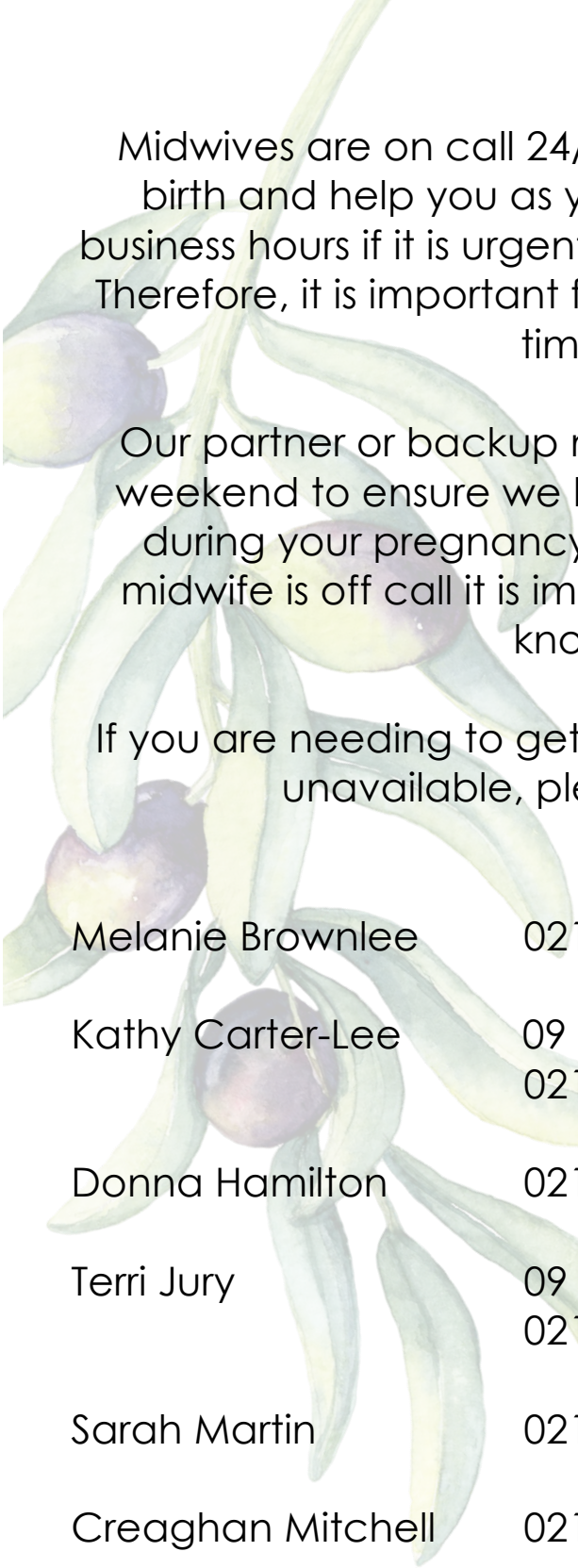




Your Pregnancy Guide



Midwives are on call 24/7 to ensure we are able to attend your birth and help you as you need. Please only contact us after business hours if it is urgent. As a midwife, we advocate for families. Therefore, it is important for us to be able to follow this and spend time with our families.

Our partner or backup midwife covers us every second or third weekend to ensure we have time off. You will meet our partner during your pregnancy as they may attend your birth. If your midwife is off call it is important to listen to her answerphone to know who to contact.

If you are needing to get hold of your midwife urgently and she is unavailable, please call their practice partner

Melanie Brownlee	021 263 3133
Kathy Carter-Lee	09 425 6749 021 425 115
Donna Hamilton	021 140 9866
Terri Jury	09 423 7350 021 237 1856
Sarah Martin	021 0235 8188
Creaghan Mitchell	021 901 550
Alisha Preest	021 0240 0218
Nicky Snedden	09 425 8249 021 662 393
Nicole Upton	027 972 4442

If urgent please CALL
your midwife
If it is not urgent, please
contact your midwife
within business hours.
Your text may not be
answered immediately.

