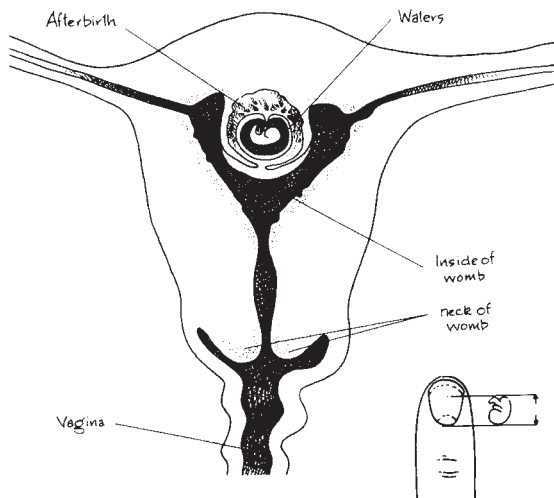


Stages of pregnancy

The first trimester: from conception to week 12

This section will help you understand the changes that are happening in your body and to your baby as it grows and develops.

The fetus at 6 weeks



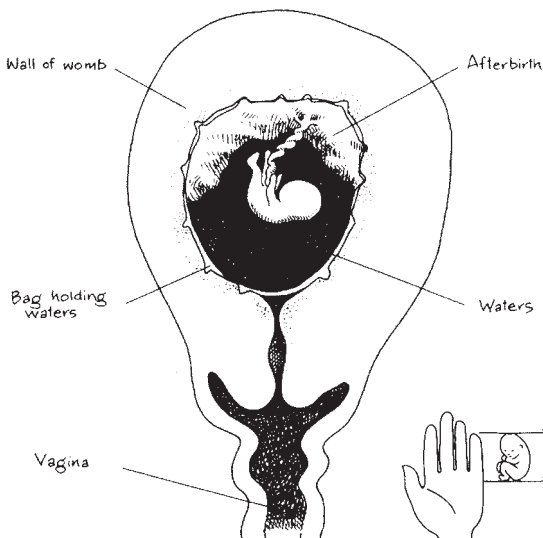
How your baby grows

Your pregnancy began when your egg (ovum) was fertilised by male sperm. The egg split into two cells. These cells kept on splitting until there were enough to make a little ball of cells. This ball of cells then moved down the fallopian tube to the uterus (womb), where it settled into the lining. It then grew and became:

- the **baby** – called an embryo at this stage
- the **placenta** – this feeds the growing baby with nutrients and oxygen from your blood
- the **cord** – this links the baby to the placenta (it's like a highway taking food and oxygen to the baby and carrying waste material away)
- the **amniotic sac** – the soft 'bag of water' that protects your baby in the womb.

By 8 weeks from your last period, your baby is about 13-16mm long. Its heart is starting to beat. Its brain, stomach and intestines are developing. There are little bumps or buds where arms and legs are starting to grow.

The fetus at 12 weeks



What's happening to me?

You don't look pregnant on the outside, but on the inside your baby is growing fast. You're now looking after your baby as well as yourself. Eat the right food to help you and your baby and get to know the things that may harm your baby's health.

Now's the time to see your midwife or doctor to begin antenatal care. Starting regular health checks early:

- helps find and prevent problems in pregnancy
- helps you get to know the health professionals who will care for you in pregnancy
- helps you find out what to expect in pregnancy and birth.

A few things to expect

Most women feel well in pregnancy, but there are big changes happening in your body. These changes can make you feel uncomfortable, especially in the first three months. A few things to be prepared for:

Feeling nauseated Nausea is common in early pregnancy, but it doesn't happen to everyone. Although it's called 'morning sickness', it can happen at any time of the day or night during pregnancy. It usually lasts from around week six to week 14. It is believed that the nausea is caused by the extra hormones your body produces in the early weeks to help keep your pregnancy going. By 12 to 14 weeks, your placenta has grown enough to take over and support the baby. The hormone levels decrease and you usually start to feel better.

An altered sense of smell Certain smells that never bothered you before may make you feel nauseous.

