

Maternity Services Your hospital stay

Information for patients and families

Key points

- When you are in labour or if you have any concerns, before coming to The Northern Hospital please first ring the Maternity Assessment Clinic
- It is helpful to have all the items you need while you are in hospital packed in your suitcase about four weeks before your baby's due date.

Before coming to hospital

- **If you are in labour or have any concerns, phone the Maternity Assessment Clinic, on T. (03) 8405 2277**
- If you are asked to come to hospital, staff will let you know if you should go to the Maternity Assessment Clinic on the 1st floor or to the Maternity Ward reception desk on the 1st floor The Northern Hospital 185 Cooper Street, Epping 3076

Maternity tours

Maternity Tours may be affected by COVID-19 restrictions. Please check Northern Health website for the latest advice. www.nh.org.au

For the birth of your baby, please bring the following to hospital

For Mother

- Water bottle
- Nightie or old T shirt for use in Birthing Suite
- Day Clothes
- Night clothes and dressing gown
- Slippers/thongs
- Super Maternity Pads 3 to 4 packs
- Soap, shampoo, hair ties, deodorant, tooth brush, tooth paste, tissues
- Maternity Bras
- Breast Pads

For Baby

- Cotton balls / Baby Wipes
- Disposable Newborn Nappies (pack of 32)
- Baby clothes and singlets for 3-4 days, bibs and booties/socks/mittens
- Baby blankets or wraps
- Baby hat/beanie: no hats while healthy babies are sleeping as per the Sudden Infant Death Syndrome (SIDS) guidelines

Important

Please do not bring valuables, items of sentimental value or large sums of money. The hospital cannot take responsibility for these items.

Arriving at the hospital – The Northern Hospital 185 Cooper Street, Epping 3076 During the day between 7am and 11pm

- Enter via the main hospital entrance and, as advised on the phone, go to The Maternity Ward Reception desk.

At night between 11pm and 7am the hospital front entrance is closed.

- Enter via the Emergency Department and present to the Emergency Department Reception desk for the admission paperwork and directions to the Maternity Ward or Birthing Suite.

Your support person

Your partner or support person might consider bringing a camera. Your partner or support person will need to bring their own personal requirements and snacks/food.

Visitors to birth suite

Two support people are welcome and encouraged as they are important in providing support and comfort to the birthing woman. Support people may be asked to wait outside during certain procedures. Children can visit at the discretion of the family and the maternity team. Visiting in the birth suite after birth is flexible, please discuss with the maternity team.

Visitors to the maternity ward

Please refer to the hospital website for updated visiting hours for the unit. The visiting hours may vary due to COVID-19. www.nh.org.au

Telephones

If you wish to use the bedside telephone during your hospital stay, you will need to purchase a Telstra Smartcard: \$5 or \$10 cards can be bought from the Kiosk (Rainbow Convenience Store) in the front foyer of the hospital. You are also welcome to use your personal mobile.

Television hire

This can be arranged by talking to your midwife.

Breastfeeding

Breastfeeding is the best way to feed your baby. Breastmilk provides all the right nutrition your baby needs in their first months of life. At Northern Health the maternity team will support you to successfully achieve this.

Speak to your midwife if you require more information, including if you had any breastfeeding difficulties with previous babies.

Lactation Consultants are available to offer advice during your pregnancy and following your birth, particularly if you require extra support.

Antenatal Breastfeeding Classes are held monthly at Northern Hospital Epping and Craigieburn Health Service.

Northern Health does not supply artificial formula. If you plan to artificially feed please bring your own formula. Bottles will be supplied for single use on the ward.

Car Parking

Car Parking is available at the current rate, within the hospital grounds.

Car Restraint

Ensure Approved Child Restraint/Capsule is fitted correctly to your care to take baby home.

Further Information:

Contact the Maternity Assessment Clinic on T. (03) 8405 2277

Contact the Lactation Consultant on T. (03) 8405 8202

www.nh.org.au/services/maternity

Northern Health welcomes your questions. Ask us:

**What is
my main
concern?**

**What do
I need
to do?**

**Why is it
important
for me to
do this?**

You can ask questions when:

- You see a doctor, nurse or other health care provider
- You prepare for a medical test or procedure
- You receive medication

This information is general only.
Northern Health encourages you to ask questions and get specific advice from your treating team.



If you need an Interpreter or the support of an Aboriginal Liaison Officer, please speak to a staff member.



Northern Health

www.nh.org.au



Hospital Bag Checklist

FOR LABOUR AND BIRTH

- Water bottle (With a straw is ideal !)
- Favourite snacks (Bite size)
- Lip Balm
- Maternity pads or Pull ups
- Maternity Bra
- Tens machine (Optional)
- Heat Pack (Optional)
- Frozen colostrum (if you have some)
- Mobile Phone charger
- Items that optimise your birth environment (Diffuser, salt lamp must be battery operated)
- Battery operated Desk Fan(Optional)
- Hair ties, clips or a headband to keep hair out of your face

FOR YOUR BABY

- Baby clothes (Onesie, baby singlet, beanie)0000 is new born baby size!
- Nappies (Bring a whole pack!)
- Baby wipes
- Night light (Optional)
- Swaddles

AFTER BIRTH

- Nipplecream.
(100%Lanolin is Breastfeeding safe)
- Breast Feeding friendly clothing
- Maternity undies (Waist-high + full brief)
- Maternity pads/ pull ups
- Loose Fitted comfortable clothes
- Sleep wear
- Tooth brush + Tooth Paste
- Shower gel, Shampoo + Conditioner
- Pillow + Breast feeding pillow
- Hair brush + Hair ties
- Skin Care
- Deodorant
- Shower shoes

HELPFUL TIPS

- Categorise baby clothes in zip lock bags .
- Pack some babies onesie with a double zip, to make changing babies easier!
- If you forget something do not worry. Someone can always bring it in for you !
- Please be mindful of your space, bulky items may be recommended to be transferred to the car.



Breastfeeding your baby

Information for patients and families

Key points

- This breastfeeding fact sheet is to help you understand some of the breastfeeding information that will be discussed with you during your pregnancy by your midwife or doctor
- Your midwife or doctor will also talk to you about your plans to breastfeed and your previous breastfeeding experiences
- Everyone needs help when learning about breastfeeding ask about things you have heard, read a book, attend a breastfeeding class with your support person.

