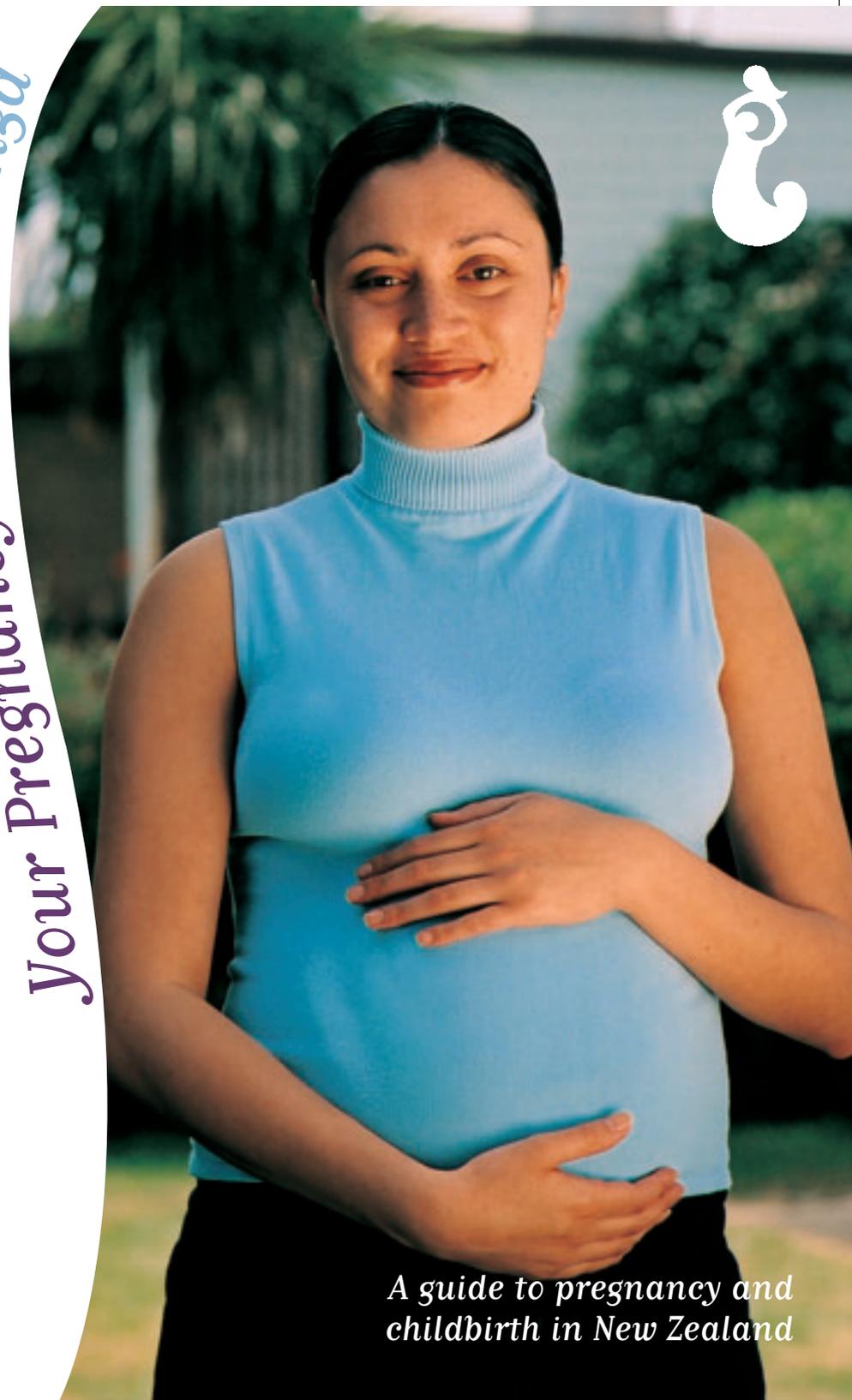


Your Pregnancy Tō Hapūtanga





Your Pregnancy
Tō Hapūtanga



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Being Pregnant *Kua hapū*

Once you know you are pregnant, there are several important decisions you need to make. These include choosing where you want to give birth (eg, at your own home (or a friend's), in a small maternity hospital or at a base hospital), and how you would like to give birth. You also need to choose a Lead Maternity Carer (LMC) who will support your choices. Your LMC can be a midwife, a general practitioner, or a specialist obstetrician.

