

endorsed by



# The inside story - your pregnancy diary



*Better health through loving touch*

*Johnson's  
baby*

## FOREWORD

*Johnson & Johnson's Professional and Educational Services team has produced a wide range of leaflets and booklets on caring for babies, mothers and families. Areas covered include the importance of loving touch, breastfeeding, bathtime and common skin problems in infants. These are available free of charge from hospitals, baby health clinics, paediatricians and other relevant health professionals.*

*This pregnancy diary has been compiled by Johnson & Johnson Professional and Educational Services in consultation with The Australian College of Midwives and Obstetricians. It contains a lot of helpful advice and can serve as a record of your pregnancy. One that is not only valuable for health reasons, but also as a memento to share with your child in the years to come.*

*We hope you enjoy using the diary and offer our best wishes to you and your family.*



Karen McAllister

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Johnson & Johnson Pacific

*The Australian College of Midwives Inc. endorses  
the educational content within this diary.*

## INTRODUCTION

There is no shortage of books and other materials available today about pregnancy and what to expect. In fact, you may find the amount of information a little overwhelming. So what we have set out to do here is to gather the most important of what you need to or might want to, know, and put it into a diary for your easy reference.

Even though this diary is as comprehensive as possible, each woman's pregnancy is different. So if ever you feel the need to contact your doctor or midwife outside of the recommended times in this diary, do so.

There is a coloured section near the front of this diary that includes a chart of Health Tips for Pregnant Women and one on Antenatal Screening. The antenatal screening chart covers all the types of tests you may be asked to consider during your pregnancy.

Following this section is your month by month diary with spaces for you to record your weight, any sensations or discomfort you feel, details of your next appointment and any questions you have. Don't forget to take your diary with you when you go see your doctor or midwife. That way you, or the person you are seeing, can write down answers to your questions and any other advice given.

There is also a space at the end of the diary for you to map out a plan for the actual birth of your baby. While plans can change, this will help you to organise your priorities and your feelings about your big day.

It is important you try to get a reasonable amount of rest during your pregnancy. This can be hard to do, especially if you are working or have a young family to look after, but as the birth gets closer your body will become tired more quickly. Even half an hour's rest a day, just sitting with your feet up, can make a difference.

*It is very important that you contact your Doctor or Midwife immediately should you experience any of the following signs during your Pregnancy: vaginal bleeding, vaginal fluid loss, severe abdominal pain, severe headache, generalized itching or a sudden reduction in fetal movement.*

# YOUR PERSONAL DETAILS

Date of last menstrual period: \_\_\_\_\_

Expected delivery date: \_\_\_\_\_

Ultrasound at: \_\_\_\_\_ weeks.

If you carry your baby to full term you will be pregnant for about 40 weeks. However, only four percent of babies arrive on the day they are due. This is mainly because of the way we work out this due date. The 40 weeks is calculated from the first day of your last period. This is two weeks before you ovulated and is still only an estimate. A baby may be born two weeks before or after this date and still be 'on time'.

Blood type: \_\_\_\_\_ Rh: \_\_\_\_\_

Rubella Immunity: \_\_\_\_\_ Placental Site: \_\_\_\_\_

Current medical conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Number of previous pregnancies: \_\_\_\_\_

Important features/complications (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tests performed: \_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_ (tel) \_\_\_\_\_

Childbirth Educator: \_\_\_\_\_ (tel) \_\_\_\_\_

Hospital: \_\_\_\_\_ (tel) \_\_\_\_\_

Midwife: \_\_\_\_\_ (tel) \_\_\_\_\_

Pharmacy: \_\_\_\_\_ (tel) \_\_\_\_\_

Other important telephone numbers: \_\_\_\_\_  
\_\_\_\_\_

1. Person to contact in case of an emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

(tel-day) \_\_\_\_\_ (tel-night) \_\_\_\_\_

2. Person to contact in case of an emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

(tel-day) \_\_\_\_\_ (tel-night) \_\_\_\_\_

## PRE-PREGNANCY PLANNING

*is becoming increasingly important*

This is an important time to ask your doctor about Rubella (German Measles). If you are not immune to Rubella, you should be immunised before conception to help lower the risk of abnormalities, such as deafness, in your new baby. You cannot be immunised once you are pregnant.

You can also take care of yourself in the time before you become pregnant:

- stop smoking
- lower alcohol intake
- eat more folate-enriched foods.

These steps can help to ensure that you are fit and will also increase the chances of you having a healthy baby.

Before and during your pregnancy it is important to look after yourself by eating a well-balanced diet.

Weight gain during pregnancy is unavoidable and depends upon your height and weight at the time of your baby's conception, how much you exercise and your calorie intake during your pregnancy.

The average weight gain during pregnancy is between 10 to 13 kilograms. Your weight gain each week should be about 300 grams. Your intake of vitamins and minerals is important for your baby. Pregnancy can be a danger time for excessive weight gain. How much weight you gain has no bearing on the health of your baby.

There are also some foods that pregnant women should not eat. The table over the page gives some guidance in these areas, along with other health tips for pregnant women.

## PRE-NATAL TOUCH & MASSAGE

Touch and massage are important for expectant mothers. Mothers deserve special attention during pregnancy. Being given this attention at this important time of your life will help ensure the best outcome (less depression) for you and your baby (research has shown that there may be a link between depression during pregnancy and the incidence of obstetrical complications - including premature birth).

Pregnancy should be a wonderful and memorable experience. But it can be a demanding time both physically and emotionally. Pay attention to your body and take time out to look after yourself. Massage is a wonderful way to relax and become comfortable with the amazing changes happening to your body. Have your partner treat you to a gentle massage. Ensure the massage strokes are light – avoid deep kneading movements.

## SEX DURING PREGNANCY

You may be wondering whether it is safe to have sex during pregnancy. The answer is almost always yes. However, there are circumstances where you may be advised to avoid sexual intercourse, such as if you have experienced some vaginal bleeding or if there is a high likelihood of you going into early labour. Check with your doctor or midwife.

Sexual positions may need to change as your body changes. For many women the most comfortable position for sex later in pregnancy is lying on their side.

Orgasms can cause the muscles of the vagina and uterus to contract, but this is unlikely to cause problems.

With all the hormonal changes going on, you may not feel like sex. Your partner's libido may also be affected. Having a baby is a big life event and affects people in different ways. The most important thing is to talk to one another about how you feel. You may become less focused on sexual intercourse and enjoy being intimate in other ways.