Benefits of Breastfeeding

- Breast milk will help to protect your baby against illness – such as diarrhoea, vomiting, ear infections and some allergies
- Long-term breastfeeding also helps to reduce obesity and chronic diseases such as diabetes
- The baby does not need any extra fluid or food, only breast milk for the first six months. The baby is getting enough breast milk when there is six wet and one dirty nappy every twenty four hours with regular weight gains
- If your baby is born prematurely (early), your breast milk will be made especially for the age of your baby and is the best food for growth and development
- For the mother, breastfeeding helps her to regain her pre-pregnancy weight and helps the uterus to return to normal size, which prevents excessive blood loss
- Breastfeeding also helps protect the mother against breast and ovarian cancer and reduces the risk of osteoporosis
- Breastfeeding is normal for the baby, however, as with all new skills, holding your baby needs to be learnt and practiced until you feel confident
- Babies are born knowing that breastfeeding is the way to be fed, and settle into feeding on demand (when hungry).

Skin to skin

- Your baby loves to be skin to skin with you immediately after being born and stay there uninterrupted until after the first breastfeed

- This keeps baby calm and warm, promotes a feeling of closeness and releases hormones, which will help improve breastfeeding.

In most cases it will also be possible to have your baby with you soon after a caesarean birth

Demand Feeding

- As soon as your baby is born offer the breast and continue to do this whenever your baby wakes up and shows feeding cues
- You will have colostrum and with your breast being soft in the first few days, this is the best time for you and your baby to get use to breastfeeding
- Your baby will go to the breast at around 8-12 times every twenty four hours to encourage the breasts to make enough milk for adequate growth and development
- As your baby grows the frequency and length of breastfeeds will change over time.

Bottles, Teats and Dummies

- When your baby is learning to breastfeed it is best not to give a bottle teat or dummy as it causes a different sucking action which may confuse the baby.

Giving non-breast milk feeds

- You should produce enough colostrum in the first two days to provide enough fluid and calories for your baby
- Your baby may lose up to 10% of the birth weight on day two. Giving other fluids will cause problems and decrease how often your baby goes to the breast
- This will decrease the amount of colostrum and slow down the milk coming-in usually around 48-72 hours after the baby is born.

Unsettled baby

- Your baby's body will be going through many changes over the first few days of life
- This can be very unsettling and the baby will cry. During the pregnancy, your baby has been used to being close to you, hearing your heartbeat and being rocked to sleep as you move around during the day
- Overnight your baby was more active, and this will continue for the first two weeks after your baby is born. Now that this closeness and movement is no longer there, your baby misses it
- Your baby will settle much better if you cuddle your baby close to you
- You also need to check the baby's nappy and change it, if it is wet or dirty. The baby may be hungry, too hot or too cold
- As you get to know your baby you will learn the different cries that the baby uses to talk to you.

Antenatal Expressing

- There are some situations which make it more likely that a breastfed baby might need extra breastmilk (colostrum) in the first few days after birth, which your doctor and/or midwife will discuss with you
- Colostrum is already being produced in the breasts when you are around 16 weeks pregnant.

Help is available

- If you are worried about the shape or size of nipples or breast, had any breast surgery, previous breastfeeding difficulties, or any other concerns about breastfeeding talk to your midwife or contact the Lactation Consultant during your pregnancy
- The Australian Breastfeeding Association also provides telephone counselling.

Further Information:

The Northern Hospital Lactation Consultant Phone: (03) 8405 8202
Australian Breastfeeding Association (ABA) – 7 day Helpline: 1800 686 268

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the support of an Aboriginal
Liaison Officer, please speak
to a staff member.



Northern Health

www.nh.org.au

Antenatal Breastfeeding Class

Information for women and partners

Key points

- Specialist Breastfeeding Service Lactation Consultants are offering breastfeeding classes for pregnant women.
- Partners or support people are most welcome to attend with you.

Details

Cost: Free – for women with Medicare card

Time: 10am – 12 pm

Location: The Northern Hospital, Lecture Theatre, Epping - Saturday (NPBFCLC)

Please select the date you would like to attend

Please tick the date that you would like to attend and book the class at the reception desk before you leave or call (03) 8405 8771 or 8405 8770. We recommend classes at 32-36 weeks of pregnancy.

<input checked="" type="checkbox"/>	Face to Face Class
<input type="checkbox"/>	Saturday 13 Sep 2025
<input type="checkbox"/>	Saturday 18 Oct 2025
<input type="checkbox"/>	Saturday 15 Nov 2025
<input type="checkbox"/>	Saturday 13 Dec 2025
<input type="checkbox"/>	Saturday 17 Jan 2026
<input type="checkbox"/>	Saturday 14 Feb 2026
<input type="checkbox"/>	Saturday 14 Mar 2026
<input type="checkbox"/>	Saturday 11 April 2026
<input type="checkbox"/>	Saturday 9 May 2026
<input type="checkbox"/>	Saturday 13 June 2026
<input type="checkbox"/>	Saturday 11 July 2026
<input type="checkbox"/>	Saturday 15 Aug 2026

Midwife's signature:.....

Date:.....

Due date of birth:.....

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www.nh.org.au

What you can expect to discuss at the class

- The first breastfeed
- Why skin to skin contact is so important
- How to have a good breast milk supply
- How to know that the baby is getting enough breastmilk
- Different positions to use for breastfeeding
- Why babies wake up at night and sleep during the day
- How often the baby will want to breastfed
- Why mothers room in with their babies
- How to settle the baby
- Why breastfeeding is best for the mother and the baby
- Why there is no need to worry about nipple care while pregnant/breastfeeding
- Hand expressing
- Storage of breast milk
- Having a healthy diet while breastfeeding
- We are happy to answer any questions

Please bring a pen along to the classes.

Further Information:

Please contact the Special Breastfeeding Service T. (03) 8405 8202

Childbirth and Parenting Education Classes

Northern Health's Childbirth and Parenting Education Program is available to all pregnant clients and their partners or support persons, who are booked to give birth at the Northern Hospital.

Classes are recommended for those at or after 30 weeks of pregnancy

PLEASE BOOK EARLY AS NUMBERS ARE LIMITED.

