Maternity Care
Patient Information
Bring to your pregnancy care appointments
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>2</td>
</tr>
<tr>
<td>Options for care</td>
<td>2</td>
</tr>
<tr>
<td>Services provided by Wodonga hospital</td>
<td>2</td>
</tr>
<tr>
<td>Preparing for your stay</td>
<td>3</td>
</tr>
<tr>
<td>Support people</td>
<td>3</td>
</tr>
<tr>
<td>Telephones and television</td>
<td>3</td>
</tr>
<tr>
<td>Visiting hours</td>
<td>3</td>
</tr>
<tr>
<td>Hand hygiene</td>
<td>4</td>
</tr>
<tr>
<td>Antenatal classes</td>
<td>5</td>
</tr>
<tr>
<td>Young mums group</td>
<td>5</td>
</tr>
<tr>
<td>Fit for birth classes</td>
<td>6</td>
</tr>
<tr>
<td>Breast-feeding antenatal checklist</td>
<td>7-8</td>
</tr>
<tr>
<td>Australian Breastfeeding Association:</td>
<td></td>
</tr>
<tr>
<td>Breast-feeding classes</td>
<td>9</td>
</tr>
<tr>
<td>Choices of antenatal care</td>
<td>10</td>
</tr>
<tr>
<td>Midwife care program</td>
<td>10</td>
</tr>
<tr>
<td>Emotional and psychological health screening</td>
<td>11</td>
</tr>
<tr>
<td>Birth plan information</td>
<td>12</td>
</tr>
<tr>
<td>Danger signs in pregnancy</td>
<td>12</td>
</tr>
<tr>
<td>Diet and pregnancy weight gain</td>
<td>13-14</td>
</tr>
<tr>
<td>Supplements in pregnancy</td>
<td>15</td>
</tr>
<tr>
<td>Diet precautions in pregnancy</td>
<td>16-17</td>
</tr>
<tr>
<td>Alcohol, smoking and drugs in pregnancy</td>
<td>18-19</td>
</tr>
<tr>
<td>Exercise in pregnancy</td>
<td>20</td>
</tr>
<tr>
<td>Teeth in pregnancy</td>
<td>21</td>
</tr>
<tr>
<td>Pregnancy and travel</td>
<td>21</td>
</tr>
<tr>
<td>Minor ailments of pregnancy</td>
<td>22-23</td>
</tr>
<tr>
<td>Labour</td>
<td>24</td>
</tr>
<tr>
<td>Cultural considerations</td>
<td>25</td>
</tr>
<tr>
<td>Koori maternity enhancement worker</td>
<td>25</td>
</tr>
<tr>
<td>Postnatal care</td>
<td>26</td>
</tr>
<tr>
<td>Maternity unit social work service</td>
<td>27</td>
</tr>
<tr>
<td>Discharge planning</td>
<td>27</td>
</tr>
<tr>
<td>Domiciliary postnatal care</td>
<td>28</td>
</tr>
<tr>
<td>MITH</td>
<td>28</td>
</tr>
<tr>
<td>Community support services</td>
<td>29</td>
</tr>
<tr>
<td>Maternal &amp; child health nurse (MCHN-Vic) or Child &amp; family health nurse (CFHN-NSW)</td>
<td>29</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>31</td>
</tr>
<tr>
<td>Resources and links</td>
<td>31</td>
</tr>
<tr>
<td>References</td>
<td>31</td>
</tr>
<tr>
<td>Contact numbers</td>
<td>32</td>
</tr>
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</table>
Congratulations on your pregnancy. We look forward to assisting you throughout your pregnancy and labour and through the postnatal period. The information provided in this brochure will assist you through the antenatal period and for planning your stay with us.

OPTIONS FOR CARE
(More information available on page 10)
(Private and Public)

- Midwife Care Program (Public only).
- Obstetric General Practitioner (GP) Provider.
- GP and Obstetric GP Provider (shared care).
- Obstetrician.
- Obstetrician and GP (shared care).

SERVICES PROVIDED BY WODONGA HOSPITAL
- Consumer Advocacy.
- Continence Nurse.
- Diabetes Educator.
- Dietician.
- Domiciliary Midwife Program (Postnatal Home Visiting).
- Social Work Service.
- Koori Maternity Enhancement Worker
- Level 2 Special Care Nursery (SCN).
- Midwife Care Program (MCP).
- MITH (Midwifery In The Home - Antenatal Care and Post-natal Care).
- Physiotherapy.
- Post Acute Care.
- Preparation for Parenthood Classes.

USING PRIVATE HEALTH INSURANCE AT AWH-WODONGA HOSPITAL

Support your local hospital by using your private health insurance.

By choosing to use your private health insurance at AWH-Wodonga Hospital you will be entitled to the following benefits:

- Your treatment will be provided by a Specialist/VMO
- Choice of a single room (subject to availability and individual health fund coverage)
- Free TV rental
- Free local telephone calls
- Free daily newspaper (Monday- Saturday)

Help us to help you.

By using your private health insurance you are actively supporting your hospital in:

- Maintaining facilities
- Purchasing new equipment
- Improving patient services.

As there is variation between Private Health Funds and entitlements please contact your fund early in pregnancy to check your entitlements.

For further information please contact our Patient Liaison Office on: 02 6051 7663
PREPARING FOR YOUR STAY

Yourself:
• Clothing and night wear to suit your stay in the Maternity Ward.
• Toiletries.
• Nursing bras and nursing pads.
• Maternity sanitary pads.

Your Baby:
• Baby clothes (eg: singlets, body suits, mittens, beanie) for use in hospital.
• Bunny rugs.
• Disposable nappies (newborn size).
• Baby wipes.
• Baby’s soap or bath solution.

SUPPORT PEOPLE
You may choose to have extra support people, a maximum of 3 family members or friends are permitted during your labour. It is important that they have been prepared for this very important role, as the labouring woman you should feel comfortable with everyone present. Privacy law prevents disclosure of personal information by hospital staff to all but the patient and immediate next of kin (NOK).

NO SMOKING POLICY
Albury Wodonga Health (AWH) Wodonga Hospital promotes a smoke free environment.

TELEPHONES & TELEVISION
• A phone service is available to receive calls only. There is a public phone located in the ward.
• Phone Cards are available to purchase from the Hospital’s Main Reception for women to call out of the ward.
• A patient television hire service is available.
• Mobile phone usage is not permitted whilst inside the hospital.

VALUABLES
Patients and visitors are advised not to bring in valuables or large sums of cash.

VISITING HOURS
General visiting hours are from 2.30pm to 7.30pm.

Partners ONLY 7.30 pm to 8.00pm. For your comfort and recovery NO visitors or phone calls are allowed between 12.00pm and 2.30pm or after 7.30pm (unless special arrangements has been made with the Unit Manager).