# HEALTH TIPS

## for pregnant women

Your diet should include:

<i>Carbohydrates</i>	<i>Proteins</i>	<i>Iron Rich Foods</i>
Bread	Milk	Red Meat
Potatoes	Cheese	Green leafy vegetables
Rice	Yoghurt	Lentils
Pasta	Lean meat	Eggs
Oats	Fish (not raw)	Dried fruit
	Tofu	Some types of fish (not raw)
	Nuts	
<i>Calcium</i>	Soya beans	
Dairy products		
	<i>Folate Rich Foods</i>	<i>Zinc rich foods</i>
<i>Vitamin C Rich Foods</i>	Dark green leafy vegetables	Seafood
Citrus fruit	Fruits	Meat
Tomatoes	Yeast extract	Wholegrains
Berries	Nuts	
	Soya linseed bread	

- It is best to eat a variety of nutritious foods from different food groups.
- Wash or peel fruit and vegetables before eating to avoid chemicals.
- Your diet should be low in saturated fat and free of artificial colourings and preservatives.

### WHAT FOODS SHOULD YOU AVOID?

- Raw and slightly cooked eggs, as there is a risk of salmonella poisoning.
- Soft cheeses, such as camembert and brie, pate, sliced meats or chopped chicken, raw fish and any pre-made salads that have been standing for a while, as there is a risk of listeriosis. This is a form of food poisoning caused by the listeria bacteria sometimes found in these types of refrigerated foods. Listeriosis is associated with miscarriage and stillbirth. It is recommended that while you are pregnant you only eat freshly prepared foods.

### CAN YOU TAKE VITAMINS?

It is best to get your vitamins and minerals from the food that you eat. Iron supplementation was once considered necessary during pregnancy but is usually no longer required.

Vitamin A supplements should be avoided in the first trimester, as vitamin A is stored by the body and has been linked with birth defects.

Your doctor will usually recommend you take a folate supplement until the 12th week. You cannot overdose on vitamins B and C. Iron supplements may be recommended if your blood tests indicate you are anaemic.

### WHAT IS FOLATE?

A vitamin from the B group. It is very good for the development of the baby's central nervous system. It plays a protective role against defects such as spina bifida.

### WHY ZINC?

This mineral may boost the immune system.

During the first eight weeks of your pregnancy your baby's major organs will be formed. So it's never too soon to exercise restraint and avoid anything that may negatively effect your baby's development.

### BEFORE YOU FALL PREGNANT, IN THE FIRST TRIMESTER AND IF POSSIBLE THROUGHOUT YOUR PREGNANCY, YOU SHOULD AVOID:

- X-rays.
- Unnecessary medication – don't take any medications (even ones you usually take) without checking with your doctor, pharmacist or midwife.
- Smoking and passive smoking.
- Heavy alcohol consumption (none is best, the maximum amount of alcohol you should consume is half a glass of wine a day).
- Illicit mood-altering drugs such as heroin, marijuana, cocaine, ecstasy.
- Contact with soiled cat litter and dog faeces because these can infect you with toxoplasmosis, which can cause miscarriage, stillbirths, mental retardation and fetal abnormalities.
- Exposure to chemicals – it's not a good time to renovate, old paint may contain high levels of lead. Even new paint, wood treatments and solvents can have harmful fumes you may inhale. You won't want to be around where strong pesticides or weed killers are sprayed either.
- Heavy lifting.

### TIPS FOR MORNING SICKNESS

- Eat some dry toast BEFORE you get out of bed. This lifts the blood sugar level.
- On the other hand, you could try having a light snack before you go to bed.
- Instead of eating three main meals, try eating more frequent, smaller meals which are high in carbohydrates. Even simply eating a banana will help maintain your blood sugar level.
- Try cutting out fats from your diet while you are experiencing morning sickness. The amount of whole milk, cheeses, eggs may affect your nausea so try to cut back.
- Avoid strong odours, stuffy rooms and smoky places.
- Keep your stomach partially full all day by snacking on dry biscuits between meals.
- Ginger/Sea sick acupressure bands may be helpful.
- Your Doctor or Midwife may recommend vitamin B supplements which have been shown to be helpful with morning sickness.

# ANTENATAL SCREENING

Antenatal screening includes all the scans, tests and checks that are done while you are pregnant. There are a number that will be necessary and others that may be suggested to you during your pregnancy.

## BLOOD TESTS

Blood will be taken for a number of reasons. A full blood count will be done which includes your haemoglobin level. This tells the doctor or midwife how much iron is in your blood. The level of haemoglobin falls naturally during pregnancy so it is recommended that you eat iron-rich foods, such as green leafy vegetables, lentils, eggs, dried fruit and red meat, to keep replenishing it. You may be requested to take an iron supplement if anaemic.

Your blood will be tested to see if you are Rubella immune and if not you will be given information about avoiding contact with people, mostly children, who have German Measles. You can't be immunised while you are pregnant so you need to be immunised after the birth of your baby.

Your blood pressure will be taken each time you visit your clinic or doctor. An increasing blood pressure may be a sign of pre-eclampsia.

## URINE TEST

Urine tests are important not only because they confirm your pregnancy but also because they may show signs of infection, protein or sugar. If there is protein in your urine it may be an indication of pre-eclampsia and if there is sugar in a number of your tests this may be a sign of gestational diabetes.

Some Doctors and Midwives will like to check your urine at each visit, whilst others will reserve urine testing for women thought to be at a higher risk of developing infection or pre-eclampsia.

## PAP SMEAR

All women between the ages of 20 and 70 should have a pap smear every two years. It is a relatively quick procedure in which the doctor, with the aid of a speculum, examines your cervix and takes a sample of cells. This sample is tested for pre-cancerous cells, but also for any type of infection that may be present.

If you are due for your regular smear when you become pregnant your doctor will perform one at the first visit. They are not painful but can be uncomfortable. Check with your doctor or midwife as to whether you need to undergo one.

## ULTRASOUND (SCAN)

An ultrasound uses high-frequency sound waves to show the size of a hidden but solid object. This is a fairly routine test and usually occurs at week 18, though it can be performed at any stage during your pregnancy. It allows you to check on your baby's development, helps confirm your due date, and it may tell you the sex of your baby if you want to know.

If you are not sure you want one ask why it is being organised and decide for yourself whether you wish to undergo one. It is not painful.

Ultrasound can also be done closer to birth as an indicator of where the baby is lying and how the birth should be managed. For example, it can indicate that the placenta is lying in the lower part of the uterus and therefore that a caesarean section may be needed.

It is also used in instances where the mother could be miscarrying, to detect a fetal heart beat.

## THE GLUCOSE TOLERANCE TEST

This test is performed at 24-28 weeks and is used to determine whether or not you have gestational diabetes. Gestational diabetes affects 3-6% of women and the risk apparently increases with maternal age. The test requires you to drink a high-sugar preparation and then your blood sugar levels are measured. Some obstetricians perform a simpler "glucose challenge test" first as a screening test.

This may not be a routine test in all states.

