YOUR Pregnancy GUIDE

GIBRALTAR HEALTH AUTHORITY

ST. BERNARDS HOSPITAL

GIBRALTAR

Your Pregnancy Guide

You're pregnant - congratulations! Below you will find a list of useful numbers you may need to use during your care:

Liaison Midwife (Primary Care Centre)	**Naomi Gross** **Ext 3394**
Current Team of Community Midwives	**Nadiushka Saccone** **Janire Nunez** **Tyrene Torres**
Community Midwife Contact Number Non Urgent calls regarding appointments	**200 72266 (ext. 3278 & 3257)**
Current Team of Sonographers	**Cathy Azopardi** **Anna Lugaro** **Emily Webb**
Sonographer Contact Number	**20072266 (ext.2132/2289)**
The GP Before 20 weeks or for medical reasons	**Please call: 200 52441 to arrange an appointment at the Primary Care Centre (PCC)**
Accident & Emergency For urgent problems before 20 weeks	**Attend A&E if urgent problem <20 weeks**
The Maternity Ward For urgent problems after 20 weeks	**200 72266 (ext. 2124/2125)**

Our advice to you is to start taking 400µg of Folic Acid as soon as you find out you are pregnant as this can help to prevent Neural Tube Defects. This can be purchased in any local Chemist. We also advise you to stop smoking and drinking alcohol as this can harm your baby, so please stop now!

We look forward to caring for you in your pregnancy

Contents

Your Health Care Team

Throughout your pregnancy, you may see a number of different professionals as part of your care. Your carers may be:

Midwives

Midwives will be your lead professional if you are noted to have a low risk pregnancy and birth. They will be there ensuring you can make informed choices throughout all aspects of your care. During and after your pregnancy they will be seeing you in the Community Clinics, in the Children's Health Centre.

Obstetricians

Obstetricians will be your lead professional if you have a high-risk pregnancy and/or birth. If required you will be booked into their Antenatal Clinic. This referral to their care may happen at your first 'booking' appointment or at any point in the pregnancy if a problem was to arise. They will then plan, discuss and agree on a management plan and your care will be a "shared care" between the consultants and the midwives. An obstetrician may also be called to your delivery if the situation deviates away from the normal, which may result in them having to deliver your baby rather than a midwife.

Sonographers

Sonographers are those professionals who will be performing all your Ultrasound scans during your pregnancy. They will be the ones performing your routine 12 and 20-week scan, along with any further necessary scans in which the midwife/doctor may request.

General Practitioner (GP)

GP's are community based doctors, who deal with all aspects of minor or chronic health problems for you and your family. GHA GP's can be found at the Primary Health Care Centre situated at the entrance to St Bernard's Hospital. (See front page for details)

Paediatricians

Paediatricians will attend to do your baby's first newborn examination once your baby is over 24 hours old. They may also attend your delivery if needed.

Health Visitors

The Health Visitors will take over once you and your baby have been discharged from the community midwives. They will usually get into contact with you around day 10-14 to arrange your first appointment with them.

Antenatal Care Plan

DATE	TIME	PROFESSIONAL & LOCATION	GESTATION	APPOINTMENT INFORMATION
		Community Midwife PCC	10 weeks (approx.)	**BOOKING APPOINTMENT** • Full medical history taken. • Information on routine and optional blood tests, maternal and fetal wellbeing and screening will be discussed • Blood Pressure, Weight and Height recorded • Sample of urine to be collected and sent to lab for analysis.

				• This information will be part of an ongoing risk assessment to best plan care for you and your baby. • Low risk women will have care by the Midwives • High-risk women will have shared care between Midwives, Obstetricians and other Health Care Professionals as necessary.
		Sonographer 4th Floor SBH Maternity	12+ Weeks (approx.)	"**Dating Scan"** confirms your EDD (Estimated date of delivery)
		Community Midwife	12+ Weeks	**<u>Routine assessment</u>** Booking bloods and NIPT (if requested) taken.
		Community Midwife CHC Or Consultants SBH 1st Floor GOPD	16 Weeks	**<u>Routine assessment</u>** **Low risk woman – Midwife appointment** **High risk woman - Consultant Review** Discuss the results of bloods taken at your last appointment. Review by consultant will include discussion of past medical history & / or delivery
Please read Sonographers letter		Sonographer 4th Floor SBH Maternity	20 weeks	**"Anomaly Scan" -** detailed ultrasound of Baby
		Community Midwife CHC	24 weeks	**<u>Routine assessment</u>** Discussion of scan. Whooping Cough vaccine optional. First time Mother's may book for Parent-craft Classes.
		Community Midwife CHC	28 weeks	**<u>Routine assessment</u>** Blood tests to check for Iron Count, Blood Group & Rhesus Antibody taken. If Rhesus negative Anti-D to be given after confirmation of Rh status. Reassess Body Mass Index Inform of Maternity Benefits forms. (Available Gibraltar Government Website – Maternity Grant + /or Allowance Forms)
		Community Midwife CHC	31 weeks	**<u>Routine assessment</u>** Discuss results of Blood tests. Repeat Bloods if previous signs of anaemia. Maternity Benefits forms for signing.
		Community Midwife CHC Or Consultants SBH 1st Floor GOPD	34 weeks	**<u>Routine assessment</u>** **Low risk woman** - Midwife led care if no deviation from normal noted. **High risk woman** - Consultant appointment to discuss mode and plan for delivery
		Community Midwife CHC	38 Weeks	**<u>Routine assessment</u>** Discuss Membrane sweep offered as from 39 weeks and give leaflet. Book 39-week membrane sweep if requested. Induction of Labour leaflet

		Community Midwife Maternity Ward SBH	39 weeks	**Routine assessment** Membrane sweep as previously request Book induction of Labour
		Community Midwife CHC	40 weeks	**Routine assessment** Book membrane sweep or Induction of Labour if previously declined

It is important to bear in mind that not all of your antenatal, labour and/or postnatal care may end up being carried out in Gibraltar.

Here in St. Bernard's Hospital we are a small Maternity unit with no Neonatal Unit, and it is due to this that at some point we may decide that the safest place for you to deliver your baby is in Spain and in some cases, the UK. If this is the case, we will arrange the transfer and we will stay in contact with you throughout your stay at the assigned hospital.

Routine Blood Tests

Screening tests are available during your pregnancy to help detect some of the conditions that may affect either you or your baby. You can choose whether to have these tests and the information in this leaflet will help you decide. Your midwife and doctor can help discuss any concerns you may have.

Full Blood Count

To check for anaemia and on occasion can detect other problems that may need more investigation. The common reason for anaemia is lack of iron, which can usually be treated easily with iron tablets and/or an iron-rich diet. At 28 weeks, this test will be repeated.

Blood Group and Antibodies

This test is required in case of you requiring a blood transfusion. It will determine your blood group. For those women, who are Rhesus Negative, they will require Anti-D in their pregnancy. (You will be provided with more information on this once you are informed of your blood group. Sometimes the test finds other rare blood factors. It is important to know about these so you and your baby can be given specialist care. At 28 weeks, this test will be repeated.

Rubella

If caught in the first 12 weeks of pregnancy, your baby has around 9 in 10 chance of problems such as heart defects, cataracts and deafness. This is lowered if rubella occurs in later pregnancy. If you have had Rubella in the past or had a Rubella vaccination, you are likely to be immune. About 5 % of people who have been vaccinated are not immune. A blood test is offered and if the test shows you are not immune, you will be offered a Rubella vaccine once your baby has been born, to protect you in any future pregnancies.

Hepatitis B

This virus infects the liver. Many people who have Hepatitis B are not aware they have it and a small number become 'carriers' of the virus. If you have Hepatitis B, your baby can be exposed to the virus during delivery. A baby who catches the virus may have the infection for life and may be at risk of liver disease. Testing is important because a course of vaccinations started soon after birth can help stop the baby contracting the virus. The vaccinations protect most babies from developing Hepatitis B.

Syphilis

This is a serious sexually transmitted bacterial infection. Most people who have Syphilis are unwell for only a short time at first, and they may not be aware they have it. If Syphilis is not treated, it can cause you serious problems later in life. If you have Syphilis when you are pregnant, it can harm your baby. Treatment with antibiotics during your pregnancy will help you, and usually stops your baby catching Syphilis. Once your baby arrives, s/he will need another course of antibiotics.

HIV

HIV is a virus that attacks your immune system. The virus can lead to acquired immune deficiency syndrome (AIDS). A person infected with HIV can look and feel well many years. They may not even know they are infected. If you have the HIV virus, treatment can dramatically lower the chances of you passing HIV to your baby. You will be given specialist treatment and care.

NIPT/SAFE Test

The SAFE test is a non-invasive test that evaluates whether a pregnancy is at risk of certain chromosomal conditions. It can be performed following your 12-week scan and is sent off to St Georges Hospital, London for testing. Your midwife should have provided you with an Official SAFE Test at your first appointment.

Other Screening

Scans

All women here at St. Bernard's will be offered two routine scans. If any problems during your pregnancy are detected, you may then be advised on further scans.

1) ***Dating Scan***

   This scan will be performed when you are around 12 weeks pregnant. The purpose of this scan is to confirm your pregnancy, determine the number of babies you are carrying and exclude some major abnormalities that can be seen at this stage of your pregnancy. The Nuchal Translucency (an area at

the back of baby's neck) is also measured and this is used to assist in determining abnormalities. They will also measure the length of your baby to check your due date. Occasionally, it is not possible to see the baby well enough and an internal scan may need to be carried out instead.

2) ***Anomaly Scan***

This scan is carried out as close to the 20th week of your pregnancy. The sonographer will look at your baby in detail to check how it is developing. The areas they look at include the structure of some parts of the brain, the heart, stomach, kidneys and bladder, the spine and the umbilical cord.

For both of these appointments you are advised to attend with a **full bladder** and you may bring one adult and your children to see the scan with you. The scan will be performed on the 4th floor, in Maternity, but we remind you to **please report to Radiology department (Ground Floor) first.**

3) ***Glucose Tolerance Test (GTT)***

A GTT is a blood test to find out if you have developed gestational diabetes (high blood sugar levels in pregnancy). This is test is generally performed at 24-28 weeks and at 16 weeks if you have been diagnosed with gestational diabetes in a previous pregnancy. However, this is **NOT** a routine test and only offered to those pregnant women with risk factors: -

- Certain ethnic groups (Middle Eastern, Black Caribbean or South Asian)
- A Body Mass Index (BMI) of over 30
- A previous baby of over 4.5kg
- A first degree relative with diabetes
- Polycystic Ovaries

4) ***MRSA Screening***

MRSA is a type of bacteria that is resistant to a number of widely used antibiotics. MRSA bacteria usually spread through skin-to-skin contact with someone who has an MRSA infection or has the bacteria living on their skin. The bacteria can also be spread through contact with contaminated objects such towels, sheets, clothes, dressings, surfaces, door handles and floors. If you are a hospital worker, it is recommended that you be screened for MRSA. Those women having a planned Caesarean Section will also be advised to be screened as per our protocol.

When To Call The Midwife...

Your Baby's Movements

Tommy's PregnancyHub
Pregnancy expertise at your fingertips

NHS

English

Feeling your baby move is a sign that they are well

Most women usually begin to feel their baby move between 16 and 24 weeks of pregnancy. A baby's movements can be described as anything from a kick, flutter, swish or roll. The type of movement may change as your pregnancy progresses.

How often should my baby move?

There is no set number of normal movements.

From 16-24 weeks on you should feel the baby move more and more up until 32 weeks then stay roughly the same until you give birth.

DO NOT WAIT until the next day to seek advice if you are worried about your baby's movements

It is **NOT TRUE** that babies move less towards the end of pregnancy or in labour.

You should **CONTINUE** to feel your baby move right up to the time you go into labour and whilst you are in labour too.

Get to know your baby's movements

Why are my baby's movements important?

A reduction in a baby's movements can be an important warning sign that a baby is unwell.

Around half of women who had a stillbirth noticed their baby's movements had slowed down or stopped.

If you think your baby's movements have slowed down or stopped, speak to your midwife or maternity unit **immediately** (midwives are available 24 hours a day 7 days a week). There is always a midwife available, even at night.

- **Do not** put off getting in touch with a midwife or your maternity unit.
- **Do not worry about phoning,** it is important you talk to a midwife or your maternity unit for advice even if you are uncertain. It is very likely that they will want to see you straight away.

What if my baby's movements become reduced again?

If, after your check up, you are still not happy with your baby's movement, you must contact either your midwife or maternity unit straight away, even if everything was normal last time.

NEVER HESITATE to contact your midwife or the maternity unit for advice, no matter how many times this happens. There are midwives on duty in the maternity unit 24 hours a day.

Do not use hand-held monitors, Dopplers or phone apps to check your baby's heartbeat.

Even if you detect a heartbeat, this does not mean your baby is well.

This leaflet is available in other languages:
tommys.org/pregnancyresources

Find out more at
tommys.org/pregnancy-hub

Guide to Staying Active

Your guide to Staying active in pregnancy

Tommy's PregnancyHub

- ✓ Physical activity in pregnancy is safe & healthy
- ✓ Being active benefits you and your baby
- ✓ Stay active: 30 minutes a day, 4 times a week

Exercising increases the blood flow to the placenta. This is great for your baby's growth and development.

1/3

Women who exercise are up to a **third less likely** to have a caesarean.

Activity Ideas

Always chat with your instructor or midwife to make sure activities work for you

Trimester 1
1 to 12 weeks

- ✓ If already active, continue as usual.
- ✓ If new to exercise start gently and build up - walking is a good start.
- ✗ Don't exercise in very hot conditions.
- ✗ Avoid contact sports throughout pregnancy to prevent your bump being bumped.

Trimester 2
13 to 28 weeks

- ✓ Keep going! Regular exercise make you feel better and less tired.
- ✓ Make sure you can hold a conversation and don't get too breathless, unless you were already exercising hard before your pregnancy.
- ✗ Don't lie on your back for longer than a few minutes
- ✗ Avoid stomach crunches and sit-ups.