There are visiting restrictions to the Special Care Nursery and visitors are subject to special requirements. Information on visiting the Special Care Nursery will be given to parents on admission of their baby.

Anyone who is, or has recently been unwell, is not to visit the Maternity Unit or Special Care Nursery.
A number of infections and infectious diseases can be spread from one person to another by contaminated hands, particularly gastrointestinal infections and Hepatitis A. Washing and drying your hands properly can help prevent the spread of the organisms that cause illness and diseases.

You should wash your hands thoroughly:
• Before preparing food.
• Before eating.
• Between handling raw and cooked or ready-to-eat food.
• Before breast feeding.
• After going to the toilet.
• After changing nappies.
• After smoking.
• After blowing your nose or sneezing.
• After handling rubbish or working in the garden.
• When hands are visibly soiled.
• After feeding and handling animals.
• After attending to sick children or adults.

How to Wash your Hands Properly:
• Wet your hands with warm water.
• Apply one dose of liquid soap and lather well for 40—60 seconds (or longer if the dirt is ingrained).
• Rinse well under running water and make sure all traces of soap are removed, as residues may cause irritation.
• Pat your hands dry using a clean dry towel or paper towels. Make sure your hands are thoroughly dry.
• Dry under any rings you wear, as they can be a source of future contamination if they remain moist. If possible, remove rings and watches before you wash your hands.
• Hot air driers can be used but, again, you should ensure your hands are thoroughly dry.
• At home, give each family member their own towel and wash them often.
• To protect your hands apply a water-based absorbent hand cream three to four times a day, or more frequently if your hands are constantly in water.
ANTENATAL CLASSES

Antenatal classes prepare you for the arrival of your baby and provide an understanding of the birth process and what to expect in the first weeks after birth. Classes provide specific detail relating to pregnancy, labour and early parenting for first time parents and an opportunity to discuss relevant topics. All women having their first baby are encouraged to attend antenatal classes run by the hospital.

There is a charge for classes. Dates and costs of Antenatal Classes will be provided to you by the Antenatal Receptionist by phone or at your booking in visit. You can phone the Antenatal Department to make enquiries about classes. It is recommended that you book for classes prior to the 20th week of your pregnancy.

Options for Classes
Classes are conducted on selected dates. You may choose either:

**Five Week Series:**
When: Monday, Tuesday, Wednesday or Thursday.
Time: 7.00 pm to 9.15 pm

**All Day Class:**
When: Weekday or Saturdays (Selected dates)
Time: 9.30 am to 4.30 pm

For all day classes preference is given to those who have genuine distance problems, ie: live out of town or have difficulty travelling at night. Light lunch and refreshments are provided.

**Venue:**
Albury Wodonga Health Wodonga Hospital, Antenatal Room off Wilson Street, Wodonga.

**Antenatal Reception Phone Number:**
(02) 60 517 240.

YOUNG MUMS GROUP

Sessions are held for young mothers. This group features a small group, a relaxed and fun atmosphere with a light lunch. It is led by Midwives keen to help you through labour and birth. You can bring along your partner, support person, friend or mum. Please phone antenatal reception for session dates.

You will learn about labour, what to expect in labour and baby care.

**When:**
Weekdays—2 x 1/2 days
Time: 12.00 pm - 4.00 pm
**Venue:**
Albury Wodonga Health Wodonga Hospital, Antenatal Room off Wilson Street, Wodonga.
FIT FOR BIRTH CLASSES

AWH Wodonga Hospital offers Fit for Birth classes for pregnant women. The weekly class is provided by Physiotherapists with experience in antenatal care and exercise.

Each class will consist of:
• 45 minutes of varied exercises.
• Short information session - a different topic each week.

Aims:
• To provide a guided exercise class, appropriate for all stages of pregnancy.
• To teach appropriate types and intensities of exercise during pregnancy.
• To answer health and fitness questions relevant to pregnancy.
• To allow participants to meet other mums to be.

What to bring / wear:
• Comfortable exercise gear.
• Runners.
• Towel.
• Water bottle.

How to register for the class:
1. Contact the Physiotherapy Department on (02) 60 517 400 (BH)
   You will be asked to provide your contact details. You will be sent an indemnity form.
2. Complete and return indemnity form to the Physiotherapy Department within two weeks of receiving the form.
3. Once indemnity form is returned, you will be advised of a date when you can commence the classes.

For more details please contact:
Physiotherapy Department on (02) 60 517 400 (BH).

There is a small cost for each class.

When:
Tuesday
Time:
5.15 pm - 6.30 pm
Where:
Community Rehabilitation Centre (CRC)
Vermont Street, Wodonga.
AWH Wodonga Hospital is committed to the protection, promotion and support of breastfeeding, however, AWH Wodonga Hospital recognises that not all women choose or are able to breastfeed.

The Benefits of Breastfeeding:

Benefits for your baby:
• Breast milk provides the right nutrition for your baby’s needs for growth and development for the first 6 months of life.
• Protects your baby against gastroenteritis and diarrhoea, chest and ear infections and may also protect against allergies and diabetes.

Benefits to mother:
• Closeness to mother.
• Bonding with baby.
  Reduces risk of bleeding after the birth of your baby.
• Helps you return to pre-pregnancy weight.
• Protects against breast and ovarian cancer and osteoporosis later in life.
• It is convenient, safe and free.

Nipple Preparation for Breastfeeding
• Ask the midwife/doctor to check your nipples. If they are appear inverted or very flat you can discuss steps to assist in correcting this
• Unless the skin is dry nipple creams are not necessary.
• Pulling and rolling the nipples between your thumb and finger can be helpful.
• Gently pat nipples dry after showering or bathing.

The Importance of Skin to Skin Contact after Birth:
Placing baby straight onto the mother’s skin enables the baby to feel calm and warm. It also produces a strong hormonal response in the mother. This initial skin to skin contact, for at least one hour, before injections and other procedures are attended is shown to promote to higher breastfeeding success and longer breastfeeding duration. It is also possible after a caesarean birth.

Getting Position and Attachment Right:
The first few days allow a chance for mother and baby to learn breastfeeding skills. It is important that the mother learns how to hold and correctly attach her baby to the breast to help avoid pain and ensure your baby receives the most milk. Breastfeeding is a learned skill that takes time, patience and practice. The breasts are soft and the highly nutritious colostrum will change into mature milk.

Demand Feeding:
Your baby will feed a minimum of 7 to 8 times and up to 12 times in 24 hours while breastfeeding is being established - this is very normal and will settle with time as milk supply establishes.

