

# Healthy Motherhood



**FOR THE MOTHER  
AND THE MOTHER-TO-BE**

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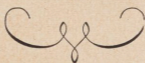
THIS BOOK IS VALUABLE. KEEP IT HANDY FOR REFERENCE.

NEW SOUTH WALES  
DEPARTMENT OF PUBLIC HEALTH

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Division of Maternal and Baby Welfare  
52 Bridge Street, Sydney

# HEALTHY MOTHERHOOD



PUBLISHED UNDER THE AUTHORITY OF THE  
HON. M. O'SULLIVAN, M.L.A.  
MINISTER FOR HEALTH

1950

## HEALTHY MOTHERHOOD

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### PRE-NATAL CLINICS.

THE undermentioned pre-natal clinics were opened by the Department of Public Health to provide a service for mothers living at a distance from the Metropolitan Maternity Hospitals.

They are intended for those who—

- (1) are recommended by their own doctor;
- (2) live at a distance from the hospital at which they are to be confined;
- (3) have engaged a midwife only for confinement.

These clinics are attached to Baby Health Centres in the following suburbs of Sydney, and they are open weekly.

<b>BEVERLEY HILLS:</b>	Dumbleton Road.
<b>CAMPSIE:</b>	43 South Parade—Telephone LF 3177.
<b>DEE WHY:</b>	3 Oaks Avenue — Telephone XW 8041.
<b>HARBORD:</b>	Lawrence Avenue—Telephone XU 4435
<b>HORNSBY:</b>	2 Florence Street—Telephone JU 1273.
<b>HURSTVILLE:</b>	10 Rose Street — Telephone LU 2150.
<b>LIVERPOOL:</b>	Bigge Park — Telephone Liverpool 351
<b>MANLY:</b>	8 Darley Road — Telephone XU 1451.
<b>MASCOT:</b>	Botany Road — Telephone MU 2666.
<b>PARRAMATTA:</b>	23 Macquarie Street — Tel. UW 9496.

The clinics are under the personal supervision of a medical officer of the Division of Maternal and Baby Welfare, or of specially qualified obstetricians, and all service is without charge.

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*Pregnancy is a normal event — not a sickness.*

**HOW DO YOU KNOW IF YOU ARE PREGNANT?**

1. If you are a healthy married woman, whose monthly periods have been regular but have suddenly stopped, the strong probability is that you are pregnant.
2. Your breasts may feel tender.
3. After the first period has been missed you may have a feeling of nausea, even actual vomiting, on rising in the morning. Do not *expect* to vomit as it does not occur in all pregnancies.
4. Increased frequency of passing water may be noticed.

**LATER SIGNS OF PREGNANCY.**

Later in pregnancy there will be certain definite signs that you will notice:—



A healthy baby, a proud mother and their friend—the Baby Health Centre sister.

1. At about four and a half months you will begin to feel the baby moving. At first these movements (commonly called "quickness") are slight, but, as the baby grows, they become more marked, and cannot be mistaken.

2. Your abdomen will gradually enlarge as the baby grows. For the first three or four months you will notice little change at all. As a rule, it is not until about the sixth month that any marked change in the figure is brought about.

3. Changes will appear in your breasts in the

*Out-door exercise — such as a daily walk in the fresh air — is necessary to maintain health.*

early months of pregnancy. They will feel bigger, and later will fill out. Blue veins may occur on the surface. In the first pregnancy the pink area round the nipple will become darker — this change lasts throughout life.

4. A milky fluid can be pressed from the nipples quite early.

### **MOTHERHOOD NORMAL EVENT.**

Motherhood is a perfectly natural, normal event, and there is no need for anxiety when you know you have become pregnant. This is a perfectly natural process for which your body is especially designed.

You naturally want a healthy baby. Most babies are born healthy. It is our duty to see that they remain so.

In order to do this, they must have proper feeding, care, cleanliness, plenty of sunlight and fresh air and good mothering.

Maternal instinct alone does not teach a mother to do the very best for her baby. It is just as essential for you to learn Mothercraft as it is to train yourself for any occupation in life.

### **NOT AN INVALID.**

Do not regard yourself as an invalid during pregnancy; you will have to perform a muscular feat later on, and the better muscular condition you are in the better you will perform it.

Moderation must be observed in everything. Do not overdo sport or work. *Do not do big days' washings. Washing and ironing should be done on different days. Have at least an hour's rest every day* with feet up or preferably lying down, and, if you are feeling tired, do as much of your housework as you can sitting down. Have a high stool in your kitchen, and sit on it when ironing clothes, preparing vegetables, etc.

### **MOTHERCRAFT LESSONS.**

Ask your doctor to initial this page or write a note to the Sister-in-Charge of the nearest Baby Health Centre, so that an appointment at a mutually convenient time can be made with the Sister-in-Charge.

It is very important that you should receive all the necessary instructions concerning the mothercraft care of your new baby, such as bathing the baby, making the cot and numerous other small but important details.

Record the dates and times in this space:—

## CARE OF THE TEETH.

Consult your dentist (or go to the Dental Hospital) as soon as you become pregnant. It is only an "old wives' tale" that bad teeth must not be attended to during pregnancy. It is absolutely necessary for your safety and the safety of other mothers at childbirth that your teeth shall be in a healthy condition. No septic teeth should be allowed to remain.

There is a special clinic for expectant mothers at the Dental Hospital.

## WHAT IS THE EXPECTED DATE OF CONFINEMENT?

When you find that you are pregnant, the first thing you will want to know is when to expect baby.

This is calculated from the first day of your last monthly period. (See table on page 6.) Count forward nine calendar months and add twelve days. Many days may elapse after the expected date without harm, unless complications are present. But it is necessary to continue to report as requested to your doctor or hospital.

For instance, supposing your last period began on 2nd January, conception possibly occurred about the 14th, and so baby is due about 14th October. If the last period before conception began on 20th September, forward twelve days brings it to 2nd October, and adding nine months gives 2nd July as the probable date of baby's arrival.



A modern Baby Health Centre.

*Bleeding is a danger signal — consult your doctor immediately.*

## OBSTETRIC TABLE.

The following obstetric table is included for the guidance of expectant mothers.

To ascertain the probable date of your confinement, find the date in the top line when your last menstrual period began—the date immediately underneath it is the date when you may expect baby.

JANUARY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	January.
OCTOBER	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12	NOVEMBER.
February	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	February.
November	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10	DECEMBER.
MARCH	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	March.
December	11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10	JANUARY.
APRIL	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	April.
January	11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9	FEBRUARY.
MAY	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	May.
FEBRUARY	10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 1 2 3 4 5 6 7 8 9 10 11 12	MARCH.
June	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	June.
March	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11	APRIL.
July	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	July.
April	12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12	MAY.
August	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	August.
May	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12	JUNE.
September	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	September.
JUNE	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12	JULY.
October	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	October.
JULY	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11 12	AUGUST.
NOVEMBER	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	November.
AUGUST	13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 10 11	SEPTEMBER.
DECEMBER	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	December.
SEPTEMBER	12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 1 2 3 4 5 6 7 8 9 10 11 12	OCTOBER.

A happy and contented mind are good for mother and baby.

Healthy Motherhood.



## HOW TO ARRANGE FOR PRE-NATAL CARE.

When you think that you are pregnant, *consult a doctor as soon as possible*, and be guided by his advice. It is particularly important to consult a doctor *early* if you have previously had a miscarriage or any complication with a previous pregnancy.

If you cannot afford to pay a private doctor provision is made for you.

In Sydney you should attend one of the pre-natal clinics (*see page 2*) or go to—

### A.—Metropolitan Maternity Hospitals—

- (1) Royal Hospital for Women, Glenmore Road, Sydney.
- (2) Women's Hospital, Crown Street, Sydney.
- (3) St. Margaret's Hospital for Women, 435 Bourke Street, Darlinghurst.
- (4) South Sydney Women's Hospital, 37 Gilpin Street, Newtown.
- (5) Bethesda Mothers' Hospital, Victoria Road, Marrickville.
- (6) Queen Victoria Maternity Home, 61 Albion Street, Annandale.

