the birth of the placenta.

What management options do I have?

There are two ways to manage third stage:

- Active management, or
- Physiological or expectant management

At Mercy Health we recommend all women have active management of the third stage. Physiological management of third stage doubles the risk of having a postpartum haemorrhage. It also increases the need for a blood transfusion.

What is active management?

Active management of the third stage is:

- Having a hormone called oxytocin either in an intravenous drip or into your thigh muscle. The oxytocin makes your uterus contract. It also helps the placenta to separate from the uterus.
- It is routine to wait until the umbilical cord has stopped pulsating. Then, it is clamped and cut. If your baby requires help with breathing or resuscitation then it may be clamped and cut sooner.
- Gentle pulling on the cord by your midwife or doctor to assist the placenta to be born.

The placenta is usually delivered after about 5 to 15 minutes.

What is physiological or expectant management?

Physiological management of the third stage is the birth of the placenta by the mother's effort without using oxytocic medications or gently pulling on the cord. It can take up to 60 minutes for the placenta to separate and be born.

If you start to bleed heavily, your midwife or doctor will recommend active management. This is to reduce the amount of blood loss.

Why is it important?

Some women will bleed more than normal after the baby is born. A normal range for blood loss after birth is between 50 to 500mLs (2 tablespoons to 2 cups). About 1 in 3 women will lose more blood and this is called a 'postpartum haemorrhage' or 'PPH'.

Women who have a PPH may have no problems or may have: a low iron or a low blood count. They may feel extra tired, low mood and have more postnatal depressive symptoms. Sometimes breastfeeding may take longer to work well. They may also need an iron or blood transfusion. Some women may need to go to the operating theatre to find the cause of bleeding. They may go to the Intensive Care Unit or need a hysterectomy (removing the uterus).

Making your choice

We would like you to be fully informed in making your decision on third stage management.

Some factors increase your risk of a postpartum haemorrhage, but, most women who have a severe postpartum haemorrhage after a vaginal birth have no risk factors.

Some things that can increase your risk include:

- a multiple pregnancy (e.g. twins)
- high blood pressure or preeclampsia
- if you had a PPH with your last baby
- a very quick or a very long labour
- medications to induce or augment your labour
- a very long second stage of labour
- help birthing your baby by either forceps or a vacuum
- an episiotomy
- a baby weighing over 4kg
- a long third stage of labour, abnormal placenta or a retained placenta that won't separate



For more information

If you have any questions or need further advice, please call Maternity Services:

Mercy Hospital for Women

Ph: (03) 8458 4151

Werribee Mercy Hospital

Ph: (03) 8754 3390

In the event of an emergency, please dial **000** for an ambulance or go to your nearest Mercy Health or other hospital emergency department.

Protect your baby from whooping cough. Vaccinate for free when pregnant.

Stop whooping cough in young babies.
Ask about the free vaccine today.
health.gov.au/immunisation

What is whooping cough?

Whooping cough (also known as pertussis) is a highly infectious bacterial infection that spreads when an infected person coughs or sneezes. It affects the lungs and airways and may cause a person to cough violently and uncontrollably, making it difficult to breathe. People who are not vaccinated are at high risk of catching whooping cough.

What are the symptoms?

- Whooping cough starts like a cold with a blocked or runny nose, sneezing, fever and an occasional cough.
- The cough gets worse and severe bouts of uncontrollable coughing develop.
- Coughing bouts can be followed by vomiting, choking or a 'whooping' sound.
- Some newborns don't cough at all but can stop breathing and turn blue.

Whooping cough can be serious for babies

- Whooping cough can cause serious complications including brain damage and pneumonia and sometimes death.
- Babies under six weeks of age are too young to get vaccinated against whooping cough themselves.
- Babies do not complete their primary vaccination course against whooping cough until 6 months of age.

Pregnant women can protect their babies from whooping cough

- The most effective way to protect young babies from whooping cough is for you to be vaccinated during pregnancy.
- By getting vaccinated, you pass on protective antibodies through the placenta to your baby that protects them in their first few months of life, when they are most vulnerable.
- Vaccination during pregnancy is very effective – it has been shown to reduce whooping cough disease in babies aged less than 3 months by over 90%.

Timing of vaccination

- Vaccination is recommended as a single dose between 20 and 32 weeks in each pregnancy.
- The whooping cough vaccine can be safely given at the same time as an influenza and/or COVID-19 vaccine.

Whooping cough vaccination is safe in pregnancy

- Studies show no increased risk of complications such as stillbirth for pregnant women or their developing babies following vaccination during pregnancy.

- Side effects from receiving the whooping cough vaccine are usually mild. Some common side effects can include pain, redness and swelling where the vaccine is given, muscle aches, or fever. However, these side effects are no more common in pregnant women than non-pregnant women.

Frequently asked questions

Q: Is the whooping cough vaccine free for pregnant women?

Yes. The vaccine is free for pregnant women through the National Immunisation Program.

Q: Does my baby still need to get vaccinated if I get vaccinated in pregnancy?

Yes. Your baby will still need to be vaccinated against whooping cough according to the National Immunisation Program childhood schedule. This includes vaccinations against whooping cough at 2 months (can be given from 6 weeks), 4 months, and 6 months of age. Following the schedule and recommended timing is the best way to maintain protection for your child.

Q: Should my family be vaccinated?

The most important person in the family to be vaccinated, to give the highest protection to your newborn baby, is the mother during pregnancy. Vaccination of other family members does not provide your baby with protective antibodies. However, vaccination of family members can protect them and minimise the chance of bringing whooping cough infection into the home.

Q: What other vaccinations are recommended during pregnancy?

The influenza vaccine and COVID-19 vaccines are also recommended and provided free for pregnant women.

Where can I get more information?

Ask your immunisation provider about the free vaccine today.

Get in touch with your state or territory health department:

ACT 02 5124 9800

SA 1300 232 272

NSW 1300 066 055

TAS 1800 671 738

NT 08 8922 8044

VIC 1300 882 008

WA 08 9321 1312

QLD 13 HEALTH (13 432 584)

health.gov.au/immunisation

All information in this publication is correct as at March 2022.

Australian Government Department of Health

National Immunisation Program

A joint Australian, State and Territory Government Initiative



Pain Relief in Labour and Childbirth



Every woman experiences pain in a different way. The way you experience pain depends on your emotional, psychological, social, motivational and cultural circumstances. Every woman responds and copes differently with the pain of labour and childbirth.

Preparation for birth can help to reduce the experience of pain and reduce anxiety, which can help you to better cope with labour.

Gather information about labour - talk to your midwife or doctor and attend antenatal classes. Discuss your preferences for pain-relief with your care providers and support-people before you go into labour. You can also record your preferences for pain relief in your birth plan.

Options for pain relief

There are a number of methods you can use to help you cope with your labour pain.

Like the labour experience, this is an individual decision. Some women are keen to avoid medications, others are happy to consider all available options. You need to choose the best coping technique or combination that suits you and your needs. Remember, your plan may change when you are in labour.

During your labour, the midwife will continue to guide you and work with you according to your wishes.

Natural pain relief

Relaxation

Being relaxed in labour has many benefits. Your body will work better if you're relaxed. Your natural hormones that help your labour progress (oxytocin), and those 'natural pain-relief hormones' (endorphins) that help you cope with labour, will be released more readily.

