

Let's work together to make your pregnancy safer



This information booklet is about preventing stillbirth: **We speak with everyone about these things.** Talking about ways to reduce the chance of stillbirth is a normal part of pregnancy care – just as speaking about ways to help keep mum healthy are a normal part of pregnancy care.

It is not common, but sometimes a baby's life will be lost before they are born. When this happens after 20 weeks of pregnancy, it is called stillbirth.

We do not always know why a baby's life is lost before birth. It is not always possible to prevent stillbirth. There are however some things you can do during your pregnancy to help to reduce the chance of stillbirth. Your health professionals will talk to you about these things at each of your pregnancy appointments.



Safer Baby
WORKING TOGETHER TO REDUCE STILLBIRTH

This resource includes information about **5 things that you can do to help reduce your chance of stillbirth.**

1 Reducing your and your baby's exposure to cigarette smoke



2 Working together with your health professionals to check your baby's growth



3 Learning your baby's movements and letting your health professionals know if your baby's movements stop or slow down



4 Sleeping on your side once you reach 28 weeks of pregnancy



5 Talking with your midwife or doctor about the best timing for your baby's birth



One of the best things you can do to help keep your baby strong and healthy in pregnancy is to attend your pregnancy appointments. Pregnancy appointments are an opportunity for you and your health professionals to check in on you and your baby's wellbeing. Interpreter services are always available to women and families free of charge.

Call your midwife or doctor if you feel that something is wrong, or if you are worried about the baby. Do not think you are wasting anyone's time. Your health care providers are always there to support you.

A healthy environment helps your baby to grow strong and healthy

Your baby is able to grow strong and healthy during pregnancy because of a special organ called the placenta. The placenta first develops early in pregnancy and continues to support your baby's growth and development until birth. Your baby receives nutrients/food and oxygen/fresh air via the placenta. The placenta also removes baby's waste/old air.

It can be helpful to understand the way your baby grows during pregnancy as being like the way a flower grows strong and healthy. To grow strong and healthy, flowers need a healthy environment. Fresh water, oxygen, and food from the sun and soil all work together to support flowers to grow strong and healthy.

Just like a flower in a garden, your baby needs oxygen and the right food via the placenta to grow strong and healthy.

The placenta is very important for baby's health and wellbeing.

There are however some things that can make it harder for the placenta to work well during pregnancy, which can in turn make it harder for your baby to grow strong and healthy.



Many of the things discussed in this booklet are about helping your placenta to work well during pregnancy, and therefore help your baby grow strong and healthy.





Reducing your and your baby's exposure to smoking

Clean air helps baby to grow strong and healthy.

All types of smoking can harm you and your baby during pregnancy, including smoke from cigarettes, shisha, e-cigarettes/vaping, and cigars.

If you smoke quitting is the safest thing to do for you and your baby. Quitting at any time during your pregnancy can help you and your baby.

If you live with or spend time with other people who smoke this can harm you and your baby, especially if you are in small spaces like a car or inside a home when people are smoking.

Even if you do not smoke, being around other people's smoke (from cigarettes, shisha, e-cigarettes, and cigars) can be harmful for you and your baby. You can help you and your baby by not spending time with people when they are smoking.

Smoke from any type of smoking reduces the amount of blood and oxygen that can travel to your baby.



Cigarette smoke can increase the chance of:

- Miscarriage or stillbirth
- Baby being born early (before 37 weeks of pregnancy)
- Baby being born small
- Baby having trouble breathing when they are born
- Baby dying suddenly without other cause during infancy.

Where can I get more information?

You can talk to your doctor or midwife about smoking during pregnancy, including where to get help if you smoke and would like to stop. There is a free national support service for people who would like to quit smoking called Quitline.

Quitline - 13 78 48
www.quit.org.au

Anyone who wants to quit smoking, including you and your support people, can call them for help.

People who need an interpreter can access Quitline in a number of ways. They can:

- Call Quitline and ask them to call back with an interpreter in their preferred language
- Ask a friend or family member who feels confident speaking English to call Quitline and arrange a call back with an interpreter
- Ask their health professional to submit an online Quitline referral form so that Quitline staff can call with the right interpreter on the line.





