

# Traveller Mothers and Babies

SUPPORTING TRAVELLER WOMEN DURING AND AFTER PREGNANCY



pavee mothers



**DISCLAIMER:** We have tried to make sure that the information in this booklet is as accurate and up-to-date as possible with the help of maternity service providers.

If you have any concerns or issues, call your GP right away and they will tell you if you need to go to the hospital. If you think there is a serious problem, call 999 or 112.



# Contents

## During Your Pregnancy



<b>TRIMESTER 1</b> .....	6
● First Steps in Your Pregnancy.....	6
● Keeping Healthy During Pregnancy: Mental Health .....	11



<b>TRIMESTER 2</b> .....	12
● Your Booking Appointment.....	12
● What to Expect at Each Antenatal Appointment .....	15



<b>TRIMESTER 3</b> .....	18
● Preparing for Labour .....	18
● Going into Labour.....	20

## After Your Pregnancy



● After the Baby is Born .....	24
● Keeping Healthy After Pregnancy: Mental Health .....	30

## Pregnancy Loss



● Pregnancy Loss.....	31
● Home Care During Pregnancy Loss.....	33



# Congratulations!

Congratulations on your pregnancy! It is important to remember that every woman's pregnancy is different and every pregnancy you have will be different.

This booklet has been made by Traveller women for Traveller women. We hope the information will help you during and after your pregnancy and you can always talk to your Traveller Community Health Workers for more information.

## Stages of Pregnancy

**TRIMESTER 1:**

0-12  
Weeks



**TRIMESTER 2:**

13-27  
Weeks



**TRIMESTER 3:**

28-40  
Weeks



# TRIMESTER 1: 0-12 Weeks



## First Steps in Your Pregnancy

### Step 1:

It is very important you have your first appointment with your GP before 14 weeks.

Don't wait until you feel your baby move. The earlier you go, the better it is for you and your baby.

TRIMESTER 1:  
0-12 Weeks

#### AT THIS TIME YOU MAY:

- Feel sick at the smell of some things
- Put on weight
- Have sore breasts
- Use the toilet more
- Feel worried or down
- Feel tired



## Step 2:

**Before your GP visit, have a think about some questions you would like to ask. Do not be embarrassed, they are there to help.**

Your GP might take a blood and urine sample. They will also ask you some questions. Every woman is asked these questions. Your answers are confidential and will not be shared or used with anyone else.

They will ask you the following questions:

- When was your last period?
- How often do you get your periods?
- Were you on the Pill before getting pregnant and if so, when did you stop taking it?
- Have you had any other pregnancies? If so, what happened?
- Have you had any miscarriages?
- Any problems during other pregnancies?
- Do you smoke? How many a day?
- Do you take drugs or drink alcohol? On average, how much?
- Are you on any other medicine?
- Do you ever feel down or stressed or depressed?

## Step 3:

### After Your First Appointment



After the tests and questions, the GP will send a letter to the maternity hospital of your choice to tell them you are pregnant and to book your first appointment. This is called a **'booking appointment.'**



The hospital will send out an appointment card to your address. **It is important they have the right address for you and you can get post.** If you are having problems with the post, talk to your Traveller Community Health Workers.



After your GP takes a blood sample, they will tell you what blood type you are. You may be a different blood group, called **Rhesus Negative**. If you are, don't worry. You will be given an **Anti-D needle** later in your pregnancy (27-30 weeks). This will help your body carry the baby.

# You might have morning sickness during this stage. Some of these things can help:



Get plenty of sleep and rest



Drink lots of water



Eat dry biscuits or dry toast before getting out of bed



Don't eat big meals or fatty foods

TRIMESTER 1:  
0-12 Weeks

# KEEPING HEALTHY DURING PREGNANCY: Food



## PUTTING ON WEIGHT

Putting on weight is normal during pregnancy. Most women can expect to gain about 12-16 kg (2-2.5 stone) during their pregnancy.

## WHAT TO EAT:



TRIMESTER 1:  
0-12 Weeks

## WHAT NOT TO EAT:



If you are on a special diet, talk to your GP.