Feeling tired and less energetic Tiredness is common in the first 12 weeks or so, but it doesn't usually last. You'll most likely feel better around 14 weeks (though you may feel tired again in the last few weeks of pregnancy). Rest as much as you can during these tired times – especially if you're working and/or have other children. It helps to put your feet up during the day if you can – try to do this in your lunch hour at work. You may need to go to bed earlier than usual. Resting more or asking for help with cooking and other chores doesn't mean you're not coping. It's what your body needs.

Feeling moody Don't be surprised if you feel irritable sometimes. There's a lot happening in both your body and your life that can affect your mood. Hormone changes in the early months can make you moody. Feeling tired and nauseous can make you irritable. Knowing your life is about to change can affect you, especially if there are problems with your partner or worries about money. These feelings are normal. Don't keep them to yourself – talk to your partner or a friend. If you feel down or anxious a lot of the time, tell your midwife or doctor.

Only pregnant for nine months? That's what you think!

The average length of a pregnancy is 280 days from the last period – and if you do the maths, this works out to be closer to 10 months than nine. Here's a way to work out when your baby is due, but remember it's a guide not a guarantee. Most babies don't arrive on the estimated date of birth. Most arrive sometime between 37 and 42 weeks from the last period.

- Write down the date of the first day of your last period (for example, February 7).
- Add seven days to the date (adding seven days gives you February 14).
- Count back three months (January 14, December 14, November 14).
- Your baby's estimated due date is around November 14.

Feeling down or worried before the baby is born There's nothing unusual about feeling down, overwhelmed or having different and scary thoughts when you are expecting a new baby. If you feel depressed or worried, or find yourself having concerning thoughts about yourself or your baby for more than two weeks, talk to your midwife or doctor as soon as possible. You may have antenatal depression or a related mental health problem. If you have experienced a mental health problem in the past, it's common for a relapse or a different kind of problem to occur around the time of childbirth so it is important to find and talk with someone that may be able to help as soon as possible.

Going to the loo...again! In the first three months of pregnancy, you may need to pass urine more often. This is caused by hormonal changes and your uterus pressing on your bladder. See your doctor or midwife if there's any burning or irritation when you pass urine, or if you have to pass urine very frequently, as these could be signs of an infection.

Your breasts get bigger and may feel sore and tender Wear a bra with plenty of support. After the third month of pregnancy you may need maternity bras. But if you can't afford them, don't worry. It's best not to wear underwire bras as they may damage the breast ducts. The main thing with any bra in pregnancy is that it's comfortable, gives good support and doesn't put pressure on any part of your breast. If you buy a new bra, get one that fits on the tightest fastening. It gives you room to grow. Front fastening bras make breastfeeding easier later on. If your breasts feel uncomfortable at night, try a sports bra without wire (crop top).

Is it okay to have sex during pregnancy?

Yes, unless your midwife or doctor advises against it. The penis can't harm the baby. But don't worry if you or your partner don't feel like sex at some stage in the pregnancy. This is normal. You may prefer just to be held, touched or massaged by your partner. At other times you may enjoy sex as much as usual – or even more. Everyone is different.

"I was surprised at how difficult the first three months were. I didn't expect to be so tired at that stage of the pregnancy. I coped by getting help from my partner and family with housework."

Carolyn

Ultrasound test

Most women will be offered at least one ultrasound before they are 20 weeks pregnant. The times when you may be offered an ultrasound are:

1st trimester:

- If you're not sure when you became pregnant, your GP or midwife might recommend an early ultrasound to confirm your estimated date of birth.
- For the nuchal translucency ultrasound at around 12 weeks. This test can tell if a baby has an increased risk of certain physical and/or intellectual conditions. For more information, see *Prenatal testing and genetic counselling* on page 114.

2nd trimester:

Your midwife or doctor will offer you an ultrasound test at about 18-20 weeks. It's up to you whether you want to have it. As with any test in pregnancy, it's good to ask why you should have it and whether there are any risks you need to know about.

This ultrasound can check important aspects of your baby's physical development. It can:

- check for some structural problems with the baby (but ultrasound can't detect all problems)
- see if there's more than one baby
- see where the placenta is growing
- measure how much fluid is around the baby.

