



# NIKAU MIDWIVES



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## A Guide to Nikau Midwives

24 hour / 7 day service

08004NIKAU (0800 464528)

[www.nikaumidwives.com](http://www.nikaumidwives.com)



[www.facebook.com/nikaumidwives](https://www.facebook.com/nikaumidwives)

Haere mai and a warm welcome to Nikau Midwives. This booklet describes who we are, how we work, and what to expect. It also provides information and tips to help you through your pregnancy, birth and the weeks after. It is not a substitute for getting advice from your midwife.

## Contacting Nikau Midwives 08004NIKAU

- It is free to call from any phone, including mobiles, within New Zealand and is answered 24 hours a day 7 days a week.
- Please save non-urgent matters (eg changing appointments) for 9am to 5 pm on weekdays.
- If we are with another woman when you call we will respond to your voice message once we are free.
- If your call is urgent and the midwife does not answer hang up and ring again straight away.
- If you cannot reach your midwife use the extension of your back up midwife. In the unlikely event you do not get a reply you can contact us via **Paraparaumu Maternity Unit 04 903 0205** where a midwife answers the phone 24/7. Or **Wellington Hospital Delivery Suite midwives 04 806 0850**.
- When we are on leave or out of phone range we will forward our calls to another Nikau Midwife. Just use your own midwife's extension and you will be put through.
- If your midwife has given you a mobile phone number you may text her during the day about non-urgent matters like changing appointments or non-urgent questions. It is very important that you use 08004NIKAU for anything that requires a fast reply – texts sometimes take hours to arrive.

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## Philosophy

- We believe that continuity of maternity care centred in the woman's home and community grows the health and wairua of women, babies and families. We enjoy working together to provide excellent midwifery for the women of Kāpiti from early pregnancy through to 6 weeks after the birth.
- Nikau Midwives believe childbirth is a normal life event for most women.
- Mutual sharing of information, decision-making and the building of a trusting relationship has been shown to positively enhance the outcome of the birth experience.
- Evidence indicates that the midwife is the safest childbirth attendant.
- Our midwifery practice is based upon continuity of care, the empowerment of the woman, the provision of safe effective care and the application of knowledge, experience, and evidence-based research.
- Aspects of intuitive, spiritual and alternative practices are incorporated in our provision of individualised care.
- The woman and her family shape the midwifery care provided.

## Choosing a midwife

It is important that you choose a midwife with whom you can develop a good relationship.

For those women seeking a midwife for the first time, contact is with the group coordinator who can help connect them with an available midwife. We recommend you read about the midwives at [www.nikaumidwives.com](http://www.nikaumidwives.com) . If you would like to meet the midwives before making a decision you are welcome to come and see us at the weekly Tuesday meeting.

Continuity of midwifery care is central to our practice. It is our belief that if a woman knows her caregiver well, a trusting relationship is formed that improves her whole experience. Knowing the Nikau Midwives who will provide back-up cover for your midwife is important as midwives are encouraged to have regular time off. If you choose to have a homebirth, a second Nikau Midwife will also attend the birth of your baby.

If you would like to change your midwife at any time it is important that you feel free to do this. Talk to your midwife or contact one of the other Nikau Midwives and a change will be made.

The midwife you choose becomes your Lead Maternity Carer who will coordinate your maternity care for you and your baby up till six weeks after birth. Pregnancy tests, all referrals for laboratory tests, ultrasound scans, specialist consultations and regular pregnancy checks are included in the service we provide. You will be asked to provide health information, and to sign a registration form agreeing to your midwife being your Lead Maternity Carer. (See the Ministry of Health information <http://www.health.govt.nz/your-health/pregnancy-and-kids/>

or the booklet *Your Pregnancy / Tō Haputanga* for further details on the LMC role).

Most maternity care is free including all midwifery care and consultation with obstetricians or paediatricians as needed. Nikau Midwives refer and consult with obstetric and allied health professionals as set down by the Section 88 Maternity Services Notice, “Guidelines for consultation” or/and on maternal request.

### **Student involvement**

As part of our commitment to the midwifery profession we have midwifery students working with us at various times through the year. Women often tell us how helpful they found the student. Their involvement will be discussed with you prior to involvement in your care as it is your choice and you can change your mind at any point.

### **Pregnancy care**

During your pregnancy your midwife will discuss with you choices and preferences for your maternity care and together you will develop a care plan. Nikau Midwives are committed to women’s informed choice and consent in pregnancy, birth and as parents. We help you find relevant information and evidence to support your decision-making and your ownership of your choices. We encourage your partner/husband and other whānau and family members to attend the appointments and to be involved in your care. These discussions will cover:

- the wellbeing of yourself and baby through the pregnancy.
- nutrition, exercise, creating a smoke free environment for baby
- preparation for labour, birth and parenting
- choosing where to birth: home, a birth centre or the hospital
- any reasons for consultations or transfer to specialist services
- care of yourself and baby after the birth.

Generally we see you:

- monthly up to 28 weeks
- fortnightly to 36 weeks
- weekly up to the birth
- daily, then every few days, then weekly from birth up to the 6th week.

Additional and / or urgent appointments are made as needed to ensure you and your baby are as well in pregnancy and the postnatal time as you can be.

## Healthy Relationships

Pregnancy can be an exciting time for you and your partner with lots to look forward too. It also puts a lot of strain on your relationship. Here are some things that often affect pregnant couples' relationships:

- shifting focus to include another person in your lives might cause tension
- worry about finances, independence and sharing the work – paid and unpaid
- one of you might want more or less sex than the other
- your feelings about yourself and your changing shape might affect both you and your partner
- you might have different ideas about parenting
- how involved you want family / whānau and friends to be in your lives.

If you can talk together openly about how you feel – good and bad – and what you expect, it can help you to clear up misunderstandings, strengthen your relationship, avoid disappointments and manage conflict. If you can't talk openly then you may need help to get through as a couple – ask your midwife about ideas and contacts. Your midwife will be enquiring to ensure you feel safe and is there to support you if any issues arise. It's worth working on your relationship, parenting is a big and wonderful job and it takes a team.