Trimester 3
29 to 40 weeks

- ✓ Gentle swimming, walking and dancing are great.
- ✓ In the gym, cycling and rowing are gentle on your bump.
- ✓ Listen to your body - if it feels good, keep it up; it is uncomfortable, stop and seek advice!
- ✓ Drink plenty of water

Exercise helps prevent...

- headaches
- stress and depression
- tiredness
- backache
- pelvic pain
- constipation
- cramps and swollen feet

What's my activity goal this week?

This week, ask yourself:

- ✓ Who with?
- ✓ Which days, at what time?
- ✓ What type of activity?
- ✓ Single session or short bursts today?
- ✓ How will I reward myself?

Find out more at **tommys.org/pregnancyhub**

Smoking in Pregnancy

The Risks:

The Royal College of Obstetricians & Gynaecologists state that smoking whilst pregnant can increases the risks of:

- Miscarriage
- Ectopic Pregnancy (where a pregnancy occurs outside of your womb)
- Your baby dying in the womb (stillbirth) or shortly after birth – one-third of all deaths in the womb or shortly after birth are thought to be caused by smoking
- Your baby being born with abnormalities, for e.g. face defects, such as cleft lip and palate, are more common because smoking affects the way your baby develops
- Your baby's growth and health being affected – the more you smoke, the less healthy your baby will be, and a baby that is small due to smoking is more likely to have health problems when young and also later in life
- Bleeding during the last months of pregnancy, which is known as an abruption (when the placenta comes away from the wall of the womb) – this could be life threatening for you and your baby
- Premature birth, when you have your baby before 37 weeks of pregnancy.

At your booking appointment the midwife will ask if you are a smoker, what it is you smoke and how often. It is important that you answer honestly in replying to these questions. They will also ask if anyone else at home smokes. This question, is asked as passive smoking can be just as harmful your baby, so even if you don't smoke your baby could still be at risk. Passive smoking can increase:

- Stillbirths or Neonatal Deaths
- Premature delivery
- Poor Growth

Stopping Smoking

Stopping smoking will help both you and your baby. We understand that stopping smoking can be difficult to do. However, it is one of the best things that you can do to give your child a healthy start to life. Reducing the amount of cigarettes you smoke is a positive step in the right direction, however there is no 'safe level' of smoking. Therefore, both you and your partner, if necessary, will be encouraged to stop smoking completely.

The PCC offers smoking cessation sessions, you can self-refer by calling 200 52441.

STOPPING SMOKING AND ENSURING YOU ARE IN A SMOKE FREE ENVIRONMENT WILL REDUCE ALL THE ABOVE RISKS!

Alcohol in Pregnancy

The Chief Medical Officers for the UK recently altered the guidance advice for consumption if pregnancy. It is recommended, that the safest approach is **NO** alcohol whilst pregnant in order to minimise the risks to your baby. Alcohol consumption during pregnancy can lead to long-term effects to your baby.

THE MORE YOU DRINK, THE GREATER THE RISK!

When you drink alcohol whilst pregnant, it will cross from your blood through to the placenta and to your baby. Your baby cannot process alcohol like you can and too much exposure can lead to some serious damage.

The Risks

Alcohol in the 1st 3 months can increase the risk of miscarriage, premature birth, placental abruption, birth defects and your baby being underweight at birth.

Continuing to drink further into your pregnancy may cause problems once your baby has been born such as learning and behavioural problems. Excessive drinking throughout the pregnancy can cause your baby to develop Fetal Alcohol Spectrum Disorder (FASD).

FASD can cause:

- Poor growth
- Facial Abnormalities
- Learning and behavioural problems

What is a unit of Alcohol?

One unit is 10ml or 8g of pure alcohol. A unit is a way of telling us how strong your drink is. For further information on how many units are other varieties of alcoholic drinks please visit: www. Drinkaware.co.uk

Drug Misuse in Pregnancy

Illegal drug use in pregnancy can be harmful to your baby. It is extremely important for you to inform your midwife/GP if you are using any illegal drugs, so we can adapt and provide you with the best care possible along with being able to help support and advise you accordingly.

If taking Illegal drugs, you are exposing yourself to risks for anaemia, blood and heart conditions, skin infections, hepatitis and other infectious diseases.

Your drug use during the pregnancy can affect both yourself and your baby. Most drugs pass across through the placenta to your baby. Some of these drugs can cause toxic effects and even drug dependency to your baby, meaning that once your baby is born they will be addicted to the substance and will show signs of withdrawal once born.

In general, the side effects of illegal drug use in pregnancy on you, (the mother), is:

- Poor appetite
- Difficulty in sleeping
- Premature labour
- Poor decision making
- Increased risk of infections
- Waters breaking prematurely
- Sudden bleeding

Drugs can also affect your unborn baby:

- Underweight at birth
- Premature delivery/miscarriage
- Slow growth/development
- FAS
- Learning difficulties
- Heart problems
- Birth defects
- Death

On the following page, you will find a table showing some illegal drugs and the complications they can cause to the pregnancy and your baby.

Drug	Affects
Cannabis **(marijuana)**	Smoking cannabis during the pregnancy can lead to similar risks associated to smoking tobacco. You will be more likely to go into premature labour, baby may be underweight at birth and it also increases the risks of Sudden Infant Death Syndrome (SIDS) When your baby is born, cannabis use may have made your baby unsettled and more easily startled. Longer-term effects include behavioural and learning problems.
Speed **(amphetamines)** and Crystal Meth **(methamphetamines)**	These drugs cross the placenta and will reach baby's heart, brain and other organs. They can cause a placental abruption, where the placenta comes away from the womb, which causes bleeding and serious problems for both you and baby. They put you at a higher risk of miscarriage and can increase the chances of premature labour. If taken late in the pregnancy, baby may be born with these in their system and withdraw from them after birth.
Ecstasy	There is currently very little research on how ecstasy affects your pregnancy. It is known that it may have an effect on your baby's motor development causing issues relating to co-ordination and movement. Use could cause cardiovascular problems too. Musculoskeletal and congenital problems have also been noticed in research performed.
Cocaine & Crack Cocaine	Misusing these substances during your pregnancy can increase your risk of having a miscarriage and a placental abruption. Using will slow down your baby's growth and can increase the risks of them having learning and behavioural problems when older.
Heroin & strong Pain Killers	Heroin has serious risks for your baby. Similar problems occur if you are a regular user of opioid painkillers such as morphine or tramadol. It is extremely important to get some professional help as soon as possible as trying to quit by yourself can be dangerous. Heroin and other opioids can slow down your baby's growth, along with affect the development of their brain. They may also cause some respiratory distress at birth. The most serious of problems is withdrawal, and they will need specialist hospital care if this occurs.

Why Your Weight Matters

The midwife will calculate your Body Mass Index (BMI) at one of your 1st appointments. Your BMI calculates whether your weight is in proportion to your height, along with whether your health is at risk by being underweight or overweight. It is calculated by dividing your weight in kilograms by your height in metres squared.

BMI	Classification
< 18.5	Underweight
18.5 – 24.9	Healthy
25 – 29.9	Overweight
30 - 39.9	Obese

Being overweight can increase the risk of complications for pregnant women and their babies. A BMI of 25 or above is associated with risks for you and your baby. If your BMI is over 30 you will be referred to one of our obstetric consultants.

The risks associated with a raised BMI according to the Royal College of Obstetricians & Gynaecologists are:

Risks to the pregnancy:

Thrombosis

As a pregnant woman, you are already at an increased risk of developing a blood clot, but having a raised BMI increases this risk even further. You may be offered injections, of a medication called low molecular weight heparin to reduce these risks. Your consultant will discuss this with you.

Gestational Diabetes

When your BMI is 30 or over, you are over 3 times more likely to develop gestational diabetes than those women with a BMI under 25. You will be offered a test for gestational diabetes at around 28 weeks.

High Blood Pressure and Pre-Eclampsia

Having a BMI of over 30 can increase your risk of developing high blood pressure. Pre-eclampsia is a condition involving a combination of hypertension and proteinuria (Protein in your urine). Your risk of being diagnosed with pre-eclampsia is doubled if you have a BMI >35 compared to those women with a BMI <25.

Risks for your baby:

- BMI >30 before pregnancy or in early pregnancy, can affect the development of your baby.
- The general risk of miscarriage under 12 weeks is 20%, but a BMI>30 increases this risk to 25%

- If your BMI is >30 the likelihood of your baby weighing over 4kg (8lb 14oz) is doubled from 7% (BMI 20-30) to 14%
- The risk of stillbirth is also doubled
- By being overweight yourself, your baby will also have an increased risk of obesity and diabetes later on in their life.

* In view of the above risks associated with baby, if your BMI is over 35, you will be offered an additional 2 growth scans. You may need extra scans on top of these, as it can be more difficult to assess your baby's growth or feel if your baby is in the right position.

Risks during labour and delivery (Especially if your BMI is over 40):

- Increased risk of premature delivery – Baby is born before 37 weeks
- Increased risk of having a long labour
- Increased risk of your baby's shoulders becoming stuck during delivery – known as a shoulder dystocia (an obstetric emergency)
- Increases risk of delivering your baby via a caesarean section. A raised BMI may then cause problems with anaesthetic, especially a general anaesthetic and bring a further increased risk of complications following the caesarean.
- Increased risk of heavy bleeding after delivery or during, if a caesarean (A postpartum haemorrhage)

Therefore, as you can see many risks are associated with a raised BMI. By eating healthily and exercising during your pregnancy, you can help lower these risks. At the 1st appointment, your midwife should offer you a referral to the dietician, in order to support you with healthy eating during your pregnancy. (See next chapter on Pregnancy and Healthy Eating). If exercise is not part of your weekly routine generally, start with including some light exercise (15 minutes, 3 times a week) and then gradually increase it to 30 minutes a day, as your fitness and pregnancy progresses. See page 11 'Guide to Staying Active' for more information on exercising in pregnancy. Ideally, folic acid should have been taken pre- conceptually, with the routine dose being 400mcg, however, if your BMI is over 30 you should have been commenced on (if not already taking it) an increased dose of 5mg folic acid for the 1st 13 weeks of your pregnancy.

How much weight should I expect to put on?

Weight gain varies and depends on what you weighed before you became pregnant. However, most women put on 10 to 12.5kg (22 to 28lb) over the whole of their pregnancy. If you gain too much weight, this can affect your health and increase your blood pressure. Equally, it is important that you do not try to diet. If you are concerned about your weight, talk to your GP or midwife. Cutting down on fatty and sugary food and drink may help you to avoid gaining excessive weight during pregnancy.

Pregnancy and Healthy Eating

It is important to try to eat a variety of foods including:

- Plenty of fruit and vegetables (fresh, frozen, tinned, dried or a glass of juice) – aim for at least five portions of a variety of fruit and vegetables a day.
- Plenty of starchy foods, such as bread, pasta, rice and potatoes.
- Some protein, such as lean meat and chicken, fish (aim for at least two servings of fish a week, including one of oily fish), eggs and pulses (such as beans, peas and lentils).
- Plenty of fibre, found in wholegrain bread, wholegrain cereals, pasta, rice, pulses, and fruit and vegetables – this helps prevent constipation.
- Some dairy foods such as milk, cheese and yoghurt, which contain calcium. These are also good sources of protein.

Do I need extra iron?

Pregnant women can become short of iron, so make sure you choose plenty of iron-rich foods. Try to have some food or drink containing vitamin C, such as a glass of fruit juice, at the same time as an iron-rich meal because this can help your body absorb the iron. If the iron level in your blood becomes low, your midwife may advise you to take iron supplements.

Good sources of iron include:

- red meat (choose lean cuts)
- pulses
- bread
- green leafy vegetables
- wholegrain starchy foods and fortified breakfast cereals
- dried fruit

Do I need to cut out caffeine?

You should limit the amount of caffeine you have each day, but you do not need to cut it out completely. The current NHS guidelines recommend less than 200mg of caffeine a day. This is because high levels of caffeine can result in babies having a low birth weight. It has also been linked to miscarriage and stillbirth. The amount of caffeine in food and drink will vary, but as a guide, each of these contains roughly 200mg:

- 1 mug of instant coffee – 100mg
- 1 mug of filter coffee - 140mg
- 1 mug of tea - 75mg each
- 1 can of cola - 40mg
- 250ml can of energy drink - around 80mg
- 1 Bar of plain chocolate – around 26mg

Are the any foods I should avoid?

Yes, there are certain foods you should not eat while you are pregnant:

- Liver and liver products. Liver contains very high levels of Vitamin A, which can be toxic to your baby. Also, avoid Vitamin A supplements.

- Make sure all your meat is thoroughly cooked through and avoid raw eggs. This is to avoid the risk of salmonella, which causes a type of food poisoning. You may also prefer to avoid raw cured meat, such as Parma ham, chorizo, pepperoni and salami. Cured meats are not cooked, so there could be parasites in them that cause toxoplasmosis. If you do want to eat cured meat, you can freeze for 4 days at home before defrosting and eating.
- Shark, swordfish and marlin. Tuna should be limited. The amount of tuna to two tuna steaks or four medium sized cans of tuna a week. This is due to the high mercury levels in these fish, which can harm your baby's developing nervous system.
- Pate – all forms. Pate may contain bacteria called listeria, which can cause listeriosis, and this can harm a baby during pregnancy or cause severe illness in newborns.
- Soft, unpasteurised and blue cheeses, such as brie and camembert. Goats and sheep's cheese should also be avoided. This is because these cheeses may contain listeria, which can be harmful to your baby. All hard cheeses are safe to eat and soft pasteurised cheeses such as Cottage cheese, cheese spread, mozzarella, feta, halloumi and ricotta. Goat's cheese without the rind is also classified as safe to eat.

Eggs

You also need to be careful with eggs. If eating Red Lion stamped eggs, they have been certified as less likely to have salmonella, so can be eaten runny or raw. If not a Red Lion egg, please make sure they have been cooked thoroughly before consumption.

Shellfish

Raw shellfish can cause food poisoning so is recommended to be avoided during pregnancy. Cooked shellfish is safe to eat.

Sushi

Sushi is generally safe to eat. If it contains raw uncured fish, you need to ensure it has been frozen first. Avoid any sushi containing raw shellfish.

On the following page, there is an information leaflet about a general healthy diet in pregnancy.

