

# ANTENATAL CLASSES

**MEDICLINIC  
PARKVIEW  
HOSPITAL**



## **DADDY'S JOB**

# **BE NICE TO ME - MY WIFE IS PREGNANT**

**Congratulations on the wonderful  
addition that you are about to have  
in your family.**



# WHAT TO BRING TO THE HOSPITAL ON ADMISSION

- Car working condition & has petrol
- Antenatal records
- Birth plan
- Insurance card
- Passport, Emirates ID, marriage certificate, family book for emirate pt.
- Mobile charger
- Feeding bras
- Breastfeeding pillow



## WHAT TO BRING TO THE HOSPITAL ON ADMISSION (OPTIONAL)

- MP3 player with choice of music or prayers to listen
- Toiletries and change of clothing for partner
- Camera to capture baby's first picture
- Hairdryer
- Stem cell collection kit (cord blood)



# THINGS REQUIRED ON DISCHARGE

- **Car seat (should know how to operate)**
- **A pair of clean clothes & blankets for the baby**
- **Comfortable clothes for the Mother to go home.**



# DISCHARGE PROCESS

- Normal delivery – 2 Nights (as per insurance)
- C-Section – 4 Nights ( As per insurance)
- Doctor's visit – Everyday
- Discharge medication and advice
- Appointment will be given upon discharge
- Any assistance- please call – maternity department 044168673/4



# BIG DAY ARRIVES!



# When to come to the hospital

- Rupture of membranes / breaking of water
- Vaginal bleeding
- Regular, strong contractions: at least every 5 minutes lasting for more than 40 seconds
- Reduced / change in pattern of fetal movement

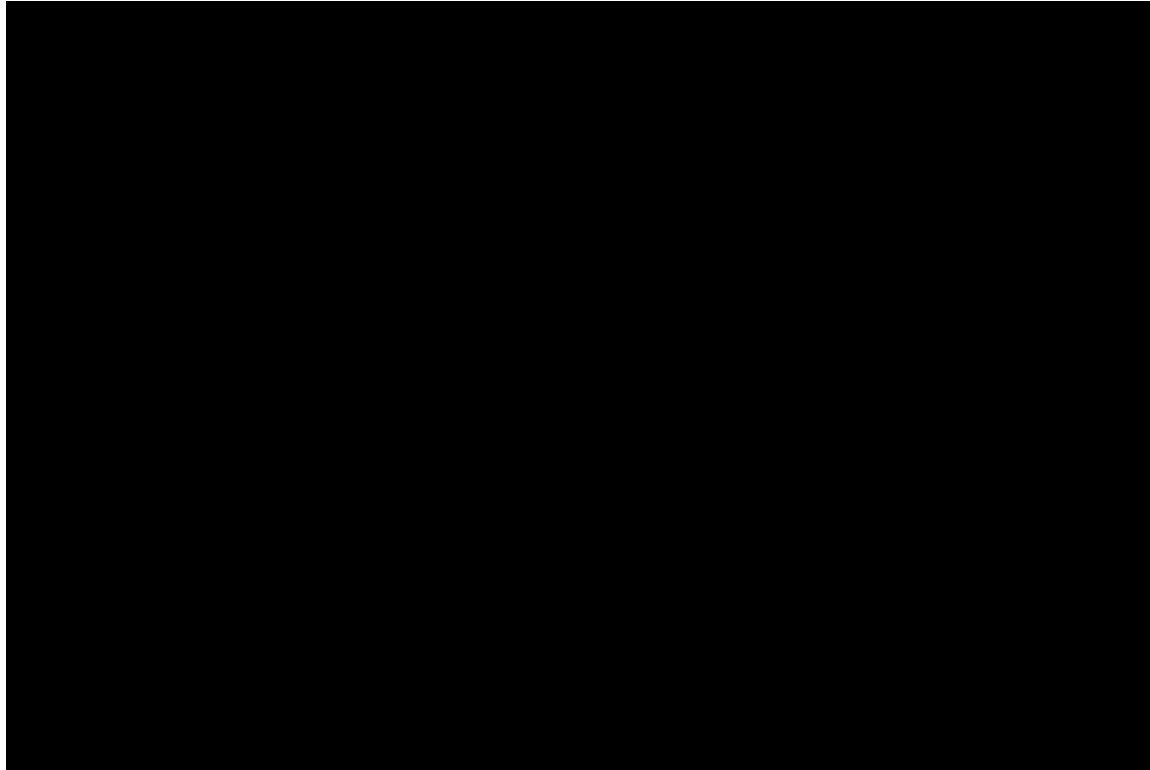




## **Pregnancy symptoms you should never ignore:**

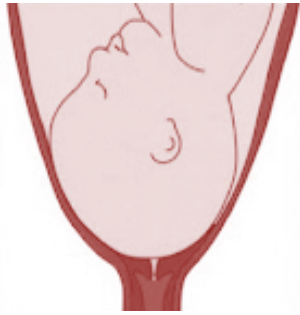
- Severe sharp pain in your middle – upper tummy
- Severe pain on either or both sides or your lower belly
- Vaginal bleeding
- Fever
- Blurred vision / flashing spots
- Severe / persistent headache
- Severe / sudden swollen hands and feet
- Ruptured membranes
- Reduced fetal movement
- Constantly vomiting
- Trauma

# Labour and Birth



# STAGES OF LABOUR

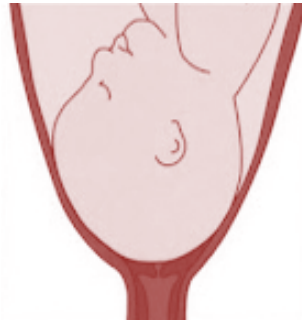
1



## BEFORE LABOUR

Cervix is closed and the mucus plug still intact

2



## LATENT STAGE

Cervix has begun to dilate from 0-3cm. This is the longest phase in labour

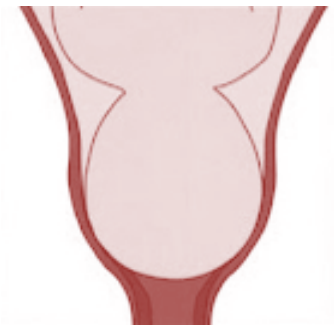
3



## ACTIVE PHASE

Cervix is dilating at approximately 1cm per hour (first baby)