Fear, tension and resistance are a normal response when you feel out of control or you are not sure what to expect next. On the other hand, relaxing and trusting that your body knows what to do will help you manage your pain. Learn how to relax, stay calm and breathe deeply. Breathing techniques may help you to 'ride the waves' of each contraction. Remember that a relaxed mind is a relaxed cervix. If your face is relaxed, the muscles through your pelvis are too.

Active birth

Moving around and changing positions is one of the most helpful things you can do to manage the pain of labour and birth. Being able to move freely and rocking your pelvis can help you to cope with the contractions. If you stay upright, gravity will also help your baby to move down through your pelvis.



Heat and water

The use of heat can help to ease tension and discomfort in labour. Both hot and cold packs are useful, as is being immersed in water in either a shower or a bath. Healthy women with uncomplicated pregnancies may find that having a warm bath in labour helps with relaxation and pain relief. A warm bath increases relaxation and production of endorphins (your body's natural pain relief hormone). It reduces the pain of contractions and the pressure on your pelvis and muscles.

Touch and massage

Feeling stressed and anxious makes pain seem worse. Massage can reduce muscle tension as well as providing a distraction between and during contractions. Practise with your partner during your pregnancy and find out how you like to be massaged. At different stages during labour, massage and touch will feel good and at other times you may find it distracting or annoying.

Complementary therapies

Alternative therapies such as acupuncture, acupressure or aromatherapy can also be very effective, but should only be practised by qualified practitioners.

Pain Relief in Labour and Childbirth

Non-medical pain relief

TENS

The TENS machine is a small, portable, battery-operated device that is worn on the body. The box is attached by wires to sticky pads that are stuck to the skin on your back. The machine has dials that you can adjust to control the frequency and strength of small electrical pulses that are transmitted to the body. These pulses stimulate your body to release your endorphins.

Water injections for back pain

Many women have lower back pain that persists throughout their labour. Midwives can use a technique where sterile water injections are given in four different places in your lower back, just beneath the skin. The injections cause a strong stinging sensation, like a bee sting. The sting will last for up to 30 seconds before disappearing along with the back pain. The injections can provide a few hours of pain relief to your lower back without any side effects for you or your baby.



Medical pain relief

Nitrous oxide gas

Often known as 'laughing gas', women in labour can breathe a mixture of nitrous oxide and oxygen through a mouth piece or mask. The gas is inhaled during a contraction and helps take the edge off the pain. Many women choose the gas as it makes them feel in control of their pain-relief and provides them with something to focus on to get through each contraction. There are no after-effects for you or your baby. The mixture of gas can be changed during different stages of your labour to provide better pain relief or if you feel a little nauseous or light-headed.

Pethidine or morphine injection

Pethidine and morphine are strong painkillers given by injection. You may be offered one of these medications, which work by mimicking the effects of endorphins.

Although they help reduce the severity of the pain, they do not take it away completely. Women have varying responses to morphine and pethidine. Some women will say the injection provided pain relief, while others will say it had no effect at all on their level of pain.

The injections can take up to 30 minutes to work and can make you feel quite nauseated. Because these drugs cross the placenta to your baby, your baby may become sleepy. Sometimes pethidine may contribute to breathing problems in your baby if given within two hours of birth.

For this reason and due to its relatively short period of effect, it is mostly helpful for women who are in well-established labour but not too close to giving birth.



Epidural

An epidural is a procedure where an anaesthetic (a drug that gives either partial or total loss of sensation) is injected into the small space in your back near your spinal cord by a specialist anaesthetist. Information about the use of epidural anaesthesia for pain relief can be found at www.anzca.edu.au/Patients.

After an epidural, you will have altered sensation from the waist down. How much you can move your legs after an epidural will depend on the type and dose of anaesthetic used. A very thin tube will be left in your back so the anaesthetic can be topped up. Sometimes the tube is attached to a machine so that you have control over when the epidural is topped up.

The benefits of an epidural are that it takes away the pain of contractions, it can be effective for hours and can be increased in strength if you need to have an emergency caesarean. In a long labour, it can allow you to sleep and recover your strength. Epidurals can cause a fall in blood pressure, so you will usually have an intravenous drip (a bag of liquid that enters your body through a tube) put into your arm or the back of your hand, and your blood pressure will be monitored more closely. You may also lose the sensation to pass urine, so you will have a catheter tube inserted into your bladder to drain your urine.

Because of the potential side effects such as low blood pressure, the baby's heart rate will need to be continuously monitored by a CTG machine following an epidural. Further information about monitoring the baby's heart rate in labour can be found on the RANZCOG website under patient information. The chance of you needing assistance with the birth of your baby increases once you have had an epidural. A stronger epidural or 'top up' will help relieve the pain of these procedures.

Not all birth places can offer every method of pain management. You might like to talk to your care provider about the pain relief options available to you at your planned place of birth and which methods of pain relief can and can't be used together. You can choose one method or a few, or you change from one to another during labour. Remember it is important to keep an open mind and have a positive attitude and confidence in your ability to labour.

© RANZCOG 28/07/2016

Reproduction of any content is subject to permission from RANZCOG unless permitted by law.

Victorian Infant Hearing Screening Program

If you choose not to provide your personal information, we will not be able to arrange any necessary follow up care your child requires after hearing screening. We will also not be able to contact you about future research projects and initiatives.

Frequently asked questions

My baby responds to loud noises—do they still need a newborn hearing screen or audiology assessment?

Hearing loss is more complex than just being able to hear loud sounds. Most babies with hearing loss will still react to loud sounds. The important sounds for speech and language development are soft sounds and these are difficult to test in newborns without specialist equipment.

Is newborn hearing screening safe? What are the risks of screening?

Hearing screening is quick and safe. Your baby might experience some brief discomfort when the ear couplers are removed. There is a small risk that the hearing screen might not identify a baby whose hearing needs further investigation.

What are the risks of not having a newborn hearing screen? Are there any alternatives to hearing screening?

The main risk of not having a hearing screen is delay in diagnosis if a baby has a hearing loss. Early diagnosis allows for early assistance which gives babies with a hearing loss the best possible chance at developing communication skills. There are no alternatives to newborn hearing screening.

Hearing can change over time

Hearing loss can develop over time, so it is important to pay attention to your baby's hearing as they grow. Speak to your maternal and child health nurse or family doctor if you have any questions or concerns about your child's hearing.

Any questions or concerns?

Contact VIHSP

Talk to a VIHSP hearing screener

VIHSP Area Manager

Mercy Hospital for Women

VIHSP Area Manager

PH: 8458 4684

mhw.vihsp@rch.org.au

VIHSP Head Office

The Royal Children's Hospital Melbourne
Centre for Community Child Health

50 Flemington Road Parkville

Victoria 3052 Australia

Telephone +61 3 9345 4941

Email email.vihsp@rch.org.au

www.rch.org.au/vihsp

Your baby's hearing screen



Your baby's hearing screen

Why is newborn hearing screening important?

A newborn hearing screen is one of the routine health checks your baby will have after birth. It is a free and quick check of your baby's hearing. It is provided by the Victorian Infant Hearing Screening Program (VIHSP), which is run by The Royal Children's Hospital. Hearing loss might not be obvious in the first few weeks of life and can affect speech and language development. Early detection means that babies with a hearing loss can get the best start in life.

How is a newborn hearing screen done?

With your consent, the hearing screener will place small stick-on sensors on your baby's forehead, cheek and back of the neck. The hearing screening device will play soft sounds into your baby's ears through couplers (soft earcups) placed over each ear. The sensors detect your baby's response to the sounds.