The classes provide information and advice on topics including:

Healthy pregnancy advice

- What to expect during labor, birth and beyond
- Active birth principles
- Breast feeding tips for success
- First few days after birth and caring for your new baby/babies at home
- Safety issues and community support services
- Tour of Maternity Services
- Transition to parenthood
- Maintaining healthy and respectful relationships with your new family



Northern Health

The choice of class times available are:

The fee covers a program delivered by professionally trained Childbirth and Parenting Educators as well as all written and/or online resources.

If you are attending the Sunday class, please arrange your own lunch and snacks. Access to fridge, microwave, hot and cold water is available.

**Two consecutive
weekday sessions**
Tuesdays 6.00pm – 9.00pm

COST: \$60* per family

(Including support person)

**\$20 cost for Health Care Card Holders.*

OR

One day weekend session
Sunday 10am – 4.30pm

COST: \$80* per family

(Including support person)

**\$20 cost for Health Care Card Holders.*

Face to Face Education classes held at Lecture Theatre, Northern Hospital, Ground Floor, 185 Cooper Street, Epping

In the event face to face is not possible, classes will be delivered on line via Microsoft Teams. You will receive notification and details prior to your booked session if classes go online.

HOW TO BOOK AND PAY FOR YOUR CLASS

Classes can be booked via the following link <https://www.trybooking.com/CBQYI> or by scanning the QR code.

If you do not have a credit card, or wish to change or cancel your booking, please contact **0405409837**



For any general enquiries please contact **Childbirth Education Coordinator** on **0405409837** or email nh-childbirtheducation@nh.org.au.



www.nh.org.au

This information is general only. Northern Health encourages you to ask questions and get specific advice from your treating team.

If you need an Interpreter or the support of an Aboriginal Liaison Officer, please speak to a staff member.

Northern Health



Your baby's movements matter.

#movementsmatter



Why are my baby's movements important?

0 If your baby's movement pattern changes, it may be a sign that they are unwell.

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

How often should my baby move?



There is no set number of normal movements.

You should get to know your baby's own unique pattern of movements.

Babies movements can be described as anything from a kick or a flutter, to a swish or a roll.

You will start to feel your baby move between **weeks 16 and 24** of pregnancy, regardless of where your placenta lies.

Common myths about baby movements



It is not true that babies move less towards the end of pregnancy.

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



If you are concerned about your baby's movements, **having something to eat or drink to stimulate your baby DOES NOT WORK.**

What should I do?

In **any instance**, if you are concerned about a change in your baby's movements, **contact your midwife or doctor immediately.**



You are **not wasting their time.**

What may happen next?

Your midwife or doctor should ask you to come into your maternity unit (staff are available 24 hours, 7 days a week).



Investigations may include:

- Checking your baby's heartbeat
- Measuring your baby's growth
- Ultrasound scan
- Blood test

FIND OUT MORE: movementsmatter.org.au

Endorsed by: Royal Australian and New Zealand College of Obstetrics and Gynaecology (RANZCOG). Bears of Hope and Sanctis and organisations below. We thank Tomm/s UK for allowing us to adapt their campaign for our purpose. **Contact us at stillbirthcare@maternity.uq.edu.au**

Stillbirth
COITREOF RCSCAACH (UQ) (UENQ)

tmater
research

Midwives

SCV
Safer Care
Victoria

VICTORIA
State
Government

PERINATAL
SOCIETY
of Australia &
New Zealand
PSANZ



SANDA
Stillbirth and Neonatal
Death Alliance

crtm
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STILL A-irARE
stillaware.org



Have you met eve?



"I think this app is a wonderful idea! I wish it was started years ago! You get support from midwives and from other parents who are all in the same area and going to the same hospital. I love it!"



Northern Health

Who is eve?

EVE is an innovative smartphone application, designed to enhance the pregnancy, birthing and early parenting experience of new and expectant mothers and their partners. EVE is only available to parents-to-be, who have booked in to have their baby at Northern Health.

What are the benefits of downloading EVE?

- Access evidence based information regarding pregnancy, birth and early parenting, written by Northern Health obstetricians, midwives, nurses and Allied Health staff.
- Discover how your baby is growing and how your body is changing as you progress through your pregnancy
- Chat to the midwives about your pregnancy/early parenting questions (non-urgent only)
- Connect with other parents who live locally and are also expecting a baby at Northern Health
- Access a variety of antenatal tools to assist you on your journey (baby movement, contraction times, physical health monitor)
- Use a selection of postnatal tools to help you in your first few weeks/months of parenting (baby feeding/nappy changing tracker, baby growth tracker)
- Record your pregnancy/baby milestones, with the ability to import this to email to share with family/friends
- Access your own pregnancy information- your antenatal visit summaries and discharge summary once you have had your baby are there for you to see and review

How do I access EVE?

- You will receive an invitation via SMS a few weeks after you are booked in to have your baby with Northern Health
- The SMS will invite you to download the EVE application – Apple and Android compatible
- Follow the instructions in the SMS- you will receive a unique login and activation code. This is linked to your specific pregnancy information

Hints/Tips:

- There are keywords and rules built in to the EVE app chat function and baby movement monitor, designed to keep you and your baby safe – please follow the advice to call Birth Suite if you receive the automated message
- Engage with EVE as much or as little as you like. It is designed to complement your journey at Northern Health, it does not replace your usual antenatal or postnatal care.



Northern Health

Sleeping safely in late pregnancy

Information for patients and families

Key points

- Sleeping on your side after 28 weeks halves the risk of stillbirth
- Always settle to sleep on your side, day or night.

Benefits of sleeping on your side in late pregnancy

Lying on your back from 28 weeks pregnancy presses on major blood vessels, which can reduce blood flow and oxygen to your baby. Sleeping on your side means that there is more blood flow from you to your baby, giving your baby the oxygen and nutrients they need to grow.



What if I wake up on my back?

If you wake up on your back, settle back to sleep on your side. It doesn't matter which side you sleep on, both your left and right are safe.

What if I don't feel my baby move?

If your baby's movements are different or irregular, **DO NOT WAIT!** Babies don't wait, so neither should you. Contact the Maternity Assessment Clinic (MAC).

Further Information:

Contact the Maternity Assessment Clinic (MAC) on 8405 2277.
This number is available 24 hours a day.

To learn more:

www.stillaware.org

www.sleeponside.org.nz

www.bettersafecare.vic.gov.au

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and get specific advice from your treating team.