4



## TRANSITION

Only 1 or 2cm to go before you are fully dilated

# CERVICAL DILATION

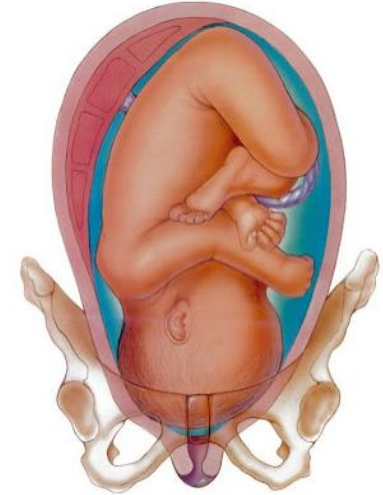
A VISUAL AID

PENNY		2cm
OREO		4cm
SODA CAN		6cm
DONUT		8cm
BAGEL		10cm

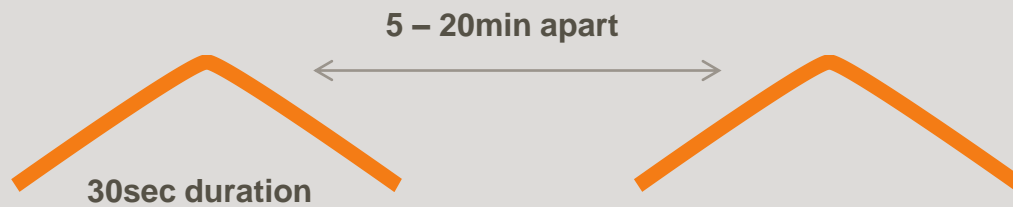


## STAGE 1: EARLY PHASE

- DILATION OF THE CERVIX: 0 – 3cm
- PHASE DURATION: 7 – 8 hrs

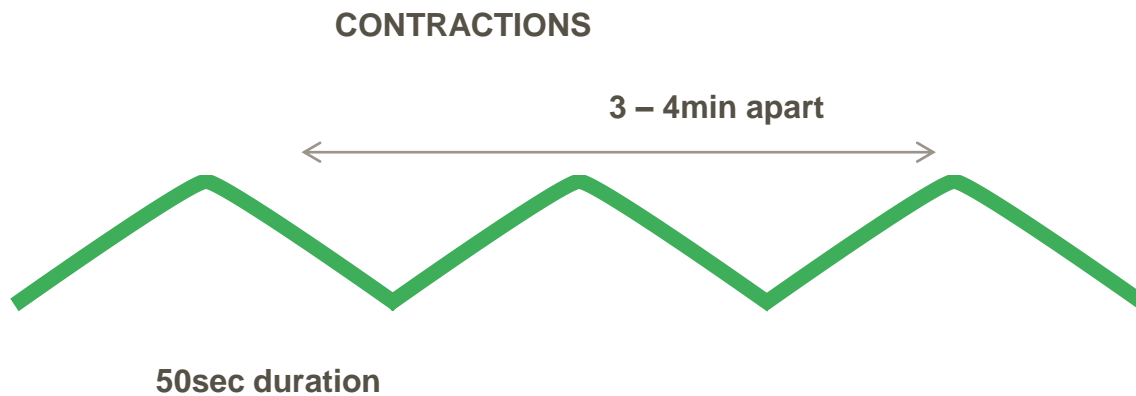


### CONTRACTIONS



## STAGE 1: ACTIVE PHASE

- DILATION OF THE CERVIX: 3 – 7cm
- PHASE DURATION: 3 – 5 hrs



## STAGE 1: TRANSITION PHASE

- DILATION OF THE CERVIX: 7 – 10cm
- PHASE DURATION: 30min – 2hrs

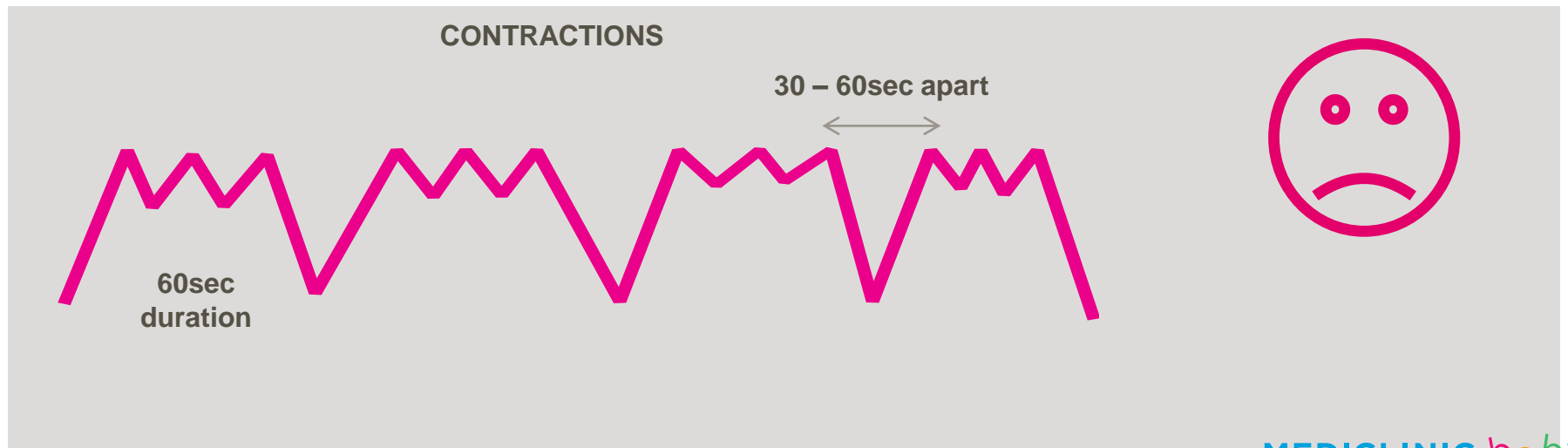


### CONTRACTIONS



## **STAGE 2: PUSHING TO BIRTH**

- DILATION OF THE CERVIX: 10cm – baby
- PHASE DURATION: 1 – 2hrs





# **STAGE 3: PLACENTA AND MEMBRANES**



# Types of assisted deliveries

1. Vacuum ( silicon cup)



2. Kiwi



3. Forceps delivery



# Induction of labour

- Induction of labour is the stimulation of uterine contraction prior to the onset of spontaneous labour
- It is an obstetric intervention that should be used when birth will be beneficial to the mother and the baby

## **HOW IS INDUCTION OF LABOUR DONE?**

- Artificial rupture of membranes
- Prostaglandin gel or pessary
- Syntocinon / oxytocin injection

# REASONS FOR INDUCTION

- Post dates 40-41 weeks
- Serious maternal medical conditions such as diabetes or hypertension
- Water have broken for more than 12hrs
- Baby has a growth problem

# Procedure for induction of labour

- Admission to labour ward
- The type of induction may differ from one person to another, depending on how favorable the cervix is.
- Monitor baby and mother prior the procedure
- Gel/pessary to “ripen” and soften cervix
- Gel/pessary can be repeated every 6hrs
- Fetal monitoring is done for 1 hour after the insertion of gel or pessary or continuous fetal monitoring if oxytocin was a chosen option
- Decision is taken during your antenatal visit between your Doctor and yourself
- On Admission for all patient wills have a chlorhexidine sponge, for prevention of infection.

# **TRAUMA TO THE PERINEUM DURING BIRTH**

- Vaginal tears during childbirth are relatively common.
- Vaginal tears that involve only the skin around the vagina typically heal within a few weeks

## **WHEN AN EPISIOTOMY WOULD CONSIDERED?**

- A surgical cut made at the opening of the vagina during childbirth, to aid a difficult delivery and prevent rupture of tissues.
- Local anesthetic is administered

# Caesarean Section

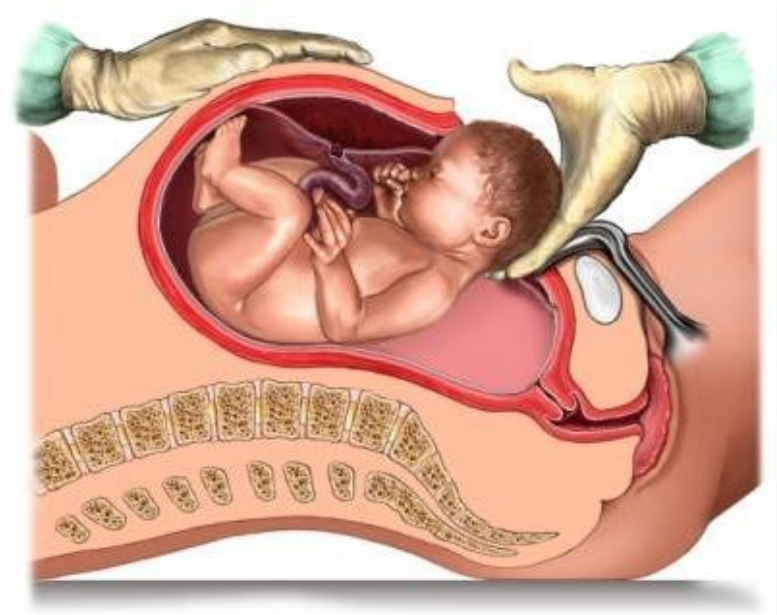
## Emergency Caesarean Section

- Any obstetric emergencies
- Failure to progress
- Fetal distress

## Elective Caesarean Section

- Breech presentations
- Placenta Praevia
- Macrosomic fetus
- Multiple pregnancies
- Previous c/sections

All patients booked for planned caesarean section will receive a chlorhexidine sponge, from the Doctors rooms, to use in the bath the night before and in the morning of the planned caesarean section date.



# Thank you





# **NO PAIN NO GAIN**



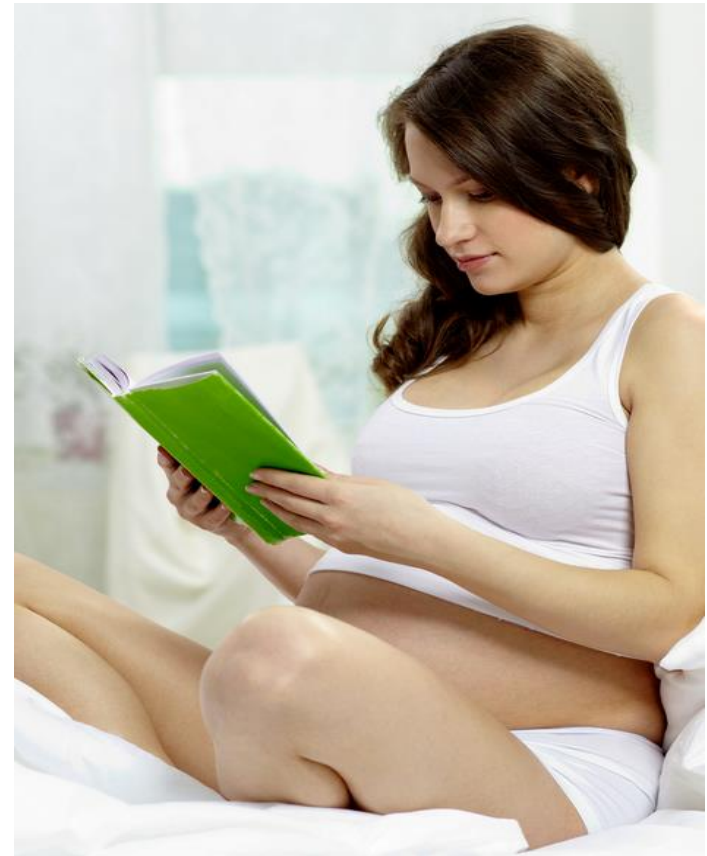
# MANAGING LABOUR PAINS

## METHODS AVAILABLE:

- Non pharmacological
- Entonox ( laughing gas)
- Pethidine injection
- Epidural anaesthesia

# RELAXATION

- **Conserve energy and reduce fatigue**
  - Relax muscles ↓ tension
- **Calm your mind and reduce stress**
  - Relaxed body → relaxed mind
- **Reduce pain**
  - Relaxation ↓ tension and fatigue
  - Allows more O<sub>2</sub> ↓ pain



# BREATHING IN LABOUR

Howcast.com



# POSITIONS FOR THE FIRST STAGE OF LABOUR



Leaning on cushions



Kneeling and leaning



Straddling a chair



Kneeling on all fours



Lying on your side

# TENS



TENS stands for Transcutaneous Electrical Nerve Stimulation. TENS machines work by sending stimulating pulses across the surface of the skin and along the nerve strands.