## Please contact your midwife urgently if:

- You have bleeding from your vagina, or you have vaginal discharge that is very unusual for you.
- Your 'waters' leak or break before labour starts or, once they have broken, the fluid is greenish, brownish or red.
- If, once you are regularly feeling your baby move, your baby moves less than usual or you cannot feel your baby move at all (see page 12)
- If, after the first few weeks of your pregnancy, you have abdominal pains or cramps.
- Your hands, legs or face suddenly swell.
- You have pain or burning when you wee/mimi – especially if you also have a fever and a sore back.
- You have a very bad headache and this lasts for more than a few hours.
- You can't see well – you have blurry vision or you start to see white lights, flashes or dots in front of your eyes or you have double vision.
- You have a fever of over 38°C.
- You fall on or hurt your belly – get this checked, even if you don't feel hurt or sore.
- You start feeling sick and throwing up in late pregnancy – especially if you have pain and a fever.
- You itch all over – especially if you have dark-coloured wee/mimi and pale poo/tuutae.

Please free phone 08004NIKAU. Texts are not for urgent messages.

## Antenatal classes

These classes provide information about pregnancy, strategies to get through the birth, breastfeeding and life with a newborn. They are also a great way to meet other local new parents. Ideally the classes will end in the month prior to your due date so ask the organiser which course they recommend you join. The options in Kāpiti are all good and include:

**Paraparaumu Maternity.** A set of four classes run from the Kāpiti Health Centre by a Maternity Unit midwife. Low cost. Phone 04 9030205.

**Kāpiti Parents Centre.** A set of seven classes and membership of Parents Centre with follow on classes offered about parenting. Phone Bridget Best 04 902 2076 or email [kapiti@parentscentre.org.nz](mailto:kapiti@parentscentre.org.nz)

**Newhanga Kāpiti Community Centre.** A set of seven classes. Phone Melissa Stevens 021 067 1165 or email [melguild@gmail.com](mailto:melguild@gmail.com)

**KYS** have young parent pregnancy and parenting groups for up to 24 year olds.  
[www.kys.org.nz](http://www.kys.org.nz)  
Text 027 248 2744

**Ōtaki Bumps to Babies.** A set of six classes run by Barnardos. Free  
Freephone 0508 2478433 or email [bumpstobabies@barnardos.co.nz](mailto:bumpstobabies@barnardos.co.nz)  
[www.barnardos.org.nz/bumps-babies](http://www.barnardos.org.nz/bumps-babies)

## Suggested reading

Your midwife will supply you with a lot of information to help you make decisions in your pregnancy and we regularly update our Facebook page with relevant local information. Looking around at a wide range of information can help you become clear on what feels right for you. If you are googling information we strongly encourage you to focus on New Zealand-based websites as they are most relevant to our model of maternity care and what is offered here. Below are some great reads we recommend.

### **Books**

*Tummy Talk* by Active Birth Taranaki.

*Ina May's Guide to Childbirth* and *Spiritual Midwifery* by Ina May Gaskin.

*Gentle Birth, Gentle Mothering* by Sarah Buckley.

*Water Birth* and *New Active Birth: a Concise Guide to Natural Childbirth* by Janet Balaskas.

*The New Pregnancy and Childbirth Book* and *Home Birth* by Sheila Kitzinger.

## Websites

Maternity Services Consumer Council

[www.maternity.org.nz](http://www.maternity.org.nz)

The Ministry of Health

[www.health.govt.nz](http://www.health.govt.nz) under the 'Your Health - Pregnancy and Kids' sections.

Women's Health Action

<http://www.womens-health.org.nz/>

Homebirth Aotearoa

[www.homebirth.org.nz](http://www.homebirth.org.nz)

Acupressure for Labour and Birth

[www.acupuncture.rhizome.net.nz](http://www.acupuncture.rhizome.net.nz)

Relevant NZ maternity information

<http://www.babywebnz.org.nz/display/BabyWebNZ/Home>

Capital & Coast DHB tours, referral expectations and info sheets on a wide range of topics

<https://www.healthpoint.co.nz/public/obstetric-and-gynaecology/capital-coast-dhb-womens-health-obstetrics/>

For Dads

[www.greatfathers.org.nz](http://www.greatfathers.org.nz)

[www.fatherandchild.org.nz](http://www.fatherandchild.org.nz)

For more information on parental leave, Working for Families and how to register your baby [www.smartstart.services.govt.nz](http://www.smartstart.services.govt.nz)

## Apps

BreastFedNZ – free

Positively Pregnant

Tapuaki

## Vaccinations in pregnancy

Immunisations against both influenza and whooping cough during pregnancy are recommended by the Ministry of Health. Pregnant women are more likely to be hospitalised with complications of flu due to their partially reduced immune system in pregnancy. Influenza immunisation is free for pregnant women during the influenza season, usually early March to the end of July.

Mothers pass some of their immunity along to their babies during pregnancy. This provides some protection to newborn babies during the first few weeks of life until they are able to be immunised. Pregnant women are eligible for a free whooping cough vaccination between 28 and 38 weeks gestation. The Ministry of Health also recommends that people living with or in contact with your baby have a whooping cough vaccination too.

These vaccinations are available through GP practices and some pharmacies. Ask your midwife about accessing them.

<http://www.health.govt.nz/your-health/healthy-living/immunisation/immunisation-pregnant-women>

## Baby movements

Feeling baby move is one of the wonderful milestones of pregnancy. Noticing the movements can give you a sense of who the little person inside is. We encourage you to tune into your baby's movements. Over time you will notice a pattern of movements. Often babies get active as soon as mum lies down to sleep or first thing in the morning. Some babies seem to be active all the time.

Once you are feeling baby move regularly (usually from 28 weeks) take some time each day to notice baby's movements. If there seems to be a change in the pattern lay down on your left side with your hands on your belly and really tune in. If you are not reassured that your baby is moving as much or as vigorously as usual please contact your midwife straight away – don't leave it to the next day.

## Sleep in pregnancy

You will notice changes to your sleep in pregnancy, including a lot more trips to the toilet in the night. Practice power napping in the afternoons if you can – a good skill for when baby is here.

From 28 weeks it is important to sleep on your side rather than your back to ensure baby gets the best blood flow through the placenta. Go to sleep on your side and if you wake on your back just roll over and go back to sleep.

## Labour and birth

We are on call 24 hours 7 days a week. You can call us at any time for labour or other urgent care.

Your midwife will discuss with you when to call her but here is a basic guide to recognising labour and making contact.

### EARLY LABOUR

- Labour usually starts with lower abdominal cramps or contractions. You may have irregular, short lasting contractions to begin with as the cervix prepares to open for birth.
- It may also begin with the membranes or waters around the baby breaking and the loss of clear fluid.

## ACTIVE LABOUR

- More intense contractions which you will need to fully concentrate on.
- The contractions are now lasting longer, around 60 seconds and they all start to feel the same.
- The frequency of the contractions isn't in itself an indicator that you're in the active phase of labour. Contractions coming longer stronger and closer together indicates an advancement in labour.