Your guide to

A healthy diet in pregnancy

Tommy's PregnancyHub

- ✓ Eating healthily in pregnancy is good for you and your baby
- ✓ This is not the time to diet. Don't go hungry or skip meals
- ✓ You do not need to 'eat for two'.

In pregnancy you only need to eat an extra

200

calories a day in the third trimester only

What is 200 calories?

3/4 ham sandwich

4 1/2 courgettes

1/2 avocado

1 1/2 banana

Did you know?

Eating well in pregnancy reduces the risk of your child having **diabetes** or **heart disease** in later life.

What does what?

Everything you eat and drink while pregnant reaches your baby and influences their health

Vitamin D for healthy bones and teeth

Omega 3 (found in fish and nuts) improves baby's brain and eye development

Folic acid helps support spine development

Calcium healthy bones and teeth

Protein tissue for bones, muscles and organs

**Healthy drinks include water, fruit teas, skimmed milk, fresh fruit juice (stick to 1 glass a day, which also counts as one of your 5 a day)*

Top Tips

- ✓ Start the day with a nutritious breakfast such as wholegrain toast or cereal, eggs or fruit and yogurt.
- ✓ Be prepared for snack attacks! Make sure you have healthy snacks at home, work and in your handbag, such as fresh or dried fruit, nuts or oatcakes.
- ✓ At mealtimes, choose foods that release energy slowly, such as wholemeal pasta, basmati rice, granary bread, quinoa or couscous.
- ✓ Eat fish twice a week, including at least 1 serving of oily fish such as salmon, fresh tuna or mackerel.
- ✓ Aim to eat at least 5 portions of fruits and vegetables each day to get a variety of vitamins and minerals to your baby, and fibre to you.
- ✓ Fresh, frozen, tinned, or dried all count.
- ✓ Stay hydrated. Drink around 6-8 medium (200ml) glasses of fluid* a day.

Vitamins

- Take a daily vitamin D supplement to support your baby's bone development.
- Take a daily folic acid supplement for the first 3 months to support your baby's spinal development.

Find out more at

tommys.org/healthyeating

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Common Pregnancy Complaints

What can I do about constipation?

Constipation during pregnancy can be common, as the whole digestive system is influenced by hormonal changes. Ensure you stick to a healthy balanced diet, which contains plenty of fruit, vegetables, pulses, and high fibre foods as these can help prevent constipation. Also, ensure you are drinking 6-8 glasses of fluid a day. Regular exercise can also help your digestive system.

I have 'morning sickness', how can I stop feeling sick?

Nausea and sickness can occur at any time of the day, not just the mornings. Our advice is to eat little and often throughout the day, choosing mainly starchy foods, such as bread, pasta, potatoes and rice. It is also important to ensure you drink plenty of water. However, when drinking, drink in between meals rather than during as this can make nausea worse. Some women also find that ginger rich foods help too. For most, this should have eased by 16-20 weeks.

I'm suffering from heartburn! What can I do?

As your baby grows, they will take up more and more of your abdominal cavity, which leaves less room for your stomach, which in turn may cause heartburn. Symptoms may include burning sensation in throat, bloating, burping, feeling or being sick and bringing up food. The symptoms are more common as from 27 weeks. To help improve your symptoms you should try drinking plenty of water throughout the day remembering though to avoid drinking during meal times. Eat small regular meals and snacks and avoid large meals. Avoid eating rich, heavy, spicy, fatty, creamy, sugary foods and fizzy drinks, as these are more likely to cause heartburn. Don't eat too late at night. Try having a milky drink or yoghurt and keep yourself upright to ease any symptoms. Smoking and alcohol can also make heartburn worse. If heartburn persists inform you midwife/doctor for further advice.

Why does my pelvis hurt?

Some women develop pain in their pelvis. This is known as Pelvic Girdle Pain. Symptoms may include pain over the pubic bone, across one or both sides of your lower back, your perineum and/or down your thighs. Pain may increase whilst walking, going up or down stairs, turning over in bed, standing on one leg or actions like getting in and out of a car or in and out of bed. If you think you may be suffering from PGP, let your midwife know and they will provide you with a more informative leaflet.

Infection During Pregnancy

Pregnant women and women who have just had a baby are at risk of developing genital tract infections (infection in the vaginal area). In some cases, these infections can be very serious and even life threatening.

Bacteria, such as Streptococcus A, that causes sore throats and respiratory (airway) infections, can be spread from the throat and mouth and transferred to the vagina and perineum via the hands.

Prevention:

Genital tract infections can be prevented very easily, simply by having good personal hygiene and through careful hand washing.

This is particularly important if either you or a member of your family have had a sore throat or a respiratory (airway) infection.

To prevent the transfer of infection from mouth to the genital area, it is strongly advised that you remember to wash your hands thoroughly **before** and **after:**

- Using the toilet
- Changing your sanitary towels
- Changing your baby's nappy

Signs of infection:

Contact your GP or Midwife for advice if you develop signs of an infection. For example:

- Sore throat
- Fever
- Shivering
- Fast heart rate
- Abdominal pain
- Unpleasant vaginal discharge

Speak to your midwife for further information.

Reference:
CMACE (2011) Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer: 2006-2008.

Infectious Illnesses

Some infectious illnesses can cause problems for you whilst pregnant. Please inform you Midwife/Doctor if you have any concerns regarding any of the following illnesses.

Seasonal Flu

Evidence has shown that pregnant women have a higher chance of developing complications if they get flu, particularly in the later stages of pregnancy. One of the most common complications of flu is bronchitis, a chest infection that can become serious and develop into pneumonia. If you get the flu whilst you are pregnant, this could cause your baby to be born prematurely, have a low birthweight, and may even lead to stillbirth or death. This is why the flu jab is recommended in pregnancy as will help protect both you and your baby.

Covid

You are at higher risk of getting seriously ill from COVID 19 whilst pregnant. If contracted in the later stages it could put your baby at risk. It is been strongly recommended that you be vaccinated to protect you and your baby. If you test positive for COVID19 at any stage during your pregnancy please call the Maternity Ward and inform one of the members of our team and they will advise you accordingly.

Whooping Cough

Whooping cough is a serious bacterial infection and can be very dangerous for newborn babies. They cannot be vaccinated against it until they are at least 2 months old. During this period, they are vulnerable and depend only upon the immunity that they receive from their mother. Therefore, being vaccinated during your pregnancy is recommended as it can help you protect your baby from developing whooping cough in this period. Your immunity will pass to the baby through the placenta during pregnancy and through breast milk after delivery. (See whooping cough leaflet for further details)

Rubella (German Measles)

At your blood appointment, all women are offered to check their rubella immunity. If you are immune, there is no need to worry about contact. However, if not immune, and you are exposed to Rubella you should advise a midwife or doctor.

Parvo Virus (Slapped Cheek)

If you are in contact with someone who has Parvo Virus, or who develops the rash a few days after you've been in contact with them you should call and report this to your midwife/doctor. A blood test to see if you are immune to this infection can be done and a plan for further investigations put in place if you are not immune.

Chicken Pox

If you have had chicken pox, you are immune and there is nothing to worry about. You do not need to do anything. If you are not sure about having had chicken pox or have never had it, you may be at risk. So if this is the case and you have come into contact with it you should report it to a midwife/doctor. You will need a blood test to find out if you are immune. If not immune, preventative treatment may be offered.

Mental Health

The Royal college of Psychiatrists, states that 1 in 5 women will experience a mental health problem during pregnancy or in the year after giving birth. If in a previous pregnancy you experienced mental health problems, you will be at more of a risk of becoming ill again. It is important to inform your GP or midwife about this history as they can advise and support you.

Antenatal depression is when you are experiencing depression during your pregnancy. The following table is from the mental health charity MIND:

How you might feel	How you might behave
• **sad and low**	• lose concentration
• **tearful for no apparent reason**	• have disturbed sleep
• **worthless**	• find it hard to sleep – even when you have the opportunity
• **hopeless about the future**	• have a reduced appetite
• **tired**	• lack interest in sex
• **unable to cope**	• have thoughts about death.
• **irritable and angry**	
• **guilty**	
• **hostile or indifferent to your husband or partner**	
• **hostile or indifferent to your baby.**	

Some of these experiences – like lack of concentration, disturbed sleep and lack of interest in sex – are all common after becoming a parent, but it's still important to mention them to your doctor if you're concerned you might have PND.

MIND states that no one knows for definite why a mental health problem may occur, particularly those arising during or post pregnancy. There are a number of risk factors that may lead to a mental health issue, including:

- **A previous experience of mental health problems**
- **Biological causes** – This relates to the changes occurring in your body. For example, hormonal changes.
- **Lack of support** – Having a baby can be a very stressful and emotional time and therefore a lack of support can impact greatly on your mental health

- **Difficult childhood experiences** – i.e. Abuse
  Neglect
  Loss of someone close
  Traumatic Events
  Unstable family situation
- **Low Self Esteem**, causing you to doubt your parenting abilities.
- **Abuse –** in the form of: Domestic violence
  Verbal
  Emotional
  Sexual assault/rape
  Violent assault
  Financial abuse

  These can all cause anxiety, depression and lower your self-esteem.
- **Living Conditions –** If you're struggling with poverty, insecure/poor housing or insecure employment these may create a stressful time during your pregnancy.
- **Major Life Events –** such as: - An illness or death of a family member or close friend
  The break-up of a relationship
  Losing your job

There are plenty of treatments and support that your medical team can offer you. If you feel that you need some help let your Midwife know and they can refer you to the Community Mental Health Team. There, they will provide you with counselling help and medication if necessary. You can also find lots of information on the website - www.mind.org.uk

Oral Health during Pregnancy

It can be common in pregnancy for women's gums to become sore and even possibly bleed. The bleeding is caused by plaque build-up. During your pregnancy, your body will go through numerous hormonal changes and these can make your gums particularly vulnerable to plaque which therefore makes you more susceptible to bleeding. This can also be known as pregnancy gingivitis or gum disease.

If you think you could be suffering from any of these, please contact your dentist.

It is therefore extremely important maintain good oral hygiene throughout your pregnancy. Keep to regular dentist appointments so they can keep a closer eye on your teeth and gums.

The NHS provides some advice on how to care appropriately for your teeth and gums:

- Clean your teeth carefully twice a day for two minutes with fluoride toothpaste – ask your dentist to show you a good brushing method to remove all the plaque.
- Brushing is best with a small-headed toothbrush with medium filaments – make sure it's comfortable to hold.
- Avoid sugary drinks (such as fizzy drinks and sweet tea) and sugary foods too often – try to keep them to meal times.
- If you're hungry between meals, snack on vegetables and avoid sugary or acidic foods
- Avoid mouthwashes that contain alcohol
- Stop smoking, as this can make gum disease worse

If you happen to be suffering from morning sickness, the acidity of the vomit can affect your teeth. Therefore, it is recommended that you rinse your mouth with plain water after every time you vomit and don't brush your teeth straight away as the acid can soften your teeth. Recommended time to wait is an hour after vomiting.

When visiting the Dentist, it is important to let them know that you are pregnant. The Department of Health advises that amalgam fillings shouldn't be removed during pregnancy.

If a dental X-Ray is required as part of treatment, your dentist will normally wait until you've had your baby, even though most dental X-rays don't affect the abdomen or pelvic area.

Maternity Benefits

There are two Maternity Benefits available under the Social Security Scheme in Gibraltar; these are known as a Maternity Grant and a Maternity Allowance. Below we have explained how you find out if you qualify for them. (Information taken from Gibraltar Government website)

Maternity Grant

Maternity Grant is a one-off payment to help you with the general expense of having your baby. It is paid either on your own or your husband's social insurance contribution record (but not on both).

It is a grant of £700 paid to a woman for every child born to her. If she is confined of twins or a greater number of children, she will be paid £700 for each child. The benefit may be paid on either the mother's own insurance or her husband's or civil partner, but not on both. Subject to satisfying the contribution conditions, the full grant of £700 is payable or reduced rates may apply.

Two contribution conditions must be satisfied. These are:

(a) that at least 52 social insurance contributions have been paid between the date of becoming first insured and the date of the confinement; and

(b) that at least 40 social insurance contributions must have been paid or credited in the last contribution year before the year in which the confinement takes place. Reduced rates of benefit may be payable if at least 13 contributions have been paid or credited in the appropriate contribution year.

Maternity Allowance

Maternity Allowance is a weekly benefit paid to assist you whilst you are on maternity leave. It is paid on your social insurance contributions record and cannot be paid on your husband's contribution record.

It is a weekly allowance paid to a woman who is on maternity leave and is normally paid for 18 weeks, starting from 11 weeks before the expected week of the birth, but not for any period when paid work is done.

It can only be paid by virtue of the woman's own insurance record and she must have exercised her right to maternity leave in accordance with the Employment (Maternity and Parental Leave, and Health and Safety) Regulations.

The contribution conditions are that:

(a) She has paid social insurance contributions as an employed person under the Social Security (Insurance) Act for at least 26 weeks in the 52-week period ending on the 15th week before the expected date of confinement.

The contribution conditions for a self-employed woman are that:

(a) she has paid contributions as a self-employed person under the Social Security (Insurance) Act for at least 26 weeks in the 52-week period ending in the 15th week before the expected week of confinement; and

(b) She has paid the additional voluntary contributions for this purpose as set out under the Social Security (Insurance) Act for at least 26 weeks in the 52-week period ending in the 15th week before the expected week of confinement.

How and when do I claim?

Claim forms with detailed instructions can be obtained from the Department of Social Security, 14 Governor's Parade or from the Government of Gibraltar Website at www.gibraltar.gov.gi under Public Services, Social Security.

Maternity Grant
This grant may be claimed as early as 9 weeks before the week the baby is expected **but not later than 6 months** after the birth.

Maternity Allowance
This allowance may be claimed as early as 11 weeks before the week the baby is expected **but not later than 6 months** after you have exercised your right to maternity leave.

Maternity Credits

You are not required to pay social insurance contributions for any week in which you are absent from work in exercise of your right to maternity leave. Subject to certain conditions, credits shall be awarded for periods in which contributions have not been paid up to a maximum of 18 weeks. Application for credits should be made to the Income Tax Office.