### B.—General Hospitals with Maternity Departments—

- (1) King George V. Memorial Hospital for Mothers and Babies, Missenden Road, Camperdown.
- (2) Mater Misericordiae Maternity Hospital, Rocklands Road, Crow's Nest.
- (3) Royal North Shore Hospital, St. Leonards.
- (4) Ryde Soldiers' Memorial Hospital, Denistone Road, Eastwood.
- (5) St. George's District Hospital, Kogarah.

In the country the District Hospital will arrange for your admission to the maternity ward and if there is no maternity ward they will arrange for your confinement at a private hospital.

If you are to be confined at home your doctor will advise you in regard to obtaining the services of a reliable midwifery nurse.

If you cannot afford a doctor, but intend having baby at home attended by a certificated midwife, or at a private nursing home, you should still attend a pre-natal clinic during pregnancy. *See page 2.*

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*Proper food furnishes materials needed for baby's growth and for mother's strength and energy.*

## PRE-NATAL CARE.

By regular attendance at a pre-natal clinic it is possible to tell whether pregnancy is progressing normally or whether too great a strain is being thrown on the kidneys. The beginning of such a state can be detected early and readily averted by regular estimation of the blood pressure and weight, and examination of the urine during pregnancy.



Every expectant mother should consult her doctor early and arrange for medical supervision during pregnancy.



The doctor should be supplied with a specimen of the urine.

These same precautions apply if you are to be confined in a public hospital. You will be told to report regularly to the pre-natal (or pre-maternity) department of the hospital.

Most doctors are only too glad, for their own sake as well as for their patients', to supervise the expectant mother during pregnancy. Abnormalities are then discovered in time to be dealt with suitably.

The heart and other systems are tested by general examination. The external measurements of the pelvis are estimated in the earlier months. A special internal examination may be necessary to estimate the dimensions of the pelvis more accurately.

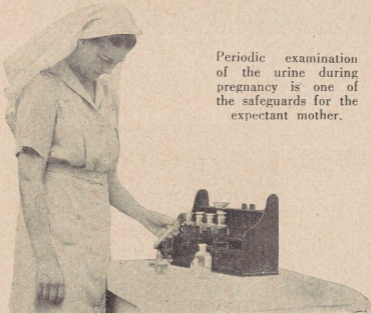
*Breast-feeding is every baby's birthright.*

### DANGER SIGNALS.

If you have any of the following symptoms you should report at once to your doctor or pre-natal clinic:

Hæmorrhage.	Swelling of the face, hands (rings too tight) and feet.
Persistent headache.	Dimness of vision.
Spots in front of the eyes.	Pains in the abdomen.
Vomiting.	Persistent nausea.
Dizziness.	Shortness of breath.
Scanty urine.	

N.B.—If you have any bleeding at all at any time during your pregnancy you should go straight to bed and report to your doctor.



Periodic examination of the urine during pregnancy is one of the safeguards for the expectant mother.

### REGULAR MEDICAL SUPERVISION IS ESSENTIAL.

Regular examination includes:—

- (1) SUPERVISION OF THE PROGRESS OF THE PREGNANCY BY ABDOMINAL EXAMINATION.
- (2) ESTIMATION OF THE BLOOD PRESSURE AT EACH VISIT. THIS HELPS TO DETECT KIDNEY TROUBLE EARLY, EVEN BEFORE ANY ABNORMALITY IS SHOWN IN THE URINE.
- (3) EXAMINATION OF THE URINE. THE EARLY MORNING SPECIMEN IS THE MOST SUITABLE.
- (4) WEIGHING. MARKED INCREASE IN WEIGHT, *e.g.*, MORE THAN 4 LB. IN THE MONTH IS ABNORMAL AND INDICATES EVIDENCE OF A TENDENCY TO COMPLICATIONS SUCH AS ECLAMPSIA OR KIDNEY TROUBLE.

*To prevent tooth decay is better than to cure it. Visit your dentist regularly.*

**MISCARRIAGE OR ABORTION.**

A miscarriage means the loss of the child any time before it is sufficiently developed to be able to live.

Never risk your life by trying to "bring on a period" which is overdue. Any artificial termination of pregnancy, whether by drugs or other methods, is extremely dangerous.

The drugs sold secretly for this purpose generally fail in their purpose and may do very great harm.

Never risk your life by going to an abortionist. They are not only criminal, but are nearly always dirty and crude in their methods, and if they do not actually cause your death, may injure you for life.

The danger of any self-attempt is equally harmful. Syringing, etc., may result in instant death or cause permanent ill-health through infection.

**HOW TO TELL IF YOU ARE THREATENED WITH MISCARRIAGE.**

If you have any sudden abdominal pain or any sign of bleeding at any time, go straight to bed and send for the doctor.

Do not make the mistake of assuming—especially if it is in the first few weeks—that "everything has come away" and you can do without medical attention.

Keep everything that has come away for the doctor to examine.



"Parking" is no problem at this modern Baby Health Centre.

Miscarriage may be due to violent exercise, falls, overwork, or strong purgatives.

On the other hand, it may be due to constitutional causes. In the latter case you will need to have medical attention in order to prevent having another miscarriage with your next pregnancy.

*-Adequate pre-natal care protects both mother and child.*

## CORRECT DIET.

From the earliest weeks of pregnancy correct nutrition for the mother and child cannot be over-estimated, the correct diet of the mother allows



### The Five Foundation Foods:—

- (1) Milk  $1\frac{1}{2}$  to 2 pints each day.
- (2) Vegetables and fruit, particularly fresh green vegetables and salads.
- (3) Wholegrain cereals and brown bread.
- (4) Eggs and Butter.
- (5) Meat, fish and cheese.

a greater resistance to disease and infection, and is the essential basis of successful bone development and formation of good teeth.

All the correct feeding in infancy and all the dental care in after life cannot quite make up for the bad start given to your baby if your food during pregnancy does not contain the essentials for giving him good sound teeth.

The importance of milk because of its valuable proteins and its richness in minerals and vitamins cannot be too strongly stressed. *Milk cannot be replaced by any other food* and at least one and a half to two pints of milk per day is the necessary quantity for building the growing baby. It is not necessary to drink the milk plain; it may be taken as coffee or other drinks, or in puddings, soups, etc.

Milk is the best source of calcium and it is in milk that this important mineral is found in its most easily assimilated form, and is more readily absorbed into the body than by means of powders or tablets.

Any excess of white flour and sugar should be avoided throughout pregnancy. Wheatmeal bread or food made from wholegrain cereal are daily necessities to provide enough vitamin B. Ready-to-eat packet cereals contain very little vitamin B.

The general tendency is for the expectant mother to over-eat and to drink too little. The diet should be an ordinary appetising one, consisting of three meals a day, with only a biscuit or its equivalent with morning or afternoon tea.

There is a prevalent belief that an expectant mother should "eat for two," but this is incorrect. It is the type of food, and not the quantity, that is important. All recent scientific investigations concerning the nutritional needs of the expectant mother emphasise the importance of the foods indicated for your guidance in the following pages, in protecting the life of the mother and her baby. It is important that the diet contain an adequate supply of minerals and vitamins.

Fresh green vegetables and salads are especially necessary. Oranges and tomatoes are most valuable for their Vitamin C content. Lamb's fry and kidneys are very valuable foods to add weekly to the diet in pregnancy.

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N.B.—*HIGH-HEELED SHOES, and garters, are detrimental to health during pregnancy. If in any doubt consult a doctor.*

All the correct feeding in infancy and all the dental care in after life cannot quite make up for the bad start given to your baby if your food during pregnancy does not contain the essentials for giving him good sound teeth.