Rooming In:
The Maternity Unit has a 24 hour rooming in policy, ie: the baby stays with the mother. Keeping your baby with you helps you to recognise when your baby is hungry, tired or needs a cuddle.
Using Teats, Dummies and Complementary Feeds:
Your new baby is learning to breastfeed and can become confused if offered a teat or dummy before they have learnt to breastfeed well. Offering fluids other than breast milk will decrease the time your baby breastfeeds, which will reduce your breast milk supply. Frequent, unrestricted suckling at the breast will satisfy the baby. ¹

At booking ask the Midwife for:
• “Breast or Bottle. What will you choose?” Brochure.
• “7 reasons why mother’s milk is better for you and your baby.” Brochure Australian Breastfeeding Association.
• Breastfeeding Education Classes Leaflet.
• Breastfeeding Support Service.

For More Information and/or Assistance:

Australian Breastfeeding Association
Local groups in Albury - Wodonga, Corryong and Wangaratta.
Phone 1800 686 268 National Helpline

Parents and Babies Unit, Mercy Health Service
Poole Street, Albury NSW. Phone (02) 6042 1446.

Lactation Day Stay Unit. Northeast Health
34 Cusack Street, Wangaratta, Victoria. Phone (03) 5722 0111.

Albury Wodonga Health - Wodonga Hospital Breast Feeding Support Service
Maternity Unit (off Wilson Street). Phone (02) 60 517 240

¹ Developed March 2008.
¹ Royal Women’s Hospital Antenatal Breastfeeding Checklist (2008)
Breastfeeding, while natural, is still a learned skill for both mother and baby, it helps to learn as much as you can before the birth. Confidence, support and knowledge all help. We encourage expectant parents to come and join our breastfeeding education classes. These comprehensive workshop style sessions aim to expand upon the knowledge gained at antenatal classes.

Come along with your partner or support person and ensure that you have up to date information, knowledge and support on breastfeeding your baby.

For dates and to book into classes contact:
Sharon on (02) 6041 2351 or email sharonaba@bigpond.com

Places are limited for each class.

Classes:
Saturdays 1.00 pm—5.00 pm (Selected dates)

Venue for Classes:
Albury Wodonga Health, Wodonga Hospital, Antenatal Room off Wilson Street, Wodonga.

Cost:
A cost applies and includes 12 months membership to the Australian Breastfeeding Association.
CHOICES OF ANTENATAL CARE:

Obstetric General Practitioner (GP) Care:
All appointments are with an Obstetric GP at his / her Medical Clinic.

NOTE:
*Obstetric GPs are specialist trained GP's (different to “normal” GP’s) who provide all antenatal care throughout pregnancy and who can deliver your baby.*

GP Shared Care (with Obstetric GP):
Visits are with your regular GP for antenatal checkups and additional visits are required with an Obstetric GP.

GP Shared Care (with Specialist Obstetrician):
You will visit your regular GP for antenatal checkups and additional visits as required with a Specialist Obstetrician.

Midwife Care Program:
The Midwife Care Program (MCP) at AWH Wodonga Hospital offers women with uncomplicated low risk pregnancies an alternative to traditional forms of care. The focus of the MCP is on education, preparation, involvement and active birth. The program provides an opportunity for women, their partners and families to participate fully in the pregnancy and birth.

Midwives are responsible for your care throughout the pregnancy, birth and postnatal period. After discharge, care is continued by our Community MCP. Please be aware that we do have set criteria and there are conditions, listed on Midwife Care Referral Form, that may exclude you from this program. The final decision rests with the MCP. Should complications develop, you will be referred back to your Obstetric GP Provider who is able to provide antenatal care and specialist referral if required.

*The program runs on Mondays, Wednesday’s and Thursdays.*

Appointment times are scheduled according to your stage of pregnancy.

*For further information or to arrange an appointment please contact the Antenatal Receptionist at Wodonga Hospital on Phone: (02) 6051 7240.*

MIDWIFE CARE PROGRAM:
Pregnancy and the following year is a time of great change in a woman’s life, and it is common for women to experience a wide range of emotions. Whilst motherhood can be a time of great joy and fulfilment, for many women it can be exhausting, lonely and frightening. This experience can be confusing and distressing for both the woman and her family. For many women, feelings of worry and stress resolve by themselves. But in some women, pregnancy and early parenthood can trigger symptoms of more serious mental health problems. The likelihood is greater for women who have had mental health problems before, do not have enough support, or have been through difficult times (e.g. family problems, abuse or loss). For women who feel isolated either by distance, culture or both, the likelihood may be even greater.

At the time of booking routine assessment of emotional health and well being will take place with the Midwife asking you a number of questions about how you are feeling.

While estimates vary, research suggests that depression, anxiety or both are experienced by at least one in ten women during pregnancy and one in six women in the year following birth. Less commonly, severe mental health disorders such as puerperal psychosis and bipolar disorder arise or recur. Depression and related disorders affect the wellbeing of the woman, her baby and her significant other(s) (e.g. partner), and have an impact on relationships within the family, during a time that is critical to the future health and wellbeing of children. Seeking help early is beneficial to the woman and her family.

If a woman has psychosocial factors and/or symptoms, the health professional uses clinical judgement to decide whether she would benefit from follow-up care. Referral if required to follow up care will be organised with your consent.

(Adapted from Beyond Blue Clinical Practice Guidelines, Depression and Related Disorders - February 2011)

**PEHP - Perinatal Emotional Health Program**

This is a specialist early intervention service supporting emotional health during pregnancy and early parenthood. PEHP is a free, home-based service for women and families experiencing emotional difficulties during pregnancy and childbirth.

The service provides education, counselling and facilitation of support groups.

*Referral can be made by contacting the service or by your Doctor, Midwife or Social Worker making a referral with your consent.*
BIRTH PLAN INFORMATION:

AWH Wodonga Hospital Maternity Unit provides quality care for pregnant women. We recognise that birth plans and preferences are preferred by some women during labour and birth. If you choose to complete a birth plan it is important that it is discussed with your Maternity Care Provider and with the Midwives and Doctors caring for you during labour.

*Please ask at time of booking in if you require a Birth Plan Form.*

DANGER SIGNS IN PREGNANCY:

If at any time you feel concerned or you have a complication or problem related to or affecting your pregnancy, you can contact the **Midwives at the hospital on (02) 6051 7250.**

The Midwives will provide advice or may ask you to see your GP or to attend the Maternity Unit for an assessment.

Please contact the hospital immediately if you experience any of the following:

- Vaginal bleeding.
- Ruptured membranes.
- Decreased or no fetal movements for 12 hours.
- Severe constant pain.
- Any regular painful contractions prior to 37 weeks.
- Severe headache and/or blurred vision.
- Offensive vaginal discharge.
- Abdominal trauma such as a blow to the abdomen, car accident or fall.
The good news is that it is relatively easy for the mother and baby to avoid putting on too much weight in pregnancy. You do not need to be on a diet to do this; in fact women shouldn’t diet during pregnancy! However, please note you only need to eat for one! You do not need to eat any extra for your baby.