The first few weeks of pregnancy up until the 14th week are called the first trimester. During this time look at the options available to you so that you can register with your chosen LMC as soon as possible after the 14th week, which is at the start of the second trimester.

You can phone 0800 MUM 2 BE (0800 686 223) for names and phone numbers of Lead Maternity Carers in your area. See page 22 for a list of questions you can ask when choosing your LMC. See also page 24 for a list of some of the items of information you may like to read to find out more.

Once you have decided who your LMC will be, you will be asked to sign a form called Registration of Woman with LMC. Once you have registered with an LMC, your LMC is responsible for the maternity care provided to you throughout your pregnancy and until about four to six weeks after the birth of your baby. Your baby's care will then be transferred to your chosen Well Child provider. See page 20 for further information on this.

Contact your LMC for all queries related to your pregnancy. From the time you register until your final maternity check, your LMC, or backup, is available to help you. This availability is for phone advice, or visit if necessary, and is 24 hours a day, seven days a week. You can choose to change your LMC at any time, if you wish.

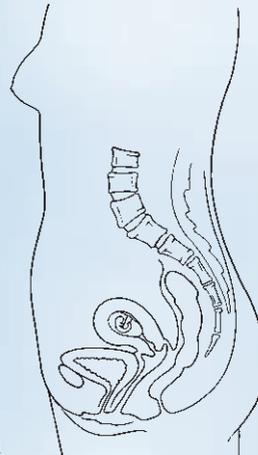
Your care plan

Your care plan outlines the care you can expect to receive during pregnancy, labour and birth, and after your baby is born. The decisions you make about the care that best suits you and your family/whānau's needs will be written down as your care plan. This care plan reflects what you want and you can keep a copy of it. See page 26 for a list of items to be covered in your care plan.

Your developing baby

6 - 7 weeks

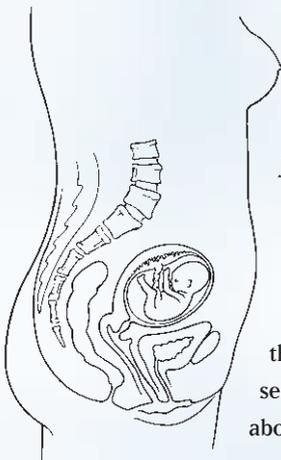
At seven weeks, the baby is about eight mm long from head to bottom. The brain is developing and the heart is beginning to beat. Physical features, such as the ears, eyes, arms and legs, are also developing.



8 - 9 weeks

At nine weeks, the baby is about 17 mm long from head to bottom. The face is slowly forming, with the eyes becoming more obvious. There is a

mouth and tongue. Hands and feet, with ridges where the fingers and toes will be, are also beginning to develop.



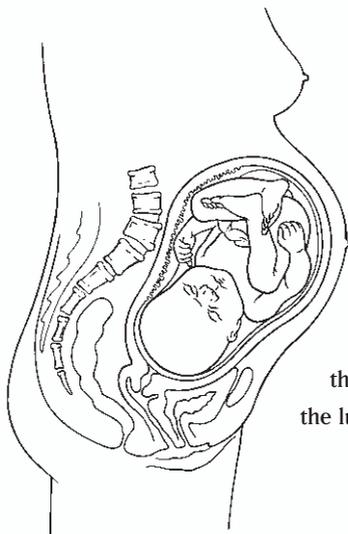
10 - 14 weeks

Just 12 weeks after conception, the baby is fully formed. It has all its organs, muscles, limbs and bones. From now on it will grow and mature. The baby is already moving about, but the movements cannot yet be felt. First time mothers tend to feel the baby first move at about 20 weeks, while for second time mothers, the first movements are felt at about 16 weeks.