"It was great when the first three months were up and I could say I was pregnant. I didn't want to tell anyone at first just in case I had a miscarriage. It was difficult at work when I was feeling tired and always going to the loo, but trying to make out everything was normal." Ellen

The second trimester: from week 13 to week 26

How your baby grows

By 14 weeks, your baby is about 11cm long and weighs about 45g. Its organs have formed, including ovaries or testicles. Although you can't feel it yet, your baby is moving around.

At 18 weeks, your baby is about 18cm long and weighs about 200g. In the next four weeks, you may feel the baby move (it feels like fluttering). This is sometimes called "quickenings". If you could see your baby now, you could tell his or her sex. Your baby is gaining weight fast, and has eyebrows, hair and fingernails.

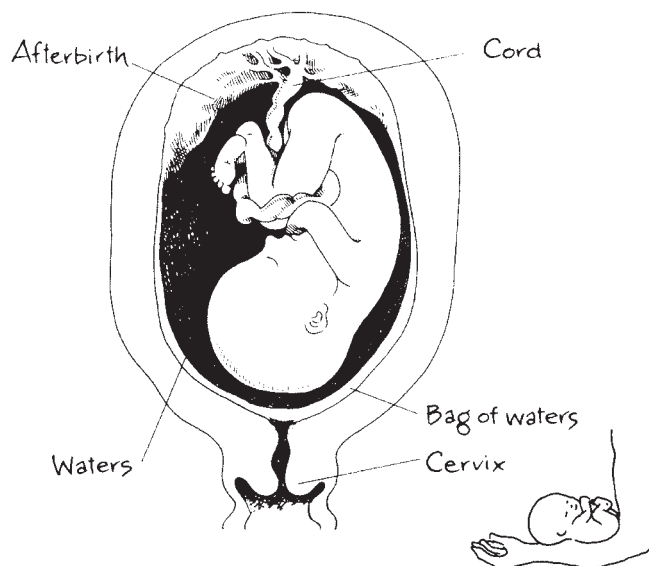
By 24 weeks, your baby is now about 30cm long and weighs about 650g. Its skin is covered in fine hair and protected with a waxy coating. The top of your uterus is just above the level of your navel. A baby born now has about a one in two chance of

survival, but this depends very much on where the baby is born, if there is expert care available and how well your pregnancy has progressed. Babies who do survive at this stage have a high risk of a serious disability such as blindness or cerebral palsy.

What's happening to me?

You're into the middle part of your pregnancy. It's the 'second trimester', which goes from week 13 to week 26. By 16 weeks you may be gaining weight and beginning to look pregnant. Although the baby only weighs a few hundred grams, other things are adding to your weight. There's extra blood and fluid, as well as your growing breasts, uterus and placenta. Your breasts and legs might look a bit different as the increased blood supply and pregnancy hormones can make your veins stand out more.

Baby at 24 weeks



Health alert!
Have you seen
your midwife or
doctor for your
first antenatal
appointment yet?

No? Make an appointment now. Appropriate antenatal care is very important to promote good health for you and your baby.

One baby or two?

Could you be having twins or more? If so, you're likely to find out at this ultrasound. Having two or more babies (a multiple birth) means:

- you may have more problems because there is a risk of complication with more than one baby
- you will need more tests in pregnancy (including more ultrasounds)
- you will need extra care from doctors during pregnancy and birth to provide specialist advice or treatment
- you will be recommended to have your labour and birth in a hospital with specialist care available in case it's needed
- you may need more midwifery support in the postnatal period to establish breastfeeding and you'll need extra support from friends, family and Early Childhood Health Services to establish parenting routines.

These extra precautions don't mean that you and your babies aren't healthy. But because there's an increased risk of complications with more than one baby, you need to take extra care. For more information, see *Multiple pregnancy: when it's twins or more* on page 122.

A few things to expect

You're probably feeling better. You're likely to feel less tired and nauseated in this part of your pregnancy. Your uterus has moved up and isn't pressing on your bladder so much. This means fewer trips to the toilet – at least for now.

You'll soon be struggling to do up your jeans.

This doesn't mean spending big on maternity clothes. Chances are there are clothes in your wardrobe you can still wear – and maybe some in your partner's too. Friends may be happy to lend you clothes, and there's always your local second-hand clothes shop. Some women use an 'expander' – a big stretchy band that fits across the opening of normal pants and skirts so they can keep on wearing them through pregnancy.

