

National Maternity Hospital

Pregnancy Information

Domino
&
Homebirth
Service



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Pregnancy Information

Produced by The Domino and Homebirth Team, NMH. © 2023 version

Domino Ethos

Thank you for your interest in The Domino and Homebirth Service

As a team we strongly promote active birth. We encourage all women to use natural methods to help with the contractions of labour, e.g., movement, massage, heat packs, water, and good mental attitude. This enables all women to be actively involved in the birth of their baby. We, as midwives, have seen the benefits of this approach.

The philosophy of the Domino Midwives is to facilitate a healthy pregnancy, an active and positive birth experience and ultimately a healthy mother and baby following discharge. A Midwife's role is to assess and advise pregnant women, to determine that everything is normal or make appropriate decisions if there is a deviation from what is considered the norm.

The Domino Midwives aim to facilitate women to achieve a normal, natural birth. To do this we actively encourage women to prepare the mind and body for pregnancy, labour and their adaptation to parenthood.

This can be achieved by:

- 1. Education** e.g. reading/attending antenatal classes, preparing for parenthood.
- 2. Nutrition** maintaining a healthy balanced diet to nourish you and your baby, i.e. not eating for two.
- 3. Exercising** labour is a physical task which requires stamina and strength. It is not a job to be done lying down. It is essential to maintain a good level of physical fitness, whilst accommodating the possible limitations that pregnancy may cause.
- 4. Mental preparation** appreciation of the fact that this is a unique time which can be psychologically challenging and may unearth emotional issues which can sometimes be difficult.

Transfer to hospital based care

This is a midwifery-led service for women with a normal medical and obstetric history. If for some reason your pregnancy moves outside the limits of normal, the Domino Midwives will refer you to see an Obstetrician in NMH. At this visit, the obstetrician will make a decision as to whether your care needs to be transferred completely to hospital based care.

Dublin and Wicklow useful number: Appointments, Antenatal Classes and Non urgent queries call **01 637 3177**

To speak to a Midwife please contact **01 637 3100** and ask for **bleep 090**

Email: commw1@nmh.ie

We look forward to meeting you and if you have any questions please do not hesitate to contact The Domino and Homebirth Team.

Disclaimer: The information in this booklet is brought to you by the Domino Midwives. Our team recognise individual needs and this booklet acts as a guide for each couple on their individual journey to parenthood.

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Notes for Parents

Useful information/reminders

Mothers label -

Parity-

EDD-

HB-

Repeat-

Blood group-

Anti D-

Serology-

Rubella-

Placental location-

Whooping cough and flu vaccination-

Notes-



Schedule of Care for Antenatal Women

The Domino Midwife will check your blood pressure, urine and your baby's heart beat. We will listen to any of your concerns and discuss the necessity for further assessment if appropriate. Should we have any concerns regarding you or your baby, you will be assessed by an Obstetrician working in the NMH.

Week No.	Date/Time	Seen by	What to expect at each visit
8-14		GP	Register with your GP.
12 week dating scan		Scan dept.	Dating ultrasound scan in NMH.
12-14		Midwife	Booking visit: 1st visit with the Domino Midwife. Your booking form is discussed. Booking bloods are taken.
20-22		Scan dept.	Ultrasound scan done in NMH.
24		Midwife/GP	Antenatal check. Blood test for gestational diabetes between 24-28 weeks gestation if required.
28		Midwife/GP	Antenatal check with blood test to check your iron level. An Anti-D immunoglobulin appointment will be offered in our outpatient department depending on you and your babies blood groups.
30 to 36			Antenatal classes and breastfeeding classes in NMH or Bray primary care centre with Domino Midwifery Team. Contact office to arrange your class. Phone: 01 6373177 Email: commw1@nmh.ie
32		Midwife/GP	Antenatal check.
34		Midwife/GP	Antenatal check.
36		Midwife/GP	Antenatal check.
36-41		Midwife/GP	Antenatal check alternating between Midwife/ GP WEEKLY.
40+		Midwife/ consultant	Postdates clinic with The Domino midwife for bedside ultrasound to monitor fluid around baby +/- review by an Obstetrician
41+5		NMH	Scan and assessment by registrar on duty.
Post Birth of Baby			Discharged home 6-12 hours post delivery assuming you and your baby are well.
Day 0-Day 7/8 post delivery			Post natal home visits by a Domino Midwife.
Public Health Nurse			Will call and arrange for your follow up care in your own home and at the local health centre.
GP			If you have done combined care with your GP, you normally need to book a 2 week and 6 week postnatal check for you and your baby.

Birth Preparation, Let's Get Started

Our Domino and Homebirth Team will provide you with information throughout your pregnancy. We are here to support and guide you with your decisions.

It is your responsibility to prepare your body and mind for the birth of your baby. This will involve a combination of healthy eating, taking regular exercise and having adequate relaxation time. Your regular antenatal visits provide an invaluable opportunity to voice any queries or concerns you may have.

Look after your mind,
body and spirit.
Bernie, Midwife



The following is a list of recommended authors/websites that may be of interest to you and your birthing partner.

Authors:

- Pam England
- Siobhan miller
- Milli Hill
- Michael Odent
- Ina May Gaskin
- 'The modern midwife' Marie Louise
- Molly O'Brien
- Sara Wickham

Websites:

www.spinningbabies.com
www.birthpools.com
www.thepostivebirthcompany.co.uk

Instagram:

domino_midwives
Midwife Pip
mamastefit
birth_ed

This is a list of classes/activities that you might enjoy. Please ensure your practitioner has a recognised qualification.

- Hypnobirthing
- Aquanatal classes
- Yoga
- Active birth classes
- Acupuncture
- Osteopathy
- Massage
- Aromatherapy
- Pilates
- Reflexology

Nutrition and Pregnancy

Top healthy tips from Sinead Curran, NMH Dietitian:

Did you know that what you eat while you are pregnant can help make your baby healthier, even as an adult? Studies show that babies who were well nourished in the womb are less likely to develop heart disease as adults. A pretty good reason to swap those crisps for a healthy snack!

My top recommendations for good nutrition in pregnancy sound like the advice your granny would give you-eat more vegetables and cut out the "junk" food. Veggies give you fibre, vitamins and minerals, helping your gut to work well and get the most out of other nutrients. 'Junk' food like bars, crisps & fizzy drinks are loaded with fat, salt and sugar that you and you baby just don't need. Try unsalted nuts or seeds, yoghurt, fresh fruit or veggie sticks instead.

Eating for two? It's the quality rather than the quantity of your diet that counts. From week 12 on, you only need an extra 200-300 kcal every day to provide enough energy for your developing baby. So some healthy snacks in addition to 3 meals, will generally be enough to meet your needs. Eating little and often can help manage nausea and appetite.

You can expect to gain about 0.2-0.5Kg (1/2 lb or 1lb) a week on average from 12 weeks on. 'Dieting' to control weight during pregnancy is not recommended. If you have issues with food or weight discuss them with your Midwife, and see the dietitian for advice and support.

Your healthy pregnancy plate

At each meal, include a balance of wholegrain starchy carbohydrate foods for energy and fibre; protein foods for building blocks and iron; and vegetables for vitamins, minerals and fibre.

Iron

See page 10 for further information on iron in pregnancy.

'Tus maith' (Good start) is an information class provided by a dietician and a midwife for women with a BMI >25 kg/m² at booking. class is online once amonth.

To book:
email: dietician@nmh.ie

What you eat while you are pregnant can make your baby healthier even as an adult.



Folic Acid

This vitamin is particularly important both before and during pregnancy. You need to take a supplement of 400mcg every day right through the first trimester to help prevent Neural Tube Defects. It is also essential for the formation and healthy growth of cells in the body, such as red blood cells. Some women need to take a higher dose of folic acid, speak to your GP about this.

Protein

Good sources of protein include meat, fish, chicken, eggs, milk, cheese, yoghurts and also pulse vegetables such as peas, beans and lentils. The average Irish diet supplies more protein than we actually need. Focusing on foods rich in calcium and iron usually means that you and your developing baby will have a plentiful supply of protein to use as building blocks for organs and cells.



Calcium

Calcium is needed for the development of bones and teeth for you and your baby. It also has a role in healthy blood pressure and in muscle function. Including 3 calcium rich snacks between your meals every day makes sure that you and your baby get enough.