28 weeks

At 28 weeks, the baby is over 38 cm long and is about 0.9 kg in weight. The baby's skin begins to develop a white greasy covering called vernix, which waterproofs the skin. The baby's movements can easily be felt at this stage.



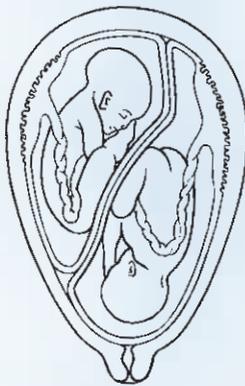
40 weeks

At 40 weeks, the baby is 50 cm long and weighs over 3 kg. Over the past four months the baby has fully developed and the lungs have matured, ready for birth.

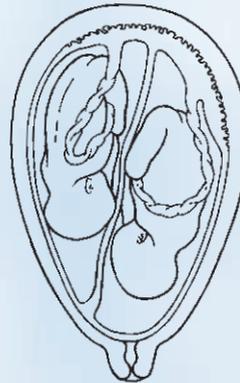
Twins

Non-identical twins result from two eggs being fertilised at the same time and are more common.

Identical twins develop from one fertilised egg splitting into two separate cells. They therefore have the same genes, are the same sex, and look very alike.



Non-identical twins



Identical twins

Keeping healthy in your pregnancy

Keeping healthy throughout your pregnancy includes eating healthy food, a healthy lifestyle including exercise, getting enough rest, no smoking or drinking alcohol, and no recreational drugs. It also includes your cultural, spiritual and emotional wellbeing.

Your LMC will see you regularly throughout your pregnancy. S/he will palpate (feel) your abdomen to check your baby's growth, position and heartbeat, take your blood pressure, and explain to you what these mean for your pregnancy. S/he will also explain how often you need to be seen during your pregnancy and whether these visits will be in your home, at a clinic, marae maternity clinic or at a hospital.

Your Pregnancy Tō Hapūtanga



You will be asked to give a sample of your blood early in your pregnancy to test for:

- your blood group
- your haemoglobin (iron content in your blood)
- presence of any antibodies which may be harmful to your baby
- whether you are immune to rubella
- whether you are a hepatitis B carrier.

A blood test may also be done at about 26 to 28 weeks of pregnancy to test for diabetes in pregnancy. This is called a glucose tolerance test. Information is available to help you decide whether you need to be tested for this, or any other tests such as chlamydia, or other diseases which may affect your baby.

Antenatal classes/childbirth education

Antenatal classes/childbirth education (also called pregnancy and parenting education) is about giving pregnant women, their partner, support person and their family/whānau the opportunity to:

- learn more about what will happen to them during pregnancy, labour and birth
- find out about the care they are likely to receive
- understand what happens after their baby is born
- meet other parents-to-be.

Taking care with medicines

Some medicines can harm the developing baby. Only take those medicines that have been recommended by your midwife or your doctor. Always check with them or your pharmacist before taking anything else.

X-rays and some local and general anaesthetics (including dental x-rays and anaesthetics) are best avoided during pregnancy.

Smoking

Smoking during pregnancy affects the baby's growth, and will mean more likelihood of health problems such as:

- a lower birth weight that could be harmful if the baby is already small or born prematurely
- an increased risk of cot death, pneumonia, asthma or glue ear
- a risk of miscarrying or having a stillborn baby.

There are programmes available to help pregnant women give up or reduce smoking. There is also information available on how to quit smoking or being smokefree. You can call the Quitline Quit Me Mutu on 0800 778 778.

Alcohol

When you are pregnant, every time you drink alcohol, it is carried by your bloodstream through the placenta to your baby. Drinking alcohol during pregnancy can cause brain damage to your baby and that damage is permanent. This damage is called Fetal Alcohol Syndrome/Fetal Alcohol Effects or FAS/FAE.