# KEEPING HEALTHY DURING PREGNANCY: Harmful Things for You and Your Baby

TRIMESTER 1:  
0-12 Weeks



**Smoking**



**Drugs**

## WAYS YOUR BABY CAN BE HARMED:

- Born too small and sick
- Born too early
- Problems later with development and speech

**Alcohol**



**Other Medicines**

Always talk to your GP first about stopping prescribed medicine



You can contact your Traveller Community Health Workers if you want more information and support.

# KEEPING HEALTHY DURING PREGNANCY: Mental Health

## ANTENATAL DEPRESSION



It is common to feel down and sad during pregnancy, but if this is happening all the time or you have a history of depression or anxiety, it is important to tell someone so you can get support. Some women might have depression during pregnancy. This is called antenatal depression and happens to about 1 in 6 women.

If you have antenatal depression, the hospital will ask if you want to be referred on to a mental health nurse or midwife which means you will get one to one support during and after your pregnancy.

These supports are **confidential** and will in no way affect your maternity care or after you take the baby home.

## SIGNS OF ANTENATAL DEPRESSION:

- Feeling sad or crying all the time
- Bad nerves and moods
- Can't eat
- Can't sleep

It is normal to feel some of these things during your pregnancy. If you don't have a history of depression or anxiety and these things are happening all the time, you should talk to your GP or midwife as you might need a bit of support.



TRIMESTER 1:  
0-12 Weeks

# TRIMESTER 2: 13-27 Weeks



It is recommended that you go to the hospital for your booking appointment before your 2nd Trimester.

## Your Booking Appointment

This is one of the most important appointments you will have during your pregnancy. It can take up to 5 hours, as the hospital needs to get your information and do some tests.



TRIMESTER 2:  
13-27 Weeks

### BOOKING QUESTIONS

You will be taken into a separate area to make sure that you have privacy. Your partner will be asked to stay in the waiting room.

You will be asked lots of questions at this appointment. If you don't understand some of the questions, don't be afraid or embarrassed to ask them to break it down for you.

**Every woman is asked the same questions at the booking appointment. These answers are confidential and will not be shared or used with anyone else.**



Please complete this form and bring it with you when you attend your first appointment

Please use BLOCK LETTERS to complete this form. Information requested is voluntary

1. What is the date of the first day of your last menstrual period? \_\_\_\_\_

2. Have you ever been a patient at this hospital? Yes [ ] No [ ]

3. What is your Personal Public Service (PPS) Number? \_\_\_\_\_

4. Name: \_\_\_\_\_

5. What is your date of birth? (DDMMYY) \_\_\_\_\_

6. What is your Country of birth? \_\_\_\_\_

7. What is your place of birth? \_\_\_\_\_

8. What is your overseas status? (please circle)  
EU / Garda Immigration Bureau / Non EU / Not Specified  
Garda National Immigration Bureau Card Number: \_\_\_\_\_

9. What is your current home address? (for post) \_\_\_\_\_

10. What is your home phone number? (for calls) \_\_\_\_\_

11. What is your mobile phone number? (for calls and text messaging) \_\_\_\_\_

12. What is your email address? (for contact) \_\_\_\_\_

13. What is your marital status? These are civil registration  
Single [ ] Married [ ] Divorced/Separated [ ] Widowed [ ]

14. What is your spoken language? \_\_\_\_\_

15. What is your ethnicity? (These are Census classifications)  
A. White Irish [ ] B. Black Irish [ ]  
White Irish Traveller [ ] Other Black background [ ]  
C. Asian Irish [ ] D. Other including mixed background [ ]  
Asian Chinese [ ] (please state)  
Other Asian background [ ]

16. What is your religion? \_\_\_\_\_

19. In the case of an emergency, who is your Next of Kin?  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
What is your next of kin's (NOK) home address? \_\_\_\_\_