## OTHER SIGNS THAT LABOUR MAY BEGIN SOON

- A "show" (mucus plug perhaps with streaks of blood), may appear, sometimes up to 2 weeks prior to labour, as the cervix ripens.
- Your waters break and the fluid loss is clear. If you think the fluid looks green, brown or red ring your midwife immediately. When your waters break, labour usually begins within 24 hours. Let your midwife know your waters have broken.
- If mild contractions start during the night and all feels okay let your midwife know in the morning. She can then re-organise her day accordingly, thus enabling her to be free when you need her!

**Remember**, if you have any doubts, we want to hear from you and avoid any unnecessary worry. The above information is only a guide for you and your partner/support person.

**If in doubt phone your midwife 08004NIKAU.**

## What is Happening

### Last weeks of pregnancy

- \* Lightening—baby's head drops more deeply into your pelvis—usually 2-4 weeks before the birth of a first baby, later for subsequent babies.
- \* Breasts may leak colostrum (early milk)
- \* Practice contractions may occur both spontaneously and in response to stimuli, e.g. changes in your body position, walking, exercise, sneezing. You may experience a number of these cramps consecutively.

## Helping Yourself

- \* Conserve energy—try to have a daytime rest or sleep.
- \* Complete practical preparations for the birth.
- \* Make sure your other children are well prepared
- \* Organise support people
- \* Focus on relaxing during practice contractions
- \* Have contact numbers for your midwife and supporters displayed by the phone

## Partner/Supporters

- \* Arrange leave from work
- \* Make sure you can easily be contacted
- \* Increase your input into household chores and childcare
- \* Know what things will be needed during and after labour
- \* Rest—labour is physically and emotionally strenuous for the baby's father -especially a first labour

## What is Happening

### Last days of pregnancy

- \* Baby's movements may change
- \* You may experience low backache
- \* Most women experience 'nesting' urges—the need to organise or re-organise the home, or 'spring clean'. Don't overdo it!
- \* You may feel restless, irritable, and unable to feel comfortable in any position.

## Helping Yourself

- \* Contact your midwife more and discuss concerns
- \* Rest as much as possible but make sure you are getting some gentle daily exercise e.g. walking, swimming etc
- \* If your 'show is heavily stained with fresh blood contact your midwife immediately

## Partner/Supporters

- \* Encourage your partner to rest
- \* Offer massage to help her relax and settle into comfortable sleeping positions.



## What is Happening

### Onset of labour

- \* You may notice one or more of the following:  
Regular occurring contractions which become stronger and closer together as time goes by.
- \* Show— vaginal discharge of mucous plug from the cervix.
- \* Full rupture of membranes  
— a sudden gush of fluid from your vagina.

## Helping Yourself

- \* Labour usually has a gradual onset  
— contractions are mild and irregular. If at night try to rest or sleep. If during the day take it easy, rest. Complete final preparation for the birth.  
Take a relaxed walk.
- \* If your waters leak or break, note colour and approximate quantity. If your waters are brownish/green contact your midwife immediately.
- \* Eat small frequent snacks  
and keep your fluid intake up.

## Partner/Supporters

- \* If night-time and your partner is able to continue resting between contractions, you should rest too.
- \* Contact support persons and midwife to let them know they are likely to be needed in a few hours' time.

## What is Happening

### Early first stage

- \* Your cervix is thinning and baby is getting into position
- \* This 'latent' period of labour is often the longest. Contractions are intense enough to require your concentration but not so close together that they become all absorbing
- \* Some women find that contractions during this time are uncoordinated -sometimes strong, sometimes mild, sometimes non-existent

## Helping Yourself

- \* Eating and drinking are important
- \* Bath or shower as desired
- \* Go for leisurely walks
- \* Find things to distract yourself to pass the time
- \* Focus on relaxing both physically and mentally during contractions
- \* Keep moving about normally

## Partner/Supporters

- \* Relieve partner of uncomfortable chores and share excitement
- \* Suggest simple diversions, e.g. games, walking, music, etc. if they seem appropriate
- \* Make sure you have something to eat—your energy will be needed as labour progresses. Try to keep to foods that have mild odours both during cooking and afterwards - strong fatty smells may make your partner feel nauseous
- \* Ensure your partner is nourishing herself as well

## What is Happening

### Active labour

- \* Contractions become more intense, or of longer duration and closer together
- \* Softening and opening of cervix continues
- \* Show—if mucus plug has not come away, it may do so at this time
- \* Waters may break at this time

## What is Happening

### Late first stage

- \* Dilation almost complete
- \* Contractions may seem relentless
- \* Waters may break if they have not previously

## Helping Yourself

- \* Contractions require your full concentration. Try to go with them rather than keeping them under control
- \* Breathe through your contractions trying to keep your breathing regular
- \* Bath/pool or shower may provide some relief
- \* Try changes in position
- \* Continue to drink and empty your bladder regularly
- \* Rocking your pelvis, sitting on the toilet, hot or cold packs, massage, may prove helpful
- \* Don't hesitate to ask your supporters for what you need
- \* You may want to move to a quieter space. Try to doze between contractions

## Helping Yourself

- \* You may need to consciously alter your breathing pattern to help you through the contractions. It may help to make your breathing more rapid and shallower as contractions peak
- \* Try to go with the power of the contractions rather than resisting them
- \* Visualise your cervix opening to allow your baby through
- \* Be vocal/noisy if you feel like it
- \* Focus on the contractions you are having rather than worry about how many more to come

## Partner/Supporters

- \* Total attention/energy needs to be given to the woman during contractions. Don't talk or move about noisily
- \* Suggest changes in position if appropriate and make sure she is comfortably supported by pillows etc.
- \* Offer massage, hot/cold packs
- \* Offer fluids and remind her to empty her bladder
- \* Encourage her to breathe through the contractions. Breathe with her slowly if she seems to be having difficulty
- \* Arrange for support people to care for other children

## Partner/Supporters

- \* Continue to assist your partner to stay focused and breathe through contractions
- \* Massage, hot/cold packs, on back, lower abdomen or legs may help
- \* Wipe her face, back of neck, etc. with cool facecloth
- \* Offer her drink, ice chips to suck etc
- \* May need a fan on or window opened for fresh air