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Northern Health

www.nh.org.au

Safe Sleeping

How to sleep your baby safely to reduce the risk of sudden infant death.

For all babies 0-12 months



rednose.org.au



red nose
saving little lives

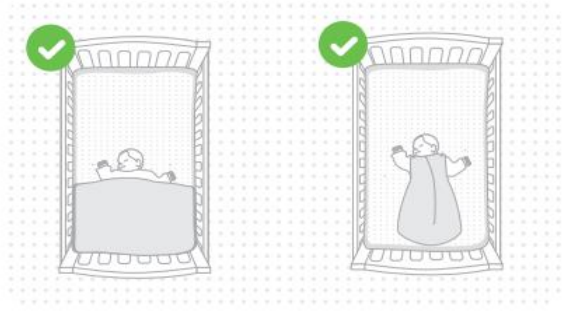
For all babies 0-12 months, Red Nose recommends six key steps to reduce the risk of sudden infant death.

1 Always place baby on their back to sleep.

Placing baby on their back to sleep helps **keep their airway clear and ensures their protective reflexes work**. Back sleeping reduces the risk of suffocation, overheating and choking.

2 Keep baby's face and head uncovered.

Babies control their temperature through their face and head, so **keeping baby's face and head uncovered during sleep helps reduce the risk of overheating**. It also helps keep their airways clear which reduces the risk of suffocation.



3 Keep baby smoke free before and after birth.

Smoking during pregnancy and around baby once they are born increases the risk of sudden infant death – this includes second-hand smoke.

If you or your partner smoke, **don't smoke around baby and never smoke where baby sleeps**.

For free help to quit smoking call **Quitline on 13 78 48**.

✗ No soft surfaces or bulky items

Don't use any soft items in the cot. Soft items in the sleep space are dangerous and increase the risk of suffocation and overheating.



- ✗ Doonas or loose blankets
- ✗ Pillows
- ✗ Cot bumpers
- ✗ Lambs wool
- ✗ Soft toys like a teddy

4 Safe sleeping environment night and day.

The safest place for baby to sleep is in their own safe space, with a safe mattress, and safe bedding.

Baby should always be placed on their back to sleep, with their feet at the bottom of the bassinet or cot.

- **Safe cot**
Meets Australian standard AS/NZS 2172:2003.
- **Safe mattress**
Firm, flat, right size for your safe cot, meets voluntary Australian standard (AS/NZS 8811.1:2013).
- **Safe bedding**
Lightweight bedding, firmly tucked in and only pulled up to the chest.
- **Safe sleeping bag**
Well fitted across the neck and chest, with baby's arms out, and no hood.

5 Sleep baby in their own safe sleep space in the parent or caregiver's room for the first 6 months*

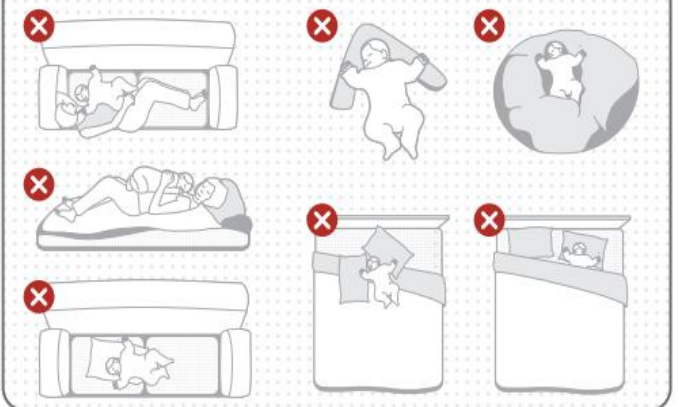
The safest place for baby to sleep is in their own safe space, in the same room as their parents or adult caregivers for the first 6 months.



6 Breastfeed baby.

Breastfeeding has been shown to reduce the risk of sudden infant death.

✗ Unsafe sleeping spaces



*For risk minimisation information on co-sleeping visit: rednose.org.au/cosleeping

** For information on bassinet use visit: rednose.org.au/bassinetsinfo

Red Nose acknowledges the Traditional Owners of the lands in which we work, live and visit.

Red Nose Safe Sleep Advice Hub
1300 998 698
(during AEST/AEDT business hours)
education@rednose.org.au
rednose.org.au/safesleep

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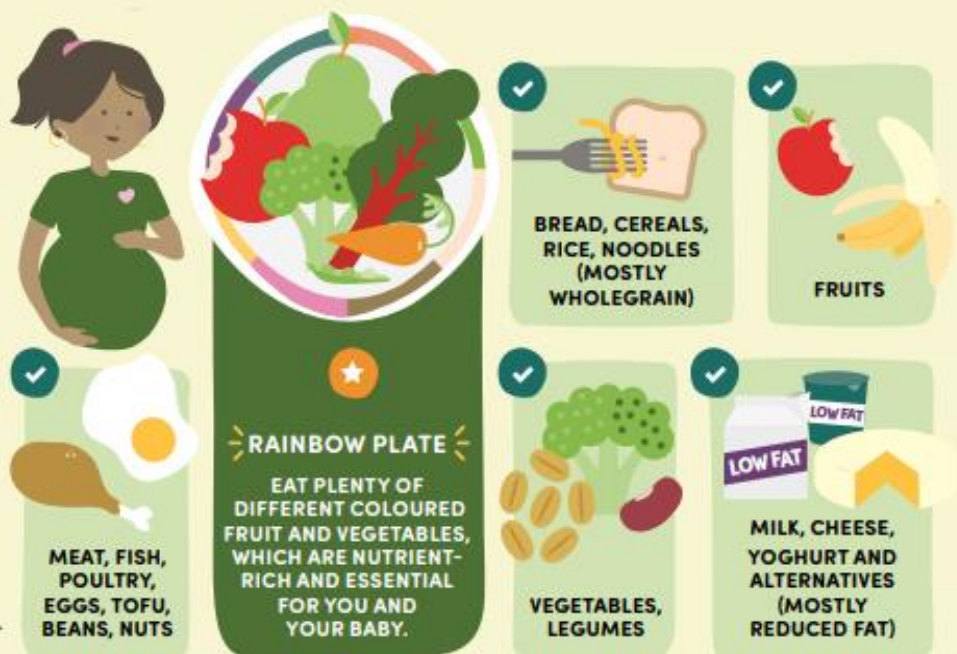
red nose
saving little lives

YOUR HEALTHY PREGNANCY

Eating well during pregnancy for your baby's health and development

Eat for you, not for two

- ✓ The need to eat for two during pregnancy is a myth.
- ✓ In the 2nd and 3rd trimesters you may need some extra food to provide nutrients for the growth of your baby.
- ✓ Eating a little more vegetables, lean protein and wholegrains each day is all you'll need.
- ✓ For example, a small bowl of wholegrain pasta with vegetables and meat or bean sauce.