Please contact the Department of Social Security if
you have any questions about the above information
Telephone Number: 20072721
Email: maternitybenefit@gibraltar.gov.gi

Parent Education classes

The aim of these Parent Education classes is to help you learn what to expect when you go into labour and during your stay on the maternity ward. You can come on your own, with your birthing partner or a friend/family member.

Currently, our parent education classes consist of three separate sessions.

Session 1 - Discusses labour, birth, and all its surrounding topics.

Session 2 – Here pain relief and all the various coping methods for labour are discussed.

Session 3 – This is the final session in where the topics relating to the postnatal period, such as, baby baths, perineal care and your emotional well-being are discussed. Infant feeding will also be included into the last session.

These classes will be booked for you, by your community midwife, and will be held when you are around 34 – 36 weeks pregnant. They are currently held on Tuesdays 6-8pm, in the parent education room on the 4th floor just outside the Maternity Ward.

We really recommend attending these classes, especially when you are first time parents as they are extremely informative and can help you prepare for the birth of your child. It can help leave you feeling a little more at ease about the birth and also provides the perfect opportunity to ask any questions you may need (either as part of a group or privately with the midwife teaching the classes).

It is a lovely way to meet women and families who are due around the same time as you, helping you to make new friends and giving you the opportunity to chat to others who may be having a very similar experience to you.

If you live in Spain...

If you're planning for your baby to be born here in Gibraltar, but you live in Spain, you need to be aware of a couple of things:

1. Your baby will NOT be entitled to care here in Gibraltar once fit for discharge from the hospital. This will mean that your baby will not be entitled to the care offered by the Health Visitors or our GPS. It is therefore your responsibility to make follow up plans for your baby's care i.e.: weight checks, regular check-ups and vaccinations, in Spain or privately here in Gibraltar.

2. In terms of registering your baby. You will need to register their birth here in Gibraltar (if married one parent may attend and if not married both parents need to attend the registration offices). An emergency passport will NOT be offered to you. What the Gibraltar registration and passport offices will provide you with is an official pass allowing you to cross the frontier to get back home. Once back in Spain you will then not be able to come back into Gibraltar with your baby until they have their own form of identification – either passport or ID card.

Transfers to Tertiary Units

Here at St. Bernard's Hospital we can cater safely for those babies delivered over 34 weeks. If at any point in your pregnancy, we feel it is the safest option to transfer you to one of our linked Tertiary Units we will inform you and arrange accordingly. The transfer may be to Spain or to the UK – this will depend on the clinical situation and diagnosis. You and your birth partner will be kept informed and updated throughout this change of care plan.

Preparing for Labour and Birth

The first thing many women think of in preparing for their labour is packing their hospital bag, with the main question being – What do I need to bring? Below you will find a list of recommended things to pack into your hospital bag.

For Yourself:

- ☐ Drinks and snacks (isotonic drinks are good as are high energy snacks)
- ☐ Face cloth/ water spray – to help cool you down in labour
- ☐ Something to wear in labour. Pick something comfortable and loose e.g. Oversized t-shirt or nightdress.
- ☐ Socks and a cardigan – some women can start to feel a bit chilly in labour
- ☐ Lip balm – as your lips may get quite dry in labour
- ☐ Something to walk around in – slippers or flip flops depending on the season
- ☐ Knickers – the big comfortable ones!
- ☐ Nursing bras
- ☐ Breast pads
- ☐ Maternity Sanitary Towels
- ☐ Toiletries bag (toothpaste, toothbrush, shampoo, conditioner, shower gel, deodorant, make up, hair brush)
- ☐ Towel (dark towel always better)
- ☐ Music
- ☐ Camera – although filming and photography whist baby is being delivered is not allowed at St. Bernard's Hospital
- ☐ Going home clothes (something nice, relaxed and comfortable)
- ☐ Your passport and ID (Just in case a transfer into Spain was needed)

For Baby:

- ☐ Nappies (babies can go through up to 10 nappies a day!)
- ☐ Cotton wool/wipes (if using wipes ensure fragrance and alcohol free.)
- ☐ Some muslin cloths
- ☐ Baby grows- about 4-6 should cover you whilst in hospital
- ☐ Vests – Short sleeved if in summer, long sleeved if in winter
- ☐ Hats
- ☐ Mittens
- ☐ Socks (if winter)
- ☐ Baby toiletries
- ☐ If planning to bottle feed, you must bring your own bottles and formula milk

	Early Labour	Active Labour 1st Stage	Active Labour 2nd Stage	Active Labour 3rd Stage	After The Birth
Expected Length	May last a few days	1st baby an average of 8 hours (usually no longer than 18) 2nd baby an average of 5 hours (usually no longer than 18)	1st baby – up to 3 hours 2nd baby – up to 2 hours	Active – up to 30 minutes Physiological – up to 1 hour	
Contractions	Irregular and short lasting, around 30 seconds. They may still be painful though	Every 3-4 minutes, lasting 60-90 seconds	You may begin to feel the urge to push	You may feel an urge to push placenta out	You may experience some cramping known as 'after pains'
Monitoring	Inform Maternity if you have any concerns whilst at home	If considered to be low risk, your midwife will listen to baby's heartbeat every 15 minutes If high risk you will be continuously monitored	If low risk, your midwife will now be listening every 5 minutes If high risk, you will remain being continuously monitored		Your temperature, pulse and blood pressure will be checked post delivery Baby will be weighed and have their own temperature, heart rate and respiratory checked too
Cervix	**Closed – 4cm** It will start to shorten in length and thin out	**4 – 10cm** (fully dilated)	**10cm** This is when you will be ready to push		
Vaginal Loss	Your waters may or may not break. You may have a show – a jelly, mucous like loss	Your waters may or may not have broken. If they have, the midwife will be monitoring the colour of it	Your waters may not have necessarily broken by this stage.	There may be a small gush of blood	Blood loss is normal for the next 2-6 weeks and will vary in colour and amount
Pain Relief/ Coping Methods	Warm bath, TENS, paracetamol or co-codamol, massage, birthing ball, mobilisation	Water, TENS, mobilisation, Birthing Ball, Entonox, Diamorphine, Epidural			You may require pain relief post delivery

Pain Relief in Labour

During their pregnancy, many women wonder how they are going to cope in labour. The truth is, they will all cope with it in a different way. Therefore, it is good for women to know all their options prior to labour.

Water

Some women find that having a warm bath or shower can be beneficial for relaxation and provide effective pain relief. You can do this at home and in the hospital. Pouring or showering warm water over the part of your body that is feeling the contractions can really help you to cope, especially in the early stages of labour. They can be taken regularly, even if the waters have broken.

TENS (transcutaneous electrical nerve stimulation)

The TENS machine is a hand held device that works by sending mild electrical impulses which in turn stimulate nerves running to your spinal cord and reduce the perception of pain. It is also thought that it increases the amount of endorphins (your body's natural 'feel good' hormone) released. It is a good option for when in early labour and it brings no side effects. You cannot use it in water as it is electrical!

Entonox (Gas and Air)

This is a mixture of half nitrous oxide and half oxygen, which is breathed in through a mouth piece. It is available once you are in established labour and is a quick acting option. Entonox can make some women feel light headed and nauseous but this should pass once your body gets used to it. This option may also be used at any stage once in active labour and can be used in conjunction with other pain relief if needed.

Paracetamol

Paracetamol can be very effective when taken in early labour. Do not take more than 8 (500mg) tablets in 24 hours. (Please read instructions on packet)

Co-Codamol

These tablets contain Paracetamol and codeine and are generally used in early labour, where paracetamol alone is not enough.

Diamorphine

Diamorphine is a drug that is injected into your thigh and takes about 20 minutes to work and the effects last between 3-4 hours. However, there are a number of side effects, which you need to be aware of-

- The midwives will avoid giving you diamorphine if you are nearing the end of your labour.
- It can make some women feel light-headed and nauseous.
- If the effects have not worn off towards the end of labour, it can make it difficult to push.
- If the drug is given too close to the time of delivery, it may affect the baby's breathing. If this happens, your baby may need to receive some help to start breathing, with stimulation and oxygen.
- It may interfere with the baby's first feed as the drug crosses the placenta and make your baby sleepy.

Epidural

An epidural is the injection of local anaesthetic, via a tiny tube, into the epidural space in your back, which in turn will block the pain impulses created by your contractions. An anaesthetist will insert it, and the tube will remain in situ throughout the labour so more doses can be given to you if required. If you choose this type of pain relief, your baby's heartbeat will have to be continuously monitored. A very small number of women have a severe headache during and after the birth

How do the options compare?

Methods with medication	Entonox (Gas and air)	Pethidine or diamorphine injection	Patient - controlled intravenous analgesia (PCIA)	Epidural or combined spinal epidural (CSE)
What is it?	A gas mixture of nitrous oxide and oxygen.	Pethidine or diamorphine is injected into the muscle in your arm or leg.	Small dose of fentanyl or remifentanil given from a pump into a drip in your hand.	Local anaesthetic and a painkiller given through a fine tube in your back to numb your nerves. May not be recommended very early or late in labour.
What do you do?	Breathe it through a mask or mouthpiece with a valve.	Have an injection in your arm or leg.	Press the button to give yourself a dose every time you feel a contraction starting.	Sit still in a curled-up position for five to 10 minutes while the tube is put in.
How much pain relief?	Moderate help.	Often mild. May reduce anxiety.	The amount of pain relief varies. Women often need to use Entonox as well.	Usually very good. One in 10 times, it may not work well and may need replacing.
How long until it starts to work?	Immediate.	Five minutes to prepare the injection, then 30 minutes before it starts to work. The effects last a few hours.	10 to 15 minutes to set up then works in a few minutes.	Up to 20 minutes to set up. Then 20 minutes for epidural to work (a CSE will be quicker than this as you will also have a spinal injection).
Any extra procedures?	None.	None.	You will be on a drip. You may be connected to a monitor to check your baby's heartbeat. Checks on your oxygen levels. You may need extra oxygen.	You will be on a drip. You may have a urinary catheter. You may be connected to a monitor to check your baby's heartbeat.
Risks to baby?	None.	May be slow to breathe. May be drowsy and find it difficult to feed at first.	May be slow to breathe at first.	You may have low blood pressure and this can affect your baby's heart rate if not treated.
Side effects for mother?	Some nausea. Can feel 'spaced out'. Can be tiring and make your mouth dry.	Feeling sleepy or sick. Delay the rate at which food is digested so you get a full stomach. May slow your breathing.	Feeling sleepy or sick. Slow breathing - you will have to stop using it if it makes you too sleepy. Stopping breathing or slowing your heart rate (rare).	Low blood pressure is common. Difficulty passing urine. Bad headache (one in100 women). Increase in temperature. Temporary nerve damage (one in 1000 women). Permanent nerve damage (one in 13,000 women). Severe complications (one in 250,000 women).
Effect on labour and delivery?	None.	None.	May increase the need for forceps.	Can make it harder for you to push. May increase the need for forceps.

*Please note that PCIA and CSE are currently unavailable in Maternity at the Gibraltar Health Authority

Taken from labourpains.com

Membrane Sweep

Throughout your pregnancy a protective sac of fluid, which increases as your baby grows, surrounds your baby. The sac is known as the membranes and the fluid contained in it is called amniotic fluid. As from 39 week's gestation, your Midwife will offer you a membrane sweep. It will be offered to you around about this time as recommended by the National Institute of Clinical Excellence. (Nov 2021)

Membrane sweeping is a procedure that can help stimulate your cervix (the neck of your womb) and start your labour. If successful, it has been shown to increase the chances of going into labour naturally within 48 hours of having the membrane sweep done. This is because it releases a hormone called prostaglandin, which is involved in starting labour. It can reduce the risks of using other methods of inducing your labour, which can be more uncomfortable. It also decreases the chances of you having a prolonged pregnancy. The membrane sweeping can be repeated after 48 hours if not successful on the first occasion.

There are no known risks to having a membrane sweep. However, you may find it a little uncomfortable and you can experience a small amount of vaginal bleeding or discharge. Heavy bleeding like a period would be unusual and you should contact the hospital if this occurs.

The midwife will explain the procedure to you before they begin. The process should not take longer than about 10 minutes. This procedure does not require admission to hospital but it will be carried out on the ward. You will be given a specific date and an appointment time to attend the unit as a ward attender. The person performing the sweep will carry out an abdominal palpation and listen to your baby's heartbeat. The sweep involves carrying out a vaginal examination. The Midwife will insert a finger into the neck of your womb (cervix) and will make circular sweeping movements in an effort to separate the membranes from the cervix. Following the examination, the midwife will recheck your baby's heartbeat to ensure all is well before you return home.

It is okay to do nothing and wait until you go into labour however up to 60-70 out of 100 low risk women having at least one membrane sweep will go into spontaneous labour before a formal induction of labour. Induction of labour in St Bernard's Hospital for low risk women is carried out at around about 40 week's gestation plus 12 days. The only alternative to having a membrane sweep would be to do nothing, just to wait for your labour to start. If a membrane sweep is not successful or if you wait and do not go into labour, you will be offered an appointment for a formal induction of labour.

The vaginal examination and membrane sweep may cause you some discomfort and it's not unusual to experience some slight bleeding afterwards. If you have any of the following, please contact the maternity ward and seek some advice:

- Heavy vaginal bleeding following membrane sweep
- Reduced fetal movements
- If you think your waters may have broken
- Any signs of labour such as regular, painful contractions

The telephone number is +350 20072266 ext. 2124/2125

If you have any more questions regarding the membrane sweep, please ask the midwife at your appointment and they will be happy to discuss with you.

Induction of Labour

What is induction of labour?

An induction of labour is when your labour is artificially started. In most pregnancies, labour starts naturally between 37 and 42 weeks. Research has shown that the placenta (also known as the afterbirth) becomes less efficient in a number of pregnancies after 42 weeks. Therefore, if labour has not started naturally, a date for induction will be offered to you, which is normally around 10 days after your due date. Induction of labour may also be offered earlier if:

- You have medical conditions such as high blood pressure or diabetes
- There is concern for the well-being of your baby/babies
- Your waters break but labour doesn't begin soon after

How will I be induced?

