



Maternity Services



Introduction

This booklet provides information to help you make decisions about your pregnancy. We encourage you to keep the booklet where you can see it regularly and write down questions as you think of them. It provides information about:

- your choices for pregnancy care
- antenatal education
- keeping healthy during your pregnancy
- support services following the birth of your baby

Women choosing to have their antenatal care at GV Health will have choices of pregnancy care depending on the level of care required. Choices range from obstetric-led care for complex pregnancies to midwifery-led care for less complex ones. Care is also provided in your local area if you live in Cobram or Numurkah. This is with a midwife and/or General Practitioner (GP) with some visits to the GV Health Antenatal Clinic.

Victorian Maternity Record (VMR)

You will be given a VMR at your first appointment with your midwife. This is a record of your pregnancy and antenatal visits and is yours to keep. Please remember to bring your VMR to all your appointments and to the hospital when you go into labour. Please keep your VMR in a safe place as it contains your confidential information.

Pregnancy care choices

There are three primary options for pregnancy care at GV Health

1) Specialists/Antenatal Clinic

An Obstetrician or Registrar in the Antenatal Clinic will see women with high-risk pregnancies. The Antenatal Clinic are located at Rosewood at the Graham Street, Shepparton campus. During your labour, birth and postnatal period you will receive care primarily from midwives. The obstetrician or registrar on duty will be consulted to provide care for you, if required.

2) Midwives Clinic

If your pregnancy is low risk a midwife can provide your pregnancy care in the Midwives Clinic. During your labour, birth and postnatal period you will receive care from the hospital midwives on duty. The hospital medical officers and obstetrician or registrar on duty will be consulted if required. The Midwives Clinic is located at Rosewood at the Graham Street, Shepparton campus. Bookings can be made to the Midwives Clinic following your first Antenatal Clinic appointment.

3) Midwifery Group Practice (MGP)

This option is available to women with a low risk pregnancy. A primary midwife, as well as a back-up midwife, are allocated to provide your pregnancy, labour and post-birth care. Your midwives work on call to ensure a known midwife is available when you need one. Pregnancy care and birth will take place at GV Health. In this type of care, you will have a one-on-one relationship with a midwife. They will provide total care throughout your pregnancy, birth and during early parenthood. Together you'll discuss options and possible scenarios. This will enable you to meet changing circumstances with confidence, supported by a midwife you know and trust.



Offsite options for care

Rumbalara Aboriginal Co-operative

Pregnancy support workers and midwives who provide care for Aboriginal and Torres Strait Islander women.

The Antenatal Clinic is held at the Rumbalara Aboriginal Co-operative. During your labour, birth and postnatal period you will receive support from the Rumbalara team, and care from GV Health midwives and GV Health obstetric doctors. The obstetrician on duty will be consulted to provide care for you if required.

Other Rumbalara services include the Maternal and Child Health Nurse and Immunisation Nurse. Transport is available for this service.

Phone: Rumbalara: (03) 5820 0035

Cobram/Numurkah

This 'Shared Care Model' offers women who live in the Cobram or Numurkah districts a choice of care in their local community.

The appointment to arrange your birth at GV Health can be attended locally with a midwife at Cobram or Numurkah. Women can choose care with a local midwife and/ or GP.

You will be referred to the Antenatal Clinic at GV Health if any complications occur during your pregnancy.

Phone Numurkah: 0408 543 495

The Bridge

The Bridge is a young women's pregnant and parenting service and offers a care option specifically tailor for young pregnant women.

The service offers counselling, information, support and help from highly skilled and experienced youth workers. GV Health provides pregnancy care by a midwife from GV Health at The Bridge.

Phone: (03) 5831 2390 or visit www.thebridge.org.au

Other options for care

Shared GP care

A GP in the community provides your care. You will see an obstetrician for designated appointments in the Antenatal Clinic. During your labour, birth and postnatal period you will receive care from hospital midwives and HMOs. The obstetrician on duty will be consulted to provide care for you if required.

Private obstetrician/GP

You may choose to see a private obstetrician or GP for your pregnancy, birth and postnatal care. GV Health's midwifery staff will also support you during labour, postnatal period, and home visits after hospital.

