# Maternity Information Booklet

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Your Maternity Unit

Welcome to Portiuncula Hospital. We hope you enjoy your pregnancy and your stay with us. Our Maternity Unit was opened in 1943 by the Sisters of the Franciscan Missionaries of the Divine Motherhood and has since earned a name as one of the country's top maternity centres. Portiuncula Hospital joined the Western Health Board in 2001. Portiuncula provides a comprehensive Obstetrics and Gynaecology service for almost 2,000 babies a year are born here.

There are two wards in use for ante-natal and post-natal care and two further wards are used for gynaecology patients. Each ward has single and shared (two or five-bed) rooms. At present eight single rooms have en-suite facilities.

Portiuncula's Ante-Natal Clinics provide both care and advice throughout your pregnancy. For your baby's birth you have the best of care in privacy and comfort in the Delivery Suite. Our pain relief service is renowned throughout the country and a 24 hour epidural service is available. We have a Special Care Baby Unit for those babies who need specialised medical and nursing care after delivery. Our aim is to provide the best possible care for you and your baby. We are a family friendly hospital.

Facts and Figures

The senior obstetric staff are members of the Institute of Obstetricians and Gynaecologists, Dublin, and also of the Royal College of Obstetricians and Gynaecologists, London. On an annual basis they publish a report that includes statistics with commentaries on the previous year's work. The report is circulated to all obstetricians in the country, to our local general practitioner colleagues, and also to our colleges. Our facts and figures are comparable to the best available in the country, and are reviewed in the Medical Press.

Various members of the maternity team are involved in research, teaching, writing and in examining under/postgraduate medical/nursing staff. They also, via the Hospital Management and other Committees, are actively involved in the overall management of the hospital.
The Maternity Team

Consultant Obstetricians/Gynaecologists:
Dr M Brassil, Dr A Nared, Dr J Monaghan
with their Registrars and Senior House Officers.

Midwives
Unit Nursing Officer: Mary Burke and the team of midwives, plus specialists and regular nursing and ancillary staff.
Clinical Midwife Managers: Ann Regan, Mary Mulkerrins.
IT Project Midwife: Mairead Hynes
Clinical Midwives/Nurse Specialists: Helen Guinan (NNR), C. Barrett (B/F), C. McGrath (Pain), Hilda Clarke (Diabetic, Infection Control), Mary Kelly (Asthma).

Out-Patient Department
Helen Keary, the outpatient Clinical Nurse Manager and her nursing staff.

Parentcraft
Nurse Mary Hoey and Midwives and Physiotherapists
Social Worker: Marie Finn

Consultant Paediatricians
Dr Kevin Connolly, Pauric Curran, Regina Cooke
with their Registrars and Senior House Officers.

Consultant Anaesthetists
Dr David O’Flaherty, Dr Áine Ní Chonchubuhair, Dr Rachel Farragher
with their Registrars.

Special Care Baby Unit
Karen Leonard, Fiona Duffy and staff

Integrated Care Pathways
Marita Fogarty

Pastoral Care
Sr Chad and her team

Also
The Gynaecology, Theatre Nursing Staff and Social Workers.
The Medical, Pharmacy, Laboratory, Paramedical, Administrative, Clerical, Household, Counselling and ancillary staff.
Ante-Natal Care

Ante-natal care begins from the moment you know you are pregnant. Once your family doctor confirms your pregnancy, he or she will discuss with you the arrangements that need to be made for your ante-natal care. You will be referred from GP to one of our ante-natal clinics where you "book in", before the 20th week. Following that it is usual to have "shared care" between your doctor and the hospital clinics. Each ante-natal clinic is held under the direction and supervision of a consultant obstetrician.

Your ante-natal care is important for you, your baby and your partner. There will be opportunities throughout pregnancy to discuss and plan your wishes for labour, how long you stay in the Maternity Unit, about feeding your baby and any other matters you wish.

First visit: Your "booking in" or first visit to the ante-natal clinic takes over an hour as you need to see several people. Subsequent ante-natal clinic visits are shorter. When you come to the Ante-Natal Booking Clinic, full details of medical and social history will be taken. If you change address during your pregnancy please inform us.

At your first visit you will see a Senior staff member and the obstetric team to discuss your health and your pregnancy. Do tell them about any problems you may have. Your physical condition including weight and blood pressure will be checked. You will need to give a specimen of urine for testing. A sample of blood will be taken from you for tests which include a full blood count, Rubella (German Measles) protection, blood group and Rhesus, VDRL, Hepatitis B and HIV tests. A cervical smear (smear test) may be taken. Following that your pregnancy will be assessed - this includes checking your dates and usually involves a scan test.

At the conclusion of your visit you may see the Parentcraft midwife who will advise about preparation for your baby and parenthood. She will explain how you can join in a course of relaxation and preparation classes later in your pregnancy.

Repeat visits are usually shorter and involve urine testing, blood pressure check, weight estimation and examination of your pregnancy. Please have any questions ready to ask the doctor.