The screen is painless and will not usually unsettle your baby. It takes less than five minutes if your baby is settled or asleep and the room is quiet. You can hold or breastfeed your baby during the screen.

When will my baby have their newborn hearing screen?

We try to screen babies soon after birth, as long as they are well and settled. If your baby has been in a Neonatal Intensive Care Unit or Special Care Nursery, or born before 34 weeks gestation, we will wait to do the screen when your baby is well or nearly ready to go home from hospital.

What if my baby cannot be screened in hospital?

Some babies that are unsettled or discharge early might not get their newborn hearing screen before they leave hospital. If this happens we will contact you to arrange an outpatient appointment.

How will I find out the result of the hearing screen?

You will be given the result as soon as the screen is complete. A pass result means there was a clear response to the screen and no further screening is necessary. If there is not a clear response, the newborn hearing screen will be repeated a limited number of times. If your baby's final hearing screen does not show a clear response, they will be referred to an audiologist for detailed testing. A VIHSP Area Manager and the VIHSP Early Support Service will contact you to discuss this referral.

We will record your baby's hearing screening result in their *My Health, Learning and Development Record* (green book) and in the VIHSP database.

How is information about me and my baby recorded and used?

The VIHSP database is used to monitor and evaluate VIHSP and to connect infants and their families with services. VIHSP collects and uses information about you and your baby in line with Health Privacy Principles in the *Health Records Act 2001* and Information Privacy Principles in the *Privacy and Data Protection Act 2014*.

These acts also cover the use of information for evaluation, education and research.

VIHSP is committed to keeping the information collected confidential and secure from unauthorised access, use or loss.

To ensure that your baby is connected with the right services and treatment, information such as birth details, contact details and screening or audiology results may be shared between VIHSP and other professionals including:

- audiologists
- doctors
- maternal and child health nurses
- early childhood intervention services
- other health and education professionals.

VIHSP may use your information for the purposes of evaluation, education and research. You may be contacted about future projects. You can choose whether or not you want to find out more about those projects at the time. If projects involve research, these are conducted according to the *National Statement on Ethical Conduct in Human Research*.

Please speak to the VIHSP Area Manager if you would like to know more about what happens to information collected by VIHSP. You can access or amend your personal information by contacting the Freedom of Information Office at The Royal Children's Hospital: www.rch.org.au/foi

How is the hepatitis B virus spread?

Hepatitis B virus is very infectious and spreads through contact with an infected person's blood or body fluids.

Babies and children can catch the hepatitis B virus:

- during birth from a mother who has hepatitis B
- through bodily fluid from small skin breaks or mouth sores by a close contact with hepatitis B.

Many people don't know they have hepatitis B and spread it to others.

What if I am Hepatitis B positive?

If you live with chronic hepatitis B your baby needs special care at birth. In addition to the hepatitis B vaccine, another medicine called 'hepatitis B immunoglobulin' is also recommended. These 2 injections provide extra protection for your baby against the hepatitis B virus. Both injections should be given within 12 hours of birth.

Remember – you and your baby will need regular check-ups with a hepatitis doctor.

Do I need to be tested for hepatitis B during pregnancy?

Yes. All women should be tested for hepatitis B infection during routine pregnancy check-ups. If you are pregnant and have hepatitis B, you

should see a hepatitis doctor. You may need to take medicine that will reduce the chance of passing on the virus to your baby during birth.

For more information about the hepatitis B vaccine at birth, speak to your doctor, midwife or immunisation provider.

More information

- MumBubVax <<http://www.health.gov.au/news/mumbubvax-new-website-for-expectant-parents>>
- Sharing Knowledge About Immunisation (SKAI) <<https://talkingaboutimmunisation.org.au/>>
- National Immunisation Program Schedule <<https://www.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule>>
- Better Health Channel: Hepatitis B – immunisation <<http://www.betterhealth.vic.gov.au/health/healthyliving/hepatitis-b-immunisation>>

For information about the hepatitis B vaccine at birth in another language, visit Health Translations <<https://healthtranslations.vic.gov.au>>

You can also call the translation and interpreting service on **131 450**.

To receive this document in another format, email the Immunisation Team <immunisation@health.vic.gov.au>.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Australia, Department of Health, December 2021. Printed by Gunn & Taylor, Glen Waverley. (DH 2112152).

Hepatitis B vaccination at birth

Information for pregnant women



The hepatitis B vaccine can protect your baby from life-long illness, serious liver disease and liver cancer.



Department
of Health

Why does my baby need hepatitis B vaccine at birth?

The vaccine is recommended within 24 hours of birth to:

- prevent the spread from a mother to her baby, or from an infected person in close contact
- reduce the risk of your baby developing chronic hepatitis B.

The vaccine can also be given within the first 7 days of life. For lasting protection additional doses are given as part of the routine infant immunisation schedule.

The vaccine is free of charge under the National Immunisation Program.



Is the hepatitis B vaccine safe?

Yes. Hepatitis B vaccine is safe for newborn babies.

More than 90 per cent of newborns in Victoria receive the hepatitis B vaccine.

It does not affect breastfeeding and side effects are mild, like redness and swelling at the injection site.

What if my baby was born prematurely?

Babies born prematurely (less than 32 weeks gestation) or with a low birth weight (less than 2000 grams) are recommended to have an extra dose of the vaccine at 12 months of age to provide lasting protection.

What is hepatitis B?

Hepatitis B is a very infectious virus that affects the liver. Some adults can fight the infection and recover but for babies and young children, it can become a chronic (lifelong) illness that may cause liver disease and liver cancer.

Symptoms of hepatitis B include:

- Fever
- Tiredness
- Loss of appetite
- Nausea
- Vomiting
- Yellow skin and eyes
- Aching muscles or joints arthritis.

Babies and children under 5 years of age often do not show symptoms.



What should I look out for?

You should **always** see your doctor or health care worker:

- if your baby has any unexplained bleeding or bruising – **this is particularly important if your baby has not had vitamin K.**
- if, when your baby is over three weeks old, there are any signs of jaundice (yellow colouring of the skin or whites of the eyes).

Babies with liver problems are particularly at risk, even if they have had vitamin K.

How do I get vitamin K for my baby?

During your pregnancy, your doctor or midwife should ask whether you want your baby to have vitamin K by injection or by mouth, and they will arrange to provide it.

Soon after birth, your baby will have a vitamin K injection **or** the first dose by mouth. This will be given by a doctor or midwife.

If you have chosen vitamin K by mouth:

- The **second oral dose** can be given when your baby has the newborn screening test in the hospital, or by your local doctor or health care worker.
- You need to remember the **important third oral dose** when your baby is between 3 and 4 weeks old. Talk to your doctor or health care worker if you need help or advice.

Make sure that your baby's vitamin K doses are recorded in the baby's personal health record.

This pamphlet is based on the *Joint statement and recommendations on vitamin K administration to newborn infants to prevent vitamin K deficiency bleeding in infancy*, that was re-issued by the National Health and Medical Research Council (NHMRC) in October 2010.

