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Pregnancy Information

Produced by Community Midwifery Team, NMH. © 2015 version

	Dublin Clinic	Wicklow Clinic
Appointments	01 6373177	01 2744163
Antenatal Classes/TENS	01 6373177	01 6373177
Non urgent queries	01 6373177	01 2744163
To speak to a midwife please contact 01 6373100 and ask for bleep 090 Email: commw@nmh.ie Fax: 01 6373277		
Domino Ethos		
Thank you for your interest in the community midwifery service.		
<p>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 her baby. We, as midwives, have seen the benefits of this approach.</p> <p>The philosophy of the community 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.</p> <p>The community 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.</p> <p>This can be achieved by:</p> <ol style="list-style-type: none"> 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. 		
We look forward to meeting you and if you have any questions please do not hesitate to contact the Community Midwives Team.		
<p>Disclaimer: The information in this booklet is brought to you by the Domino midwives. Our team recognise that each couple have individual needs and this booklet is to act only as a guide for each couple on their individual journey to parenthood.</p> <p>Acknowledgment: The community midwives wish to acknowledge and sincerely thank all those who participated in the development of this booklet. A special thanks to the mothers namely Niamh Smith, Mary Lovegrove and Sarah Byres who kindly gave us permission to use their images. Thanks also too Jan Duffy a pregnancy yoga teacher in Dun Laoghaire, Co. Dublin. Sinéad Curran, NMH senior dietitian. The artwork is copyrighted to community midwives. A very special thanks also to Katie Cosgrove, Teresa Mc Creery and Brenda Fitzgerald who worked tirelessly to complete this project. Copyright to Katie Cosgrove and Teresa Mc Creery. Edited by Barbara Nugent.</p>		

The Community Midwives would like to thank you for choosing to give birth under the care of the Community Midwifery Team. Your midwifery care plan is outlined in the table below. We encourage you to have combined care with your GP. This means that you will alternate your visits between the Community Midwives and your GP.

The Community Midwife will check your blood pressure, urine and the 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.
12-14		Midwife	Booking visit: 1st visit with the Domino midwife. Your booking form is discussed. Booking bloods are taken. An ultrasound scan in NMH will be booked for you, if you haven't already done this yourself. This routine scan is preformed between 18-22 weeks.
18		GP	Antenatal check.
22		Scan dept.	Ultrasound scan done in NMH.
24-26		Midwife	Antenatal check. Blood test for gestational diabetes between 24-28 weeks gestation if required.
28		NMH OPD clinic	The clinic will take a blood sample and will give you Anti D if you are rhesus negative.
30		Midwife	Antenatal check with Community Midwife.
30 to 36			Antenatal classes in NMH or Umamma, Kilmacanogue with Community Midwifery Team. Contact office to arrange your class (01-6373177).
32		Midwife / GP	Antenatal check, blood tests if required.
34		Midwife / GP	Antenatal check.
36		Midwife / GP	Antenatal check.
37		Midwife /Home visit	To discuss your particular needs or wishes.
38-41		Midwife / GP	Antenatal check alternating between Midwife/ GP WEEKLY .
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 - 10 post delivery			Post natal home visits by a Community 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 Community Midwifery 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.

- Pam England
- Louise Ní Chríodáin and Margaret Hanahoe, www.bumtobirthtobaby.com
- Michael Odent
- Janet Balaskas
- Ina May Gaskin
- Caroline Flint
- Sheila Kitzinger
- Denise Tiran
- www.lalecheleague.com
- www.irishchildbirthtrust.ie
- www.eumum.com
- www.rollercoaster.ie
- www.babies2bumps.ie
- www.activebirths.co.uk
- www.aims.ie
- www.cuidu.ie
- www.madeinwater.com
- birthinabox.com
- homebirth.co.uk
- homebirth.ie

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



Nutrition and pregnancy

Top healthy tips from Sinead Curran, NMH Dietitian:

Did you know that what you eat while you are pregnant can 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!