There is no known safe level of alcohol use during pregnancy. If you think you are pregnant or know you are pregnant, it is safer to avoid alcohol altogether.

Drinking alcohol may harm your unborn baby, as:

- there is a greater likelihood of miscarriage, stillbirth and premature birth



- babies may be born with intellectual disabilities or physical defects
- slower development may become obvious later in childhood and the child may have poor co-ordination, learning and behavioural problems, including hyperactivity.

After the birth of your baby, whatever amount of alcohol you drink, some will pass into your breastmilk.

Cannabis and/or other recreational drugs

Using cannabis and/or other recreational drugs when you are pregnant can affect the development of your baby, possibly causing premature birth or a low birth weight.

Infections during pregnancy that can harm your baby

Some infections during pregnancy can cause harm to your baby. If you are in contact with someone who has an infectious illness, or are not sure about any of the following, information is available to help you make any decisions about what you should do. Some of these infections include:

- Rubella (German measles)
- Listeriosis – Listeria is a common bacterium which contaminates certain foods and causes illness. Pregnant women are at high risk of illness and the infection may be passed on to an unborn baby. You can reduce your risk from listeria by avoiding certain foods and by using safe food practices. Pregnant women should avoid eating:
 - smoked or pre-cooked fish or seafood products that are chilled or frozen (unless reheated thoroughly and eaten hot)
 - paté
 - cold pre-cooked chicken

- ham and other chilled pre-cooked meat products
 - stored salads and coleslaw
 - raw (unpasteurised) milk
 - surface-ripened soft cheese (eg. brie, camembert).
- Toxoplasmosis – Toxoplasmosis is an infection that pregnant women can get from cat faeces and which can pass through the placenta to the baby
 - Human Immunodeficiency Virus (HIV)
 - Hepatitis B
 - Hepatitis C
 - Tuberculosis (TB)
 - Herpes.

A range of other infections, such as urinary tract infections, thrush, streptococcus B (strep B), chicken pox (varicella), and sexually transmitted infections such as chlamydia or gonorrhoea, may also cause harm to you or your baby.

Receiving care from a specialist

If complications should arise during your pregnancy or labour, you will need to decide whether you want to use hospital specialist services or a private specialist. In any situation where you require specialist services, your LMC will continue to provide the primary care that is part of her/his LMC role.

There are guidelines available to your LMC to help decide if referral to a specialist for a consultation is advisable or whether transfer of the responsibility of care in full is recommended. If this happens then the role your LMC now has in your care will be agreed between those involved. This includes you.

If responsibility for your care transfers to the hospital specialist services after you have established in labour, in most cases your LMC will continue to be available to support you.

See page 28 for information about the costs of maternity services in New Zealand.



Labour and Birth *Te whakawhānau*

Every birth is different and babies vary regarding when they arrive and how long they take. Your Lead Maternity Carer (LMC) can answer any questions you might have about your labour and birth and how you should prepare.

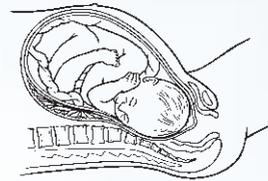
When you think you are in labour, tell your LMC. S/he will then advise you what to do next. This may be that s/he will visit and assess you in your home, or meet you at the maternity hospital, or s/he make some other suggestion(s).

Deciding who will support you at the birth

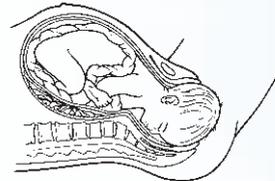
Plan ahead about who you would like to support you at your baby's birth. You may wish to have only your partner with you or you may like other members of your family/whānau. You may wish to include cultural preparation in the way of prayers/karakia for a safe birth.