- Best sources: dairy foods – milk (1 glass), cheese (25g/1 oz), yoghurt (125g pot).
- Other sources: fortified foods with calcium added such as special juices, breads & breakfast cereals.

Vitamin D

This helps your body absorb calcium. Dietary sources include oily fish (e.g. tuna, salmon, herring, and sardines), whole milk, fortified milk, butter, fortified margarines, cheese, eggs and fortified breakfast cereals. Your body makes most of its vitamin D from ultraviolet light so try to get outdoors daily though we do not get strong enough sun in Ireland to maintain levels for most people. It is now recommended that all pregnant and breastfeeding women should take 10mcg (400 IU) of vitamin D daily (Pregnancy multi-vitamins contain the RDA).

Rich sources: oily fish (sardines, mackerel, herring, salmon, trout) and fortified milks.

Omega 3 fatty acids

Omega 3 fatty acids are important for your baby's brain and eye development.

- Rich sources: oily fish, fortified foods (e.g. omega eggs, omega milk). Fish is also a great source of iodine.



Vitamin C

Foods containing Vitamin C such as citrus fruits (oranges & grapefruits, tomatoes, strawberries, kiwi, dark berries, tomatoes/juice, bell peppers, potatoes, spring onions, parsley, chives, spinach and chicory), can help the absorption of iron from food when eaten at the same meal e.g. orange juice or a piece of fruit taken with breakfast cereal or a salad/ tomatoes with eggs or beans. See page 10 for further information on iron in pregnancy.

Try one of these healthy options for around 100kcal.

- 2 rye crackers with light cheese spread & tomato.
- 2 apples / oranges / pears / peaches.
- 12 dried apricots.
- 2 oat biscuits.
- 1 large banana.
- 1 glass of milk.
- 1 slice of bread/toast with light spread.
- 1 slice fruit loaf.

Eating for two? It's the quality rather than the quantity of your diet that counts.



Food safety in pregnancy

Some foods need to be avoided while you are pregnant because they may contain bacteria that are harmful to your baby. Cooking food all the way through destroys such bacteria, so wash all food that you will eat raw (fruit/salad), wash your hands before eating or cooking and make sure that all meat, chicken, eggs are thoroughly cooked. Mould ripened cheese like brie, camembert and goat's cheese should not be eaten raw, but can be eaten well cooked e.g. on pizza, toasted sandwich. Hard cheese and processed cheese is generally fine to eat. If you have any concerns about food safety, check with your Midwife or dietitian.

For more information on food safety in pregnancy, check out www.safefood.eu

From week 12 on, you need an extra 200 - 300 kcal every day to provide enough energy for your developing baby.



Suggested Meal Plan

Breakfast

- Wholegrain cereal or oats with fortified Milk.
- And fresh fruit or fresh juice.
- And wholegrain toast with butter.
- And eggs or cheese or nutbutter.

Midmorning

- Yogurt and fruit.

Lunch

- Sandwich with wholegrain bread or wrap or pita.
- And meat / chicken / fish / eggs / beans / lentils / chickpeas / falafel / hummus / pesto and salad filling or soup.
- And fresh fruit.

Afternoon

- Unsalted nuts with fruit.

Dinner

- Rice / pasta / potatoes / couscous / noodles / bread / wraps.
- And meat / chicken / fish / eggs / beans / lentils / chickpeas / falafel / hummus / pesto.
- And large portion of vegetables or salad and fresh fruit.

Evening

- Pita with hummus and veg sticks. or crackers and cheese. or milk and oat biscuits.

Reduce Your Risk of Developing Anaemia

Growing and birthing your baby is a physical job which requires you to be healthy and strong. You therefore need to nourish your body with the right choices of food. Most women will obtain the minerals and vitamins they need through a well balanced diet with an emphasis on -

- Vegetables / fruit / whole-grains / low fat milk products.
- Lean meat / poultry / seafood / beans / eggs / nuts and seeds.
- Limit – saturated fats / salt / sugars / refined grains.
- Stay within calorie needs – you only need an extra 200kcal per day.

Iron is an essential nutrient which helps our bodies transport oxygen to our cells. When you become pregnant your iron needs to increase. At your booking visit a blood test was done to assess your iron level and/or haemoglobin. Demands increase significantly in the last 3 months when the baby stores iron in the liver. Your baby's "iron storage" is nature's way of providing them with adequate iron, in the first six months of their life, before they start to eat solid food. If your iron level drops significantly you become anaemic. Between 30-50% of women become anaemic in pregnancy and iron deficiency is the most common cause either through poor consumption or poor absorption.

The best source of iron in pregnancy is diet

"Haem" iron is the most easily absorbed (25%) and is generally derived from meat sources. "Non haem" sources are generally plant based, but are more difficult to absorb (10%). When haem and non haem foods are eaten together, especially if combined with foods containing vitamin c, they

Signs and symptoms of anaemia

1. Paleness, Exhaustion, Dizziness.
2. Shortness of breath on minimum exertion.
3. Fast heart beat and occasionally palpitations.

work together to help absorb the iron. Examples of this include eating baked beans with tomatoes and ham or adding some minced meat to a vegetable chilli.

Things that reduce absorption of iron include milk based products or calcium supplements, tea, coffee, rhubarb and antacids (e.g. Gaviscon or Rennie tabs) Ideally, they should be taken at least two hours following an iron rich meal.

Iron

Sources of iron - easily absorbed

- Beef / lamb / bacon and ham.
- Chicken and turkey (especially dark meat).
- Black pudding.
- Oily fish.
- Meat products.

Other sources of iron - less easily absorbed

- Fortified breakfast cereals.
- Pulses (peas, beans, lentils).
- Bread.
- Dried fruit (apricots, figs).
- Dark green vegetables (spinach, broccoli).
- Eggs.



If diet alone is not enough to maintain your haemoglobin oral iron supplements should be commenced. The haemoglobin should increase within 2 weeks otherwise other iron studies will need to be done. We recommend taking iron supplements from 20 weeks.

What to consider when choosing an iron supplement

Choose a supplement that contains "ferrous" iron rather than "ferric" iron. Note the amount of elemental iron it contains. You will generally require a dose 60-200mg of elemental iron daily but this will depend on how low your haemoglobin level is.

Preparations vary but this is an example of some that are available:

- Ferrous sulphate 325mg = elemental iron 60mg.
- Ferrous fumarate 325mg = elemental iron 106mg.
- Ferrous gluconate 300mg = elemental iron 34mg.

You do not need a prescription for iron.

Supplements to consider:

We recommend taking Galfer or ferrograd C if your iron is known to be low and we are treating you for anaemia

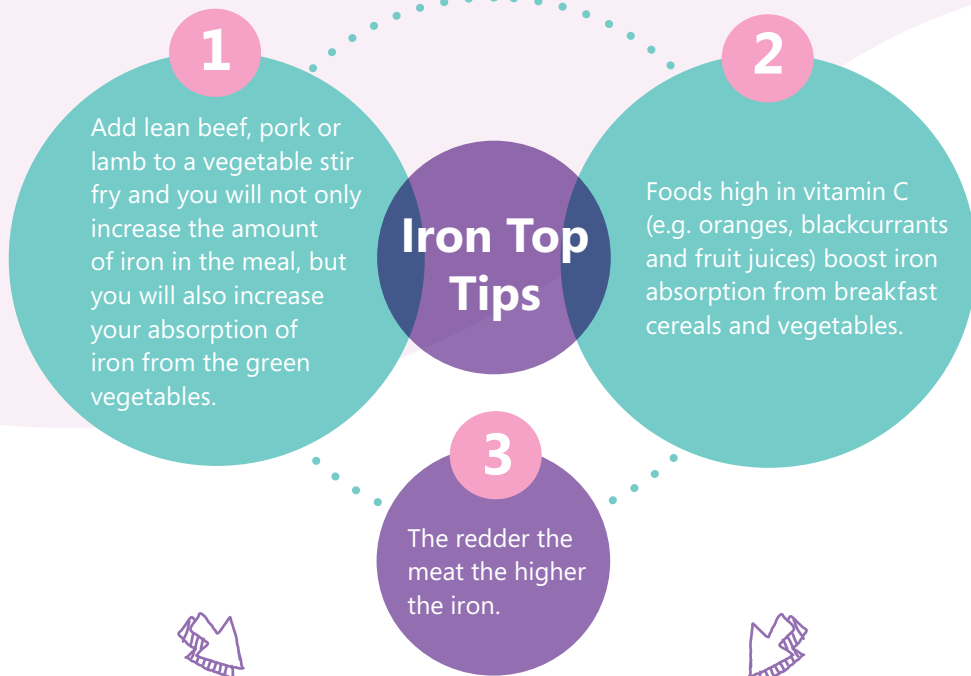
If your goal is to maintain your iron levels we recommend Hemoplex/Solgar gentle iron, floradix syrup, active iron. Just to note: These are not strong enough to treat low iron stores.