NOK home phone number: \_\_\_\_\_  
NOK mobile number: \_\_\_\_\_

20. What patient category are you availing of? (see definitions at end)  
Public [ ] Semi-private [ ] Private [ ]

21. Do you have private health insurance (eg Vela/Aviva)? Yes [ ] No [ ]

a) Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
b) Plan Type: \_\_\_\_\_ Valid to: (date) \_\_\_\_\_

c) Subscribers Name: \_\_\_\_\_  
d) What is your Medical Card Number? \_\_\_\_\_  
23. Valid to: (date) \_\_\_\_\_

24. Questions relating to the Father of the baby  
Birth Registration Requirements (Civil Registration Act)  
a) What is his occupation? \_\_\_\_\_  
b) What is his surname of his Mother? \_\_\_\_\_  
c) What is his birth surname of his Mother? \_\_\_\_\_  
d) What is his full name? \_\_\_\_\_  
e) What is his nationality? \_\_\_\_\_  
f) What is his ethnic group? \_\_\_\_\_  
g) What is his PPS number? \_\_\_\_\_  
h) What is his date of birth? \_\_\_\_\_  
i) What is his phone number? \_\_\_\_\_  
(Please turn over)

## QUESTIONS TO EXPECT:

- Personal Information including PPS number
- Ethnicity or background
- Medical history (family and yourself)
- Drugs
- Alcohol
- Smoking
- Domestic Violence

## Ethnicity Question

### What is your ethnic or cultural background?

Choose ONE section from A to D, then  the appropriate box.

#### A White

- 1  Irish
- 2  Irish Traveller
- 3  Any other White background

#### B Black or Black Irish

- 4  African
- 5  Any other Black background

#### C Asian or Asian Irish

- 6  Chinese
- 7  Any other Asian background

#### D Other, including mixed background

- 6  Other, write in description




### GALACTOSAEMIA

It is important that the hospital knows your ethnicity because Galactosaemia is very high for Travellers.

Galactosaemia means that the baby can't process the milk.

All Traveller babies are put on a soya-based milk when they are born until the tests come back clear.

Even if this isn't common in your family the baby still might have it and it can be harmful if it's not caught early.

TRIMESTER 2:  
13-27 Weeks

# At Your Booking Appointment



The hospital will tell you where you can attend the rest of your antenatal appointments.

TRIMESTER 2:  
13-27 Weeks

The antenatal appointments will be at your:

- Local health centre (with your GP or Midwife)

OR

- Maternity hospital (with your Midwife or Consultant)

Your partner can go to your appointments, but children are not usually allowed.

You will have appointments every month at this stage.



# What to Expect at Each Antenatal Appointment



## Big Scan

Later in your pregnancy, you will have your 'big scan' to make sure the baby is growing.

You might be able to find out the sex of the baby from this scan.

If the scan shows a problem, you will see a specialist. Your GP and midwife will also be informed.



TRIMESTER 2:  
13-27 Weeks



## Attending Appointments

It is important to attend all of your appointments. If you are unable to go you need to call the hospital or the health centre **as you can be taken off the list.**

Contact your Traveller Community Health Workers if you need help.

## In Trimester 2 you may:



Feel tired



Feel the baby moving



Have morning sickness



Put on more weight



Have contractions or Braxton Hicks. Don't be worried, it doesn't mean labour yet



Have pain under your ribs



Get heartburn



Have a sore back

If you have any issues, call your GP and they will tell you if you need to go to come in.

**If you think there is a serious problem, go to the hospital.**





## Things to watch

Your doctor or midwife will always want to know if these things are happening to you. They may or may not be serious.



- Having a show, bleeding or spotting
- Swelling or puffy face, hands or ankles
- Constant vomiting
- Blurring of vision or spots before your eyes
- Leaking or discharge
- Headaches everyday
- Sharp stomach pains (with or without bleeding)
- High temperature or chills
- Putting on weight out of the blue
- Baby moving differently
- Any other worries you might have

# TRIMESTER 3: 28-40 Weeks



This is your last trimester and you will have more appointments until you go into labour.