Weight gain during pregnancy is related to your pre-pregnancy weight. The table below indicates the expected weight, using your body mass index (BMI). Overall, lighter women gain more weight, and heavier women will gain less weight.

“To achieve and maintain a healthy weight gain, be physically active and choose amounts of nutritious foods to meet your energy requirements.”

<table>
<thead>
<tr>
<th>Pre-pregnancy BMI</th>
<th>Total weight gain</th>
<th>Kg/ week (13 weeks onwards)</th>
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<tbody>
<tr>
<td>Underweight (&lt;18.5)</td>
<td>12.5-18 kg</td>
<td>0.4-0.6 kg/wk</td>
</tr>
<tr>
<td>Normal weight (18.5-24.9)</td>
<td>11.5-16 kg</td>
<td>0.3-0.5 kg/wk</td>
</tr>
<tr>
<td>Overweight (25-29.9)</td>
<td>7-11.5 kg</td>
<td>0.2-0.3 kg/wk</td>
</tr>
<tr>
<td>Obese (&gt;30)</td>
<td>5-9 kg</td>
<td>0.2-0.27 kg/wk</td>
</tr>
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</table>


Steady weight gain during pregnancy is normal and important for the health of the mother and baby. However, it is important not to gain too much weight. When a woman becomes pregnant, not only does her tummy become large, she also increases her fat stores in preparation for breastfeeding. This may be around her buttocks, thighs, tummy, back and breasts.

In pregnancy it is very easy to gain more weight than is required which is unhealthy for the pregnant woman and baby. It can make it hard to loose this weight when the pregnancy is over. A healthy weight gain for the pregnant woman also ensures the baby achieves optimal growth and therefore reduces the risk of complications at birth.

In addition, it is very easy for the developing baby to become too fat. If a baby is born with too much fat, it is at risk of birth injuries and it is more likely to grow into an obese child and eventually an obese adult. Obese adults are at increased risk of many serious health problems as they get older such as diabetes, high blood pressure, heart disease, some cancers, arthritis.
The *Australian Dietary Guidelines* provides advice on the amounts and kinds of food to eat during pregnancy for good health and wellbeing. www.eatforhealth.gov.au

**A healthy pregnancy diet ‘in a nut shell’**

**Eat Most:** Whole grains including breads, cereals, rice, pasta. Fruit and vegetables.

**Eat Moderately:** Protein rich foods including fish, chicken, legumes, nuts, seeds, eggs, dairy products and lean meat.

**Eat Occasionally:** Monosaturated fats eg: olive and canola oils.

**Limit:** Sugar, salt, tea, polyunsaturated fats, such as sunflower and safflower oils.

**Avoid:** Caffeine; coffee or equivalent to no more than one a day.

Milk, no more than one glass a day.

Saturated fats such as fat on meat, butter.

All sweetened drinks (soft drinks, cordials, sports drinks, iced coffees, sugared tea and or coffee).

Fruit juice! It is rich in fruit sugar.

Hot chips and potato chips. This and sugar drinks are the main cause of excess weight gain in pregnant and non-pregnant women.

Take away food high in salt, fat and sugar.

Alcohol. Cigarettes.

**A healthy pregnancy diet includes the following:**

<table>
<thead>
<tr>
<th>Food Groups</th>
<th>Serves</th>
<th>Example of 1 serve</th>
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<tbody>
<tr>
<td>Breads, Cereals</td>
<td>8-9</td>
<td>1 slices bread</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/2 cup cooked rice/pasta/noodles</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2/3 cup cereal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1/4 muesli</td>
</tr>
<tr>
<td>Vegetables</td>
<td>5</td>
<td>1/2 cup vegetables</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 cup salad</td>
</tr>
<tr>
<td>Fruit</td>
<td>2-3</td>
<td>1 medium apple</td>
</tr>
<tr>
<td>Yoghurt, cheese, milk *low fat and sugar, high calcium</td>
<td>3</td>
<td>1 cup milk or soy milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 slices cheese (40g)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>200g yoghurt</td>
</tr>
<tr>
<td>Meat, fish, chicken, eggs, nuts, legumes</td>
<td>1½ - 2</td>
<td>100g meat</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 cup legumes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>30g nuts</td>
</tr>
<tr>
<td>Fluids</td>
<td>2 litres</td>
<td>Water is best</td>
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<tr>
<td></td>
<td></td>
<td>Avoid alcohol</td>
</tr>
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If you adhere to the above diet advice and do some exercise, (see ‘Exercise in Pregnancy’) you will find it much easier to return to your pre-pregnancy weight and in, your baby will be healthier at birth.
Iron:
Requirements for iron increase markedly during pregnancy, particularly during the second and third trimesters. It is essential for the production of healthy red blood cells to carry oxygen to all tissues in the body including the placenta.

Meat sources of iron contain the haem form of iron which is well absorbed in the body. Vegetarians are at greater risk of iron deficiency in pregnancy than meat eaters. Vitamin C increases the absorption of the non-haem iron found in vegetable sources.

Folate in Pregnancy:
(Folic acid folate)
Folate (folic acid) is a B-group vitamin found in a variety of foods. Green leafy vegetables are an excellent source of folate.

It is recommended that women planning a pregnancy start a folic acid supplement 6-12 weeks prior to conception and for the first three months of pregnancy to reduce the risk of neural tube defects such as spina bifida.

There is strong evidence showing a benefit in taking folate, also known as folic Acid (see below) in early pregnancy. There is less convincing evidence showing benefit in taking a multi-pregnancy supplement such as Elevit, Blackmores Pregnancy and Breastfeeding supplement. However we still recommend you start one as soon as you think you are pregnant, and ideally three months before you conceive. A good supplement will include iodine (Australian grown food tends to be deficient in this important mineral), iron and 400mcg of Folate. There is some theoretical evidence in favour of the additional components such as fish oil, vitamin D3, calcium, magnesium, Zinc, and B group vitamins, but it remains unproven.

Calcium:
(There is no need for extra calcium during pregnancy)
Until 2006, Australian dietary recommendations advised increased calcium intake during pregnancy and lactation. This advice has since been revised. Although there is a large ‘shift’ of calcium to the baby during the third trimester of pregnancy, as it starts to develop and strengthen its bones, the mother’s increased capacity to absorb dietary calcium makes up for this loss without the need for increasing calcium intake.

The recommended dietary intake for non-pregnant women (1,000mg per day for women aged 19 - 50 years and 1,300mg per day for adolescents or those aged over 51) remains unchanged during pregnancy and breastfeeding. Dairy foods, such as milk, cheese and yoghurt, and calcium-fortified soy milk are excellent dietary sources of calcium.
Vitamin D

Low vitamin D levels are associated with poorer outcomes in pregnancy such as gestational diabetes, pre-eclampsia and low weight babies. Most vitamin D is made in our skin by the sun’s ultraviolet rays. You are at risk of a vitamin D deficiency if you have too little sunlight exposure. This may happen if you spend a lot of time indoors or you cover most of your skin with clothing.