For a copy of the *Joint statement and recommendations on vitamin K administration to newborn infants to prevent vitamin K deficiency bleeding in infancy*, please visit the NHMRC website:

www.nhmrc.gov.au/publications/index.htm

A list of current NHMRC publications is also available from:

NHMRC
GPO Box 1421
Canberra ACT 2601

Phone (02) 6217 9000
(24-hour answering machine)

Fax (02) 6217 9100

Email nhmrc.publications@nhmrc.gov.au

Interstate customers
FREE CALL 13 000 NHMRC (13 000 64672)
and ask for NHMRC Publications

Print ISBN 0642455082 • Online ISBN 0642450668



Australian Government
National Health and
Medical Research Council

VITAMIN K

for newborn babies

Information for parents

If you need more information,
please contact your doctor
or health care worker



Why is vitamin K important for my baby?

Vitamin K helps blood to clot. It is essential to prevent serious bleeding.

Babies do not get enough vitamin K from their mothers during pregnancy, or when they are breast feeding. Without vitamin K, they are at risk of getting a rare disorder called Vitamin K Deficiency Bleeding, or VKDB. VKDB can cause bleeding into the brain, and may result in brain damage or even death.

VKDB can be prevented by giving new babies extra vitamin K. By the age of about six months, they have built up their own supply.

How is vitamin K given?

The easiest and most reliable way to give babies vitamin K is **by injection**. One injection just after birth will protect a baby for many months. Since about 1980, most newborn babies in Australia have been given a vitamin K injection.

Vitamin K can also be given **by mouth**. Several oral doses are essential to give enough protection, because vitamin K is not absorbed as well when it is given by mouth and the effect does not last as long.

If you choose vitamin K by mouth, your baby must have three doses:

- | | |
|---------------|--|
| Dose 1 | at birth |
| Dose 2 | usually three to five days later, and |
| Dose 3 | in the fourth week, if the baby is fully breast fed. (Babies fed mainly by formula do not need the third dose) |

If your baby vomits within one hour of swallowing the vitamin K, the baby will need to have another dose.

Can all babies have vitamin K?

All babies need to have vitamin K. Very small or premature babies may need smaller doses – your doctor can advise you about this.

Vitamin K by mouth is not suitable for some babies:

- Babies who are premature or sick should be given the vitamin by injection. There are two main reasons for this: the very small dose needed is difficult to measure by mouth, and these babies are also more likely to have feeding difficulties.
- If you choose vitamin K by mouth but your baby is unwell when a dose is due, the baby may need to have the injection instead.
- If, while you were pregnant, you took medication for epilepsy, blood clots or tuberculosis, you should tell your doctor or midwife. Your baby may not be able to absorb vitamin K by mouth, and may need the injection instead.

Does vitamin K have any side effects?

Over the 30 years vitamin K has been given to new babies in Australia, it seems to have caused no problems.

Some studies suggest that **injections** of vitamin K might be linked to childhood cancer, but recent studies have not found any link with cancer. The National Health and Medical Research Council has looked carefully at these studies and other evidence, and has concluded that vitamin K is **not** associated with childhood cancer, whether it is given by injection or by mouth.

Does my baby have to have vitamin K?

This is your choice. However, giving vitamin K to your newborn baby is a simple way of preventing a very serious disease.

Medical authorities in Australia strongly recommend that **all** babies be given vitamin K. This includes babies who are premature or sick, and babies having surgery (including circumcision).

Parents who decide against vitamin K need to watch very carefully for any symptoms of VKDB.





Responsible Pet Ownership Education Program

"We'll see you again in Kindergarten"

Find pet information and advice on the website
www.wearefamily.vic.gov.au

Please complete our brief and anonymous survey below
as your feedback is important to us!

www.surveymonkey.com/s/We_are_family_survey



"We Are Family" is endorsed by the
Childbirth and Parenting Educators
of Australia Inc (CAPEA) 2014



We Are Family

A guide to nurturing the child and pet
relationship from pregnancy to Kindergarten



Educating today, taking care of tomorrow.



Contents

Introduction	4
First six months	9
On the move	17
Understanding our dogs and cats	23
Prices	26
Planner checklist	30



Responsible Pet Ownership Education Program

Phone 1800 000 776 or email wearefamily.program@agriculture.vic.gov.au
Find more information on responsible pet ownership on the Internet at
www.wearefamily.vic.gov.au

Published by Department of Energy, Environment and Climate Change, 475 Mickleham Rd, Attwood, VIC 3049. Telephone 1800 000 776.

Copyright © Government of Victoria, 2023.

All rights reserved. No part may be reproduced by any process except in accordance with the provisions of the Copyright Act 1968.

Designed by Finsbury Green 2023.

Phone 1800 000 776

A digital version of this document is available at www.wearefamily.vic.gov.au

Disclaimer

This publication may be of assistance to you but the State of Victoria and its employees do not guarantee that the publications without flaw of any kind or is wholly appropriate for your particular purposes and therefore disclaims all liability of any error, loss or other consequence which may arise from relying on any information in this publication.



This booklet contains QR codes which link to content online. You will need a smartphone equipped with a camera and a QR code reader application.

To view the content, open the QR reader application and scan the code.



Behaviour modification

Do you need to train your dog to:

- Understand basic commands such as sit, drop, and stay? ☐ Yes ☐ No
- Walk comfortably on a loose lead? ☐ Yes ☐ No
- Sit calmly while in a harness in the car? ☐ Yes ☐ No
- Be comfortable and relaxed spending short periods of time in a crate or confined space? ☐ Yes ☐ No
- Walk comfortably on leash to the side and behind the wheels of the pram? ☐ Yes ☐ No

Do you need to train your cat to:

- Walk on a harness? ☐ Yes ☐ No
- Stay inside? ☐ Yes ☐ No
- Use a litter tray? ☐ Yes ☐ No
- Travel in a crate? ☐ Yes ☐ No
- Go out into a cat enclosure and / or use a cat flap? ☐ Yes ☐ No

- List any existing behaviours you would like to change before the baby arrives.

- Identify how you are going to go about modifying any of these behaviours.

- Do you need to seek professional advice to modify any of the behaviours? ☐ Yes ☐ No

When the baby comes home

Keep in mind you may have had a cesarean

- Do you have a good stock of pet food and treats on hand? ☐ Yes ☐ No
- Have you organised someone to exercise the dog? ☐ Yes ☐ No
- Have you organised someone to help with your pet's grooming requirements? ☐ Yes ☐ No

Notes:

Pet Planner Checklist

Time

- Do you need to change their current feeding routine? ☐ Yes ☐ No
- Do you need to change their current exercise routine? ☐ Yes ☐ No
- Have you organised a check up at the veterinarian? ☐ Yes ☐ No
- Have you organised who is going to look after your pets when you are in hospital? ☐ Yes ☐ No
- Who will clean up after them? ☐ Yes ☐ No

Environment

Set up the nursery as early as possible so the pets get used to it.

- List areas which are going to be pet free zones. ☐ Yes ☐ No
- How are you going to stop the pets from entering these areas? ☐ Yes ☐ No
- What are you going to do to train them to stay out of these areas? ☐ Yes ☐ No
- Do you need to consider a barrier or security door? ☐ Yes ☐ No
- Are you going to need to confine or restrain them when they are inside? ☐ Yes ☐ No
- Where are they going to sleep when the baby arrives? ☐ Yes ☐ No
- If this is a different area, how are you going to acclimatise them? ☐ Yes ☐ No
- Will you need to purchase different bedding? ☐ Yes ☐ No
- Are they going to spend more time outside? ☐ Yes ☐ No
- Have you made sure it is a secure area? ☐ Yes ☐ No
- Do you need to build / purchase a run or enclosure? ☐ Yes ☐ No
- Are there outdoor areas you don't want them to access? ☐ Yes ☐ No
- Are there plants which may be poisonous to your pets? ☐ Yes ☐ No
- Does it cater for their daily needs of shelter, food and water? ☐ Yes ☐ No
- Will their environment meet their physical and mental needs? ☐ Yes ☐ No



These days, many people are having their first baby in their early thirties, meaning that our pets are often well established in the family unit before babies come along. Pets have long been recognised as valuable members of the family and in many cases are considered 'substitute children' before the arrival of a baby.

