



**WEST GIPPSLAND**  
HEALTHCARE GROUP

*Caring for our Community*

## **Birth Guide**

Welcome to West Gippsland Healthcare Group, Maternity Unit.

The Maternity Unit provides a variety of birthing and care options and is a training facility for midwifery and medical students, creating a learning environment with many positive benefits for women, families and the health care team. Students may be involved in your care.

The Birth Guide is intended for you to express the preferences and desires for the birth of your baby. By the time you have been through pre-natal classes, read some books and had discussions with the midwife/doctor, you will have some idea of the things you would like to have happen during the birth and also those things you would like to avoid. To help you clarify your ideas, various options have been included to help you choose. Keep in mind this should be used as a guide only, and you can change your mind at any time. If problems arise, these will be explained to you. It is our desire to provide care for the safe birth of a healthy baby and mother.

## **Labour**

Labour will usually start at any time between 37 and 42 weeks without need for interference unless specific obstetric problems arise or are already known. Please phone the Midwifery Ward staff when labour begins and they will advise you accordingly. Women are encouraged to walk around and remain as active as possible in labour. Support of your husband/partner, friend(s) is encouraged. It is important that these people understand they are here to help you through the labour.

## **Facilities available**

The facilities for labour include – bath, shower, dim lighting, CD/tape player (you may bring your own player and/or music), aromatherapy (bring your own oils), mirror to observe the birth.

## **Monitoring**

Cardio-tocograph (CTG) or Foetal Monitoring is done by a machine which has two paddles, placed on the abdomen to monitor baby's heart rate and contractions. It is done for approximately 20 minutes. If longer is required, this will be explained to you. Normal monitoring in labour is done using a hand-held doppler. With induction of labour, monitoring is required continuously.

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## Pain management

Pain in labour is extremely variable. There are several options you can consider during labour.

Non-medicated – these are often enough and should be tried first. You may try - shower, bath, heat packs, massage, different positions, use of birthing balls, TENS machine (available from physiotherapy department), aromatherapy.

Medicated – sterile water injections may be tried for back pain, nitrous oxide or 'the gas', pethidine, epidural anaesthetic. You may feel you need these, and can discuss this with your midwife or doctor.

What have you thought about with regards to managing the pain you will experience?

Comments: .....

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What have you thought about with regards to your labour and birth?

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What are your wishes for you once the baby is born, and your placenta?

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If you had previous birth or labour experience concerns, please indicate below in the space provided and these issues will be discussed with you by either the midwife or your doctor during your antenatal care. If needed extra counselling can be organised to address your concerns.

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### **Other considerations:**

In case of an Emergency Caesarean Section, an explanation will be given by the Doctor/Obstetrician regarding the reason for the operation, and he/she will obtain written consent from you to proceed with the operation.

#### ***The following will occur:***

- Intravenous line will be inserted into your arm and blood taken for grouping and cross matching.
- Antacid solution given to drink to neutralise stomach contents.
- Area where incision is to be made will be shaved.
- Catheter tube to drain urine will be passed into bladder either on the ward or Operating Theatre.
- Usually a visit by the Anaesthetist, prior to leaving the ward. The type of anaesthetic available will be explained, either spinal or general.
- Also at the time, more staff are present to help prepare you quickly because of the circumstances that have occurred.
- Every attempt will be made to keep your baby with you in the Recovery Room, if your baby is well.

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**The following may be necessary, please tick when you have discussed these with the midwife or doctor.**

	YES	NO
Understand why Vitamin K is given (assists with the clotting of blood)	<input type="checkbox"/>	<input type="checkbox"/>
The need to obtain cord and maternal blood if the mother is Rhesus negative.	<input type="checkbox"/>	<input type="checkbox"/>
Understand why a blood test is taken after 48 hours for newborn screening tests.	<input type="checkbox"/>	<input type="checkbox"/>
By law, an approved child safety restraint should be fitted in your vehicle prior to discharge from the hospital.	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding is encouraged and can be commenced soon after birth.	<input type="checkbox"/>	<input type="checkbox"/>
Your feeding choice will be respected by the Midwifery Team.	<input type="checkbox"/>	<input type="checkbox"/>
Rooming in is encouraged 24 hours a day.	<input type="checkbox"/>	<input type="checkbox"/>

**Vitamin K is recommended for your baby after birth. Please read the brochure given to you on why vitamin K is recommended for your baby.**

	YES	NO
Are you happy for your baby to have this?	<input type="checkbox"/>	<input type="checkbox"/>
Are you happy for your baby to have a blood sample taken for newborn screening.	<input type="checkbox"/>	<input type="checkbox"/>

***Please bring your birth guide with you when you come to hospital.***