The midwife will inform you of when you will need to attend the ward for your induction. You must ensure that you have eaten dinner prior to admission, as the hospital's catering service will not be running at that time. The midwife will ask you about your current health and then perform a general examination, including taking your blood pressure and an abdominal palpation to determine the lie of your baby. The baby's heart rate will also be monitored prior to commencement of the induction. There are several ways to induce labour:

- A hormone pessary
- Breaking your waters
- Hormone drip

The approach will depend on how favourable your cervix is. Once you have been assessed, the midwife or doctor will discuss which plan of induction is better suited for your situation.

A hormone pessary

At our unit, the pessary generally used is known as Propess. Another pessary used is Prostin and the consultant will decide the choice of pessary. Your plan of care will vary depending on what hormone pessary has been prescribed.

Propess – The Propess is inserted into your vagina behind the cervix. It contains a hormone like substance known as prostaglandin and is released slowly over 24 hours. This should help to soften your cervix as well as stimulate your uterus to contract. Propress looks similar to a tampon and has a string attached, so in the event that it is needed to be removed it is easily done so.

Once the Propess has been inserted, the midwife will once again monitor your baby for a period of time. Following the monitoring of the baby you will be able to mobilise around the ward as normal. During the rest of the day, you may begin to start feeling some period type pains or mild contractions. You will be offered pain relief if required and your baby's heartbeat will be listened to at various points throughout the day too.

If you don't go into labour within the first 24 hours, you will be re- examined. If there has been no or little change to your cervix a plan will be made by the consultant obstetrician on how best to proceed with your induction. If your cervix has made enough changes, the midwife may be able to break your waters.

Prostin - Prostin comes in a tablet form and works in the same way. However with Prostin you will be given one dose in the morning following a monitoring of baby and then re-assessed 6 hours following the first dose, with a 2nd dose being inserted if required. If labour hasn't commenced you will be reassessed the following morning and if we are unable to break your waters a 3rd Prostin dose may be considered.

Breaking your waters

In order to break your waters, your cervix will need to soft and have already started to dilate. Upon breaking of your waters, you will feel a gush of fluid and your waters will continue to leak until baby is born. The act of breaking of the waters may help to bring on regular contractions.

Hormone drip

If breaking your waters doesn't kick start regular contractions, the doctor will be informed and generally a plan is made to start a hormone drip. This will be sited into your arm and will generally be running for the whole of your labour. Once this drip is commenced, it is recommended that your baby's heartbeat is continuously monitored whilst you are in labour. Again, your midwife will discuss pain relief options with you.

How long will it take?

It is difficult to predict how long your induction of labour will take. It will depend on what method is being used and also how your body reacts to the method too.

If, on the day of your planned Induction of Labour, the ward is too busy it may be agreed to delay your induction by the midwives on shift that day. This will be discussed with the consultants on call that day and a new plan will be put into place for you. We appreciate that this may be frustrating for you as the patient but as midwives, our main priority is looking out for the safety of all women and babies under our care and that includes you and your unborn baby.

Caesarean Section and Instrumental Deliveries

Caesarean Section

A caesarean section is an operation to deliver your baby through an incision in the abdomen. A lower segment caesarean (LSCS) is normally performed and involves a supra pubic (bikini line) incision. Rarely, for medical reasons, a midline incision is necessary. Babies are born by caesarean section when the obstetrician decides that it is the safest option for you and/or your baby. Some of the reasons for having a caesarean can include:

- If your baby is breech (Bottom first) and your obstetrician has been unsuccessful in turning the baby or you chose not to have this done
- If you have a low lying placenta (placenta praevia)
- If you have certain infections, such as genital herpes active in late pregnancy or untreated HIV
- If your baby isn't getting enough oxygen or nutrients
- If your labour isn't progressing
- If you have any medical reasons preventing you from having a normal delivery
- A complicated twin pregnancy

Risks

Although complications are uncommon, as with all medical procedures there are some associated risks. These include:

- Infection of the wound or womb lining
- Thrombosis (blood clots forming within a vessel)
- Haemorrhage (Excessive bleeding)

The doctor will go over all other risks with you, prior to the surgery.

The following are some precautions that are taken to reduce the risks:

- Prior to your caesarean, some bloods will be taken to check your iron levels and ensure you are not anaemic
- Antibiotics are given during the operation (and occasionally after if felt needed by the doctor) to reduce the risk of infection
- Anticoagulants (blood thinners) are given for a minimum of 10 days post caesarean section in order to prevent thrombosis

Anaesthetic

In most cases, your caesarean will be carried out under spinal anaesthesia given into your lower back. This will cause you to feel numb from the waist down, and although you may still feel movement, you should not feel pain. Under some special circumstances however, it may need to be carried out under a general anaesthesia. (This is when you are put to sleep)

If you are having a planned caesarean section:

You will be asked to attend a pre-op appointment on the Maternity Ward the day before your caesarean. At this appointment, a midwife will perform an antenatal check, including a Cardiotocography (CTG) monitoring on baby. You will have some bloods taken, to check your iron levels, infections levels and blood group. You and your birth partner will also have COVID swabs taken, to ensure a negative status. You will also be given 2 tablets of Omeprazole 40mg. These are help to dry up your gastric secretions and make the anaesthetic safer. You will need to take one tablet at 22.00 and the other at 07.00 the morning of your caesarean. You must also NOT eat from midnight before the operation. You may have your last sip of clear fluid at 06.00 with your omeprazole tablet. You will also be asked to shave (if possible) your pubic hair down to the pubic bone level, remove any jewellery and nail varnish prior to hospital admission.

Admission to hospital

This is generally the morning of the operation at 08.00, however there are some situation which may require you to be admitted the day before. Your community midwife will inform you. On admission, you will be introduced to the midwife taking you to theatre. They will complete an antenatal check and have a listen in to your baby's heartrate. They will then get you changed and ready for theatre. The surgeon and anaesthetist will also come and see you prior to your operation. Once theatre is ready, you will walk to theatres with your midwife and birthing partner. Your birthing partner will be allowed into theatre with you once your spinal has been sited, your catheter is in situ and the screens are up.

Recovery

Following your caesarean section, you will be recovered in Theatre Recovery. If all ok, you will then be transferred back to the maternity ward. We will ensure you are pain free and will keep a close eye on you for the next couple of hours. The midwife will also be able to support you with feeding your baby. It is normal to suffer from wind in the few days following your operation, if this becomes painful let your midwife know. Your wound may be closed with sutures or with staples, some of which may need removing. This generally happens between day 5-7. All women have vaginal bleeding following delivery. The bleeding normally lasts for 2-3 weeks (but can last up to 6 weeks). If your bleeding becomes excessive or has an offensive smell to it, inform the midwife.

Instrumental Deliveries

The purpose of an assisted vaginal birth is to mimic a normal (spontaneous) birth with minimum risk to you and your baby. To do this, an obstetrician will use instruments (ventouse or forceps) to help your baby to be born. (RCOG 2012) This will usually be carried out in the labour room, however sometimes the doctor may feel it's safer to perform the delivery in theatre.

A ventouse is an instrument that uses suction to attach a plastic or metal cup on to your baby's head. Then, when you are having a contraction, they get you to push whilst at the same time they gently pull to help you deliver your baby. It is very common that more than one pull is required. Your baby will be born with some swelling to their head but this will all subside within a few days.

Forceps are smooth metal instruments that look like large spoons or tongs. They are curved to fit around your baby's head. The forceps are carefully positioned around your baby's head. The obstetrician will wait until you are having a contraction and then ask you to push while they gently pull to help deliver your baby.

Again, more than one pull is often required. (RCOG 2012) Your baby may be born with some marks to his/her face, again don't worry though these will disappear in a few days.

If an instrumental delivery is decided on, the doctor will most likely need to perform an episiotomy (a cut made at the opening of the vagina. (See page 51 for more info) After delivery, you may be offered some analgesia in the form of a suppository, which will offer good pain relief.

Many women worry that this will affect any future pregnancies, however most women go on to have a normal delivery next time.

Vitamin K

Vitamin K is found naturally in the body and plays an essential role in clotting. Some babies are born deficient in this vitamin. Rarely, (1 in every 10,000 births), newborn babies will suffer from major bleeding in the first few days after birth as a result of having low levels of vitamin K in their blood. This is known as Vitamin K Deficiency Bleeding (VKDB). This bleeding may have mild implications or severe consequences – 7 in 100 can result in death.

The recommended way of giving Vitamin K is via a one off injection soon after birth, usually given in the baby's upper leg. However, it may also be given orally. Orally is not the first line recommendation as it involves 3 separate doses, one at birth, one around a week later and the last one at 6 weeks old.

One report in 1992 suggested that the injection of Vitamin K might be connected to cancer occurring in children. Many studies since then have shown there is no link with cancer.

Certain babies are at more of a risk of VKDB if:

- They were born before 37 weeks
- They were delivered by forceps, ventouse or caesarean section
- Suffered any bruising after birth
- Experienced any breathing difficulties at birth
- Mother is on certain drugs in the antenatal period (such as anticonvulsants)
- If your baby is circumcised

As a parent, you will be asked whether you consent to the baby having the injection.

Please ask your community midwife at any antenatal appointment if you require more information. It will also be discussed with you in the labour room both prior and post-delivery

.

Congratulations!

Congratulations! Your beautiful baby is now here!

The following sections of this guide will cover all the information you need to know during the postnatal (Post – delivery) period. Covering everything from feeding, to nappy changes to registering the birth of your baby.

Following the delivery of your baby, you will be moved into the Postnatal side of the Maternity Ward. Here you will find two 3-bedded bays and 3 single side rooms. It is important to note that our single side rooms are kept for use in special circumstances and for overflow when our bays are full. You will also find a Nursery, where you can feed your baby, prepare and sterilise your feeding equipment and bath you baby. And finally, you will be shown the Day Room, where you can meet and socialise with other new mums and dads. Here you will find a television and a seating area. This is also, where lunch and dinner is served. Breakfast is a help yourself service, unless you are unable to get out of bed yourself in which case a member of staff will help you in this matter. It is important you let us know of any food allergies or special dietary needs upon your admission.

The Maternity Wards current visiting times are as follows – your partner and baby's siblings can visit the ward any time between 10 -22.00. You will be given a visitors leaflet where you will have to nominate 4 people which will be allowed to visit you on the ward between the hours of 18.00 -19.00. Those nominated visitors will remain unchanged throughout your stay on the ward.

Once discharged from the Maternity Ward, your care will be taken back again by the Community midwives who cared for you during your pregnancy. They will see you for various appointments for at least 10 days. There isn't a routine number of appointments, the community midwife will see you as and when they feel required.

If you need to speak to a Midwife after you go home, please leave any non-urgent messages i.e. change of appointments on the Community Midwife Office Voicemail on telephone number 20072266 ext. 2131. If any questions regarding yourself or your baby, you can call the Maternity Ward 20072266 ext. 2124/2125.

The Health Visitors in the Child Health Centre will contact you to take care of your baby as from day 10. Please see the routine Health Visitor Scheduled Visits on page 63. Your 8-week postnatal check by Dr. Gonzalez and your baby's 8 week check appointments will be issued by the Health Visitor on their initial home visit to you.

Remember, you have 3 weeks to register the birth of your baby at the Registry Office. Please see pg 64 for more information with regards to registering the birth of your child.

Here at the Maternity Ward we are always looking to improve our services. We therefore welcome your feedback. Prior to your discharge home you will be given an Evaluation Form which we would really encourage you to take the opportunity to complete.

Breastfeeding

Breastfeeding gives your baby all the nutrients they need for the first 6 months of life. It helps to protect them from infection and other diseases, supports their development and it can reduce your chances of getting some illnesses later in life.

Following the birth of your baby, it is important to have skin-to-skin contact with your baby as soon as clinically possible. Skin to skin is beneficial for a variety of reasons including, helping your baby to maintain their temperature, settle their breathing and heart rate and it will also aid in promoting breastfeeding. This is a great time to start your first breastfeed, because your baby will be alert and wanting to feed within the first few hours following birth. Initially, your baby will want to feed fairly frequently in the first few days/weeks, this is completely normal as the more you feed, the more milk you produce. The first type of milk made is called Colostrum – this is rich, thick and sticky and usually yellow, clear or white in colour. It is important to remember that breastfeeding is a learning curve for both yourself and your baby. Look out for your baby's feeding cues (La Leche League UK):

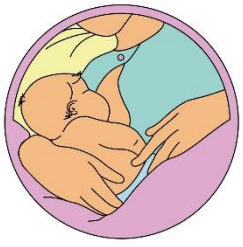
- Wriggling or fidgeting, rooting (head turning) and fist sucking are all early signs of hunger.
- Offer a breastfeed while they are still calm—crying is a late sign of hunger.
- Just like you, they will be hungrier and thirstier at some times of the day than at others. Many babies 'cluster nurse' and space feeds closer together at certain times of the day, especially during the evening.

There are numerous ways in which you can breastfeed your baby. Whilst in hospital the midwives will show you the various positions that you can breastfeed in and then it is a case of finding the one that suits you and your baby the most. The varying breastfeeding positions are:

- <u>The Cradle Hold</u>

Many women naturally adapt to this hold. However, following a caesarean section this position may cause you some discomfort to your abdomen and wound site. Make sure you are sat nice and upright and that you are comfortable – use pillows and cushions if you need to. Baby is placed across your tummy (tummy to mummy) with their head on your forearm and the arm that's closet to your body tucked under the breast. Always ensure baby's ear shoulder and hip align to a straight line.

- <u>Side Lying</u>



Women who have had a caesarean section or difficult delivery find this position comfortable as it takes the pressure of their wound or perineum. It is also a helpful position to use for night time feeds. Lying on your side, have your baby facing you, again with their ear, shoulder and hip aligned. The arm you are lying on, place it under your head or pillow and use the other arm to help latch baby onto breast.

- Rugby Hold

This is another position that can benefit woman who have had a caesarean section. It is also a good position to use when breastfeeding twins. Sitting upright, tuck your baby in at your side under your arms. With the same side arm, support baby's neck with hand and align baby's nose to your nipple to allow the perfect latch.