Pets and children can form a wonderful close bond and it is heart-warming to watch them interact. Apart from obvious companionship and affection, pets also teach children responsibility and how to care for another living being. Because pets do not judge children or get angry with them, children often trust their pets with their secrets. Those children who participate in walking / exercising the family dog have the added benefit of extra physical activity.

Unfortunately, not all childhood experiences with pets are positive and research clearly shows that children in the 0-4 age bracket are at the greatest risk of hospitalisation for dog attack injuries. Research identifies that 80% of these dog attacks happened in the family home or that of a family member or friend. It is important to note that these attacks involved their own dog or one known to them. From a welfare point of view we are experiencing a large number of pets, particularly cats, being relinquished to shelters, citing the arrival of a

new baby as the reason. Many of these relinquishments are based on inaccurate information, depriving both children and pets of a potentially long and happy relationship.

"We Are Family" is a guide to nurturing the child / pet relationship. It is aimed at educating expectant and new parents on the advantages of allowing their child to experience the joys of pet ownership. It informs you of the potential risks and provides the knowledge, skills and strategies to ensure that the experience is not only a physically and emotionally enriching one, but a safe one as well.

Parents are the first and most influential educators in their child's life journey. Teaching your child about the responsibilities of pet ownership begins from an early age as you nurture and guide their experiences with their pets.

Dr Katrina Warren
www.drkatrina.com





Preparation

Preparing our pets for the baby's arrival

All parents want their children and pets to enjoy a wonderful and loving relationship, but we cannot assume that our pets will naturally or easily adapt to the arrival of a new baby.

If your family already includes a pet you will need to help them adjust to your new addition. Dogs and cats are creatures of habit and enjoy routine. It is important you start preparing your pet as soon as you are aware that there is going to be a new baby in the house. Taking the time and effort to prepare your pets for the arrival of a baby will help to ensure a smooth transition and avoid potential jealousy and resentment.

The *Pet Planner* in the back of this booklet will help guide you through many of these issues and will help you navigate the preparation process.



appear as a circular patch of hair loss commonly one to four centimetres in diameter. The head and paws are the most commonly affected areas.

What are the signs of infection in children?

In humans it will appear as a red scaly area and may have a target type appearance or there may be a patch of hair loss.

How do you treat your child?

Although not serious it is advisable to seek medical advice as soon as possible as it can normally be treated with an ointment.

How can you prevent it?

- Thoroughly wash hands after handling pets or playing in the garden.
- Avoid direct contact with infected animals.

Cat Scratch Disease

What is it?

It is caused by bacteria called "Bartonella henselae" which is passed between cats by fleas and possibly ticks. It is more likely to be present in kittens however they usually only carry the bacteria for a limited time. It is passed onto humans through a cat scratch, or bite, or exposure to cat saliva and initially appears as a minor infection around the wound site approximately 7 – 12 days after the incident. In severe cases it can develop into swelling of the lymph nodes.

What are the signs of infection in our cats?

Cats do not usually display any signs of infection.

What are the signs of infection in our children?

A mild infection at the injury site normally appears 7 – 12 days after the incident. Symptoms may include slight fever, headaches, chills and backache.

How do you treat your pet?

As your cat will normally not show any symptoms very few are treated. Contact your veterinarian for advice.

How do you treat your child?

Seek medical advice if your child has these symptoms. Diagnostic tests may be needed to exclude other illnesses. Although this is usually a mild illness, antibiotic treatment may be needed.

How can we prevent it?

- Avoid rough play or any activities which encourage the cat to scratch or bite.
- Don't allow cats to lick open wounds such as scratches.
- Always thoroughly wash all cat bites and scratches with soap and running water.
- Treat your cats regularly with a quality flea treatment.



Diseases pets may pass onto children

Roundworm

What is it?

Pets commonly have large parasitic worms living in their intestine which are called roundworms. Humans can be infected by accidentally consuming the eggs which are passed in the faeces. Children are susceptible to round worm because they tend to play in areas such as backyards and sand pits which may be contaminated with dog or cat faeces. The eggs hatch in the digestive tract and the larvae migrate to various organs.

What are the signs of infection in pets?

Most pets will not show any signs of infection.

Pets with extreme worm burdens may show bloated belly, blood or mucus in the stool, diarrhoea, loss of appetite and vomiting.

What are the signs of infection in children?

Mild infections may not cause symptoms. More serious infections may cause abdominal pain, poor or ravenous appetite, upset stomach and diarrhoea. Occasionally larvae get trapped in blood vessels behind the eye or in the brain which cause reduced vision or blindness.

How do you treat your pets?

Worm your pets with a good quality "all wormer" on a regular basis and make sure that your environment is free of pet faeces. Seek advice from your Veterinarian on appropriate treatments.

How do you treat your child?

Seek medical advice as to the best treatment for your child. There are some antiparasitic drugs they may need to be prescribed.

How can you prevent it?

- Worm all dogs and cats in the house regularly.
- Don't allow your pets to lick your child's face.
- Always wash your child's hands after handling your pet.
- Avoid hands in mouths until after the hands are washed.
- Dispose of pet's faeces as soon as possible.
- Cover sand pits to prevent contamination by cats and dogs.

Ringworm

What is it?

It is actually not a worm but is a fungal infection of the skin. It can spread from direct contact or from things such as infected bedding but can also get into carpet, furniture and air conditioning and heating ducts.

What are the signs of infection in pets?

Cats can be carriers and show little or any sign of infection. It is generally seen in kittens or young cats before their immune systems have had the chance to fully develop. The infection will normally



How will a baby affect the time we have to spend with our pets?

Looking after your baby will impact the amount of time you have to spend with your pet. Your baby will take up a great deal of your time, which will mean less quality time for your pets. It is important you spend time training and preparing your pets to adjust to this change well before the baby's arrival.

What changes do we need to make to the environment?

Your baby's arrival may also mean that you need to make changes to your pets' physical environment. If you are planning to keep your pets out of certain rooms or areas of the house, then start doing this as soon as possible, so they do not associate the new baby with their exclusion from these areas. Consider how you are going to physically stop your pets from entering these areas.



Helpful hints

- ☐ Where possible your partner should take over all pet care duties such as feeding, exercise, play and hygiene.
- ☐ Get your pets used to being alone for varied periods of time every day, even if you are at home.
- ☐ Establish new routines as early as possible, so your pets are comfortable with the changes prior to the baby's arrival.
- ☐ Closing doors is not always a viable or preferred option to create barriers. Consider:
 - Baby gates as barriers for dogs
 - Flywire doors mounted in internal doorways for cats.
- ☐ If you need to change your pet's sleeping arrangements, do so as early as possible so they are comfortable with them well before the baby's arrival. It is important that your pets have adequate time to adjust to these changes and that their new sleeping areas are safe and warm.
- ☐ If your pets travel with you in the car you may need to re-organise the seating and restraints, to ensure they are safely separated.

Is there any pet behaviour we need to modify?