Are you feeling warmer? Many women do. It's caused by the extra blood in your body. This extra warmth can be a bonus in mid-winter, but not in summer. Loose, cotton clothes are cooler than synthetic fabrics.

As you get bigger it can be harder to find a comfy position to sleep in. Some women find it helps to try lying on their side, with a pillow between their legs as well as under the head.

As your baby gets bigger, your balance can be affected. Let someone else do the heavy lifting or perching on ladders. Be careful when bending – remember your joints are softer in pregnancy and you're more likely to injure yourself.

Sometime around 20 weeks, your baby may be kicking enough for your partner to feel the movements. It's not always easy for partners to feel as if they are part of the pregnancy – but this is a great way for them to share the experience and get to know the baby.

Antenatal education

Many women and their families find education sessions provide valuable information and help them prepare for labour, birth and parenthood. They can also give you the chance to ask questions and discuss your feelings about pregnancy and parenthood. Your partner and other support people are welcome to attend with you. Antenatal education is also a good way to meet other parents-to-be.

Courses will generally include information about:

- what to expect in labour and birth (some courses will offer tours of the delivery/birthing unit)
- relaxation techniques and other skills to help you during pregnancy and birth
- pain relief in labour
- exercises for pregnancy, birth and back care
- breastfeeding
- caring for your new baby at home.

You may be asked to pay a fee.

Ask your midwife or doctor about antenatal education available in your area. They are available:

- from your midwife
- at some hospitals or Community Health Centres (some areas have programs for teenage mothers and mothers from culturally and linguistically diverse backgrounds)
- through private organisations/practitioners which can be found in the *Yellow Pages* or searching online for child birth educators.

Health alert! Mind your back

Did you know that back pain is common in pregnancy and after the birth? Help prevent it now with:

- good posture (try to stand 'tall', instead of slumping; pull your abdominal muscles in towards your spine and try to keep this 'tucked in' feeling)
- bending and lifting correctly
- simple exercises to keep your back strong.

For more information, see *Give me strength: pre- and post-natal exercises*, on page 37.

"The classes were good and most women had their partners with them. I'm not the sort of person to sit down and read a book, so I really found the classes helpful. I felt I had a better understanding of what birth was going to be like." Mark

Things you might be wondering about

Can I still wear my high heels?

If you wear high heels, it's time to come down to earth – just for a few months. You'll be more comfortable, have less back ache and feel less tired in heels lower than 5cm high.

How do I fasten my seatbelt?

Worn properly, a seatbelt can protect you and the baby if there's an accident. Wear the lap part of the seatbelt under your bump. It should be fastened as tightly as possible, but you should still feel comfortable. For more information, visit <http://roadsafety.transport.nsw.gov.au/stayingsafe/children/childcarseats/>

Is it safe to fly?

In a normal, healthy pregnancy there's usually no health-related reasons why you can't fly, but generally it's not recommended after 32 weeks. Some airlines also have their own policies about travel during pregnancy which may mean you can't get travel insurance so check with your airline.

To reduce the risk of Deep Vein Thrombosis (a condition which can be life-threatening), ask for an aisle seat so you can move around a bit more easily. Take regular walks every 30 mins up and down the plane, drink plenty of fluids and avoid coffee so you stay hydrated. For medium to long-haul flights lasting more than 4 hours, wear properly fitted graduated compression stockings. If you have additional risk factors for thrombosis discuss your plans with your midwife or doctor.

Is it okay to use aromatherapy oils in pregnancy?

Some women like to use essential oils for massage or in an oil burner during pregnancy or labour. Some oils such as chamomile and lavender are thought to be calming. Check with your hospital to find out if an electric oil burner is available in the delivery/ birthing unit as hospitals don't allow open flame burners near their emergency oxygen outlet.

Some oils may not be safe in pregnancy when massaged over a large area of the body or swallowed. Check with your midwife, doctor or a qualified aromatherapy practitioner. Some oils to avoid include basil, cedarwood, cypress, fennel, jasmine, juniper, sweet marjoram, myrrh, peppermint, rosemary, sage and thyme.

Now that I'm pregnant, can I still wear my navel ring?