It is important to get enough sunlight to produce vitamin D without increasing your risk of skin cancer. In summer, many fair skinned people make enough vitamin D from having their hands, arms and face (or equivalent area of skin) in the sun for a few minutes each day during normal, day to day outdoor activities. If you are fair skinned it is best to avoid the sun between 11am and 3pm in summer unless you are wearing sun protection. Darker skin people will need more sun exposure than fair skin people.

Your vitamin D levels are checked early in pregnancy. If they are low, increase your sun exposure. You will be advised to take a supplement such as Ostelin or Oste-Vit D.

Vitamin B12

If you are a vegan ie someone who avoids all animal products in their diet, you may be deficient in vitamin B12. It is important to tell your doctor so he can check your level with a blood test and treat if necessary.

Liver and vitamin A

Liver is a rich source of iron, however only small amounts (50 grams per week at most) are recommended because liver contains very large amounts of vitamin A. Vitamin A in excess can be harmful to the developing baby. There is no danger of excessive vitamin A intake from other foods.

Vitamin supplements also need to be carefully checked for their vitamin A source. Vitamin A comes in two forms; retinol and beta-carotene. Beta-carotene is considered safe even in high doses, but supplements containing retinol (the type of vitamin found in liver) should be avoided as the dose may be too high. Check with your pharmacist if in doubt.

Fish and pregnancy

Fish is a good source of omega 3 fatty acids, which are needed for brain and nervous tissue development in the baby. Oily fish such as salmon, sardines, herring, mackerel and tuna are the best sources. There are also smaller amounts of these fatty acids in walnuts, spinach, soybeans, linseeds, and canola (oil and margarine). In general one to three serves per week of fish are recommended for all members of the population. However due to possible higher mercury levels, certain types of fish should be limited.
Shark (flake), broadbill, marlin and swordfish should not be eaten more than once a fortnight by pregnant women, women planning a pregnancy, or children up to 6 years old. If these fish are eaten, no other fish should be eaten during the fortnight. Limit orange roughy (sea perch) or catfish to one serve per week. If they are eaten no other fish should be eaten during that week. Serve sizes are 150g for adults and 75g for young children.

Avoiding food borne illnesses
The risk of contracting all types of food borne illnesses during pregnancy can be reduced by good food handling practices. These include washing hands before preparing food, ensuring foods are fresh and refrigerated and avoiding cross contamination of raw and cooked foods.

Listeria
Listeria is a bacterium that can contaminate food and cause infection. In pregnant women this infection can be passed on to the baby. Listeria infection is not a common problem and the risk can be minimised by good food handling practices.

Here are some suggestions to help minimise your risk of listeria infection.

• Ensure good hygiene and clean utensils when preparing food.
• Thoroughly wash raw vegetables.
• Avoid foods such as pate, cold cooked chicken and sliced meats, coleslaws and salads (unless you are sure they have been freshly prepared), unpasteurised dairy products, soft cheeses (e.g. brie, camembert, ricotta, feta, blue cheese) soft serve ice-cream, uncooked or smoked seafood and pre cooked prawns. Freshly cooked seafood is safe.
• Listeria is killed by cooking food to boiling point so, when reheating foods make sure they are piping hot.

Toxoplasmosis
Toxoplasmosis is another infection that can affect unborn babies. A common source of this infection is cats defecating in freshly dug vegetable garden beds. To reduce the risk, meat should be thoroughly cooked and salad vegetables thoroughly washed. Pregnant women should avoid contact with cat faeces and should wear disposable gloves if handling cat litter. Hands should be washed after gardening or handling pets.
ALCOHOL, SMOKING & DRUGS IN PREGNANCY

Alcohol
The evidence linking alcohol with birth defects is still inconclusive. We know that heavy drinking may be harmful to the baby, particularly during the early stages of pregnancy; however the effect of low to moderate alcohol intake is less clear.

Some studies show no effects while others show that even this amount may be harmful. The consensus view is that alcohol should be avoided throughout pregnancy.

Caffeine containing drinks
Tea, coffee and cola drinks all contain caffeine. There is mixed evidence about the effects of large amounts of caffeine on the developing baby, however moderate amounts appear safe i.e. up to 3 cups of coffee or 5 cups tea. Don’t forget cola drinks in addition to containing caffeine, also contain large quantities of sugar and for this reason we recommend you avoid them completely. Some energy drinks in addition to containing large amounts of sugar, also contain caffeine or guarana (a plant that contains caffeine and caffeine-like substances). We recommend you avoid them completely in pregnancy.

Smoking and Pregnancy:
Smoking is harmful to the health of you and your baby! Pregnant woman should stop smoking to promote the health and wellbeing of both mother and baby.

A woman who smokes while pregnant is at increased risk of experiencing a wide range of problems including ectopic pregnancy, miscarriage and premature labour.

Women who smoke are up to three times more likely to give birth to a low weight baby compared to non-smokers. Low birth weight babies are more vulnerable to infection and other health problems, such as breathing difficulties.

Every time a pregnant woman smokes a cigarette, her unborn baby is deprived of oxygen and exposed to the same cocktail of chemicals, including chemicals which cause cancer. Smoking during pregnancy can impair a child's health in future years. Health effects may include impaired lung function, increased incidence of asthma, and an increased risk of developing behaviour problems.

Speak to your Doctor or Midwife if you need help to quit or call the Quitline on 137 848 (24 hours).
Pregnancy and Drugs:
Most women take some kind of drug, substance or medication during pregnancy, often without realising the potential for harm. Drugs or medication taken by the mother may cross over to the placenta and reach the developing foetus. The possible effects may include prenatal death (stillbirth), developmental delay, intellectual disability and birth defects.

You should always give your doctor or midwife a full list of all drugs or medication you take, or have recently taken, including:

• Prescription medicines.
• Over-the-counter medicines.
• Nutrition supplements (like vitamins).
• Complementary medicines (such as herbal medicine).
• Illegal drugs.
• Drugs used to treat opiate or alcohol dependence, eg: Methadone.

Harmful Effects of Drugs or Substances on the Foetus and Pregnancy:
Generally a drug, substance or medication can cause harm by:

• Interfering with normal foetal development.
• Damaging the placenta and putting the baby’s life at risk.
• Increasing the risk of miscarriage.
• Bringing on premature labour.

You should also tell your Doctor or Midwife if you smoke, drink alcohol or take any medications or illegal drugs, even if you only take them occasionally or socially.