## What is Happening

### Late first stage (continued)

## Transition from first to second stage of labour

### What is Happening

- \* Contractions may be longer, stronger, and closer together; sometimes double peaked
- \* You may feel tired, irritable, restless, weepy, unable to 'control' your labour, panicky
- \* You may experience shivering, leg cramps, nausea, or vomiting
- \* You may feel too hot and then too cold

## Helping Yourself

- \* Changes of position, baths, showers, hot and cold packs, massage etc may provide comfort
- \* Continue to sip fluid, nibble comfort foods, and empty your bladder

## Helping Yourself

- \* Be aware that feelings of pain, confusion, despair, anger, exhaustion and loss of control are normal at this time and indicate that dilation is almost complete
- \* Don't try to stay 'in control' of your labour; allow it to get bigger than you. Try to relax and go with the sensations you're feeling
  - \* Keep breathing through the contractions. Slow and deep
- \* Changing position between contractions sometimes helps. Or you may feel completely unable to move from the position you're in
  - \* Be vocal if you feel like it. Give voice to how you are feeling so your midwife and supporters can provide appropriate assistance and reassurance

## Partner/Supporters

- \* Offer lots of encouragement and reassurance
- \* Reminder her to focus on the contractions she is having rather than worrying/panicking

## Partner/Supporters

- \* Lots of reassurance and encouragement
- \* Acknowledge that this is probably the most difficult part of her labour. It signals the end of the first stage and soon she'll be able to push her baby out
- \* Stay with your partner continuously
- \* She may either want to be held and comforted or may not want to be touched
- \* Don't be discouraged if you never seem to be providing the desired assistance-her needs and moods may change rapidly and dramatically
- \* She may need you to breathe with her during contractions
- \* Continue with cool flannels, massage; and help rearrange pillows etc. so that she can relax as much as possible
- \* Offer sips of fluid, ice chips, etc.

## What is Happening

### Second stage of labour

- \* Baby is gradually pushed out of your womb and through your vagina
- \* The desire to bear down may be strong and overwhelming, or may build gradually
- \* There is sometimes a lull in contractions between first and second stages of labour
- \* You may feel a stinging or burning sensation in your vagina as your baby's head moves down
- \* After your baby's head is born there may be a pause before the next contraction and the birth of the body

## What is Happening

### The moment of birth

- \* Your baby is usually given to you immediately
- \* As your baby needs to be kept warm, it is best for baby to be directly next to your skin, and the midwife will place a soft warm towel over both of you

## Helping Yourself

- \* Bear down only when you have an overwhelming urge. This will enable your tissues to stretch gradually, decreasing the possibility of damage. Focus on relaxing and gathering your energy between urges to bear down
- \* Consciously relax your pelvic floor, visualizing your body opening to let your baby out. Keeping your mouth and jaw relaxed may also help to relax your pelvic floor
- \* Keep breathing while you bear down. Exhale/breathe your baby out
- \* Changes in position are still possible and may be important. Your midwife may suggest effective positions
- \* As the birth approaches, your midwife may suggest when to encourage or slow things down by panting or blowing
- \* Vocalising during contractions may be particularly helpful during this stage

## Helping Yourself

- \* This is a time of great wonder and joy for parents, their children, and anyone else who has been privileged to share the moment of birth. You may feel elated, excited, emotional and tearful

## Partner/Supporters

- \* Encourage her, remembering that second stage usually takes a few hours with a first baby
- \* Massage and face sponging may still be appreciated
- \* Assist/support her to remain comfortable in the positions she adopts
- \* Remind her to relax her pelvic floor and keep breathing
- \* Push or pant/blow with her if this seems to help
- \* The midwife may ask for hot moist flannels to hold against her perineum to help ease the stretching sensations
- \* A mirror can enable her to see how she is progressing and encourage her to keep going even if she feels exhausted

## Partner/Supporters

- \* Extra heating may now be necessary to help keep the baby warm
- \* Lights may need to be dimmed or curtains drawn to enable your baby to open his/her eyes

## What is Happening

### The moment of birth (continued)

- \* Your baby may cry quite a bit, or just a little
- \* Your baby may suckle very soon after being born
- \* Make sure your midwife knows your wishes regarding cord cutting prior to this time

## Helping Yourself

- \* You may experience symptoms of shock at the moment of birth e.g. uncontrollable shaking or shivering - and as if you were observing rather than participating, inability to comprehend that your baby is actually born and that you can hold her. These feelings usually pass quickly
- \* Talk quietly to your baby, stroking and touching her. Allow the baby to gently familiarize herself with the sound of your voice, the sight of your face, the smell of your body

## Partner/Supporters

- \* Your partner may need extra warmth if she is feeling shaky
- \* A warm milky sweet drink may be of comfort

## What is Happening

### Third stage: birth of the placenta

- \* After your baby is born there will be a brief lull in contractions. When they resume, they are usually less intense, sometimes imperceptible, but will cause your placenta to separate from the wall of your womb
- \* The placenta is usually birthed within 30-60 minutes of your baby's birth. There is no need to hurry this stage unless there is concern about your blood loss. Any stitching of tears will be done after the birth of the placenta

## Helping Yourself

- \* You may be encouraged to move into a more gravity-enhancing position to push the placenta out
- \* It may be appropriate to encourage more suckling from the baby to help bring on the cramps to birth the placenta

## Partner/Supporters

- \* You may need to hold the baby while the mother changes position to push out the placenta
- \* Make sure the mother is comfortable and well supported for ongoing breastfeeding

## Birth plan basics

Some people are very certain about how they want their birth to be, others plan to take it as it comes. There are some things that your midwife will want to know about your preferences and plans heading into the birth.

**Where you would like to birth baby.**

**Who you would like to support you, including if the birth is longer than expected.**

**Who will drive you to the place of birth if not staying at home.**

**How you plan to get through the wondrous intensity of labour. Recognising prelabour and active labour.**

**Who can catch baby. (The midwife will be there to help).**

**If assistance is needed.**

**Birth the placenta / whenua.**

**Baby getting their placental blood. Cutting the umbilical cord. Keeping the placenta / whenua or not.**

**Skin to skin and first feed.**

**Vitamin K for baby – injection, oral or none.**

**After birth rest. Support in the first days, the first weeks.**

**Where your other children will be during the labour and birth and afterwards. People who may be able to help.**

**Any other preferences.**

## What you need for a home birth

- Easily digested food and drinks to provide energy during the birth (and celebration food for after!).
- Lots of ice cubes for cool drinks as well as cooling cloths for face and neck.
- Cushions and a bean bag are good for changing positions in labour.
- Hot water bottle or heat packs.
- Birth pool and liner can be borrowed from your midwife. Some women buy one to keep as a paddling pool.
- A way to warm the room for baby.
- 6 or so soft old towels and a way to warm them for drying baby and mum after the birth (clothes dryer/ heater/ hot water bottles).
- A torch and mirror can be handy.
- Plastic mats such as \$2 shop shower curtains to protect your bed, couch or carpet.
- A container, some women vomit in labour.
- A roll of toilet paper.
- A rubbish bin with plenty of plastic bags / liners.
- A hospital bag packed in case of transfer (see next page).
- A container for the placenta / whenua.
- Baby blankets, clothes, nappies.
- Sanitary pads.
- Whatever will help you stay relaxed- music, lighting, good people. An extra person dedicated to caring for older children if you have them.