Make a healthy food swap

- ✓ To provide you with more nutrients to support your baby's growth.
- ✓ To help control blood sugar levels and prevent constipation.



For more information about eating well during pregnancy visit health.gov.au/campaigns/your-healthy-pregnancy

Foods to avoid

Not all food is safe during pregnancy. The immune system is lower during pregnancy which makes it harder to fight off illness and infection caused by bacteria found in some foods.



DELI MEATS, SOFT CHEESES, PÂTÉ AND SOFT-SERVE ICE CREAM

May contain listeria**
-a harmful bacteria



DON'T DRINK ALCOHOL



RAW OR UNDERCOOKED MEATS**

Can give you an infection called toxoplasmosis**



SMOKED SALMON, UNCOOKED SEAFOOD, PRECOOKED PRAWNS AND SUSHI

May contain listeria**



RAW OR UNDERCOOKED EGGS**

Can cause salmonella**
food poisoning

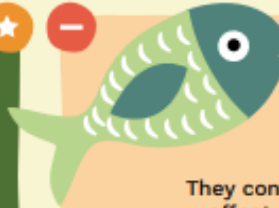


Limit caffeine***
1-2 CUPS OF COFFEE OR 4 CUPS OF TEA PER DAY



TIP

FEELING SICK OR HAVING CRAVINGS? THAT'S COMMON. IT'S STILL IMPORTANT TO EAT WELL TO SUPPORT YOUR BODY AND YOUR BABY.*



Limit large fish like **SHARK, MARLIN AND SWORDFISH**

They contain mercury that can affect your baby's brain and nervous system development



LIMIT HIGH FAT AND SUGARY FOODS AND DRINKS

* Seek advice from your health professional if feeling sick is limiting your food intake.

** Listeria, toxoplasmosis and salmonella are rare but can cause serious complications in pregnancy.

*** Avoid double shot espresso and caffeinated energy drinks.

The benefits of healthy eating for you and your baby

Vegetarian or Vegan?

You can replace meat or animal products with lentils, beans, tofu and soy milk. Talk to your health professional about whether you need supplements to ensure you get the right nutrients for your baby's development.



IODINE:
brain development



FOLIC ACID:
blood formation and cell building



VITAMIN D:
calcium absorption and bone health

IRON:
brain development and energy levels



CALCIUM:
bone development



PROTEIN:
blood supply and tissue growth



VITAMIN B12:
nerve and brain development



For more information about eating well during pregnancy visit health.gov.au/campaigns/your-healthy-pregnancy



Australian Government
Department of Health

CMV IS A COMMON VIRUS SPREAD THROUGH CONTACT WITH SALIVA, TEARS, NASAL MUCOUS AND INTIMATE CONTACT

What is CMV?

Cytomegalovirus (CMV) is a common virus. Infection occurs often in children under 2 years old, and during adolescence. Once a person becomes infected, the virus remains alive but usually inactive (dormant) within that person's body for life.

What are the symptoms of CMV?

Many children and adults with CMV infection do not develop symptoms. Some may develop an illness with tiredness, sore throat, swollen glands and fever, a bit like glandular fever.

How is CMV spread?

The virus is found in urine, saliva, nasal mucus, breast milk, vaginal secretions and semen of infected people.

CMV is spread through:

- » Direct contact with saliva, nasal mucus, urine or other body fluid, then touching the eyes, nose or mouth without washing hands. This occurs with kissing, changing nappies, or close contact with babies who have infection
- » From mother to her unborn child as a result of maternal infection during pregnancy
- » Breast milk during breast feeding
- » Sexual contact

Further Information



The Children's Hospital Westmead
CMV fact sheet

NSW Kids and Families

Having a Baby - Handle with Care:
Looking after yourself during pregnancy

NHMRC

Staying Healthy - Preventing infectious diseases in early childhood education and care services (5th Edition)3

**Virology Research Laboratories
POW Hospital, UNSW**

www.virologyresearch.unsw.edu.au

Having a Baby - Handle with Care:
Looking after yourself during pregnancy

NHMR

Staying Healthy - Preventing infectious diseases in early childhood education and care services (5th Edition)

**Virology Research Laboratories
POW Hospital, UNSW**

www.virologyresearch.unsw.edu.au



cCMV Association Australia

PO Box 2110
Normanhurst NSW 2076
email@cmv.org.au
www.cmv.org.au

PROTECT
your **BABY** from **CMV**
during pregnancy



So what is CMV?
Cytomegalovirus (CMV) infection

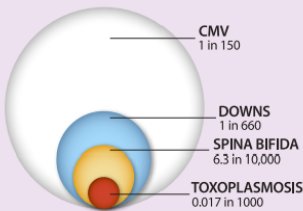
What is congenital CMV?

Cytomegalovirus (CMV) is the most common virus passed from mothers to babies during pregnancy. Studies have shown that out of 1,000 babies born in Australia, 6 will have congenital CMV.



Of those 6 infants, 1 or 2 (about 1 in 1,000 overall) will have disabilities of varying degree.

CMV is the most common infectious cause of disabilities in newborn babies



What are the risks of Congenital CMV?

If a pregnant woman is infected with CMV, there is a risk her unborn baby will also become infected (congenital CMV). The highest risk to the unborn baby occurs when a woman is infected with the virus for the first time (primary CMV), during the first half of pregnancy. If this happens, there is a 1-in-3 chance of passing CMV to her unborn baby. Over half of pregnant women have had CMV infection before pregnancy. If a woman has had CMV infection before, the virus may reactivate when a woman is pregnant. Reactivation is common and does not cause problems to the woman or usually to her unborn baby.

What effect does CMV have on babies?