*images from NHS Start For Life

No matter what position you decide in, there are a few tips that are applicable to all:

- Hold your baby close to you, 'tummy to mummy' and 'nose to nipple'.
- Support your baby along their back and shoulders and not their head. As this allows them to move their head as required to latch on.
- Allow your baby's head to tilt back a little. This should leave your baby's top lip in line with your nipple and it encourages them to open their mouth widely to support a good latch.
- Wait until your baby has a wide-open mouth, and starts looking for your breast. This is when you want to guide your baby, gently, towards your breast, in an up and over motion. Their chin should touch your breast first.
- At the initial latch, some women complain of it being painful. This discomfort should only last a minute or two. If the pain continues this is using a good sign, that baby isn't latched on appropriately. If this is the case, make sure you call a midwife for support.

UNICEF UK

Signs of a good latch include:

- You can see your baby has a large mouthful of breast
- The feed doesn't hurt.
- Baby's cheeks are full
- Rhythmic sucking observed and swallowing heard
- Following feed, your nipple should remain the same shape. If misshaped, this is also another sign of poor latch

Your baby will come off the breast by itself following a good feed. They should be settled and appear contented and relaxed.

Hand Expressing

Hand expressing can be a very useful skill to learn. It's can be good to use in lots of situations for example:

- If your baby isn't feeding or latching on to the breast very well

- To relieve engorgement
- If you're wanting to increase your milk supply by stimulation

Below you will find the hand expressing technique, but please ask your midwife for support.

1. With clean hands, it's helpful to start off by massaging your breast for a few minutes
2. Cup your breast creating a C – shape with your thumb and index finger, round the areola
3. Gently squeeze your index finger and thumb together for a few seconds and then release. It may take a few minutes for you to see any milk, so be patient, and continue until milk is seen
4. Once the milk slow stops, maintaining your C-shaped position, move around the breast to another area
5. Repeat steps 3 & 4, until no more milk flow
6. Repeat steps 1 to 5 on the other breast if necessary.

If you have access to the internet, you can also watch a video on hand expressing at the following link: https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/breastfeeding-resources/hand-expression-video/hand-expression-video/

Storing Breastmilk

Freshly expressed breastmilk should ideally be refrigerated/cooled immediately. Frozen breastmilk should not be refrozen. Below are the storage instructions as advised by La Leche League UK.

	Temperature °C	Best Before	Use Within
Warm Room	19-26	4 hrs	6 hrs
Cool bag/box with ice packs	15	10 hrs	24 hrs
Cool bag/box with ice packs	4-10	24 hrs	3 days
Fresh Breastmilk in Fridge	1-4	3 days	8 days
Defrosted Milk in Fridge	1-4	As soon as possible	24 hrs
Stored in the Freezer	Variable temp around -18	3 months	6 months
Stored in the Freezer	Constant temp -18 or below	6 months	12 months

Please ask your Midwife or Health Visitor if you have any more questions or concerns with breastfeeding.

Bottle-Feeding

There are many reasons why you may be thinking of bottle feeding your baby. Even though breastfeeding is promoted, your midwife will offer support and guidance in whatever your feeding choice may be.

Bottle-feeding requires the following equipment:

- Bottles
- Formula milk powder or ready-made infant formula
- Bottle brush
- Steriliser

All equipment needs to be appropriately cleaned and the formula correctly prepared. The importance of this cannot be highlighted enough. If this isn't done, your baby can get very ill as their immune system is weak and still developing. So if you do choose to bottle feed please follow the following information very carefully.

Sterilising:

Before sterilising any of your equipment, it must all be thoroughly washed beforehand with hot soapy water, using a specialised bottlebrush to ensure a full clean. Sterilising all the equipment reduces the risk of baby getting ill and from getting diarrhoea. UNICEF UK states there are 3 main ways of sterilising, and they are:

Cold water sterilisation:

- Follow the manufacturer's instructions
- Ensure all items are submerged below the water

Steam sterilisation:

- Follow the manufacturer's instruction
- Make sure bottles and teats are face down

Sterilising by boiling:

- Use this method with caution as risk of burns/scalds
- Ensure equipment is safe to boil
- Ensure all items stay submerged under water
- Boil for at least 10 minutes

Preparing a feed:

In order to reduce the risk of infection, feeds should be made up, using boiled water, as and when your baby requires one. Boiled tap water is what should be used to make up your baby's feeds as bottled water contains too much sodium or sulphate. Below is a step-by-step guide to preparing powdered formula feed:

① Using a kettle, boil fresh cold tap water and then leave to cool (no more than 30 minutes)
② Clean down the surface being used and wash your hands

③ Shake off any excess sterilising solution prior to preparing the feed
④ Always follow the instructions on the formula's box/tin and ensure correct amount of water used
⑤ Once you've put the cool boiled water in the bottle, loosely fill the scoop provided with the powdered formula and level it off as per brands instructions
⑥ Screw the top onto the bottle, trying to avoid touching the teat
⑦ Put the lid on the bottle and shake until all the powder is dissolved
⑧ If the bottle remains too hot to drink, you can help cool down it down by holding the bottom half of the bottle under a cold running tap or stand it in a bowl of cold water
⑨ ALWAYS test the temperature of the milk before giving it to your baby. It should be body temperature

Storing formula feeds:

Once your baby has finished their feed, always throw any leftover milk away. If you are using ready-made formula, you may keep any leftover milk in the cartoon in the fridge for up to 24 hours. Remember a feed should always be freshly made prior to a feed and not pre-prepared. If you are unable to prepare a feed just before a feed is due, made up formula can be kept in a cool bag with an ice pack for up to 4 hours and up to 2 hours at room temperature.

Warming a feed:

If you need to warm the bottle prior to a feed, stand the bottle in a bowl of hot water. NEVER use a microwave to heat up a feed for you baby as this can cause the milk to heat unevenly and burn your baby's mouth. If you are going to use a bottle warmer to heat your baby's feeds always follow the manufacturer's instructions. Prior to feeding your baby, you must ALWAYS test the temperature of the milk. You can do this by shaking the feed and then testing the milk on the inside of your wrist.

Feeding your baby:

When feeding your baby, make sure you are sitting somewhere comfortable with your back well supported. Ensure your baby's head is supported and feed your baby in a fairly upright position. This will allow them to breathe and swallow effectively. Brush/stroke your baby's lips with the teat of the bottle and when they open their mouths, gently pop the teat in. The baby should have a tight seal round the teat and ensure that the teat is always filled with milk in order to minimalize the amount of air your baby will take in during a feed. Your baby may start to refuse anymore milk mid feed. If this is the case, wind hem by holding them in an upright position and rubbing/patting their backs. Then attempt to continue feeding. NEVER leave your baby alone when feeding and NEVER prop a bottle up whilst they are feeding as this can increase the risk of them choking.

How often and how much?

Initially, your baby will only take small amounts and will slowly increase to about 150 - 200mls per baby's weight (kg) per day, until they are 6 months (UNICEF Guide To Bottle Feeding). However, it is important to also note, that this amount will vary slightly from baby to baby. Babies should be fed on a feed on demand basis, so the volume and timing of feeds may vary, although most babies will eventually settle in a routine. Your baby will feed regularly overnight for at least the first few months.

If you have any other questions or require any more information about feeding your baby, please ask your midwife.

Guide To Nappy Changes

Your baby will need plenty of nappy changes in the first few weeks of life, at least after every feed. To try to prevent a nappy rash from forming, the NHS advises that you change your nappy as soon as possible after your baby has dirtied it. This can equate to about 10-12 nappy changes a day!!

A quick guide to changing a nappy:

- Always change your baby's nappy somewhere safe and stable and keep your eye on them at all times
- Make sure you've got every you need at hands reach before starting the nappy change – if not this could become very messy!
- If your baby has done a poo, use the nappy to clean of most of their bottom
- Then use cotton wool with warm water or alcohol and fragrance free wipes to clean the remaining poo
- Clean gently but thoroughly, ensuring you clean in all the creases too
- In girls – you must always clean from front to back and this is to help stop spreading germs into her vagina
- In boys – clean properly & gently around their testicles and penis. There is no need to pull the foreskin back
- Chatting, smiling and interacting with your baby during nappy changes can help with the bonding between you both
- Place dirty nappies in a nappy bag and then into a bin
- Remember to always wash your hands after every nappy change

How often and what does it look like?

The following is a guide from National Childbirth Trust (NCT) UK as to how often your baby should passing urine and opening their bowels, along with some images of what to expect to find in the nappy. Breastfed baby's poo tends to be more runny with no smell and bottlefed baby's poo firmer, a darker brown and smellier.

Day 1-2

Wees: 2 or more a day

Poos: 1 or more a day. They are a black/green incolour and a very sticky, tar- like consistency.

Day 3-4

Wees: 3 or more a day. Nappies will start to feel heavier as urine quantity increases

Poos: 2 or more a day. They now look a more greeny colour. This is due to baby having milk & digesting it

*images from NCT

Day 5-6

Wees: 5 or more a day

Poos: 2 or more a day. They are now yellow in colour.

Day 7 onwards

Wees: 6 or more a day

Poos: 2 or more a day. They are nowsoft and yellow in colour. You may see seedy like particles in it, this is normal.

Other things you may find in your baby's nappy:

Urates – these cause concern to parents, as it resembles blood. However, they are actually salt crystals in the urine which are pinky/orangey in colour. Usually passed once in the first few days. Inform the midwife if seen, as they can sometimes be a sign that baby isn't feeding effectively or enough.

Blood and/or discharge may be seen in baby girl's nappies. This is completely normal and is a result of your hormones having crossed the placenta into her system. They will soon disappear.

*images from NCT

Bathing Your Baby

Bathing your baby is a lovely activity to do but some parents can find the thought of bathing a slippery little baby worrying. Not to worry! We hope to make bath time an enjoyable and relaxed experience for all, so we have broken down all aspects of bathing your baby for you in this chapter.

Newborn babies don't need to be fully bathed every day. You can give them a full bath a couple of times a week and 'Top & Tail' them in between. Top & Tail is when you just wash down your baby's face, neck, hands and bottom.

How to Top and Tail your baby:

- Needs to be done in a nice warm room. Make sure you have everything you need before you start (Nappy, clothes, cotton wool, towel, moisturiser)
- Fill bowl/sink with warm water and undress your baby down to their nappy.
- The first thing you clean are your baby's eyes. You do this by dampening some cotton wool with the bath water and gently wiping the eyes from the corner, out. You must also remember to use a separate piece of cotton wool for each eye. This helps prevent the spread of infection.
- Next, using a dampened cotton wool, clean around the outside of your baby's ears (Do not try and clean the inside)
- In this same way, you continue to clean your babies face, their neck and their hands.
- Dry the areas washed thoroughly but gently with a towel.
- Now, you move on to cleaning your baby's bottom and genital area. In the same way, using new cotton wool.
- When drying your baby ensure all the creases are well dried and not left damp.
- If you note your baby's skin to be dry, you can massage a small amount of bay moisturiser in. If you do, make sure you use a baby friendly, mild, non-perfumed lotion or emollient.
- Once dried, put on a new nappy and get your baby dressed again.

Bathing your baby:

At all times, please remember that ***babies and young children should never be left unattended in a bath, not even for a minute.***

Try to choose a bath time where your baby is happy and awake and avoid times where they are hungry or tired or have just finished a feed. Every baby is different and as parents you will work out what is best for all of you in terms of your baby's bathing routine and what s/he does or doesn't like. It will all come with time and confidence!

- The water should be warm, not too hot, and not too cold. The best way to assess this is to buy a bath thermometer, however, if you don't have one check the temperature of the water by using your inner wrist (as this area is more sensitive to temperature that your hands)
- Ensure room is nice and warm and you have everything you need prior to starting the baby's bath
- Undress baby and leave them in their nappy. Wrap then up in a towel and start cleaning their neck and face as explained in the Top and Tail section.

- If your baby's hair needs washing, hold them tucked under your arm as illustrated.

*images from wikihow

- Wet your baby's hair, carefully avoiding their face and ears. You may wish to use some mild baby shampoo and if that is the case, gently massage a small amount into the hair. Again, avoiding their face. (Your baby's hair will only need washing 1-2 times a week)
- Next, gently, give their hair a good dry.
- Now you can move on to putting your baby in the bath. Take off their nappy and if they have pooed, clean them before placing them in the bath.
- Check that the bath water hasn't cooled down and correct the temperature if required.
- Using your forearm to support your baby's head and shoulders and your arm to hold their upper arm, pick your baby up and lower them slowly into the bath (as demonstrated in the picture).

*images from wikihow

- Then rinse your baby using your hand or a flannel/sponge with water or using a small amount of baby friendly mild non fragrenced body wash .
- Then bring your baby out of the bath using the same support technique as when you put them in, whilst at the same time using your other hand to support her bottom and leg.
- Quicky wrap the baby upand dry them down, concentrating on the skin creases.
- Put on a clean nappy and dress them in clean clothes. If the house is a little cool you may need to wrap them in a blanket afterwards too.

Reducing The Risk Of Sudden Infant Death Syndrome

Sudden infant death syndrome (SIDS) – sometimes known as "cot death" – is the sudden, unexpected and unexplained death of an apparently healthy baby. (NHS, 2018). The Lullaby Trust researched showed that around 89% of SIDS deaths happen when baby is six months old or less. Research has gone on to show evidence based advice on how the risk of SIDS can be reduced. The Lullaby Trust highlights that there are 3 main points of advice to always bear in mind:

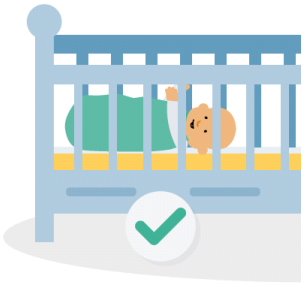
1. ALWAYS SLEEP YOUR BABY ON THEIR BACK

For every single sleep, including naps lay them down on their backs, not their sides or on their tummies. Once your baby can roll by itself, if they end up on their tummies or their side overnight that's fine. Having some tummy time with baby during the day whilst they are awake is beneficial and can help strengthen their muscles.