Have a look at Homebirth Aotearoa's website for more ideas [www.homebirth.org.nz](http://www.homebirth.org.nz)



## What to take to the maternity unit

### FOR BABY

- Car seat.
- Nappies x 6. The unit has cloth nappies you can use but no disposables.
- Cotton and woollen singlets, gown or stretch-and-grow.
- Woollen cardigan, hat and booties.
- Woollen and cotton blankets / wraps x 2.
- If you have expressed some breastmilk before birth you might take some with you – discuss with your midwife.

**Tip:** Bundle one complete set of clothes, including a nappy, in a blanket and put in the top of baby's bag for easy finding after the birth.

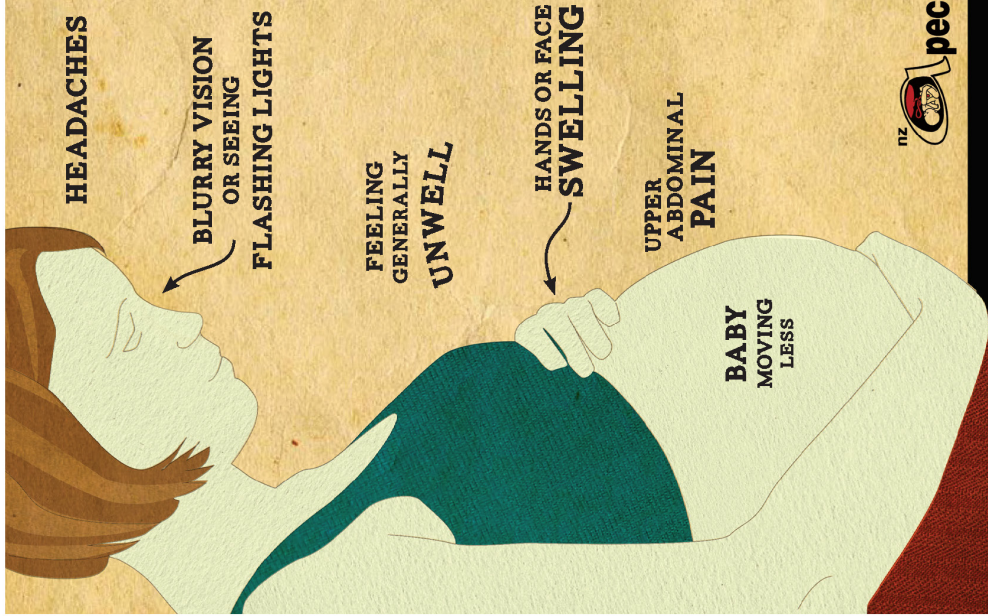
### FOR YOURSELF

- A nightie and dressing gown and/or a change of clothes to go home in. When choosing clothes, think easy access for skin to skin cuddles with baby.
- Toiletries bag, including soap and shampoo.
- Phone and charger – and make sure you have enough credit.
- Sanitary pads are provided but it is best to have a good supply to go home to.
- Food - snacks for labour and after the birth for you and your partner i.e. cheese, fruit, sports drinks and biscuits etc.

**Tip:** Dark coloured comfy underpants are best for the first few days until the post-birth bleeding has settled.

### FOR PARTNER

- Cool clothes – it's hot in the birth room, maybe swimming shorts/togs to support your partner in the birth pool.
- Drinks, food, camera, phone and charger.



# Do you know THE MAJOR 6 WARNING SIGNS OF PRE-ECLAMPSIA?

Pre-eclampsia is a really serious complication that affects 3-7% of women in the second half of pregnancy. In extreme cases, babies and mothers have died from pre-eclampsia.

If it's discovered early, most mothers with pre-eclampsia can still have a healthy baby. If you get it, you'll need extra care from a specialist, usually in hospital to ensure everything goes as smoothly as possible.

**These are the 6 warning signs to look for:**

1. Upper abdominal pain
2. Headaches
3. Feeling unwell, nauseous or throwing up
4. Blurry vision or seeing flashing lights
5. Swollen hands & face
6. Reduced baby movements

If you are past 20 weeks and **start** having **even one** of these warning signs, call your doctor or midwife as soon as possible.

## Life with baby

You can call us whenever you need to. We visit you every day after the baby is born until around the 5th day, then every second or third day, then weekly until the 6th week. Your ongoing care with baby is then linked in with your preferred Well Child Provider (Plunket or Tamariki Ora). Our care is completed by six weeks with the final visit.

*“Trust yourself. You know more than you think you do... It may surprise you to hear that the more people have studied different methods of bringing up children the more they have come to the conclusion that what good mother and fathers instinctively feel like doing for their babies is usually best.”*  
Benjamin Spock.

### SUGGESTIONS

- IT IS A GOOD IDEA TO HAVE SOMEONE TO HELP YOU OUT FOR THE FIRST 1-2 WEEKS AFTER THE BABY IS BORN.
- Try to rest or sleep when your baby sleeps – even 10 minutes of lying down with eyes closed breathing deeply will help.
- Mostly babies are more sociable at night than during the day so be prepared for the broken nights’ sleep by catching up on rest during the day.
- Friends and whānau are great especially if they offer to cook a meal, do the dishes, or hang out the laundry - don't hesitate to take up the offer. It is so important that you do not stay awake or miss baby’s feeding cues because you are busy hosting people. It is you that will suffer with an unsettled baby in the night.

Suggest visitors come only for a short time in the beginning or take yourself and baby off to bed leaving them to enjoy their cup of tea in the lounge.

- Work into activity slowly, and you will benefit later on when the support team has gone. Try taking parenting one day at a time.
- Have a bottle of water or other refreshing liquids beside the bed and beside your feeding chair to satisfy your increased thirst.
- Aim to have three nutritious meals a day with small snacks (nuts, fruit, crackers and cheese) in between to keep energy levels up.
- Remember to try and eat food enriched with iron to help replenish the stores after birth.