Please contact your
LMC first before
contacting their back
up midwife

When to call your midwife

PREGNANCY WARNING SIGNS:

- Persistent/severe headaches or blurred vision
- Swelling of the face, hands and feet
- Persistent itching (especially palms of hands and soles of feet)
- Any vaginal bleeding
- Waters leaking before 37 weeks
- Ongoing abdominal pain, cramps or contractions
- Reduced urine output as well as burning or stinging
- Your baby's movements have decreased or patterns have changed

IF you experience any of these in pregnancy,
call your midwife immediately

If you are over 37 weeks and in labour, call your midwife
when:

- Your contractions are strong and regular
- If your waters break and they are green or brown
- If you have any bright red blood coming from your vagina
- If you are concerned about your baby's movements

If you are less than 37 weeks and experience any of these,
please call your midwife immediately

If you are sick with a non-pregnancy related sickness, such as a
cold, please contact your GP



Antenatal Information

Appointments

In pregnancy, you will see your midwife every 4-6 weeks until 28-30 weeks. Then you will visit your midwife every 2-4 weeks until 36 weeks. Once at 36 weeks your appointments will become weekly until birth. Extra visits may occur if required.

During these appointments, your midwife will:

- Take your blood pressure
- Test your urine for protein and glucose as your kidneys show how your body is coping with pregnancy
- Provide blood and scan forms as required
- Refer you to other health professionals as needed
- Answer any questions or concerns regarding your pregnancy

Diet

It is important to maintain a healthy balanced diet during pregnancy. This involves eating healthy amounts of proteins, fats and carbohydrates and remembering you are not eating for two, but are eating to help build bones, muscles and a brain for your baby. It is necessary to always clean your food, ensure it is fresh, and cook it to a high temperature to prevent food poisoning. Refer to the Ministry of Health pamphlet for which foods you should avoid.

Vitamins in pregnancy:

- Folic acid: this is taken until the 12th week of pregnancy and can assist with the prevention of neural tube defects and helps to develop your baby's central nervous system.
- Iodine: take until you finish breastfeeding, and assists with normal growth and development especially in the brain.
- Iron: if indicated iron may be prescribed, iron is used to carry oxygen around the body and can help to prevent bleeding after the birth of your baby.
- Other vitamins to think about include Vitamin B6 and B12, Vitamin C, Vitamin D, calcium and magnesium.

Exercise

It is important to exercise for 30 minutes per day during your pregnancy. Exercise helps to improve circulation (preventing haemorrhoids, varicose veins, leg cramps and ankle swelling) and prevent back pain by strengthening muscles. Regular exercise can give you more energy and endurance. It allows you to sleep better, improves mood, improves self-image and allows you to feel a sense of control. Some studies suggest that

the fitness of the mother results in shorter labour, fewer medical interventions and less exhaustion during labour. Good exercises for pregnancy include:

- Pilates and yoga
- Walking
- Swimming

Ensure your instructor knows you are pregnant.

Pregnancy Screening

Pregnancy screening is used to check the health of your baby and you. Scans enable health professionals to check for any abnormalities with your baby or placenta. Blood tests allow health professionals to check on your wellbeing. For instance, to check for pregnancy related conditions such as Gestational Diabetes (GDM) and Preeclampsia. It is important to note that these are screening tools only and may not result in a diagnosis.

Ultrasound Scans

- Dating: measures the length from the baby's head to bottom (crown-rump length) to determine your EDD (estimated due date). Early dating scans allow for a more accurate EDD.
- NT scan (MSS1/MSS2): This is a scan and blood test completed around the 12th week of pregnancy. It can indicate the risk of trisomy disorders, such as Down Syndrome by looking at markers in your blood. If your result is high risk further tests can be done. This is a screening tool only.
- Anatomy: At 20 weeks, a scan is performed to check the anatomy and development of your baby and detect any possible abnormalities. The location of the placenta is also checked.
- Other scans may be required if clinically indicated eg. Growth or Post Dates.

Blood tests

- Booking: tests for your blood group, haemoglobin, antibodies and ferritin levels. Immunity to rubella is checked as well as screening for syphilis, hepatitis B and HIV. HbA1c bloods check your blood sugar levels to determine the risk of diabetes. A urine sample may also be taken at this time.
- 24-28 weeks: rechecks haemoglobin and ferritin, as well as other blood tests that may be needed. A second test is done to check for gestational diabetes.
- 36 weeks: similar to 24-28 week bloods.
- More blood tests or urine samples may be required if indicated.
- It is important to be open and honest with your LMC. If there is a possibility of advanced screening required ie. Hep C from IV drug use, please let us know.