Slow release tablets tend to have fewer side-effects but are not as well absorbed. Liquid iron can temporarily stain your teeth. All iron supplements will make your stool darker. They frequently cause constipation and occasionally it may be necessary to take a stool softener. Iron is best absorbed if taken 1 hour before or after a meal. If it causes a stomach

upset it may be necessary to take it with food. Some women may not be able to absorb iron for other reasons but this will be discussed if it applies to you.

Information provided in this chapter has been approved by our Department of Clinical Nutrition and dietetics.

Ensure your iron level is checked between 24-30 weeks gestation



Take orange juice or a piece of fruit with your breakfast cereal or grapefruit as a starter.

Avoid caffeine or tea one hour before or after taking iron supplements as it inhibits absorption.

Gestational Diabetes

Gestational diabetes is one of the most common medical conditions to be diagnosed in pregnancy. If you have a risk factor (listed below), you are at higher risk of developing gestational diabetes which can cause health problems for mothers and babies.

Your risk factors for developing Gestational Diabetes

- Family history of diabetes (parent, brother, sister).
- Body Mass Index (BMI) ≥ 30 .
- Age ≥ 40 years.
- Ethnic background (Africa, Philippines, Asia, Middle East).
- Some medical conditions – (Polycystic Ovarian Syndrome; Long-term use of steroids).

Previous pregnancy

- Previous gestational diabetes.
- Baby ≥ 4.5 kgs at term.
- Previous unexplained stillbirth.

In this pregnancy

- Glucose in your urine sample.
- Macrosomia (baby large for dates) confirmed by scan.
- Polyhydramnios – too much liquor (fluid) around the baby.

What happens if I do develop Gestational Diabetes?

You will be screened for gestational diabetes between 24-28 weeks of pregnancy if you have an identified risk factor.

It may also be tested for at any time if your midwife suspects clinical signs or symptoms of gestational diabetes. This will involve a 2 step screening process that uses a carbohydrate load to challenge your

insulin production. If your oral glucose tolerance test is positive, then you will have a diagnosis of gestational diabetes. In this case, an obstetric team will provide your antenatal care alongside the diabetes team providing your diabetes care for the remainder of your pregnancy.

You can reduce your risk by following these simple steps

Step 1: Physical activity

The target is 30 minutes daily; this can easily be broken down into smaller bouts of exercise throughout the day, 3 ten minutes for example. Regular moderate exercise such as walking or swimming (or anything else that you enjoy from yoga to dancing) will help keep your blood glucose in balance. Discuss with your Midwife/Doctor if you have any medical conditions or injuries.

Step 2: Healthy eating, here we go again...

It is really important to eat a wide range of foods for good nutrition. You don't need a lot of extra food when you are pregnant, but you do need good nourishment for your baby to develop well. Cutting the 'junk' helps keeps your weight under control and may help to reduce your risk of developing gestational diabetes. Choose healthier options for meals and snacks, go for wholegrain breads and cereals instead of white, eat plenty of vegetables and stay away from food and drinks that are high in fat (crisps, chips, chocolate, fried foods, sugar, fizzy drinks, sweets, cakes, biscuits, sugar cereals).

Step 3: Maintain a healthy weight

By following steps 1 and 2, you will keep to a healthy weight. You will gain about 0.5kg (1lb) a week during pregnancy. If you are overweight, you can safely gain less than 0.5kg/week, as long as you are eating good food and having regular meals (breakfast, lunch, dinner) so that you have enough nourishment (calcium, iron, vitamins, protein, energy etc) for your baby's healthy development. If you don't eat enough good food, you both miss out.

Exercise in Pregnancy

Benefits of exercise

- Improves oxygen flow to placenta. ✓
- Helps you manage your weight. ✓
- Reduces risk of increased blood pressure/gestational diabetes. ✓
- Helps you sleep. ✓
- Boosts energy levels. ✓
- Improves your mood. ✓

If you weren't very active before you became pregnant, start off slowly with 15 minutes of continuous exercise three times a week. Gradually increase this to 30-minute sessions at least five days a week. You can also do your 30 minutes in ten minute blocks and build up from there.

Walking is the foundation of pregnancy fitness and you can do it throughout your pregnancy. It is free and it is on your doorstep. If you are not used to doing much exercise this is where to start. Begin with a five minute stroll and gradually build up. You can walk faster, further and for longer the fitter you become. Just remember to keep to a pace in which you can hold a conversation.

Swimming is a great way to get your heart rate up without putting extra stress on your joints or ligaments. For an upper body workout, place a float between your knees and just move your arms. Try to avoid holding your head out of the water because this can cause neck and back strain. Some women may worry that the chemicals used to disinfect swimming pools could harm the baby, but there is no evidence to suggest that your baby could be at risk.

Aquanatal classes are popular during pregnancy because, as in swimming, the water helps to support you and your bump while you exercise. It is a fun way to meet other mums too.

Feel comfortable to carry on with your aerobic exercise classes. You can reduce the impact on your joints and risk of falling over by avoiding quick jumps, twists and turns. Mention to your instructor that you are pregnant and they will tell you how to adapt some of the moves to suit you.

Yoga is a great way to de-stress and release tension, as well as helping to improve your breathing and circulation. Strengthening your muscles will help you carry the weight of your growing baby and make you more comfortable in general. Stretching will help target specific aches and pains. Some deep twists and bends are not suitable during pregnancy so make sure you tell your instructor you are pregnant or look for a class specific for pregnant women.

Pilates use a class specifically for pregnancy. This helps to prevent aches and pains. It is good for your pelvic floor, abdominal muscles and back muscles. These are the muscles you want to strengthen for the birth.

Jogging If you're already a jogger, it's absolutely fine to continue running in pregnancy. Always keep hydrated and wear a stretchy support band to reduce discomfort when your bump becomes heavy. If you become too hot, stop and take a break – this is particularly important in pregnancy. If you are not used to jogging this is not the one to start while pregnant.

Cycling. You may hear advice not to cycle while pregnant. This is because your sense of balance changes, which may make you more likely to fall off. If you are an experienced cyclist, you should be safe to continue as usual but if you feel less stable then stay off the bike to be on the safe side. Indoor cycling on a stationary bike or in a Spinning class is safe.

Resistance training. Working with weights is a great way to keep your muscles toned during pregnancy and strengthen your core, and is thought to help during labour. Using weight machines rather than free weights will be safer if you are not used to weight training. You can also attend classes based around weight-training or body conditioning. Opt for free weights, rather than machine weights, and aim to feel resistance rather than do anything where you feel strained. Avoid resistance training if you have high blood pressure.

All activities count. Aim for **30 minutes** a day, at least 5 times a week.



Daily Activities, Why Wait?



01

Pelvic tilts-(cat stretch)

Start with a straight spine on hands and knees. Ensure wrists are in line with shoulders and that knees are in line with hips. Breathe in to prepare-exhale and arch back like an angry cat tucking tail bone under, lifting and engaging your pelvic floor and draw your chin towards your chest. Hold for a breath and release back to straight back as you exhale and release.

Repeat 20-40 times.



Movement:

The pelvis opens better when it has been kept mobile and symmetrical. Throughout pregnancy, movement and exercise helps to improve muscle tone and helps the pelvic joints to stretch and relax. This promotes symmetry and space for your baby to move down through your pelvis towards the end of your pregnancy and throughout the birth process.



02

Figure 8/hip circles on ball. These exercises encourage your baby to descend into your pelvis. Ensure you even out each side, rotating equally clockwise and anti-clockwise with your hips.



Check out this link for full explanation:
www.spinningbabies.com/learn-more/techniques/the-fantastic-four/forward-leaning-inversion/



03

Forward leaning when sitting allows for an optimum tilt to your pelvis and encourages your baby's back to move to the front of your belly.