### **BE SURE TO INCLUDE THESE ITEMS IN YOUR MEALS EVERY DAY.**

- (1)  $1\frac{1}{2}$ -2 pints milk.
- (2) 1 egg, if possible, otherwise 5 per week, either cooked, or raw in drinks.
- (3) 1 orange (or other citrus fruit), tomato or 1 slice of paw paw (4 oz.).
- (4) 1 serving of potato.
- (5) 1 serving of green leafy or yellow vegetables.
- (6) 2 additional servings of fruit or vegetables.
- (7) 1 serving of meat or fish or poultry.  
(Fish once each week, if possible.)  
(Liver once each week, if possible.)
- (8) 1 serving of cheese, 1-2 oz. approx.
- (9) Butter.
- (10) Wholemeal or brown bread and wholegrain cereals, e.g., wheat-meal, oatmeal, etc.

### **GENERAL INSTRUCTIONS.**

1. Have three regular meals each day. Don't eat large in-between meals—limit food between meals to a drink of milk and fruit.
2. The consumption of at least  $1\frac{1}{2}$  pints milk daily is most important to develop straight sturdy bones and well-formed teeth for your baby. It need not all be consumed as a drink, but can be used in

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*A well-balanced diet is essential for health.*

puddings such as creams, ice-cream, custards, cereal puddings, or in soups and sauces. If you object to the flavour, have it malted or as cocoa, coffee, etc.

3. Brown bread and wholegrain cereals are essential unless you add a Vitamin B cereal preparation, e.g., Bemax, Vita B, Vitos, Pro-Vita.
4. Develop regular habits—*avoid constipation*. Drink plenty of water and include fruits and vegetables and whole grain cereals in your diet. If constipation persists, consult your doctor.
5. Try to have a salad of raw fruit and vegetables (e.g., shredded cabbage, tomato, grated carrot, etc.) in your daily diet.
6. You may eat sugary and starchy food *IN MODERATION* and providing your weight increase is not too great.
7. Make sure you consume the whole of your butter ration.
8. Avoid highly seasoned, very fatty foods, and condiments.
9. Regular weighing is important: your doctor will indicate to you any unnatural increase.
10. Be sure to have plenty of protein food: Milk, cheese, eggs and meat. White meats and red meats have the same protein value but red meats contain more iron.

N.B.—After the fifth month, it is advisable that the expectant mother should not take extra salt in her food or any salted foods (e.g., bacon, ham, corned beef). In addition, any powders or medicines containing soda should be guarded against, as soda is definitely harmful in pregnancy. If you take an anti-acid powder, make sure it contains no soda. There are on the market several magnesium powders and tablets which contain no soda and, therefore, can safely be taken to relieve heartburn.

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*When pregnant, avoid sick people, especially those suffering from infection of any kind.*



**SAMPLE MEALS.**

The meals below give an indication of the amounts and types of food to use in each meal during the day. Your doctor will tell you if you should have larger or smaller servings. This will depend on how active you are and whether or not you are gaining too much weight.

**ON RISING—**

Orange or lemon juice (with water if desired).

**BREAKFAST—**

Oatmeal, wheatmeal, or other wholegrain cereal with milk.

Egg (poached, soft cooked, scrambled, etc.) or meat.

Wheatmeal bread or toast with butter.

Tea or coffee with milk.

**MORNING TEA—**

Milk drink and a piece of fruit, or biscuit and cheese.

**LUNCH—**

Cheese, meat or egg.

Salad of raw fruits and vegetables.

Wheatmeal bread and butter.

Milk or milk drink.

**AFTERNOON TEA—**

Milk drink, or cup of tea with biscuit and cheese.

**DINNER—**

1 large serving meat (4 oz.).

Potato.

Two other vegetables.

Light dessert such as cereal pudding or custard with stewed or fresh fruit.

**SUPPER—**

Milk drink.

**WAYS OF INCLUDING MILK IN THE DIET.**

Creamed soups, e.g., vegetable, tomato, potato, cheese, oyster, fish chowders, etc.

Stews or fricassees.

Sauces for vegetables or savoury dishes.

DESSERT—Junkets, custards, cereal puddings, gelatine puddings, ice-cream, blancmanges.

Milk drinks with various flavours, egg flips, etc.

If whole milk is found to be too rich, remove the cream by skimming. Skim milk contains all the minerals present in whole milk and is therefore a valuable food for building tooth and bone foundations. If skim milk is substituted for whole milk, the intake of green vegetables should be increased.

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*Every expectant mother should consult her doctor early and arrange for proper medical supervision during pregnancy.*



During infancy the baby should be weighed regularly as shown here—Each baby enrolled at a Baby Health Centre has a chart on which his weight is entered each week. This shows baby's progress from birth.

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## **COMMON DISORDERS OR DISCOMFORTS.**

In most cases none of these discomforts occur at all.

Should any occur, and should the following simple remedies not meet them, consult your doctor. Do not think that these discomforts cannot be overcome and that they must be tolerated. Do not hesitate to ask your doctor for relief.

**Morning Sickness.**—This may occur in the morning. If it does, it is usually only for about six weeks. It may only be nausea, not actual vomiting, or the sick feeling may last throughout the day.

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*Pre-natal care will ensure well-being of both mother and child.*

A cup of tea and a dry biscuit, or an apple, taken in bed half an hour before you arise will probably prevent it.

If the sickness persists try small meals every 2 to 3 hours for a time, instead of the three ordinary ones. If the sickness is persistent, report to your doctor or pre-natal clinic.

**Heartburn.**—This may be caused by some particular article of diet, which, in that case, must not be eaten.

Taking your meals dry (only drinking between and not *with* meals) will often effect a cure. The condition is in no way connected with the heart, as its popular name implies, but is an indication of indigestion. If these minor adjustments do not prove successful your doctor will prescribe for you. Milk of magnesia is often helpful.

Alkaline powders do not relieve this symptom and should be avoided.

**Headaches.**—In the early weeks of pregnancy before the 4th month, headaches do not usually originate from any serious cause. Later in pregnancy they should always be reported to your doctor, so that proper investigation as to their cause can be made.

**Constipation.**—Suitable diet and exercise will generally prevent this. If not, try a hot drink or a glass of water and an apple before breakfast, and also a hot drink at night. Visit the toilet at the same time every day.

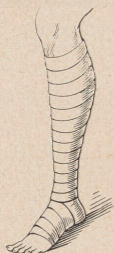
Do not take castor oil or any violent purgative. The best method of controlling constipation is by taking small doses of vegetable laxative regularly, e.g., liquid cascara three doses a day after meals or one dose at night.

If a senna and dried fruit mixture is used it must be carefully mixed to avoid irregular dosage.

By these means, you should gradually overcome constipation and be able to do without medicine.

**Varicose Veins and Piles.**—These are caused by pressure of the enlarging womb on the large veins, and are aggravated by the use of garters and of tight corsets.

Varicose veins are aggravated by long standing more than by walking. Rests, for periods of at least 20 minutes in the position illustrated are beneficial. Rests with your feet up are helpful.



If varicose veins are troublesome, a bandage or elastic stocking will afford relief.



The rule should be that the mother should lie down with the feet and legs higher than the rest of the body for one hour at mid-day from the beginning of the 8th month. If the veins are troublesome, two periods of one hour are advisable. It may be necessary for you to wear a crepe bandage or elastic stocking. *These must be put on before getting out of bed in the morning.*

**For Tired Feet.**—While resting in the illustrated posture, move the feet up, down, in, out, and round and round. Do this several times and you will obtain great relief.

**Piles** are aggravated by constipation. If either discomfort is pronounced, consult your doctor.

**Leucorrhœa** (“Whites”).—If at all excessive, mention it to your doctor—especially do so without delay if the discharge becomes yellow or blood-stained. Do not listen to the advice of friends, and do not douche except on your doctor’s advice.