Your Baby's Movements

Usually you will start to feel movements between 16 and 24 weeks. It is very important to be aware of your baby's normal movement pattern, especially as you near the end of pregnancy. If you feel as if your baby is not kicking/moving, or movements are slowing down it may be a warning sign that your baby needs checking.

It is important to contact your midwife immediately with any changes in these patterns or reductions in movements to discuss it further.

Minor Discomforts of Pregnancy

Nausea and Vomiting (morning sickness)

- Nausea may start between 5-7 weeks and may worsen until 10 weeks due to pregnancy hormones peaking. By 12-14 weeks you may feel better as the placenta becomes fully functional. Nausea and vomiting rarely continues after 20 weeks, however, unfortunately may continue right throughout pregnancy
- Ginger is the best-known remedy if you feel cold, this can be used via fresh ginger in tea, ginger-ade, or ginger root capsules. Ginger biscuits may also be useful. If you feel hot mint-based products may also work
- Acupuncture may alleviate nausea and vomiting as well as reflexology on the solar plexus point.
- Anti-nausea medications may also be effective.
- It is important to remain hydrated and eat small quantities of food often.

Heartburn

- Heartburn is the feeling of 'burning' or discomfort in your chest or throat, usually after eating. It can occur at any time in pregnancy though is more common in the third trimester.
- Stress, smoking, alcohol and caffeine may worsen heartburn.
- Try smaller meals especially in the evenings to reduce heartburn. Reducing carbohydrates later in the day may also be helpful.
- Antacids may be taken after 12 weeks, such as Gaviscon or Mylanta.

Skin Itching

- Heat rashes and itching are common in pregnancy due to the increase in blood volume, sweating and hormonal changes
- If the rash/itch is severe let your midwife know to exclude other possible causes.
- Pawpaw ointment, Calendula cream or Pinetarsol baths are anti-itch, anti-infective agents that may be useful to try. Your GP may also be able to prescribe you creams if it becomes unbearable.
- If you have persistent itching, especially on the palms of your hands or soles of your feet after 20 weeks, let your midwife know immediately.

Swollen Feet (oedema)

- Oedema is normal fluid retention and affects many pregnant women with a normal blood pressure. It can occur at any time but is more common in the third trimester, especially in the hotter months.
- Elevate your legs when sitting down and move your legs when standing. Gentle walking may help. Remove your rings if you need to.
- If you develop sudden puffiness, especially on your face, tell your midwife immediately.

Haemorrhoids (piles) and Constipation

- These are very common, occurring mostly in the third trimester due to pregnancy hormones, the weight of the pregnancy and constipation.
- Eat a high fibre diet, including wholemeal carbohydrates and plenty of fruit and vegetables. Drink between 6-8 glasses of water a day to avoid dehydration.
- Go to the toilet straight away when you get the urge as waiting can make faeces harder and drier. Putting your feet up on a stool may make opening your bowels easier.
- Daily pelvic floor exercises may prevent haemorrhoids as circulation increases around the area.
- Cold compresses may help at times of pain or discomfort. Witch-hazel may also be used.
- If constipation persists discuss this with your midwife for alternative medications.

Varicose Veins

- Your growing baby, the placenta and uterus weigh down on the veins in your pelvis. This includes the large vein (inferior vena-cava) on the right-hand side of your body. This vessel receives the blood from your lower limbs and most of the organs in your pelvis and abdomen. The pressure on this vein make it harder for blood to circulate. This means your veins are likely to become swollen or result in varicosities.
- There is no simple way to prevent or resolve varicose veins. Put your feet on a pillow and wedge another pillow behind your back. Avoid sitting or standing for long periods of time and avoid crossing your legs. Gentle exercise is advised as this helps with circulation. Maternity tights or compression stockings may prevent blood pooling.
- Varicose veins will not cause serious problems. If they do not go away after you have had your baby you can have them treated. They tend to worsen with each pregnancy.
- If you have continuous pain in your calf muscle or groin, or have difficulty walking, contact your midwife immediately.