If your blood is Rhesus negative, you will be given an Anti-D needle to protect the baby. If you don't get an appointment for the Anti-D needle, ask your midwife or GP. If you have any bleeding, have an accident or hit your stomach go to the hospital right away to get another Anti-D needle.



TRIMESTER 3:  
28-40 Weeks

## Preparing for Labour

In the last couple of weeks of your pregnancy you might pack your hospital bag and get a few things for the baby.

### For You:



### For the Baby:



# Hospital Checklist



FOR YOU:	FOR THE BABY:
<input type="checkbox"/> Night dresses	<input type="checkbox"/> Nappies
<input type="checkbox"/> Slippers and socks	<input type="checkbox"/> Wipes
<input type="checkbox"/> Wash stuff	<input type="checkbox"/> Powder/cream
<input type="checkbox"/> Clothes to go home in	<input type="checkbox"/> Baby grows
<input type="checkbox"/> Phone/Phone charger	<input type="checkbox"/> Vests
<input type="checkbox"/> Pads for bleeding	<input type="checkbox"/> Hat
<input type="checkbox"/> Breast pads for leaking	<input type="checkbox"/> Cardigans
<input type="checkbox"/> Towels	<input type="checkbox"/> Socks
<input type="checkbox"/> Snacks	<input type="checkbox"/> Bibs and blanket
<input type="checkbox"/> Water	<input type="checkbox"/> Baby towel
<input type="checkbox"/> Money for parking and nappies	<input type="checkbox"/> Car Seat (you won't be able to leave the hospital without this)

TRIMESTER 3:  
28-40 Weeks

You may also want to think about who you want as your main visitor as hospitals are strict about visitors.

# Going into Labour

It is normal to go into labour between 37 and 42 weeks

## BEFORE YOUR DUE DATE

Some babies might be born before their due date. If your baby is born before 37 weeks this means they are premature and might need to go to a Neonatal Unit to get help with breathing, feeding and keeping warm. The baby might stay in the unit for a few hours, days or weeks to strengthen them. Premature babies usually go on to be healthy, but might need extra appointments after they go home to make sure everything is fine.

## AFTER YOUR DUE DATE

It is common for babies to be born after their due date. If you go over 10 or so days, the hospital will talk to you about inducing your labour to try to help you along.

TRIMESTER 3:  
28-40 Weeks

## HOW DO I KNOW IF I AM IN LABOUR?

**Labour pains, called contractions, feel different for every woman. When you're in labour, contractions will be coming faster/quicker. Some signs of labour:**

- Pain or pressure in back, stomach or hip
- Burning feeling in stomach
- Squeezing, stretching, heat
- Water might break before contractions start (sometimes it doesn't)
- Getting a show or spotting



## WHAT SHOULD I DO?

If you think you're in labour, you don't always need to go the hospital right away. Contact the hospital or your midwife and they will tell you what to do next. Remember to:



Stay calm



Drink plenty of fluids and eat small light meals for energy



Sit up / Walk to ease the pain



Have a shower or bath

## CONTRACTIONS: WHAT YOU CAN EXPECT



**MILD  
CONTRACTIONS:**  
15-20 minutes  
apart and last less  
than a minute  
**STAY AT HOME**



**REGULAR  
CONTRACTIONS:**  
Less than  
5 minutes apart  
**STAY AT HOME BUT  
START GETTING  
READY TO GO TO  
THE HOSPITAL**



**STRONG  
CONTRACTIONS:**  
3-4 minutes apart  
and last more  
than a minute  
**GO TO THE  
HOSPITAL**

### WHEN YOU GET TO THE HOSPITAL

You will be looked after by a midwife. If you are in labour, you will be admitted to the hospital and monitored. They will:

- Look at your medical charts
- Ask about your contractions
- Do an examination and some tests
- Measure your stomach
- Check the baby's heartbeat and position
- Ask you about pain relief



TRIMESTER 3:  
28-40 Weeks

## Types of Pain Relief

At the hospital, you might want something to help you with the pain. Some women like to try to do this naturally by sitting and moving around on a ball or listening to music. You can also ask to take a warm shower or if the hospital has a birthing pool you can use this too.