Your baby's growth

Pregnancy appointments are an opportunity for you and your health professionals to check in on you and your baby's wellbeing. This includes your baby's growth. From 24 weeks of pregnancy, your health professionals will check your baby's growth by measuring your abdomen with a measuring tape.

Attending pregnancy appointments regularly gives more opportunities for your baby's health and growth to be checked.



Some babies are more likely to have trouble growing than others. If your health professionals see signs that your baby may be growing slowly, or they think your baby has more chance than others of being born small, they may recommend that you have regular ultrasounds during your pregnancy to measure your baby over time.

Finding babies who are having trouble growing helps us to reduce the chance of stillbirth.

If you have any questions or worries about your baby's growth you can speak to your midwife or doctor.





Your baby's movements

Just like us, your baby's movements can be a sign of how they are feeling. When we are feeling good, we are active and full of energy. But when we are sick or feeling unwell, we do not move as much as when we are feeling good. If your baby is not well or is having trouble growing, they may move less than they normally would too.

This is why it is so important that you get to know your baby's pattern of movement.

Every baby is different. Some babies move a lot throughout the day, while others may be most active at particular times of the day, like following a meal or during the night-time.

Some babies are more active than others, and there is no set number of normal movements for a baby. This is why it is so important that you spend a little time getting to know **your** baby and their movements.



It can be helpful to think about baby's movements as having a pattern. For example, a woman might report that her baby is most active after meals and during the evening as she is going to bed. We would call this her baby's pattern – the times of day when baby is usually active and the times of day when baby is usually less active.

How do I get to know my baby's movement patterns?

- Choose a time of day when your baby is often active
- Find a quiet place where you can relax and focus on your baby
- Spend some time getting to know your baby's movements. What do you notice? How strong are they? What do they feel like?

This pattern should continue until your baby is born.

How might I know my baby's pattern of movements has changed?

- You notice that your baby is moving less often than they normally would
- It feels like the movements are less strong than they were before
- You feel that something is not right

No one knows your baby better than you do.



What do I do if I notice my baby's movements have stopped or slowed down or I am feeling worried?

It is common for women to feel worried about their baby at some stage during pregnancy. Feeling worried does not always mean that something is wrong. However, sometimes baby's movements change because they are not well or are having trouble growing. Babies who are unwell or are having trouble growing have a higher chance of stillbirth than other babies.

To help us identify when babies are not well or are having trouble growing, we ask everyone in pregnancy to get to know their baby's movements. We also ask everyone to contact their health professionals if they ever notice their baby's movements stop or slow down.



If you ever notice your baby's movements stop or slow down, **please do not delay contacting your health professionals.** They will be very happy to hear from you and to hear about your concerns. They are here to help you at any time of day or night.

What happens next?

Your health professional may invite you to hospital to help them check on baby's wellbeing. They can check on baby in different ways, including:

Cardiotocograph (CTG) - A CTG involves placing two elastic belts around your stomach to measure baby's heart rate and contractions (if you are having any) over time. Your health professionals will also measure your stomach to see how baby is growing and what position your baby is laying in.

Ultrasound - An ultrasound scan can help your health professionals more accurately measure baby's growth, as well as check baby's heart rate and blood flow.

Checking Mum's health - Your health professionals may also assess your wellbeing by checking your blood pressure, temperature, pulse, and sometimes a blood test.





Sleeping on your side

Your baby can grow strong and healthy because they get oxygen and nutrients from your blood via the placenta. Your baby's access to oxygen and nutrients therefore relies on a regular flow of blood through the placenta.

If you sleep on your back after 28 weeks of pregnancy (when your baby is starting to get bigger) less blood may be able to reach the placenta.

You can help your baby grow strong and healthy by sleeping on your side from 28 weeks of pregnancy.

In fact, new research has shown that going to sleep on your side from 28 weeks halves your chance of stillbirth compared to your chance if you slept regularly on your back.

You can sleep on your left or right side - whatever is more comfortable for you. It is common for women to go to sleep on their side and then wake up on their back. **If this happens, do not worry!**

The important thing is to start each sleep on your side. If you do wake up on your back, that is okay, you can just roll over to your side.