*For some women pregnancy may be difficult. Their age, their family medical history, or a concern about genetic defects in their baby may mean undergoing more invasive tests to ascertain the health status of their baby. If you are considering, or have been asked to consider, any of the following tests it is a good idea to discuss in depth with your partner what you would do if the tests came back positive.*

*It should be said that no test currently in use can guarantee a healthy baby.*

## MATERNAL SERUM SCREENING

This test is done early in the pregnancy – usually around 15-16 weeks. It is a blood test and therefore non-invasive. It can indicate if there are problems with the fetus but cannot confirm them. It is designed to measure the levels of hormones produced by the fetus and passed into your blood. The results place you in a high or low risk group for having a baby with Down's Syndrome, Trisomy 18 or a Neural Tube Defect (Spina Bifida). If you fall into the high risk group following maternal serum testing, your doctor will discuss other assessments with you.

The result of this test is not conclusive.

## CVS (CHORIONIC VILLUS SAMPLING)

This test is usually done between eleven and thirteen weeks, which is why many people prefer it to amniocentesis if it is available. CVS is generally done to test for Down's Syndrome and other Chromosomal abnormalities, and may test for Cystic Fibrosis, Muscular Dystrophy, Haemophilia and other genetic conditions if there is a family history. Chorionic villi which appear as small root like growths will develop to form part of the placenta. They are indicators of your baby's genetic make-up. The biopsy is usually done abdominally. A sample of cells is taken with a needle through a plastic tube and then placed under a microscope for examination.

There is a small risk of miscarriage, between 1:100 and 1:200 associated with this procedure. Discuss this with your doctor.

## AMNIOCENTESIS

Amniocentesis is usually done between weeks 15 to 17. Women from 35 are often offered this test. It can determine chromosome abnormalities, which might indicate problems such as Down's Syndrome. This test can also accurately determine the baby's sex.

A long needle, guided by ultrasound, is inserted through the abdominal wall and into the uterus. A sample of amniotic fluid is taken and the chromosomes grown from it are examined. There is a 1:200 risk of miscarriage associated with this procedure – discuss this with your doctor.

WEEK 1	WEEK 2	WEEK 3	WEEK 4
<b>Baby's Development</b> The ovum becomes fertilised, divides and burrows into the uterus. 	The early embryo divides into three different tissues (ectoderm, endoderm, mesoderm). These three primitive cell layers will generate every organ and tissue in your baby's body. 	The first body segments appear, which will eventually form the primitive spine, brain and spinal cord. 	Heart, blood circulation and digestive tract take shape. The embryo is now about 0.5 cm long, the head is one-third of its total length. 
			
<b>Maternal Events</b> Ovaries increase production of "pregnancy maintaining" hormone, progesterone.	First missed period.	Placenta grows to cover one – fifteenth of the uterine interior. Breasts may feel tender.	
<b>Common Discomforts</b>		<b>Morning Sickness</b> is almost certainly a direct effect of oestrogen and progesterone on the central nervous system. The digestive system also slows down.	<b>Fatigue</b> is thought to be caused by a change in the ovarian hormones.
<b>Remedies</b>		Eat a few dry crackers before getting up in the morning. Frequent, small, low-fat meals during the day should also help.	Exercise regularly and get plenty of sleep with frequent naps during the day. Massage is a wonderful way to relax and become comfortable with the amazing changes happening to your body. Rest.

Don't take any medications (even ones you usually take) without checking with your Doctor, Pharmacist or Midwife first.

# THE FIRST MONTH

*– most women do not even realise that they are pregnant at this stage.*

In two to three hours after fertilisation the fertilised egg, divides into two cells. In three days it will have split into 32 cells and by the end of the fifth day it will have become 90 cells. The cells travel as a cluster down the fallopian tubes towards your uterus. A week after fertilisation the cluster of cells has embedded itself into the lining of your uterus.

Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

New sensations I've experienced (date and description): \_\_\_\_\_

Discomforts I've experienced (date and description): \_\_\_\_\_

Appointments date/time: \_\_\_\_\_

This question and answer section is included each month. Many women have questions about diet, exercise, sex, weight gain, permissible activities, discomforts, medications, travel, nursing, labour and delivery. Don't be shy to ask.

Questions for my Doctor/Midwife: \_\_\_\_\_

Answers: \_\_\_\_\_

Advice/instructions: \_\_\_\_\_

WEEK 5	WEEK 6	WEEK 7	WEEK 8
<p><b>Baby's Development</b></p> <p>The heart starts to pump blood; limb buds appear. Major divisions of the brain can now be discerned.</p> 	<p>Eyes begin to take shape; external ears develop from skin folds.</p> 	<p>Development is proceeding rapidly. The face is now complete with eyes, nose, lips and tongue – even primitive milk teeth. Tiny bones and muscles appear beneath the thin skin. The fetus has begun to move, but you will not feel these movements yet.</p> 	<p>Once the organs are formed the baby is called a fetus. Weighing around 1.5 gms and about 2.5 cm long, its tiny heart is beating at about 160 beats a minute.</p> 
			
<p><b>Maternal Events</b></p>	<p>Exchange of nutrients and waste matter begins through the placenta – the two circulations are completely separate.</p>		<p>The placenta now covers about one-third of the uterus lining.</p>
<p><b>Common Discomforts</b></p>	<p><b>Urinary frequency</b> may be increased as the uterus is compressed against your pelvic bones reducing its capacity.</p>	<p><b>Breast heaviness. Feeling flushed / reddened palms</b> due to an increase in blood supply.</p>	<p><b>Constipation</b> as a result of the increase of progesterone in your system. This hormone softens muscles in your womb and intestine to accommodate the embryo becoming a fetus.</p>
<p><b>Remedies</b></p>	<p>You can decrease pressure on the bladder at night by sleeping on your side.</p>	<p>Rest.</p>	<p>Increase the amount of fibre in your diet.</p>

Don't take any medications (even ones you usually take) without checking with your Doctor, Pharmacist or Midwife first.

# THE SECOND MONTH

*– it is during this month that most women start to suspect they may be pregnant.*

By week four or five a pregnancy test will show positive. The pregnancy is usually indicated by a test of your urine which can be done at home and confirmed with a blood test carried out by your GP.

By the fifth week you will be noticing changes to your body as outlined on the opposite page. You may have already noticed that you are less sensitive to the cold and that you are 'off' coffee and tea.

Weight: \_\_\_\_\_ Weight gain since 1st month: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

New sensations I've experienced (date and description): \_\_\_\_\_

Discomforts I've experienced (date and description): \_\_\_\_\_

Appointments date/time: \_\_\_\_\_

Questions for my Doctor/Midwife: \_\_\_\_\_

Answers: \_\_\_\_\_

Advice/instructions: \_\_\_\_\_

WEEK 9	WEEK 10	WEEK 11	WEEK 12
<b>Baby's Development</b> Genitals are now well defined. Eyelids finish forming and seal shut. 	The fetus assumes a more human shape, as the lower body rapidly develops. Blood and bone cells form. 	Organs begin to function. The pancreas is producing insulin; the kidneys are producing urine. 	The lungs have taken shape; primitive breathing motions begin. The swallowing reflex has been mastered as the fetus sucks its thumb while floating weightlessly in the amniotic fluid. The fetus will measure around 4 cms and weigh about 6 gms. 
			