The hospital might offer you other kinds of pain relief:

### **GAS AND AIR:**

This works right away to relieve pain, but doesn't last long.



### **PETHIDINE:**

This is given through a needle in your bottom but doesn't get rid of the pain altogether.

It takes about half an hour to work. It might make you sleepy and you might get sick.



### **EPIDURAL:**

This is given through a needle in your back. You will feel numb from the waist down and some women can feel numb all the way up to their neck.

You will be awake after having an epidural, but you won't be able to walk around as it might leave your legs numb for a few hours after the birth.



## Delivery

When you're ready to have your baby you will be taken into a private room where you will have your baby. A midwife or consultant will be there to help you deliver.



## Types of Birth

There are lots of different ways to deliver your baby and most women will have a vaginal or 'normal' delivery. If this doesn't happen, there are other ways that the hospital can help you deliver your baby. **If you are unsure about any of these, ask your nurse or midwife in the hospital.**

### **C-SECTION (CAESAREAN SECTION):**

This is an operation to get the baby out. The operation will be done after you have an epidural so you do not feel anything.

### **FORCEPS BIRTH:**

Forceps are used to help the baby get out. Some women might have some problems pushing out the baby.

### **SUCTION:**

This is where a machine ('vacuum') needs to be used instead of the forceps to help the baby out.

### **EPISIOTOMY:**

This is done with a local anaesthetic. A small cut will be made just as the baby's head comes up. You will have stitches afterwards.

28-40 Weeks

TRIMESTER 3:

# POSTNATAL STAGE: After Your Pregnancy

## After the Baby is Born

**After delivery, the baby will be checked over and you will be brought back to the ward.**

This is when you will be asked about feeding. It is important that they know you are an Irish Traveller so they can test the baby for Galactosaemia. Your baby will be given a soya-based milk until the test results come back. This shouldn't take more than 2 days.

You won't be able to breastfeed until this test comes back. If you want to breastfeed tell the nurse or midwife as soon as possible and they can help you express the milk. They can also try to get the results back to you faster.



POSTNATAL  
PHASE

### GALACTOSAEMIA

**If the baby isn't tested and has the condition, breast milk or baby milk can be really harmful and can damage the baby's brain.**



### TEST RESULTS AND FEEDING

If your baby's blood test results come back positive for Galactosaemia, there is no need to worry. They should continue to be fed a soya-based milk. If the test results come back negative, you will be able to feed your baby whatever way you choose, including breast milk.

# Breastfeeding Benefits

Breastfeeding is the best way to bring your baby on and strengthen them. Even a few weeks of breastfeeding will help strengthen your baby. If you don't know how you feel about breastfeeding, at least try it. You can always pump your milk and give it to the baby through the bottle.



## For the Baby:

- Keeps baby healthy
- Easier on the stomach

## For the Mother:

- Helps bonding
- Easier as you don't have to wait for bottles to heat
- Helps with losing weight after the baby



POSTNATAL  
PHASE

## SPECIAL FEEDS

**Some premature babies might need to go on a special feed when they are born to strengthen them.**

The hospital will give you a prescription for the first few weeks. After this, you will need to go to your GP to get a new prescription. If you aren't sure about this, talk to your Traveller Community Health Workers or Public Health Nurse.



## Bottle Feeds

**If you are bottle feeding, baby milk can be harmful if it isn't made the right way. It is very important to:**

- Boil the water and let it cool before you put in the powder - too much or not enough can make the baby very sick
- Never use a microwave to warm-up baby milk
- Sterilize the bottles as soon as they are finished
- Don't reheat bottles or leave it standing for more than 2 hours
- Throw out any unused milk in the fridge after 24 hours



## Feeding your Baby



- Don't put a blanket under the baby and prop the bottle under the chin as it can cause choking
- Take the bottle away before putting your baby in the cot
- Don't give cow's milk to babies under 1
- Don't give sugar and water to your baby unless directed by your GP

## Bringing your Baby Home

Most women are released from the hospital a few days after giving birth. The Public Health Nurse will visit you in your home at this time.