For your well-being and for that of your baby, it is important you attend all your Ante-Natal Clinic appointments. Our aim is for you to have a happy, healthy pregnancy.
All clinic visits are allocated an appointment time to help both you and us. It takes quite a while having tests and seeing the doctor, so it is a good idea to plan home or family arrangements so there will be no need for you to rush or worry. If you have other children perhaps you can ask a relative or friend to look after them while you come to the clinic. If you bring children to the clinic it is a good idea to bring a toy or game to amuse them during your appointment. If you are rushing for a bus or a train please let us know in plenty of time. Contact the hospital if you are unable to attend for any of your visits. Please keep to your appointment time.

Special Tests

These tests are offered to make sure all is well for you and your baby. Please ask the doctor if you have any questions.

Ultrasound Scan
The scan is used to assess the size, maturity, growth and health of your baby. A routine scan is usually offered early in pregnancy. The examination is carried out by the Consultant or other obstetric medical staff. The test uses high frequency sound waves, inaudible to the human ear, to produce a picture of your baby, the placenta (afterbirth), and the water in the womb. Your partner is welcome to see the scan.

The scan is used to detect some abnormalities such as spina-bifida and hydrocephalus ("water on the brain"). However, it is not an anomaly scan and it does not detect all abnormalities e.g. it cannot predict the birth of a Down Syndrome infant.

You may have one or more scans during your pregnancy. We only scan for long enough to obtain the required information. Our regulatory medical bodies consider that scanning is both safe and helpful.

Fetal Monitoring
You may be asked to keep a check on the baby's movement - you should be aware of at least 10 baby movements each 12 hours. If the baby is less active or if you think your womb is not growing well, tell the doctor. It is sometimes necessary to record the baby's heartbeat on an electronic monitor, particularly if you have any doubts about baby movements or growth.

Cervical Smear
This is a test which is taken from the neck of the womb, usually 12 weeks after delivery by GP, and helps to predict the occurrence of womb cancer at a later date. If any abnormality is detected you will be advised and treatment will be offered. A smear test should be repeated every three years.
Blood tests at your first ante-natal visit

Full blood count/Haemoglobin level:
This measures the cells in the blood and its main purpose is to detect anaemia. If you are anaemic then you may need extra iron during pregnancy.

Blood group and Rhesus:
This test tells you to which ABO and Rhesus blood group you belong. This is important if you need a transfusion and can help prevent problems for your baby.
Rubella
This test will detect whether you are immune to the Rubella (German Measles) virus. Most Irish adults are immune. If you are not immune you will be given advice on how to avoid contact with rubella. You can also have immunisation after your baby is born.

VDRL
This is a blood test used to detect syphilis, a sexually transmitted disease which is exceptionally rare. However, a person can have the disease without knowing it. It can have serious effects on your baby if not treated (with penicillin) during pregnancy.

HIV
HIV infection can be passed on from a mother to her baby during pregnancy or at delivery. If we know that a mother is infected with HIV, special treatment can be given to make it less likely that her baby will become infected. Treatment can reduce the chance of your baby being infected by about 70%. The treatment also helps to protect your own health.

Hepatitis B
This is a virus, which particularly attacks the liver. There is a risk of up to 90% of passing it on to your baby. Treatment is available which reduces this risk to less than 5%.

You may also be tested for Hepatitis C and Sickle Cell Disease.

Repeat Tests
Some tests are repeated later in pregnancy.
Aids & Hepatitis B

You may be at risk of AIDS / HIV or Hepatitis B infection. The most common ways in which people become infected are:
- through unsafe sex with an infected person
- by sharing needles or other drug injecting equipment
- by receiving infected blood or blood products
- from an infected woman to her baby around the time of birth

You may be at risk if:
- you have ever injected drugs
- you or your sex partner has had a transfusion of blood or blood products
- you or your sex partner have had sex with an infected person
- you or your sex partner has every had a sexually transmitted infection (venereal disease)

You may also be at risk of hepatitis B if you have worked with patients suffering from liver disease, those in Kidney Units and those in long-stay mental hospitals.

Advice and counselling about HIV and AIDS is available.

GENITO-URINARY CLINIC
A Genito-Urinary Medicine Outpatients Clinic commenced at Portiuncula Hospital in November 2001. The G.U. Clinic is held on a weekly basis (every Thursday from 2.00pm - 4.30pm), by appointment only. The service endeavours to screen, investigate and treat those who have been at risk or have signs or symptoms of a sexually acquired infection in an environment that is private and confidential. The service also aims to reduce the transmission of infection and long-term morbidity associated with such infection.

The clinic is managed by Dr. Jane McGauran, Area Medical Officer, Community Care, G.U.M. Services, and provides a full range of Sexually Transmitted Infection (S.T.I.) investigations and treatment services. HIV antibody testing, after pre-test discussion, is also available. Most of the laboratory investigations are done on-site in the Microbiology and Cytology Departments at Portiuncula Hospital. The clinic is totally confidential. Laboratory specimens and notes are numbered to ensure total anonymity. The clinic has a Sexual Health Advisor. Partner notification facilities are available in the case of certain sexually transmitted infections to reduce the spread of infections.
The Health Advisor advises patients on sexual health, risk reduction and health promotion and is responsible for a most important aspect of the service in reducing transmission of infections, that is, partner notification and follow up of sexual contacts in the case of certain infections (e.g. Chlamydia, Gonorrhoea).