<b>Maternal Events</b> Maternal blood volume has increased by 30-40%.	The sensation of these first movements has been described by some women as if something were blowing bubbles through a straw in their stomachs.	1 to 1.5 kg weight gain over the past month – on average 300 gms a week. Possible increase in perspiration.	The placenta has reached complete functional maturity, acting as your baby's lungs, kidney's, liver, digestive and immune system.
<b>Common Discomforts</b>	<b>Sleeplessness</b> may result from the discomfort or anxieties of pregnancy.	<b>Gum problems</b> may result from an increase in blood flow and a lack of vitamin C.	
<b>Remedies</b>	A glass of warm milk before bed can work wonders.	Visit your Dentist now – remember to tell him you are pregnant.	
<b>Expected Procedures/Tests</b> First antenatal appointment with doctor or midwife – provide medical history.	Organise an ultrasound for the 18th week to confirm the due date and check on your baby's development (optional). If a chorionic villus sampling test is recommended it will take place this month. For further information please refer to the Antenatal Screening sheet in the middle of this diary.		

Don't take any medications (even ones you usually take) without checking with your Doctor, Pharmacist or Midwife first.

## THE THIRD MONTH

*– if you haven't seen your Doctor by your 12th week of pregnancy, then now is the time.*

During a normal pregnancy from this time on, most women see their Doctor, Obstetrician or Midwife once a month until 28 weeks and then once a fortnight until 36 weeks. The checks then become weekly until birth.

You need to increase your intake of protein, vitamins and minerals from 12 weeks on to support the growth of the baby.

At this stage of the pregnancy you will need to start thinking about the type of care you want while you are pregnant and for the birth. There are a number of options including public hospital care, birthing centres or private obstetrical care. Home birth is also an option in some areas. Your Midwife or Doctor will be able to help you with any information required or provide you with contacts for the option you prefer.

Weight: \_\_\_\_\_ Weight gain since 1st month: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

New sensations I've experienced (date and description): \_\_\_\_\_

Discomforts I've experienced (date and description): \_\_\_\_\_

Appointments date/time: \_\_\_\_\_

Questions for my Doctor/Midwife: \_\_\_\_\_

Answers: \_\_\_\_\_

Advice/instructions: \_\_\_\_\_

WEEK 13	WEEK 14	WEEK 15	WEEK 16
<b>Baby's Development</b>  The musculoskeletal system has matured. The nervous system begins to exercise some control over the body, blood vessels rapidly develop.	 With hands ready to grasp, the fetus, now weighing about 200 gms, kicks against the amniotic sac.	 All organs and structures have been formed and a period of simple growth begins. The fetus is now about 16 cms long and is developing bones.	
			
<b>Maternal Events</b> Pregnancy becoming more visibly evident. You may develop 'linea nigra' a dark line down the centre of your abdomen. This line usually fades after your baby is born.	1 to 1.5 kg weight gain over the past month – an average of 300 gms a week.	The fetal heartbeat can now be heard using a Doppler machine. Placenta begins producing the hormone oestrogen.	
<b>Common Discomforts</b>	<b>Vaginal secretions</b> are the result of an increased supply of blood and glucose to the vaginal mucosa.	<b>Vaginal secretions</b> are likely to continue. The use of panty liners is recommended from now until the end of your pregnancy. Refer pg 37.	<b>Headaches</b> may occur while your body becomes adjusted to changes in blood volume and vascular tone. Stress/emotional tension may also be a contributing factor.
<b>Remedies</b>	If you are experiencing severe itching/irritation, an infection may be present so see your Doctor.		Change body positions slowly. Resting with a damp cloth on the forehead helps some women. Drinking milk and/or eating a small snack can also provide relief.
<b>Expected Procedures/Tests</b>	<b>Internal examination of your cervix</b> to assess the progress of your pregnancy. <b>Urine Test</b> to check for the presence of proteins and sugars which can indicate diabetes.	<b>The Triple Test and/or Amniocentesis</b> are tests that, if needed, are performed during the fourth month.	For further information please refer to the Antenatal Screening chart in this diary.

Don't take any medications (even ones you usually take) without checking with your Doctor, Pharmacist or Midwife first.

# THE FOURTH MONTH

*– if you've been having morning sickness it is more than likely to end this month.*

You will start to feel better and healthier. It will be more visibly obvious that you are pregnant now. This is a good time to start organising antenatal classes.

Weight: \_\_\_\_\_ Weight gain since 1st month: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

New sensations I've experienced (date and description): \_\_\_\_\_

Discomforts I've experienced (date and description): \_\_\_\_\_

Appointments date/time: \_\_\_\_\_

Questions for my Doctor/Midwife: \_\_\_\_\_

Answers: \_\_\_\_\_

Advice/instructions: \_\_\_\_\_

WEEK 17	WEEK 18	WEEK 19	WEEK 20
<b>Baby's Development</b> 	An oily coating protects the fetus. Fine hair covers the body and keeps the oil on the skin. 	Eyebrows, eyelashes and head hair develop. 	The fetus is now following a regular schedule of sleeping, turning, sucking and kicking – and has settled upon a favourite position within the uterus. 
			
<b>Maternal Events</b>		Breasts begin secreting colostrum in preparation for nursing. Areola may darken (especially in darker skinned women). 1 to 1.5 kg weight gain over the past month – on average 300 gms a week.	The placenta reaches its largest size relative to the fetus, covering one-half of the uterine lining. There is 400 ml of fluid now present in the amniotic sac.
<b>Common Discomforts</b>	Faintness or dizziness when standing suddenly. This is caused by reduced blood flow to the brain as your body adjusts to new circulatory patterns. You may also feel a little short of breath.	Varicose veins are often the result of rising blood pressure in the lower extremities. This is caused by the enlarged uterus interfering with blood flow between the legs and the heart.	Allergies such as hay fever, are a common problem for some people.
<b>Remedies</b>	Try to sit down with your feet up whenever possible; rise slowly and support yourself. Gentle exercise such as walking, cycling or swimming are very helpful in stimulating your blood flow.	When you sit down rest your legs on a footstool with your feet elevated. Avoid pressure on lower thighs. Try not to cross your legs. Support stockings may help as may wearing flat heeled shoes.	Air conditioning (with a clean filter) often helps. There are also pollen masks you can wear to screen out allergens.
<b>Expected Procedures/Tests</b>	Ultrasound – although optional this is fairly common in Australia and usually takes place in the 18th week.	For further information please refer to the Antenatal Screening chart in this diary.	