**Backache.**—Specially selected pre-natal exercises will prevent backache which is of muscular origin. Exclude the possibility of causes such as kidney trouble, pyelitis, etc., by examination of the urine.

**Hæmorrhage.**—Any loss of blood by the front passage throughout pregnancy should be reported to your doctor at once.

**Cramps.**—These may occur during the later months, especially at night. Some may be due to pressure on the large nerves, and may be relieved by hard rubbing and applying warmth, such as a bath towel wrung out of hot water.

Cramps may also indicate a need for extra calcium and Vitamin B in your diet, so, in addition to the usual requirement, try taking an extra  $\frac{1}{2}$  pint of milk while the condition persists, and report to your doctor.

*When pregnant, avoid sick people, especially those suffering from infection of any kind.*

## AVOID SICK PERSONS.

It is most important that any contact with anyone suffering from common colds, tonsillitis, running ears, quinsy, scarlet fever or septic sores should be avoided during the last weeks of pregnancy.

Visitors suffering from colds, sore throats, etc., should be forbidden before and after the baby is born.

Particularly (during pregnancy) avoid anyone suffering from german measles.

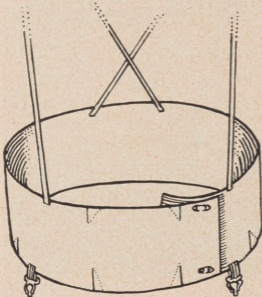
## DRESS SUITABLY AND COMFORTABLY.

The modern dress is in every way suitable to the expectant mother. It is light, hygienic, does not constrict the waist, and is hung from the shoulders. It is so designed that there is no need to feel conspicuous or self-conscious and so constrained to stay at home.

The one unsuitable garment is the average brassiere, which is worn too tight and tends to flatten the breast and nipples. It should be worn mainly to support the weight of the breasts.

If you are accustomed to wearing corsets there is no reason why you need give them up, especially if they are of the front-lacing variety. They must, of course, be worn looser as time goes on. No pressure should be exerted above the navel. The pressure, if any, must be upwards as if to carry the weight.

Special maternity corsets can be bought, but a home-made belt, as illustrated may be used, the object being to support weight from the shoulders and hips, lifting it up instead of compressing it.



Home-made maternity belt.

Take a strip of good strong washing material — such as calico — 12 inches wide (hemmed) and about 52 inches long. Pin the calico round the lower part of the abdomen and fit it to the figure with darts at the upper and lower edges as required, leaving a good lap-over for extension. Do this lying down.

Two shoulder straps, each 2 inches wide, are to be sewn firmly to the back, about 4 inches apart. Cross these when putting on the belt and fasten firmly in front with safety pins. Attach suspenders with safety pins if stockings are worn, they keep the belt in place.

*Take regular exercise in the fresh air during your pregnancy.*

Always put on the belt lying down, lap it over and fasten from below upwards with safety pins as tightly as is comfortable. When you stand up the belt will give the support you need.

A belt as described above is most useful in the morning when doing the housework, and should be loosened for the afternoon rest and adjusted again before rising.

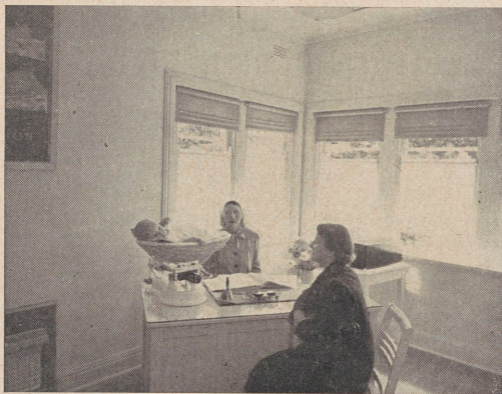
Varicose veins, cramps, swollen feet, backache, heaviness, dragging pains and tiredness are alleviated by the wearing of such a support.

Garters *must not be worn*, as they increase any tendency to varicose veins.

### IF YOU WANT A HEALTHY BABY . . . . .

**CIGARETTE SMOKING.**—Excessive cigarette smoking is bad during pregnancy and, if possible, smoking should be avoided altogether during pregnancy and lactation, though moderate smoking, say two cigarettes a day, does not do any harm. The use of alcohol should also be avoided.

**ATTEND TO THE BOWELS.**—Regular exercise, suitable diet, and plenty of water to drink will generally keep the bowels acting regularly every morning. Go to the toilet at the same time *every day*. Do not get into the "medicine" habit. *Re constipation*, see page 17.



If you want a healthy baby . . .

*Breast-feeding is every baby's birthright.*

**HAVE A BATH EVERY DAY.**—A cold bath is excellent if you are accustomed to it, as it tones up the muscles and improves the circulation. If, however, it is found to cause discomfort or distress a warm bath is preferable. If a warm bath is taken it should not be too hot. Showers are better during the last months of pregnancy.

Do not have sexual intercourse at times when, normally, a monthly period would have occurred. It should be entirely avoided during the last three months of pregnancy.

### **BIRTHMARKS AND MATERNAL IMPRESSIONS.**

Do not listen to "old wives' tales" or the lady next door. There is absolutely no foundation for the ignorant superstition that a shock or a fright to the mother can mark or disfigure her unborn baby. There are no ways in which direct nerve influences can travel from your body to that of your baby.

### **HOME EXERCISES**

**TAKE REGULAR EXERCISE.**—N.B.—HOUSEWORK BY ITSELF IS NOT SUFFICIENT. Regular exercises (such as are given below) should be practised daily, and, in addition, outdoor exercise taken regularly. Any exercise to which you are accustomed may be continued so long as it continues to be a pleasure and does not leave a feeling of fatigue or tiredness. A good brisk walk is an excellent exercise, and is desirable unless you have already had a strenuous day, but is not in itself sufficient. Driving over rough roads must be avoided, and also long tiring motor rides.

### **EXERCISES TO BE PERFORMED DAILY DURING PREGNANCY.**

With the consent of your Doctor.

During the birth of your baby certain groups of muscles are brought into action. The exercises described hereunder are designed to keep your muscles fit and to increase the flexibility of the joints, particularly of your thighs and pelvis.

These exercises are specially selected for use during pregnancy. These exercises, to be of the greatest value to the mother, should be taught by fully-qualified physiotherapists who work only under medical direction.

Classes are held at some of the Obstetric Hospitals for the pre-natal exercises, and also physiotherapists arrange for groups of mothers to have lessons together. It is found that mothers enjoy the class lessons and learn the exercises very easily this way. The exercises for expectant mothers are not physical jerks or gymnastics.

A few exercises have been selected for the use of those mothers who live away from cities and towns, and to whom tuition by physiotherapists is not available. They are in no way comprehensive nor are they

meant to replace the training by qualified physiotherapists under medical direction.

Your muscles and joints play a most important part in maintaining your comfort during pregnancy and in the delivery of the baby at the expected time.

Memorise the exercises so that the book is not needed each time. Do them three or four times daily for about five minutes.

If any exercise is difficult to do, it is being performed incorrectly. Look at the pictures again and see the position of head and feet.

One exercise quietly, gently, and efficiently performed is more effective than dozens of quick, jerky, unfinished ones.

These exercises do not claim to overcome any abnormality in the bony structure of your pelvis, but they do claim to reduce many of the delays and difficulties in childbirth.

You should be supple in all your joints. Your muscles should have good tone.

If these exercises are done in a gentle, efficient, flexible manner with no rigidity at any time, they are not fatiguing, but you must follow instructions. If you find the exercises fatiguing, they are not being done correctly.

Many ailments such as backache and other disabilities can be excluded by means of these exercises.

The best time to begin the use of these exercises is about the third month and so prepare the abdominal and back muscles for increased strain of the enlarging abdomen.