**Teaching in Hospital**

Portiuncula Hospital is a teaching hospital for under/postgraduate medical and nursing staff who work with the team looking after you. They may be present when you see our resident staff so that they learn about the health care for you and your baby. In this way you can help in a valuable part of their training. If you prefer not to be involved your wishes will be respected.

**Maternity Information Database:**

A computer database in the Maternity Department of Portiuncula Hospital -

- Identifies Risk Elements for safe and successful patient care
- Gathers Medical/Obstetric history from patients for their charts
- Collects information for audit and research purposes
- Enables distribution of information about the pregnancy and delivery to professional staff both in-house and externally

The project requires the input of information from all professionals within the maternity unit in order to achieve a successful system which enhances the monitoring of patient status before and during the hospital confinement with postnatal follow up.
Parentcraft

There are special courses in Portiuncula, and usually in your local area, in preparation for parenthood for all expectant mothers and their partners. The courses give important information and advice covering:

**Parentcraft**

A series of informal talks and displays about pregnancy, labour, care for your baby and for yourself. The course sessions are led by a Midwife, a Physiotherapist and a Public Health Nurse and are informal get-togethers ideal for answering any question you and your partner may want to ask. The course is run in a number of weekly sessions and subjects usually include: Pregnancy - how baby grows, the changes in your body. Sensible eating in pregnancy. The onset of labour. Tour of the Maternity Unit. You can learn a series of gentle exercises designed to help you prepare your body for the birth of your baby to regain your figure afterwards. Baby Care - layette and equipment. Feeding your baby - breast or artificial. Adjusting to parenthood. Family health care.

Course consists of 4 sessions held monthly. It is important to book early as places are limited. **Contact 090 9648279 to book.**
Special Advice

No Smoking:
Smoking is harmful to you and your unborn baby. Because smoking can seriously damage health, it is hazardous to newborn infants. There is a “No Smoking” policy in our hospital. Smoking can upset other patients who are non-smokers and smoking can be a fire hazard especially where medical gases are used. Smoking is prohibited in all areas of the hospital for everybody.

Alcohol:
Limit yourself to an occasional drink as excess intake in pregnancy can cause baby abnormalities.

Safe Eating during Pregnancy:
Now that you are pregnant you may be concerned and somewhat confused about some of the foods you need to avoid to reduce the risk of food related illnesses or infections. A number of the foods that are considered unsafe to eat during pregnancy are outlined below. The following cheeses should be avoided during pregnancy - Brie, Camembert, Feta, Stilton, Danish Blue, Blue Brie and unpasteurised soft and cream cheese. However, you may eat hard cheeses such as Cheddar, Cheshire, Leicester, Edam, Mozzarella and Parmesan as well as soft and processed cheeses such as Cottage Cheese and Philadelphia. You should also avoid undercooked meat, pate, shellfish, foods containing raw or partially cooked eggs as well as shop bought coleslaw and unpasteurised milk. If in doubt as to whether or not you should not eat any food, it may be better to choose an alternative.

Warning:
• If dealing with lambing ewes, it is advisable not to handle the placenta or “birth fluids”, or any aborted products.

• If you have domestic cats, gloves should be worn when handling their litter.

• Gloves should be worn while gardening.
Childbirth

When to come in?
The hospital staff are available 24 hours a day. However, if you need non-urgent admission please try to make it before 5 p.m. as after that time only emergency services are available.

a. Any Bleeding - from the vagina (birth passage) in the last three months of pregnancy is an indication that you must come for admission. If you have bleeding earlier in pregnancy, you must consult your own doctor as soon as possible.

b. If your Waters break - sometimes it may be difficult to be sure whether it is water from the womb or your urine that is leaking. If the fluid continues to flow you should come to hospital.

c. Labour - unless your waters break, you do not normally need to leave home until you have regular contractions which are coming at intervals of about 20 minutes and are lasting at least 25 - 30 seconds each.

A "show" (a sticky mucus discharge with blood) is not normally a reason for admission unless you have a history of rapid labours or live a long way away, or are also having regular contractions.

However, if you have a history of RAPID LABOURS, COME TO HOSPITAL WITHOUT DELAY, if you think labour has begun.

Labour

The birth of your baby will be preceded by two stages of labour. The first stage involves the thinning out and opening up of the cervix (neck of the womb) to enable the baby's head to pass into the birth canal. The second stage is the progress of the baby along the birth canal and ends when your baby is born.

You may be aware, throughout the last few weeks of your pregnancy, that your uterus (womb) has been contracting, but your labour cannot be said to have begun until these contractions become painful and occur at regular intervals. The contractions will increase in strength and frequency during this first stage of labour, probably producing some backache at first, followed by pain in the lower abdomen, by which time the contractions should be occurring about every three minutes. The frequency of contractions will continue to increase until the cervix is fully dilated and the baby's head descends deep into the birth canal. The first stage of labour is then complete.

