

## Infant feeding

- Baby is first fed as soon as he/she shows signs of readiness, usually within an hour of birth. Evidence suggests that 'breast is best'.
- 'Feeding according to need' is encouraged for well mothers and babies.
- All well babies stay with their mothers in their rooms day and night.
- The midwife is available to assist you at all times to teach you how to:
  - \* Correctly position and attach the baby to the breast
  - \* Recognise your baby's cues for feeding
  - \* Teach you how to tell if your baby is getting enough
  - \* Recognise the baby's sucking patterns
  - \* Recognise and manage breast changes
- A lactation consultant is available for any extra breastfeeding help you may need, both whilst you are in hospital and after you return home.
- Whether you decide to breast or artificially feed, you will be supported and assisted with your chosen method of feeding.



## Discharge Advice

- It may take sometime for you and your baby to settle into a feeding routine when you go home. Red or sore breasts with flu-like symptoms indicate mastitis, so consultation with a doctor is necessary if this occurs.
- You will be tired following the birth so adequate rest is important. Continue to have a sleep during the day when the baby does.
- It is important to watch for any signs of wound infection. If the area becomes swollen, red, increasingly painful, begins to ooze or you have a fever, consultation doctor is necessary.
- Vaginal blood loss will continue up to 4-6 weeks following birth. Initially it is bright red in color, then a reddish-brown and finally a clear discharge. If the bleeding suddenly increases, you pass clots or the discharge becomes smelly, consultation with doctor is necessary.
- The domiciliary midwife will see you prior to your discharge home and will make arrangements for a follow-up home visit, as well as put in place home-help services you require.
- If required the pharmacist will supply pain relief medications to take home on discharge.
- Continue to do your pelvic floor exercises, as instructed by the physiotherapist. Follow good posture and lifting principles, avoid lifting heavy objects for 6 weeks.
- Driving can now be resumed when you feel comfortable to do so.
- Contraception methods can be discussed with your GP, a family planning nurse or midwife, breast feeding alone may not prevent pregnancy.
- You will be required to make a follow-up postnatal appointment with your doctor approximately 6 weeks after birth for yourself and the baby.
- If you have any concerns prior to this, contact your doctor or domiciliary midwives.

**Maternal and Child Health Line: 13 22 29**  
**Australian Breastfeeding Association 03 9885 0653**

**Disclaimer:** This patient pathway is intended as a guide only. As each patient is an individual and responds differently, the care plan may alter. If you have questions, please discuss with your Doctor or Nurse.



## MATERNAL PATHWAY FOR CAESAREAN BIRTH

This pathway outlines the care and treatment you may expect during and after your hospitalisation for an elective or emergency Caesarean Section.

Having a baby is an exciting time for you and your family, a new baby **does** mean life will never be the same!

Yandilla staff will help you as you get to know your baby.

Your learning needs will be different from any other women, so we have devised a questionnaire, which you will be asked to fill out, this will help us focus on what you need .



**Please take time to read this leaflet.**

If you are given this pathway before coming to hospital — please bring it with you.

### What is a Caesarean Section?

A Caesarean Section is the birth of the baby through a surgical incision made in the abdominal wall and into the lower part of the uterus. It is most commonly performed under spinal or epidural analgesia.

### Why is it Performed?

There are many reasons to have a Caesarean Section, but it is most commonly performed for the safety of your baby (foetal distress). The other main reason is that labour has failed to progress, the baby being too big to fit through the pelvis.