Prescribed Medications during Pregnancy:
Pregnant women may be required to take medications prescribed by a Medical Officer (MO). Such medications would be prescribed for a pre-existing medical condition or a medical condition that arises during pregnancy. The Doctor will outline the risks and benefits to you and your baby of the prescribed medications. Untreated, some illnesses or pregnancy complications may risk the health of the mother or baby, or both. Discuss any concerns you may have about medicines with your Doctor or Midwife.
EXERCISE IN PREGNANCY

When you are pregnant we encourage you to be as healthy as you can. This means eating healthily and exercising most days. Moderate to vigorous exercise (exercise that elevates your heartrate but where you can still talk) is preferable to gentle exercise. Breathing hard during exercise is not harmful for you or your baby. 30 minutes of exercise a day is excellent, for instance a brisk 30-minute walk is perfect. If you think you are too busy for this, remember that 15 minutes is much better than no exercise.

Exercise such as walking, swimming, aqua aerobics or yoga during pregnancy has many benefits, for instance
• You will be better prepared for the physical demands of labour and motherhood
• Your posture improves
• You and your baby will have a smaller gain of body fat
• You will have a healthier baby
• You will recover more quickly after birth
• Pregnancy aches and pains will be less bothersome
• Mood and energy levels will improve
• Balance, strength, coordination and flexibility are improved or maintained
• Faster return to pre-pregnancy weight and fitness.

Risks of exercise
Occasionally your doctor will ask you to minimize exercise, for instance if you are developing preeclampsia or if you are at risk of bleeding during your pregnancy from a low placenta and so forth. In addition, you need to be cautious when you are pregnant. Your posture changes and you can unbalance more easily.

Don’t expose your baby to the risk of falls or hard bumps to your tummy, for instance playing contact sport, skiing, and horse riding. Avoid vigirious exercise in hot weather.

Check with your midwife or doctor before starting a new exercise program, to ensure you and your baby are not at risk.

You should avoid running and straining exercises such as gymnastics and weight lifting for the first six weeks after birth so your pelvic floor can recover from childbirth.

Tips for being physically active during and after pregnancy:
• If 30 minutes is too hard break it up, try 10 minutes exercise 3 times a day.
• Be active through the day in as many ways as you can, aim to move more.
• If your occupation requires sitting for long periods, stand, stretch and do a light exercise such as 5-10 squats every 30 minutes.
• Join the hospital “Fit for birth classes”
• Avoid lying flat on your back.

Sport and Pregnancy
Unless women have complications, it should be possible to enjoy your sport at some level throughout pregnancy. It is not recommended to continue contact sports after 4 months of pregnancy. It is important to discuss the sport and the required level of activity and associated risks with your Doctor or Midwife and sporting organisation before you make a decision regarding continuing or discontinuing your normal sporting activities.
If you experience toothache or bleeding gums during pregnancy consult your Dentist promptly.

TEETH AND PREGNANCY:

Appropriate and regular dental hygiene is essential before, during and after pregnancy, to assist you in maintaining healthy teeth during your pregnancy. Bad dantition and gum disease has a bad effect on your pregnancy.

Regular and appropriate dental hygiene includes:
• Brushing teeth twice daily with fluoridated toothpaste.
• Floss between teeth.
• Visit your dentist regularly.
• Should you need to visit the Dentist during pregnancy inform your Dentist that you are pregnant.

Pregnancy can cause women to be more susceptible to gum problems due to the effect of pregnancy hormones. Gum problems include swelling, bleeding, gum inflammation. Using a softer tooth brush may help prevent gum problems.

PREGNANCY AND TRAVEL:

The safest time for pregnant women to travel is during the second trimester if the pregnancy is progressing normally and there are no complications. Consult with your Doctor or Midwife if unsure whether you should travel. Be aware of the availability of medical care at your travel destination in case you require medical care.

Pregnant women need not be restricted from flying. Most airlines permit pregnant women to fly until the end of the 35th week of pregnancy, after this time expectant mothers are strictly advised not to fly.

Exact stipulations from airline to airline vary, it is suggested that the relevant airline is contacted in advance of flying to confirm their regulations. Some airlines may request a medical certificate specifying the expected date of delivery.

Wearing seat belts while pregnant
It is a legal requirement to wear a seat belt at all times when travelling in a car. When you are pregnant you will need to make some adjustments for safety and comfort.
1. Place the lap part of the belt under your baby, as low as possible, so it is not sitting across your baby.
2. Adjust the angle of the seat belt by using the seat belt locator.
3. Place the sash part of the belt in between your breasts.
MINOR AILMENTS OF PREGNANCY:

Heart Burn / Indigestion:
Pregrams relaxes the valve at the entrance to the stomach, which makes it easier for stomach acid to flow into the oesophagus, resulting in a burning sensation. Your baby can also press on the stomach which again causes stomach acid to flow upwards. You will usually notice heartburn when lying down, straining or coughing. You can try to avoid heartburn by keeping your meals small and frequent instead of large and few, drinking a glass of milk (to help neutralise the acid) particularly before bed. Do not eat spicy foods or foods that are high in fat.

Consult your Doctor, nurse or Pharmacist if you would like to take antacids.

Morning Sickness:
Some degree of morning sickness is experienced by 2/3 of women during the first trimester of pregnancy. It generally subsides by the 12th week of pregnancy. Commonly women experience nausea and vomiting and loss of appetite.

A small number of women will experience morning sickness past 12 weeks of pregnancy. The cause remains a mystery however there is a belief that hormonal changes can cause morning sickness.

Morning sickness can range from mild nausea to constant vomiting requiring hospitalisation. Despite it’s label, morning sickness can occur at any time of the day, however some pregnant women find it occurs when they haven’t eaten for some time (eg: in the morning after a night’s sleep – hence the name ‘morning sickness’).

There are many different remedies for morning sickness, some of them old wives tales and some of them actually work for some women – everyone is different!

The following may help:
• Drink lots of fluids.
• Avoid smells like cigarette smoke or cooking smells which trigger nausea.
• Eat smaller meals, more frequently.
• Carry some dry biscuits or small snacks in case you feel a wave of nausea coming.

Nausea will always be worse if you are tired. Try to rest whenever you can if you have other children to care for by lying down whenever they do.

There are a number of natural remedies which may help alleviate symptoms, including vitamin B6 (check with your Doctor or Pharmacist first for the appropriate dose) and ginger. You could try ginger biscuits for snacks, or even the herb in a capsule form may help. Peppermint tea may also be helpful – drink a cup of peppermint tea and eat a piece of toast before getting out of bed, and two more cups during the day.

If you are unable to keep any food and/ or fluids down, please consult your Obstetrician or doctor, who can assess you and see if you require further attention or hospitalisation.
PELVIC FLOOR EXERCISE

Pregnancy and childbirth can have a lasting effect on your pelvic floor muscle fitness. It is therefore important to look after these muscles during this important time of your life.