04

Stair exercises. Using the stairs can help you to feel supported while doing wide legged steps or lunges. The benefit of these exercises is opening the pelvis at varying angles as you move up or down the stairs. This encourages your baby to move down into an optimum position for birth. Similar cautions to squatting apply here (see 07 Deep Squats, page 18).



Daily Activities, Why Wait?



05

Pelvic floor exercises

See page 31 on pelvic floor exercise. These can be done anywhere and at anytime. However, sometimes giving your self some quiet time to do them can encourage gentle mindfulness and exercising the most important set of muscles that you own!



06

Lunging

Lunging helps to open your pelvis in a different angle and can be a powerful pose to encourage your baby to move down into your pelvis. Using a ball can help with support. Always ensure that your knee glides over your foot when you lunge as not to put excess pressure on your ankle.



07

Deep squats as shown should only be done if they feel right, your baby's head is down and that you don't suffer from pelvic girdle pain. If PGP is an issue, sit on a low stool instead. This is an intense posture. You must breathe slowly and deeply and focus relaxing your jaw, shoulders, hips and pelvic floor muscles. Imagine your baby moving down further into your relaxed pelvis. Try holding position for 3-4 long breaths. To come out of position, go into all fours rather than trying to stand back up (killer leg work out though!) **repeat twice.**



08

Childs pose: Helps release tension in hips and eases lower back pain, use your breath to release this tension, focusing on your long slow out-breath and remember to release relax and let go.



09

All four hip circles. Start in all fours position and slowly start to make circles with your hips. As you get used to it increase the size of the circle and exaggerate the movement of your hips. Then try making a figure of 8. Use long deep breaths and as you exhale release the tension that you notice in your body.



10

Brisk walk and curb walking. Curb walking helps to open the pelvis in varying angles encouraging your baby to move down into the pelvis.



Think of labour as a marathon, prepare for it emotionally, physically and mentally.
Katie, Midwife

Things to be Concerned about During Pregnancy

The Golden Rule is: If you are worried that something is wrong with your baby or yourself, contact the Midwives straight away. Don't be frightened that you may be over-reacting: it is really important that you understand what is happening and that your concerns are dealt with.

Bleeding during pregnancy

When did the bleeding start? How much blood have you lost? (Just spots of blood, a teaspoon full or an egg cup full?) Do you have pains in your abdomen?

Sometimes a miscarriage starts with a small amount of dark red bleeding and tummy cramps. However, during early pregnancy, it is not uncommon to have "spotting" which means losing very small amounts of blood especially at the times when you would normally be having a period. Call the Midwives for advice. Is there someone you can ask to be with you? You should be aware of your blood group e.g. Rhesus negative/positive.

Sickness

Is this sickness different from morning sickness? Can you think of anything you may have eaten which could have upset you? Do you feel feverish and generally unwell? Have you any pains in your abdomen?

Women get minor illnesses such as coughs, colds and stomach upsets during pregnancy as well as other times in their lives. However, if you think that your sickness may be due to something out of the ordinary, and certainly if you have any abdominal pain, go to see your GP/Midwife. Always read the labels of over the counter non prescription medication during pregnancy and when breastfeeding.



A fall

Did you hit your stomach or head when you fell? How do you feel now? Can you still feel the baby moving?

A fall during pregnancy can be worrying. If you are not bruised and you can feel your baby moving, there's probably nothing to worry about, but you should call the hospital, your GP or Midwife.

If you are Rhesus negative, it is important to contact the hospital immediately.

Severe headaches

Do you normally get headaches? Have you got spots before your eyes? Does your vision seem to be affected by your headache? Have you got pains in the top half of your abdomen?

Pregnancy is definitely challenging. You may find that you suffer from tension headaches and need to make time to relax, enjoy a bath, go out with your partner or friends, or treat yourself. In early pregnancy an Indian head massage can help. Sometimes very bad headaches may be a symptom of a disease of pregnancy called Pregnancy Induced Hypertension (PIH) or pre-eclampsia. If you have spots before your eyes and/or pain in the upper part of your abdomen, you should call the team or hospital immediately.

Baby movements

Most women start to feel baby moving from 16-24 weeks. A baby's movement can be anything from a small flutter, kicks, swish or roll. The type of movement may change as your pregnancy progresses.

A reduction in your baby's movement can be a warning sign that your baby is unwell. It is important for you to get to know your baby's own pattern of movement.

Has today been busy and have you simply not noticed your baby moving? Have you noticed a gradual decrease in your baby's movements over a few days? How long is it since you last felt your baby move?

It is not uncommon for busy women to get to the end of the day and suddenly become anxious that they haven't felt their baby move since morning. Sit down or lie down and relax for half an hour, try taking a bath, drink something sweet and see if your baby starts moving. If you are at all anxious and feel that there's been a definite change in the pattern of your baby's movements, call the Midwife for advice.

Waters break

The bag of water surrounding the baby either starts to leak or burst with a gush. You should note the time, amount, colour and odour if any. The water should be a clear colour, but if there is a green staining you should attend the hospital immediately.

Losing water from around the baby means that labour may start within the next 24 hours and your baby will be born. Try to collect a sample of liquor to bring to the hospital with you. You should contact the Midwife and they will advise you what to do next. If there are no regular contractions. You will be asked to attend the hospital for assessment of you and your baby. If all is ok you will be advised to go home and await events and given a time to return if labour has not begun.

Baby's movements

How often should the baby move?

There is no set number of normal movements. The advice is to get to know your baby's individual pattern. You should continue to feel your baby move right up until you give birth.

If you are concerned regarding your baby's movement pattern slowing down or have stopped, **DO NOT HESITATE** in phoning the hospital and speaking to a team member, we are available

24/7, 7 days a week.

Contact the Domino midwife by calling: 01 6373100 and ask to speak to the Domino midwife.





Group B Streptococcus (GBS)

What is it?

Group B Streptococcus is a common bacterium. 1:4 women in Ireland can carry GBS and it can come and go with no symptoms. Antibiotic therapy may be required in your pregnancy and will also be required in your labour.

What does GBS mean for my baby?

Many babies come in contact with GBS during labour or birth. The vast majority of babies are not harmed by the contact and do not become unwell. However, a small number of babies (1 in 2000) develop GBS infection. Infection is more likely to occur if:

- You are diagnosed with GBS in a swab or urine during pregnancy.
- Your baby is born or your water is broken before 37 weeks.
- You previously had a baby who developed GBS infection.
- You develop a high temperature in labour.
- More than 18 hours have passed after your waters breaking.

We screen for GBS between 35-37 weeks if you have:

- History of GBS on a previous pregnancy.
- Previous baby that developed GBS infection.
- If you are allergic to Penicillin.

How can I reduce the risk to my baby?

- If you test positive for GBS during pregnancy or by 'rapid testing' when your waters break (with no contractions) you are offered intravenous antibiotics in labour. Ideally, 2 doses of antibiotics are given prior to the birth of your baby. If you are allergic to penicillin an alternative is administered.
- If you do not receive the 2 doses of antibiotics then your baby is closely monitored for 36 hours and you will need to remain in hospital for that time.
- If GBS is detected during pregnancy it may not be possible to birth your baby at home. This will be individually assessed as it depends on location of GBS and how many weeks pregnant you are.

What happens if my baby has GBS infection?

- If it is suspected, tests will be performed and this will be discussed with you.
- Babies will be treated immediately with antibiotics and will remain in the neonatal unit.

For further information visit:
www.hse.ie/eng/health/immunisation/pubinfo/pregvaccs/

Vaccinations

Recommended vaccines for pregnancy:

flu & covid vaccine advised at any stage in pregnancy.

Whooping cough from 16-36 weeks pregnancy.

The Golden Rule is:
 If you are worried that something is wrong with your baby or yourself, contact the Midwives straight away.

Deep Vein Thrombosis (DVT)

Is a condition that occurs when blood clots form in deep veins, usually in the legs. If a vein becomes damaged or if the flow of blood slows down, a clot can develop.

Signs and Symptoms

- Swelling.
- Pain and tenderness.
- Change in colour of skin.
- Skin warm to touch.

Pulmonary embolism (PE)

A PE is a condition when a blood clot blocks one of the arteries in the lung or one of its branches.

A PE often results from a DVT.

Signs and Symptoms

- Acute shortness of breath.
- Chest pain, cough.
- Sweating.
- Rapid heart rate.