Numbness or Tingling in the hands (Carpal Tunnel Syndrome)

- This is caused by an increase in fluid causing swelling around the nerves in your wrist. It may also occur if your breast size changes rapidly, it usually happens towards the end of pregnancy and is likely to recur. It is particularly painful in the morning due to the hand curling at night.
- Eating a well-balanced diet and avoiding excessive pregnancy weight gain is important. Chamomile tea may help reduce inflammation. Acupressure or acupuncture, wearing a supportive bra may alleviate symptoms. A hand-splint may be useful to prevent the hand from curling.

- Seeing a chiropractor, osteopath or physiotherapist may relieve symptoms before they worsen.
- Let your midwife know if you have these symptoms

Pelvic Girdle Pain (PGP)

- Many women have a stiff joint or misaligned pelvis before entering pregnancy. The changing weight in the abdomen, altered centre of gravity and effect of pregnancy hormones each impact on joints increasing the original problems. Pain can occur in the front or back of the pelvis as well as the hips or thighs.
- The sooner you get treatment, the better the outcome.
- Treatment with a registered chiropractor, physiotherapist or osteopath work best.

Mood Changes and Depression

- Mood changes are common in pregnancy, there is no simple set of symptoms which define depression.
- Try take some quality time out for yourself and exercise regularly.
- If you have tried everything but nothing seems to work, seeing a therapist or counsellor may help. Talk to your midwife about thoughts and feelings. She is there to help and make referrals or suggestions. If you require medications see your GP

Complementary Therapies

Many therapies are available for you to try during pregnancy. These may include:

- | | |
|---------------------|----------------|
| - Acupuncture | - Aromatherapy |
| - Naturopathy | - Osteopathy |
| - Pregnancy Massage | - Pilates |
| - Yoga | - Homeopathy |
| - Physiotherapy | - Many more... |

Always use a qualified practitioner to prescribe or treat you. If you are considering a complementary therapy please tell your midwife what treatment you are wanting.

Talk to your partner and support people early. Tell them what you like or want during your pregnancy and birth experience. They are going to be your biggest asset in labour so make sure they are aware and understand what you are wanting.



*Labour and
Birth*

Preparing for your Labour and Birth

If you have any concerns check 'when to call' or talk to your midwife

Packing your bag

Ensure you bring all the essentials you normally would if you were going on a holiday, be sure to include:

- Wheat bag
- Maternity pads
- Nappies
- Baby car seat
- Merino wool clothes for your baby
- Water and snacks
- Body wash
- Baby hats and socks
- Wool or cotton baby blanket

If desired, homeopathic remedies, music, aromatherapy etc. may also be brought.

Before Labour

Optimal Fetal Positioning

It is important for your baby to be in the right position during labour especially if it is your first baby. Start thinking about this from 32 weeks. Your baby fits best when the head is down and their back faces outwards with their stomach facing your back. This is called the occipito-anterior position.

The occipito-posterior is when the head is down but the back is against your back. This causes a different part of the baby's head to be in the pelvis which does not fit as well. When a baby is in this position during labour you may experience a lot of pressure in your lower back leading to pain as well as irregular contractions and a longer labour.

Your daily activities may impact on the position the baby takes. Gravity pulls your baby into position. Therefore, if you are often lying on your back or slouching the baby is pulled to the posterior position. However, if you sit upright with your knees below your hips or leaning forward, baby's back will be brought forward to the anterior position.

Therefore, to assist with the anterior position, it is important to avoid slouching and encourage yourself to use forward leaning positions. Sitting on a dining chair, kneeling, leaning over a bean bag or using a swiss ball encourage upright forward leaning positions. When sleeping you should lie on your side with pillows behind your back. This allows the uterus to act like a hammock for your baby.

It is good to practice these positions during the third trimester to develop good habits and encourage your baby to be in the anterior position.

Perineal Massage

When you deliver your baby, the skin between your vagina and anus (your perineum) has to stretch to allow your baby to come through, which can lead to tearing. To assist with stretching, perineal massage can assist with this. Perineal massage should be comfortable but it also should ease the perineum in a similar way to how it will open as you birth your baby.

Perineal massage increases the elasticity making tears less likely and creating less pain after the birth of your baby. It helps you to focus on letting your perineum open up. It can be particularly helpful if you have previous scar tissue or a rigid perineum.