GV Health sends your accommodation, radiology, and pathology bills directly to your health insurer for payment.

Please discuss costs with your private obstetrician or GP. Should your baby need admission to the Special Care Nursery (SCN), you will need to choose whether your baby will be a private or public patient. Please ensure you understand your current insurance cover.

For more information, please contact the GV Health Finance Department on (03) 5831 0162 - option 2.



Preparing for birth and parenthood

Birth and parenting classes

GV Health midwives conduct birth and parenting classes at Elsie Jones Education Centre (EJEC), Graham St, Shepparton campus.

Sessions are held Wednesdays 7:00pm - 9:00pm (five consecutive weeks) or Sundays 9:00am - 1:00pm (two consecutive weekends).

There is a fee for the classes, with concession for those with a valid Health Care Card.

Topics covered in the sessions are:

- Preparing for birthing
- Support during labour
- Normal birth
- The length of stay in hospital
- When birth doesn't go as planned
- Preparing for parenting
- Pain relief in labour
- Feeding your baby

Please pay for your birth and parenting classes via the GV Health Finance Department before booking.

Tours of the Birth Suite

Tours of the Birth Suite are held on the second and fourth Wednesday of each month at 7:30pm and the third Wednesday of each month at 2:30pm. There is no fee for the tours.

Please book your tour by contacting the Maternity Unit on (03) 4804 4916. **Bookings essential.**

Remaining healthy during pregnancy

General fitness / Exercise during pregnancy

General fitness is beneficial to everyone. Exercise is especially important during your pregnancy because it:

- promotes more energy
- reduces tiredness and fatigue
- encourages better sleeping
- reduces stress
- improves body circulation and general health
- helps control weight gain and improves mobility and comfort in late pregnancy
- maintains muscle strength and improves stamina and endurance needed for birthing
- assists in your recovery after the birth of your baby

Regular exercise (5-7 times per week for 30 minutes) will improve your general fitness. Suggestions for exercise include:

- Brisk walking
- Cycling
- Swimming

It is important to avoid exercising in the heat and remember to drink plenty of water. Wear a good bra and loose, comfortable clothing when you exercise. Be mindful to start off slowly with any new exercise program, especially when pregnant.



If any of the following occur, stop the exercise and contact your doctor:

- Vaginal bleeding or fluid loss
- Lower abdominal pain or cramping
- Unusual breathlessness
- Deep back or pubic pain
- Persistent headaches, dizziness or fainting
- Palpitations or unusually slow heart rate
- Uterine contraction
- Difficulty walking
- Sudden swelling of hands, feet or face

Smoking and vaping

It is strongly recommended that you do not smoke or vape during pregnancy. Smoking and vaping increases your risk of miscarriage, having a small or unhealthy baby, stillbirth and SIDS. Remember to avoid smoky rooms, as passive smoking may also be a danger.

We can support you to give up smoking and/or vaping. Please ask your doctor or midwife about the Quit Program or call a Quit representative on 1800 222 582.

GV Health is a smoke and vape free environment. Smoking or vaping is not permitted inside the hospital or on hospital grounds.

Alcohol

Drinking any alcohol during pregnancy can lead to abnormalities in your baby.

Research has shown there is no safe level of alcohol intake in pregnancy. We recommend that you do not drink alcohol during your pregnancy.

Alcohol consumption is not permitted inside the hospital or on hospital grounds.

Prescribed and recreational drugs

Consult your doctor or midwife before taking any medication or natural remedies, and continue taking your existing medication. Avoid exposure to chemicals or fumes, especially during the first ten weeks of pregnancy.

The use of recreational drugs is not recommended during pregnancy, but it is important for the doctors and midwives to be aware of any use. Support and advice can be offered regarding the possible effect on your unborn baby.





Managing your weight during pregnancy

It is normal to gain weight as your baby grows and your body adapts to being pregnant. However, gaining too much weight or being overweight can cause complications for both you and your baby.

These complications can occur while you are pregnant, during labour or after your baby is born.

Weight is often a sensitive issue for women.