In the second stage of labour the contractions of the uterus are generally accompanied by a feeling of pressure from the baby's head on the back passage and a desire to push the baby out, the so-called "bearing down" reflex.
**Induction of Labour**
If you do not go into labour yourself or it is medically indurated we start labour by using special hormones which are similar to those made by your own body. Hormone tablets will be placed in the birth canal and a number of hours later the waters around the baby are released. In some cases a drip containing hormones is used. If the neck of the womb is already opening all that may be required is to "break the waters". Induction of labour is carried out on approximately 20% of mothers in this hospital.

**Electronic Monitors**
These machines are used intermittently or continuously if required to display your baby's heart rate on a digital screen, or as a read-out on a paper roll, or through an audio signal. The machines help us to monitor babies' welfare during labour. Alternatively your midwife may use a special baby "scope" to listen to baby. Both methods are useful and neither approach is superior.

**Birth**
Most women have a normal birth. However around 30% may need a caesarean section for various reasons such as bleeding in late pregnancy, non-reassuring fetal heart rate or failure to progress properly in labour. Forceps or a vacuum may be used if medically required to help birth canal delivery when the neck of the womb is fully open and the baby's head is well down.

**Episiotomy**
Episiotomy, or cutting of the outer part of the birth canal to increase its size, is only used when absolutely necessary. Stitches are applied to episiotomy wounds or to tears of the birth canal and are inserted after the application of local anaesthetic, or while you are under the effects of epidural or with pain relief from inhaled gas. The stitches dissolve over a couple of weeks.
Pain Relief

The intensity of the discomfort felt during both stages of labour varies from woman to woman and can be relieved in a number of ways. A combination of the following methods may be used:

Natural Childbirth (Psychoprophylaxis)
Women are encouraged and facilitated to remain active during labour, and use the relaxation and breathing exercises taught at ante-natal classes. You are encouraged to avail of other aids such as relaxing in the bath, using birthing ball or tens machine. We also accommodate alternative therapists such as Reflexologist, Acupuncturist, Aromatherapist etc. Relaxation and breathing exercises are taught during pregnancy, and a you may require nothing else.

Pain Killing Drugs
Powerful pain-killing drugs such as Pethidine produce adequate pain relief for many women during labour, but unfortunately doses of these drugs large enough to give complete relief are not always suitable owing to the undesirable sedative effect this would have on your baby at birth. If your baby is sedated as a result of Pethidine administration, an antidote is available in the labour ward to reverse the effect.

Anaesthetic Inhalers (e.g. Gas and Oxygen)
As well as using powerful painkilling drugs, the discomfort of labour can be relieved by breathing gas mixtures. Many women find these very helpful and soon learn how to use them to the best advantage.
Epidural

Please read this information carefully if you are considering having epidural pain relief during labour.

The epidural reduces pain and is very effective at reducing the pain associated with contractions. However, the sensations of pressure are usually still present. Overall, this is beneficial, as it means you will be able to push when the time is right. The pressure sensations may be uncomfortable for some mothers. Thus, having an epidural does not guarantee a pain-free labour.

While we make every effort to have this service available 24/7 it may not be readily available at all times.

The Procedure

Epidural analgesia is an effective technique for relieving pain in labour. The epidural works by dampening down the pain sensation in the nerves supplying the womb. A small patch of skin on the back will first be numbed with some local anaesthetic. A small hollow needle is then inserted between the bones of the lower back by the anaesthetist and advanced until the epidural space is located. Then a plastic catheter (thin tube) is inserted through the needle into this narrow space. Medications are then injected through this plastic catheter. In our hospital we use a mixture of local anaesthetic and narcotic painkiller. Once initial pain relief is obtained, a dilute solution of painkiller is given continuously using a pump machine, or intermittently via a syringe.

A major advantage of the epidural is that even stronger painkillers can be given through the plastic catheter if surgery, for example a Caesarean Section, is required. General anaesthesia can then be avoided.

Once the epidural is working effectively, you will be asked to remain in bed because your legs may feel weak. Sometimes, the epidural leads to difficulty passing urine and you may need to have a urinary catheter inserted for a short time.

Risks involved

Generally, epidural analgesia is a very safe method of relieving the pain associated with labour and many thousands of epidurals are administered annually in Ireland. However, as with all medical procedures, some risk is involved.
1. The epidural may cause a drop in blood pressure so a drip is maintained.

2. It is important to stay still while the epidural is being inserted. In about 1 in every 250 cases the needle may cause a spinal fluid leak. This leak is not harmful but it may cause a headache. If the headache persists despite painkillers, it can be treated by repeating the epidural and injecting some of your own blood into the epidural space to form a patch.

3. Women who have an epidural are slightly more likely to require use of forceps or vacuum during delivery.

4. Patients sometimes complain of backache after pregnancy and labour. There is no current evidence that having an epidural increases the risk of backache but once the epidural is inserted it is important to take care to avoid muscular strain when moving.

5. The following complications are extremely rare but have been reported: infection, persistent area of numbness and/or weakness of the legs, a high block possibly necessitating a Caesarean Section. More information on extremely rare but serious complications may be obtained from your anaesthetist.