Perineal massage can be commenced from 34 weeks. It can be done by you or your partner. A good time is after a shower or bath because blood vessels in the area are dilated making the perineum softer and more comfortable to touch.

Using a natural, unscented oil, such as sweet almond or coconut oil, to lubricate the area and make the massage more comfortable.

How to do it:

- Get comfortable and relaxed in a place where you feel safe, secure and won't be interrupted.
- Place one or both thumbs on and just within the back wall of the vagina, resting one or both forefingers on the buttocks.
- Press down a little towards the rectum, gently massage by moving the thumb(s) and forefinger(s) together in an upwards and outwards rhythmic 'U' type movement.
- Focus on relaxing the perineum as much as possible during the massage.
- Massage lasts as long as you wish, aiming for 5 minutes each time
- With time and practice the perineum will become more elastic allowing you to increase the pressure.
- Repeat as often as you wish, every day or alternate day provides the most benefit.
- Pelvic floor contractions after the massage may increase muscle tone as well.
- If you feel pain at any point, stop and try again another time.



Getting into labour and Early labour

Early labour involves irregular contractions lasting less than 60 seconds, these contractions can occur for a long period of time and then disappear. They may feel mild to painful.

It is important to try to move through these contractions and work with them, or ignore them to ensure you do not become exhausted. It is a good idea to frequently nap, eat and drink. Ensure you eat healthy filling foods, such as fruit, and use water for hydration, as these provide the most energy to help keep you going.

Do your best to distract yourself from the discomfort. This could be with sleep, dance, baking or complementary therapies you are using.

Walking can assist with labour due to the gravity of your baby's head on your cervix. Walking up and down stairs can assist with contractions and has the ability to make them more frequent.

A warm bath or shower may be helpful if your waters have not broken. This can help with pain and discomfort however in early stages of labour may decrease the frequency of contractions.

Nipple stimulation involves massaging your nipples. Hand expressing is a method of doing this. This can encourage contractions to become more regular because oxytocin (the love hormone) is released, which is the same hormone used for contractions, therefore encouraging the release of oxytocin can lead to long strong contractions.

Other ways to release oxytocin include massage, cuddles, warm baths and romance!

Other helpful tools

TENS Machine

- A pain relief which gives out pulses of electrical energy and prevents pain signals from reaching your brain, the pulses help your body to release endorphins which make you feel good. It is able to be used at home and doesn't restrict your movements.

Rebozo Sifting

- By sitting or jiggling with a rebozo around you, it's gentle movements are able to help relax tight ligaments as well as help move your baby into the right position. It may be useful for ligament pain in pregnancy.

Discuss these with your midwife if you would like to know more.

Labour and Birth

Birth Plan

Prior to your labour you may have discussed a birth plan with your midwife. This is likely to occur around 36 weeks. A birth plan enables you to make decisions on what you would like to have happen during your labour and birth. It is a good idea to write this down and tell your support people and LMC what you would like. This may include where you would like to birth, what pain relief you would like, and what you would like to have happen with your placenta, among many other topics. It is important to remain open minded about your labour and birth.

Established labour

When you are contracting every 3 minutes and they last for about 60 seconds your labour may be beginning to establish. It is best to stay home as long as possible before heading to your chosen place of birth. Contact your midwife when your labour has established and you would like their support and advice.

Assessing your progress

Midwives use many methods to determine your progress in labour, such as looking at physical body signs or your behaviour. Vaginal examinations are also used, which involves internally checking how dilated your cervix is, from 0-10cm, and whether your baby is moving down. It is important to tell your midwife if you would or would not like this assessment.

Pain Relief

Different places of birth provide different pain relief. This will be discussed with your midwife during your pregnancy. If you feel as if you may need pain relief it is important to let your midwife know. These include:

- Epidural
- Pethidine (for early labour)
- Entonox (Gas)
- Hydrotherapy
- Complementary therapies such as hypnobirthing

Monitoring your Baby

If you have no risk factors, a doppler or pinnard is used during labour to listen to your baby's heart to see how they're coping because they can get tired too. If there are risk factors a CTG may be used, this includes two belts wrapped around your tummy that measure contractions and your baby's heart rate. They can limit your movement and mobilising.

The Placenta

After you have given birth to your baby the placenta needs to be delivered. If there are no concerns with your pregnancy or birth, the cord and placenta may be left until they separate and birth on their own. Otherwise an injection may be given into your thigh to assist with the separation.