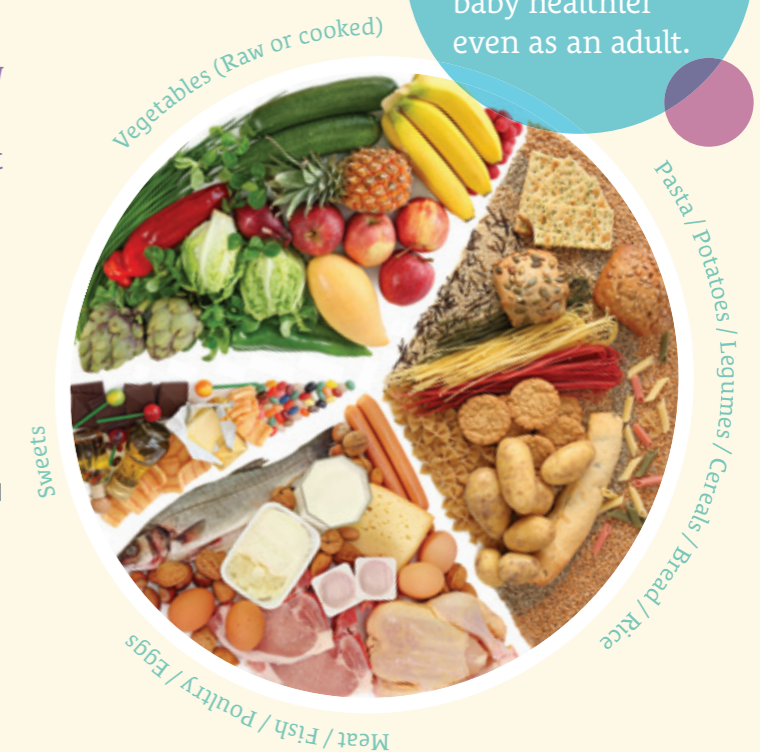
My top recommendations for good nutrition in pregnancy sound like the advice your granny would give you- eat more vegetables and cut out the junk food. Veggies give you fibre, vitamins and minerals, helping your gut to work well and get the most out of other nutrients. 'Junk' food like bars, crisps & 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.

You can expect to gain about 0.5kg 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.



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.

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 regulating 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 (30g/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 ultra violet light so try to get outdoors daily. It is now recommended that all pregnant and breastfeeding women should take 10mcg of vitamin D daily (Pregnancy multi-vitamins contain the RDA).

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

- 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).



Vitamin C

Vitamin C containing foods such as citrus fruits (oranges & grapefruits), tomatoes (tinned & fresh), can help the absorption of iron from food when eaten at the same meal e.g. orange juice taken with breakfast cereal or a salad/ tomatoes with eggs or beans.

Department of Nutrition & Dietetics, NMH, Holles Street, Dublin 2

Snack Attack? Try one of these healthy options for around 100kcal.

- 2 rye crackers with light cheese spread & tomato.
- 2 apple/orange/pear/peach.
- 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. Mold 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 only need an extra 200 - 300 kcal every day to provide enough energy for your developing baby

"Junk" food like bars, crisp and fizzy drinks are loaded with salt, fat and sugar that you and your baby don't need



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

- Yoghurt 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.
- Crackers and cheese.
- 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 increase. At your booking visit a blood test was done to assess your iron level 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 readily 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

Signs and symptoms of anaemia

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

combined with foods containing vitamin c, they interact with each other to maximise the body's ability to absorb the iron they contain. Examples of this include eating baked beans with tomatoes and ham or adding some minced meat to a vegetable chilli.

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

Sources of "Haem" iron

- Red meat including – beef, lamb, venison and black pudding.
- To a lesser degree – chicken, fish, ham and eggs.

Sources of "Non- Haem" iron

- Green leafy vegetables, broccoli. Whole-grains and fortified cereals.
- Dried fruits e.g. apricots, figs, prunes. Seeds and nuts if chewed well.
- Tofu, Brewers Yeast, Spirulina.