# **NITROUS OXIDE (ENTONOX GAS)**

- Entonox is a pre-mixed gas mixture of 50:50 Nitrous oxide and oxygen compressed in a cylinder.
- It's also known as laughing gas.
- It has a calming effect and can take the edge off labour pain, rather than blocking it out.
- It also helps you with breathing techniques



# PROS AND CONS OF NITROUS OXIDE

## ❖ Pros

- It alters pain perception.
- Intermittently or continuously during labor.
- Self-administration
- Minimal side effects
- Wears off quickly if you do not like the effect

## ❖ Cons

- Nitrous oxide doesn't eliminate pain.
- Dizziness and nausea.



# PETHIDINE INJECTION

- ❖ Acts on the central nervous system by inhibiting the pain signals that are sent to the brain.
- ❖ It has limited effect on pain.

## Pros

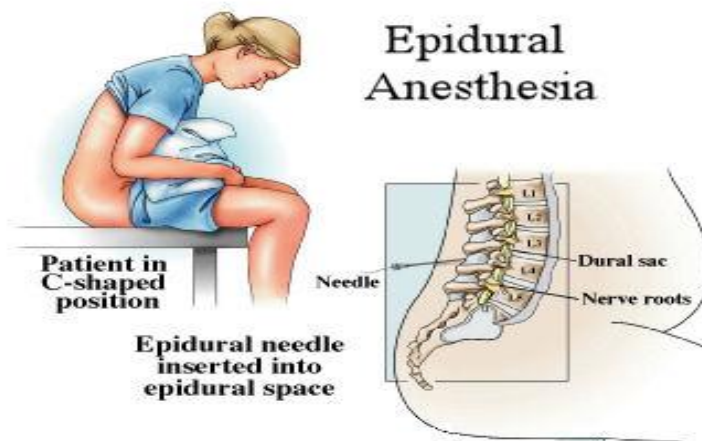
- Reduces pain experience in early labour for some women
- Acts as a muscle relaxant which in some cases results in faster dilatation of the cervix

## Cons

- Does not always provide adequate pain relief
- Nausea and vomiting
- Drowsy and confused
- It crosses the placenta and it is present in breast-milk.

# EPIDURAL

- Performed by the Anaesthetist
- When to take an epidural
- Given when labour is established
- When other types of coping mechanisms are no longer helping



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# EPIDURAL



# Epidural cont.

- Pros
  - Can provide complete pain relief
  - Allows you to rest if your labor is prolonged
  - If you deliver by cesarean, an epidural anesthesia will allow you to stay awake and also provide effective pain relief during recovery
  - Allow you to rest, relax, get focused and give you the strength to move forward as an active participant in your birth experience.
- Cons
  - Hypotension
  - Uncontrollable shivering
  - Itching of the face, neck and throat
  - Post partum headache
  - Bleeding
  - Epidural only working in one area (patchy block)
  - Infection

# **BIRTH PLAN**

# Newborn



# Discussion Plan

- Changes at birth
- How baby will look like
- Skin to skin after birth
- Breastfeeding start and exclusive
- Rooming in practices and benefits
- Newborn care
  - Cord care
  - Bath
  - Nappy Change
  - Vaccinations and routine checks after birth
  - Birth Notification



## **Under Water**



## **In the womb**





# At Birth: Transitional Phase

## Womb to outside life:

- The first moments after birth are monumental for your baby
- As soon as your child leaves the womb, they need to 'switch over' to to life independently from their mother's body, to begin functioning separately from the cord and uterus
- (Apgar Score)



# At Birth: Transitional Phase

- The baby undergoes some amazing physiological adjustments, to enable them to adapt to life alone in the 'outside world'  
Wonder of new life
- Blood
- Circulation
- (Clamping umbilical cord)
- (Cord Blood Bank)



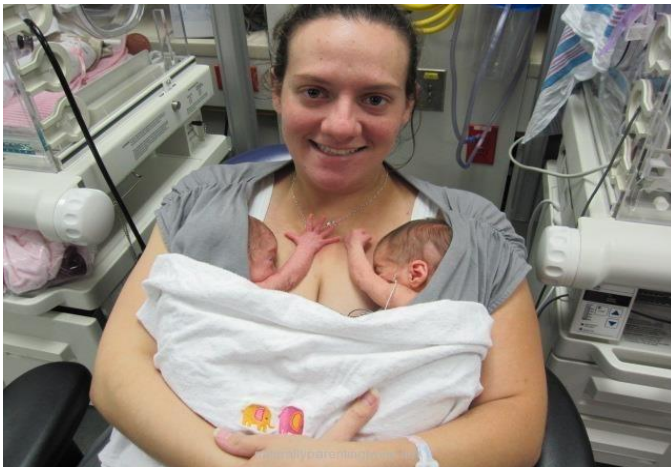
# At Birth: Transitional Phase

- Starting to breath air (Big loud cry)
  - Chemicals are produced that cause lungs to expel and absorb amniotic fluid into
  - blood stream.
  - If for some reason the newborn is unable to fully absorb or expel the fluid this
  - results in a condition known as
  - Transient Tachypnea of the Newborn (TTN).
  -



# At Birth: Transitional Phase

- Body temperature regulation
- (Warmth & skin to skin contact)



# **Caesarian Section or Normal delivery**



**Skin To Skin (STS)**

# STS : Skin To Skin

- Help baby adapt after birth:
  - Temperature regulation
  - Boosts baby's mental development
  - promotes healthy weight
  - makes breast feeding easier
  - helps with milk production
  - reduces Baby's stress, and help to sleep
  - promotes bonding with Dads
- When to do STS:
- First 2 hours after birth are the most important
- Do it as long as both baby and parents enjoy it



# Kangaroo Care

- Improved cardiac and respiratory stability
- can successfully treat mild respiratory distress
- Improved gastrointestinal function
- Higher initiation & duration of breastfeeding & decreased energy expenditure & satisfactory weight gain
- Protection against infections
- Effective thermal control



# Special Care Unit

- Born before 36 weeks
- Unable to adapt after birth:
  - Breathing
  - Temperature
  - Feeding & Sugar levels





# Meeting Your Baby

- Eyes
  - Iris usually blue – changes later
  - Sees 30 cm distance at birth
  - Can distinguish between light and dark
  - At 3 months age sees like an adult
- Skin:
- Newborn skin varies in appearance according to how many weeks pregnant you were when your baby was born
  - Lanugo (fine, soft hair)
  - Vernix (greasy white substance that protects skin from the amniotic fluid)
  - Birthmarks (temporary off-coloured patches to permanent spots)
  - Milia (white dots on their faces that look like tiny pimples, it disappear in time)
  - Term babies may have a slightly wrinkly appearance and very little lanugo

# Meeting Your Baby

- Hearing
  - Hears starts in utero.
  - Recognizes parent's voices.
- Weight
  - Average Birth Weight: 2.5 –3.5 kg.
  - Loses approximately 10% of birth weight after birth.
  - Regain the birth weight by the 14th day.

# Vernix (Greasy White substance)



Milia (White Dots)



Lanugo (Fine Hair)

# Feeding your Baby



- According to the WHO,  
“Breastfeeding is the **normal** way of providing young infants with all the nutrients they need for healthy growth and development.”