Most babies with congenital CMV infection will not have any problems. Some infected babies (1-in-5) may be born with a disability such as hearing loss, vision loss, cerebral palsy, developmental delay or learning problems, and in rare cases, death.

HOW CAN YOU PROTECT YOUR UNBORN BABY FROM CONGENITAL CMV?

Women who are pregnant or are planning pregnancy should adhere to the following practices:



Don't share food, drinks, eating utensils or toothbrushes with young children



Avoid contact with saliva when kissing a child



Carefully throw away used nappies and tissues



Clean toys, countertops and other surfaces that come into contact with children's urine, mucus or saliva with simple detergent and water



Wash hands often with soap and water for at least 15 seconds and dry them thoroughly. This should be done after close contact with young children, changing nappies, blowing noses, feeding a young child, and handling children's toys, dummies/soothers.

How is CMV diagnosed?

Testing for CMV is not recommended for all women during pregnancy or for all newborn babies. CMV testing may be recommended for pregnant women who develop a viral illness or when ultrasound reveals a fetal problem. CMV testing is usually a blood test. Pregnant women and women planning a pregnancy may wish to discuss CMV testing with their doctor, particularly if they are at high risk of CMV. Women at higher risk of CMV are those with children in childcare.

Babies should be tested for CMV infection at birth (urine and saliva tests) if :

1. They are born to mothers diagnosed with primary CMV infection during pregnancy
2. The baby has an abnormal hearing screening test at birth (SWISH), as hearing loss is the most common sign of congenital CMV
3. The baby has cerebral palsy, or
4. In some other cases discussed with the doctor.

Babies known to be infected with CMV should have their hearing and vision assessed regularly, as problems may not be present at birth.

Can congenital CMV be treated?

Pregnant woman diagnosed with CMV infection should be referred to a specialist to receive the latest information about treatment. Babies diagnosed with CMV should see a specialist paediatrician. Babies known to be infected with CMV should have their hearing and vision assessed regularly, as problems may not be present at birth. Infants born with neurological disabilities due to CMV may benefit from early antiviral treatment. Research about the best methods for treating CMV infection in pregnancy and in babies is ongoing.

What is the public health response?

CMV infection is not a notifiable disease. Infection with CMV or congenital CMV does not affect access to school, work or childcare. There is currently no licensed vaccine for CMV but vaccine trials are underway.

Maternal Vaccinations

Information about free vaccines in pregnancy to protect your baby

health.gov.au/immunisation

Vaccinations in pregnancy

The National Immunisation Schedule outlines recommended vaccines that are available free under the National Immunisation Program.

You can receive free vaccines if you have a Medicare Card or are eligible for one.

Pregnant women should receive influenza, whooping cough and RSV vaccines during their pregnancy.

It is safe to receive the maternal vaccines at the same time. These can also be given with COVID-19 vaccines.

How vaccination in pregnancy protects your baby

Babies cannot be vaccinated against influenza until they are 6 months old. They also do not complete their vaccination course against whooping cough until 6 months of age.

Getting vaccinated against influenza, whooping cough and RSV during pregnancy allows protective antibodies to pass through the placenta to the baby. This protects them from birth and in their first few months of life when they are most vulnerable to serious illness caused by certain infectious diseases.

Where to get vaccinated

You can get your vaccinations through:

- local general practices
- community health or local council clinics in some areas
- Aboriginal community health services
- pharmacies.

While vaccines are free, your health professional may charge a consultation or administration fee for the visit. Check when you make your appointment.

National Immunisation Schedule (Maternal)

Stage of pregnancy	Disease
Consider anytime during pregnancy	● Influenza
Recommended at 20 to 32 weeks	● Pertussis (whooping cough) [*]
Recommended at 28 to 36 weeks	● Respiratory syncytial virus (RSV) [*]

^{*}Pertussis vaccine is combined with diphtheria and tetanus.

^{*}Abrysvo[®] is the only RSV vaccine approved for use in pregnant women.

Side effects

You may experience mild side effects after getting vaccinated. Most side effects go away within 1 to 2 days and are part of your immune system's natural response to the vaccine.

Common reactions include:

- pain, swelling or redness where the needle went in
- feeling tired
- muscle aches
- mild fever.

These side effects are the same for pregnant women and women who are not pregnant.

Serious reactions to vaccines are rare. If you have a reaction you think is severe or unexpected, seek medical advice straight away.

Vaccines are safe

There is extensive evidence showing the safety of the recommended maternal vaccines in pregnant women. Studies of women who got vaccinated during pregnancy have found no evidence that the vaccines harm their unborn babies.

All vaccines used in Australia provide benefits that far outweigh any risks. It is safer to get vaccinated than get the disease.

Maternal Vaccinations

Pertussis (whooping cough)

Whooping cough is a bacterial infection that easily spreads when an infected person coughs or sneezes. It affects the lungs and airways and may cause a person to cough violently and uncontrollably, making it difficult to breathe.

- Whooping cough can be serious for babies. It can cause serious complications such as brain damage and pneumonia and sometimes death.
- Babies less than six months of age are at the greatest risk of infection and severe illness.
- Babies under six weeks of age are too young to get vaccinated against whooping cough.

Getting vaccinated against whooping cough during every pregnancy greatly reduces the risk of the disease in young babies.

Your baby will still need to get vaccinated against whooping cough according to the National Immunisation Program childhood schedule.

Getting vaccinated when you are pregnant will give your newborn baby the best protection against whooping cough.

Partners, grandparents, carers and other adults who have contact with babies should also have the whooping cough vaccine to protect the baby from infection. This is not free under the National Immunisation Program.

Whooping cough vaccines are only available in Australia as combination vaccines that also protect against other diseases such as diphtheria and tetanus.

Respiratory syncytial virus (RSV)

RSV is a common, highly contagious virus that effects the airways and lungs. It is spread when an infected person coughs or sneezes. The droplets can be inhaled by others or land on surfaces where the virus can live for several hours.

- Almost all children will be infected with RSV in their first two years of life.
- For babies under six months, RSV is a leading cause of hospitalisation.
- RSV can cause serious illness such as bronchiolitis in infants and pneumonia.
- Even otherwise healthy children can develop severe RSV disease and need hospitalisation.