Your Traveller Community Health Workers will also call out to you and check in with you and your baby.

**If you haven't heard from the Public Health Nurse, contact your Traveller Community Health Workers.**



## Registering your Baby's Birth

**The hospital does not register your baby or give the birth certificate.**

Your baby will be entitled to a free GP Visit Card until they are 6. You will need to get a birth certificate for this and for other entitlements such as family allowance or other payments.

To register, you need to go to your nearest Registrar of Births, Marriages and Deaths. Ring ahead of time for an appointment. You can ask the Public Health Nurse or the Traveller Community Health Workers about this.

You need to do this as soon as possible, no more than 3 months after the baby is born.



## Caring for your baby

Some babies might be born with jaundice. This means that their skin and the whites of their eyes are a bit yellow. The doctor will check on the baby within 24 hours after they are born and tell you if they needed any treatment.

Sometimes babies get jaundice after about 3 days old. This should clear after about 10 days. If it hasn't, contact your GP or midwife.



## Postnatal care: Your Baby

Your baby is entitled to two development checks by your GP when they are 2 weeks and 6 weeks old. It is very important that you attend these appointments to make sure everything is okay.

### NEEDLES FOR YOUR BABY

Your baby will get their first needles in the hospital after they are born. They will get the rest of their needles from the GP every few months.

POSTNATAL  
PHASE

AGE	VISIT	NEEDLES
2 MONTHS	<b>VISIT 1</b> 	6 in 1 MenB (new) PCV Rotavirus (new)
4 MONTHS	<b>VISIT 2</b> 	6 in 1 MenB Rotavirus
6 MONTHS	<b>VISIT 3</b> 	6 in 1 PCV MenC
<b>No Rotavirus needle on or after 8 months 0 Days</b>		
12 MONTHS	<b>VISIT 4</b> 	MMR MenB
13 MONTHS	<b>VISIT 5</b> 	Hib/MenC PCV

**Check with your doctor about the BCG needle for your baby.**

# Postnatal Care: You

You are also entitled to a 6-week check-up with your GP after the baby is born. If you didn't have a smear test before your pregnancy it might be a good time to talk to your GP about it during this appointment. A smear test is free for women over 25 and your GP can arrange the check for you.

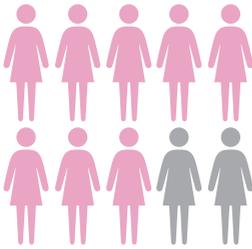
## FAMILY PLANNING

This might also be a good time to talk to your GP about family planning. Your GP will go through the different types

Your GP will go through the different types of contraception with you based on your medical history. If you have a medical card and decide to get contraception you will have to pay a small fee.

TYPE	HOW DO YOU TAKE IT AND HOW LONG DOES IT LAST?
THE PILL	Every day 
DEPO-PROVERA (NEEDLE)	Works for 3 months 
BAR IN YOUR ARM (IMPLANON)	Works for 3 years 
COIL (MIRENA COIL)	Put into the womb and is replaced every 5 years 

# KEEPING HEALTHY AFTER PREGNANCY: Mental Health



## BABY BLUES

Baby blues are very common after giving birth, about 8 in 10 women will have the baby blues. Some women might feel a bit down and out. This is normal and should go away after about 2 weeks.

If you don't feel better after 2 weeks, you can talk to your GP, Public Health Nurse or Traveller Community Health Workers.

## POSTNATAL DEPRESSION

Postnatal depression is common, about 1 in 5 women will have postnatal depression about 2-8 weeks after having their baby.



Signs of postnatal depression. After having a baby some women might feel:

- Tired
- Sad and very down
- Moody
- Can't eat or might eat too much

You can get support from your maternity hospital up until 6 months after your baby is born.

**After this, your GP  
will refer you on.**



# Pregnancy Loss



Pregnancy loss happens to lots of couples. It is very sad losing your baby and it is normal to grieve the loss. You can always get support from the hospital, GP or midwife.