Dogs and cats enjoy routine and are not comfortable with sudden change. Changing your pets' behaviour may not be an easy task. Be patient and keep practising as it may take some time. If you require assistance, your veterinarian or local obedience clubs are excellent resources.

Grooming

Make sure your pet has been well groomed, including coat, ear cleaning and claw trimming, a few weeks prior to your baby's arrival.



Helpful hints

- ☐ Your dog should be able to understand and obey basic commands such as sit, stay and drop. They should also be able to relax on a mat by themselves for a period of time.
- ☐ Ignore inappropriate behaviours or attention seeking actions such as "jumping up".
- ☐ If you require help or advice with your pet's grooming you may wish to engage a professional groomer. Contact your veterinarian for recommendations.
- ☐ If you intend to walk your dog with the baby in a pram, you should practise this before your baby arrives. Do not assume your dog will automatically be comfortable with this situation. Teach the dog to walk by the side of the pram. Never tie your dog's lead to the pram.

How can you avoid it?

Cat faeces.

Generally the key areas you may come into contact with cat faeces are the litter tray and soil in the garden. To avoid contamination you need to avoid hand to mouth contact.

Ensure the trays are thoroughly cleaned and disinfected at least daily.

- It takes about 24 hours for the infected faeces to become contagious.
- Carefully pour litter into a plastic bag, tie it up and place into the bin.
- Wash the tray with very hot water and detergent.
- Leave the cleaning of the trays to your partner and ensure they also practise good hygiene.
- No contact means minimized risk!
- If "mum to be" has to clean the trays use rubber gloves.

Wear gloves when you are going to be handling any types of soil or sand. All cats will use sand and soil as their outdoor toilet trays. The risk of handling contaminated faeces is higher because you are not disposing within the initial 24 hour period and it can remain contagious in the soil for months.



Always wash your hands thoroughly after gardening, cleaning trays, handling your cat.

Avoid feeding your cat raw meat.

The parasite can be carried in raw meat. Make sure that all meat is cooked thoroughly (until the juices run clear) the parasite cannot survive at high temperatures so this is very important. Good quality commercial pet foods are a good alternative.

Prepare your food hygienically and cook all meats thoroughly. Freezing will also generally kill the cysts.

You are at much greater risk of getting toxoplasmosis from the consumption of inadequately prepared and under cooked foods than from your cat.

Kitchen hygiene is a must.

- Always wash hands thoroughly prior to preparing foods.
- Always wash utensils/ boards thoroughly which have come into contact with uncooked foods.
- Thoroughly wash all vegetables prior to cooking and eating.

Preparing and cooking meat.

- Avoid handling or eating uncooked or under cooked meats, or use disposable gloves.
- Cook all meats thoroughly to an internal temperature of 160 degrees.
- Fluids from the meat should be clear.

If you are still concerned consider a blood test prior to or during pregnancy. This will help to determine the level of risk.





Zoonoses

What are they?

There are a range of diseases which our pets can pass onto humans. These can also be referred to as zoonoses. Worms, Ringworm and Toxoplasmosis, in particular, relate to our children, pet dogs and cats. Good hygiene practices, regular worming and flea treatment and keeping your environment free of cat and dog faeces will go a long way to minimising the risk of these and other diseases being passed on.

Diseases pets may pass onto the unborn baby

Toxoplasmosis

What is it?

An infection with a parasite called "Toxoplasma gondii" which infects warm blooded animals including humans. Usually it causes no symptoms, and many people will already have come into contact with this parasite without knowing it, and will have built up immunity. It can however cause serious disease in unborn babies. Fortunately this is rare, but pregnant women should follow simple precautions to minimize the risks of infection.

How do you get it?

- Eating contaminated raw or partly cooked meat.
- Using contaminated food utensils that have been in contact with raw meat.
- Contact with infected cat faeces.
- Consuming contaminated drinking water.

Should I get rid of the cat?

There is absolutely no need to surrender your cat because you are pregnant. By following some simple guidelines you will be able to minimize any risk. You are at far greater risk of catching toxoplasmosis from inadequate food preparation and under cooking meat than you are from your cat. According to a European Study in the British Medical Journal, the risk of your baby getting toxoplasmosis from your cat is approximately 1 in 1,000,000.



Organising a health check at the vet

In the first six months following your baby's arrival, you will be very busy and may not have time to arrange your pet's regular check-up. It is good to get this done prior to the baby's birth.

Who will look after the pets while you are in hospital with the baby?

Do you have someone who will be able to look after your pets while the baby is born and during the hectic few days that follow? Your baby may arrive unexpectedly, even in the middle of the night, so having this planned well in advance is important. Ideally your pets will remain in their own home, as this is where they are most comfortable and relaxed. Unfortunately this is not always possible.

Helpful hints

- ☐ Make sure your pet is up-to-date with their worming tablets, flea treatments and vaccinations.
- ☐ Consider the advantages of de-sexing your pet.
- ☐ If there are any behaviour modification issues you need to address, your veterinarian is a great first point of call for advice.
- ☐ If someone is coming into your home to care for them, familiarise your pets with their carer well before the birth. Ideally the person should also be familiar with your pet's routine.
- ☐ Make sure you have a good supply of pet food, which will not only see you through the hospital visit but also the first week at home.
- ☐ If they are being cared for away from the family home by family or friends, make sure they are familiar with these people and ideally with the home where they will be staying.
- ☐ If your pets are going to a boarding establishment, do your homework well in advance to source a reputable facility. Discuss options for getting your pets to the facility, keeping in mind that your baby may arrive in the middle of the night.



What new noises and smells will they encounter?

If your pets have not experienced a baby, there will be a range of new sounds and smells they must get used to. Remember, our pets' senses of smell and hearing are far more developed than ours. We need to familiarise them with new smells and noises before the baby arrives. Provide lots of positive reinforcement while introducing these new sounds and smells.



Helpful hints

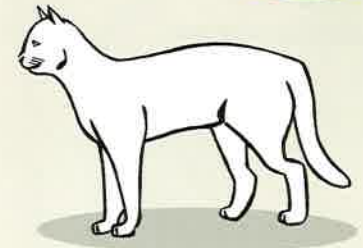
- ☐ Get a recording of baby noises and play it in areas where the baby will most often be, so that your pets can get used to these 'strange' sounds. Over time, increase the volume. If your pet becomes uncomfortable, reduce the volume and start the process again. Continue this until your pet is relaxed with baby sounds.
- ☐ Allow your pet to come into the nursery with you to smell and investigate the furniture and walk around under your supervision.
- ☐ Allow your pet to explore smells by applying lotions and powders on your hand and letting them smell.

Cats and their body language



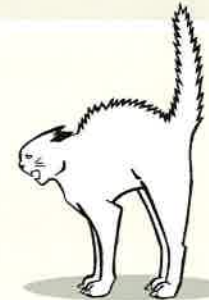
Happy

- Body is generally relaxed.
- Tail carried high with the tip hanging over the back or relaxed and low.
- Ears erect.
- Eyes are wide open or if completely relaxed may appear half closed.
- Whiskers in neutral position.



Defensive

- Tail erect and fluffed up.
- Back arched and ears flat to head.
- Whiskers back and pupils dilated.
- Hissing.



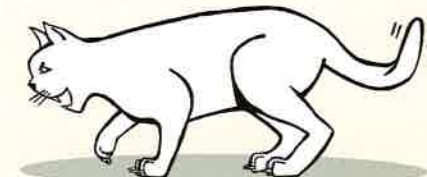
Frightened / timid

- Body low to the ground making itself look small.
- Generally the ears are laid flat on the head.
- Whiskers are laid back or flattened against the face.
- Tail may be under the body.