Don't take any medications (even ones you usually take) without checking with your Doctor, Pharmacist or Midwife first.

# THE FIFTH MONTH

*– if this is your first baby, you will feel it moving.*

This movement is called 'Quickening'. If this is not your first baby you will probably have been feeling your baby's kicks for a few weeks.

Weight: \_\_\_\_\_ Weight gain since 1st month: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

New sensations I've experienced (date and description): \_\_\_\_\_

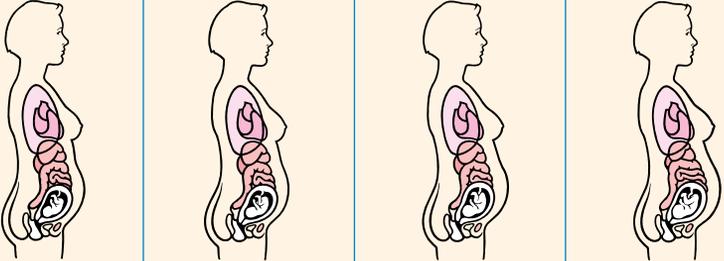
Discomforts I've experienced (date and description): \_\_\_\_\_

Appointments date/time: \_\_\_\_\_

Questions for my Doctor/Midwife: \_\_\_\_\_

Answers: \_\_\_\_\_

Advice/instructions: \_\_\_\_\_

WEEK 21	WEEK 22	WEEK 23	WEEK 24
<b>Baby's Development</b> <p>The skeleton is developing rapidly as the bone forming cells increase their activity.</p> <p>Eyelids begin to open and close.</p> <p>The fetus now weighs about 765 gms.</p> 			
			
<b>Maternal Events</b>		<p>You may have trouble sleeping and have vivid dreams.</p> <p>1 to 1.5 kg weight gain over the past month – on average 300 gms a week.</p>	<p>The placenta becomes thicker rather than wider. You will now be able to sense when your baby is awake.</p>
<b>Common Discomforts</b>		<p>Skin changes such as darkened nipples, stretch marks, splotches on cheeks and forehead, acne, redness on palms of hands and soles of feet, mainly due to increased hormone levels in your blood.</p>	<p>Nose bleeds can sometimes occur because of increased blood volume and nasal congestion.</p>
<b>Remedies</b>		<p>Try to sit down with your feet up whenever possible; rise slowly and support yourself.</p>	<p>Apply a little petroleum jelly in each nostril; a humidifier may also help. Do not irritate the nasal mucosa.</p>

Don't take any medications (even ones you usually take) without checking with your Doctor, Pharmacist or Midwife first.

## THE SIXTH MONTH

*– your tummy is growing,  
it is easy to see that you are pregnant now.*

As a lot of your clothes won't fit anymore you may need to consider maternity wear. You will probably have more energy now than you had in the past few months.

It is a good time to start antenatal classes and to look further into the different options for the birth of your baby. Begin to draw up your own birth plan in the space provided at the end of this diary – discuss this plan with your Doctor or Midwife.

Weight: \_\_\_\_\_ Weight gain since 1st month: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

New sensations I've experienced (date and description): \_\_\_\_\_

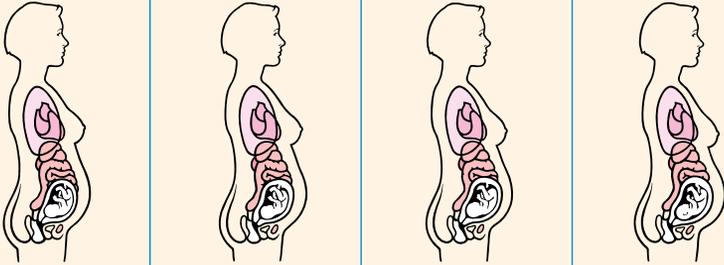
Discomforts I've experienced (date and description): \_\_\_\_\_

Appointments date/time: \_\_\_\_\_

Questions for my Doctor/Midwife: \_\_\_\_\_

Answers: \_\_\_\_\_

Advice/instructions: \_\_\_\_\_

WEEK 25	WEEK 26	WEEK 27	WEEK 28
<b>Baby's Development</b> <p>The baby can now breathe, swallow and regulate its body temperature, but still depends greatly upon maternal support.</p> <p>A substance called <i>surfactant</i> forms in the lungs, so they can function independently at birth.</p> <p>Your baby is now two-thirds of its birth size. Your baby's skin is changing from being quite transparent to opaque. It is very wrinkled.</p>			
			
			
<b>Maternal Events</b>	<p>You may experience Braxton Hicks (rehearsal/mock) contractions which are not painful but the abdomen may feel quite hard at these times.</p>	<p>Respiratory movements can be detected by ultra-sound though they are not usually felt by the mother. Some babies may "hiccup" in utero. 1 to 1.5 kg weight gain over the past month – on average 300 gms a week.</p>	<p>The volume of amniotic fluid decreases to make room for the growing fetus.</p>
<b>Common Discomforts</b>		<p><b>Leg and muscle cramps</b> may be caused by fatigue, by pressure exerted on the nerves by the uterus, or by too little calcium.</p>	<p>Heartburn often occurs due to pressure from the growing baby and expanding uterus and is due to relaxation of the oesophageal sphincter.</p>
<b>Remedies</b>		<p>Exercise regularly, especially walking. Wear low heeled shoes. Elevate legs and flex toes when resting. Increase milk consumption. Tonic water and bitter lemon can help relieve leg cramps.</p>	<p>Contact your Doctor or Midwife regarding which antacids are safe during pregnancy.</p>

*Don't take any medications (even ones you usually take) without checking with your Doctor, Pharmacist or Midwife first.*

# THE SEVENTH MONTH

*– your baby will be growing quite rapidly at this stage.*

You may have what is commonly referred to as the 'nesting' instinct. This is a description for preparing yourself, your family and your home for the arrival of your baby. Remember that babies do sometimes arrive early, so it is a good idea to have a bag packed and ready from this time onwards. To help you we have a checklist at the back of this booklet.