Self Assessment

- Age >35
- Overweight-BMI >25kgs/m2
- Have varicose veins
- 1st degree family history of bleeding disorders
- Have a significant reduction in mobility
- Have had 3 or more pregnancies after 24 weeks
- Smoke

How can I reduce my risk of getting DVT/PE

- Stay active.
- Wear compression stockings.
- Keeping well hydrated.
- Stop smoking.
- Avoid excessive weight gain.

To Summarise

Always call the Domino midwife if...

- If you notice a change in your baby's normal movement patterns.
- If you have any itching or a rash.
- If you have a temperature or fever.
- If you have any pain including headaches.
- If your vision becomes blurred or you see colours or patches.
- If your hands or feet become swollen or painful.
- If you have any fluid loss or bleeding.
- If you have pain passing urine.
- If you have had a fall/accident or bang to your bump.

Blood Group and Rhesus Factor



15% of women have a NEGATIVE rhesus factor in their blood.

At your booking appointment you will have booking bloods taken. One of these tests is to find out what blood group you are and whether you are rhesus positive or negative.

Rhesus factor is an inherited protein found on the surface of red blood cells. If your blood has the protein, you are rhesus positive. If your blood lacks the protein, you are rhesus negative.

If you are rhesus negative, there is a risk your body could produce antibodies against rhesus if your baby is rhesus positive. This might affect future pregnancies. It could also cause anaemia and jaundice in your baby. You may be offered injections during your pregnancy to prevent this.

Anti-D injections

Anti-D injections stop rhesus negative women from producing these antibodies.

If you are rhesus negative, you will be offered a repeat blood test to find out if your baby is rhesus positive or negative. If your baby is positive, you will be offered an anti-D injection at 28 weeks. You will also be offered the injection after the birth. This injection is safe for you and your baby.

You may also be offered anti-D earlier on in your pregnancy if you have an injury to your tummy, or a bleed.

If you are known to be rhesus negative and so is your baby. Anti-D is not offered routinely. Your blood will be checked again at 28 weeks at a routine antenatal appointment and again after the birth of your baby to ensure you have not developed any antibodies.

A detailed information leaflet is available from the hospital.

REMEMBER IF YOU

Experience a fall, car accident, any trauma to your bump or vaginal bleeding

You are advised to attend the NMH casualty department for review and +/- anti-D immunoglobulin injection.



Pelvic Pain in Pregnancy



Pelvic Girdle Pain (PGP) is pain in and around the joints which make up the pelvic girdle. It is experienced by 1 in 5 women during pregnancy

There are a number of factors which can contribute to PGP, including:

- Uneven movement of the pelvic girdle joints.
- Changes in the stability of the pelvic girdle due to changes and increased pressure on the tummy, pelvic floor, hip joints and pelvis.
- History of injury to the pelvis.
- Hormonal changes which occur during pregnancy.
- Position of the baby may be related to PGP in some women.

There is a wide range of symptoms which can range from moderate to severe in some women.

You may experience some of the following:

- Discomfort below the tummy, at the lower back or over your pubic bone at the front.
- Pain when doing activities where you have to stand on one leg e.g. getting dressed, climbing stairs.
- Pain on moving your legs apart e.g. getting out of the car or bed.
- Clicking or a grinding feeling in your hips or pelvis when walking.
- Pain in your hips e.g. when turning in bed.
- The amount of pain and discomfort you feel may vary from time to time and it is not uncommon to feel somewhat frustrated and upset by this.

Helpful tips during pregnancy

- Continue to be as active as you can with your pain limits.
- Take moderate exercise.
- Ask and accept help from friends and family for household chores, shopping etc.

- Rest when you can.
- Sit down to get dressed and undressed.
- Wear flat supportive shoes and avoid standing for long periods.
- Go up stairs one leg at a time, leading with the less painful leg.
- Sleep in a comfortable position. Try putting a pillow between your legs and lying on your side.
- Keep your knees together when getting in and out of the car. A plastic bag on the seat can help to make turning easier.
- Squeeze your buttocks and keep your knees together to help you turn in bed.
- Plan ahead - bring everything you need down stairs at the start of the day and avoid unnecessary trips upstairs.
- When using crutches, a small rucksack can be easier to carry than a handbag.

Avoid activities which make your pain worse

- Carrying or lifting heavy loads such as shopping, wet washing, carrying toddlers on one hip.
- Standing on one leg.
- Kneeling to change your toddler's nappy.
- Crossing your legs when sitting.
- Sitting or standing for long periods.
- Heavy household chores

For more information please visit the NMH website. www.nmh.ie for patient information leaflets and online resources from our Physio department.

Aches and Pains During Pregnancy

Pregnancy brings with it so many changes in a woman's body that it is not surprising some aches and pains result. Although health professionals often describe these as "minor disorders of pregnancy", they certainly do not seem very minor to the women who are suffering from them! If you have a problem during your pregnancy, you should take advice from the Midwife. If you are using any alternative practices/therapies in pregnancy, please ensure you are being treated by a qualified practitioner.

Constipation

The hormones of pregnancy make the bowels sluggish and constipation is common.

Try the following:

- Drink lots of water.
- Eat plenty of fibre-rich food such as wholemeal bread, bran-based cereals, Jacket potatoes, brown rice or linseeds.
- Eat five helpings of fruit and vegetables daily.
- Eat prunes – they are an excellent laxative.
- Drink lots of pure fruit juice.
- Relax and take your time when trying to open your bowels.
- Regular exercise – walking, swimming etc.
- Include linseeds in your breakfast diet – either a tablespoon in yoghurt or in cereal.

Varicose veins

Pregnant women often develop varicose veins because of the pregnancy hormones in the body and the extra pressure of the pregnancy.

Try:

- Keeping the legs elevated above the level of the heart.
- Avoid standing for long periods.
- Wear compression stockings (put tights on before getting out of bed).
- Not crossing your legs.
- Request your Midwife to check the varicose veins at your next appointment.

Hemorrhoids

Hemorrhoids are varicose veins of the rectum which can affect 20-50% of all pregnant women.

- Avoid constipation. Refer to advice regarding: constipation listed above.
- Don't strain when having a bowel movement. Sitting with your feet on a stepstool may make evacuation easier.
- Apply ice packs to the hemorrhoids.
- Use topical medication prescribed by your doctor.
- Do pelvic floor exercises to improve circulation to the area.
- Keep the perineal area clean.
- Avoid standing for long periods, use compression stockings if your job involves a lot of standing.



Restless legs syndrome

For most women who develop Restless Leg Syndrome (RLS) during pregnancy, it is only temporary. Unfortunately it might be one of those things you have to live with, but usually it peaks in the last month of pregnancy and disappears not long after the birth of your baby. It may cause strange and unpleasant sensations in your legs. Some people describe it as a pulling, throbbing, irritating, or painful feeling or an uncontrollable urge to move your legs. We are unsure of the cause, it may be related to a dopamine imbalance, mineral deficiencies, or hormonal changes. Here are a few suggestions that may alleviate your discomfort:

Try:

Exercise

Gentle to moderate regular exercise has shown to ease symptoms. Exercise improves circulation, boosts pain, relieving endorphins, and increases blood flow to muscles. Yoga has also been shown to ease symptoms. Practice gentle stretches every evening to improve circulation.

Warm soak and massage

When your legs bother you, soak them in warm water. Add 2 cups of epsom salts into the bath. Ensure bath is not too hot and drink plenty of water before and after your bath to avoid dehydration. Massage or get a volunteer to massage your legs for you.

Hot/Cold compress

Try alternating hot and cold to alleviate symptoms. Dip your legs in a comfortably hot bath for two minutes then apply the cold pack to your legs for a minute: alternatively dip legs in cold bath and then apply heat pack. Repeat a couple times before bed.

Reduce stress

Stress often plays a role in agitating RLS, so any treatments that help reduce stress can help alleviate your symptoms. Relaxation techniques such as breathing and meditation can help reduce your stress level.

Minerals

Increase intake of magnesium and calcium rich foods. A deficiency in magnesium can cause muscle tightening, twitches, involuntary jerks and spasms. Some magnesium-rich foods are leafy green vegetables, legumes, whole grains, nuts and seeds, and fortified cereals. Your Midwife may suggest a magnesium and calcium supplement.

Increase intake of iron rich foods (see page 10-12 for info on Anaemia). Your Midwife may also encourage you to take iron supplements.