## **Booklets**

*Eating for Healthy Breastfeeding Women* Ministry of Health

*Eating for Healthy Babies and Toddlers* MOH 2008

*SKIP Tips for Babies, Congratulations Dad, and Whakatipu - Te Pihinga.* [www.skip.org.nz](http://www.skip.org.nz)

## **AFTERPAINS**

Afterpains or period-like cramps can occur for about three days after the baby is born. This is the uterus returning to its original size and is more commonly noticed by women having their second or more babies. A hot water bottle can be very beneficial. Some women use homeopathic remedies or acupuncture. Paracetamol can also help.

## CARE OF BABY

- Take time to get to know your new baby and what their cues are and what they may mean.
- During the day keep baby in daylight. By using the white light of the daylight, physiological jaundice, or the yellow skin discolouring that some newborns have, may disperse more rapidly along with frequent feeding.
- Clean around baby's cord when in the bath or with a moist cloth. Towel or air dry.
- **If your newborn baby becomes sleepy, has long periods between feeding and/or is difficult to feed, please contact your midwife as soon as possible.**
- **Don't hesitate to call us if you are worried about yourself or your baby.**

## Vitamin K and your newborn

One of the first decisions you will make after the birth is whether or not to give Vitamin K (Vit K) to your baby. Vit K is a fat-soluble vitamin that plays a role in blood clotting. Prior to birth babies have comparatively low levels of Vit K; this is believed to be useful during the time your baby is growing and experiencing periods of rapid cell replacement. It also helps prevent clotting problems during the birth. Your baby's body maintains these levels very precisely and taking Vit K supplements during pregnancy will not result in increased levels of Vit K in the unborn baby. The majority of healthy breastfed babies will have blood levels of Vit K close to those of an adult within six weeks.

In a very small number of babies (around 1:10 000) the low levels of Vit K can result in a bleeding disorder now known as

Vitamin K Deficiency Bleeding (VKDB) that can cause irreversible damage and even death sometime in the first 6 months after birth. Due to this risk CCDHB (our regional hospital team) recommends that the intramuscular injection (IM) of Vit K be given to all babies after birth.

Some babies are at a higher risk of Vitamin K Deficiency Bleeding:

- Those born prematurely
- Those born by caesarean section, ventouse or forceps
- Those requiring surgery soon after birth (including tongue tie release)
- Those who experience any spontaneous bruising or bleeding such as from the nose, mouth, umbilicus or bowel in the first six months of life.

How is Vitamin K given?

Either by a one-off injection sometime in the first couple of hours after the birth or by three doses into the mouth after birth, at 4-7 days, and again at 4-6 weeks of age. Advantages of the injection: An injection of Vit K at birth is known to be effective in the prevention of VKDB. Only a single injection is required. Disadvantages of IM Vit K: There was a study over 20 years ago that indicated a slight relationship between some childhood cancers and IM Vit K, but subsequent studies have failed to confirm the presence of risk. Advantages of oral Vit K: there are no reported adverse side effects. Disadvantages of oral Vit K: It is not recommended for high-risk babies as absorption is uncertain; baby may vomit the medicine and it must be given again; it may not prevent the late onset of bleeding in breastfed infants; a full course of three doses must be completed. For more information, see:

<https://www.healthpoint.co.nz/public/obstetric-and-gynaecology/capital-coast-dhb-womens-health-obstetrics/vitamin-k-prophylaxis-and-your-baby/>

### SAFE SLEEP

No matter how hard it is go get your baby to sleep it is so important to make every sleep a safe sleep. Baby needs their own sleep space – bassinet, cot, wahakura or peipod. Face up – sleep baby on their back. Face clear – no toys, pillows, padding or siblings. Smokefree – a smokefree home.

### WARM AND DRY

Newborn babies need a warm, dry environment to thrive. 16-20 degrees Celsius is a good room temperature. Baby's ideal body temperature range is between 36.6 and 37 degrees Celsius. You can check their temperature to decide whether to add or remove layers of clothes by putting your finger against their chest or between their shoulder blades. They should feel cosily warm not sticky hot or clammy cold. Babies that are too hot can get dehydrated and unwell. Babies that are too cold use all their energy staying warm instead of growing.

Please use natural fabrics like wool, cotton and bamboo for baby. Polar fleece and minky blankets keep moisture in and let heat out causing babies to overheat then get cold.

### METABOLIC SCREENING (HEEL PRICK)

A heel prick blood test is offered for baby after 48 hours. Parental consent is required. The test screens for approximately 27 metabolic conditions so that affected babies can be identified early enough to prevent damage through medication or diet. Your midwife will provide you with a leaflet outlining details.

These tests are sent to Auckland and you will be notified of the results via your midwife. You can request to have the card returned to you. A letter written giving the name of baby, NHI number, date of birth and address for the return of the blood sample and signed by mum, can be put in with the blood sample.

- [www.nsu.govt.nz](http://www.nsu.govt.nz)

## Exclusive breastfeeding

Go for it! Breast milk is all that your baby needs for the first 6 months following birth. Exclusive breastfeeding benefits are far-reaching.

**For the baby:** Human milk is a living biological fluid that comes from the breast on demand and is continuously changing to meet the exact immunological needs of the child. In childhood, in adulthood, even in old age, people who were breastfed have better health profiles. Not only do they have stronger eyes, teeth and bones, but they also experience lower rates of obesity, diabetes, cancer and heart disease.

**For the mother:** Right after birth, breastfeeding helps contract the uterus reducing bleeding. Over the next few months, breastfeeding helps shed the extra weight of the pregnancy and releases hormones associated with a general feeling of well-being and contentment. Decades after the child is weaned, the mother is still reaping benefits. As they age, women who have breastfed for many months have significantly lower rates of breast, ovarian and uterine cancers, urinary tract infections and osteoporosis.



**For the planet:** Human milk is delivered to the consumer without any pollution, unnecessary packaging or waste. Producing, packaging, shipping and preparing canned formula, on the other hand, produce tremendous ecological waste.