Weight: \_\_\_\_\_ Weight gain since 1st month: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

New sensations I've experienced (date and description): \_\_\_\_\_

Discomforts I've experienced (date and description): \_\_\_\_\_

Appointments date/time: \_\_\_\_\_

Questions for my Doctor/Midwife: \_\_\_\_\_

Answers: \_\_\_\_\_

Advice/instructions: \_\_\_\_\_

# THE EIGHTH MONTH

WEEK 29	WEEK 30	WEEK 31	WEEK 32
<b>Baby's Development</b> <p>Fat deposits are building up underneath the skin to insulate the baby against the abrupt change in temperature at birth.</p> <p>The digestive tract and the lungs are now nearly fully matured. The skin becomes less red and wrinkled.</p> <p>The baby has grown to about 36 cms.</p> 			
			
<b>Maternal Events</b>	<p>Your joints and spine are softer than usual, so you will need to take extra care when moving things around. Get someone to help where possible. Avoid heavy lifting.</p>	<p>The ligaments in your pelvic area will be loosening and stretching, to accommodate the baby. This may result in backache.</p> <p>1 to 1.5 kg weight gain over the past month – on average 300 gms a week.</p>	<p>You may begin to feel tired and uncomfortable and your sleeping may be disturbed because of your baby's activity.</p>
<b>Common Discomforts</b>	<p><b>Swollen ankles</b> may be caused by the pressure of the uterus on the large veins returning blood to the heart inducing water retention.</p>	<p><b>Constipation</b> is another result of the decelerated digestive process. As food moves slowly through your intestines, more water is extracted leaving the stool drier and harder.</p>	<p><b>Haemorrhoids</b> may also develop.</p>
<b>Remedies</b>	<p>Elevate legs so they are level with your hips – once or twice a day for an hour or so. Sleep on your left side.</p>	<p>Eat food that is high in fibre, such as fruit, vegetables and cereals with bran. Drink liquids and exercise regularly.</p>	<p>Soaking in a warm bath or sitting on soft pillows should soothe the symptoms of haemorrhoids.</p>

Don't take any medications (even ones you usually take) without checking with your Doctor, Pharmacist or Midwife first.

You are nearly there! You may feel that your baby is crowding your internal organs and even making it difficult to breathe. Your baby is growing substantially at this stage. Some babies don't change position until 36 weeks and even then, four per cent of babies are born in the breech position.

Weight: \_\_\_\_\_ Weight gain since 1st month: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

New sensations I've experienced (date and description): \_\_\_\_\_

Discomforts I've experienced (date and description): \_\_\_\_\_

Appointments date/time: \_\_\_\_\_

Fundal height: \_\_\_\_\_

Presentation & position: \_\_\_\_\_

Calculated gestation: \_\_\_\_\_

Questions for my Doctor/Midwife: \_\_\_\_\_

Answers: \_\_\_\_\_

Advice/instructions: \_\_\_\_\_

WEEK 33			TO TERM
<b>Baby's Development</b>	Virtually the entire uterus is now occupied by the baby and its activity is restricted.	Maternal antibodies against measles, mumps, rubella, whooping cough and scarlet fever are transferred to the baby, providing some protection for	about 6 months. Immunisation post delivery begins at 8 weeks.  At birth the average baby weighs between 2.5 and 4 kgs and is usually between 47 and 53 cms long. Your family history has relevance to baby's weight and length.
			
			
<b>Maternal Events</b>	The placenta is nearly 4 times as thick as it was 20 weeks ago, and weighs about 570 gms.	Preparing for birth, the baby descends deeper into the mother's pelvis. 1 to 1.5 kg weight gain over the past month – on average 300 gms a week.	In 9 short months, the miracle is complete: you have transformed a single, microscopic fertilised cell into a six thousand billion celled human being.
<b>Common Discomforts</b>	<b>Backaches</b> are often caused by muscles and ligaments relaxing in preparation for the stretching required in delivery, and also by the added off-centre weight of the enlarged uterus.	<b>Urinary frequency</b> is increased – for the second time in your pregnancy – by the uterus compressing the bladder against the pelvic bones, and so reducing its capacity.	<b>Uterine contractions</b> become perceptible as the cervix and lower uterine segment prepare for labour.
<b>Remedies</b>	Back exercises, such as the 'pelvic tilt' can help strengthen back and abdomen muscles. Wear comfortable low heeled shoes or flats. Avoid heavy lifting.	You can decrease pressure on the bladder at night by sleeping on your side.	

Don't take any medications (even ones you usually take) without checking with your Doctor, Pharmacist or Midwife first.

## THE NINTH MONTH

– you will probably feel your baby's movements as prods during this month rather than as swooping movements.

This is because the baby now takes up more space and amniotic fluid reduces.

Your visits to your Doctor or clinic will now be fortnightly. Your blood pressure will be checked, a urine sample taken and your general health and your baby's health will be monitored.

Your baby will put on weight as it matures. You may still have things to organise for your baby or child care to organise for your other children. These need to be in place before your baby arrives. Try to get as much rest as you can.

Weight: \_\_\_\_\_ Weight gain since 1st month: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

New sensations I've experienced (date and description): \_\_\_\_\_

Discomforts I've experienced (date and description): \_\_\_\_\_

Appointments date/time: \_\_\_\_\_

Fundal height: \_\_\_\_\_

Presentation & position: \_\_\_\_\_

Calculated gestation: \_\_\_\_\_

Questions for my Doctor/Midwife: \_\_\_\_\_

Answers: \_\_\_\_\_

Advice/instructions: \_\_\_\_\_

## UNTIL THE BIRTH

You are probably tired of being pregnant now. If your baby has turned head-down, the head will usually go deep into the pelvis and your fundal height will drop to just below your rib cage. This will probably help with your breathing.

If your baby is lying in a difficult position, it may mean you will have to prepare for a caesarean section. Discuss this with your Doctor or Midwife.

Sometimes an induction of the birth is recommended.

Labour may start in a number of ways. 'The Show' may appear as long as a week before the start of labour. Your waters may break a few hours before labour begins. Contact your doctor, midwife or the hospital, and your partner and/or other birthing support person when your waters break, so that they know your baby is coming. Your contractions may not be regular for a number of hours yet. Once they do become regular, you know it is time.

## BREASTFEEDING

As the birth of your baby is imminent you might need to start really thinking about the days after your baby's birth. Breastfeeding is highly encouraged in most hospitals and clinics around Australia but it is not always easy to establish. Some babies take to the nipple straight away and others need to be helped a little.

It is a good idea to talk to your Midwife or a Lactation Consultant before you give birth so you have an idea of what it will be like. There are some good books available dealing with breastfeeding; your midwife, doctor or clinic can guide you in the right direction. It will also be helpful to talk to other women who have breastfed to find out what it was like for them.

## THE BIRTH PLAN

Birth plans are a good idea even if it all changes at the last moment. By thinking through the steps you wish to take during the birth you prepare yourself, your Midwife or Obstetrician and your birthing partner/s for the big day.

You should talk to your Doctor or Midwife about what is best for you and your baby as each woman's needs are different. Once you have worked out what options you want to take, show it to your Doctor or Midwife and discuss it with them step by step.

Give some thought to whether you would like pain relief or a natural labour and discuss this with your Doctor or Midwife.

You should find out all you would like to know about caesarean sections, even if you are not expecting to have one, as sometimes mothers may need to have them unexpectedly.