Sources of Vitamin C

- Citrus fruits, strawberries, kiwi, dark berries.
- Tomatoes/juice, bell peppers, potatoes.
- Spring onions, parsley, chives, spinach, chicory.

If diet alone is not sufficient to maintain your haemoglobin oral iron supplements should be commenced. The Haemaglobin should increase within 2 weeks otherwise other iron studies will need to be done.



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.

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. You can try our fiber rich jam recipe. They frequently cause constipation and occasionally it may be necessary to take a stool softener. Iron is best absorbed if taken 1 hour prior to a meal but 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 reasons other than iron deficiency but this will be discussed in greater detail if it happens to apply to you.

Supplements you may consider include:

Galfer FA/Ferrograd C/Hemoplex/Solgar Gentle Iron or Floradix Syrup.

Prices vary considerably so it may be wise to try the cheapest first, it might be the one that suits you best. Vary the time you take it to discover what will minimise the side effects for you.

We suggest making a jam-like spread by combining equal quantities of Dried Apricots, Cranberries, Figs and Walnuts in a blender. When combined mix in honey to create a spread. Only add the honey at the end as it could damage your blender. It may be diluted with apple juice if too thick.

Fiber rich Jam recipe

Have equal amounts of dried apricots, cranberries, figs, walnuts, in a blender. Add honey to make a jam consistency.

Iron Pyramid

Tea, fibre, and calcium block iron absorption. Don't drink tea or milk at meals...

Green veg – not as rich in usable iron. Good to add with other sources.



Eggs, beans – good, but harder to absorb. Include some vitamin C rich fruit or veg at the same meal to help with absorption.

Red meat, chicken, fish – best sources of Iron. Include some every day.

Reduce your risk of developing gestational diabetes

Gestational Diabetes is one of the most common health problems 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 for developing Gestational Diabetes

- Family history of diabetes (parent, brother, sister).
- Weight ≥ 100 k or 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 k at term.
- Previous unexplained stillbirth.

In this pregnancy

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

You can reduce your risk by following these simple step

Step 1: Keep Active

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 sugars in balance. Discuss with your midwife/doctor if you have any medical conditions or injuries.

www.getirelandactive.ie

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 keep your weight right and lowers your risk of 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) or sugar (fizzy drinks, sweets, cakes, biscuits, sugar cereals). www.healthpromotion.ie

Step 3: Maintain a Healthy Weight

By following steps 1 and 2, you will keep to a healthy weight. You will gain about 0.5 kg (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.

For further lifestyle advice contact:

Senior Dietitian

Tel: (01) 6373499

Senior Physiotherapist

Tel: (01) 6373534

Diabetes Specialist

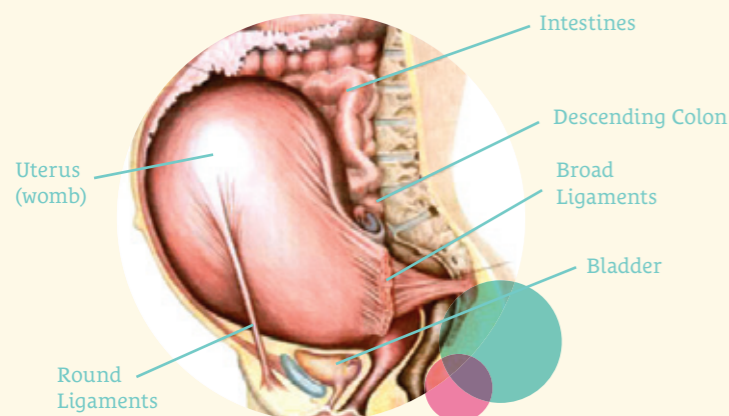
Midwives (086) 7740742

Optimal fetal positioning

The way your baby is positioned in your pelvis has a huge influence on your labour and birth. Optimal fetal positioning (OFP) describes movements and positions that mothers can do during pregnancy and labour to encourage babies to enter into a favourable position for birthing.