Your anaesthetist will discuss the epidural with you before it is given and your written consent for this procedure is required.
**Special Requirements**

Please obtain the following items for yourself and baby in plenty of time:-

**For Labour Ward**
- 1 old Nightie
- 1 packet Sanitary Towels
- Baby Grow
- Vest
- Nappy

**For Baby**
- 5-6 Baby Grows or Gowns
- 5-6 Baby Vests
- 2 dozen Disposable Nappies
- Hat / Cardigan
- 2 Baby Towels
- 2 Baby Blankets
- Cotton Wool Roll or J Cloths which are environmentally more friendly.

**For You**
- 3 Nightdresses
- Dressing Gown
- Slippers
- Hand Towel
- Face Cloth
- 2 Bath Towels
- 2 good supporting Bras or Nursing Bras (if you are breastfeeding)
- 6 pairs Panties
- Support Tights or Stocking if you wear them
- Toilet Requisites
- 4 packets Maternity Sanitary Towels
- Pen and Paper

You should only pack the essentials as the hospital does not take responsibility for lost or stolen belongings. Laundry facilities are not available in the hospital.

You must bring any medicines or tablets you are currently using and give them to the midwife. It is important that during your stay you take only medication prescribed for you by your consultant or his team.
Husbands or Companions in Labour Ward
Your partner, or a named companion, may stay with you in the Labour Ward during labour and during childbirth and may be present at a Caesarean section delivery. No videos/still photographs in labour ward/theatre during the childbirth process.

Happy Arrivals
Family and friends will want to know of your progress. Please arrange to contact one of them when you are able to give them news and ask them to pass news on to everyone else. Friends who telephone the nursing office disrupt the ward routine and thus interfere with your care and none or very limited information can be given over the phone.

Medical Problems

Infection
Approximately five per cent of women require antibiotics for infection of episiotomy or caesarean section wounds, or sometimes for urine infections.

Blood Transfusions
May be required for those with haemorrhage or a low blood count.

Anti-D
If your blood is Rhesus negative and your baby is Rhesus positive you will be given Anti-D. This is a protective injection which guards against the development of antibodies in your blood system.

Rubella (German Measles) Vaccine
A special injection is supplied for those who do not have significant protection against rubella.

Vitamin K
Our babies are given Vitamin K injections to protect against the rare cases of baby haemorrhage. They can also have it orally at birth but this needs ???

Heel Prick Test
This test is taken from a small pinprick on baby's heel. Spots of blood are stained on a card and later analysed for some rare medical disorders. Artificially fed babies can have the test at 3 days, while breast fed babies have their test at 4 days and within 5 days. This test may be carried out in hospital or by your community care nurses. Your midwife will arrange it.
Special Care Baby Unit (SCBU)

If your baby needs special medical or nursing care, he or she will be looked after by specialised staff in the Special Care Baby Unit.

Breast feeding mothers are assisted to maintain lactation if baby is unable to breastfeed.

Parents are welcome to visit with their baby in the Unit. Mothers and fathers are encouraged to spend as much time as possible in the Unit looking after baby. The doctors and unit staff are always willing to talk to you about your baby's progress and answer any questions and help you with any worries you may have. Your baby will be in the care of a consultant paediatrician who is always willing to see you. Visiting SCBU is limited to parents, siblings and grandparents.
Recommendations for Feeding your Baby

Portiuncula Hospital is a member of the Baby Friendly Hospital Initiative and is committed to protecting, promoting and supporting breastfeeding. We provide education and support for mothers antenatally, during their hospital stay, and following discharge regarding infant feeding. There is no doubt that breast milk is best for baby as it provides all the nutrition an infant needs for the first six months of life. Breastfeeding also provides numerous health benefits for both mother and baby, we therefore encourage you to give serious consideration as to how you are going to feed your baby.

- In order for you and your partner to make an informed choice, education and information on infant feeding is available, at your antenatal visits, at our ante-natal classes and at our breastfeeding evenings.
- All mothers are encouraged to hold their babies in close skin-to-skin contact after delivery. This promotes bonding, regulates your baby's temperature and gets breastfeeding off to a good start.
- Your baby will have its first feed within one hour of birth. You will be offered assistance to put your baby to the breast or if you choose not to breastfeed you will be shown how to artificially feed your baby.
- Breastfeeding should be a comfortable, enjoyable experience for you and your baby. If breastfeeding hurts it is important to seek help from your midwife.
- Baby-led feeding is encouraged. It is important not to restrict the frequency or duration of feeds. Breastfed babies may feed 10 - 12 times in 24 hours.
- Your well baby will remain with you while in hospital. If you are unable to care for your baby the staff will care for your baby at your bedside.
- The first breast milk is called colostrum. In the first few days your baby will get enough nourishment from this and we discourage top-ups of formula or water as this interferes with your milk production.
- You know your baby is getting enough after the first few days when there are 4-5 wet and some soiled nappies each day.
- There is no need to apply special creams to your nipples antenatally or post-natally. Ensuring a good position and attachment of baby at the breast and applying a little expressed breast milk after feeds will prevent soreness.
- It is normal for your baby to lose up to 10% of its birth weight during the first week of life. Your baby will be weighed on the day you are going home so that you can see how much your baby is progressing over the weeks ahead.
- Having a baby is tiring and you need plenty of rest. You can breastfeed your baby while lying down resting and we provide information on safe bedding-in of baby.
• There is no need to alter your diet when breastfeeding. Everything can be eaten in moderation.
• Should you choose to bottle feed you will be shown how to sterilise bottles and teats, how to make up feeds and how to feed and wind your baby.