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Your name: \_\_\_\_\_

Name of your Doctor or Midwife: \_\_\_\_\_

Expected birth date of your baby: \_\_\_\_\_

### Preparation for Birth:

Childbirth education classes taken: Yes (  ) No (  )

Hospital tour: Yes (  ) No (  )

Books about pregnancy and birth you have found the most helpful: \_\_\_\_\_

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Names of those who will be with you during your labour and birth eg. partner, relative and/or friend. Most hospitals allow your partner and at least one other birthing partner as support for you.

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Do you wish to have photos taken, have music to listen to, or have you any special requests that should be noted? \_\_\_\_\_

**If all goes as expected** – Please write down anything that is important to you. You may wish to include your plans for relief of discomfort, positions you might like to try for labour or birth.

**Contingency plans** – Please write down your thoughts about what you may want done if things don't go as expected, eg. If you have a long or difficult labour, or require: \_\_\_\_\_

- more pain relief than you anticipated \_\_\_\_\_
- a blood transfusion \_\_\_\_\_
- forceps delivery \_\_\_\_\_
- an episiotomy \_\_\_\_\_
- a caesarean section, or if your baby is born prematurely and needs special care \_\_\_\_\_

It is valuable to think about these issues ahead of time.

## *Post-partum plans*

**Baby care** – Please write down:

How you wish to feed your baby: \_\_\_\_\_

Your feelings on “complementary” formula feeding: \_\_\_\_\_

Other aspects of baby care: \_\_\_\_\_

If you have a boy, do you wish him to be circumcised? Yes (  ) No (  )

Write down any concerns you would like to discuss about caring for your baby? \_\_\_\_\_

Baby's picture: \_\_\_\_\_

About the birth: \_\_\_\_\_

Baby's name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Time: \_\_\_\_\_

Weight: \_\_\_\_\_ Length: \_\_\_\_\_

Head Circumference: \_\_\_\_\_

# CHECK LIST FOR THE BAG YOU WILL BE TAKING TO THE HOSPITAL

Remember that babies do sometimes arrive early so have your bag packed for the hospital. You may like to have two bags, one for labour and one for your stay in the hospital.

## Labour bag

- Extras to assist you during labour eg. *Johnson's® baby* Aloe Vera with vitamin E Oil or *Johnson's® baby* Sorbalene Cream for gentle back massage
- Relaxation tapes
- Jelly beans and/or barley sugar to suck during labour
- Camera
- Money (coins) for telephone or a telephone card (you will not be able to use a mobile telephone in the hospital)
- An up-to-date address book with telephone numbers of family and friends

## Post-natal bag

- Nightgowns that open at the front
- 2 breastfeeding bras
- *Johnson's®* Nursing Pads – see product information page 40
- Underpants for a week (early discharge from hospital is common in many hospitals, how-

ever, you may need to change underpants frequently or be required to stay in hospital longer)

- Maternity sanitary napkins
- Slippers or comfortable slip-on shoes
- Your own toiletries
- Hairbrush and shampoo
- Your antenatal record card
- Your birth plan
- Health insurance details
- Comfortable clothes to come home in
- Nappies
- Baby toiletries – see product information pages 37-40
- Baby blanket (About 6)
- Baby jumpsuit (About 6)
- Baby singlets (About 6)
- THIS BOOK
- Anything else your midwife or doctor may advise. You can check with the hospital or clinic to find out what they recommend.

*Try a practice run to the hospital to find the quickest route.*

# GLOSSARY OF TERMS USED IN THIS DIARY

**Amniocentesis** – a long needle, guided by ultrasound, is inserted through the abdominal wall and into the uterus. A sample of amniotic fluid is taken and cells from the fluid are grown, in a laboratory, in a culture. This test determines the chromosomal count of the baby and is used to determine whether the fetus will develop genetic disorders such as Down's Syndrome.

**Antenatal Screening** – routine tests undertaken for a number of reasons during pregnancy. (See Antenatal Screening section of this diary.)

**Blood Pressure** – the pressure generated by the heart pumping blood around your body. If blood pressure becomes very high during pregnancy it needs to be managed and controlled.

**Braxton Hicks Contractions** – these are contractions which occur late in pregnancy almost as a rehearsal for the real thing.

**CVS (Chorionic Villus Sampling)** – an antenatal screening procedure to test for some abnormalities. It involves taking a small sample of villus cells from the placenta via a needle inserted through the mother's abdominal wall.

**Down's Syndrome** – a chromosomal disorder which leads to intellectual impairment. Testing for this occurs mainly in older women who are pregnant, as there is an increased risk of having a child with this disorder if you are over 35 years of age.

**Epidural** – an anaesthetic given during labour which numbs your spine, usually from the waist down. It is injected into the spine. This allows you to labour without feeling the pain or to be awake for a caesarean section.

**Episiotomy** – is a cut to your perineum (area between vagina and anus) to provide more space for the baby's head during birth. A local anaesthetic is given into the perineum, a cut made through the muscle and skin, after the birth it is sewn up. It is done to avoid tearing of your perineum.

**Folate** – a B group vitamin. A healthy intake of folate can protect against some birth defects, particularly spina bifida.

**Fundal Height** – the height of your fundus, that is the height of the uterus as the baby develops.

**Gestational Diabetes** – this type of diabetes occurs while you are pregnant and results from an increase in your blood sugar level. It does need to be managed but usually disappears after the birth.

**Hepatitis B** – a form of Hepatitis which, if the mother has the virus in her blood stream during pregnancy, can be transmitted to the baby.

**Hepatitis C** – a form of Hepatitis which is particularly contagious. In some centres testing for Hepatitis C is routine and in others optional. If you are at risk of this disease it is important that you find out early in your pregnancy.

**HIV** – a virus which affects your immune system. It can travel across the placenta and if you are at risk of the disease you will be offered a test early in your pregnancy.

**Linea Nigra** – a dark line which can appear down the middle of your stomach at about week 14. It will usually fade after the birth.

**Listeriosis** – is a serious form of food poisoning caused by a bacteria found in some types of refrigerated foods.

**Ovum** – your unfertilised egg.

**Pre-eclampsia** – a condition which can be quite dangerous for both mother and baby. It is caused by high blood pressure and if not managed may produce fitting and failure of liver and kidneys.

**Protein** – is required as a part of your diet and for the development of your baby.

**Quickening** – the movements of your baby in the womb.

**Swelling** – of the ankles and feet is common in pregnancy, particularly in hot weather. Sudden swelling or excessive swelling can be an indicator of high blood pressure and you need to notify your Doctor or Midwife.

**Syphilis** – a sexually transmitted disease which can be harmful to babies. Routine tests are carried out at your first visit to see if you have the infection.