There are different types of pregnancy loss.

## MISCARRIAGE:

**Miscarriage is very common for women and about 1 in 3 Traveller women have miscarriages.**

There is no one reason that a woman will have a miscarriage and isn't because of something that you have done. The majority of miscarriages can't be stopped. Somethings can be done to try and help reduce the risk:



PREGNANCY  
LOSS



Don't Smoke



Avoid Alcohol



Don't take Drugs

## SYMPTOMS OF A MISCARRIAGE:

- Really bad pain in the bottom part of your stomach
- Cramping, like period pain in your stomach and back
- Having a 'show' or spotting (brown or bright red bleeding) with or without cramps
- Passing of clots

Some of these symptoms don't always mean that you are having a miscarriage, but it is always best to go to your GP if you think something is wrong.

## ECTOPIC PREGNANCY:

- Sometimes women have an ectopic pregnancy. That means the baby is outside the womb. Ectopic pregnancies are very serious for the baby and for the mother as there is risk of internal bleeding.
- An ectopic pregnancy can happen from 5-14 weeks of the pregnancy. Some things to look out for:



Bleeding  
or spotting



Pain in  
your shoulder



Diarrhea  
and vomiting



Feeling very  
faint and  
light-headed

## STILLBIRTH:

Losing a baby can be heart-breaking at any stage of a pregnancy and some women can lose later in their pregnancy. After 6 months, this is called a stillbirth.

We don't know why this happens and it is not because of something the woman has done.

The hospital can help and will ask if you want:

- To spend time with the baby. You can spend as much time as you want with your baby
- Some keepsakes like a lock of hair, footprints, hospital bands or some pictures to take home
- To have a priest or chaplain come in and visit you to say prayers and give a blessing
- Some help with funeral arrangements

## WHAT TO EXPECT:

If you have a stillbirth you will bleed heavily for a few days and you might have some stitches or after-pains.

Your body will still make milk and if you don't squeeze it out ('express'), it can be very painful and lead to engorgement. This means that there is too much milk and it can become infected.

# Home Care During Pregnancy Loss

All pregnancy losses are different. Some women bleed a lot and have a lot of pain and others don't. If you have any concerns contact the hospital or GP right away.



If the hospital lets you home try to rest



Take pain medicine prescribed by your doctor



Make sure to drink plenty of fluids

## GO TO THE HOSPITAL STRAIGHT AWAY IF:



The pain gets worse



You are bleeding really heavily (soaking more than two pads per hour for two hours in a row)



You have a high temperature

It can take a few weeks for your periods to return to normal after a pregnancy loss. If your periods were regular before your pregnancy loss and it hasn't returned after a month or so visit your GP.

## Supports

Pregnancy loss affects women in different ways and there is no right or wrong way to deal with pregnancy loss. Some women might feel sad, down, angry, depressed, guilty and others might not feel any of these things and deal with them in their own way.

There are free supports for women after pregnancy loss. The hospital might ask if you want to be referred on to a bereavement social worker. This is different from the usual social worker. They are there to listen and offer support to women who have had a loss.

**This is confidential and private.**

The Traveller Counselling Service is also there to help. It is free and confidential.

If you have any questions you can talk to your Traveller Community Health Workers.

## Trying for Another Baby after Loss

There is no perfect amount of time to wait before trying to have a baby again, but GPs usually encourage women to wait at least a few months. It is safe to try again after two or three periods.