# Why Breastfeed

- Breastfeeding gives your baby all the nutrition, growth factors, and disease protection needed for normal growth and development
- The composition of breast milk changes according to the newborn infant's needs
- Women who breastfeed have less breast and ovarian cancer, diabetes, osteoporosis, rheumatoid arthritis, and depression
- Breastfeeding is free! It is estimated in the US a years supply of formula would be about 6,700 AED (just the powder).
- Breastfeeding provides emotional comfort and pain relief for your baby

# **Choosing to Breastfeed: When can I Start?**

- Whether you decide to breastfeed or not, your body starts preparing for breastfeeding as soon as you get pregnant... you probably noticed breast changes?
- Your body will be ready to produce milk as early as 16 weeks into your pregnancy
- The delivery of the placenta (the last stage in labour and delivery), signals to your body to start producing milk

# When to feed your baby?

Developed by Women's and Newborn Services  
Royal Brisbane and Women's Hospital

## THE FEEDING CUES

- Bringing hands to mouth or cheek
- Rooting
- Lip smacking
- Mouthing,
- Tongue protrusion
- CRYING is the last cue

### Early Cues - "I'm hungry"



Stirring



Mouth opening



Turning head  
Seeking/rooting

### Mid Cues - "I'm really hungry"



Stretching



Increasing physical  
movement



Hand to mouth

### Late Cues - "Calm me, then feed me"



Crying



Agitated body  
movements



Colour turning red

**Breastfeed on demand**

#### Time to calm crying baby

- Cuddling
- Skin-to-skin on chest
- Talking
- Stroking



# Getting to know your baby – Rooming in

- Having your baby with you at all times while you are in the hospital (and when you go home) will help you learn your baby's language 'asking' for a feed or a cuddle



# The first breastfeed

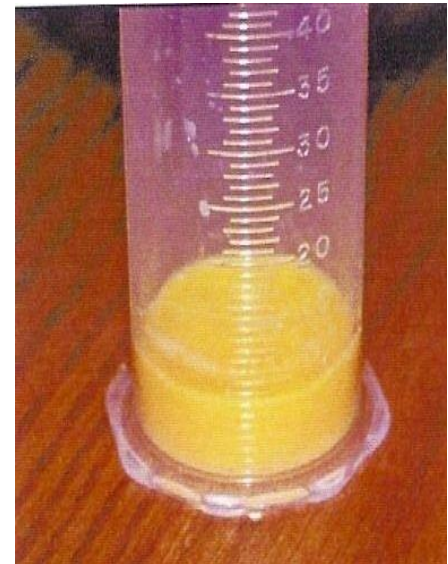
- The first hour after birth babies are super alert and ready to breastfeed.
- Commonly (but not always!) babies have a sleepy period following this feed

- Breastfeed on demand
- No schedule
- Follow your baby's cues
- Watch for urine and stools



# I Feel My Milk is Not Enough; When Does My Breast milk Come In?

- The first milk produced by the breast is called **COLOSTRUM** and is only produced for the first few days (Approx. 72 hrs)
- The amount of Colostrum is small during the first few days so the baby's stomach will not be overfilled. This is important while the baby is learning to coordinate sucking, swallowing, and breathing.
- Babies are born with extra fluid. This extra fluid is used over the first few days while their stomach is too small to accommodate big meals
- Breast milk has all the nutrition and fluid your baby needs for the first 6 months, even in hot weather.



## A Newborn's Stomach



### Day one

Size of a cherry  
5 - 7 ml  
1 - 1.4 teaspoons

### Day three

Size of a walnut  
22 - 27 ml  
0.75 - 1 oz

### One week

Size of an apricot  
45 - 60 ml  
1.5 - 2 oz

### One Month

Size of a large egg  
80 - 150 ml  
2.5 - 5 oz

[www.babiesfirstlactation.com](http://www.babiesfirstlactation.com)

Babies First



Lactation and Education

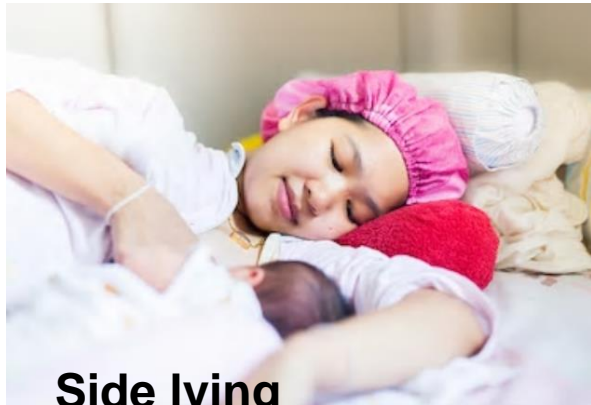
# Latch and position

The way you hold your baby and how he latches-on to the breast, are the keys to comfortable feeding for you and full feedings for your baby.

Positioning basics.....

- Get yourself comfortable, feet flat on the floor, back supported
- Baby chest to chest/ tummy to tummy (except football hold)
- Baby's shoulders and body should be well supported
- Baby's head, shoulders and tummy in a straight line
- Baby positioned so facing the breast. Nose to nipple
- Baby's head should be allowed movement and to tilt up towards the nipple

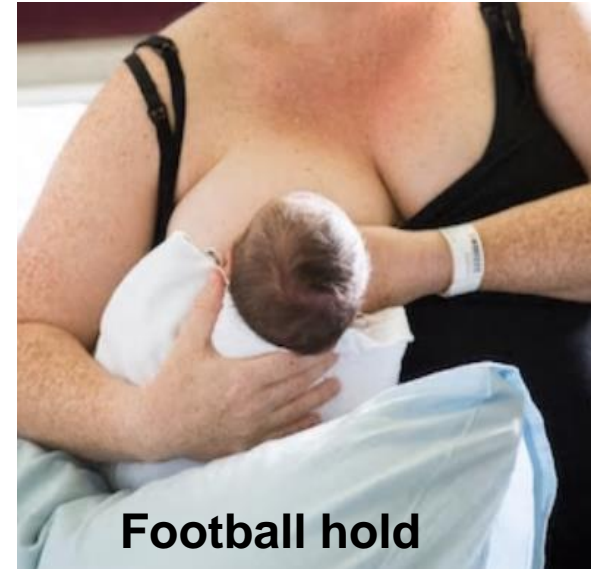
# Positions.....



**Side lying**



**Laid back nursing**



**Football hold**



**Cross - Cradle hold**



**Cradle hold**

# Latch

- Positioned with his nose aligned to your nipple tickle his nose with the nipple to encourage him to open his mouth really wide. The wider the baby's mouth at this point the better the latch will be.
- When your baby's mouth is wide open, bring him to your breast quickly to help baby get more breast into his mouth.
- Once the baby has latched, he should have lots of areola in his mouth. Commonly you should not be able to see any areola at the bottom lip, but some may be visible at the top lip.
- 'shaping' the breast like a burger can help....

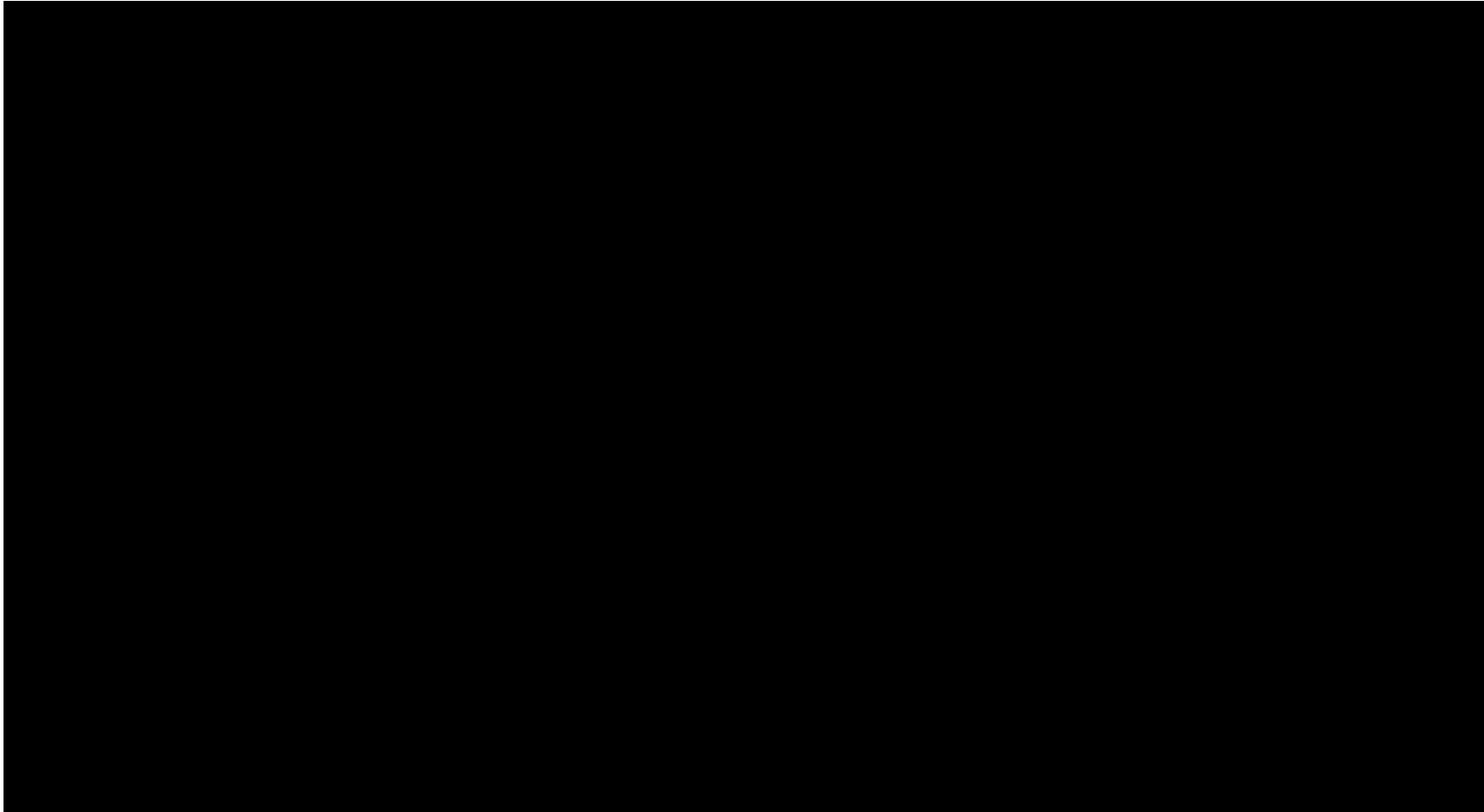


# Latch continued . . . .

If a baby is positioned and latched well at the breast the following should be noticed;

1. The latch should be pain free. Feeling a pulling or tugging is normal.
2. Baby's chin should be touching the breast and there should be a gap next to the baby's nose.
3. The baby's lips should be flanged outwards
4. The baby's cheeks should be full and not being sucked inwards
5. Initially babies do short, rapid sucks to stimulate milk flow (let-down reflex). Once milk starts flowing, they suck more slowly and deeply with pauses.