Usually a navel ring is only a problem when your belly expands and the ring catches on your clothes – otherwise it can stay put if you want. As for nipple rings or rings in your genital area, these will need to come out at some stage – ask your midwife or doctor for advice.

Countdown to parenthood

Ready for parenthood yet? Start planning ahead for the chaotic early weeks after the baby is born.

- Can your partner take some time off to help in the first weeks? It's good for all of you. It means you have support and your partner has more time to get to know the baby.
- If your partner can't be around, can someone else help?
- Who will look after your other children if you are in hospital or busy caring for your new baby?
- Talk to your partner about how you'll share the workload once the baby is born.
- Find out what practical support you can get from family and friends.
- Can someone help with babysitting or minding any other children to give you a break? People often want to help and like to be asked.
- If you're single and have little support, ask your midwife or doctor about services in your area that may help.
- Get to know other women in your area. If you spend most of the week at work, you may not have friends close by. Being at home with a new baby can make you feel isolated. Having friends in the area can help.
- Being a parent is a job that needs to be learned. Getting to know other parents who are experienced with young children helps you learn.
- If possible, don't plan any big life changes (like moving house, major renovations or changing jobs) in the first few months after the baby is born.

Thinking about getting to the hospital

Talk with your partner about how you will get in contact with the hospital when labour begins, and how you will get to the hospital when it's time to go. It's a good idea to have a plan about what you'll do if you can't reach your partner, or if things seem to be happening quickly. Don't plan to drive yourself to the hospital. Have a backup plan in case your partner can't be reached or is delayed in getting home to you.

Thinking about a birth plan

A birth plan is a list of what you'd like to happen when you are in labour and give birth. It's a good way to:

- let your midwife or doctor know what kind of care you'd like in labour, birth and afterwards
- be more involved in decisions about your care
- help you get ready for labour and birth.

A birth plan includes things like who you'd like to be with you in labour, and what position you'd like to give birth in. But before you make a plan, you need to know more about what birth is like and what choices you have. You can find out more by:

- having antenatal education
- talking to your midwife or doctor about any issues or concerns you have about labour and birth and early parenting
- asking about who will be involved in your care, how many people will be involved and who will have access to your medical records
- reading about birth – re-read *Choices for care during pregnancy and birth* on page 6 and read *Labour and birth* on page 70
- reading about breastfeeding – see *Feeding your baby* on page 93
- talking to other mothers
- talking to your partner or other relatives or friends who'll be there to support you at the birth.

These questions will help you think about what to put in your birth plan:

- where do I want to give birth to my baby?
- who do I want with me in labour e.g. my partner, my children, another family member or a friend? Support in labour is important.
- what do I want to bring with me to my labour e.g. music?
- what birthing aids am I likely to need in labour e.g. a beanbag, squatting bar or birth stool?
- do I want pain relief? If so, what kind?
- how will the type of pain relief I choose affect the labour or the baby?
- what position do I want to try and give birth in?
- what if I need a caesarean section operation? Would I prefer to have a caesarean section operation with an epidural anaesthetic so I can stay awake? Do I want my partner to be with me – and will my partner be able to cope?
- what is the usual practice for an induction of labour?
- what procedures may be recommended and why?
- what equipment may be used in my pregnancy care and for the birth of my baby and why?
- do I have any cultural or religious needs around giving birth?
- do I want to hold my baby skin-to-skin after he/she is born?

It's important to stay flexible. Remember that things may not go according to plan. There may be complications or you may change your mind about something.

Who will support you?

Studies show that women who have someone with them right through labour have a more positive experience of labour and are less likely to need medication for pain relief to help them to labour and have a shorter length of labour.

It can be helpful to have people around you who can provide both emotional and physical support during labour. This might be your partner, mother, sibling or a close friend. You can have more than one person with you. Some women choose to hire a doula or birth attendant to support them during labour. A doula is not a member of your maternity team but is experienced in supporting women and their partners during labour. Check with your midwife or doctor as some hospitals have policies about support persons.

When you decide about any kind of treatment it's important to make decisions based on good information. Talk to your midwife or doctor about the pros and cons of different interventions before you're likely to need them. Think of your own safety and wellbeing and that of your baby when you make these decisions.