**The Show** – the bloody mucous cap of the uterus which may appear as much as one week before labour.

**Twins** – occur in one in 80 pregnancies in Australia. Only one in five sets are identical. Identical twins are formed when the fertilised egg splits soon after conception. The babies have nearly the same DNA combinations. Non-identical twins are the result of two eggs being fertilised by two different sperm and implanted in the uterus at the same time.

**Ultrasound** – a scan usually used at 18 weeks to determine the development of the baby and estimate the date of your baby's birth.

**Vitamins** – supplements to your diet. Some may be dangerous for your baby's development, particularly in the first trimester, others are beneficial. See your Doctor, Pharmacist or Midwife for advice.

# PRODUCT INFORMATION

## FEMININE PRODUCTS



### STAYFREE® Maternity Pads

A thick pad designed specifically for the extra heavy flow associated with maternity use. The extra length helps protect against end leakage, whilst the extra width provides all the protection you may need.



### STAYFREE® Ultra Thins Pads

A thin pad offering the best ultra thin protection. The unique absorbent core and cottony-soft cover of STAYFREE® Ultra Thins work together to lock fluid away from your body, leaving you feeling clean, dry and fully protected. Available in Light, Regular, Super and All-Nights/Long (especially suitable for the heavy flow often experienced immediately following childbirth).



### STAYFREE® All-nights

STAYFREE® All-nights are the only night-time thick pad with extra length for protection. Combined with Four Wall Protection®, STAYFREE® All-nights help prevent side and end leakage all night long.



### Carefree® BREATHABLE™ Liners

So thin and comfortable, they really feel like part of your underwear. Designed for everyday use and all day freshness. Carefree® BREATHABLE™ Liners provide the protection from discharge which can be prevalent from Week 14 of pregnancy. Only Carefree® BREATHABLE™ Liners are specifically designed for everyday use.

They have a unique micropore system with no plastic backing. This allows air to circulate freely so your skin can breathe.



## FEMININE PRODUCTS



### K-Y® Personal Lubricant & K-Y® Liquid



Sometimes your body can't produce its own lubrication. Especially after changes in life, such as childbirth. Vaginal dryness is also a natural occurrence for many women simply because of stress, tiredness or the menstrual cycle. The formulation of K-Y® Personal Lubricant is based on gynaecological research and is recommended by Doctors, Obstetricians and Gynaecologists throughout the world. K-Y® is a clear, light, soothing gel, without colour, odour or grease. It is safe for aiding tampon insertion and for use with condoms. K-Y® Liquid is new, smooth, silky and non-sticky.



## BATH TIME

### Johnson's® baby Moisturising Soap Free Bath

This unique baby bath with added Aloe Vera and Vitamin E allows you to effectively moisturise your baby while you cleanse, softening your baby's dry spots, leaving skin feeling smoother and healthier. It is soap free and Clinically Proven Mild with the "No More Tears"™ formulation. Especially formulated for babies with dry skin.



### Johnson's® baby Pure Cornstarch Powder

A pure, soft and gentle powder that absorbs moisture and lubricates your baby's tender skin. Its unique absorbent properties make it an ideal product for use in naturally moist areas like the nappy area. While it helps protect against nappy rash by absorbing nappy moisture, it also acts as a silky lubricant to help prevent chafing and skin irritation caused by nappy friction.



### Johnson's® baby Shampoo

A pure, mild and gentle shampoo that will not sting your baby's eyes or irritate the scalp. Its "No More Tears"™ formulation ensures that the shampoo lather is as gentle as pure water. Used regularly it helps to prevent cradle cap. Leaves hair soft and shiny.



*Better health through loving touch*

## NAPPY CHANGE

### Johnson's® baby Skincare Wipes

Skincare Wipes contain Johnson's® baby lotion. This removes the things ordinary wipes can't and then moisturises the skin, leaving it with a smooth, protective layer which helps prevent any soreness and chafing.



### Johnson's® baby Lotion

A mild, non irritating emulsion.... a special blend of water and oils. It effectively, yet gently cleanses away those fatty residues that water alone leaves behind. Johnson's® baby Lotion leaves a mild, protective, lubricating film between nappy changes.



### Johnson's® baby Nappy Rash Treatment Cream

Ideal for everyday care of a baby's delicate bottom. Helps soothe, treat and prevent nappy rash whilst providing a protective skin barrier between nappy changes.



### Johnson's® baby Nappy Liners

Non-woven fabric sheets that are placed on the inside of cloth nappies to help keep your baby dry and to facilitate nappy cleaning and disposal. Our nappy liners have been specially designed to channel and absorb wetness away from your baby's skin. This keeps your baby's skin drier and more comfortable, helping to prevent nappy rash.



*Better health through loving touch*

## MASSAGE

### *Johnson's® baby Oil with Aloe Vera and Vitamin E*



A specially formulated pharmaceutical grade mineral oil designed to help provide extra soothing and conditioning for the skin. Ideal for use when massaging your baby. Aloe Vera is a herbal extract long known for its soothing effect on the skin while Vitamin E acts as a natural skin conditioner. Together they provide an effective way to help moisturise and nourish the skin. As a lubricant and protectant, it provides a thin, enduring film to help prevent chafing and protect against skin irritations caused by friction. Applied to damp skin, it seals in the moisture and is a superior moisturiser and emollient. Rubbed gently on the scalp, it also helps soften the crusts associated with infant cradle cap, so they can be gently washed away.

### *Johnson's® baby Sorbolene Cream with 10% Glycerine*



A specially formulated moisturising and cleansing cream with 10% glycerine to help revitalise dry or damaged skin. Clinically Proven Mild and fragrance free, use to cleanse during and to moisturise after baby's bath to help clean, soothe and protect baby's skin.

## GENERAL CARE

### *Johnson's® Nursing Pads*



An improved nursing pad that is now available in both white and skin colour. Contoured for excellent fit and comfort. Silky smooth cover and ultra absorbent.

### *Johnson's® Pure Cotton Products*



*Johnson's®* Pure Cotton Balls and *Johnson's® baby* Protector Plus Pure Cotton Buds® are soft on a baby's skin. Use for your baby's general care.



*Better health through loving touch*

## YOUR GUIDE TO THE FIRST TWO YEARS

Good news for new parents. The team at Johnson & Johnson Professional & Educational Services has put together a book which gives you the information you need to feel confident about caring for your baby.

It's called *Johnson's babytalk*<sup>®</sup> and is divided into six key sections, which relate to your baby's development stages.

There is advice from Midwives, Child Health Care Nurses and Doctors, as well as tips from Australian Mums and Dads who give you the benefit of their experience.



The cost of *Johnson's babytalk*<sup>®</sup> is just \$25.00 including GST, postage and handling. If you would like to purchase the *Johnson's babytalk*<sup>®</sup> book, please call the *Johnson's babytalk*<sup>®</sup> number in Australia on 1800 066 726.

For further information about any *Johnson & Johnson* product, call the Customer Service Centre on 1800 029 979.

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