From Bump to Breastfeeding: Best Beginnings UK





## Shallow Latch



# CLUSTER FEEDING

- Simply put, cluster feeding is frequent, or even constant, feeding over a set period of time
- Your baby may act fussy and seem hungry again right after you have fed him/her, which can be very frustrating to you
- Very common at night, especially the first two nights. Between 1am and 5am and then periodically every few weeks
- Generally not related to lack of milk. Cluster feeding is behavioural and a way of signalling to your body to move onto the next milk stage
- Continue to feed on demand, accept help, rest when possible, stay hydrated
- Don't Panic! It will pass.....



## **BURPING OF YOUR BABY**

- After feeding your baby, it is important to burp him. Burping involves handling the baby in a way that the excess air swallowed by him during his feed, especially while drinking breast milk, is released
- You need to find a way that is comfortable for both you and baby when burping baby as burping a baby after a feed is important as it can cause the baby discomfort if air gets trapped inside the babies abdomen



# How do I know breastfeeding is successful?

- Weight – weight loss is normal, up to 10%, regained by 14 days then steady growth after this
- Behaviour – Baby is mostly content between feeds (with the exceptions of cluster feeding). Feeding 8 -12 times in 24 hours
- Urine and Stool, first 3 days 2-3 urine and stools per day.  
By day 4 onwards 6 wet nappies per day and soft yellow stools

**Meconium – Day 0-2**



**Changing stool Day 2-4**



**Mustard colour Day 4 onwards**



# To Finish.....

Learning to Breastfeed is like learning to drive a car

*You have to co-ordinate several things at once*

*You feel like you'll never succeed*

*It takes co-ordination and practice*



*You need an extra pair of hands*

*It takes some people longer than others*

*Other people can get in your way!*

**After some practice you can just get in the car and drive!**

**Any Questions?**

# Newborn Care





# BABY BATH

## THINGS TO BE KEPT READY FOR BABY BATH:

- Warm Water in tub
- Towel
- Wrapper
- Dress
- Bath gel & Shampoo?
- Moisturizer
- Cotton balls
- Wipes
- Pampers
- Nappy Rash Cream (?)



# BABY BATH

- Your baby needs to stay warm, so he/she won't have a bath straight after birth. (next day)
- Quick bath not longer than 10 min
- Dry umbilical stump well after bath to allow healing
- Bath demonstration and re-demonstration will be given in the hospital



# BABY BATH: THINGS TO KEEP IN MIND

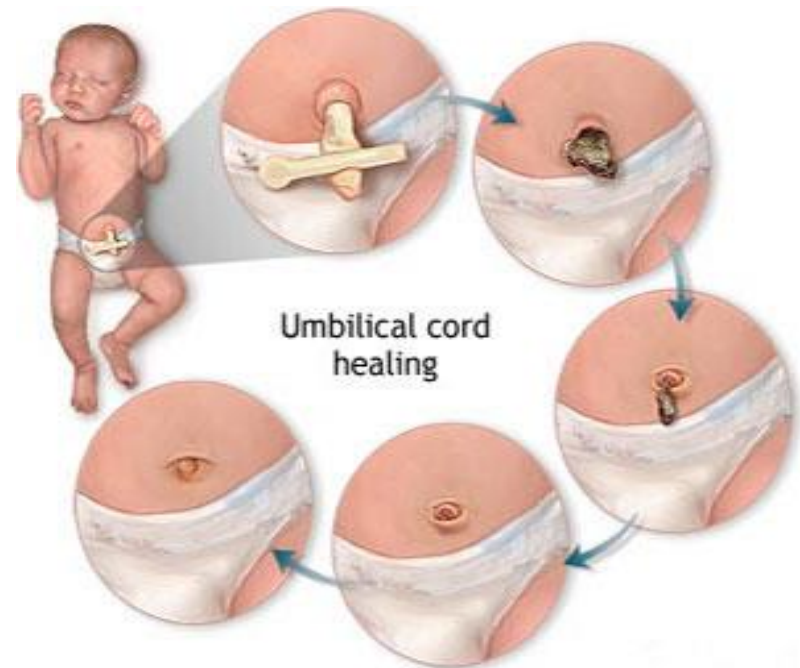
The **first** and **most important rule** is this:

- Never, ever leave your baby unsupervised, even for a minute .**
  - Children can drown in less than an inch of water
  - The doorbell or phone rings and you feel you must answer it, scoop up your baby in a towel and take him with you.
  - Make sure the bathroom is comfortably warm 23 °C to 24 °C. Babies can get chilled quickly
  - Don't put your baby into a tub when the water is still running.
  - Make the bathwater comfortably warm (test it with your wrist or the inside of your elbow to make sure it's not too hot).
  - Keep electric appliances (like hair dryers and curling irons) away from the tub.



# CORD CARE

- Keep the stump clean and dry
- Let the stump fall off on its own
- Fold the baby's diaper away from the stump
- Takes 1 -2 weeks to fall off
- Change nappy



# CORD CARE



**Nikki Khan - Midwife**

# HOW TO CHANGE THE DIAPER?





**Laura Tichler**  
*Certified Childbirth Educator and  
DONA-Trained Postpartum Doula*



# CORD CARE & DIAPER CHANGE

DEMO



SION

# CIRCUMCISION

- Arranged with pediatric surgeon
  - Done before discharge of baby
  - Parents must sign consent.
- 
- How & when to cut nails
    - Use a newborn nail trimmer
    - Ideal time : when the baby is asleep or while feeding

# Vaccination

- Vaccines help your baby to build up defenses against serious illness and diseases
  - **BCG**
    - 1 to 6 weeks, a small red blister may appear
    - After 6 to 12 weeks, a small, weeping sore. If this happens.
    - The sore may take up to three months to heal, and may leave a small scar.
  - **Hepatitis B**
- Vaccination card will be given for other vaccines to be given according to the schedule.



# NEWBORN SCREENING

- Public health program designed to screen infants shortly after birth for a list of disorders that are treatable, but not clinically evident in the newborn period



**Dieses Feld mit den Daten der Mutter ausfüllen:**  
Krankenkasse bzw. Kostenträger

Name, Vorname des Versicherten  
**Mother's Name, Forename**  
**Address, Date of birth** geb. am

Kassen-Nr. Versicherten-Nr. Status  
Betriebsstätten-Nr. Arzt-Nr. Datum

Telefonnummer der Mutter mit Vorwahl

Einwanderer  
**Physician's / Hospital Name, Address, Physician's Phone No.**  
Telefonnummer des Einwanderers mit Vorwahl

**Besonders:**  
 Transfusion  
Anm: Comments: Has baby Blood transfusions drug therapy family history?

Leerkarten-Grund:  verstorben (Bei Einweisung ohne Mütter ankreuzen)  Verlegung  Entf. < 36 h

**Screening-ID**

**Daten des Kindes:** Nachname **Baby's surname** Vorname **Baby's Forename**  
Geburtsdatum **Birth Date Time** Datum/Uhrzeit der Abnahme: **Specimen Date / Time** Geburtsgewicht **Birth weight** Geburtenbuch-Nr.  
Geschlecht **Sex M/F** Gestationswoche **Gest. age**  Mähling  **Is this a repeat?**  nicht durchgeführt  
Hörscreening: TEDAE: bds.   R  L AABSC: bds.   R  L

Bitte vollständig durchdrücken

# Hearing Test

- Newborn infant hearing screening program is designed to identify hearing loss in infants shortly after birth
- It is done prior to discharge from the hospital



# NEWBORN SLEEPING PATTERN

## THE MORE BABY SLEEPS, LESS DARK CIRCLES FOR MOM

- Newborn sleeps approximately 16hours per day
- Put your baby to sleep on her back every time,
- Dress your baby in light sleep clothes. Remove any strings keep his head uncovered. No soft toys or extra pillows
- Remove any hanging window cords or electrical wires near where your baby
- Share your bedroom with your baby but not your bed.
- Keep the room at a temperature that's comfortable for you.