This is not a new concept, however, the modern world has led us into a more sedentary lifestyle. Driving cars, working at desks, slouching on couches with laptops and watching TV. All of which contribute to imbalance that can cause misalignment within our bodies.

For birth we need to ensure the body doesn't inhibit the baby's natural ability to rotate and manoeuvre his/her way down through your pelvis and birth canal. The goal is to have a baby head down, their back to your front and with a tucked chin, presenting the smallest part of the head into the pelvis for an easier passage of birth. Balance can be off, if there is intrauterine constraint: meaning the ligaments that are holding the uterus in place in the pelvis are asymmetric or the pelvic bones are misaligned. This imbalance could affect the baby's ability to move into an optimal fetal position and can narrow the birth canal. We need to restore this balance by using a combination of techniques and exercises.



So what can I do?

Posture:

Bad posture for mum may equal bad position for baby. Even though flopping down on the couch sounds like a great idea at the end of a busy day, it is not particularly helpful for your baby. Constantly slumping in your daily posture adds to imbalance in the pelvis. This weakens some muscles and will over tighten others.

- Be aware of how you stand; many people sit into one hip while they stand which can torque the pelvic bones and joints, leaving one hip higher than the other. Stand tall ensuring your pelvis is not tilting too far forward or backwards.
- Sit correctly, uncross legs and straighten and lengthen spine, hips are higher than knees. Using a birthing ball in the evening instead of couch!



Optimal fetal positioning continued...

Balance:

To bring about balance in the uterus we need to either relax chronic tension in the ligaments or muscles, or to support the abdomen when muscles are too lax.

Simple exercises to promote balance:

- Rebozo abdominal massage
- Knee chest pose
- Forward leaning inversion

Rebozo abdominal massage

Mexican midwives have used rebozo abdominal massage to help move babies before labour begins for centuries.

What is it?

Rebozo sounds complicated but very simple, all you need is: a wide woven shawl or pashmina (the longer and wider the better) and a volunteer!

Why is it recommended?

Sifting or jiggling the entire abdomen can relax tight ligaments and may help a baby rotate in pregnancy and help a birthing woman relax into her labour. Try the Rebozo sifting daily or weekly in late pregnancy, and between contractions during early and active labour.

How is it done?

Make sure you make yourself as comfortable as possible:

- Kneel in front of a chair, couch or birthing ball. Get your helper to rap the rebozo around your entire abdomen like a hammock around the baby. They then hold the two ends in each hand.
- Rest belly down and feel the support from the rebozo. Make sure you are comfortable, use pillows under your knees and chest. Drape your arms over the ball, chair or couch and relax!
- Have your helper stand behind you, feet hip distance apart and knees slightly bent. They lift the weight of your belly off your back. It should make you feel snug but not uncomfortable.

- Short movements are made slowly at first, lifting one end of the material then the other. Ensure the material isn't sliding off the bump. Then start to increase speed. Avoid large or wild movements.
- Once the rhythm is in full swing your belly should jiggle like you are being vibrated. Avoid tensing instead sigh out and enjoy. Breathe freely, slowly let your belly hang into the hammock.
- Tell your helper if it's not comfortable and guide them if they are being too forceful/ too gentle.
- It can be done for a couple of minutes until your volunteer tires out! Reduce the speed gradually before stopping.

Rebozo sifting in all fours helps to release tension in the ligaments and takes the pressure off lower back.



Hip Squeeze

Hip squeeze can be done using your rebozo scarf and wrapping it around your waist like in the photo. Your partner pulls the ends across each other resulting in your hips being squeezed and your lower pelvis opening out. Think of a clothes peg being pinched! This encourages your baby to move down to the increased space created.



Optimal fetal positioning continued...

Knee chest pose:

The knee-chest position is a variation of the all fours hands and knees position, the difference being your hips are higher than your shoulders as in picture below.

This position is helpful as it takes the pressure off her back and uses the weight of the baby to release tight ligaments and give your baby more room to turn if needed. Midwives often advise it if they notice towards the end of your pregnancy that the baby is not in the optimum position. When your head is lower than your bum the baby can move out of the pelvis and rotate into a more favorable position for birth.



