



your **new arrival** at Burnside

It's a beautiful beginning
for you and your baby



Thank you for choosing Burnside Hospital

To us, having your baby is more than just the birth – it's about your complete birth experience. We are renowned for our holistic approach to care before, during and after the birth of your baby, as well as our obstetric and maternity facilities.

With our expert team of obstetricians, paediatricians, midwives, physiotherapists, physicians, state-of-the-art equipment, spacious private rooms, and beautiful grounds, Burnside Hospital is the perfect place for you to start or continue your maternity journey.

At Burnside we provide a warm, caring environment that offers support, security and comfort during your baby's birth and your first days together.

I look forward to welcoming you and your family to the Burnside Hospital Maternity Service.



Kim Parker-Gray
Clinical Manager, Maternity Service



What to bring to hospital

First of all, congratulations. Being pregnant is such an exciting time, so much to plan for, and so much to look forward to.

As you enter the third trimester of your pregnancy, it's a good idea to start thinking about what to pack in your hospital bag for birth. Being prepared before you go into labour or attend the hospital can help make the experience less stressful.

During your stay, Burnside hospital will provide:

- 10 nappies for your baby
- Maternity pads for the first day
- All linen and towels
- Baby singlets and jackets if you choose to use them

In your baby bag we suggest you bring:

- Nappies
- Baby clothes appropriate for the season such as beanies, grow suits, singlets and an outfit for baby to go home in
- Baby wipes
- Pacifier / dummy if wishing to use
- Baby wraps or blankets
- Mild soaps, moisturisers or barrier creams

In your maternity bag we suggest you bring:

- Comfortable clothes and tops easy to use if breastfeeding
- Dressing gown and pyjamas/nightie
- Toiletries including soap, shampoo and conditioner
- Breast pads
- Maternity pads
- Snacks
- Slippers or comfortable footwear
- Mobile phone charger
- Pre-downloaded playlist for music for labour and during your stay
- Massaging aids or accessories you would like to use in labour
- Lanolin or creams for tender nipples





Preparing for labour

You can't really plan your birth but there are things that you can do and think about that will help you to be more prepared.

You may have particular ideas about the kind of birth you want – who you want to be there, how you would prefer to manage your pain and what you would like to do if things don't go as planned.

Many women and their partners write a birth plan, so that when the time comes, all of those involved in the birth of your baby will know what you want. Writing a birth plan can also help you and your support person to think through, and prepare for, a range of possible scenarios.

A birth plan is also useful for fathers or birth partners, who will feel more empowered by a birth plan to advocate on your behalf, especially if you have prepared the birth plan together.

The following are examples of things you might want to consider when you are writing your plan:

- Do you want to be active throughout your labour?
- Would you like it to be as 'natural' as possible?
- Would you like pain relief to be readily available?
- Do you have a preference for one pain relief over another? What kind of support do you want?
- Who do you want to be there?
- Would you like to labour in the shower?

You may also wish to consider what your preferences would be in the event that you have to be induced, or in the event that you may need a caesarean birth.

If you discuss your birth plan with your obstetrician you will have more of an understanding of what is realistic. It may also help you to understand more about what to expect during the birthing process.

Your birth plan will be best if it is flexible. If your aim is to stick rigidly to a birth plan it can add to a strong sense of disappointment if things happen differently. Labour and birth are not events that you can have total control over even when you do everything in your power to prepare. Your body and your baby will often have plans of their own.

Stages of labour

There are three stages of labour. The first stage is when your cervix is opening and your baby is moving down the birth canal. The second stage is when your baby is being born and the third stage is when the placenta is delivered.

Understanding the stages of birth can help you know what is happening during your labour.

The first stage

This stage begins when the cervix starts to soften and to open. First stage is complete when the cervix has opened to around 10 centimetres.

In the very early stages of labour, your cervix softens and becomes quite thin. This can go on for hours; days even. During this early stage you may feel nothing at all for some time. Eventually, you might feel some pain and discomfort but there is no pattern and the contractions are irregular.

In early labour you may have:

- a blood-stained mucus discharge called a 'show'
- lower back pain
- period-like pain that comes and goes
- loose bowel motions
- a sudden gush or a slow leak of fluid from the vagina when your waters break or your membranes rupture. The 'waters' should be clear or slightly pink. (A greenish or bloody colour can indicate a problem with the baby and you will need to contact the hospital immediately)
- an urge to vomit (it is quite common to vomit during labour).

In early labour, your body is preparing for birth. Things you can do:

- stay at home for as long as you can
- have regular snacks so that you are building your energy
- reserves rest as much as possible; if it's night time try and sleep
- try relaxing in a bath or a shower
- go to the toilet regularly and empty your bowels if you can.

Eventually, towards the end of the first stage of labour, you will start feeling a little more restless and tired and your pain will become more intense. The pain will come like waves, starting small and building to a climax and then falling away again. As you move closer to second stage, the time between each wave will be smaller.

When to go to hospital

It's not always clear whether labour has started. If you're not sure or you are worried, call the hospital. Sometimes just the process of talking through your symptoms is enough to help you relax. Alternatively, during the course of the conversation, you and the midwife may decide it's time to come to hospital for an assessment.

The midwife will ask you how and where you feel your contractions, how often the contractions come and how long they last. This will help them to know how much your labour has progressed.