# BIRTH NOTIFICATION

**After birth you will need to submit below documents:**

- Passport copy
- Visa Copy
- Authenticated Marriage certificate/ Family book for Emarati
- Emirates ID
- Birth notification will be done online and given to you before discharge in order to process the Birth Certificate in MOH, Preventive Medicine at Al-Baraha.

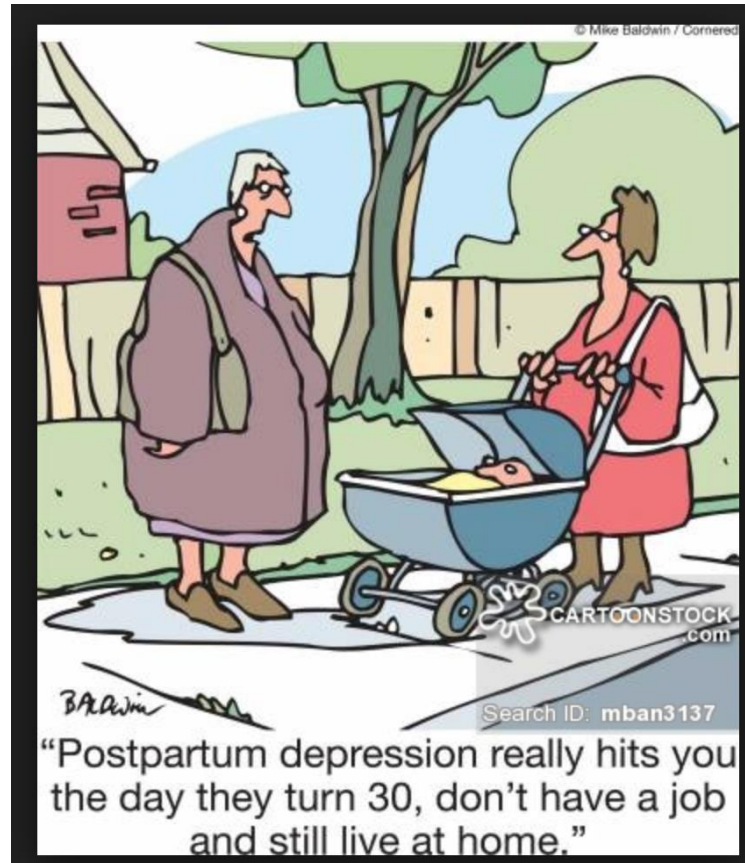
- To the world you may be just one person, but to one person you may just be the world



**Thank You**




# **Postpartum Depression and Baby Blues**









# THINGS YOU MIGHT NOT KNOW ABOUT POSTPARTUM DEPRESSION



**80%**  
of women  
suffer from  
"baby blues"



**15%**  
of women suffer  
from Postpartum  
Depression



**8%**  
of men are  
also affected  
by it



Commonly  
begins between  
a week and a  
month after  
delivery



After childbirth  
estrogen and  
progesterone levels  
quickly drop. This  
chemical change in  
the brain may trigger  
mood swings.



Lack of sleep  
is another big  
factor in causing  
Postpartum  
Depression

# Baby Blues



*The Difference  
Between  
Postpartum  
Depression  
and the  
Baby Blues*



# There are many symptoms of Postpartum Depression. Some are:



Feeling sad,  
hopeless, empty,  
or overwhelmed



Experiencing  
anger or rage



Suffering from  
physical aches  
and pains



Thinking about  
self-harm or  
harming the baby





WOMEN WITH A PREVIOUS HISTORY OF DEPRESSION, SUBSTANCE ABUSE, OR WHO EXPERIENCE COMPLICATIONS DURING CHILDBIRTH ARE AT A HIGHER RISK



ONLY A HEALTH CARE PROVIDER CAN DIAGNOSE A WOMAN WITH POSTPARTUM DEPRESSION BECAUSE THE SYMPTOMS ARE TOO BROAD



Two types of counseling  
have shown to be effective  
Cognitive Behavioral  
Therapy (CBT) and  
Interpersonal therapy (IPT)



Some healthcare providers  
also prescribe antidepressant  
medication when  
appropriate



Without treatment,  
postpartum depression  
can last for months or  
even years



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# Role of Neonatology Team/NICU - In deciding where to deliver baby

- Which Level of NICU ?
- Quality Database to share – Vermont Oxford
- Who attends the deliveries ?
- Are all the deliveries attended ?
- Is there any 24 hrs Neonatal doctor cover on site?
- Who looks after the babies who are well after birth and do not need to go to NICU ?

# Things we do for all the Babies

- Vaccines - BCG and Hepatitis B
- Vitamin K – as one off injection
- Newborn Screening Blood Test - `Heel Prick Test`
- Audiology – Hearing Screening test
- Ultrasound of the Hips if Breech Presentation

# Vitamin K

- Very important
- Across the World every baby gets it
- Just one IM injection





# NBS

- Send to best the Lab in the World
- Tests about 50 conditions – most comprehensive
- Metabolic/Genetic
- Some can be serious



# Hearing Testing

- Every year 1 to 2 in every 1,000 children are born with a hearing loss.
- Most of these babies are born into families with no history of hearing loss.
- Profound deafness and hearing impairment can have a huge impact on a child's language, communication and overall development.
- Painless



# Vaccines

- BCG – Left arm for protection against TB
- Hepatitis B – thigh – for protection against infection in the liver



# Neonatal Jaundice

- Almost all babies will have yellow tinge to their skin
- Very few babies need treatment
- Treatment is simple – just UV light, no medications





# EXERCISE & PREGNANCY

MEDICLINIC PARKVIEW HOSPITAL  
PHYSIOTHERAPY DEPARTMENT



# **BENEFITS OF EXERCISE DURING PREGNANCY**

- Improved posture
- Aids relaxation and sleep
- Decreases muscle tension
- A quicker return to your pre-pregnancy weight
- Strong muscles prepare you for labour
- Exercise releases endorphins which can uplift your mood
- Decreased risk of developing gestational diabetes and pregnancy induced hypertension
- Reduces occurrence of common pregnancy complaints e.g.
  - constipation, haemorrhoids, leg cramps, back pain, oedema etc

# It's true, you can exercise when you are pregnant!

- Previously active mums should continue regular exercise regimes
- Previously inactive mums wanting to initiate exercise during pregnancy can follow these guidelines;-
- **30 minutes a day of exercise** for a normal low risk pregnancy
- Walking, swimming and yoga are all great options.
- Feel free to discuss your concerns regarding exercise with a medical doctor or physiotherapist.