Forward leaning inversion:

Is an exaggerated form of the knee chest. You will basically be using gravity at a greater scale to encourage your baby to turn. Ideally, you will position yourself with your knees on a couch or bed and lean forward and down with elbows on the floor to achieve the desired angle for this inversion. Hold for 3 breaths and make sure someone is with you to assist you to come out.

Check out this link for full explanation:

<http://spinningbabies.com/learn-more/techniques/the-fantastic-four/forward-leaning-inversion/>

Movement:

The pelvis opens better when it has been kept mobile and symmetrical. Throughout pregnancy movement and exercise helps improve muscle tone to help with engagement and helps the pelvic joints stretch and relax, which will help descent once labour begins. In labour, movement helps the baby descend through the pelvis.

Simple exercises:

- 1 Pelvic tilts.
- 2 Pelvic floor exercises.
- 3 All four hip circles.
- 4 Figure of 8 on a birthing ball.
- 5 Squatting.
- 6 Stair exercises.
- 7 Swimming/yoga/pilates.

There are certain alternative therapies that help remedy pelvic misalignment and improve balance. Osteopathy, chiropractic (specifically the Webster Technique), Craniosacral Therapy. Seek out reputable professionals that have come recommended and work regularly with pregnant women. So here you have it! A few new habits and ideas you can integrate into your daily life that will hopefully make the birth easier. Don't wait for the last few weeks. **Start now! The following pages will go through some useful exercises to do. Ensure you always listen to your body. Never do exercises that cause pain and if it doesn't feel right STOP.**

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

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. Repeat 20-40 times.



02

Figure of 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.



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 17).



05

Pelvic floor exercises

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.



Daily activities, why wait?

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 on 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.



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.

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 use 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.

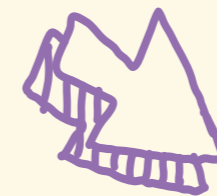


Check out...
The NHS app
www.squeezyapp.co.uk







Pelvic floor muscles



These are the support and control muscles of the pelvis. It is important to make them strong and supple in order to cope with the increasing weight of your body, to maintain good bladder function and speed up your post-natal recovery.



Position: Any comfortable position: Lying, sitting or standing with knees slightly apart. Squeeze shut the ring of muscle around your back passage as if stopping a bowel movement (make sure you do not clench your buttocks whilst doing this). At the same time draw in the muscles around your vagina. You should feel a lifting sensation inside. Hold to a count of 10 and then slowly relax. Relax these muscles and try to draw up the muscles at the front of your pelvic floor, (like you are trying to stop yourself from passing urine). Hold for 10 seconds and repeat 10 times. This exercise can be done anywhere at anytime for the rest of your life.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
20-40 pelvic tilts	Birthing ball figure of 8/circles	All fours hip, figure of 8/hip circles	Lunges	Squatting, holding for 3 long breaths	Yoga
Pelvic floor exercises	Pelvic floor exercises	Pelvic floor exercises	Pelvic floor exercises	Pelvic floor exercises	Pelvic floor exercises
Squatting Holding for 3 breaths	20-40 pelvic tilts	Brisk walk	20-40 pelvic tilts	Swimming	20-40 pelvic tilts
					

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

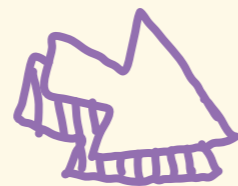
When did the bleeding start? How much blood have you lost? (Just spots of blood, a teaspoon full or an egg cup full?) Do you have pains in your abdomen?

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 of 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 pain in the upper part of your abdomen, you should call the team or hospital immediately.



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

Baby not moving not as much / not at all

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. You will be asked to attend the hospital for a trace of the baby's heart.

Always call the 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.

Count the kicks –
Always trust your instincts, know your baby's normal movement pattern

Blood group and rhesus factor

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

Your booking bloods have tested you for the rhesus factor. 15% of women have a **NEGATIVE** rhesus factor in their blood. If you are rhesus negative, it is advised that you will have a blood test and an anti D injection at 28 weeks.