"I thought being pregnant meant you'd have this bump growing out of your body. I thought that was it - I'd no idea there'd be other changes like feeling breathless or feeling so warm when everyone was else was freezing." Emma

The third trimester: from week 27 to week 40

How your baby grows

By week 28, your baby is now about 36cm long and weighs about 1100g. Its eyelids have opened and its lungs have grown enough that your baby would be able to breathe outside the uterus – though it would probably need help to breathe if it were born now. A baby born at 28 weeks has a good chance of surviving, but there's still a high risk of a disability.

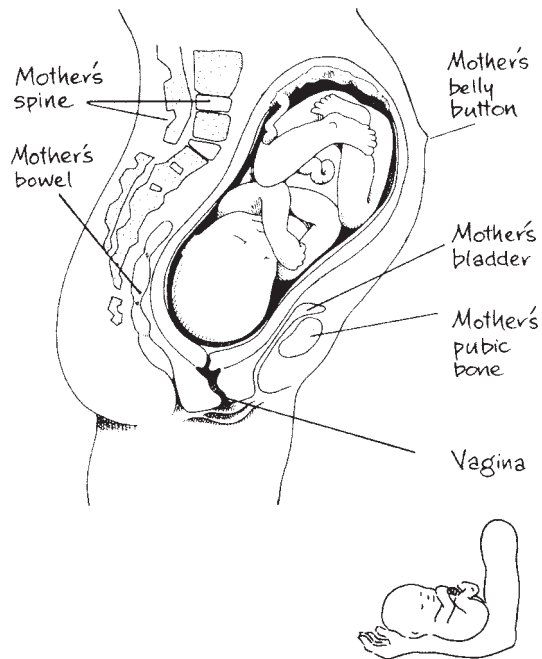
By 32 weeks, your baby is about 41cm and weighs about 1800g. A baby born at this time will have to learn to suck. For more information, see *Early arrival: when a baby comes too soon* on page 131.

By 36 weeks, your baby is about 47.5cm and weighs about 2600g. By 40 weeks, it's grown to about 50cm and weighs about 3400g. The brain can now control the baby's temperature, and the growing body has now caught up with the size of the head. Your baby is ready to be born.

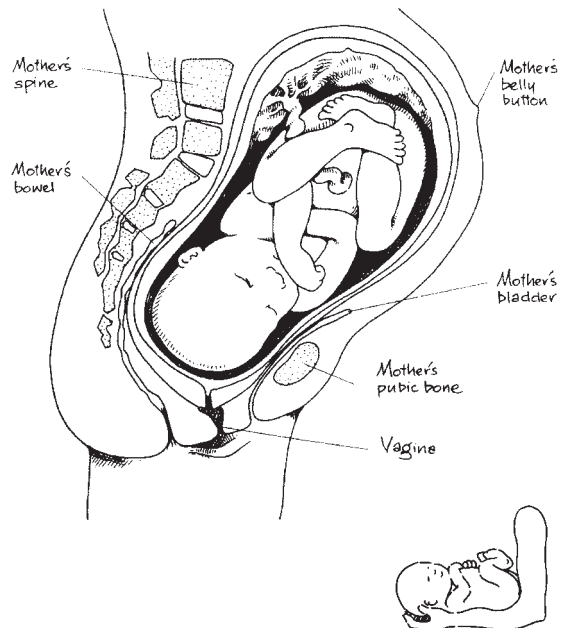
What's happening to me?

- **You're on the home stretch!** This is the first week of the last part of your pregnancy.
- **In some ways, these final three months are a bit like the first three.** You may be more tired and more emotional. Aches and pains in your belly and back are more common. Try to rest as much as you can.
- **You might develop heartburn.** For some helpful tips, see *Common concerns in pregnancy* on page 43.
- **You may be feeling physically uncomfortable.** You may have pains at the top of your legs or your pelvis and lower back. This is caused by the ligaments in your pelvis stretching. Talk with your midwife or doctor if the pain is severe. Rest and gentle exercise is important. You'll cope better in labour if you are rested and stay fit. Sleeping problems are more common from now on. You can try some of the tips in *Common concerns in pregnancy* on page 43.