Receiving the RSV vaccine when pregnant enables you to transfer antibodies to your baby through the placenta. This protects your newborn baby from birth and in their first few months of life when they are most vulnerable to severe RSV disease.

Influenza (flu)

Influenza is a viral infection that easily spreads when an infected person coughs or sneezes. Influenza can cause severe illness and life-threatening complications, such as pneumonia, heart damage, and other organ damage.

- When you are pregnant, changes to your immune, heart and lung functions make you more vulnerable to severe illness from influenza.
- Even healthy women with an uncomplicated pregnancy can develop life-threatening influenza. Other complications can include premature labour (before 37 weeks of pregnancy) or stillbirth (baby born not alive).
- For young babies, influenza infection can cause pneumonia and can even lead to death.
- Babies under six months of age are more likely to be hospitalised with influenza than any other age group.

Getting vaccinated every year protects you against new strains of the virus and also reduces the risk of spreading influenza to your baby.

Babies of mothers who get an influenza vaccine during pregnancy are much less likely to have a confirmed influenza infection in the first six months of life and end up in hospital.

Vaccination records

Your health professional will record your vaccinations on the Australian Immunisation Register (AIR).

You can get your Immunisation History Statement from the AIR by:

- going to my.gov.au and signing in to access your Medicare online account or using the Express Plus Medicare mobile app
- calling Services Australia on **1800 653 809** to request a copy
- asking your health professional to print a copy for you.

MORE INFORMATION

If you have questions you can:

- talk to your health professional
- visit health.gov.au/immunisation
- contact your state or territory health department.

NEED MORE INFORMATION?

If you feel uneasy about something or are not sure why something is happening, you can talk with your healthcare provider. You can also say no to any test, procedure or treatment, and to ask for a second opinion.

Some things you could ask or say:

- I am feeling uncomfortable because...
- I don't think that's the right thing for me because ...
- I would like to choose an alternative
- I've changed my mind
- Is there another healthcare provider I can talk to about this?



EVERYONE HAS THE RIGHT TO BE SUPPORTED WITH INFORMED DECISION MAKING.

WHAT IS SHARED DECISION MAKING?

In shared decision making, you and your doctor or midwife bring different perspectives to the discussion.

Your doctor or midwife brings information and evidence about benefits and disadvantages of different choices, and you bring your values, goals, and circumstances.

WHEN TO START TALKING

Talking about things early can help avoid conversations or decisions that feel rushed and it may mean you have more options available to you. It's also never too late to start asking questions!

You can also consider writing down concerns before your appointment, and discussing your concerns and decision-making with your partner or support person before and after appointments.



National Preterm Birth Prevention COLLABORATIVE
CONSUMER ENDORSED

This information has been co-designed by people with a lived experience of pregnancy, labour, and birth.

NEED MORE TIME?

At times you may feel overwhelmed and need more time or information before you are ready to make a decision. It is okay to tell your healthcare provider this.

Talking about your birth choices should be an ongoing conversation throughout your pregnancy, and care should always be safe and feel safe to you.

MY HEALTHCARE RIGHTS

All people accessing healthcare services in Australia have rights. These are described in the Australian Charter of Healthcare Rights.

All places that provide healthcare in Australia are expected to recognise and support your rights. The information in this brochure provides tips on how to ask questions and be involved in your healthcare.



Scan the QR Code to learn more
<https://www.safetyandquality.gov.au/our-work/partnering-consumers/shared-decision-making>

SHARED DECISION-MAKING

Being actively involved in your health care and working in partnership with your healthcare providers can help ensure that you get the care that is right for you.



AT THE START OF THE VISIT

It is important that you have time to speak to your healthcare provider, ask questions, or raise concerns you have at appointments.

Some things you can say:

- Have you had an opportunity to read my notes?
- Do you have any questions?
- This is what's been going well for me.
- This is what I've had concerns about.

QUESTIONS YOU CAN ASK

It is important you receive clear information about the possible benefits and risks of different tests and treatments.

You also have a right to receive information about services, waiting times, and costs.

Some things you could ask or say:

- What are the benefits?
- What are the risks?
- Are there simpler and safer options?
- What happens if I don't do anything?
- Why do you think this is the right thing for me?
- Who else can I ask about this?

WHAT HAPPENS NEXT

Talking about next steps can help to make sure you feel clear about what to do after your healthcare visit. This is important if you and your healthcare provider have delayed making a decision.

Some things you can ask or say:

- How do we continue this conversation?
- What should I do if I have more questions or thoughts after our visit?
- What is the process for us to come back together?
- Will we have an additional appointment booked or phone call scheduled?





National Immunisation Program

A joint Australian, State and Territory Government Initiative

National Immunisation Program

Respiratory syncytial virus (RSV) vaccine consumer fact sheet

About Respiratory syncytial virus (RSV)

Respiratory syncytial virus (RSV) is a common virus that can cause a range of severe respiratory illnesses such as bronchiolitis in children and pneumonia.

RSV is spread through droplets from an infected person's cough or sneeze. The droplets can be inhaled by others or land on surfaces where the virus can live for several hours.

Symptoms of RSV disease include:

- runny nose
- cough
- fever
- wheezing or difficulty breathing.

It may be a mild disease for some, but it can cause serious illness and hospitalisation in otherwise healthy children and adults.

RSV vaccination in pregnancy protects your newborn baby against RSV from birth and in their vulnerable first few months of life.

Who is recommended an RSV vaccine

Women at 28 to 36 weeks pregnancy are recommended to receive the maternal RSV vaccine (Abrysvo®) to protect their baby against serious illness from RSV. The vaccine is available to eligible women for free through the National Immunisation Program (NIP).

Who is recommended an RSV immunisation product

Infants up to 8 months and children up to 2 years may be recommended to receive the infant RSV immunisation product Beyfortus™ (nirsevimab). This is available for free through state and territory RSV infant protection programs. If you have questions about these programs, speak with your health professional or state or territory health department.

Aboriginal and Torres Strait Islander people aged 60 and over, people aged 60 and over with medical risk conditions, and adults aged 75 and over are recommended to receive RSV vaccines. People 60 to 74 years can consider RSV vaccination. RSV vaccines for these groups are not funded

through the NIP or state and territory programs. They can be purchased through the private market, but the cost cannot be claimed or reimbursed through the NIP or state or territory programs.