WHY? *Many more cases of SIDS have occurred when babies weren't put to sleep on their backs. Since the Back to Sleep campaign started in 1991, the rate of SIDS has dropped by 75%.*

2. GIVE BABY A CLEAR SAFE SLEEP SPACE

Make sure that your baby is sleeping on a firm flat mattress with no raised or cushioned areas. No pillows, quilts, bumpers, pods or nests are needed – these all increase the risk of SIDS. In addition, whilst sleeping, your baby won't need to wear a hat. By keeping their head uncovered, we are making sure that they are not overheating.



WHY? *Soft or raised surfaces, pillows or quilts can increase the chance of SIDS by making it difficult for babies to breathe or cool down.*

It's also important to remember that its recommended that your baby sleeps in the same room as you for the first 6 months.

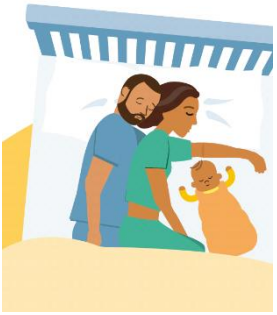
WHY? *The chance of SIDS is lower when babies sleep in a room with an adult than when they sleep alone.*

3. KEEPING YOUR BABY SMOKE FREE BEFORE AND AFTER BIRTH

Smoking in pregnancy greatly increases the chance of SIDS. It is also importnant to keep your baby away from smoke in your home, car and when you are out and about.

WHY? *Evidence has proven that 30% of SIDS could be avoided if mothers didn't smoke during their pregnancy. Babies exposed to smoke before and/or after birth have a much greater chance of SIDS than those babies that are smoke free.*

You may decide to bed share with your baby. If you do, it's important you practise it safely as there are many risk factors that could increase the risk of SIDS whilst bed sharing.



The Lullaby Trust recommends that you shouldn't bed share with your baby if:

- You or anyone in the bed has recently drunk any alcohol
- You or anyone in the bed smokes
- You or anyone in the bed has taken any drugs that make you drowsy
- Your baby was born prematurely (before 37 weeks) or weighed under 2.5kg/5 ½ lbs when they were born.

Sofas and armchairs are two very dangerous places to fall asleep with your baby. It has been proven that the risk of SIDS is 50 times higher for babies when they fall asleep on a sofa or armchair with an adult. By sleeping on a sofa or an armchair, you are putting your baby an additional risk of accidental death by suffocation as they may slip in-between cushions or into positions where they are trapped.

Another important fact to be aware of is that breastfeeding lowers the chance of SIDS. The risk is actually halved in babies that are breastfed for at least 2 months.

*images from The Lullaby Trust UK

Newborn Blood Spot Screening Test

Your baby will be offered a Blood Spot Screening Test to detect and identify some rare bur serious diseases. A delayed diagnosis of any of the conditions can lead to irreversible problems for your baby.

WHAT CONDITIONS ARE BEING TESTED FOR?

- *Phenylketonuria (PKU)* affects approx. 1:10.000 babies. These babies cannot digest a substance called phenylalanine, which is present in protein-rich foods such as milk. A build-up of this substance results in severe brain damage. If PKU is detected early, the baby is given a special diet, which excludes phenylalanine, and allows the baby to develop normally.

- *Cystic Fibrosis (CF)* is a serious inherited condition that affects approx. 1:2500 babies. Some of the problems associated with CF are poor digestion and chest infections. Early diagnosis means that measures can be taken to prevent infections and improve quality of life.

- *Congenital Hypothyroidism* affects approx. 1:2000 babies. With this condition, babies do not produce enough of the hormone, thyroxine, which is vital for normal mental and physical development. It is treated by giving thyroxine, in tablet or liquid form, which will help normal development.

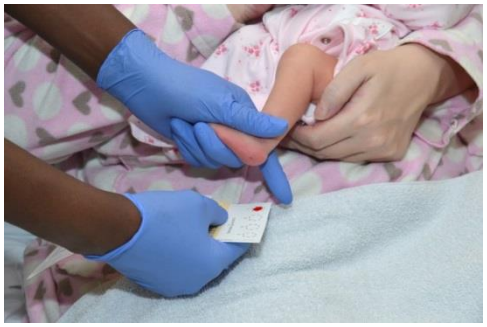
- *MCAD-Deficiency* affects approx. 1:10.000 babies. It is an inherited disorder where the body is unable to digest fatty acids beyond a certain point, if early detected it can be managed by adjusting the diet, avoid fasting and illness.

- Maple syrup urine disease (MSUD) affects about 1:116.000 babies. These babies have problems breaking down particular amino acids known as leucine, isoleucine and valine, which is present in protein. Without treatment, this leads to a coma and permanent brain damage but a special low protein diet and special supplements prevents the build-up of harmful amino acids in the blood.

- Homocystinuria (HCU) affects about 1:144.000 babies and they are unable to break down amino acid known as homocysteine and without treatment most children have learning difficulties and eye problems and may also develop osteoporosis and blood clots or strokes. In some children the level of homocysteine can be controlled by giving Vitamin B6, if it does not work the treatment is a special low protein diet and extra supplements and medicine.

- Glutaric aciduria type 1 (GA1) affects about 1:110.000 babies and they are unable to break down amino acids known as lysine and tryptophan. In children with GA1 minor illnesses like a chest infection or a tummy upset can lead to serious problems. Without treatment, the child can go into a coma and brain damage. The treatment consists of a special low protein diet and medicine, which help to prevent the build-up of harmful substances in the blood whilst ensuring that the child receives enough protein to grow and develop.

- Isovaleric acidaemia (IVA) affects about 1:155.000 babies and they are unable to break down leucine in protein. This condition is closely related to Maple syrup urine disease and without treatment can cause coma and brain damage. Some babies with IVA have problems within a few days of birth, others become unwell at a few month or years of age. IVA can vary in severity and in mild forms the treatment can be simpler. The treatment consists of a special low protein diet and medicines.



The test is taken when baby is between 5-8 days old, with day 5 being the optimal day and it will usually be the Community Midwife who performs the test at a clinic appointment. They will take several drops of blood from a small "prick" on baby's heel to fill up 4 circles on a special absorbent card. This card is then sent to a laboratory in the UK.

WHAT HAPPENS TO THE RESULTS?

The results are usually returned to the Maternity Unit 3-4 weeks after being sent.

Negative results – You will not be contacted if the results are normal. **No News is Good News!**

Positive or Inconclusive results – You will be contacted by the Maternity Unit to make arrangements for further testing or necessary appointments

WHY ARE TESTS SOMETIMES REPEATED?

- Not enough blood was taken to allow proper testing.
- The blood card was damaged or did not reach the laboratory.
- Test results were inconclusive.

WHERE CAN FURTHER INFORMATION BE OBTAINED?

NHS Website - www.nhs.uk/conditions/pregnancy-and-baby/newborn-blood-spot-test/

National Society for Phenylketonuria - www.nspku.org

British Thyroid Foundation - www.btf-thyroid.org

Cystic Fibrosis Trust - www.cftrust.org.uk

CLIMB (National Information Centre for metabolic diseases) - www.climb.org.uk

Care of Your Perineum After Delivery

General Hygiene

The most important aspect of caring for perineum is general hygiene. You must remember to:

- Keep the area clean and dry, using odourless soap
- Use cotton maternity pads and replace regularly

Just by following these two simple steps, you will be helping to reduce the risk of infection to the area.

Managing Your Pain

Post Delivery, regardless whether you've had stiches or not, your perineum may be feeling a little sore and tender. It is important to keep on top of your pain relief if in pain. Let your midwife know if you feel uncomfortable.

To help ease discomfort when sitting, place towels or pillows under each thigh. This will help take the pressure off. We DO NOT recommend using a rubber ring.

Here are a couple of natural ways to help soothe and aid healing:

1. Freeze some maternity pads, or simply use covered ice packs and place over perineum for up to 30 minutes and allow an hours break in between each session

2. Use of aromatherapy oils such as, Lavender, Chamomile and Tea Tree Oil can also aid in the healing. Either used in a nice warm bath or by placing a few drops on the maternity pad.

Caring for Your Bladder

After delivery, some women with perineal trauma can find passing urine an unpleasant thing as it may cause some stinging.

If you are finding it painful to pass urine here are a few tips:

- Try pouring some warm water over your perineum as you pass urine
- Drink plenty of water throughout to day to help dilute your urine. If you are not well hydrated, your urine will be more concentrated and will sting when you pass urine.

Managing Your Bowels

After delivery, it's a normal feeling to be anxious about opening your bowels. The best thing to do is try and not hold it off for too long as this will only risk causing constipation and make it worse for you. Ensure you have a good fluid intake and a fibre rich diet to prevent constipation

Depending on the type of tear you have had, the doctor may have prescribed Lactulose. This is to help soften your stools making it easier to open your bowels.

Ensure you are in a good position on the toilet – Ideal position is having your knees higher than your hips, leaning forward with your elbows on your knees. Relax your abdomen and straighten your spine.

Types Of Perineal Trauma

There are varying degrees and types of tears that can occur during childbirth. Following delivery, your midwife would have informed you of the type of tear you sustained and should have also highlighted its whereabouts. The different types of tears are as follows:

- **1st Degree Tear**

  This type of tear only affects the skin layer, is very superficial and generally doesn't need suturing.

- **2nd Degree Tear**

  This type of tear goes a little deeper and affects both the skin and muscle layer. This will usually have required some suturing following your delivery.

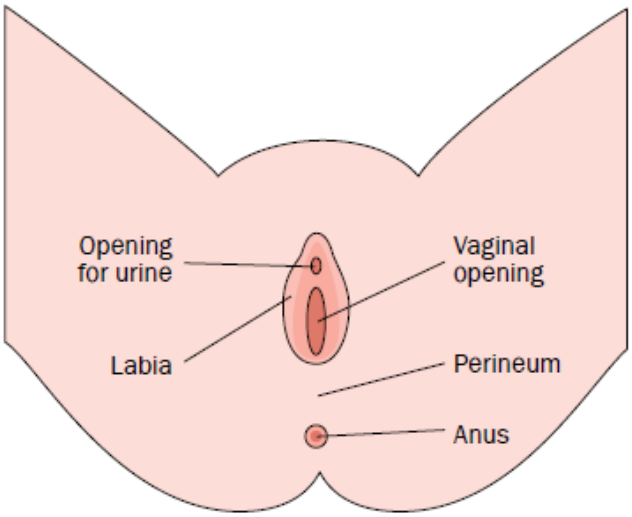
- **Episiotomy**

  This is when the Midwife/Doctor needs to make a small cut in order to aid the delivery, eg. As baby may have been distressed or you required an instrumental delivery. This is usually a 2nd degree tear.

- **3rd and 4th Degree Tears**

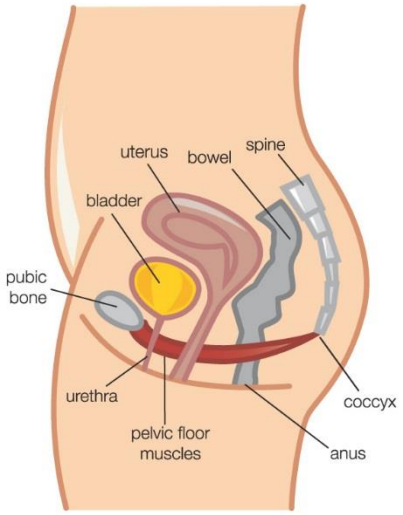
  A 3rd degree tear extends even deeper into the muscle layer and can damage your sphincter. A 4th degree tear goes completely through your sphincter and into your back passage. Both these types of tears will have been sutured by a doctor and will have been performed in theatre under a spinal anesthetic. You will also have been commenced on lactulose (a liquid stool softener, making open your bowels easier) and prophylactic oral antibiotics to prevent any infection. At discharge, you will also be given a follow up appointment with the doctor in 6 weeks' time.

Please get your midwife to complete the below picture, which will help you understand where your tear is.



Pelvic Floor Exercises

Your pelvic floor is a sheet of important muscles and ligaments that support the contents of your pelvis – your bladder, uterus and back passage and controls the openings of these organs.



There are many factors that can weaken your pelvic floor, but pregnancy and childbirth are two main factors that can weaken these muscles and as a result may cause a few problems such as:

- Urinary incontinence
- Increased urine frequency
- Faecal incontinence
- Sexual dysfunction
- Pelvic organ prolapses

By exercising and strengthening your pelvic floor muscles, you can help prevent or improve these symptoms and problems.

How to do I perform pelvic floor exercises?

Get into a comfortable position either sitting or lying, and imagine you were trying to stop passing wind or passing urine. If contracting your pelvic floors correctly, you should feel a lifting sensation and your lower abdomen might tighten a little. However, you must ensure that your legs and bum are kept nice and relaxed and that you don't hold your breath. There are two different types of pelvic floor exercises, both of which are equally as important. The two different types are:

- **Slow twitch:**

  During the slow twitch exercises, the aim is to draw up your pelvic floor muscles as described above and try to hold them tight, followed by a release into a fully relaxed state. Your aim will be to do this 10 times and holding them tight for a duration of 10 seconds. Initially, you may not be able to hold for this long, so just work to increasing your hold time. Once you have repeated this 10 times you move on to the next type as follows.

- **Fast twitch:**

  You pull the muscles up just as you did with the slow twitch exercise. However, this time you don't hold them and release straight away. Your aim is to perform 10 sets of fast twitch exercises.

The Pelvic Obstetric & Gynaecological Physiotherapy (2018) recommends that these exercises are performed 3 times a day and if you stick to that routine you should see improvements in 3-5 months' time.

Obviously, with a new baby around it's easy to forget to do your pelvic floor exercises. The best tip we can give you is to link it to an activity in your daily routine i.e. Whilst feeding your baby or when you get into bed, or every time you have a drink etc. You'll thank yourself in years to come if you remember them!

Exercises Post Caesarean Section

Following a caesarean, you may feel discomfort and tenderness to your abdomen. We are sure exercise is the last thing currently on your mind, but it really will aid you in your recovery, allowing you to feel less stiff and more mobile.

It is important that you progress at your own rate and for the first day or two support your incision with your hands or a pillow for comfort if necessary. The first few gentle exercises that you may start as soon as from the moment you return to the Maternity Ward from Recovery are:

Sitting up in bed – make sure your back is well supported with pillows, especially the hollow of your back and try to maintain a good posture. Also moving the bed into a position where your knees are slightly bend will help take the strain of your tummy and its muscles.