### Why do we discourage use of dummies?

Dummy use has been associated with the following breastfeeding problems:

- Slow weight gain
- Thrush
- Nipple confusion
- Mastitis
- Increased risk of early weaning
- Earlier return of fertility

## Day of Birth

- On return to the postnatal ward, the midwife will frequently take your pulse, blood pressure, breathing rate and temperature. Vaginal blood loss will be checked regularly.
- Your wound will be covered by a dressing and you may have a drain tube to prevent collection of fluid.
- Pain relief will be provided intravenously through a drip (see Pain Relief).
- A tube in your bladder (catheter) will drain urine for you.
- Firm stockings will be put on your legs to reduce the risk of blood clots. Blood thinning medication may also be given via a small injection into the skin of your abdomen or leg.
- You will be given a wash in bed by the midwife when comfortable.
- Identification labels with the mother's name will be attached to the baby and his/her weight recorded. The midwife will regularly check your baby's temperature, heart rate, breathing and color.



- After consent has been obtained from you, Vitamin K and Hepatitis B vaccine will be administered to your baby .
- It is a good idea to restrict visitors to immediate family for the first few days after a caesarean section.

## Care whilst in Hospital

The day following surgery:

- You will have a wash in bed or a shower, if desired.
- The medication providing pain relief through the drip will be removed.
- The catheter in your bladder will be removed.
- If present, the drain tube will be removed and the dressing replaced.
- The midwife will:
  - \* assist you to sit out of bed and gradually increase your level of activity
  - \* be available to assist you with baby care and offer guidance as you need it
  - \* take your temperature, pulse, blood pressure, check your breasts, uterus and wound
  - \* discuss normal changes that occur to your body after birth
  - \* reinforce the importance of adequate rest
  - \* explain care of your wound
  - \* enquire how you are feeling about being a new mother



If negative blood group, a blood sample will be taken from you to see if you require an Anti-D injection. A blood count may be taken on Day 3.

## Rooming in?

At Wimmera Health Care Group we have a policy of rooming-in.

Avoiding separation of the well mother and baby in the neonatal period facilitates;

- bonding between mother and baby
- establishment of breastfeeding

Research has shown that;

- Mothers sleep better with baby by their side
- Longer and more successful lactation

## Expected Length of your hospital stay

- Your normal length of stay is 5 days in hospital. Discharge time is 10.00 am.
- Please have your baby restraint fitted to your vehicle.

A Domiciliary Service is offered to all mothers on discharge, to offer advice and support in your own home during the initial settling-in period. This service can visit more frequently if your stay is less than 5 days.

## Pain Relief

- This will be provided intravenously through a drip for 24-48 hours via Patient Controlled Analgesia (PCA) or through an Epidural.
- Voltaren suppositories are used in conjunction with the PCA.
- When intravenous therapy is removed, regular oral analgesia will be given for pain, as required.
- It is important to tell the midwife if you have any pain or discomfort.



## Wound Care

- Initially your wound will be covered by a dressing and will be checked frequently by the midwife.
- A small amount of ooze from the wound is not unusual. Bruising may also occur.
- Your dressing will be removed on Day 2-3 and may be covered with a loose pad for your comfort.
- The wound should be kept clean and dry.
- If used, staples will be removed on Day 5, prior to discharge.

If you had an epidural / spinal anaesthetic, your back maybe sore. If you have excessive pain, headache, any redness or ooze—contact your GP immediately.

## Activity Whilst in Hospital

- It is advisable following a Caesarean Section that you give yourself time to recover, therefore adequate rest is very important.
- Initially the midwife will assist you with baby care but as you recover this will then be your responsibility.
- Rest period is between 12.30 pm and 2.00 pm. No visitors or telephone calls are allowed during this time. This is to allow yourself and other patients to rest. Visitors are encouraged to come between 2.00 pm and 8.00 pm as mornings are an important time for mother crafting and breastfeeding education.
- Staff will encourage you to move and activity such as walking will gradually increase as you can tolerate.
- The physiotherapist will call during your stay to discuss postnatal exercises and back care.

## Baby Care

- The midwife will assist you in care for your baby but as you become more active you will be the main carer. During your stay you will learn about:
  - \* Folding and changing nappies
  - \* Bathing your baby
  - \* Settling techniques
  - \* Feeding your baby