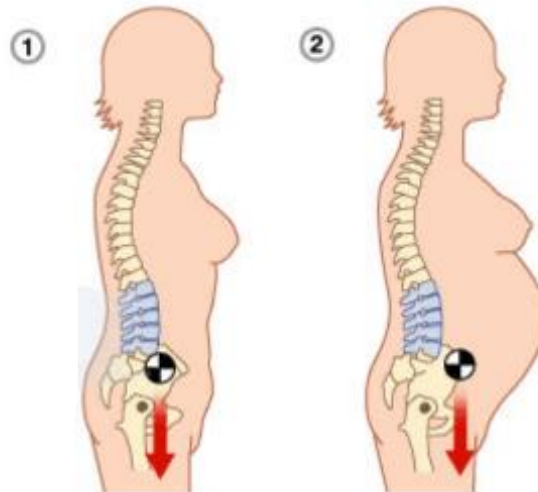




# GENERAL CHANGES IN PREGNANCY

Increase in  
Hormone levels

Increase  
weight gain  
and fluid  
retention



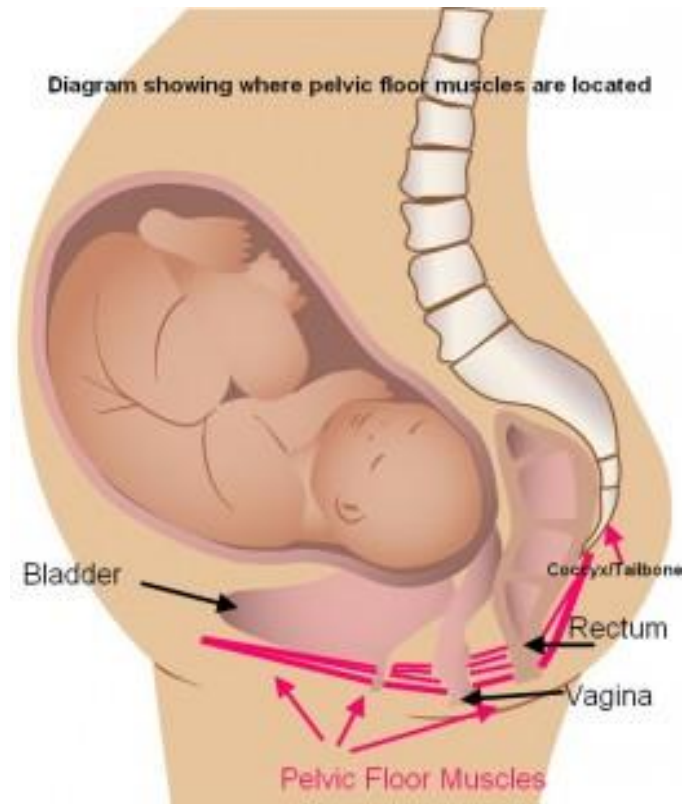
Growing uterus

Change in  
posture:  
Neck and Back

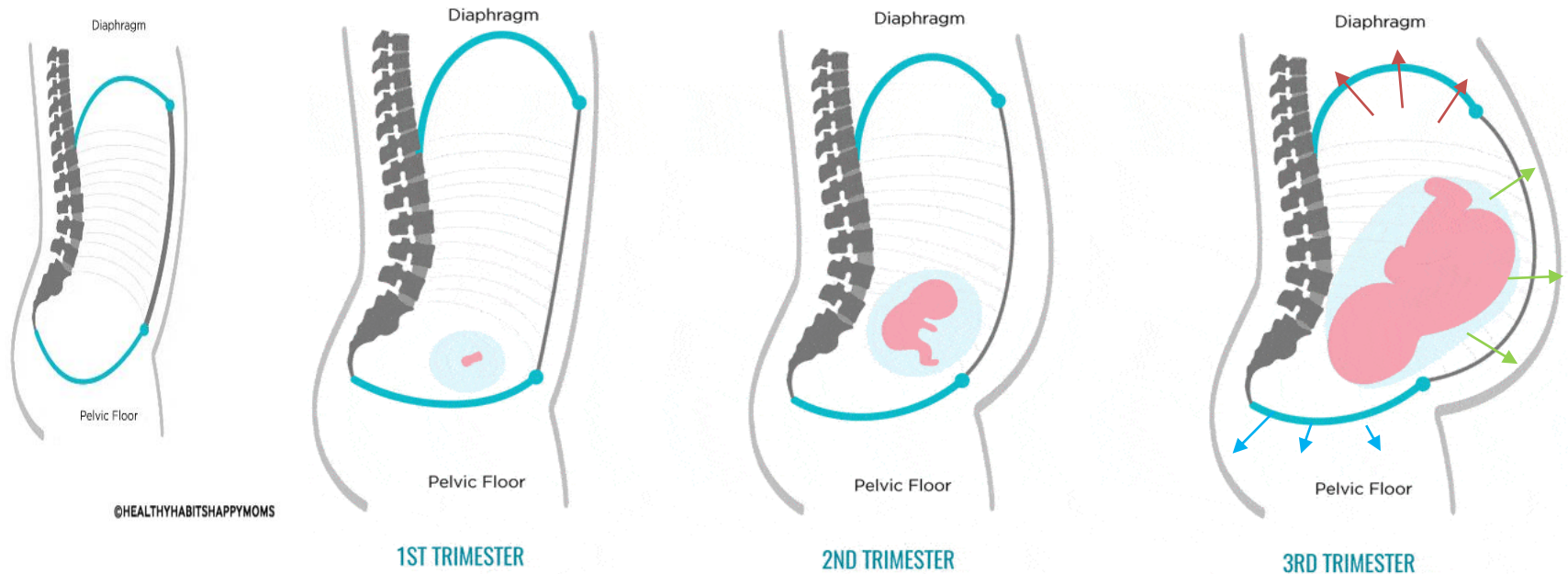
Centre of Balance  
moves forward

# WHAT ARE PELVIC FLOOR MUSCLES

- Support your pelvic organs
- Help maintain bladder and bowel control
- Needed for healthy sexual function
- Help support your back and abdominal muscles
- Help reduce pelvic pain



# PHYSIOLOGICAL CHANGES IN PREGNANCY



Baby is pushing:

upwards restricting diaphragm

Outwards stretching the stomach wall

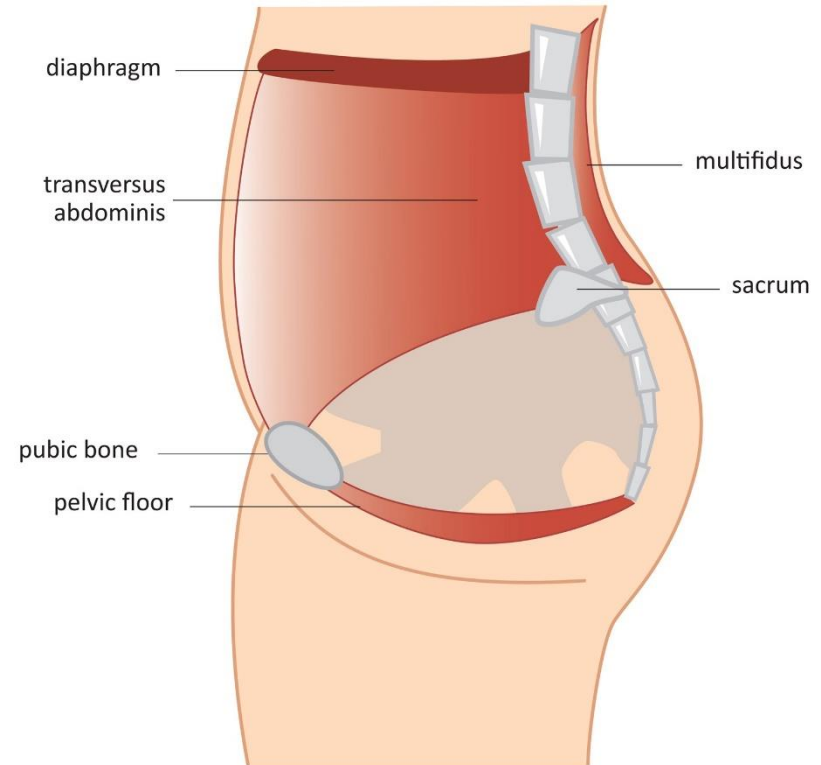
Downwards stretching the pelvic floor

# PREGNANCY-RELATED CONDITIONS

This increases the likelihood of:

- Back pain
- Pelvic girdle pain
- Pelvic Floor weakness
- Rectus Diastasis

## THE PELVIC FLOOR



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# BACK PAIN

It is estimated that 70% of pregnant women will report lumbar-pelvic pain at some point during their pregnancy!

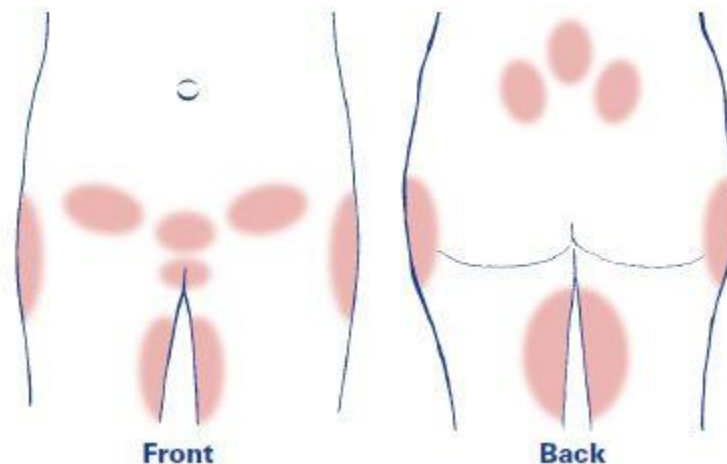


25% of all pregnant women will seek medical help for their lumbar-pelvic pain

# PELVIC GIRDLE PAIN (PGP)

## WHAT IS PGP?

- The term PGP is used to describe the pain experienced in the front and the back of your pelvis associated with pregnancy.
- Pain/ discomfort is often felt over the pubic bone at the front, below your tummy, across one side of the back, or both sides.
- Affecting about one in four pregnant women.
- Physiotherapy can assist you with the management of this problem
- Not sure? Discuss with your physician.



# PELVIC FLOOR EXERCISES

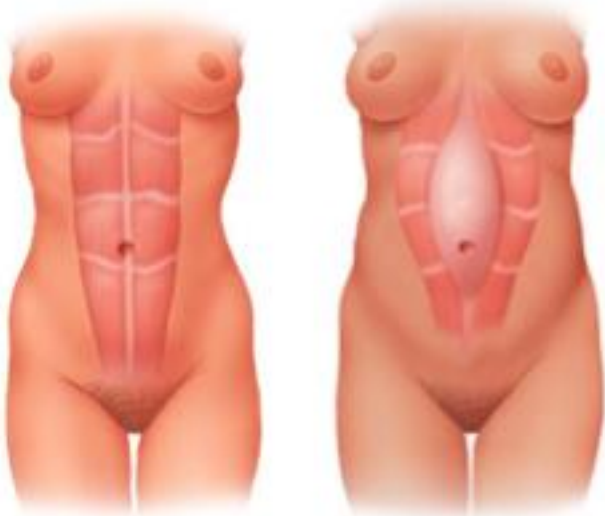
***‘Strong Pelvic Floor Muscles stop leaks from your bladder and your bowel, commonly known as incontinence’***



- Sit with your knees apart
- Don't hold your breath
- Don't clench your buttocks
- Tighten the muscles you would use to stop the flow of urine
- Fast contractions-on/off
- Slow contractions with progressive hold

# ABDOMINAL MUSCLES RECTUS DIASTASIS

- The abdominal muscles form a natural corset supporting your back and internal organs. These muscles (front abdominal muscles) have been stretched and separated to allow for growth of your baby.
- This separation or “gap” usually takes 4-6 weeks postpartum to close
- It needs to be closed before your back will be properly supported again. A physiotherapist can assess this after birth.