This will be done in a specially designated clinic in the National Maternity Hospital. An appointment will be sent out to you in the post from this clinic. It is very important if you have any vaginal bleeding after 12 weeks or if you suffer a bump to the abdomen you should contact a community midwife immediately as you will need a medical review in the hospital as soon as possible.

Everyone should be aware of their rhesus factor

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 whole meal bread, bran-based cereals, potatoes in their jackets, 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 re: 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.

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.
- 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.
- 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 present in the morning as you get out of bed, contact the Midwives.



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 your gullet 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.
- Eat ginger biscuits and avoid spicy foods.
- Drink peppermint tea, milk or ginger ale.
- 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.
- Antacids can be taken which many women find helpful.



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.

Try:

- Swinging your arms vigorously for a few minutes first thing in the morning.
- Keeping your hands raised as much as possible during the day.
- Avoid writing, using a keyboard or being on the telephone for any length of time.
- Be aware of your posture, particularly don't slouch at your desk or table.
- Put your hands in a basin of hot or cold water.
- If you really can't stand the discomfort, ask your Midwife for a referral to the physiotherapist.
- Most pharmacies have 'wrist splints' which can be helpful. They can be worn in bed at night.



Transfer to hospital based care

As you are aware the service the Community Midwives offers is for women, with normal medical and obstetric history. If for some reason your pregnancy moves outside the limits of normal, the Community 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.



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



Feeling Calm

These can be read to you by your partner or recorded by you or them and played...

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

Sample breathing exercise:

- Start by getting comfortable. You can do this sitting or when you lie down.
- Begin by noticing your breathing. Close your eyes. Observe your breath entering and leaving your body. Feeling the gentle rise and fall of your chest.
- After you've given a few moments to noticing your breath and calming it into a deep, deliberate process, begin to relax. Thoughts may enter your mind, acknowledge them and then send them away. Returning your focus to your breathing.
- Start with the top of your head. As you breathe in send the breath to the top of your head. As you breathe out, release all the tension that you have there. Take another breath or two if you need to.
- Next move on to your forehead. Breathe in, sending the breath there. Breathe out and let the tension go. Relax the muscles around your eyes and your jaw.
- Continue this process downward to the tips of your toes.
- Progressively relax each part of your body; back, neck, shoulders, chest, belly, pelvis, legs, hands and feet.
- If you're alone and it's quiet you may fall asleep. This is a good thing.
- Send your breath to your baby now that you are nice and relaxed imagine your baby feeling as relaxed as you.
- In fact, if you're having sleepless nights they are a great time to practice this relaxation.
- Make the time to do this as often as possible. If you're caught in traffic, feeling frustrated – If you're angry – If you're scared – start your breathing and relaxation. You get the idea!

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.

Remember we cannot prepare for everything!

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 life, but we also can experience stress, distress and illness.

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



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. It may not need to be a specialist, your GP may be happy to advise you.

Looking after yourself is looking after your baby

Becoming a parent...

Parenting changes over the life of your child and each stage of your child's development brings different knowledge, understanding, satisfaction and challenges. Parenting can also change with each new child in your family. Once you are a parent the needs of your children probably take priority over many other things in your life.

Becoming a parent brings a golden opportunity to improve family patterns and strengthen patterns from your own childhood. You can choose the type of parent you want to be and the type of childhood your child has.

As your baby grows you may find that certain experiences will bring back memories of what happened for you at that age.

Sometimes these are sad or painful, happy or joyful. These memories of your own childhood might affect how you respond to your own child.

First time parents...

If you have just become a parent you will be coming to terms with some big changes in your life. Becoming a parent can be difficult and very different from what you expected.

Your relationship with your partner will be different now that there is another person sharing your lives.

Many parents give up a lot to become parents – (careers, active social lives, a sense of freedom) and can feel a sense of grief over the loss of their old lives as well as joy about their new life, even though they were prepared and ready for it.