Fetus at 32 weeks



Fetus at 40 weeks



- **In the last month:**
 - **you may feel breathless.** This is because your baby is growing so well. It's pressing against your diaphragm, the muscle between your chest and your abdomen.
 - **by now it may seem like you've been pregnant forever.** Many women have given up work by this stage. It's normal to slow down, but you may also get a bonus burst of energy. It's all part of 'nesting' – the urge some women have to get things ready before the baby comes.
 - **the baby may have dropped down into your pelvis.** This may make it easier to breathe but the extra pressure on your bladder means you'll want to go to the toilet more often. If you're not sure what the signs of labour are and when to go to hospital, ask your midwife or doctor.
- **Your baby may arrive anywhere between 37 and 42 weeks** (only 5 out of 100 babies arrive on their estimated date of birth).

Tests you'll be offered in this trimester

You might have some extra blood tests in this trimester if you haven't already had them. One will be for gestational diabetes – a type of diabetes that affects some women during their pregnancy (see *Complications in pregnancy* on page 124). In the last three months of pregnancy, your midwife or doctor may also offer a test to check for bacteria in your vagina called Strep B. The test is done by taking a low vaginal swab. Although Strep B won't cause problems for you, it can infect your baby during birth and cause serious problems. If you do have Strep B, your midwife or doctor will recommend you have antibiotics in labour to protect the baby.

Immunisations you will be offered in this trimester

During each pregnancy you will be offered pertussis (whooping cough) vaccination at around 28 weeks as the antibodies that you develop will pass to your baby through your placenta. This will protect your baby until they are old enough to receive their first vaccinations at 6 weeks of age. Depending on the

season, you will also be offered flu vaccination if you have not already received it.

Flu vaccination is free for pregnant women and is safe. It will protect you from catching the flu and spreading it to your baby and it will also protect your baby in the first six months of life.

Things you might be wondering about

I'm getting stretchmarks on my breasts and tummy – can anything prevent them?

Stretch marks look like thin stripes on your skin (red, purple, pink or brown depending on your skin type). They happen when your body grows rapidly (bodybuilders get them too!). In pregnancy they're common on breasts, abdomen and thighs and sometimes the upper arms. Some products claim to prevent them and some people say vitamin E or other oils massaged into the skin help too. There's no harm in trying, but there's no real evidence that anything helps except time. They do fade to a faint silvery-white and become less noticeable.

Why are my breasts leaking?

Breastmilk is produced by the body from about 16 weeks of pregnancy. Some women will find their breasts leak a little milk in the last few weeks. Breast pads available from supermarkets and pharmacies will help you feel more comfortable.

Will perineal massage help prevent tearing?

Your midwife or doctor may suggest you try massaging the perineum during late pregnancy (and labour) to help reduce the need for episiotomy. They can explain and show you how to practise this during pregnancy. There's some evidence that it works. You may want to try it as some women have found it helpful.

40 weeks has come and gone! Now what?

As long as you have a normal pregnancy with no complications, it may be ok to wait for the baby to arrive in its own time. Your midwife or doctor will talk with you about waiting while making sure that you and your baby are well. You may have some extra tests such as fetal monitoring or ultrasound. For information about induction of labour, see the section *When help is needed: Medical interventions* on page 78.

Find out about tests and injections for your baby after birth

Before leaving hospital, all women are offered the following tests and injections for their babies:

- newborn screening test (heel prick blood test) to check for a number of rare health problems that are more easily treated if they're found early
- injections – a vitamin K injection and immunisation to protect the baby against hepatitis B
- hearing test.

You'll be given information about these tests and injections during pregnancy. At one of your antenatal visits, you may be asked to give your consent for the baby to have them. For more information see *After your baby is born* on page 86.



Health alert! Headaches and other changes late in pregnancy

Tell your midwife or doctor if you have any problems such as headache, blurred vision, sudden swelling in the feet, hands and face, or any change in vaginal discharge.

How much should my baby be moving?

Take time to become familiar with your baby's pattern of movements. All babies have sleep/awake cycles in the womb but some babies move more than others. Is he or she busier at night and quieter in the morning? Is there usually a burst of activity at a particular time? You might find it harder to feel your baby moving if you have excess tummy fat or if the placenta is on the front wall of your uterus. If you think your baby is moving less, or you haven't felt your baby move in a while, contact your midwife or doctor straight away. It's far better to get your baby checked than to worry about it.