The stages of labour

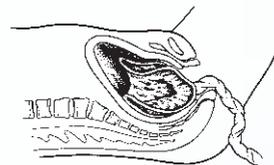
There are three main stages in labour. The time taken for each stage will vary from woman to woman. In the first stage the cervix opens, in the second stage the baby



End of first stage



Second stage – birth of the baby



Third stage – birth of the placenta

Different positions for coping with pain in labour



Kneeling

is pushed down through the vagina and is born, and in the third stage the placenta (whenua) comes away from the wall of the uterus and is pushed out through the vagina. The membrane that holds the amniotic fluid and your baby (often called 'the waters') can break at any time. Often this happens near the end of the first stage or at the beginning of the second stage of labour. Sometimes the waters are deliberately broken.

It is also the Māori family/whānau's choice for the placenta/whenua to be kept and returned to them according to Māori tikanga and kaupapa.



Sitting



Standing



Crouching



Coping with pain

There are several things you and your partner and family/whānau can do to help you cope with the pain of labour.

Some alternative therapies, such as relaxation and breathing techniques, a warm bath or shower, the birthing pool or a TENS machine, are helpful. Medicines/rongoā, massage/mirimiri and prayer/karakia, can also be helpful.

Homeopathy or aromatherapy are also commonly used to assist with pain relief. Discuss any questions you might have about alternative medicines and therapies with your LMC. The use of gas, injections of drugs, or an epidural or spinal anaesthetic, can be used if these other methods have not worked. However, as all drugs pass through the umbilical cord to the baby up until the time the cord is cut, only necessary drugs should be used.

Variations in labour and birth

No two births are the same. You may need extra help at your baby's birth.

Induction/Augmentation of labour

Induction is when labour is started artificially because of risk to the mother or baby if the pregnancy went on any longer. Induction can be done by using the following:

- placing a medicated gel close to the cervix
- breaking the membrane which holds the amniotic fluid and your baby.

Inductions are likely to lead to increased intervention such as a ventouse or forceps birth or a caesarean section.

Augmentation (assisting a labour which has already commenced) can be done by using the following:

- breaking the membrane which holds the amniotic fluid and your baby
- a hormone drip to strengthen the contractions.

Ventouse/forceps birth

Ventouse or forceps may be used to help deliver your baby. A ventouse is a suction cap that is placed on the baby's head and by firm pulling the baby can be born. The same method is used for a forceps birth with the forceps being placed around the baby's head. An episiotomy is usually done for a ventouse or forceps birth. An episiotomy is when the perineum (area round the vaginal opening) is cut to make the opening bigger. Stitches are needed afterwards.

Caesarean section

A caesarean section is the removal of the baby from the uterus by surgery. This should only be done when there are medical reasons for it. An epidural or spinal anaesthetic is generally given. A general anaesthetic may be used when an emergency caesarean section is needed. After the operation, stitches or clips are used to seal up the wound. These either dissolve or are removed about five to eight days later.



After the Birth

I muri iho i te whānautanga

This is the time for enjoying and getting to know your baby. It is also about eating well, drinking lots of water, resting with your baby and getting support from your family/whānau.

Your baby

Your baby will be examined within the first 24 hours after birth. Some of the things you may notice are very common, for example:

Jaundice – newborn babies can have some mild jaundice about the third day after the birth. Jaundice at birth is not normal. Jaundice gives the baby a yellow appearance and is easily remedied by exposure to sunlight, even indoors. Regular feeding is important. More severely jaundiced babies may need a different kind of treatment, eg, phototherapy (treatment using blue light). If severe jaundice is left untreated, it can cause brain damage.

Feeding – babies generally wake three to four hourly for feeding – sometimes more frequently. If your new baby is not waking and feeding regularly (approximately three to four hourly), contact your LMC as dehydration can be a problem or your baby may be unwell.

Hospital stay

Your Lead Maternity Carer (LMC) will visit you daily while you are in hospital. The length of your stay will depend on your clinical needs. The decision about when to leave will be made by your LMC, in discussion with you and the hospital staff.