## Just a few important breastfeeding points

- Breastfeeding frequently and for unrestricted periods is normal and the healthy behaviour of a baby.
- The average breastmilk production after the first week is around 750 mls per day, up to 1200mls/day – that is why you get so thirsty!
- The average number of feeds per 24 hours is 11, with a range of 6 to 19. (1 feed, 1 breast).
- 2/3 of the available milk is taken at a feed, usually about 1/3 of the milk still remains in the breast.
- Average feed after a week = 75mls (+ or - 40mls).
- What you can express with a pump does not equal what your baby gets at a feed. Babies are far more efficient at drawing out breastmilk than any pump – don't be downhearted by pumping.
- ALL babies less than 9 weeks of age feed at night.
- Babies usually snack feed during the day with the biggest feed taken during the night (usually around 4-6 am). Because of this large feed, 20% of nutritive feeding is overnight.
- There is NO relationship between the length of a feed and the timing for the next feed.

- Babies have small stomachs, in the first 24 hours they may only tolerate small amounts in their stomach at any one feed (about the size of a marble) which increase over the next days until 10 days when a baby's stomach is about the size of a ping-pong ball.



## Breastfeeding guide

The trick to breastfeeding is getting your baby to latch on comfortably and the essence of that is being held very close and getting a huge mouthful of breast – not just nipple.

**Baby's hunger cues**

Early: smacking or licking lips, opening and closing mouth, sucking on lips, tongue, hands, fingers.

Active: rooting around, trying to position himself for feeding, fidgeting and squirming around a lot, fussing and breathing fast.

Late: moving head frantically from side to side, crying.

**Mum: Ready and prepared**

Go to the toilet, have a drink and maybe snacks ready for yourself while breast feeding, have entertainment sorted for other children.

Get comfortable, and experiment with different holds to find the right position for you and baby. Talk to your midwife about different possibilities.

**Getting latched**

- Hold your baby closely turned towards you, chest to chest at the level of your breast, with the baby's nostrils at the same level as your nipple.
- Encourage your baby to open its mouth by gently stroking the baby's lip with your nipple.
- Your baby's chin should then be pressed well against your breast.
- Baby shouldn't need to twist or turn its head. Pushing your baby's head onto your breast can frighten some babies and put them off.
- After a few seconds baby should suck rhythmically with pauses.

The early weeks mean frequent feeds for your baby, with no set pattern— but this is normal, and it is the way breastfeeding becomes established. Cluster feeding is also normal – for a few hours a day or a full day once a week it will seem like baby is

continuously feeding. This is how baby increases your supply for the next day. Let baby feed often and they will become more settled again.

Please discuss breastfeeding with your midwife at any time – yes, even at 2am if things are rough – we really want it to work well for you.

## Breastfeeding information sources

Ministry of Health site [www.breastfeeding.co.nz](http://www.breastfeeding.co.nz)

[www.lalecheleague.org.nz/](http://www.lalecheleague.org.nz/) and [www.lalecheleague.org/](http://www.lalecheleague.org/)

[www.kellymom.com](http://www.kellymom.com)

BreastfedNZ free app

DVD Breastfeeding Naturally, is also on YouTube

“Follow me Mum” DVD (Available to view at Paraparaumu Maternity).

**La Leche League in Kāpiti** is a group of mothers supporting mothers with breastfeeding. They hold meetings and offer other support. Phone Janet 042932411 or Natasha 04 905 5595.

**Paraparaumu Maternity Unit** midwives are happy to provide support at the unit (eg sitting with you through a feed) or by phone, including overnight, even after you have been back home for a while. Phone 04 9030205 to check availability.

**The Breastfeeding Centre**, 20 Ngatitoa Street, (opposite the marae), Takapuwahia, Porirua. Free support available Tuesdays 10am-2pm. Aim to be there at 10am and stay until baby has fed once or twice to get the most benefit.

## Alternative therapies

There are a number of alternative therapies that can be used in pregnancy, birth and after. These include homeopathy, cranial osteopathy, acupuncture, acupressure, reflexology, naturopathy, hypnotherapy and aromatherapy. Look for qualified and registered health practitioners with experience in maternity care.

## Your pelvic floor

The pelvic floor is a group of muscles that make a hammock in your pelvis to hold up your uterus, bladder, bowel and other tissues. Your pelvic floor helps baby rotate down and out through your pelvis in birth. Your pelvic floor is also important to your long-term health. If these muscles become very loose you are more likely to have problems with wetting or soiling your pants and holding in gas at appropriate times. So, it is worth working that pelvic floor.

**Recognise the pelvic floor.** At first you may need to perform these exercises while sitting or lying down. As the muscles strengthen you can progress to exercise standing. In pregnancy they will get harder to do upright due to the weight of baby so try hands and knees or side-lying. Imagine you are holding in urine, the baby and a fart – those are the muscles we are talking about. Do not do while urinating as this can cause a urinary infection by not emptying the bladder properly. Like any activity, start with what you can achieve and progress from there.

**If you can feel the muscles working exercise them by:**

- Tightening and drawing in and up around your anus (back passage), vagina and urethra (bladder outlet). LIFT UP inside and try to HOLD this contraction STRONGLY for as long as you can (1 - 10 seconds). KEEP BREATHING! Now release and RELAX. You should have a definite feeling of letting go.
- Rest 10 - 20 seconds - repeat Step 1 and remember it is important to rest. If you find it easy to hold, try to hold longer and repeat as many as you are able. Work towards 12 long, strong holds. Imagine it as a lift: the initial squeeze is the lift doors closing then imagine the lift going up each floor to level five then down again and relax open the doors.
- Now try 5 - 10 short, fast STRONG contractions. Do NOT hold your breath. Do NOT push down instead of squeeze and lift. Do NOT pull your tummy in tightly. Do NOT tighten your buttocks and thighs.

**Build pelvic floor exercise into your life so you don't have to remember to do them!**

- Do a couple of sets each time you sit down to breastfeed or start to watch TV. Try to set aside 5 - 10 minutes in your day for this exercise routine.
- Lift your pelvic floor before you lift your baby or other children or any heavy weight. That 3kg newborn will soon be a 10kg toddler (think big sack of potatoes). Protect your pelvic floor from stretching when you pick things up by gripping it first. This also helps your abdominal muscles not separate.
- Remember to use the muscles when you need them most. That is, always tighten before you cough, sneeze, lift, bend, get up out of a chair etc.

Remember QUALITY is important. A few GOOD contractions are more helpful than many half-hearted ones and GOOD results take TIME and EFFORT.