During pregnancy, weight changes can be uncomfortable to discuss with your healthcare provider. This information explains why extra precautions are necessary and how to achieve the best outcomes for you and your baby.

What are the risks of gaining too much weight during your pregnancy?

Most pregnancies are uncomplicated, but gaining too much weight or being overweight increases the risk of pregnancy complications.

The higher your Body Mass Index (BMI) the more your risk will increase. Increased risk of these complications include:

When you are pregnant:

- Gestational diabetes – a form of diabetes that occurs in pregnancy
- Pre-eclampsia – high blood pressure and loss of protein in the urine
- Abnormalities of your baby's growth, development and general health
- Sleep apnoea – a condition that causes you to temporarily stop breathing while you are sleeping

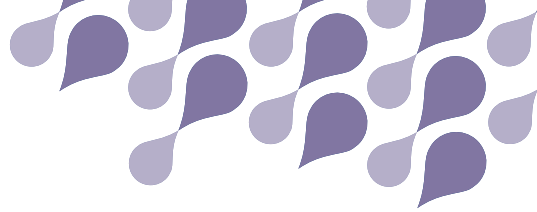
During labour:

- Failure of labour to progress
- Shoulder dystocia - when the baby's shoulders get stuck during birth
- Difficulties monitoring the baby's heart
- Difficulties with providing satisfactory pain relief in labour
- Increased risks with vaginal birth after a previous caesarean section
- Increased need for emergency caesarean section
- Increased risk of complications related to caesarean section

After the birth of your baby:

- Increased risk of wound infection
- Increased risk of blood clots
- Increased risk of postnatal depression





What do I do if I am gaining too much weight?

Pregnancy is not a time for strict or fad dieting, however you do not need to 'eat for two'. There are some simple choices you can make that will help you to eat healthy foods during your pregnancy.

Ask your midwife or doctor to refer you to a dietitian for advice on healthy eating and managing weight gain during pregnancy.

Limit the amount of fat you eat by:

- Reducing your intake of snack foods such as biscuits, cakes and chocolate
- Reducing the amount of fat or oil used in cooking
- Choosing low fat or reduced fat dairy foods such as milk, yoghurt and cheeses. These products still have all the calcium you need for your bones
- Limiting high fat take-away foods

Limit high sugar foods by:

- Drinking water instead of soft drink or cordial
- Limiting sweetened soft drinks
- Limiting fruit juices to once a day as these are high in natural sugar
- Limiting chocolate, lollies and sweets
- Going easy on desserts

Try to minimise snacking, but if you do need to snack, choose options such as fresh fruit, low fat yoghurt or dry biscuits.

Also, try to do as much exercise as you can as regular exercise can help prevent excess weight gain.

How much weight should I gain in my pregnancy?

The amount and pattern of weight gain varies for each woman and each pregnancy.

The following table is a general guide to expected weight gain. Minimal weight gain is expected in the first trimester of pregnancy.

Trimester	Underweight	Healthy weight range	Overweight	Obese
BMI	Less than 18.5 kg/m ²	18.5 – 24.9kg/m ²	25 - 29.9 kg/m ²	Higher than 30 kg/m ²
First	1 – 3 kg	1 – 3 kg	0 – 1 kg	0 – 1 kg
Second	5 – 7 kg	5 – 6 kg	3 – 5 kg	2 – 4 kg
Third	6 – 8kg	5 – 6 kg	4 – 5 kg	3 – 4 kg
Total	12 – 18 kg	11- 16 kg	7 – 11 kg	5 - 9 kg



Good nutrition for pregnancy

During pregnancy, you should pay close attention to the types of food you eat. You need a good supply of protein, iron and certain vitamins for you and your baby's development.

This can be achieved by healthy eating rather than an increase in the quantity of food eaten.

Use the table below as a guide to the amount of food you need from each of the food groups each day. Eating in this way will ensure that you and your baby's daily food needs are met

Food group	Daily requirement	A serve is
Breads and cereals	4 or more serves	1 slice bread, ½ cup cereal/ rice/pasta
Fruit and vegetables	7 or more serves	1 pce fruit, ½ cup cooked vegies, 1 cup salad
Milk and dairy foods	4 serves	1 glass milk, 1 tub yoghurt, 1 slice cheese
Meat, eggs, nuts and legumes	2 serves	75-100g cooked meat, 1 egg, 3/4 cup cooked legumes
Fats	1 serve	1 tablespoon oil/margarine

Iron

Iron is essential for the formation of blood. During pregnancy your own blood volume increases and the baby's own blood is being formed, so you need extra iron.