If there are strong signs of labour, such as your waters breaking, regular contractions or blood loss, please contact the hospital straight away.

If you are not in labour or if the labour is not yet established, depending on your situation, it is generally better to stay at home. Research has shown that women labour much better if they stay at home in the early stages.





The second stage

Second stage describes the period of time from when the cervix is fully dilated to when the baby is born.

In second stage you may have:

- longer and stronger contractions, with a one to two minute break in
- between increased pressure in your bottom
- the desire or urge to push
- shaky cramps, nausea and vomiting
- stretching and burning feelings in your vagina.

Things you can do in the second stage:

- concentrate on your contractions and rest in between
- try to let go and allow your body to do what it needs to do
- try different positions – sitting, standing or walking
- if you feel hot, a cold face washer can be very soothing
- try a shower to help you to relax and to manage the pain
- keep up your fluids and rest when you can.

When the urge to push arrives it can be overwhelming. The pushing phase varies for each woman but can last for up to two hours, usually less if you have had a baby before.

Aside from the urge to push, you are likely to feel:

- pressure, and a strong urge to go to the
- toilet stretching and burning in your vagina
- the baby's head moving down.

The best thing you can do during this phase is to try and breathe deeply, relax and follow your body's urge to push. Trust and listen to your obstetrician / midwife who will guide you.

The third stage

The third stage begins after your baby is born and finishes when the placenta and membranes have been delivered. In the third stage you may have:

- more contractions to expel the placenta
- a feeling of fullness in your vagina.

The obstetrician will gently apply traction on the cord to deliver the placenta but may ask you to help by gently pushing.

Pain management in labour

Labour and how you experience the pain of labour is very individual.

Your pain can often be managed with relaxation techniques, letting go and trusting that your body knows what to do. Fear, tension and resistance are a normal response when you feel out of control or you are not sure what to expect next. On the other hand, relaxing and trusting your body will help you manage your pain.

Your pain can also vary according to the environment in which you give birth, your support people, whether you've had a baby before, the position of your baby as well as your method of pain management.

There are a number of natural and medical methods you can use to manage your labour pain.

Natural pain relief

Active birth

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

Heat and water can also help to ease tension and backache in labour. Both hot and cold packs are useful, as is being immersed in water in the shower.

Touch and massage can reduce muscle tension as well as providing a distraction between and during contractions. Practice with your partner during your pregnancy and find out how you like to be massaged. Sometimes during labour massage will feel good and then it might be suddenly annoying (which is important for your partner or support person to know).

Similarly, some women use music during labour. Music is a good distraction and can be very relaxing but it can also be suddenly and unexpectedly annoying. Be prepared for any eventuality.

Assisted non-medical pain relief

TENS or Trans-Electrical Nerve Stimulation

The TENS machine is a small, portable, battery-operated device which is worn on the body. The box is attached by wires to sticky pads that are stuck to the skin. Small electrical pulses are transmitted to the body, like little electric shocks. While there is no harm in using a TENS machine, there is not a lot of evidence to show they are effective but some women find them helpful.

Medical pain relief

You and your support person will have discussed your preferences for pain relief long before you go into labour. You can also record your preferences for pain relief in your birth plan. During your labour, the midwife will continue to guide you and work with you according to your wishes.

Fentanyl

Another commonly used pain relief option in labour is the opioid fentanyl, a morphine like drug. Fentanyl acts quickly on many different receptors in the spinal cord and brain to block signals from the uterus and vagina from reaching the brain and being processed as pain.

Fentanyl can be given two different ways. One option is for midwives to place a very thin plastic tube, called a cannula, under the skin allowing repeat doses to be given. The other option is where fentanyl is injected directly into the bloodstream on demand.

Studies have shown that fentanyl during labour reduced the reported pain. Your family and friends may have previously had pethidine, which used to be the most commonly used opioid. Fentanyl is now the preferred drug. It starts to work more quickly and the body removes the drug faster making it the safer option.

Possible side effects from fentanyl include drowsiness, nausea and vomiting, itchiness or a slow heart rate. Observations, therefore, include monitoring your breathing rate, heart rate and oxygen levels throughout labour and before administering further doses to reduce the risk of you experiencing these effects.

Because fentanyl crosses from the mother's bloodstream to the baby's the midwife will continue to observe the baby after birth for signs of drowsiness. While very uncommon if the baby is too sleepy an antidote to fentanyl might be given.

Epidural

Epidural is a local anaesthetic, which is injected into your back (not the spinal cord). After an epidural you will have altered sensation from the waist down. You won't be able to walk around but you will still be awake.

A very thin tube will be left in your back so the anaesthetic can be topped up. Sometimes the tube is attached to a machine so that you have control over when the epidural is topped up.

An epidural can take away the sensation to pass urine so you will also need a urinary catheter (a thin tube) to drain your urine. You will also need an IV (intravenous) drip inserted into your hand to make sure you are getting enough fluids.

A cardiotocography or CTG machine will continuously monitor the baby's heart and your contractions. Your blood pressure will also be monitored more closely. You may still feel the urge to push, but the sensation can be reduced.

The benefits of an epidural are that it takes away the pain of contractions, it can be effective for hours usually and can be increased in strength if you need to have an emergency caesarean. In a long labour, it can allow you to sleep and recover your strength.

If a woman's blood pressure is high an epidural might be recommended as it can reduce hypertension.



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