When you’re pregnant the hormone ‘relaxin’ is released throughout your body. This softens the tissues in your body, allowing it to expand as your baby grows. It also allows your pelvic floor to stretch during birth.

The softening effect of relaxin and the increasing weight of your baby places pressure on your pelvic floor muscles. This can make it harder for the muscles to hold your pelvic floor organs in their correct position. The pelvic floor muscles and ligaments are also stretched at birth, which can sometimes lengthen the tissues permanently.

Some women are more at risk of pelvic floor problems during pregnancy and childbirth than others. These include women who have had:
- multiple births
- large babies (over 4Kg).
- instrumental births (using forceps)

Pelvic floor muscle exercises are an effective way to maintain your pelvic floor fitness during and after pregnancy.

For further information on pelvic floor safe exercises: www.pelvicfloorfirst.org.au

Good pelvic floor muscle tone assists women to maintain bladder and bowel control throughout pregnancy. They also helps reduce the risk of developing a prolapse during or after pregnancy and assists with recovery after birth.

For further information visit a continence professional or contact the National Continence Helpline on freecall 1800 33 00 66
LABOUR:

Most women will come into spontaneous labour, however some women will need to be induced for medical reasons or if their pregnancy is prolonged (that is 10 days after due date). If an induction is booked, women need to be aware that circumstances can change with the varied demands in the Birthing Suite and the induction may need to rescheduled. Your induction date and method will be determined by your Doctor in consultation with you.

Considerations for the Labour Ward:
When you are in labour please inform relatives and friends not to call the Birth Suite. It is appreciated that phone calls to birth suite are restricted and it is requested that your relatives and friends wait for support people to inform them of your progress.

Phone Calls in the Labour Ward:
Clients are asked to inform support family / friends, etc, to restrict phone calls whilst in the Labour Ward. Please ask your support person(s) to inform family / friends, etc, of your progress.

Support People:
• Partner.
• Family member.
• Friend.

Training Hospital:
AWH both Albury and Wodonga Hospitals are committed to the training of Medical, Nursing and Allied Health students. At Wodonga Hospital there are student Midwives, student doctors and junior doctors undergoing training. Care may be provided by these people in conjunction with experienced doctors and midwives.

Please consider bringing your own selection of music to labour ward to suit your needs. Your support people may like to bring a snack and a drink for nourishment whilst they support you in labour ward.
CAESAREAN SECTION:

For women booked for a caesarean section you will be admitted on the morning of your scheduled surgery.

You may be required to attend the Maternity Unit for an anaesthetic consultation in the week prior to your planned caesarean section.

A letter or phone call will inform you if you are required to attend.

CULTURAL CONSIDERATIONS:

It is understood that some women feel more comfortable with a female Doctor or health care worker during labour and delivery or when having a vaginal examination. Where possible should your preference be for a female Doctor or health care worker your preference will be met, however it cannot be guaranteed.

All Doctors are trained to be respectful and to understand and consider your concerns including cultural and gender issues. If you have particular concerns about seeing a male or female Doctor it is recommended that you discuss your concerns with your Doctor and a Midwife prior to labour.

KOORI MATERNITY ENHANCEMENT WORKER:

AWH Wodonga Hospital offers the services of a Koori Maternity Enhancement Worker for women that are having an Aboriginal baby. This is a program that provides additional and culturally appropriate support during the antenatal period and the immediate postnatal period. Support is confidential and is delivered by outreach or within the hospital. For more information contact the Antenatal booking area.
POSTNATAL CARE:

Postnatal care begins immediately after birth and the primary aims are to provide:
- recuperation from the birthing process
- breastfeeding education and support
- parenting education and support
- clinical care to promote the physical and psychological health and wellbeing of the woman and her baby.

The aim in the delivery of postnatal care to ensure best quality care is provided to all women and their babies. Therefore we aim to meet your needs during the postnatal period and to assist in doing so further information will be provided to you closer to your due date.

General advice and information is provided on:
- Nutrition.
- Self care and hygiene.
- Perineal care.
- Changes to your body following birth.
- Immunisation.
- Breast feeding.
- Care of the baby.
- Rooming in.
- Contraception.
- Emotional support.
- Physiological wellbeing and concerns.
- Discharge planning.
- Post acute care.
- Relevant support services.

The time that women spend in hospital following childbirth has steadily declined. In 2009–10, the average length of stay for a public hospital birth episode was two days for an uncomplicated vaginal birth and four days for a caesarean section without major complications (Department of Health, 2012).

This reflects improvements in acute care and the development of alternative and appropriate care settings, including the woman’s home. Whether the setting for care is the hospital or a woman’s home, the focus should be on the most appropriate care setting for each woman. Whether postnatal care is provided in hospital or in the woman’s home, it is imperative that the care provided is of the highest standard and meets the needs of the individual.

When you are discharged from hospital after your birth, you will need to make a postnatal appointment with your doctor. This is likely but not necessarily to be the doctor who cared for you during your pregnancy. Alternatively it may be your usual family doctor. This appointment is a checkup for yourself and in addition your baby. A Pap smear may be collected and contraception is likely to be discussed. Remember to bring your babies health record.
Pregnancy and giving birth are major events for women and their families. While this can be a happy and exciting time for some, for others it may be a challenging time. Social Workers in the Maternity Unit are part of the team of skilled health professionals that includes Doctors, Midwives and other Allied Health staff. While you are in hospital, Maternity Social Workers are able to assist with a variety of issues.

These could include:

- Family or relationship problems.
- Family violence.
- Feeling lonely, unsupported or confused.
- Feeling anxious or depressed.
- Grief, bereavement and loss.
- Problems with finances, legal or housing matters.
- Assist you to deal effectively with stress.
- Adjustment to parenthood.

If necessary a referral to other community health and welfare agencies can be made for further follow up once you have been discharged from hospital. If you would like to see a Social Worker you may ask other hospital staff (Doctors or Midwives) to organise this for you.

Hospital Midwives will plan and discuss your discharge with you from the time you book until you are discharged home from hospital care. Follow-up care will be provided by a midwife at home.

Discharge is expected at approximately 48 hours for uncomplicated births. You will be encouraged and supported to plan for your discharge home with your new baby.

Women who have had a caesarean section are planned for discharge 72 hours following birth.

*Discharge time is by 11.00 am on the day of discharge. If you foresee any problems with discharge please let the Midwife know.*
Preparing for and going home with baby:
The Midwife will discuss with you your options for discharge from hospital. A Midwife is available to visit mothers at home after discharge. If you live out of town the Midwife will be from your local area, referred to as an outreach Midwife, and if you live within Albury-Wodonga the Midwife will be from the Maternity Unit.

All mothers are encouraged to go home soon after 2 days (48 hours) following a vaginal birth and approximately 4 days following a caesarean section birth.