Aggressive / ready to pounce

- Tail low and swishing.
- Straight back with head in line with the body.
- Ears forward.
- Whiskers bristling forward.
- Hissing with mouth open and teeth bared.
- Claws out.

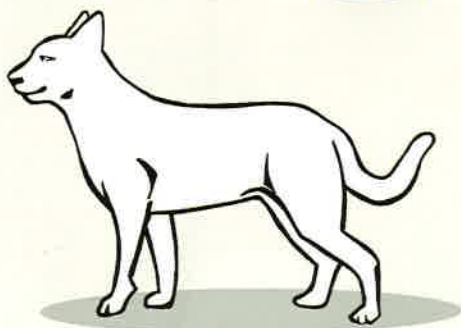


Dogs and their body language



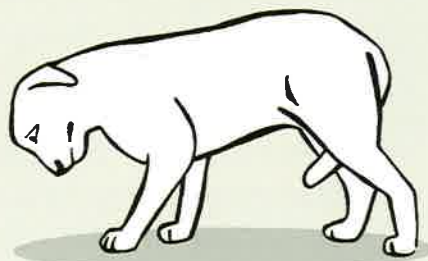
Happy / relaxed

- Body is generally relaxed.
- Head is held high.
- The tail wags freely and enthusiastically.
- Tongue hangs out in a relaxed manner.



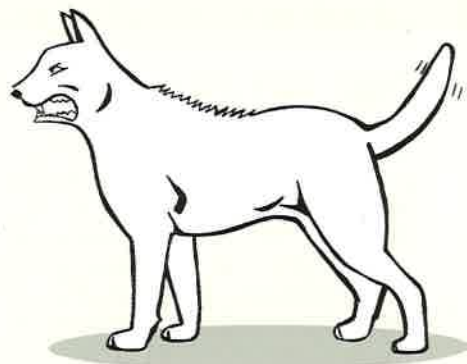
Nervous / frightened

- Reduces its size by crouching or rolling over to show its underbelly.
- Tail may tuck between legs or move from side to side in a lowered position.
- Ears back or flat on the head.
- Eyes may appear slightly closed and avoid contact.
- May extend its tongue in a licking motion.



Aggressive / ready to attack

- Stands on the tips of its paws.
- Hackles on neck and back standing erect.
- Tail may wag slowly and stiffly and held high.
- May snarl with lips pulled back showing teeth.
- Eyes wide open and staring.
- Ears will be erect.
- Growling and snarling.



The first six months Bringing the baby home

You have spent a great deal of time and effort preparing your pets so they are comfortable with their new environment and routines. The next step in ensuring your child and pets enjoy a great relationship is to make sure their initial meeting is a positive experience.

Research clearly identifies children in the 0–4 age group are most at risk of hospitalisation due to dog attacks. *The first six months* section looks at a variety of strategies to help you ensure your child is not at risk. It focuses on the need to actively supervise all interaction between your baby and pets. If you can't actively supervise, then make sure they are securely separated so there cannot be any physical contact. Understanding the potential risks associated with having a baby and pets will reduce the likelihood of accidents.



Let your pet smell something the baby has worn

It is getting close to bringing baby home. Are your pets ready?

Both humans and dogs share the senses of sight, hearing and smell. While humans communicate mostly through hearing and sight, dogs primarily communicate by smelling. Bringing home an item of clothing the baby has worn for your dog to smell is an important step in getting your dog ready for the arrival of the baby.

The initial greeting

When the new mum arrives home, it is a good idea for her to greet her pets without the baby first. To her pets, a new mother will look and smell different to the last time they saw her, while she was pregnant. They will also be excited to see her.

Helpful hints

- ☐ Prior to the baby coming home, offer your pets a blanket or clothes with the scent of your baby on it. You should accompany this with positive reinforcement, such as stroking and reassurance, which will help your pet associate the baby with a positive experience.
- ☐ Wait until everyone is relaxed and settled before you attempt to introduce the new arrival.



Understanding our dogs and cats

Many of us make the mistake of thinking that our pets think the same way that we do. They don't! Therefore we cannot assume they will react to a given situation in the same way we would. It is important that parents with pets have a basic understanding of dog and cat behaviour. Our dogs and cats cannot talk, however their body language and verbal cues will give us a good indication as to whether they are relaxed, uncomfortable or not happy in a given situation. This section explains their basic body language, helping you to recognise potentially dangerous situations.

Dogs, cats and their body language

Dogs and cats communicate with us using a range of facial characteristics, body positions and vocal sounds. It is important that these are looked at as a group rather than in isolation, as they can be confusing. For example a wagging tail is usually associated with

a happy dog, yet the position of the tail and the way the tail is wagging may indicate fear or aggression. It is also important to understand that these are generalisations, which may not be exhibited by all dogs and cats in similar situations.



The importance of modelling positive behaviours

Our toddlers are learning from us all the time. Research suggests that a high percentage of our total learning is done prior to going to school. Pets also retain what they learn at a young age. It is therefore very important that we model positive behaviours. If you play roughly with your pets, then expect your toddler to do the same. Likewise, the reaction of your pet may be inappropriate because you have taught them to react this way.

Before you decide to engage in rough play with your pet, ask yourself:

- What am I teaching my child?
- What am I teaching my pet?



Introducing your dog to the baby

The ideal time to make the introduction is when everyone is calm and relaxed.

If possible make sure your dog has been well exercised, but not over excited, prior to the meeting.

Introducing the cat to the baby

Cats are less likely to want to make a huge fuss of the newborn. They may be curious but will tend to investigate in their own time. While nursing the baby, call the cat and allow it to come to you.

Helpful hints

- ☐ Bring the dog in on a leash.
- ☐ Allow the dog to approach mum and smell the baby.
- ☐ As part of this process you may wish to unwrap the baby's feet so that the dog can smell them.
- ☐ It is important you gently reassure and positively reinforce the dog with praise and stroking.
- ☐ Repeat the process regularly over the first few weeks until the dog's curiosity factor declines.
- ☐ Under no circumstances should you force the dog to meet the baby. If it is not comfortable, stop and try another time.
- ☐ Seek professional advice if your dog continues to show reluctance.
- ☐ Do not force the cat or restrain it, as it may associate the baby with a negative experience.
- ☐ Allow the cat to approach and smell the baby.
- ☐ As part of this process you may wish to unwrap the baby's feet so that the cat can smell them.
- ☐ It is important that you gently reassure and positively reinforce the cat with praise and stroking.
- ☐ Provide the cat with plenty of opportunities over the first few weeks, to ensure it is comfortable around the new baby.
- ☐ Seek professional advice if your cat continues to show reluctance.

Maintaining routines

No doubt you have been working hard on your pet's routine prior to the baby's arrival, so that it is relaxed and comfortable with any changes. Maintaining your routines is important as it reassures your pets that all is well even with the arrival of the new family member.

It is a good idea to make sure your pets also spend time away from you when the baby is not around. It is important that your pets do not associate the baby with being separated or alone. If you are feeding the baby and putting the dog outside, you may wish to consider giving your dog something to do, such as playing with a toy. A 'Kong' stuffed with treats or something pleasant to chew on may also keep it happy and occupied.

Helpful hints

- ☐ Where possible, find some daily quality time for each of your pets.
- ☐ Grooming and going for a walk are great 'quality time' activities.
- ☐ Sitting on the couch and giving your pet a pat is relaxing for both you and them.