The best sources of iron are red meat, chicken and fish. Try to eat these foods every day. Iron is also present in plant foods such as:

- wholegrain cereals
- legumes
- nuts
- green leafy vegetables
- iron fortified breakfast cereals.

If you are unable to include enough iron-containing foods in your diet, you may need an iron supplement. Discuss this with your doctor, midwife or an accredited dietitian. Antacids, aspirins, unprocessed bran, tea, and coffee can interfere with iron absorption if taken in large amounts over a long time. It is best to avoid tea and coffee with meals.

Vitamin C

Eating foods rich in Vitamin C (eg: citrus fruits, berries, tomatoes) improves iron absorption.

Vitamin A

Large doses of Vitamin A have been linked with birth defects. Pregnant women should avoid vitamin supplements that contain Vitamin A.



Fish

Australian's leading health research body, the National Health and Medical Research Council recommends 1-2 serves of fish per week. Omega fats, which are present in fish, are important for the baby's brain development. While it is recommended to eat one to two meals of fish per week, it is wise to avoid fish high in mercury which include shark and southern blue fin tuna.

Pregnant women, nursing mothers, women planning pregnancy and children up to six years old should avoid these fish.

Calcium

Calcium is used for the formation of your baby's bones and teeth, especially towards the end of pregnancy when growth is rapid. If you don't eat enough calcium your baby's requirements will be drawn from your bones, increasing your risk of osteoporosis later in life. The best sources of calcium are dairy foods and calcium fortified soy milk. Fish with edible bones (eg: salmon, sardines) are also a good source of calcium.

There are small amounts of calcium in other foods, but most of our calcium comes from dairy foods. You need four serves of calcium rich foods each day during pregnancy. If you are planning to breastfeed, remember to continue with four to five serves of calcium rich foods each day after you have had your baby. If you are unable to include adequate dairy foods in your diet, you may require a calcium supplement. Please speak to your doctor, midwife or an accredited dietitian about this.

Artificial Sweeteners

The only artificial sweeteners suitable and safe to use during pregnancy are sucralose (eg: Splenda) and aspartame (eg: Equal). If needed, use these in small amounts and avoid all others.

Constipation

Constipation can occur due to hormonal changes that affect the muscles of the bowel and because the baby may press against the bowel. To alleviate constipation, eat more fibre and drink plenty of fluids. High fibre foods include:

- Wholemeal bread
- Dried fruits
- Nuts
- Baked beans and legumes

Listeria

Listeriosis is an uncommon infection caused by eating food contaminated with Listeria bacteria. This infection may cause few or no symptoms in healthy people, but can be harmful to your unborn child. To minimise your risk of listeria infection use good food hygiene, be careful about food prepared by others and avoid high-risk foods such as:

- Cold meats from delis/sandwich bars
- Smoked or raw seafood
- Soft cheeses
- Soft serve ice cream



Morning sickness

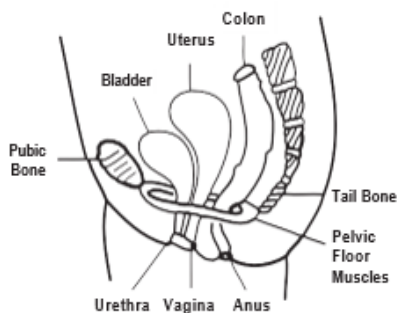
Morning sickness affects more than half of pregnant women. It is usually worse early in the day and disappears by about the 16th week of pregnancy. The following may help alleviate symptoms:

- Eat crackers before getting out of bed each morning, then eat small meals every two- three hours
- A snack before bed or during the night may help reduce morning nausea
- While nauseated, eat low fat, bland foods (eg: rice, cooked vegetables and soups)
- Drink liquids between meals rather than with meals - this can help to prevent bloating, which may trigger nausea
- Avoid greasy or fried foods, which may trigger nausea
- Sit upright after meals to avoid reflux
- Drink ginger ale/tea to help alleviate nausea

Physiotherapy

What is the pelvic floor?