At times a longer stay is required. The need for a longer stay will be discussed with you and your partner. The Midwives encourage you to settle in at home with your baby as soon as possible after the birth. In your home environment you can focus on your needs and the needs of your baby in a relaxed and familiar atmosphere. You will be well supported and your care individualised.

The hours of the Domiciliary Midwife service are:

8.00 am to 4.30 pm each day (Except Christmas day and Good Friday).
Phone queries: (02) 60 517 254.

Midwife In The Home, is a service provided to selected patients who would normally be cared for in hospital. They now have the opportunity to be cared for in their own home. This results in less stress to the family unit caused by the hospital separation. Midwives will attend to your needs in your own home.

There are 3 types of admissions:

1. Pregnant women who are having complications. The Doctor will formally admit the patient to the program for daily assessment.

2. Mothers or Babies after birth may require daily visits for specific complicated problems eg: mastitis (Mother), wound infections, etc.

3. Mother who go home on the same day that they deliver may have daily visits for 2 days.
COMMUNITY SUPPORT SERVICES:

- Parent and Baby Unit.
- Maternal & Child Health Centres.
- Australian Breastfeeding Association.
- Multiple Birth Association.

Protocol Regarding Infant Restraint:
At the time of discharge, all infants in vehicles must be secured in an approved, correctly fitted infant / child restraint which meets approved Australian Standards.

It is the legal responsibility of the parents to ensure that the chosen infant restraint is correctly and appropriately fitted. This restraint should preferably be fitted during the antenatal period with due consideration for family requirements and vehicle size.

MCHN or CFHN usually contacts you by phone within the first week from discharge from the Postnatal Domiciliary Home Visits Service or discharge from hospital.

These services aim to promote the health of infants, children and their families.

Your specially trained nurse provides a range of services within Albury, Wodonga and Hume Shire.

These services monitor the growth and development of babies and young children provide educational support to parents / carers.

MATERNAL & CHILD HEALTH NURSE (MCHN—Vic) or CHILD & FAMILY HEALTH NURSE (CFHN—NSW):
ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>AWH</td>
<td>Albury Wodonga Health</td>
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<td>MCP</td>
<td>Midwife Care program</td>
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<td>MITH</td>
<td>Midwifery In The Home</td>
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<tr>
<td>NHMRC</td>
<td>National Health &amp; Medical Research Council</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>BMI</td>
<td>Body Mass Index</td>
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<td>MO</td>
<td>Medical Officer</td>
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RESOURCES AND LINKS

For more information on pregnancy and lifestyle during pregnancy and labour:

http://maternity.health.vic.gov.au
www.3centres.com.au
www.australianbaby.info
www.awh.org.au
www.betterhealth.vic.gov.au
www.breastfeeding.asn.au
www.druginfo.adf.org.au
www.genetichealthvic.net.au
www.health.nsw.gov.au
www.nhmrc.gov.au
www.quit.org.au
www.rwh.org.au/wellwomens
www.health.vic.gov.au
www.wch.sa.gov.au

REFERENCES

3 Centres Consensus Guidelines on Antenatal Care, Mercy Hospital for Women, Southern Health and Royal Women’s Hospital, 2006.

DISCLAIMER

Albury Wodonga Health does not accept any liability to any person for the information or advice provided in this booklet. We provide this information on the understanding that all persons reading it take responsibility for assessing its relevance and accuracy. Women are encouraged to discuss their health needs with their health practitioner. If you have concerns about your health, you should seek advice from your health provider. If you require urgent care and you are more than 20 weeks pregnant, you should phone Wodonga Maternity on 6051 7250. If you are less than 20 weeks, please attend Emergency at Wodonga Hospital (preferable) or alternatively, at Albury Hospital.
Albury Wodonga Health Wodonga Hospital Contact Numbers

Wodonga Hospital Reception ................................................................. (02) 6051 7111
Antenatal ‘Booking-In’ Bookings ...................................................... (02) 6051 7240
Midwife Care Program ................................................................. (02) 6051 7240
Antenatal Education Bookings ....................................................... (02) 6051 7240
Maternity Unit Wodonga Hospital .................................................. (02) 6051 7250
Breast Feeding Support Service ...................................................... (02) 6051 7240
Antenatal Education Bookings ....................................................... (02) 6051 7240
Physiotherapy Fit-For-Birth Class Bookings ..................................... (02) 6051 7420
Social Work Unit ............................................................................. (02) 6051 7242
Koori Maternity Enhancement Worker ........................................... (02) 6051 7257
Perinatal Emotional Health Program (PEHP) .................................... (02) 6051 7950
www.awh.org.au

Specialist Obstetricians (Referral Required)

Dr Hang Chau .................. 66 Vermont St, Wodonga 3690 ................ (02) 6024 5433
Dr Simon Craig ................. 66 Vermont St, Wodonga 3690 ................ (02) 6024 2027
Dr John Salmon ................ 66 Vermont St, Wodonga 3690 ................ (02) 6024 5060
Dr Bhupen Khara ............. 36 Vermont St, Wodonga 3690 ................ (02) 6056 5770

General Practitioners

Federation Clinic
Dr Fiona Christie
Dr Phillip Steele
1 Forde Ct
Wodonga 3690
Tel: (02) 6059 2500

Gardens Medical Centre
Dr Michael Thomas
Wodonga Place
Albury 2640
Tel: (02) 6021 5333

West Wodonga Medical Centre
Dr Peter Sartori
195 Melbourne Rd Wodonga 3690
Tel: (02) 6056 2447

Accredited Obstetric

Corowa Medical Centre
Dr Antoinette Del Popolo
61 Guy St
Corowa 2646
Tel: (02) 6033 1211

Myrtleford Standish St Surgery
Dr Leigh Bennie
Dr Simon Shute
107 Standish St
Myrtleford 3737
Tel: (03) 5751 9900

Bright Medical Centre
Dr Chris O’Brien
115 Gavan St
Bright 3741
Tel: (03) 5750 1000

Mt Beauty Medical Centre
Dr Skye Delaney
Dr Jeffrey Robinson
Dr Mark Zagorski
Tawonga Crs
Mt Beauty 3699
Tel: (03) 5754 3400

Central Medical Group
Dr Jenny Giddens
Dr Greg Gladman
Dr Tess Goodwin
Dr Alison Green
Dr David Tillett
224 Beechworth Rd
Wodonga 3690
Tel: (02) 6024 3233
Hospital Access to the Maternity Unit

Albury Wodonga Health Wodonga Hospital is located five minutes from the Hume Highway. The Maternity Unit entrance is located off Wilson Street.

Limited parking is available in the Maternity Unit car park off Wilson Street. Street parking near the Maternity Unit is available but is time restricted and policed.

Albury Wodonga Health Service Wodonga Hospital
Maternity Unit
Vermont Street,
Wodonga Vic 3690