Caring for a baby twenty-four hours a day can be tiring and sometimes it can feel like you have lost control of everything. You may feel overwhelmed and have a sense of not coping. Ask for HELP and say YES to offers to support.



Be prepared for people to give a great deal of well meaning and conflicting advice. You know your baby best but be open to ideas. If they seem helpful try them and choose what works for you and your baby.

If you are struggling...

Talk to your partner about your feelings and hopes for your new baby as well as any sadness you may feel for the loss of your life as a twosome. Partners often feel many of the same things

Encourage your partner to care for your child's physical and emotional needs from babyhood, it will help their relationship and help your child to learn that others love and care for them too.

Find other mothers that you feel comfortable with to talk to about the changes that are happening in your life. It is helpful and comforting to know that other women are going through similar changes and you can share ideas.

The role of being a mother is something that you grow into, just as your baby grows into becoming a person. Don't panic if you don't feel like a parent as soon as your baby is born. You are a person, your baby is a person too and the two of you are getting to know each other- this takes time and is the start of a relationship that lasts a lifetime.

Smile, your on a new adventure called parenthood.
Teresa, Midwife

An open letter from a mum to a mum-to-be

To whom it may concern,

Stay away from the internet, 'Google' is a danger zone. No matter how hard you try to stay on reputable sites it can open a minefield of info that isn't even applicable to you. Being pregnant is serious-business no doubt. Everything that goes into your body, everything you do, could affect your baby and that's a heavy burden to bear. Throw in irrational fears and add pregnancy hormones and you can find yourself in the throes of all-consuming anxiety. The best thing you can do is contact your midwife or GP and let them deal with your individual issue.

Have quality pre-baby alone time with your partner. Coming to the end of your pregnancy, there can be a longing wish to rush to the finishing line. Wishing the weeks away. However, most women in retrospect wish they had focused a bit more on making the most of their alone time with their partner. Once your baby arrives, your priorities shift and you have less time and energy for each-other. So, make the most of the time left for just you two.

Birth plan, yea? or nah?

Having a general vision of how things might be in labour is better than a point by point wish list. By all means write a birth plan but also be prepared to scrap it. When you are pregnant, you have all the time in the world to think about labour and how you imagine it be like. However, the reality may be completely different and nothing like you planned. You may never notice the soft music or dim lighting. You just need to learn to ride the wave and avoid the notion of controlling it. At the end of it all, remember that your sweet baby will be in your arms.

Breastfeeding may not be nearly as natural as you'd expect.

For some women, breastfeeding, especially at the start isn't a walk in the park. Most women find it the most challenging part of the whole baby thing. You have to be prepared for the hard work, especially at the start and then look forward to reaping the rewards when it's established. Attend antenatal breastfeeding workshops and check out local breastfeeding groups on maternity leave so that you know where to go when you need the advice and support.

Kind Regards,

PS. Birth can be much like life: Just as life can throw up varying obstacles so can birth, it's the way you cope with these obstacles that can encourage a positive outcome.

Preparing to breastfeed workshop

Date	1st Friday each month	@ 12.45
	2nd Thursday each month	@ 12.00
	3rd Tuesday each month	@ 18.00

Venue	Antenatal Education Room, NMH
	- No appointment needed
	- Approximately 1 hour
	- Workshop provided by NMH Lactation Consultants

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 6 months, 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 workshop, Midwives in the postnatal wards.
- **Community Support:**
 - Public Health Nurse and voluntary support groups (La Leche League and Cuidiu).



Useful numbers

National maternity hospital (switch)	01 637 3100
Community midwives Dublin office	01 637 3177
Community midwives Wicklow office	01 274 4163
Fetal assessment unit (scanning dept.)	01 637 3217
Medical social worker	01 637 3236
Perinatal mental health	01 637 3182
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



EXERCISE
regularly

CHOOSE
wisely

EAT
healthy

CONNECT
daily

PREPARE
mentally

THINK
positively

**RELAX
BREATHE
BIRTH**



COMMUNITY
MIDWIVES