The most effective way of minimising any risks is to actively supervise all interaction between your child and pets, or else separate them.

Research shows us that there are certain situations and behaviours that are considered high-risk in relation to dog bite injuries with young children. Ensuring you can minimise these opportunities will greatly reduce the risk of incident or injury.



Helpful hints

Ensure your pets are left alone when they are:

- Sleeping
- Eating or chewing a bone
- Playing with their toys
- Unwell or injured
- On their beds or in their kennels
- Using the litter box or scratching pole.

Don't allow your child to:

- Play roughly
- Tease or hurt your pets
- Handle your pets inappropriately
- Grab your pets around the neck
- Squeeze your pets
- Wrestle your pets on the floor or ground.



Avoiding risks with your pets

Dogs

As your child grows, it is a good idea to look into things that need changing, such as the addition of more baby gates when the baby begins to crawl and walk. This time will come faster than you might anticipate.

Cats

Cats pose less of a threat in relation to injuries requiring hospitalisation, however a child's delicate new skin and a cat's claws are certainly not a good mix. Keep in mind that a toddler and a cat are at similar heights, therefore faces and eyes are at risk.

We know that a baby's jerky movements can catch a cat unaware and cause it to defend itself. In most cases a cat's first reaction, when feeling threatened, is to escape. If they cannot escape they are likely to scratch, or even bite in extreme cases.



Helpful hints

- ☐ Ensure you have pet-free and children-free zones in your home.
- ☐ You should provide resting areas that allow your pets to get away from curious children.
- ☐ You need to consider where you place pet items, such as litter trays, food and water bowls, toys and pet bedding. Ideally these should always be in child-free areas.
- ☐ Water bowls must be considered as a potential drowning hazard for toddlers and should be kept in the child-free areas.
- ☐ Provide areas for your cat where it can get away from your toddler. Cats have a very good leap so consider a high perch.
- ☐ Consider installing a cat door. Most designs allow you to control the door movement, which can restrict the cat from returning without your knowledge.



Approximately half of the bite injuries were to the head, face and neck.

0-4
age group is the most at risk.

Most children are bitten by their own dog or one known to them.

Facts about dog attacks

Are you aware that children in the 0-4 age group are at the highest risk for dog attack related injuries requiring hospital treatment?

Did you know that:

- Most dog attacks requiring hospital treatment occur in the victim's home or that of family or friends?
- Most victims are bitten by their own dog or a dog known to them?
- Victims tend to be bitten on the face or head due to their height?

Although these facts can be daunting, there is no need to think the risk is too high or that the only answer is to surrender your dog. If you have done your preparation and you are willing to actively supervise all interactions, the relationship between your child and pet will be a happy and safe one.

Every dog is capable of biting no matter the size or breed.



Active supervision is the key

All interaction between your pets and your baby needs to be actively supervised. This means that you are in a position to immediately intervene. Pets and children do not have an inbuilt understanding of how they should behave around each other. During the first six months, while your baby is not mobile, your focus needs to be on ensuring that your pets do not have access to your child unless you are actively supervising.



Helpful hints

- ☐ If you need to leave the room, even for a short time, take one of them with you.
- ☐ Do not give your pet attention only when your baby is out of the room and then ignore it when the baby is present. Your dog needs attention from you while the baby is both in and out of the room.



Avoiding inappropriate behaviours

Pets and children do not have a basic understanding of how to behave around each other. Toddlers may accidentally do things that could hurt or upset your pet.

Toddlers tend to grab fur, pull ears and tails, and poke at eyes and noses. We may consider a harmless hug around the neck a sign of affection, however your pet may not!

You must make sure that your children do not have the opportunity to do these types of things to your pets.

Remember that your pets do not have the ability to tell children to stop and will react according to their instincts. If they are feeling threatened or hurt and can't escape, they may bite or scratch.

Once your child is mobile, you need to be much more aware of your home environment, to ensure that your pets and child cannot access each other without supervision.



Helpful hints

- ☐ Encourage your toddler to interact with your pets in an appropriate manner and discourage any inappropriate behaviour.
- ☐ Always provide your pets with positive reinforcement when they are interacting with your child.



Toddlers are also unsteady on their feet, which means they may accidentally hurt or upset your pets, with potentially painful consequences. At this stage it is important that you not only actively supervise or separate them, but also begin teaching your child appropriate ways to interact with your pets. Toddlers are not capable of recognising the warning signs our pets may give them, so it is important that you are always actively supervising any interaction and are in control of the situation.

Supervise or separate

If you cannot supervise your child and your pet, then you need to be sure that you can safely separate them. One great idea is to establish a pet-free zone for the child and a child-free zone for the pets. As your child grows you may wish to consider an outdoor zone for each as well. These areas need to be adequately secured. Consider the ability of little hands and feet to slip through barriers. It is important that the areas for your pets are comfortable and engaging, so that they do not stress during their time away from the family.

It is even more important now to have a plan for separating you child and your pets when you have to leave quickly, even when it is only for a few moments.

An inappropriate action, such as an accidental poke in the eye from a child, takes two seconds, and a defensive / aggressive reaction from your pet even less. Again, remember to ensure your pets have plenty to keep them happy and occupied during separation time, making it a positive experience.



The most effective way of minimising any risks is to actively supervise all interaction or separate them.



Supervise or separate

If you cannot actively supervise then you must securely separate your child and your pet. Make sure your extended family and visitors are also vigilant in following the "supervise or separate" rule and any other house rules you have in place.

It is important that your pets do not see separation time as a punishment. Make sure there are positives such as toys, treats or a quick game to keep them happy.



Helpful hints

- ☐ Create a safe and secure area where you can separate your dog from your baby.
- ☐ Never assume your pet is securely separated, check to make sure!
- ☐ A dog barrier or security type door to the nursery for cats will ensure that your pets cannot disturb your baby while it is resting.
- ☐ Set up house rules, such as making sure all doors and gates are closed behind you.
- ☐ Have back up plans for when you need to leave quickly in the event of an unexpected phone call or knock on the door.
- ☐ You can securely separate very easily by putting your pets outside or in a room such as the laundry. Make sure there are plenty of things to keep your pets happy and occupied.
- ☐ Placing a box of treats near the back door makes them easy for you to access and will help make sure your pets are happy when they go outside.

Who else is looking after your baby?

Many mums re-enter the workforce soon after their baby is born. Grandparents, family and friends are often used for child minding and as caregivers. If they have their own pets, it is important you make them aware of the need to actively supervise or separate. Hopefully they have been preparing their pets for the new arrival too! Grandparents' pets, in particular, may not have been socialised around young children.



Helpful hints

- ☐ We strongly advise you to provide this booklet to all caregivers.
- ☐ Remember, if a caregiver is coming into your home to look after your child, it is important that you inform them of your routines and requirements, particularly in relation to active supervision and separation.
- ☐ If your baby is being cared for in the caregiver's home, do not be afraid to ask what rules they have in place with their pets and if necessary advise them to actively supervise or securely separate. If they are not prepared to do so, you may need to consider finding another caregiver.



Baby on the move

The toddler stage brings a new dimension to the child / pet relationship. Until now you have only needed to concern yourself with ensuring your pets cannot reach your baby. Now that the baby is capable of moving around, it is also time to turn your attention to making sure your child cannot access your pets or their belongings.

Mobility + opportunity = accident