Mothers who have already had children and have slack abdominal muscles should begin as soon as they are aware that they are pregnant.

### **RELAXATION.**

*Complete relaxation of the muscles after each exercise is most important.*

This is particularly helpful to the prospective mother.

Training of the mind is important, and with the ability to relax will come calmness, control, confidence and freedom from tension. Relaxation assists in conserving energy.

To practise relaxation it is best to lie down with legs apart, arms by the side, head rolled slightly to either side.

Practise stillness, with closed eyes, and a sensation of heaviness and limpness in the limbs and body. Breathe deeply and slowly, trying for greater relaxation with each long expiration.

At first, it may be helpful to try the contrast of tension. Tighten face muscles, body, limbs, then feel the difference as each group of muscles from head to toe become flaccid and relaxed.

Practise after exercise, during rest or before sleep.

*Take regular exercise in the fresh air during your pregnancy.*

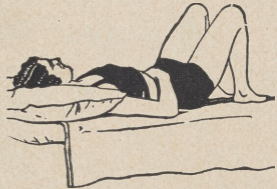


**PRE-NATAL EXERCISES.**

Unless contra-indicated, these exercises may be begun in the second or third month and continued to the end.

**EXERCISE 1.**

1. Lying with head supported, knees apart and bent, so that the feet rest on the bed or table well apart. One hand is placed on the abdomen, and the abdomen is contracted (pulled away) from beneath the hand and then relaxed.

**EXERCISE 2.**

2. Lying with head supported and legs as in exercise one. The lower part of the back is arched away from the bed or table and then relaxed.

**EXERCISE 3.**

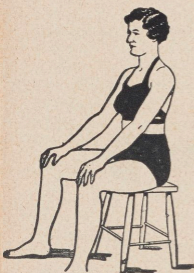
3. Then by contracting (pulling in) the muscles of the abdomen and contracting (pulling up) the muscles of the buttocks, the backbone is felt lying flat in contact with the bed or table.

**EXERCISE 4.**

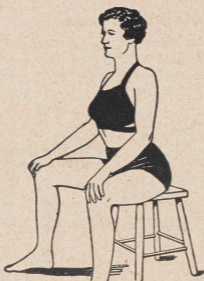
4. Cross legged sitting. The hands are clasped and the points of the elbows placed on the inner side of the knees and a gentle pressure used to push the knees out.

*During pregnancy moderation must be observed in everything.*

## EXERCISE 5.



5. (a) Sitting on a stool with knees apart and feet resting on the floor. The hands rest on the knees.



(b) The back is now arched and the knees pressed out.



(c) Then the back is rounded and the knees brought together.

## EXERCISE 6.



6. (a) Standing with feet apart in front of a firm support such as a bath, or bed.



(b) Rise on toes.



(c) Bend forward and grasp support bending knees to squatting position.

EXERCISE 6—continued.



(d) The back is then arched and the knees spread apart. Note position of head and feet in (d), (e) and (f).



(e) The back is then rounded and you sink back on your heels and the knees are brought together. Repeat the movements of (c), (d), and (e) several times.



(f) Straighten to the standing position.

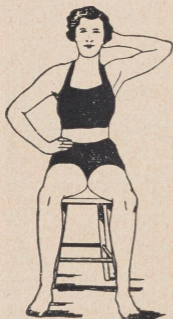


(g) Unfolding the back bit by bit;

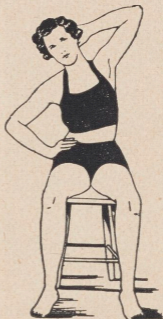


(h) until the erect position is reached.

## EXERCISE 7.



7. (a) Sitting with knees apart, one hand is resting on the hip, the other behind the neck.



(b) Then bend towards the side of the hand that is on the hip, and then straighten. Change hands and repeat to the opposite side.

## DOMESTIC EXERCISES

The underlying principles of pre-natal exercises may be adapted in part to the ordinary household duties. Thus the mobility of the joints and muscles of lower back, pelvis and lower extremities may be aided by carrying out every-day tasks, *e.g.*:—

1. Front foot-kneeling position (hands and knees) with knees and feet wide apart, for washing and polishing floors.
2. Squatting on haunches, feet and knees apart, for using dust-pan and brush, doing fires, etc.
3. Lunge position, in half-kneeling. The body weight is taken on left foot with left knee bent, and on the right knee. For dusting low cupboards, etc.
4. Tailor-sitting position, with legs crossed on the floor for stationary jobs, instead of sitting on a chair.

For work involving standing, such as washing, it is important to wear a low-heeled shoe with a wide heel base.

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*Baby begins to live nine months before he is born. This is your opportunity to prepare for his coming.*

## PREPARATIONS FOR BREAST FEEDING

Breast milk is the perfect food for the human infant.

The difficulties which may arise are due to quantity, not quality, and to various other minor mechanical factors.

These problems can all be solved at your Baby Health Centre where accurate investigation is arranged.

**No other food, no matter how perfectly adapted, is as suitable as breast milk.**

Most women, if they prepare beforehand, can fully breast-feed their babies. Correct diet from the earliest weeks is most important.

All women can at least do so to some extent. Failure to breast-feed may be due to lack of preparation or to over-anxiety.

For three months before baby arrives the breasts should be toned up by daily sponging with cold water, followed by vigorous drying with a rough towel.



Natural feeding is baby's birthright, and the best guarantee for his healthy progress.

If the nipples are painful, or are not properly developed, you cannot expect to be able to breast-feed successfully. They should always be inspected by your doctor. During the last three months the nipples

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*Most of the discomforts and dangers of pregnancy can be prevented.*

should be subjected daily to a toughening process, and if flattened or inverted must be pulled out daily between the oiled right forefinger and thumb. Special instructions may be required from your doctor or prenatal clinic. The toughening is carried out by bathing with warm water once a day—using a rough washer and superfatted soap. It is important that no dried secretion should be allowed to remain on the nipple.

The most important precaution is the correct length of time the baby is put to the breast after birth. Any unduly long period is injurious and is one of the main causes of cracked and sore nipples.

Do not listen to your so-called "friends" who advise you not to try and feed your own baby yourself, or who suggest that you may not be able to manage it. If you can produce a baby you can produce the food for it.

Remember, that in the first year your baby is six times safer, if he is breast-fed, than if he is bottle-fed.

### **HOW TO ENCOURAGE BREAST FEEDING FOR YOUR BABY.**

Remember that baby's life does not start when he is born, but nine months previously.

During those nine months, you must take it for granted that you will be able to give baby his birthright—breast milk.

### **FORMATION OF BABY'S TEETH.**

The formation of the teeth begins as early as the fifth or sixth week of pregnancy. To ensure their normal development it is essential to have a minimum of  $1\frac{1}{2}$  pints of milk per day during the whole of pregnancy together with a balanced diet as recommended. The teeth are fully formed in the baby's jaw before birth.

A balanced diet with the requisite amount of milk also increases the mother's resistance and strength.

Do not forget that you are carrying out a natural function, and should feel in better health than ever before in your life.

Do not go in for over-feeding ("eating for two") or diet fads. On the other hand, there is no ordinary article of your usual diet you need give up unless especially instructed.

Remember also to take care of your own teeth. When you know you are pregnant visit your dentist and have a full examination of your teeth. This may be followed by such treatment as is necessary.

You need have no fear about having affected teeth extracted early in pregnancy. It is quite the most satisfactory procedure.