Limit caffeine intake.

Backache

Backache is a common complaint amongst a lot of people, pregnant or not. Your back is supported by your abdominal muscles and with the effect of the hormone progesterone on muscles and the growth of your baby it is hard to avoid this complaint.

Try:

- Check your posture frequently, stand tall with your shoulders, hips and ankles in line.
- Sit upright. Do not slouch on the couch with your feet up.
- Lie on your side with a pillow between your legs. This is good in bed also.
- Adjust your car seat. Sit upright and place a rolled up towel at the small of your back.

Heartburn

Be aware:
Antacids can reduce the absorption of iron

- Try pulling your belly button in towards your spine. This works on your lower abdominal muscles to support the weight of your baby.
- Get someone to massage your lower back.
- Use an exercise ball to sit on which helps to improve posture and try some gentle exercise or swimming (see diagram on page 19).
- If the backache continues to be very painful, ask the Midwife to refer you to a physiotherapist.

Oedema (Fluid retention or swelling)

It is not unusual for pregnant women to suffer from swelling of their ankles in the third trimester. It often occurs in the evening at the end of a long day.

Try:

- Keeping the legs and feet elevated.
- Rotate and flex your ankles frequently.
- If oedema is associated with any other symptoms such as headache, blurred vision or feeling unwell contact the midwife immediately.

Cramps

- Pregnant women often get cramps in their legs, especially when they are in bed at night.

Try:

- Having a cup of hot/cold milk before settling for the night.
- Circle your ankles and pull your toes up towards the ceiling for several minutes before bed.
- Massage the calves with a tennis ball or your hand.
- Put something under the bottom end of your mattress so that your legs are slightly raised. This will help your blood circulate around your feet and back up your legs during the night.

- If cramps attack you, flex your foot vigorously upwards and massage it firmly between your 1st and 2nd toes. If your partner will give you a massage, so much the better.
- Drink a glass of Tonic water (quinine) before going to bed.
- Increase your intake of calcium and magnesium (nuts, pumpkin & sesame seeds, spinach, quinoa & avocado) and potassium rich foods (salmon, dried apricots, mushrooms & bananas).

Heartburn

Pregnancy hormones make the valve at the top of the stomach slack. This means that acid from your stomach can escape into food pipe where it causes a burning sensation. Some women find heartburn the worst aspect of their pregnancy, but it does stop when the baby is born.

Try the following:

- Have small frequent meals.
- Avoid spicy food, greasy/fried foods.
- Avoid coffee and drinks containing caffeine (such as colas) and carbonated drinks.
- Avoid bending over, especially after a meal - squat down to pick things up.
- Sleep propped up on a big pile of pillows ("V" shaped pillows are excellent for preventing you from slipping down the bed while pregnant and are good support later when you are feeding your baby).
- Try a glass of milk or a scoop of ice cream from the freezer.
- Try an antacid if the heartburn becomes severe. If known to have low iron, antacids can inhibit iron absorption.

Carpal tunnel syndrome

During pregnancy, a women's body accumulates a lot of extra fluid, some of this fluid can cause pressure on the nerves which pass through the wrist to the hands and this can cause pins and needles in the fingers. Holding a pen or the telephone for even a short period can be very uncomfortable. Most women find that their Carpal Tunnel Syndrome disappears a few weeks after the birth of their baby.

Symptoms:

- Pain in the thumb and first three fingers, which may travel to the forearm.
- Pins and needles in the same fingers as above.
- Numbness in the fingers or the palm of the affected hand one hand or both hands may be affected.
- Often symptoms are worse at night or first thing in the morning.

Try:

- Apply ice or cold flannel to the wrist area for 20 minutes before bed to reduce swelling.
- Start gentle exercises; flexing your fingers, circling the wrist.
- Change positions regularly, avoid repetitive tasks. Take a break and do some of the gentle exercises as mentioned.
- Posture awareness-if your shoulders are hunched forward it may exert more pressure on nerves running to your arms and hands.
- Bring the hands into an elevated position at night.
- Tubigrip support or wrist splints, especially at night time, but can be worn during the day if necessary.



What Every Woman Should Know About her Bladder

- 1 in 3 women suffer with embarrassing leaks.
- Up to 70% improve with specialised physiotherapy (including pelvic floor muscle exercises, bladder retraining and advice) so don't put up with it anymore!
- **Stress Urinary Incontinence** Loss of urine on exertion (laughing, coughing, sneezing)
- **Urge Urinary Incontinence** Loss of urine following an urgent need to empty the bladder.
- **Mixed Urinary Incontinence.** A combination of stress and urge urinary incontinence.

Causes of pelvic floor problems

- Pregnancy & Childbirth.
- Menopause.
- Constipation & Straining.
- Being Overweight.
- Chronic Cough.
- Heavy Lifting.
- Poor Posture.

Top tips for a healthy bladder

- ✓ Do your pelvic floor (kegel) exercises 3 times a day. If you cannot feel a definite lift and a definite release of these muscles you should see a chartered physiotherapist in women's health and continence who can teach you how to do them effectively.
- ✓ Squeeze your pelvic floor muscles strongly before you cough or sneeze.
- ✓ Don't go to the toilet "just in case": Emptying your bladder when it's not full can teach it bad habits.
- ✓ Avoid tea, coffee, fizzy drinks and alcohol: These drinks can irritate the bladder, making incontinence worse. Try to drink water instead.
- ✓ Avoid constipation & straining. A healthy bowel habit can help to reduce strain on the pelvic floor muscles.

Pelvic Floor Muscle Exercises

- Lie on your back with your knees bent or sit in a chair with your back supported.
- Imagine trying to lift your vagina up inside or imagine you are trying to hold back urine, or wind from the back passage.
- Build up to holding this for 10 seconds and repeat 10 times. As the muscles get stronger you will feel a stronger squeeze and lift.
- Now do some quick strong lifts and releases of your pelvic floor. Repeat until the muscles get tired.

Exercise Tips!

- Keep breathing normally.
- Try to avoid clenching your buttocks or legs.
- Relax the muscles completely after each exercise.

Check out the pelvic floor NHS app
www.squeezezyapp.co.uk



Positive Mental Health & Emotional Wellbeing During Pregnancy

Pregnancy is a time of enormous change and can be a wonderful, special, unique time. However for some women, pregnancy can be a time when they may develop mental health or emotional difficulties or psychological distress.

Most women have good mental health during pregnancy but for some they may already have mental health difficulties when they get pregnant. Others worry about mental health difficulties they have had in the past. They fear relapsing during pregnancy or after childbirth. Some women experience mental health difficulties for the first time in pregnancy.

Unfortunately, pregnancy does not stop people from having mental health difficulties. Women who stop medication just because they get pregnant may have a risk of symptoms returning. Depression and anxiety are the most common mental health problems in pregnancy. These affect about 10 to 15 out of every 100 pregnant women.

Women also experience many other mental health problems during pregnancy, just like at other times.

How your mental health is affected during pregnancy depends on many things. These may range from:

- The type of mental health difficulties you have experienced.
- Whether you are on medication or engaged in counselling/therapy.
- Recent stressful events in your life (such as a death in the family or a relationship ending).
- How you feel about your pregnancy. You may or may not be happy about being pregnant. You may have upsetting memories about difficulties in your own childhood.

We all experience joy and happiness at some time in our lives, but we also can experience stress, distress and illness.

As we are all unique individuals, take a moment to think about your past wellness...

- Can you describe what it felt like?
- Can you picture what it looked like?
- What helped?
- Who supported you?

Consider this exercise as helping you prepare for becoming a parent.

Positive mental health and emotional wellbeing starts with our awareness of what we are like when well. Now, consider what it may be like when you are feeling down or sad. It is important to note that mental health is a continuum from wellness to illness and we all find ourselves at different points throughout our lives. So, what can we do during pregnancy and beyond to maintain wellness?

Here are a few pointers:

- Be aware of your expectations-of pregnancy, birth and beyond. Try not to expect too much.
- Talk to your partner or a support person about the difference a baby will bring to your life.
- Accept-it's ok to talk and ask for help if you are feeling low, anxious or scared. You are not alone. Set up support systems with like minded people.
- Anxiety occurs in pregnancy it is common, but if it is affecting your mood or the things you do, it's ok to tell someone. Help is available.
- Preparing to become a parent can be emotionally challenging. Talk to your partner or support person about how you may cope with the challenges.
- Think about your baby. What type of parent(s) would they like?