In situations where your care has been transferred to the hospital specialist service, your LMC will explain what her/his role is alongside that of the hospital specialist service for the time you are in hospital.

Home visits

After the birth, you can expect between five and ten visits from your LMC or a midwife, in your home. You should not receive less than five home visits from a midwife unless you ask for less. If you had your baby in hospital, you will receive your first home visit within 24 hours of going home from hospital. The postnatal care you will receive from your LMC includes assistance with and advice about feeding and caring for your baby, as well as advice about your nutritional needs and contraception.

Breastfeeding

Breastfeeding is the best nutrition for your baby and has advantages for you too. To help make your breastfeeding experience positive, ask for information and advice early in your pregnancy. You can also talk to other mothers who have enjoyed breastfeeding their babies.



Breastfeeding is a skill that needs to be learned. Some women experience no problems, whereas others need more help and support to get started and continue feeding. Having the practical support of your partner, family/whānau and friends is important.



Benefits of breastfeeding

The Ministry of Health recommends that all babies are fed only on breastmilk for the first six months of life. This means NO water, infant formula or fruit juices. After six months you can slowly start your baby on solid foods and other fluids while you keep breastfeeding for two years or more.

Breastfeeding is best for your baby because:

- it can assist with the development of a close bond between you and your baby
- breastmilk is the only food which is exactly the right nutrition and temperature for your baby
- it will help protect your baby from ear infections, gastroenteritis, respiratory infections and eczema.

Babies who are breastfed are less likely to have respiratory problems, coughs, colds, or infections which may need admission to hospital before they are one year old. Breastfeeding may also reduce the risk of cot death.

Some things can help you breastfeed successfully. For example, a drug free birth provides an excellent start. It is also important that you and your baby have skin-to-skin contact for at least the first half hour after the birth and that you breastfeed your baby during this time. This develops a close bond and helps start breastfeeding. Your LMC can tell you about any support groups in your area such as La Leche League, Parents Centre or Home Birth Association. There are also books to read on breastfeeding and brochures available.

Guthrie Test

All New Zealand babies should be screened at three to five days of age for seven rare conditions, which if not detected early can lead to serious disease including permanent brain damage. If detected early, most can be prevented through provision of medication or a special diet. Your LMC will provide you with information about the Guthrie Test (heel prick) before you sign the consent form for this test. Ask how to obtain the results of this test, if you wish.

Vitamin K

Vitamin K can be given to babies soon after birth to prevent the development of bleeding due to low Vitamin K levels. This condition can be serious. Vitamin K can be provided by injection or by mouth. If given by mouth three doses are required – at birth, at one week and at six weeks. It is important to get information from your LMC before your baby is born so you can make an informed decision about whether or not your baby will have Vitamin K.

Registering your baby's birth

The hospital (or your LMC if you had your baby at home) has to notify the Registrar of Births within five working days of your baby's birth that you have had a baby. The hospital will also give you a copy of the birth registration form for you to complete.

It is compulsory for you to complete and return this form to Births, Deaths and Marriages Central Registry, PO Box 10526, Wellington as soon as possible after the birth.

Final maternity check

This usually occurs four to six weeks after your baby's birth. This marks the end of your maternity care. However, you are still able to contact your LMC about any maternity related problem until six weeks after the birth.



Checking baby's reflexes

Baby checks

Your baby will be given three examinations by your LMC:

- within 24 hours of birth
- at seven days
- before being transferred to your chosen Well Child provider (ie, the health professional who will provide health care for your baby).

At six weeks, you can take your baby to your usual GP for a further check. This is the same time as a baby's first vaccination is due. This check is not a maternity visit, but is part of the subsidised primary health care for children from birth to six years. You may be charged a part payment for this.

Start of your Well Child visits

You and your child have the right to free Well Child Tamariki Ora care. This Well Child care is different from the medical care you receive when your child is ill.