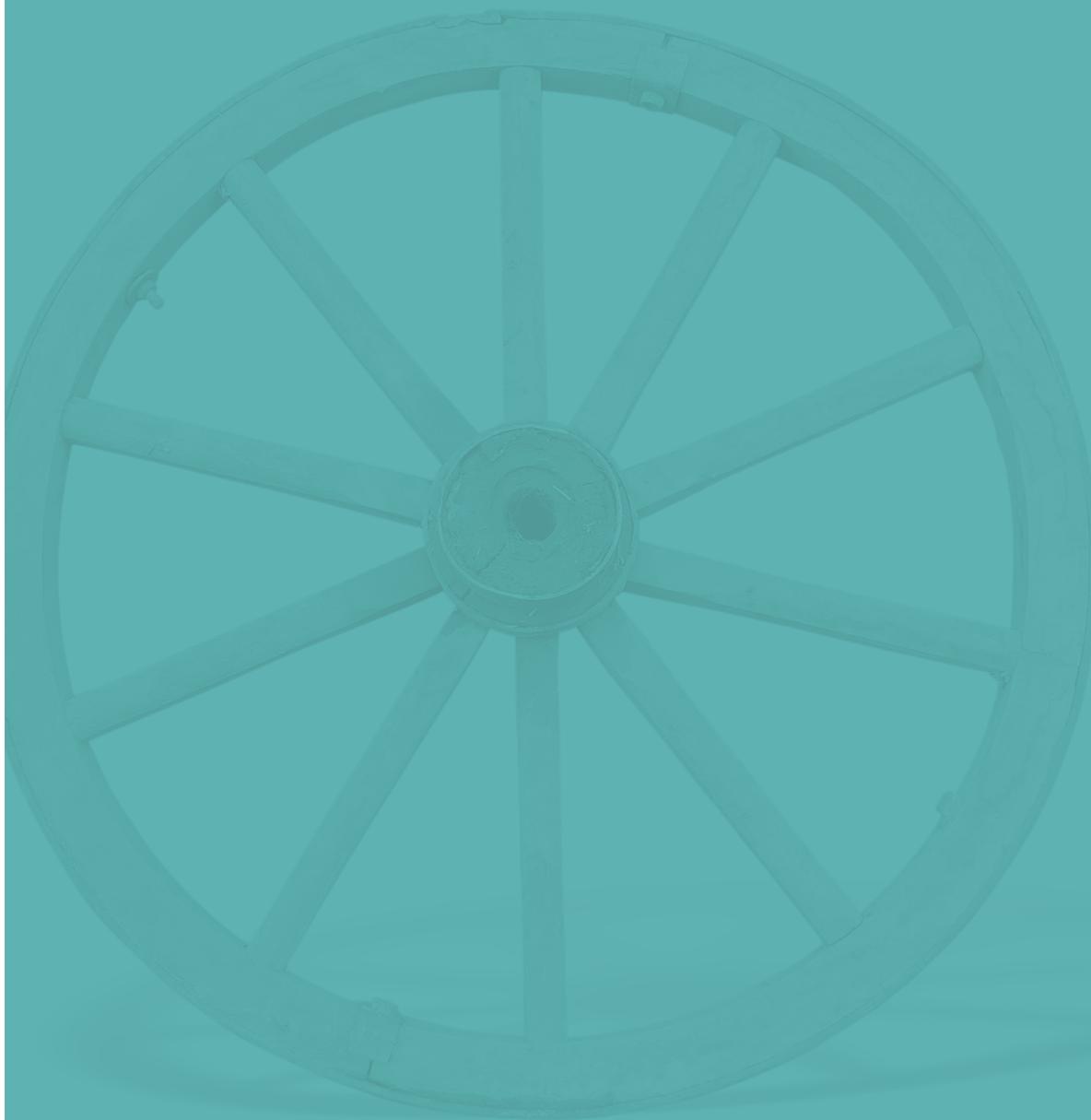
## Thank You

Pavee Mothers was awarded the *Animate* - Healthy Community Award 2017/2018 by Social Innovation Fund Ireland in partnership with Medtronic and the Department of Rural and Community Development via the Dormant Accounts Fund.



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We would also like to acknowledge the work of the THU and Traveller Community Health Workers in Pavee Point who developed this resource and are committed to making this important information accessible for Traveller women.



A photograph of a woman with long blonde hair holding a baby in a patterned sling. They are standing in front of a row of mobile homes. The image is overlaid with a semi-transparent teal filter.

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**pavee  
mothers**