You may choose to keep or discard your placenta; your midwife will discuss this with you.

If you keep your placenta you may use it for many things, such as to plant a tree, get it encapsulated or something else!

Your baby

Once your baby is born there are many choices you have for its care.

- Skin to skin: if your baby is born healthy he/she is put straight on to your chest for skin to skin and you are covered up with warm towels.
- Delayed cord clamping: the cord is left attached for a period of time so your baby can receive more blood and its many nutrients.
- Cutting the cord: you may choose who you would like to have cut the cord, it can be you, Dad, Nana, or anyone else you'd like.
- Vitamin K: this is an injection or oral vitamin given when your baby's first check is completed. It prevents your baby from bleeding if they have a deficiency of Vitamin K. More information is available online or from your LMC.

APGAR Score

- APGARs are used after the birth of your baby, they provide a score out of 10, presenting how your baby is adapting to being born. They are measured at 1 minute since birth and 5 minutes, however may occur for longer if required.

This is done through measuring:

- o Activity – your baby's muscle tone and movements
- o Pulse – your baby's heart rate
- o Grimace (reflex irritability) – the reflexes your baby is using and their response to being born and stimulation
- o Appearance – the colour of your baby's skin
- o Respirations – how well your baby is breathing

First Newborn Examination

- Within the first 24hours of birth your LMC will complete a first check of your baby. This checks for any abnormalities your baby may have. This includes:
 - o Weight, head circumference and length
 - o Heart and lung sounds
 - o Reflexes
 - o Provide Vitamin K if it is requested
 - o And many other checks, your midwife will explain these to you as they go



Postnatal Information



Breastfeeding

You may choose how you would like to feed your baby. This can be through breastfeeding, bottle feeding or mixed feeding. World Health Organization (WHO) recommend only having breastmilk for the first 6 months of your baby's life.

Breastfeeding is the recommended way to feed your baby. It is a skill that both you and your baby will have to learn, therefore it does take a while to get it comfortable. Your midwife will help you to make it comfortable after the birth of your baby and throughout your postnatal care.

For the first 24-48hrs you will have Colostrum, this is a small amount of a thick sugary syrup which is commonly referred to as liquid gold because it is high in quality and low in quantity. Next this becomes transitional milk and then breastmilk by day 3-5. Your breastmilk volume changes based on supply and demand, if your baby needs more your breasts will make more and vice versa.

Many apps, books, videos and websites are available for you to provide more information on breastfeeding.

Breast Care

Possible breastfeeding terms you might hear include:

- Engorgement: when your milk comes in your breasts may get full and become sore and firm.
- Blocked ducts: the milk can solidify and create a blockage in the milk ducts, creating a lump in your breast. Your midwife will talk to you about how to massage these out.
- Cracked nipples: if your baby does not have a deep latch your nipples are likely to become damaged.
- Mastitis: an infection caused from a build-up of milk in the breast, potentially leading from one of the complications mentioned above.

It is important to discuss breast care with your midwife.

Bleeding and your Perineum or Wound

After the birth of your baby you will bleed for a period of time, this can end between 2 and 6 weeks. It is important to change your pads regularly and have good hygiene to assist with the healing of your perineum. If you are concerned about your blood loss, contact your midwife immediately.

The midwife will check your wound and perineum during the first week after your baby's birth to ensure it is healing well and not becoming infected. If you have staples these will be removed, the stitches dissolve on their own. Your midwife will then check your perineum and wound if it is required.

Postnatal Appointments

Your midwife will visit you from birth until 4-6 weeks before you get discharged to Plunket or another Well Child Provider. It is important you are home for these visits.

In your first week, your midwife will visit you within 24hrs of leaving the hospital or birthing unit, and after 48hrs. During week 2 your midwife will visit you twice, and from then on, your midwife will see you once per week, or more if required. During these visits, your midwife will check how you are doing, how your baby is doing, and weigh your baby. The first week and discharge check both include a full baby examination to make sure he/she is doing well. Throughout these appointments your midwife will answer any questions or concerns you may have.

Baby Blood Tests

After 48 hours of age a blood test is done, called a PKU, Heel prick or Guthrie, this test checks if your baby has one of 28 different metabolic disorders such as Cystic Fibrosis and phenylketonuria (PKU).