My baby's in the breech position.

What happens now?

A breech position means the baby presents bottom or feet first rather than head first. In Australia about three to four out of every hundred babies are in a breech position by the time labour starts. If your baby is breech by the time you're around 37 or 38 weeks, you may be offered a procedure called an 'external cephalic version'. A doctor tries to turn the baby by placing his or her hands on your tummy and gently coaxing the baby around so it can be born head first. Ultrasound is used to help the doctor see the baby, cord and placenta. The baby and the mother are monitored during the procedure to make sure everything is okay.

Many breech pregnancies are delivered by caesarean section operation. If you are keen to have vaginal birth, please discuss it with your midwife or doctor. If a vaginal breech birth is not available at your local hospital you can ask to be referred to another maternity service where it is offered.

Can my other children be with me in labour?

Talk to your partner and your midwife about the pros and cons of having your children with you in labour. You and your partner know your children best, and will have an idea of how they'll cope. If you want your children with you, think about who can look after them in the birthing room. Your partner and the midwives will be busy looking after you. If there are complications, or if the children want to leave, that person can care for them outside or take them home.

Plan what you'll need to take to the hospital or birth centre

You'll need:

- nightdresses or large t-shirts and a dressing gown
- some loose, comfortable day clothes
- comfortable footwear
- several pairs of comfortable underpants (some women use disposable briefs)
- maternity bras and/or maternity singlets
- breast pads
- toiletries
- sanitary pads – either 'super' size or maternity size (you can buy maternity pads in supermarkets)
- something to wear while you're in labour if you choose to wear clothes – a big T-shirt or an old nightdress, warm socks
- clothes for you to wear when you're going home (you won't be back to your normal shape yet and may still be in maternity clothes)
- a wheat pack or hot pack for pain relief in labour (ask the hospital if you can use these in labour – some hospitals don't allow them in case of burns to your skin)
- anything you want with you in labour (e.g. music, massage oil, snack food).

For your baby:

- disposable nappies (if you plan to use them) as some hospitals do not supply these
- nappies and clothes for the baby to wear home
- cleaning products for baby, nappy wipes or cotton wool for baby's nappy changes and soap or non-detergent wash for baby's bath
- if you have a long distance to travel, you should also pack a change of clothes for the baby
- baby blanket
- baby capsule in your car.

Your partner or birth support person may also need to have a bag ready. Think about:

- food and drinks for them during labour, as well as for you. This may include juices or other drinks, soup, and foods that are easy to heat or ready to eat so they don't have to leave you for long
- swimmers and towel (if you're going to a hospital with a large bath, and you want support in the water while you're in labour)
- camera.

Check with your midwife, doctor or hospital about other requirements.

Before the baby arrives ...

If this is your first baby, you'll be amazed at how one tiny person can turn your life upside down. New babies demand a lot of time – and if there's any time left over, you'll be too tired to do much. Having twins will mean even less time. Do anything you can now to make life easier after the birth. You can:

- prepare and freeze meals
- stock up on groceries and other supplies (don't forget sanitary pads)
- organise a baby capsule.

All babies must travel in a baby capsule or restraint in the car. You can hire a capsule or restraint or you can buy one. The maternity unit can give you details of organisations that provide capsule hire and fitting. For more information about baby capsules and car restraints for children, contact the Roads and Maritime Services on 13 22 13 or go to www.rta.nsw.gov.au



Have your bag packed and ready to go to hospital – just in case. Pack a bag even if you're having a homebirth – there's still a chance you may need to go to hospital.

If you're having a homebirth

Your midwives will bring most of the equipment they need including any emergency equipment. This list is a guide to some extra things you might like to prepare. Keep your list of phone numbers handy.

- Old, freshly laundered linen e.g. several towels, sheets and baby blankets.
- A large plastic sheet to cover the birthing area (disposable plastic drop sheets used for painting can be used).
- Light snacks for during labour as well as supplies for the support people.
- A few bottles of drinks for rehydration such as fruit juice, cordial or sports drinks.
- Pillows and cushions.
- A portable heater to warm the room.