Please take every opportunity to avail of the help and support of our midwives and Breastfeeding Specialist while in hospital and your Public Health Nurse following discharge.

A breastfeeding class can be attended antenatally to help you get feeding off to a good start.
First Wednesday of every month at 7pm.
To book phone 090 9648200, Ext. 619.

Enjoy your baby.
Breastfeeding Support

1. Antenatally
   - Information from midwife, antenatal educator and doctor at your antenatal clinic visits.
   - Information and advice from Clinical Midwife Specialist in Breastfeeding by appointment.
   - Antenatal classes. 1st, 2nd, 3rd and 4th Tuesdays every month. Please phone for appointment on (090) 9648200. Ext 279.
   - Breastfeeding class. 1st Wednesday of every month. Please phone (090) 9648200. Ext 233 or Ext 619.

2. During your hospital stay
   - Midwives skilled in breastfeeding management help you
   - Breastfeeding Specialist available
   - Group education sessions prepare you for home

3. Post-natally
   - 24 hour phone-in service for advice and help. Phone (090) 9648233.
   - Breastfeeding Specialist will see you by appointment. Phone Camilla Barrett on (090) 9648200, Bleep 825.
   - Breastfeeding support group in maternity, weekly.
   - Public Health Nurse will visit you at home.
Your Stay in Hospital

After your delivery, you and your baby will move to one of the Unit’s wards where your baby will have a cot alongside your bed. Midwifery staff are available to give advice on feeding, bathing and changing your baby and to help you as you start caring for your new-born. Baby will be examined by the medical staff on day 2 prior to discharge.

Counselling and Pastoral Care
The majority of women will have a happy conclusion to their pregnancy and birth. Unfortunately some parents will suffer miscarriage (one in five pregnancies); from baby death (about one per hundred), or baby abnormality (two per hundred). Our staff are trained to help you cope with these tragedies. Our Pastoral Care team work in liaison with the medical and nursing staff to support and offer spiritual help.

Physiotherapy Services
There is a full physio service. All post-natal mothers are encouraged to attend physio classes, which are held on Monday, Wednesday and Friday on the ward. Leaflets are also available on the post-natal ward. Problems such as incontinence or backache can be dealt with specifically on request.

Post-natal exercises are important for muscle tone and to help you regain your figure. You should continue the exercises when you get home.

Social Work

There is a dedicated social work support service for the Maternity Department. The aim of the Social Worker is to offer emotional and practical help to women experiencing difficulties either during or after their pregnancies. These include crisis pregnancies, young or single mothers, concealed pregnancies, women with mental health concerns or special needs. A complete crisis pregnancy counselling service is available. The service can be accessed directly by the woman or she can be referred by the Obstetricians, ante-natal staff, GP or other community service.

The phone number of the Social Worker is (090) 9648306, 9.00am - 5.00pm Monday - Friday. There is an answering service and calls are returned as soon as possible.
General Advice

Choose from the Menu
A menu service is available for all patients. If, for medical or religious reasons, you need a special diet, or if you have special food preferences, please request the ward staff to arrange this for you. You are not allowed to heat food in the hospital.

At your Bedside
Each ward has single or shared rooms and you have a bedside locker for personal items. As space is limited essential items only should be stored and suitcases sent home. Please do not bring any valuables, jewellery etc. into hospital with you as the Hospital is unable to accept responsibility for loss or damage.

T.V.
Each ward has a T.V. set.

Cards and Letters
Mail should be addressed to you like this:

    Full first name and surname . . .
    Maternity Unit,
    Portiuncula Hospital,
    Ballinasloe,
    Co. Galway.

Post can be mailed from postbox in the reception area.
Visiting

Scheduled Visiting Times
Daily: 14.00 hours - 16.00 hours  
18.30 hours - 20.30 hours  
Rest Period for Patients: 12.30 hours - 14.00 hours  
17.30 hours - 18.30 hours  
Front Entrance Door will be closed from 21.00 hours - 07.00 hours.

Unscheduled Visiting Times
Visiting during unscheduled visiting times is by special arrangement with the ward/department manager or the nurse in charge of each ward.

Exceptional Visiting Needs apply to the following areas only
• ICU/CCU (St. Martha’s Ward)  
• Maternity Unit  
• Special Care Baby Unit  
• St. Thérèse (Children’s Ward)

Visiting times are arranged in the best interests of all mothers and babies. Please tell the Sister or Midwife in charge of your ward if your partner or family have problems with visiting times. She will try to arrange times to suit. Your children are encouraged to visit but must be accompanied by an adult. No visiting while meals are being served - 8.00 a.m., 12.00 and 5.00 p.m. Your designated partner may stay on the ward during your labour but should observe rules of decorum and safety.