If your baby is born weighing less than 2500g or more than 4500g, or if you had GDM, blood tests are done after birth to ensure baby's sugar levels are within the normal ranges.

Jaundice is a common newborn condition which can lead to your baby's skin becoming yellow, if your midwife is concerned about the colour of your baby a blood test is done to see if further treatment is needed.

Breathing

If you are concerned about how your baby is breathing it is important to contact your midwife immediately.

Contraception

Talk to your midwife about contraception.

It is important to note you are fertile while breastfeeding even if you do not have your period

Immunisations

The Ministry of Health recommends that all newborns get immunisations at six weeks of age. These are done through your GP, it is important to book your newborn in for an appointment at this time and decide if you would like to participate in the immunisation schedule.

Parental Leave

For leave entitlements refer to the Smart Start website.

Pelvic Floor Exercises

It is essential to do pelvic floor exercises after your baby is born to prevent incontinence or passing wind. Pelvic floor muscles become weakened after giving birth to your baby, these muscles are important in keeping your bladder closed. Therefore, it is important to ensure these are done regularly to help avoid issues later in life. You can start your pelvic exercises during pregnancy.

To check your Pelvic Floor strength:

- Stop the flow of urine mid stream
- Cough with a full bladder

How to do it:

- Sit and lean slightly forward with a straight back or lie on your back with your knees bent.
- Squeeze and lift the muscles around your anus, vagina and urethra as strongly as you can.
- Hold the squeeze and lift for 2-3 seconds then relax.
- Repeat 3-5 times, at least 6 times a day.
- Gradually increase this time as you build strength.
- Keep breathing while exercising, try not to tighten your buttocks.

- Sit and lean slightly forward with a straight back or lie on your back with your knees bent.
- Squeeze and lift the muscles around your anus, vagina and urethra as strongly as you can.
- Hold the squeeze for a short burst of 1 second.
- Repeat 5-10 quick strong exercises, resting between each, at least 4 times a day.

Back Care

When caring for your new baby take care of your back by:

- Standing tall with your tummy muscles pulled in and your bottom tucked under.
- Sitting in a comfortable chair with support, especially when feeding your baby.
- Lifting by bending your knees, keeping your back straight, tightening your stomach and pelvic floor muscles while holding the object close.

Groups and Supports available

Antenatal Classes are available for you to take part in if you choose. They provide you with information regarding pregnancy, labour and birth and after your baby is born. They are a good way for you to meet other soon-to-be-parents and gain extra support. These are available through:

- North Shore Hospital
- Whangarei Base Hospital
- Parents Centre
- Warkworth Birthing Centre
- And more....

Find which classes suit your requirements and beliefs.

Breastfeeding classes and supports are also available as you need. Such as through North Shore Hospital, Warkworth Birthing Centre, La Leche League and Lactation Consultants.

Support Phone Numbers

Barnados Parent
Helpline
09 410 7835

National Poisons Centre
0800 POISONS

Plunket Line
0800 933 922

Bottle Feeding
Support
0900 599 55

North Shore Hospital
09 486 8900

SANDS Rodney
09 947 0569

Healthline
(24 hours/day)
0800 611 166

Whangarei Base
Hospital
09 430 4100

Work & Income (WINZ)
0800 559 009

Lactation Consultants
Association
0800 4 LACTATION

Parent Port
09 425 9357

Working for Families
0800 257 477



Resources

Many resources are available online, in books, through pamphlets or from your midwife to guide you through your pregnancy.

During stages of your pregnancy brochures will be given to provide you with informed choice and consent when making decisions.

Helpful Websites

Health Education	www.healthed.govt.nz
Ministry of Health	www.health.govt.nz
Oh Baby	www.ohbaby.co.nz
Bounty	www.bounty.co.nz
Parents Centre	www.parentscentre.org.nz
Everybody	www.everybody.co.nz
NZCOM	www.midwife.org.nz
Pregnancy Help	www.pregnancyhelp.org.nz
Kidspot	www.kidspot.co.nz
Huggies	www.huggies.co.nz
NZ Government	www.govt.nz
Brainwave Trust	www.brainwave.org.nz
Smart Start	www.smartstart.services.govt.nz

It is important to only use reliable information during your pregnancy, please discuss your findings with your midwife to ensure it is correct and safe information.