Deep Breathing – In a comfortable position, with relaxed shoulders and arms, take a slow deep breath in through your nose. Hold for a few seconds, and then let the breath out slowly through your mouth. Repeat this 3 times.

Hands/Ankles/Feet –Take your hands and make a fist, hold for a few seconds and relax. Repeat this 10 times. With your feet, pull them towards you and then point them down, repeating these 10 times. Make 10 circles with your ankles, clockwise and anti-clockwise and repeat this 3 times. These exercises benefit your circulation and will help reduce any swelling you may still have in your hands and feet.

Getting out of bed – Do this task slowly and in your own time. Roll onto one side keeping both knees together and your shoulders, hips and knees all facing one way. Push yourself up to a sitting position, supporting your wound if needed, and bring your feet down to the floor. Then let your legs do the work to push you up into a standing position.

You may commence **pelvic floor exercises** once your catheter has been removed. This is normally done the day following your caesarean section.

Between 2-5 days following your caesarean, you may start to introduce some **small pelvic tilts** into your exercise routine. Le on your back, with your knees bent, and tighten your stomach muscles allowing your pelvis to tilt upwards. Flatten the small of your back against the floor as your inhale, hold for a count of 5 – then relax. Try to repeat this 5 times. Do whichever one you feel most comfortable in.

Sports/Swimming – Please wait until your 6-8-week Postnatal check with Dr Gonzalez has been completed, prior to commencing any sporting activities. Once you get the go ahead, start off gently and remember to listen to your body and stop if it hurts. Swimming is an excellent way to regain overall fitness and tone up your muscles.

Postnatal Depression

Postnatal Depression (PND) usually develops within 6 weeks of giving birth. Its onset can be sudden or a slow onset and its severity can range from mild to severe. Around 10-15% of new mums develop PND. PND is different to what is known as 'baby blues'. Baby Blues are a period of emotional instability around 3-10 days post-delivery. It affects 85% of new mums and is generally caused by the changing hormones and the overwhelming demands faced by becoming new parents and caring for a newborn.

Common feelings experienced with PND are:

- Low mood
- Tearfulness
- Worthlessness
- Inability to cope
- Irritability & anger
- Tiredness
- Guilt
- Hostility to your baby or partner

Behavioural symptoms, ways you may act:

- Loss of concentration
- Disturbed sleep
- Difficulty in sleeping
- Reduced appetite
- Lack of interest in sex
- Thoughts on death

As a new parent, you will find that you experience many of these feeling and behaviours as part of the normal new parenting process. If you ever feel though that any of these are bothering you or you think you have signs of PND, please, please do not hesitate in telling your midwife, GP, partner, family member or friend. Please tell someone so we can get you the help and support you need. As the saying goes…

"A problem shared, is a problem halved"

Contraception

Now we know contraception is probably the last thing you are even thinking about right now but it is important to be prepared and aware of your options. It is recommended that you should start using contraception again as from 3 weeks as prior to this it is impossible to fall pregnant.

When to start having sex again is purely based on whenever you and your partner feel ready, both physically and emotionally. Your periods can start again as from 5 weeks following the birth. If you're breastfeeding, you may find this delays the start of your periods. It is important to remember that you can still get pregnant before your periods start as pregnancy occurs during ovulation, which is generally around 2 weeks before your period.

On the following pages, you will find two tables (taken from www.sexwise.org.uk/contraception) that discuss the 2 different groups of contraception: - 1. Those you need to remember to take and use and 2. Those you don't need to remember to take and use.

You will see Dr Gonzalez at your 8-week Postnatal Check and you can discuss these options further with her.

Below, you will be informed on how you can access the variety of contraception in Gibraltar.

If interested in the:

- Contraceptive Implant
- Intrauterine Device
- Intrauterine system

Please call 2007842 and book an appointment with Dr Dunckley at the Well Person Clinic 2. (Please only call if sure you wish this contraceptive method. Any GP will be able to provide you with general contraceptive advice). You will need to use reliable contraceptive for 21 days prior to this appointment.

If it's the Contraceptive Injection you are interested book an appointment with any GP or Nurse Practitioner and it is given in the Injection Clinic at the PCC.

Any GP or Nurse Practitioner can provide you with:

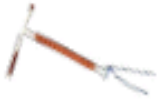
- Contraceptive Patch
- Contraceptive Vaginal Ring
- Combined Pill
- Progesterone Only Pill

In Gibraltar, sterilisation is not available via the GHA unless on medical grounds. A vasectomy for men may be arranged privately. A Tubal Ligation can be offered if delivery via planned caesarean section or referral to a gynaecologist post-delivery if medical reasons present.

Contraceptive methods that don't depend on you remembering to take or use them

fpa the sexual health charity

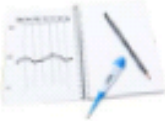
Sexwise sexwise.org.uk/contraception

	 Contraceptive implant	 Intrauterine device (IUD)	 Intrauterine system (IUS)	 Contraceptive injection	 Sterilisation
What is it?	A small, flexible rod put under the skin of the upper arm that releases progestogen.	A small plastic and copper device is put into the uterus (womb).	A small T shaped, progestogen- releasing, plastic device is put into the uterus (womb).	An injection of progestogen.	The fallopian tubes in women or the tubes carrying sperm in men, are cut, sealed or blocked.
	PERFECT USE MEANS USING THE METHOD CORRETLY EVERY TIME. TYPICAL USE IS WHEN YOU DON'T ALWAYS USE CORRECTLY				
Effectiveness	Perfect use: over 99% Typical use: over 99%	Perfect use: over 99% Typical use: over 99%	Perfect use: over 99% Typical use: over 99%	Perfect use: over 99% Typical use: around 94%	Overall failure rate I about 1 in 200 for females and 1 in 2000 for males.
Advantage	Works for 3 years but can be taken out sooner.	Works for 5 or 10 years depending on type but can be taken out earlier.	Works for 3- 5 years but can be taken out earlier. Periods often become lighter, shorter and less painful.	Works for 8-13 weeks – you don't have to think about contraception during this time.	Sterilisation is permanent with no long or short term side effects.
Disadvantage	It requires a small procedure to fit and remove it.	Periods may be heavier, longer or more painful.	Irregular bleeding or spotting is common in the first 6 months.	Can't be removed from the body so side effects may continue while it works and for some time afterwards.	Shouldn't be chosen if in any doubt about having children in the future.
How long after the birth can I start?	Any time after birth	From 4 weeks after normal delivery, 3months post caesarean section	From 4 weeks after normal delivery, 3months post caesarean section	Any time after birth	

Contraceptive methods that you have to use and think about regularly or each time you have sex

fpa the sexual health charity

Sexwise sexwise.org.uk/contraception

	 Contraceptive patch	 Contraceptive vaginal ring	 Combined pill (COC)	 Progestogen-only pill (POP)	 External condom	 Diaphragm/cap with spermicide	 Fertility awareness methods
What is it?	A small patch stuck to the skin releases estrogen and progestogen.	A small, flexible, plastic ring put into the vagina releases estrogen and progestogen.	A pill containing estrogen and progestogen, taken orally.	A pill containing progestogen, taken orally.	A very thin latex, polyurethane or synthetic sheath, put over the erect penis.	A flexible latex or silicone device, used with spermicide, is put into the vagina to cover the cervix.	Fertile and infertile times of your cycle are identified by noting different fertility indicators.
	PERFECT USE MEANS USING THE METHOD CORRETLY EVERY TIME. TYPICAL USE IS WHEN YOU DON'T ALWAYS USE CORRECTLY						
Effectiveness	Perfect use: over 99% Typical use: around 91%	Perfect use: over 99% Typical use: around 91%	Perfect use: over 99% Typical use: around 91%	Perfect use: over 99% Typical use: around 91%	Perfect use: over 99% Typical use: around 82%	Perfect use: 92-96% Typical use: 71-88%	Perfect use: over 99% Typical use: around 76%
Advantage	Can make bleeds regular, lighter and less painful	One ring stays in for 3 weeks	Often reduces bleeding and pain and may help with premenstrual symptoms	Can be used if you smoke and are over 35	The best way to protect yourself from sexually transmitted infections	Can be put in at any time before sex	No physical side effects, and can be used to plan and prevent a pregnancy
Disadvantage	May be seen and can cause skin irritation	You must be comfortable with inserting and removing it	Missing pills, vomiting or severe diarrhoea can make it less effective	Late pills, vomiting and severe diarrhoea can make it less effective	May slip off or split if not used correctly or if wring shape or size.	The right size is needed. If you have sex again, extra spermicide is needed.	Need to avoid sex or use a condom at fertile times of the cycle
How long after the birth can I start?	6 weeks after birth	6 weeks after birth	6 weeks after birth	Any time after birth	Any time after birth	From 6 weeks after birth	Any time after birth

Health Visitors

Health visitors help families to maintain the health of young children. Key responsibilities include:

- Providing health advice and health education programmes;
- Undertaking developmental assessments of babies and children;
- Safeguarding children.

Birth visit between 10-14 days

- New-born hearing screen;
- Maternal mental health assessment;
- Postnatal/ health discussion (delivery; SIDs; contraception; exercise; past medical history; medication);
- Baby check (weight; physical baby examination);
- Advice to parents on feeding; safe sleep; immunisations; skin care; brain development;
- Give 3 appointments- postnatal appointment for mum; 8-week Dr appointment for baby; follow-up appointment for baby in clinic.

8-week review

- Growth check and developmental assessment;
- Maternal mental health assessment;
- Doctor appointment- developmental and physical examination;
- Primary vaccinations.

12-week review

- Growth check;
- Vaccination boosters.

16-week review

- Growth check;
- Vaccination boosters.

9-month review

- Growth check;
- Developmental assessment.

13-month review

- Growth check;
- Vaccination boosters.

18-month review

- Growth check;
- Developmental assessment.

2 ½ year review

- Growth check;
- Developmental and physical examination by paediatrician.

4-5-year review

- Appointments are given via school. Children attend the children's health centre with their parents for a growth check and vaccination boosters. Parents have the opportunity to discuss any health concerns.

10 year olds

- Height and weights done in school.

12 year olds

- Vaccination given in school.

15 year olds

- Vaccination boosters given in school.

In between the specific developmental assessments, babies are seen by the child health team regularly for any concerns the parent may have regarding their child. Health visitors liaise with other departments on a regular basis and can refer to the following services:

- Speech and language therapist;
- Physiotherapy;
- Ophthalmology;
- Paediatricians;
- Community mental health team;
- Gibraltar Young Minds (GYM);
- Occupational therapy
- Dietician;
- GPs;
- Dentists;
- Care Agency.

Drop-in clinic

- Mondays 2-4pm;
- Wednesdays 9-11am

New-born clinic

- Thursday 9-11am

Registering The Birth of Your Baby

Here are some helpful notes for registering the birth of your baby correctly. It is important to remember:

You must register your child within 21 days of the day of birth.

S.10(2) of the Births and Deaths Registration Act

Can I register my child if he was born outside Gibraltar?
No, only children born in Gibraltar can be registered.

My child was born in Gibraltar but I live abroad, do I need to register my child's birth?
Yes, every birth in Gibraltar has to be registered by law, even if the parents do not normally live in Gibraltar.

My child was stillborn; do I need to register him?
Yes, but only if the child was stillborn after the 24th week of the pregnancy.

Do I have to fill in any forms?
Yes, you will need to fill in a birth registration forms that can be either:

- Collect from their office at Joshua Hassan House
- Print online (see link below)

Where do I need to go to register my child?
The Registry Office is at, Joshua Hassan House, 3 Secretary's Lane & their opening hours are Monday to Friday 8.30am – 3.00pm

Who can register the birth?
If the parents are married, either the mother or father can register the birth on their own.
If the parents are not married, both parents have to register the birth together.
More detailed information can be obtained by contacting our office.

Can someone else collect the certificate for me?
Yes, as long as they bring with them the receipt that you were given when you ordered it.

How much do the Certificates cost?
If you order the certificate within 5 working days of registering, they will cost £3.50. If you order them at any other time, then they will cost £7.00. Certificates will usually be ready within 10 working days and may be collected on presentation of the receipt you were given when ordered.

How long does the Certificate take?
If you request the certificate at the time of registration, it will be done immediately, otherwise they usually take one week to be ready

What do I need to do to register my child's birth?

- Download or collect the form and fill it in.

Call our office on telephone 20078303 and get an appointment for the registration (this will avoid you having to queue up unnecessarily). Or by E-Mail: bdmregistry.csro@gibraltar.gov.gi

On the day and time of your appointment come to our office and bring with you the following documents:

- ☐ The completed registration form;
- ☐ A valid form of photo ID (e.g. passport, ID Card or Driver's License etc.) and
- ☐ If the parents are married, their marriage certificate.

OTHER USEFUL INFORMATION

Registering for Gibraltarian Status

Your child may be entitled to be registered as a Gibraltarian. More information about this will be provided when you register the birth.

Passports

Passports are arranged at the Passport Office, in the Civil Status & Registration Office, Joshua Hassan House, 3 Secretary's Lane, Gibraltar. If you are going to apply for a passport for your child, you will also need to bring with you:

- the birth certificates of both parents;
- your marriage certificate (if applicable); and
- two photos of your child.

Please note that the passport application form needs to be countersigned by someone who is British, can confirm your identity and has known you for at least 2 years. We would recommend that you download the application form from our website and bring it already filled in. Alternatively, you can collect one from our office when you register your child's birth.

The passport costs £25.00 and will normally be ready to collect 2 weeks after application.

Identity Cards

If you are going to apply for an Identity Card, you will need to bring:

- Your marriage certificate (if applicable); and
- Two photos of your child

The ID card costs £5.00 and is usually ready in 3 working days.

Website Forms

Birth Registration Form:
https://www.gibraltar.gov.gi/images/stories/PDF/csro/births_and_deaths/birth_registration_form.pdf

Passport Application Form:
https://www.gibraltar.gov.gi/images/stories/PDF/csro/ passport_under_16_FORM_32.pdf

ID Card Application Form:
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