Talk to your LMC about who provides Well Child services locally. Some examples of Well Child providers are Plunket, the general practice team, some Māori and Pacific providers, or the public health service. If you want your baby to have Well Child care, your LMC will refer you to your Well Child provider, usually between four to six weeks after your baby's birth.

Returning to work

If you are returning to work, and your baby will be using childcare facilities, try to make arrangements that allow you to easily see your baby during work time so you can continue breastfeeding. If you can't do this, you can give your baby expressed breastmilk while you are at work and breastfeed the other times of the day. One breastfeed a day is enough to continue lactation. Your LMC can show you how to sterilise containers and how to safely store expressed breastmilk in the fridge or freezer.

You may be eligible for paid parental leave. For further information phone 0800 800 863.





Choosing your Lead Maternity Carer

Some questions you might like to ask before registering with a Lead Maternity Carer (LMC) are:

- Will you provide all my care or will others be involved?
- How can I contact you if I need help or advice?
- Is this information different if I need help or advice out of normal working hours?
- Who will provide backup care for me if you can't be there?
- What birthing options do you offer?
- Do you offer home birth and what happens if I need hospital care?
- Where will my antenatal visits be? In my home? At a clinic?
- How many antenatal visits can I expect to have?
- What hospitals do you have access to?
- What is your philosophy about childbirth?
- Will you visit me at home in early labour?
- What happens if you are away or with someone else when I go into labour?
- Will I be able to meet your backup person?
- What happens if I need specialist care during my pregnancy or my labour?
- If this happens, will you continue to provide care for me?

- If I have a caesarean section will you go to the theatre with me?
What will your role be?
- Will you visit me in hospital? What will your role be?
- How many postnatal visits can I expect, both in hospital and at home?
- How many weeks do you visit after the birth?
- Between visits are you available for me to phone you for advice?

You may also like to ask questions about your LMC's experience and practice of delivering babies, such as:

- How long have you been attending births?
- About how many births a year do you attend?
- Are you likely to be away when I'm due?
- How many other women have you got booked who are due about the same time as me?
- Have you had an annual standards review or an audit by your professional body? (You can also ask to see a copy of the certificate if you wish.)

If your LMC is a GP or a private obstetrician, other questions to ask are:

- Who will provide my midwifery care during labour?
- Can I meet the midwife who will provide me with care during labour?
- Who will provide my home visits when I go home from hospital?



Further information for pregnant women

Ask your LMC or Well Child provider for Ministry of Health pamphlets. Copies can be ordered free of charge from your local public health service or through the website www.healthed.govt.nz which has an updated list of resources. Of special interest to women who are pregnant or have just had a baby are pamphlets giving more information on:

- alcohol
- breastfeeding
- colic
- contraception
- cot death
- folic acid and spina bifida
- healthy eating (pregnancy and breastfeeding)
- hepatitis A, B, C
- HIV testing and AIDs
- immunisation
- infant formula
- listeria
- newborn baby's blood tests
- pregnancy and exercise
- quitting smoking
- rubella

- sexually transmitted infections
- smokefree homes
- soy-based infant formula
- tuberculosis (TB).

You could also ask your LMC about other information that may be available from other organisations in your area. For example:

Home Birth Association

La Leche League New Zealand

Maternity Services Consumer Council

NZ College of Midwives

Parents Centre New Zealand.

You can also find further information regarding health and disability policy advice and research on the Ministry of Health's main website www.moh.govt.nz





Items to be covered in your care plan

Your care plan is a record of the decisions you and your Lead Maternity Carer (LMC) have made together about how your care will be provided. It outlines your preferred plans for you and your baby during your pregnancy, labour and birth and postnatal care. A copy will be included in your clinical notes and you have a copy to keep.