The floor of the pelvis is made up of layers of muscle and other elastic tissues. It stretches like a hammock from the pubic bone in the front to the tailbone at the back. Pelvic floor muscles support the uterus, bladder and bowel. The urethra, vagina and rectum pass through the pelvic floor. The pelvic floor muscles play an important role in bladder and bowel control and sexual sensation.



Signs and symptoms of weak pelvic floor muscles

- Incontinence – leaking of urine and faeces during exertion like jogging, coughing and lifting
- Vaginal slackness (eg: inability to keep tampons in place)
- Vaginal wall or uterine prolapse, which can feel like a heavy, dragging sensation around the pelvis
- Passing "wind" from bowel or vagina

Why do the pelvic floor muscles become weak?

Your pelvic floor can be weakened by:

- Pregnancy and birth – the effects of hormones, extra weight and stretching during birth
- Chronic straining to empty bowels (eg: constipation)
- Repeated heavy lifting
- Being overweight
- Having a chronic cough
- Hormone levels changing at menopause
- Inactivity or lack of fitness

What you can do:

Use an exercise program to strengthen your pelvic floor muscles. Once you have learnt how to do them, these exercises can be done anywhere, in any position, or at any time without anyone knowing you are doing them.



The Benefits Of Pelvic Floor Exercises

- Good support for pelvic organs
- Not “leaking” while coughing/sneezing/ playing sport
- Being able to “hold on” longer before needing to go to the toilet
- Improved control and ability to relax the muscles during labour
- Quicker and more complete recovery after childbirth

How to do the exercises:

1. Sit upright or stand up with your thighs slightly apart and relax your thighs and buttock
2. Tighten around your back and front passages, as if to control yourself from passing wind or holding on to go to the toilet
3. Feel a ‘squeeze and lift’ - be aware of a gentle tightening in your lower abdominals
4. Try to hold this contraction strongly for ten seconds and then relax. You should feel a definite ‘letting go’ sensation

Aim for 10 second holds, 10 times daily and remember to breathe throughout the exercises.

How to tell if you are doing the exercises correctly:


- Feel the muscles working and test their strength by putting two fingers inside your vagina, then contract your pelvic floor. You should feel a ‘squeezing’ and ‘drawing up’ sensation
- When you go to the toilet, contract your pelvic floor and you should be able to stop the stream of urine if your pelvic floor is strong. **Caution: do not do this more than once a week as it can interfere with normal bladder emptying.**

Remember:

- You can do the exercises any time - no-one will be able to tell you are doing them
- Do your pelvic floor exercises regularly. If the exercises are not done, the pelvic floor may be weakened after birth. They could be further weakened when you resume lifting, straining and vigorous activities such as sport)
- The muscles will only become stronger if you exercise them regularly, accurately, and with maximum effort
- You can recommence the exercises 24 hours after the birth of your baby - this will help with vaginal healing
- Although you will not feel the benefits immediately, if your symptoms persist you may wish to see a physiotherapist
- Ensure you have adequate fibre in your diet to avoid constipation
- Use the correct lifting techniques when necessary to avoid straining and/or injury
- Seek medical advice for chronic coughing or sneezing
- Stay active and do regular exercise (eg: brisk walking, cycling or swimming)
- Do not accept problems resulting from weakness of the muscles as being a normal part of being a woman and mother

A physiotherapist can assist you if you are having problems with back pain or other musculo-skeletal problems.

For more information about the services that are available to help you, please contact the GV Health Physiotherapy Department on 1800 222 582 (option 4).



Transcutaneous Electrical Nerve Stimulus (TENS) machines are available to assist with pain relief during labour. These can be hired through the Physiotherapy Department and individual sessions on the use of TENS are also provided.

When to contact the Birth Suite

There are certain times when it is important for you to contact the Birth Suite.