RSV vaccination is especially important in pregnancy

The maternal RSV vaccine helps to protect your newborn baby against RSV.

RSV is a leading cause of hospitalisation in children aged less than 6 months. Even healthy infants and children can get very sick from RSV.

Research shows that maternal vaccination reduces the risk of severe RSV illness in infants under 6 months of age by around 70%.

Vaccination in pregnancy enables you to transfer antibodies to your baby through the placenta. This protects your baby from birth and in their vulnerable early months of life against RSV.

Pregnant women

A single dose of the maternal RSV vaccine is recommended and free through the NIP for eligible women at 28 to 36 weeks pregnancy.

You can safely receive the RSV vaccine at the same visit as the NIP maternal influenza and whooping cough vaccines or COVID-19 vaccines if recommended by your trusted health professional.

Infants and children

Infants up to 8 months and children up to 2 years may be recommended to receive single dose of the RSV immunisation product if:

- their mother did not receive the RSV vaccine during pregnancy, or
- they were born within 2 weeks after the mother receiving an RSV vaccine, or
- they have a condition or circumstance that increases their risk of severe RSV disease.

Young children 8 months to 2 years who have certain risk conditions for severe RSV disease are recommended to receive the RSV immunisation product before their second RSV season.

It is safe for your child to get an RSV immunisation product either on its own or at the same appointment as their other routine childhood vaccinations.

The infant and child RSV immunisation product is available for free through state and territory RSV infant protection programs.

Aboriginal and Torres Strait Islander people, older people, and medically at risk

Currently, no RSV vaccines for Aboriginal and Torres Strait Islander adults, people with medical risk conditions, or older people are funded through the NIP or state or territory vaccination programs.

While you can purchase RSV vaccines through the private market, you cannot be reimbursed for these through the NIP.

You can safely receive an RSV vaccine at the same visit as other recommended vaccines such as influenza and COVID-19.

RSV vaccine and immunisation product safety

The RSV vaccine and immunisation product are both safe and effective. The Therapeutic Goods Administration tests all vaccines, products and medicines before they are approved for use in Australia.

Side effects from RSV vaccines and immunisation products include mild pain, redness or swelling where the injection was given, tiredness and headaches. These usually last for a few days and go away without any treatment. Serious side effects, such as a severe allergic reaction, are rare.

Where to get RSV vaccines or immunisation products

Appointments for NIP maternal vaccines can be booked at a range of health services including:

- maternal health specialists or general practices
- local council immunisation clinics (available in some states and territories)
- community health centers
- Aboriginal health services
- participating pharmacies.

Not all of these health services will have free NIP maternal vaccines. Check with your preferred health service to find out if they are available and when you can book your vaccination appointment.

The infant RSV immunisation product will be available through your state or territory RSV infant protection programs. Check with your health department to find out where and how to book an appointment.

Australian Immunisation Register

Your health professional should always check the Australian Immunisation Register (AIR) before giving you or your baby a vaccine or immunisation product. They should also report to the AIR all immunisations they give to ensure you and your baby's immunisation history is complete and accurate.

More information

To find out more about RSV and vaccination, go to:

- the Department of Health and Aged Care at health.gov.au/immunisation
- your state or territory health department website or trusted health professional
- National Centre for Immunisation Research and Surveillance at ncirs.org.au.

State and territory health department contact numbers:

ACT	02 5124 9800	SA	1300 232 272
NSW	1300 066 055	TAS	1800 671 738
NT	08 8922 8044	VIC	immunisation@health.vic.gov.au
WA	08 9321 1312	QLD	Contact your local Public Health Unit



USEFUL LINKS

Your baby movements matter

<https://saferbaby.org.au/preventative-steps/your-babys-movements-matter/>

Listeria and pregnancy

<https://www.health.vic.gov.au/health-advisories/listeriosis-advice-for-people-at-risk>

<https://www.acog.org/womens-health/faqs/listeria-and-pregnancy#:~:text=Avoid%20all%20raw%20and%20undercooked,only%20ways%20to%20kill%20Listeria.>

Healthy Teeth Healthy pregnancy

<https://www.dhsv.org.au/oral-health-advice/dental-health-advice/pregnant-women#:~:text=Protect%20your%20unborn%20baby%27s%20health,to%20suffer%20early%20childhood%20decay.>

Whooping Cough and flu vaccine

<https://www.health.gov.au/resources/publications/maternal-vaccinations-consumer-brochure?language=en>

Safer Baby Healthier Pregnancy

<https://saferbaby.org.au/>

Evidence Based Pregnancy Information

<https://www.betterhealth.vic.gov.au/healthyliving/pregnancy>

Pregnancy and Newborn- adult information and videos

<https://raisingchildren.net.au/>



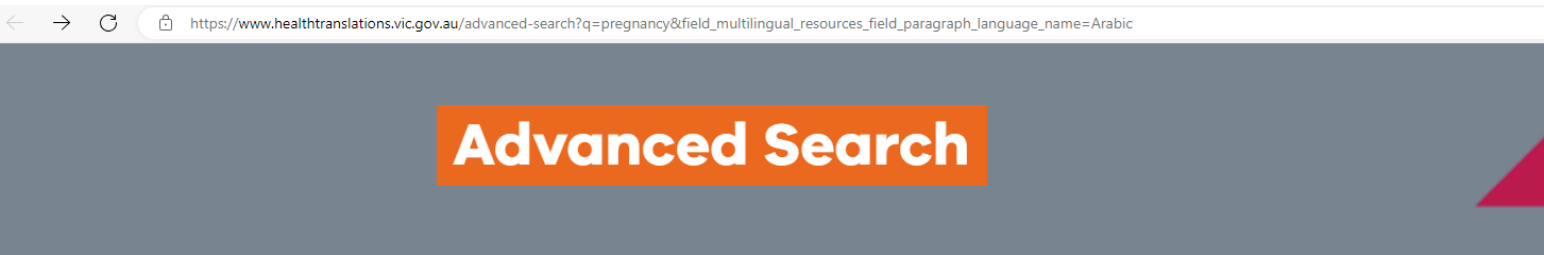
Health Information in Different Languages



Please click the link below to access a portal where you can select evidence-based health information in your preferred language



https://www.healthtranslations.vic.gov.au/advanced-search?field_node_resource_topic_name=Pregnancy%20and%20post-natal%20care



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