- Be careful of what you read.
- Birth-there is no right or wrong way. Events beyond your control can happen. It is important to speak to your midwife if you become apprehensive.
- Parenting is a process, a skill you learn. Parents do not instantly fall in love with their baby. It can take time and confidence to develop.
- Professionals, your family and your friends may give you lots of advice. It is important to find the balance of what works for you and your baby.
- It is ok to ask questions. If you are concerned or curious about anything ask your Midwife, obstetrician or GP.
- Exercise is important and proven to reduce stress and improve wellbeing. Try getting fresh air. If you used to run marathons but struggle to get up the stairs-do not worry you will get there. You may need to start slowly and build yourself up.
- All parents feel overwhelmed at times. You may feel at breaking point. It is ok to put your baby in a safe place (cot, buggy), walk away and breathe. This may be a good time to phone a friend.
- If you experience recurring negative emotions towards yourself, your baby or your partner and find them distressing, it is important to seek help and speak to someone. Especially if these emotions persist.
- If you have a history of mental health difficulties, it is important to make a plan that helps you recognise symptoms earlier.

Mental health online classes

Two Virtual Classes are offered:

One suitable for all antenatal patients and their partners called **"Healthy Minds in Pregnancy and Beyond"**.

One suitable to both antenatal or postnatal patients and their partners called **"Supporting Postnatal Emotional Wellbeing"**.



To book, just e-mail classes@nmh.ie



Birth

Birth, regardless of whether you have birthed before, is a step into the unknown, and this brings with it an emotional response. This emotional response can be a combination of excitement and joy all combined with fear!

Remember all these mixed emotions are normal and indeed every labour is different. It is hard work to bring a baby into this world both physically and emotionally.

Of course, excessive fear can be unhelpful, not just because it is a negative emotion. Fearing the labour process raises adrenaline levels, which can reduce contractions and placental blood flow. This can stall labour or indeed delay the process.

The key to managing your fear is to build trust in yourself, your body, and your baby during your pregnancy.

Identifying your specific fears and speaking about them with your birth partner or Midwife is a great place to start.

Be honest and detailed about your concerns. You can reach out for reassurance without feeling ashamed or judged.

The more that your fears are acknowledged and accepted, the less of a hold they will have on you. When doing your research on labour and birth, take care to inform yourself in a safe way; some people enjoy telling scare-stories that could make things worse! Choose healthy positive birth information.

Relaxation techniques and breathing exercises are also great ways to support yourself when feeling doubt or fear.



Mindfulness of your breath brings you into the present moment and stops the mind worrying about the future and past. This needs practice for it to work effectively. As you practice this, you become more naturally focused on the present. Relaxation can be practiced, either taught in a yoga class environment, or by simply making the time for yourself. Try sitting or lying in a comfortable position with your eyes closed, still and quiet, either listening to some calm music or just focusing on your breath. These techniques can help you tune in and understand your body better and build that trust in yourself.

Jan Duffy, yoga teacher, doula and homebirth mother. www.janyoga.com

Just breathe...

Breathing and muscle relaxation are probably the two most important 'tools' you can have with you for labour. Practicing breathing and relaxation techniques during your pregnancy have multiple benefits. Modern day living has resulted in a fast paced society with little time for quiet mindfulness. However, it is as important as healthy nutrition and exercise for pregnancy. Be kind to yourself and make time.

Observe your inner dialect, nurture your inner warrior. Always remember you are stronger than you know and braver than you believe.

Mindfulness exercise:



Go to a quiet room and make yourself comfortable, build a nest of pillows in your bed or on your couch and allow your body to melt into them.

Begin by closing your eyes bringing your attention to your breathing. Notice how it feels, is it strained or shallow within your chest or deep within your belly?

Observe it entering and leaving your body, feel the gentle rise and fall of your chest and belly. Then gradually begin to make your breathing as relaxed and as smooth as possible. Allow time to stand still and solely focus on your relaxed slow breath. It's perfectly normal for thoughts to enter your head, acknowledge them and then send them away, bringing your awareness back to your breathing. Following that gentle flow of air in and out of your body, melt away any tension with every long slow exhale.

Now you will begin to slowly relax each part of your body, starting with the top of your head. Send your breath to this area and as you exhale relax, release and let go of any tension that is there. Take another breath if you need to in order to release further.

Next, move on to your forehead and around your eyes, breathe in and as you exhale release, relax and let go of any tension here.

Now send the breath to your jaw, where a lot of tension may be present, again as you exhale slowly, release any tension here.

Continue this process, sending your breath to your neck, your shoulders, your back, your tummy, your pelvis, your legs, your soles of your feet and your arms and the palms of your hands. Taking a moment for

each area and progressively relax and release tension in each area with your breath.

Take a moment now to imagine your baby within you, send a few warm loving breaths down to him/her and imagine they are as relaxed as you are. Lie in this relaxed state for as long as you wish, you may even drift off, which is perfectly fine.

Making time for you and your baby is so important, you will feel more connected to yourself. We are always so busy and feel we don't have time for mindfulness. Once you start you will realise the benefits of just a 20 min relaxation. In fact, if you suffer from sleepless nights this will be a great time to practice this and potentially drift off...

Feeling Calm



This sample exercise can be read to you or simply record it and press play.



Matrescence

Becoming a mother is a huge, complicated life transition that can rock every fiber of a person's being. The process even has its own name: **matrescence**.

Imagine you have a new job.

But it's the kind of role where you are paid in smiles and dribble.

Imagine you have a new job.

You've read, you've prepared.

Imagine you have a new job.

But you get there, and the intensity is something you could never have imagined. You would ordinarily put in your notice; but this time, there is no turning back.

There is no way to be the perfect mother and a million ways to be a good one.
Jill Churchill

Welcome to the process of becoming a parent.

Matrescence is the physical, emotional, hormonal and social transition to becoming a mother.

Once you have a baby, nothing is ever the same again. Yes, it is exciting and joyful but it can also be completely overwhelming. So, as you ride the roller-coaster of emotions that is motherhood remember that this ambivalence is normal. The key is to give yourself the time and compassion to adjust to your new role. But if you experience symptoms of postpartum depression or anxiety, seek help from a health professional as soon as possible.

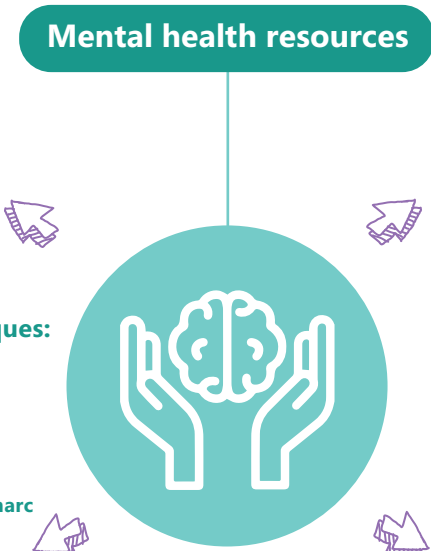
Mental health resources

Talk to a health professional:

- Midwife
- GP
- PHN

Relaxation techniques:

- Belly Breathing
- Progressive muscle relaxation
- Audio clips: visit www.beaumont.ie/marc