- There are certain core exercises that are safe to carry out both during and after birth.



# 3. Abdominal Muscles

## CORE EXERCISES

Explained in further detail in the handout

1. Activation of lower stomach (Transverse abdominis) muscle
2. Pelvic Tilting



# DEEP BREATHING AND RELAXATION EXERCISES

- Breathe in deeply through your nose
- Breathe out through your mouth until all the air is expelled from your lungs
- Repeat 5 times
- Do this exercise regularly throughout the day

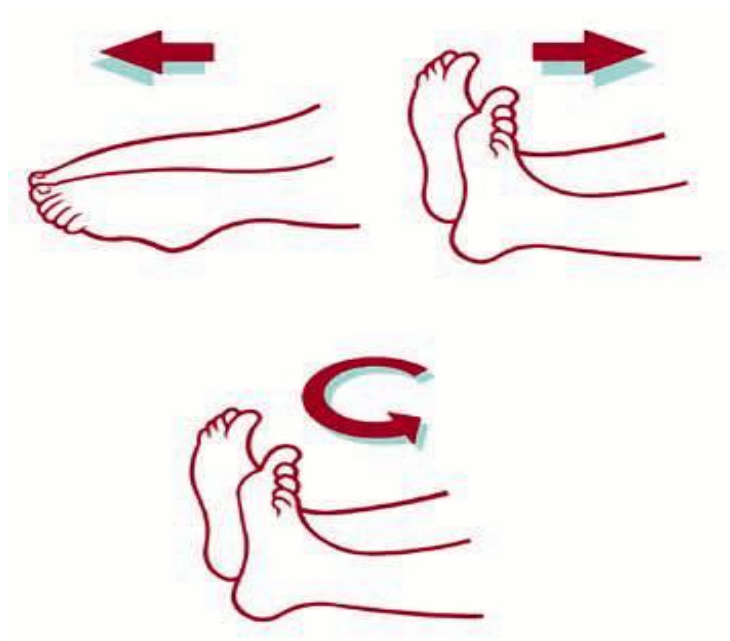


# 4. FOOT AND ANKLE EXERCISES

*'Help improve circulation and prevent varicose veins and cramps'*

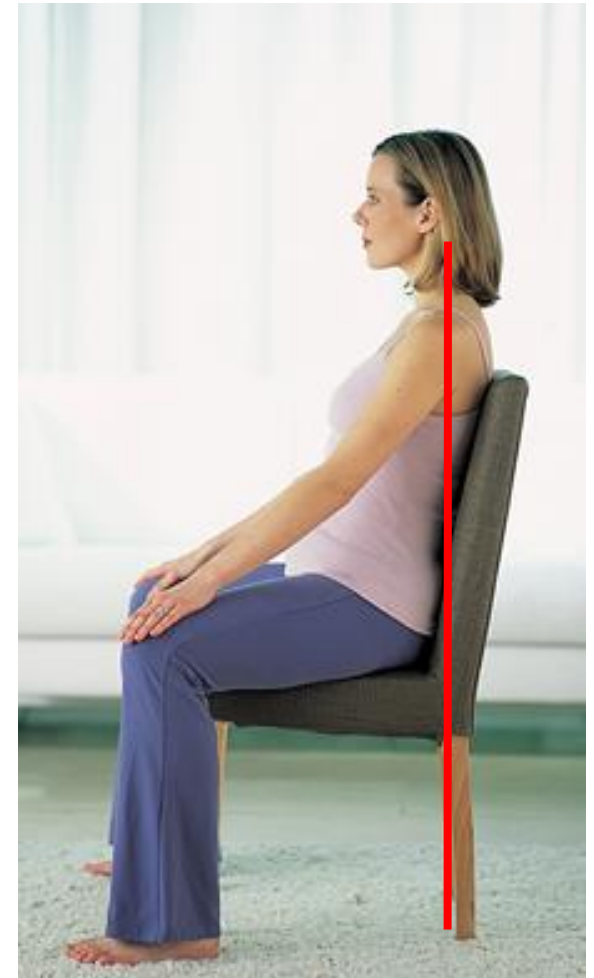
Keep your knees relaxed

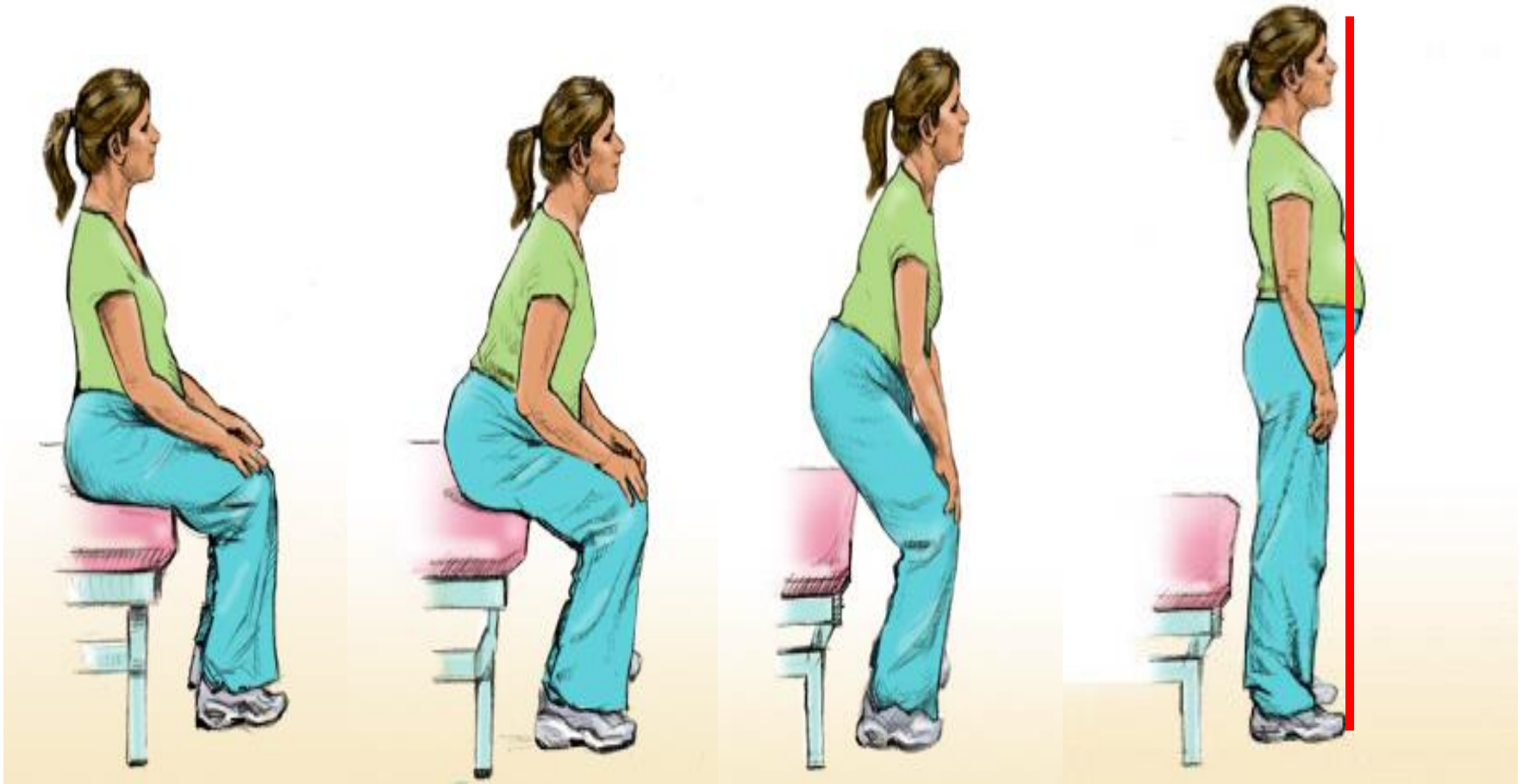
- Point your toes away and pull towards you for 30 seconds
- Circle both feet 10 times in each direction
- Repeat both of these exercises regularly throughout the day



# SITTING WHEN PREGNANT

- Choose a well supported chair, preferably with arm rests
- Sit up with your bottom touching the back of the chair. A rolled towel or lumbar support can be placed in the curve of your back
- Distribute your weight evenly to both hips
- To stand, move your bottom forward in your chair
- Stand up by straightening your legs slowly.





# WHEN YOU ARE BENDING AND LIFTING



# SUMMARY



- Keep active!
- 30-minute exercise daily is advised
- Strengthen your pelvic floor and core, which should become a lifelong habit.
- Your physiotherapist can treat your lower back pain even during pregnancy