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*Every baby has the right to be well born and every mother the right to maximum care and attention.*

**BABY'S LAYETTE****Minimum List of Requirements.****GARMENTS.**

- 3 to 4 Singlets, Cotton
- 3 to 4 Singlets, Wool
- 2 to 3 Pilchers
- 2 Bonnets
- 4 pairs Bootees
- 24 to 36 Napkins
- 3 to 4 Jackets, Woollen (or Matinee Jackets)
- 1 Shawl, Carrying (Woven Material)
- 1 to 2 Shawls (Wrap), e.g., Bunnyrug
- 3 to 4 Nightdresses
- 3 to 4 Dresses
- 2 Binders

**LINEN.**

- 4 Sheets (Single)
- 2 Pillow Cases
- 4 Towels

*The above list is the official recommendation of the Division of Maternal and Baby Welfare of the N.S.W. Health Department.*

**APPROVED GARMENTS.**

The infants' garments illustrated on the two following pages, represent approved mothercraft garments, in style and materials, which it is necessary to prepare before the arrival of the baby. They have been designed by Miss Kaibel, Matron of "Tresillian," Vaucluse, from whom the patterns may be obtained.

The same patterns may also be obtained from any Baby Health Centre or from the Royal Society for the Welfare of Mothers and Babies, 19 Bridge Street, Sydney, at a cost of 1/3 per set, plus 1½d. for postage.

In order to prepare these garments between the second and seventh month of pregnancy—approximately 21 weeks—a weekly amount should be put aside to meet the cost.

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*Adequate pre-natal care protects both mother and child.*



Pilchers.  
(or Modesties)



Undervest. Bonnet.



Knitted Vest.

Knitted Jacket.

Flannel Napkin.





Matinee Coat. Bootees.

Frock or Nightgown.

### SUITABLE MATERIALS.

In all climates, the first clothing should be of woollen material—or silk and wool—of light and heavy texture, according to the atmospheric conditions. Babies who have sensitive skins, however, may require a cellular cotton singlet next to the skin.

In this country, viyella, clydella, ingola, radianta, cesora, nun's veiling, dafoma, austrella, cesarilla, lova, or a mixture of wool and silk are the most suitable materials to use in making baby's layette. Provided it is unshrinkable, all wool flannel is suitable in the colder districts.

No clothing should be more than 24 inches in length as long clothing only retards the baby's actions and prevents him from generating his own body heat and developing his muscles by movements of his limbs. Remember, too, that sunshine on baby's limbs is good for him.

For the benefit of mothers, specimen sets of approved garments are kept at all Baby Health Centres where patterns may be obtained for one shilling and threepence per set. They may also be secured at the same cost, from the Royal Society for the Welfare of Mothers and Babies, 19 Bridge Street, Sydney, plus 1½d. for postage.

Full directions for making knitted woollen baby clothes are given at the back of this booklet.

*Modern baby clothes are simple and easy to make and launder.*

## OTHER REQUIREMENTS.

In addition, there are other articles to be provided for baby, namely:—

Cot bedding—

Enveloping blanket,

Cot blanket,

Sheets,

Pillow-cases,

Piece of mackintosh sheeting,

Kapok or fibre mattress and chaff  
mattress,

Pillow, chaff-filled,

Mosquito net.

Screen,

Bath,

Covered pail for napkins.



The Cot—this need not be expensive.

## BABY'S COT.

Baby must have his own bassinet or cot and must sleep in it from the very first. It need not be expensive—a basket is suitable if a proper cot cannot be afforded. This should be lined with a piece of calico or sateen which can be removed for washing. Mosquito net—to keep out flies—must be provided, large enough to cover the whole basket.

Any clean old single blanket is suitable for an enveloping blanket. It is placed in the cot before the mattress and bedding are put in. The cot is then made up in the usual manner (mattress, small piece of mackintosh sheet, cotton sheets, and pillow and cot blanket) and the bottom end and sides of the enveloping blanket are then brought up and folded over, so as to enclose the baby and his bedding in a cosy sleeping-bag, as it were. (See illustrations on pages 49 and 50.)

An excellent screen can be made from a small twofold clothes-horse, with panels made of some good washing material.

A separate bath should be kept for baby's use and not used for washing his napkins in.

A covered pail (in which wet napkins are to be placed in cold water at once after being changed, and dirty napkins are to soak after having been rinsed) is also a necessity.

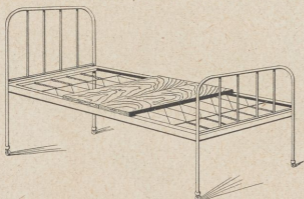
*Special post-natal exercises will tone up the muscles and prepare the mother for her return to ordinary life.*

## PREPARATIONS FOR CONFINEMENT NECESSITIES FOR THE MOTHER.

This will depend on whether you are staying at home for your confinement, or going into hospital. If you are going into a hospital or nursing home, the matron will give you a list of what she wants you to bring with you.

### REQUIREMENTS FOR A CONFINEMENT AT HOME.

Engage your doctor and nurse as early as possible. Arrange, if possible, for your mother or sister or some reliable woman to come and stay with you over the time to look after the house.



Boards, or leaves from a dining table placed underneath the mattress will prevent sagging.

Have everything ready at least two months before baby is expected.

Choose the sunniest and most airy room for your bedroom. Put a single bed in it, and if the wire mattress is sagging, place boards or leaves from a dining table on it to make it firm.

It is usually impossible to provide equipment in the home equal to that of an efficient maternity hospital.

Have the following articles ready:—

- 1 lb. of cotton wool.
- 2 combine dressing rolls.
- At least six clean sheets.
- Pillow cases.
- 1½ yards of mackintosh sheeting, 36 inches wide.
- ½ pint methylated spirits.
- ½ pint olive oil.
- One pot of vaseline.
- 4 oz. of starch, zinc and boracic powder (made up by a pharmacist).
- Three soft flannel binders or one 3-inch roller bandage, as a dressing for baby's cord; for use only during the first few days.

*Special pre-natal exercises will keep your muscles fit, and increase the flexibility of your joints and pelvis.*

- One bed-pan.
- One hot-water bag.
- One hank of unbleached linen thread. (For tying the cord. It should be sterilized by the nurse beforehand.)
- One enamel tray.
- Three enamel basins.
- Two large jugs.
- A pillow case of clean sterilised white rags.
- Safety-pins (assorted).

Articles required for  
confinement.



### **THE SANITARY PADS.**

To make sanitary pads at home, cut cheese-cloth in pieces about 16 inches long and 12 inches wide. Fill the centre of each with a pad of teased out cotton wool, and fold the cheese-cloth over to enclose this, leaving 4 inches at each end empty. When finished the pads will thus be about 8 inches by 4 inches. For this preparation your hands should be very thoroughly scrubbed in soap and water for two or three minutes and the preparations should be made on a freshly laundered towel.

It is essential that your equipment such as towels, sanitary pads, rags, etc., should be sterilised. These should be ready about the eighth month. Dry steam sterilising is the best and this can usually be arranged through the nearest hospital.

### **TO PREPARE THE ROOM.**

About a week before baby is due, if you are staying at home for your confinement, get the room ready. If the bed is not high enough (it should be 24 inches from the floor without bedding), it should be raised on blocks. Have the bed placed so that the doctor and the nurse can get to both sides of it and so that the foot of it faces the light.

*Early detection of kidney trouble will eliminate one of the greatest dangers of pregnancy.*

Make the bed up as usual, except that the mackintosh sheet is put over the bottom sheet (to protect it and the mattress) across the middle third of the bed; and a sheet folded in two to act as a "draw-sheet" is put over the mackintosh and tucked well in at the sides of mattress.

Pads of newspaper may be used instead of the mackintosh, if the latter is unobtainable.

All unnecessary curtains, ornaments, etc., must be removed from the room, and the floor scrubbed. The carpet should be removed.

Put baby's cot, bath, screen, receiving blanket and clothes in the room, and the pail, jugs, basins, and other articles on your list. A small kitchen table should be put in there for the time being.

### **WHEN BABY IS DUE.**

Everything is ready — the room prepared if you are staying at home for your confinement, your suitcase packed if you are going to hospital.