When developing your care plan with you, your LMC will discuss the following items:

- schedule and location of visits for your pregnancy care
- how continuity of care will be achieved
- how to access your LMC in urgent situations
- cultural safety requirements
- education plan during pregnancy and following birth
- referral to other midwifery, medical, social and diagnostic services
- smoking cessation options
- screening for infectious diseases
- assessment of risk of family violence
- location for your birth and other services including booking into a facility or arrangements for home birth
- presence of others at birth
- birth environment and position for birthing
- options and preference for monitoring, intervention, and treatments

- handling of placenta/whenua with cultural sensitivity
- breastfeeding or other feeding requirements
- likely stay in the hospital and planning for going home
- requirements for your postnatal care
- risk of postnatal depression and support options
- advice regarding contraception and sexuality
- referral to Well Child provider and the timing for this.





Costs of maternity services

Maternity care is free for New Zealand citizens, women with permanent residency, and those who have a permit for a stay of two or more years. All babies born in New Zealand are eligible for free maternity services from birth and postnatally. If you are not sure whether you are entitled to free maternity care, call freephone 0800 686 223.

There may be a charge if you choose to use private services.

For example:

- Specialist services – care from a private obstetrician, paediatrician or anaesthetist, even where this care is provided within a public hospital. You will not have to pay for any care you receive from the hospital specialist service.
- Ultrasound scans – are a specialist service, and therefore, radiologists practising in private may charge you a co-payment (a charge in addition to the fee paid to the radiologist by the Government). Also, if you choose to have a scan, and there is no medical reason for it, you will be charged for the service. If you are in the second or third trimester, any referral for an ultrasound scan must come from your Lead Maternity Carer (LMC) or an obstetrician.
- Laboratory tests – you may be charged a fee if you have any laboratory tests which are not routine during pregnancy.

- Ambulance service – if you use an ambulance service to go from the community to a hospital, the ambulance service will charge you a co-payment.
- Antenatal Education – if you choose to go to an education class that is not funded by the Government, it is likely there will be a charge.
- GP care – if you need to see your doctor during pregnancy for a problem that is unrelated to your pregnancy or for an existing medical problem that has become worse because of your pregnancy, you will be charged that doctor's usual consultation fee.





Things your Lead Maternity Carer will do:

- take responsibility for your care throughout your pregnancy, labour and birth of your baby, and until four to six weeks after your baby is born
 - provide you with information to allow you to make informed decisions
 - provide you with free maternity care (unless your LMC is a private obstetrician)
 - develop a care plan with you and give you a copy of this care plan
 - refer you to a specialist, if clinically necessary
 - attend as necessary during your labour and be present at the birth
 - visit you in your home between 5 and 10 times after your baby is born (more if clinically needed) or arrange for a midwife to provide these visits if your LMC is a doctor
 - provide a written referral to your chosen Well Child provider at a time agreed by you. This will usually be between 4 to 6 weeks after the birth of your baby
 - provide a written note to your GP before discharge from her/his care.
- Contact your LMC if you have concerns about your pregnancy.**

Complaints

If you have a complaint about the maternity care you have received, consider talking or writing directly to the person or organisation which provided the service. If you don't feel comfortable about doing this, you can get support from an independent Health and Disability Advocate, who is trained to help. There is no charge for this service.

Your local advocacy service and the Health and Disability Commissioner can be reached by phoning 0800 112 233.

Important contacts

MUM 2 BE	Information on how to access maternity services and what you are entitled to receive	0800 686 223
WINZ	Information on whether you qualify for financial help	0800 559 009
Inland Revenue Department (IRD)	Information on Family Assistance and Parental Tax Credit	0800 227 773
Dept of Labour	Information on parental leave	0800 800 863
QUITLINE (Quit Me Mutu)	Advice on giving up smoking	0800 778 778
Healthline	Advice about your baby	0800 611 116
Health & Disability Commissioner	Help with complaints	0800 112 233



Personal details

Your Name: _____

Expected Date of Birth (EDD): _____

NHI (National Health Index) Number: _____

Lead Maternity Carer (LMC): _____

Phone Number _____

Back-up for LMC: _____

Phone Number _____

Hospital if booked: _____

Phone Number _____