Let's talk timing of birth

This section contains information to help you talk with your midwife or doctor about the best timing for your baby's birth.

When will my baby be born?

Your baby's estimated date of birth or due date is usually 40 weeks after the first day of your last period. However, it is sometimes calculated based on your earliest ultrasound.

- Most women (around 90%) have their baby **between 37 and 42 weeks** and this is called **term**.
- **Before 37 weeks** is called **preterm**.
- **From 37 to 38 weeks (+6 days)** is referred to as **early term**.
- **From 42 weeks** on is called **post term**.

In many pregnancies the timing of birth is decided when your labour starts on its own. Giving birth close to your due date is generally best for your baby's development. However, sometimes babies need to be born at an earlier time and this is called **planned birth**.

What is a planned birth?

A planned birth is when a woman has her baby at a specific time instead of waiting to go into labour for her baby to

be born. This is usually done by an induction of labour or, if necessary, a caesarean section. However, if a planned birth is decided, it is very important to pick the right time.

Every Week Counts

Your baby still has growing to do, is still developing and is becoming stronger right up to 39-40 weeks. Every week that a baby is born early can impact their health. Sometimes you might reasonably ask 'why wait until term?' especially if there are any concerns. The facts are that being born preterm (even close to 37 weeks), and in the early term period (37-38 weeks [+6 days]) can lead to a higher chance of some outcomes for children, such as learning difficulties at school and/or behavioural problems. Getting the balance right between benefits and risks is really important when deciding on timing of birth.

When might a planned birth be considered?

The main reason women have a planned birth is to reduce the chance of problems for them or their baby, including stillbirth. The chance of stillbirth is slightly higher later in pregnancy and is even higher post term (beyond 42 weeks).

For women with a medical condition (e.g. diabetes or high blood pressure), or if there are pregnancy complications (e.g. concerns about baby's growth), a planned birth may be recommended. Other factors that increase a woman's risk of stillbirth include being older, being overweight (having a high body mass index or BMI), having your first baby, conceiving using IVF, and continuing to smoke, use drugs or drink alcohol throughout pregnancy.



Women from some cultural groups or ethnicities, including Aboriginal and Torres Strait Islander women, and women born in Sub-Saharan Africa or South Asia, have a slightly higher chance of stillbirth.

If any of these apply to you, it does NOT mean you will have a stillbirth. Your midwife or doctor will explain your chance of stillbirth and discuss with you options for the timing of your baby's birth, and if you or your baby need closer monitoring. If the chance of stillbirth is very low, your midwife or doctor will usually recommend that you simply wait for your baby to come when your labour starts.

Talking it through and deciding what is best for you and baby

Deciding whether you should have a planned birth or wait for your baby to be born is not always easy. It is important to know the benefits and risks of both options for you and your baby. It is also important to think about your own beliefs, values and preferences. Your midwife or doctor will discuss these things with you, answer your questions and support you in reaching the best decision. This is called shared decision-making.

Every pregnancy is unique. The decision about the timing of your baby's birth should consider your own beliefs and preferences, and balancing the health benefits to you and your baby with any risks specific to your pregnancy.



Remember

Remember that every pregnancy is unique, and the chance of stillbirth is very low. However, it is important to be informed and take measures to reduce your risk. Speak with your doctor or midwife about how to have a safe and healthy pregnancy.

Things you can do to reduce your risk of stillbirth include:



For women who smoke, seek help to stop as soon as possible



Attend all appointments to monitor your health and your baby's growth



Be aware of your baby's movements and let your health professionals know if your baby's movements stop or slow down.



Go to sleep on your side from 28 weeks onwards



Getting the balance right between benefits and risks is really important when deciding on timing of birth.

To access more translated information and videos go to [saferbaby.org.au](https://www.saferbaby.org.au)

Safer Baby

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About this booklet

Culturally adapted Safer Baby Bundle resources have been co-designed to help with Arabic, Dari, Dinka and Karen language-speaking communities.

This resource has been developed by the Centre of Research Excellence in Stillbirth (Stillbirth CRE) in partnership with Stronger Futures CRE at the Murdoch Children's Research Institute (MCRI) and Multicultural Centre for Women's Health (MCWH).

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