You may have been told alarming stories by older women about their own confinements, but pay no heed to them. You have been under your doctor's care all these months, and therefore know that in your case everything is normal. You know that your doctor and nurse will relieve your pain as much as possible, and that you and your baby will be quite safe in their hands.

### **FIRST SIGN OF LABOUR.**

As soon as you think labour is beginning, call in your nurse, or go into hospital, as the case may be.

The first sign that labour is beginning is generally a slight "show" (a piece of mucus stained with blood). Or you may have pains like monthly pains, but at regular intervals. You can feel your abdomen get hard with each pain, and then soft again.

Sometimes the first sign that labour is beginning is that "the waters break." In this case you have a sudden rush of colourless liquid like water. If this happens go to bed, and stay there till the nurse or doctor comes — or, if going into hospital, go there without delay.

### **WHAT TO DO.**

If staying at home, while waiting for the nurse you will feel better (and will be able to help yourself better later) if you keep moving about in the early stages. There are several things you can be doing.

See that your bedroom is quite ready and everything put out on the table for the nurse and doctor, have plenty of water on to boil, make up baby's cot, get out the packets of sterilized pads and rags, and have ready plenty of cold boiled water.

When the nurse and doctor arrive, remember that your safety depends on the scrupulous cleanliness (asepsis) which they carry out. Do not hinder them by objecting to any of their preparations for your safety.

### **WHAT TO DO IF BABY IS BORN BEFORE NURSE OR DOCTOR ARRIVES.**

When a mother complains that labour pains have started she should be made as comfortable as possible, placed lying down with a pillow to support her head. It is important that she should be kept warm. A warm drink may be given but not alcohol. *Nothing else should be done unless the child is born before the doctor or midwife arrives.*

*As a general rule, apart from tying the cord, and making the mother comfortable and warm, the less done the better.*

Keep calm.

If labour is so quick, it is perfectly normal.

If the baby is born before the doctor or midwife arrives, the mother should be placed on her back with the child between her legs, sufficiently close to prevent the cord being pulled upon either by movement of the mother or that of the child. The child should be kept warm and so placed that it can breathe, that is, not with its face downwards or smothered in its mother's clothes.

If you know that the doctor is on his way, leave the cord untied unless the mother is restless or distressed. If no medical attention is available, tie the cord in about 10 minutes.

*The precautions which should be taken when tying and dividing the cord must depend on facilities available.*

**Procedure where facilities for sterilisation by boiling are not available:**

Proceed as follows:—

- (a) A piece of string or tape and a knife or scissors should be soaked in disinfectant or methylated spirits for ten minutes.
- (b) Wash the hands thoroughly for at least five minutes and scrub, if possible, with a nail brush.
- (c) Tie the cord in two places with string or tape, one knot being 4 to 6 inches from the navel of the child and the second knot 4 inches from the first knot on the mother's side. After the cord is divided, the cut end attached to the child should be dabbed with an antiseptic solution, preferably dettol, and a clean dressing applied. If no antiseptic is available, a piece of freshly laundered linen or a clean pocket handkerchief should be wrapped round the cord. After separation from the mother the infant should be wrapped in something clean and warm.

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*The expectant mother needs 1½ pints of milk daily.*

If no antiseptic is available the blades of the knife or scissors may be passed through the flame of a match. If the cord has been cut in this way it will be shortened and religatured by the doctor on arrival.

**Procedure where facilities for sterilisation are available:**

Proceed as follows:—

- (a) Sterilisation of string and tape; boil for five minutes.
- (b) Sterilisation of knife or scissors: (i) boil for five minutes; or (ii) place in a strong antiseptic solution such as lysol or dettol for ten minutes; or (iii) place in methylated spirits for ten minutes. Preferably the first method should be adopted.
- (c) Wash the hands thoroughly for at least 5 minutes and scrub, if possible, with a nail brush.
- (d) Tie the cord in two places with tape or string, one knot being from 4 to 6 inches from the navel of the child, the second knot being 4 inches from the first knot on the mother's side. The cord should then be cut between the two knots. After the cord is divided, the cut end attached to the child should be dabbed with antiseptic solution and a piece of sterilised dressing should be wrapped round and there secured.

During the hour following the infant's birth the afterbirth may emerge. It looks like a fleshy mass attached to the cord. *Do nothing.* Some bleeding, about half a pint, usually takes place. This is normal and requires no treatment.

Warm coverings are most important for mother and child.

Wrap the baby up in the receiving blanket and lay him aside in a warm place.

Keep the afterbirth for the doctor to see.

## **PREMATURE BABIES**

If the baby is premature (less than 5½ lbs.) there must be warmth and the minimum handling. He must not be bathed or dressed but very gently oiled and wrapped in cotton wool with cotton wool on his head. Any excessive handling and any loss of warmth are grossly injurious and may not be risked.

**POST-NATAL EXERCISES.** — (With your Doctor's Consent.)

Unless contra-indicated, these exercises are begun when lying in bed from the second to the fourth day after baby is born.

**Exercise 1.**

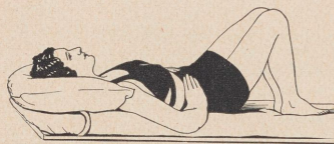
N.B.—Exercises 1 and 2 may be commenced on second to fourth day.



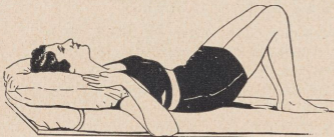
1. (a) Lying with head supported, knees bent and *together*, feet resting on the bed.



(b) One hand is placed on the abdomen and the abdomen is contracted away from under the hand and then relaxed.



(c) The same position as in (a). Grasp the waist with the hands, and contract away from between the hands as if getting into a tight skirt, and then relax.



(d) The same position as (a). Push the lower part of the back against the bed, so tilting the pelvis up. Relax.





(e) The same position as (a). Press the knees together tightening the muscles on the inner side of the thighs, and tighten the buttocks. Then combine all movements (a), (b), (c), (d) and (e).

### Exercise 2.



2. Lying face downwards cross one foot over the other and tighten all muscles from the waist down.

### Exercise 3.

N.B.—This exercise may be commenced on eighth day.



3. (a) Lying on the side with head supported and lower leg bent up to give support.



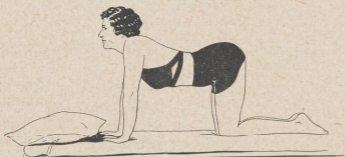
(b) The upper leg is clasped tightly and bent up to meet the head which is also bent to meet it.

## Exercise 4.

N.B.—Exercises 4 and 5 may be commenced on the tenth day.



4. (a) Kneeling on knees and hands, elbows straight, thighs at right angles to the body.



(b) The back is arched, the head carried back.



(c) Then the back rounded and the head tucked under, pulling in the abdomen; then back to the straight.



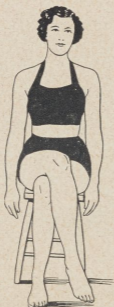
## Exercise 5.

5. The same position as in 4 (a), the head is bent round to look over the shoulder at the tail. Approximate tail and head as closely as possible, first to one side and then the other.

**Exercise 6.**

N.B.—This exercise may be commenced on the eleventh day.

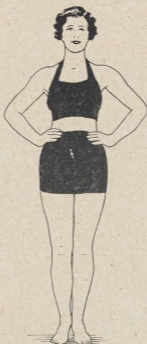
6. Sitting one leg crossed over the other. The abdomen and buttocks are tightened and relaxed.



**Exercise 7.**

N.B.—Exercises 7 and 8 may be commenced on the twelfth day.

7. (a) Standing in erect position, the hands resting on the hips.



**Exercise 7.**

*continued.*

(b) And then twist to alternate sides, only the top half of the body moving.



**Exercise 8.**

8. Standing in the erect position with one leg crossed over the other. The abdomen and buttocks are tightened and the knees pressed together.