Coughs and Sneezes
Visitors should not come to see you or your baby if they have a cough or cold or any other infection. Visitors can always leave a message explaining why they stay away.

Services
• Newspapers and magazines are sold daily on the wards.
• Visitors are welcome to the hospital shop which serves snacks and meals from Monday to Friday - 9.30 a.m. to 9 p.m.; Saturday and Sunday - 1.00 p.m. to 6.00 p.m. The shop also carries a limited range of toiletries, stationery and fancy goods.
Registering the Birth

Where should a birth be registered and by whom?
A birth will be registered in the registration district in which the birth takes place. The district in which the birth is registered is determined by the location of the birth i.e. the district in which the hospital or other building in which the birth took place is situated.

The Registrar of Births, Deaths & Marriages is the person who is responsible in law for registering a birth. This registration will be carried out based on information provided by a Qualified Informant who will be required to attend at the Office of the Registrar to sign the Register of Births. The mother and father of a child are the primary qualified informants but if the parents do not act the following persons may also act as qualified informants and therefore provide the information concerning a birth, which will be entered in the Register of Births.

- a designated member of the staff of the hospital in which the birth took place
- any person at the birth; and
- any person who has charge of the child.

Care should be exercised to ensure that the information as recorded in the Birth Register is accurate and correct based on the facts as they are known at the time of the birth.

Registration of births to parents who are not married to each other
Where a child is born to parents who are not married to each other and they wish to make a joint registration they should contact the Office of the Registrar of Births (within 6 weeks) who will inform them of the necessary documentation required to register the baby’s birth.

An information leaflet for parents on the registration of a birth and a general guide to the relevant legislation is available in the Maternity Unit of the hospital or at the Registrar’s office on request.

The re-registration of a birth may be effected in either of the following two circumstances:
1. where the parents of a child marry each other after the birth of their child; OR
2. where the parents of a child who are not married to each other wish to have the father’s details registered in cases where paternity details were not registered initially.
Enquiries should be made directly with the Registrar of Births, Deaths & Marriages for the district in which the birth took place.

A birth should be registered within three months of the date of the birth. If the birth has not been registered at the end of this three month period it may be registered by the local Registrar on production of a Statutory Declaration made before a Peace Commissioner or Commissioner of Oaths. Once twelve months have elapsed from the date of the birth it may not be registered without the authority of the Registrar-General.

**The registration of stillborn children**

The registration of stillborn children has taken place from 1 January 1995 and it is possible to register a stillbirth whether a child was born prior to, or since that date. An information leaflet on how to register a stillbirth is available directly from the Registrar of Births, Superintendent Registrar’s Office or from the General Register Office.

**General Note on Birth Certificates**

There are two forms of a Birth Certificate, a short form and a long form. To avoid inconvenience you should establish directly with the Agency/Office requiring the Certificate, which form will be required. The Registrar or General Register Office cannot advise as to which form of Certificate is appropriate.

Registration forms are available in the Unit and should be completed and returned to the Ward Staff before discharge. Birth Certificates are available from Carmel Greally, Registrar of Births, Health Centre, Ballinasloe. Appointment times: Tuesday & Thursday.

**Welfare Rights**

If you are on low income you may qualify for Social Security benefits. Ask your local branch of the Department of Social Welfare for advice. All parents, regardless of income, can claim Family Allowances for every child.

**Length of Stay**

At present you are likely to be kept in for 3 days if everything is normal. If you have had a caesarean section delivery you may expect to stay 5 - 6 days. On your day of discharge it would be appreciated if you vacate your room by 1 p.m.
### Going Home

**Public Health Nurse**

We fax your details to the PHN to let her know of your discharge. She will visit you at home within the first 48 hours of your discharge. She is your contact in the community and can be contacted at your local Health Centre if you have any problems or require assistance.

- Tell the Midwife who discharges you whether you are going to your home address. If you are staying elsewhere, give that address. This is important so the Community Midwife can continue your post-natal care for you and your baby.
- Complete a yellow Birth Registration form.
- Please check that you do not take home any hospital property.
- Make sure that you take home any prescriptions and obtain the required tablets etc. as soon as possible.
- Have a safe journey home. Plan for your baby to be in the rear of the car for safety. Hold a carry-cot/child seat secure with car straps.

### Transporting your new born baby safely

**Using Child Seats**

Your child should use the child seat for every single journey, no matter how short.

It's safer to fit child seats in the rear of the car, but if necessary they can be fitted in the front, but, NEVER fit a rearward-facing baby seat in front if there is an airbag on the passenger side of the car. If the airbag went off it would strike the seat with considerable force. If placing a car seat in rear of car, it is advisable to place the seat on the opposite side to the driver.

Babies should be in rearward-facing baby seats. Do not move your child to a forward-facing seat until they weigh at least 9 kgs and can sit up unaided, but keep them in a rearward-facing seat for as long as possible. Once your child is above the maximum weight for a rearward-facing seat or the top of their head is above the top of the seat, they should be moved into a forward-facing seat.