Minding me leaflet

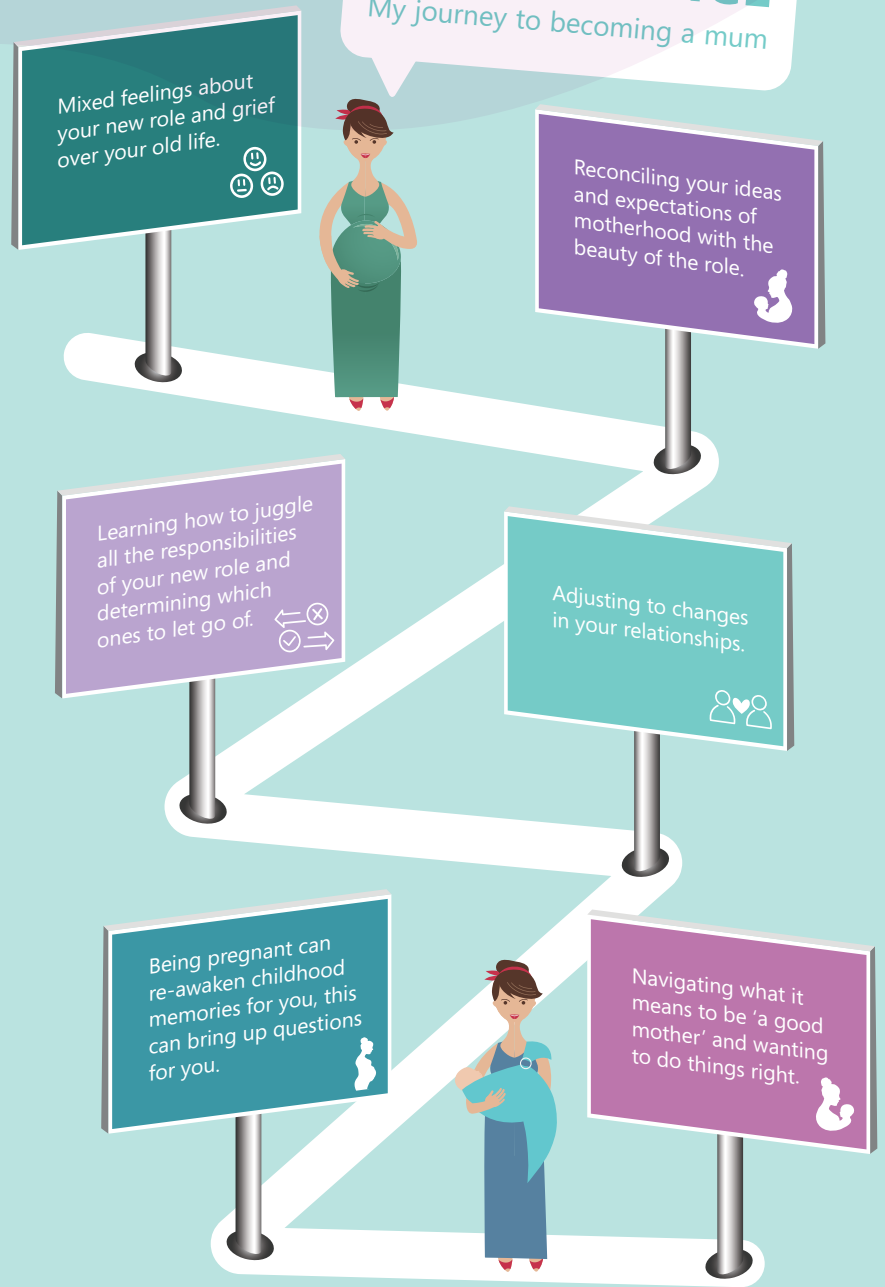


Post Birth wellbeing plan



MATRESCENCE

My journey to becoming a mum





Medication in Pregnancy and When Breastfeeding

We know making the decision to continue or stop taking medication when pregnant can be a difficult decision. Therefore it is best that the decision is made by you (and your partner or a support person) in consultation with a healthcare professional.

For some women because of the risk of worsening mental health, you may be advised to continue taking medication during pregnancy. If you are taking medication for your mental health, never suddenly stop. Speak to a healthcare professional about your decision.

If you have a history of mental health difficulties and feel you need medication while pregnant and breastfeeding, ask to speak to a healthcare professional. We will happily refer you to our mental health team in the hospital or you could speak with your GP.

Looking after yourself is looking after your baby.

“It’s ok not to be ok”
Sarah, Midwife



Preparing to Breastfeed Class

Domino and Homebirth Breastfeeding classes

Dublin Venue Antenatal Education Room, NMH
65-66 Mount Street

Wicklow Venue HSE Primary Health Care Centre
Bray

- Class provided by experienced Domino midwives with lactation course/consultancy completed
- Approximately 1 and half hours.
- Partners welcome.

To book in Phone: 016373177
Email: commw1:@nmh.ie

Breastfeeding will have benefits for your baby

- It contains the **necessary nutrients** for your baby. It is easy to digest.
- It protects against: gastro-enteritis, diarrhoea, urinary tract infections, ear infections and chest infections.
- It may also protect against **allergies and diabetes**.

Breastfeeding will have benefits for you

- Breast milk is free and is at the **right temperature** and is **instantly available**.
- May assist with a loss of extra weight gained in pregnancy.
- Protects against **pre-menopausal breast cancer**, ovarian cancer and osteoporosis.

Skin-to-Skin contact with your baby

- Keeps baby **warm** and **calm**. Promotes **bonding**. Stimulates milk production.

Good positioning and attachment is important for:

- The prevention of sore nipples. **Stimulation** of a good milk supply. Content mother and baby.

Early, effective and frequent breastfeeding is facilitated by:

- **Uninterrupted skin-to-skin** contact within 30 minutes of birth, for at least 30 minutes, ideally up to an hour. Breastfeeding as soon as the baby is receptive. **Rooming-In and night feeds**. Practising **baby led/demand feeding**. Avoiding the use of teats and soothers.

No other food or drink is needed for up to 6 months and this can be achieved by:

- **Exclusive** breastfeeding, using **expressed breast milk** if supplementation is necessary.

Help with breastfeeding will be available at all stages from your local support network

- **Hospital Support:**
 - Antenatal breastfeeding class.
 - Midwives on postnatal ward.
 - Postnatal breastfeeding clinic (Up to 6 weeks).
- **Community Support:**
 - Public Health Nurse and voluntary support groups (La Leche League and Cuidiu).
 - Community based lactation consultants.

Colostrum harvesting is recommended from 37 weeks. Ask our midwives about our free colostrum harvesting packs.

Preparing for the 4th Trimester

Many new Mom's prepare for pregnancy and prepare for the birth but often do not prepare for postpartum or know that they should. Just like you might write a birth preference for your childbirth experience, it's wise to prepare a postpartum plan as well.

The **fourth trimester** starts from the moment your baby is born and lasts until your baby is three months old. The term is used to describe a period of great change and development in your newborn, as they adjust to their new world outside the womb. It is also a great period of change for you and your partner. Giving birth and transitioning into parenthood is challenging for everyone. Parenthood is an all-consuming roller coaster ride and some of it just isn't fun. It can be boring, hard, stressful and overwhelming. Not enjoying every moment does not make you a bad mom—it makes you a normal one. Remember to mind yourself as your body and your soul need gentle loving care after having a baby. Use the 4th trimester as a conscious reminder that you are still in a vulnerable state like pregnancy and birth and put together your own postnatal emotional and physical toolkit.

Emotional needs

- Organise your village of friends, family and health professionals.
- Find out about local support groups, postnatal classes, postnatal physiotherapist, lactation support.
- Do a first aid course
- Allow time to process and reflect on your birth experience – ask your care provider to help with this process if needed.
- Take one day at a time—remember that mistakes will be made, learn from them and allow yourself to move on.
- Be kind to yourself and have no expectations for the postnatal period.

Physical needs

- Stock your fridge and freezer with healthy meals and snacks.
- Encourage friends and family to make freezer friendly meals if offering to help.
- You should have a supply of iron supplements, stool softeners, paracetamol and ibuprofen in case they are needed.
- Stock up on maternity pads/breast pads/ breast care.
- Prepare some comfortable postnatal friendly clothes so you don't have to think about what to wear.

Self-care is not selfish

Be kind to yourself

Domino affirmation cards

For pregnancy, labour and post birth



TO ORDER

Email: dominobirthaffirmations@nmh.ie
Include your name, address and chose either A5 or A6 pack size.

We will post them out to you

This initiative is kindly supported by the NMH Foundation who raise vital funds for the National Maternity Hospital. They focus on advancing research, innovation and excellence in care.

Visit www.nmhfoundation.ie to find out how you can donate whatever you can on receiving your pack.



Useful Numbers

National Maternity Hospital (switch)	01 637 3100
Domino and Homebirth Service Office 3177	01 637
Speak Directly to The Domino Midwife Bleep 090 For any urgent medical queries	
Fetal Assessment Unit (scanning dept.) 3217	01 637
Medical Social Worker	01 637 3236
Perinatal Mental Health	01 637 3128
Physiotherapy	01 637 3499
Dietician	01 637 3499
Anti D Clinic in OPD	01 637 3529
Glucose Challenge Results	01 637 3529
Women's Aid	1800 341 900
Cuidiú	01 872 4501