Midwifery Role

Midwives are on call 24/7 to ensure we are able to attend your birth and help you as you need. Please only contact us after business hours if it is urgent. As a midwife, we advocate for families. Therefore, it is important for us to be able to follow this and spend time with our families.

Our partner or backup midwife covers us every second or third weekend to ensure we have time off. You will meet our partner during your pregnancy as they may attend your birth. If your midwife is off call it is important to listen to her answerphone to know who to contact.

If you are needing to get hold of your midwife urgently and she is unavailable, please call their practice partner

Student Midwives

It is our professional responsibility to have a student midwife for a period of time. This allows them to gain practical experience in midwifery. Students are able to follow us from 3-17 weeks. If you would not like a student present please tell your midwife.

Student Midwives and Doctor's may also be present on birthing suite to observe births, it is your choice to have a student present at your birth

Professional Responsibilities

Midwives are required to take part in reviews every 3 years and participate in multiple study days throughout the year. These important sessions allow us to stay up to date with research. During these sessions, we are off call and our partner will cover our caseload. However, they ensure us to be able to care for you and your baby in the best way possible.

Feedback

Your midwife would love for you to complete feedback on the care she provided to you during your pregnancy and after. Please go to the New Zealand College of Midwives website (midwife.org.nz) to submit your feedback

If you have any concerns about the care you received please refer to the Code of Consumer Rights and contact the Health and Disability Commissioner or the New Zealand College of Midwives.

The Code of Rights

Respect

You should be treated with respect. This includes respect for your culture, values and beliefs, as well as your right to personal privacy.

Fair Treatment

No one should discriminate against you, pressure you into something you do not want or take advantage of you in any way.

Dignity and Independence

Services should support you to live a dignified, independent life.

Proper Standards

You have the right to be treated with care and skill, and to receive services that reflect your needs. All those involved in your care should work together for you.

Communication

You have the right to be listened to, understood and receive information in whatever way you need. When it is necessary and practicable, an interpreter should be available.

Information

You have the right to have your condition explained and to be told what your choices are. This includes how long you may have to wait, an estimate of any costs, and likely benefits and side effects. You can ask any questions to help you to be fully informed.

It's Your Decision

It is up to you to decide. You can say no or change your mind at any time.

Support

You have the right to have someone with you to give you support in most circumstances.

Teaching and Research

All these rights also apply when taking part in teaching and research.

Complaints

It is OK to complain – your complaints help improve service. It must be easy for you to make a complaint, and it should not have an adverse effect on the way you are treated.

If you need help, ask the person or organisation providing the service. You can contact the local advocacy service on 0800 555 050 or the Health and Disability Commissioner on 0800 11 22 33

Midwifery Terms

AN	Antenatal; when you are pregnant	IOL	Induction of labour
BMI	Body Mass Index, a guide to weight compared to height	IUGR	Intrauterine Growth Restriction
BP	Blood pressure. This will be checked at every appointment	IVF	In vitro fertilisation
BPP	Biophysical profile. Determined through ultrasound scans	LMP	Last Menstrual Period. Assists with determining EDD
CTG	Cardiotocograph, monitors fetal heart	LSCS	Lower segment Caesarean Section (C-section)
CX	Cervix. This dilates to 10cm in labour	MSU	Mid-Stream Urine
DESCENT	How low the baby is into the pelvis, ie. Engaged	NAD	No abnormalities detected
EDD	Estimated due date	NVD	Normal vaginal delivery
FHH	Fetal Heart Heard	PARITY	(P). The number of times you have given birth after 20 weeks
FM	Fetal movements. GFM = good fetal movements	PN	Postnatal; after you have had your baby
FUNDAL HEIGHT	Distance from the top of the uterus to the pubic bone. Assists with determining baby's size	PPH	Post-partum haemorrhage; bleeding after you give birth
GRAVIDA	(G). The number of times you have been pregnant	Pre-eclampsia	A pregnancy condition involving high BP and protein in urine
GESTATION	The number of weeks pregnant you are	SVD	Spontaneous vaginal delivery
GBS	Group B Streptococcus	UTI	Urinary tract infection
GDM	Gestational Diabetes	VBAC	Vaginal birth after caesarean