If any of the following conditions arise please contact the Birth Suite on (03) 4804 4916:

- If you notice a change in baby's movements
- If you are having abdominal pain / contractions
- If there is any vaginal bleeding
- If you think your waters have broken
- If your contractions are becoming strong and regular
- If you have a severe headache with associated visual disturbances



How to recognise labour

Some people may have some vaginal discharge that can either be blood stained or clear. This may last for several days. Contractions may start sometime after this.

A contraction is the painful tightening of the uterine muscle, which helps to open the cervix and guide the baby down into the pelvis and birth canal. Contractions usually feel like period pain accompanied by the hardening of the abdomen. Contractions may be mild and infrequent to painful and regular. They may be felt in the front or as lower back pain.

The water may break before, during or at the end of labour with the birth of the baby. This may be a constant trickle or a sudden gush of fluid. The fluid may be clear, pink or greenish. Please contact us if you think that your waters have broken or come to the hospital, especially if the fluid is greenish in colour.

If you are unsure about when to come to the hospital, or if you are in labour, please call the Birth Suite on (03) 4804 4916 and discuss your concerns with a midwife.





What to bring to hospital

For mother, during labour:

- Loose comfortable clothing
- Underwear (several pairs are needed after birth and it may be more comfortable to go a larger size than normal)
- Small comfort items such as a pillow or blanket
- Birthing environment essentials: battery candles, music, birth affirmations, and essential oils.
- Change of clothes for support person
- Snacks (eg. lollies, muesli bars, barley sugar)
- Hair ties, headband or clips to keep your hair out of your face
- Phone Charger
- Drink bottle

For mother, post birth:

- Nursing bras or wire free bras
- Nursing/breast pads
- Nightwear (if choosing to breastfeed, we recommend something with buttons)
- Comfortable footwear such as thongs or slippers
- Personal toiletries
- Prescription medications (it is important to let your care provider know if you've brought these in)
- Maternity pads or underwear (several packets or pairs, as you will change these regularly)
- Bag for laundry
- Nipple Cream if breastfeeding eg. Lansinoh

For baby:

- Newborn nappies
- Disposable wipes/cotton balls
- Singlets
- Long sleeved onesies
- Socks, beanie and mittens
- Muslin wraps
- Baby blanket
- Formula and bottles if you're choosing not to breastfeed
- An outfit to take your baby home in
- A regulation safety harness or capsule (prior to admission to hospital. Please ensure that this been fitted to your car for baby's discharge from hospital)

As your length of stay can be unpredictable, we recommend you pack slightly more than you anticipate you might need. GV Health provides hospital gowns and singlets, but if you prefer dressing your baby in your own clothes, please label them properly. Please keep any money, jewellery or other valuables at home. Health cannot be held responsible for loss or damage to belongings.

Feeding your baby

Breast milk is the best food for babies.

The World Health Organisation and The Australian Nutrition Foundation recommend all babies be exclusively breastfed for the first six months of life. They also recommend breastfeeding to continue well into the second year and beyond. This is to be combined with an appropriate age- related diet.

A midwife will discuss feeding options with you. Pregnancy is a time of important choices and decisions. People can have very strong views



about both breastfeeding and artificial feeding. The professionals at GV Health acknowledge that it is each woman's right to choose how to feed her baby. We will provide you with the latest information on infant feeding, enabling you to make an informed choice. Research consistently demonstrates that breastfeeding is better for babies than artificial feeding. You may hear many different stories and get lots of different advice. We will briefly outline the facts upon which you can base your decisions.

Include your partner in the discussions about breastfeeding so that you both have the facts. Women whose partners support breastfeeding are 30 times more likely to breastfeed.

Most women are able to breastfeed. Breastfeeding should start soon after your baby is born, often immediately after birth. Midwives will be there to offer help. Newborn babies don't need any food or drink other than breast milk.

No special preparation for breastfeeding is required. However, it is important you become familiar with handling your breasts. It is best to avoid using soap as it has a drying effect on the nipples. The nipple and areola are self-lubricating so the use of creams is unnecessary. Correct positioning of your baby at the breast is important to maintain healthy nipples. Even breastfeeding your baby for a short time offers benefits to your baby by passing on antibodies and a degree of immunity to some diseases.