Make sure the seatbelt passes through all the correct guides on the child seat. Some seats have an alternative routing if the seatbelt is too short to go around the main route.
Push your weight into the child seat as you tighten the seatbelt to make sure the child seat is securely held. There should be no slack in the seatbelt. The child seat should rest firmly.

If you are fitting a forward-facing child seat in the front of the car make sure the car seat is as far back as it will go, so the child is as far as possible from the dashboard. This reduces the possibility of head or chest injuries in a crash.

If you take the child seat out of the car, make sure you fit it properly every time you put it back in. If it stays in the car permanently, check it regularly to make sure it is still securely held.

The safest way for children to travel in cars is in a child seat that is suitable for their weight and size.

**ALWAYS SET A GOOD EXAMPLE BY WEARING YOUR SEAT BELT**

For further information on the above please contact RoSPA at www.rospa.com

**Post-Natal Visit**

Make sure you have a post-natal check-up for you and baby about 6 weeks after baby’s birth. Ask your family doctor for an appointment unless you have been given an appointment to attend at Portiuncula.

Ensure you arrange for an appointment at 12 weeks for a smear test.

Your GP will inform you regarding your baby’s vaccination requirements and it is important that your baby receives these and you keep a record.
Suggestions, Comments and Complaints

If you wish to make any suggestions or comments that will help us improve the services offered in the hospital, please jot them down on page 34 of this booklet and place them in the comments and suggestions box at reception or alternatively contact the Patient Services Manager.

If you are concerned about any aspect of your treatment or care while in hospital, please do not hesitate to raise the matter with your Consultant or the Clinical Midwifery Managers. They will most likely be able to sort out the problem or refer you to the Patient Services Manager who will investigate matters further.
Hospital Telephone Numbers

HOSPITAL (090) 9648200
MATERNITY (090) 9648233

If you wish your friends to ring you in hospital, please ask them to use the "patients telephones".

St. Anne's (Patients) ................................................................. (090) 9642594
St. Mary's (Patients) ................................................................. (090) 9642599

Important Notices

• The front doors of the hospital close at 9.00 p.m. until 7.00 a.m. Please gain access via the Accident and Emergency entrance during these hours.

• If possible please telephone the Maternity Unit in advance to let the staff know of your imminent arrival.
Useful Contact Numbers

AIDS West
Ozanam House, St. Augustine St., Galway.
Helpline: 091 562213 Office: 091 566266

Association of Lactation Consultants of Ireland
223 Forest Hills, Rathcoole, Co. Dublin.
Tel: 01 458 9532

Aware
147 Phibsborough Road, Dublin 7.
Helpline: 01 6791711

Cherish - The National Association of Single Parent Families
2 Lower Pembroke Street, Dublin 2.
Tel: 01 6629212 LoCall: 1890 662212

Cuidu, Irish Childbirth Trust
Carmichael House, North Brunswick Street, Dublin 7.
Tel: 01 8724501

Down Syndrome Ireland
1st Floor, 30 Mary Street, Dublin 1.
Tel: 01 8730999

Cura - Pregnancy Advisory Group
30 South Anne Street, Dublin 2.
Tel: 01 6710598 LoCall: 1850 655626

Enable Ireland
Sandymount Avenue, Dublin 4.
Tel: 01 2695355

Galway Refugee Support Group
C/o Galway City Partnership, 3 The Plaza, Headford Road, Galway.
Tel: 091 779083

Gingerbread
Carmichael House, North Brunswick Street, Dublin 7.
Tel: 01 8146618
GROW - Community Mental Health Movement
11 Liberty Street, Cork. Tel: 021 4277520
167A Capel Street, Dublin 1. Tel: 01 8734029

Home Birth Association of Ireland
36 Springlawn Court, Blanchardstown, Dublin 15/
Tel: 01 8206940

Irish Family Planning Association
Solomons House, 42A Pearse Street, Dublin 2.
Tel: 01 4740944

Irish Multiple Births Association
Carmichael House, North Brunswick Street, Dublin 7.
Tel: 01 8749056

Irish Refugee Council
40 Lower Dominick Street, Dublin 1. Tel: 01 8730042
1 Bank Place, Ennis, Co. Clare. Tel: 065 6822026

Midwives Association of Ireland
90 Marklands Woods, Maryborough Hill, Douglas, Cork.

Miscarriage Association of Ireland
Carmichael House, North Brunswick Street, Dublin 7.
Tel: 01 8735702

Parentline
Carmichael House, North Brunswick Street, Dublin 7.
Tel: 01 8733500/8787230 LoCall: 1890 927277

Treoir: The National Federation of Services for Unmarried Parents and their Children
36 Upper Rathmines Road, Dublin 6.
Tel/Fax: 01 4964155

Web Address
www.eumom.ie
Comments and Suggestions

I have attended the Ante-Natal Clinics/stayed in the Maternity Unit and wish to make the following comments:

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Name: ........................................................................................................................................................................
Address: ....................................................................................................................................................................

Please place in the ‘Comments and Suggestions’ box provided at the front of Reception. **Need not be completed if so desired.**