For specialist advice and skills see a physiotherapist with an interest in the pelvic floor or go to Pilates or yoga for development and maintenance of pelvic floor strength. Also see [www.continence.org.nz](http://www.continence.org.nz)

## Appendix 1: Concerns about your care

Please raise any concerns about your care at any time with your midwife so issues can be resolved quickly. You are free to change Lead Maternity Carer at any time. Your midwife will also provide you with a feedback form at the completion of care that gets sent freepost directly to the NZ College of Midwives who identify serious concerns before returning the form to the midwife. (See the next page). You can find the form here: <https://www.midwife.org.nz>

The ten rights of health and disability services consumers, and duties of providers are:

1. To be treated with respect
2. To freedom from discrimination, coercion, harassment and exploitation
3. To dignity and independence
4. To service of an appropriate standard
5. To effective communications
6. To be fully informed
7. To make an informed choice and give informed consent
8. To support
9. Rights in respect to permission for teaching or research
10. To complain.

If you are concerned about aspects of your care from a midwife or other health services there are complaint resolutions processes available. For resolution through the NZ College of Midwives please phone 04 801 6180 and leave a message to speak with a consumer or midwifery representative about these concerns. Complaint enquiries can be made to The Health and Disabilities Commissioner by phoning 0800 11 22 33 week days between 8am–5pm or by visiting [www.hdc.org.nz](http://www.hdc.org.nz)



## Appendix 2: Review of our practice

Every 2-3 years we review our practice against the standards set by the New Zealand College of Midwives. This involves a review of the years' work, the outcomes for women and babies, and evaluation forms sent back to us by you.

Privacy is maintained and names and particular cases are not identified. The review is organised by the New Zealand College of Midwives with equal numbers of consumer and midwife representatives.

If you would like to be involved in future reviews of maternity services provided by midwives, contact numbers can be provided by your midwife. We deeply appreciate the influence women have in shaping and developing our maternity services. Volunteering is a great way women can help maintain the quality of our care.

After the birth you will be given or sent by the midwife a consumer evaluation form which we ask you to fill out and return. This feedback on the care you received helps us to improve our service. The form can also be filled in online at [www.midwife.org.nz/consumer-feedback](http://www.midwife.org.nz/consumer-feedback)

## Appendix 3: Use of information

When you book in for your maternity care with Nikau Midwives, information about you is collected and used for a number of purposes related to your healthcare.

- Your health details, past and present that specifically relate to the pregnancy, are collected to enable us to provide appropriate care for you during the pregnancy.
- We are obliged to book you into the local Capital & Coast District Health Board. Your record held by the DHB is a similar set of information to your hand held notes. This information is entered by the hospital staff on to their computerised perinatal data base.
- A set of notes is generated and kept to be used when or if you arrive in the facility for care.
- Individual midwives maintain a database for administration and to monitor our outcomes. We use statistics to evaluate our care and to provide information about our birth outcomes.
- The Ministry of Health, Healthpac, administer the maternity benefit and therefore pay for your care. Information shared is a subset of the information already held including your name, date of birth, due date, number of previous babies, etc.
- Information is kept secure in the files of each midwife and we are required by law to hold these records for 10 years after the birth after which point we may destroy them securely or continue to hold them securely.

- Collection of data has always been a feature of health care. However electronic databases have made it easier to collect more information. We are careful about storage and sharing of electronic records to maximise your privacy and security.
- You are welcome to view the information held about your health. Just ask.
- If you would like a copy of your birth notes or other DHB held medical records just fill out the forms here: [http://ccdhb.org.nz/patient/health\\_info.htm](http://ccdhb.org.nz/patient/health_info.htm) or if you are from another area find the relevant forms on the applicable DHB website.

#### NOTES

## NOTES

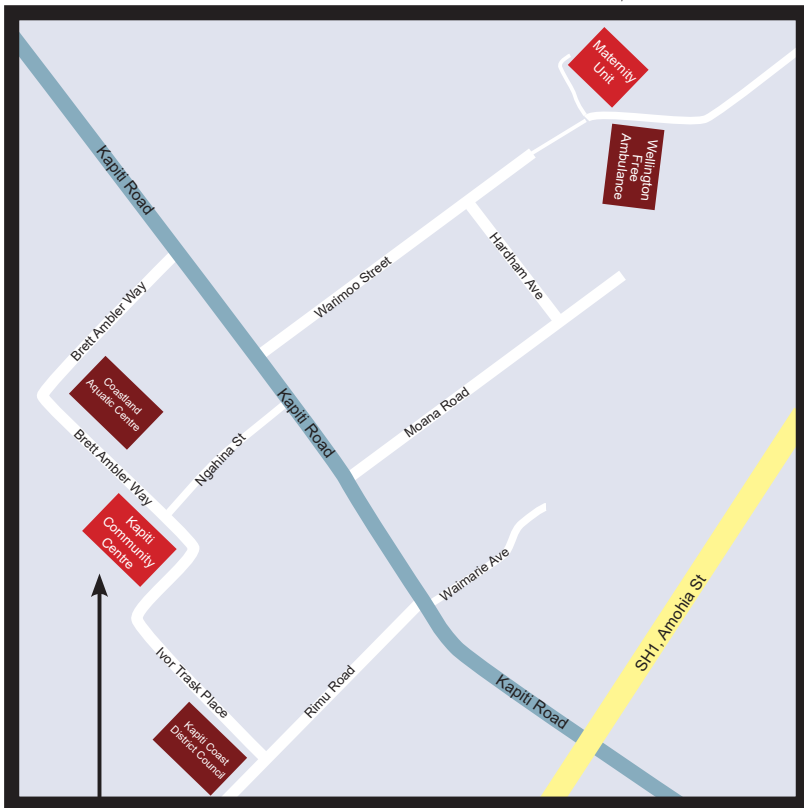
## NOTES

## NOTES

# Location Map

**Maternity Unit, 35 Warrimoo St, Paraparaumu**

Take the driveway opposite the ambulance station  
to park outside the Maternity Unit  
at the rear of the Kāpiti Health Centre



Coffee morning venue:  
Kapiti Community Centre  
Ngahina Street, Paraparaumu

Nikau Midwives was formed in 1998 to provide continuity of midwifery care throughout pregnancy, labour, birth, and up to six weeks after the baby's birth for women in Kāpiti. We have found that this style of care leads to excellent results both in terms of satisfaction and outcomes for women and their babies.

Nikau Midwives have a reliable back-up system within our group. We have regular organised time off. During your pregnancy you will have the opportunity to meet and discuss your care plan with a back-up midwife either at our weekly meeting or by arrangement in your own home.

**Come and meet Nikau Midwives and families using our service at the weekly morning tea. We have toys and a safe outdoors area for children to play.**

**Tuesdays 10:30-11:30am  
Kāpiti Community Centre  
Ngahina St  
Paraparaumu.**

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