If you intend to formula feed your baby you are required to bring in with you formula, bottles and a steriliser. This will enable the maternity staff to educate you on the correct methods of milk preparation. This will also allow you and your baby to get accustomed to your preferred formula, bottle and teat. There are some milk products and formulas available in Australia which are not suitable for newborn babies. Discuss formula feeding with your midwife if you have any questions.

Maternity Unit information

Length of stay

Most women go home within 48 hours after their baby's birth. Following a caesarean section, most women go home around three to four days after their baby's birth.

Education on parenting and breastfeeding will be offered while you are admitted to the Maternity Unit. This education will continue when you go home, through the GV Health domiciliary program.

Visiting hours: 2:00pm to 8:00pm

Rest period: 11:00am to 2:00pm (strictly no visitors or phone calls during rest period)

Visiting children are to be supervised at all times. It is expected that visitors conduct themselves in an appropriate manner at all times.

If you have any queries, concerns or problems during your stay, please feel free to discuss them with the maternity services team.

Services available

- The Shepparton News visits GV Health once a week and takes photos for publication. If you are available during their visit, you can opt to have a photo taken with your baby
- A lactation consultant visits the ward and is also available as an outpatient service. Please call (03) 5831 1370 for more information
- Newspapers and magazines are available at the Glasshouse Cafe
- Phone and television services are available



Other services

Vaccinations and screening programs

During your pregnancy visits to GV Health you will be given information on:

- Hepatitis B
- Vitamin K
- Sucrose administration
- Newborn Screening Program
- Hearing Screening Program

You will receive information about what these are, how and when they will be administered to your baby. You will be asked to sign your consent for these vaccinations and programs.

Social work services

If you need help and advice, a social worker can assist with:

- Information about organisations/local services in the community. These services may help you throughout your pregnancy and the postnatal period
- Counselling for family and/or relationship difficulties
- Counselling for specific issues, which have been identified as causing concern by you

The Social Work Department is located at the Graham St, Shepparton campus. Phone: (03) 5832 3100.

Maternal and Fetal Assessment (MAFA) service

If closer observation is needed for you or your baby, you may be asked to visit the MAFA Service at Rosewood on the Graham St campus in Shepparton. The MAFA Service provides outpatient antenatal care and observation. Assessments are provided by a midwife in consultation with an obstetrician/registrar.

A referral for a baby monitor (CTG) is usually made by a doctor or midwife, but self-referral is possible if you are worried about your baby's movements.

Please contact the Antenatal Clinic for an appointment on (03) 5823 8670.

Perinatal Emotional Help Program (PEHP)

The Perinatal Emotional Health Program (PEHP) is a specialist early intervention service, supporting families experiencing emotional health problems during pregnancy and early parenthood.

The program aims to provide early interventions for women at risk of, or experiencing, perinatal mental health problems identified by health professionals who have contact with women during the perinatal period.

Please contact the Antenatal Clinic for more information on (03) 5823 8670.

Feedback

Your feedback is important to us at GV Health. It helps us know what we are doing well and what we need to improve. Please contact the Consumer Experience Team by phone (03) 5832 2258 or email feedback@gvhealth.org.au



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Contact

Antenatal Clinic

(03) 5823 8670

For urgent matters, please contact the Birth Suite on (03) 4804 4916

Maternity Unit

(03) 4804 4910

Visiting hours: 1:00pm to 8:00pm

Rest period between 11:00am and 1:00pm

(strictly no visitors or phone calls during rest period)

Birth Suite

(03) 480 4916

Allied Health, including social workers, physiotherapists, dietitians and diabetes educators

(03) 5832 3100 or 1800 222 582

Useful Websites

www.health.vic.gov.au/maternity

www.thewomens.org.au

www.breastfeeding.asn.au



GV Health acknowledges the Traditional Custodians of the land on which its many sites are located. We pay our respects to their Elders past and present and celebrate the continuing culture of Aboriginal and Torres Strait Islander peoples. We would also like to acknowledge the Aboriginal and Torres Strait Islander people who are receiving care in our services.

GV Health is committed to embracing diversity and welcomes all people.

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