**NECESSITY OF MOTHERCRAFT TRAINING.**

Mothercraft is not a new-fangled system of bringing up babies by a strict schedule wherein love is replaced by an unfeeling attitude; nor is it a complicated method of artificial feeding.



With baby's chart before her, the Sister is enabled to advise the mother accurately. Guesswork is not good enough when baby's health is at stake.

It is a perfectly sound, simple means by which the baby is given the very best chance in life of health and happiness whilst the mother is taught that mother-love, when guided by knowledge, results in really joyful motherhood, and not (as was formerly only too often the case) in drudgery, broken rest and impaired health.

Regrets and heart-burnings on the parents' part in after years will not make amends for giving baby a bad start.

All the wonders of modern medical science cannot wipe out a first year of wrong feeding and wrong handling.

To give baby a proper chance, therefore, mothercraft must be studied before he comes — not learned at his expense through mistakes and suffering.

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*Regular attendance at a Baby Health Centre is baby's best health insurance.*

The nine months allotted by Nature to the expectant mother allows ample time for her to make all necessary preparations and to study her craft.

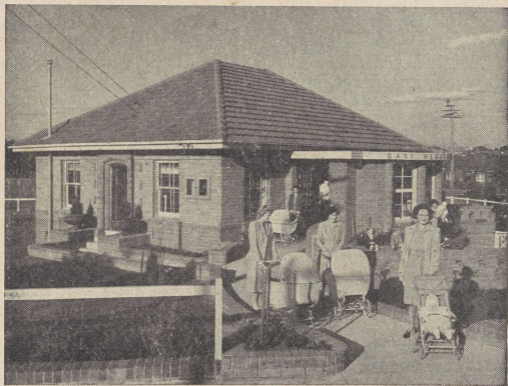
The simple mother of average education is by nature just as well equipped as the intellectual one. All that is needed is the willingness to learn.

### **THE CARE OF YOUR BABY.**

Now your confinement is over, your baby is safely here, and you feel that you are ready to do the best you can for him.

By following this book you have made all the proper preparations. You have kept yourself fit with exercise and an active life, you have been under your doctor's supervision all the time, have provided healthy and sensible garments for baby (no matter how simple and plain) and have looked after your breasts and nipples ready for natural feeding.

No one can do more than that, so you may rest assured that you are giving your baby the very best start in life — as good as any baby in the land.



*Another fine example of a modern Baby Health Centre.*

## TRAINING BABY.

Now you want to know how to carry on along the right lines. Especially do you want to know how to train baby from the very first day. You will have read and studied this beforehand, but it will not have appealed to you in the same way that it does now.

In order to keep him healthy, start straight off with regular habits of nursing, sleeping and bathing. In this way you will avoid a series of sleepless nights, unnecessary work and worry for yourself, and discomfort and pain for baby. Rocking to sleep, dummies and other bad habits should be omitted from the outset.

Babies are not good and happy just through luck, but through foresight, care and training.

After baby is born, the nurse will have given you a warm drink and made you comfortable, and you will have settled down for a good sleep.

Meanwhile, she is bathing and dressing baby and putting drops in his eyes so that there shall be no danger of infection through neglect of this precaution.

For the first few days he will need a binder to keep the cord dressing in place—a flannel binder or roller bandage, which you have prepared for him.

Baby should be put to the breast as soon as you are comfortable for a *very brief* period, say one to two minutes. He is thus taught to suck efficiently.

The milk does not come until the third day, or later, but meanwhile it is important to obtain the very valuable creamy-looking substance (called colostrum) which is in the breasts, for the purpose of training his digestive organs to deal with the breast-milk which will soon be available.

## BABY'S FEEDING TIME.

The decision as to the times at which baby should be fed must be made.

He should be fed four-hourly if he is a heavy baby and a vigorous sucker, *otherwise three-hourly is the rule from birth*. There is usually an initial loss of weight. *The change to four-hourly feeding is made when he has regained his birth-weight.*



Regularity is most essential in feeding the baby. The best times for four-hourly feeding are 6 a.m., 10 a.m., 2 p.m., 6 p.m. and 10 p.m., with no night feeding.

Three-hourly feeding should be at 6 a.m., 9 a.m., 12 noon, 3 p.m., 6 p.m., and 9 or 10 p.m.; or if four-hourly, at 6 a.m., 10 a.m., 2 p.m., 6 p.m., and 10 p.m. In either case you will not feed him during the night after 10 p.m. (He may wake up at the three or four hourly interval during the first few nights, but, if only given a drink of boiled water, will soon stop waking and will sleep straight through the eight hours.)

Baby will go straight back into his own cot directly after each feed — preferably into a room by himself — with no light on and no rocking to sleep.

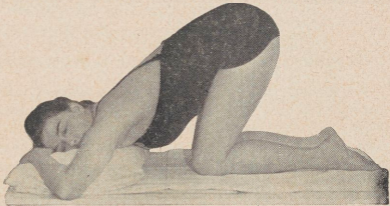
### POST-NATAL EXAMINATION.

Before you get up your doctor may examine you and he will also want to see you six weeks or earlier (according to instructions) after you return home to see that all is correct and this will perhaps save you much trouble later.

Though you will most likely be allowed up at the end of ten days that does not mean that you will be ready to undertake all duties again so soon.

It takes some six weeks for your organs to return to normal again and for you to be fit to take up all your housework again, or to lift heavy weights.

If at all possible, arrange for someone to be in the house for the first six weeks, to relieve you of the heavier work so that you have nothing to do but to get well and strong again and start your baby along the right lines.



This special postural exercise is sometimes ordered by your doctor after his examination.

**ASSISTANCE OFFERED TO MOTHERS.**

There is an Emergency Housekeeper Service to which a limited number of expectant mothers may apply for provision of assistance in the home in cases of family emergency, *e.g.*, childbirth. It will be readily understood that this scheme cannot be made available to all, because of the shortage of woman power.

If you require this service, do not hesitate to make early application to the Secretary, Housekeeper's Emergency Service, Ocean House, 34 Martin Place, Sydney. The 'phone number is BW 4495, extension 28.

**MATERNITY ALLOWANCE.**

A Maternity Allowance (which includes the "Baby Bonus" and an allowance towards the expenses of confinement) is paid by the Commonwealth Department of Social Services, Australia House, 52 Carrington Street, Sydney.

Forms of application for this allowance are available from Registrars of Births and from Post Offices.

The sums payable are as follows:—

£15 for first child.

£16 for second or third child.

£17 for fourth or subsequent child.

An extra £5 is paid for twins, and an extra £10 for triplets.

An advance payment of £5 may be claimed within four weeks of the anticipated date of confinement, the balance being payable after the birth of the child. Forms for this advance are obtainable from Post Offices. The form is number SM.6, and it must be supported by a medical certificate.

**MEDICAL EXAMINATION AFTER CONFINEMENT.**

*Date of confinement—*

Return for medical examination about six weeks after the birth of your baby — look up the date and enter it here.

DATE OF BIRTH.....

DATE FOR EXAMINATION.....



If you are under private medical supervision, arrange with your doctor the date and time of the appointment.

If you have attended one of the Pre-Natal Clinics at the Baby Health Centres, ask the Sister-in-Charge when you are visiting with your baby, to make the appointment with the medical officer.

If you have attended the Out-Patients' Department of one of the Metropolitan Obstetric Hospitals, make the appointment for your post-natal examination *before you leave hospital.*

### REMEMBER.

When baby's cord is healed up, he will need binders no longer. Do not listen to the advice of ignorant women—that baby's back (as some say) or stomach (as others say) needs support.

There are a lot of other tales you will be told, to which you must turn a deaf ear. Remember, one of the ways for a new-born baby to get exercise is by sucking and by crying.

Do not be afraid to let baby have a good cry when you have investigated and made sure that he is not wet, dirty, thirsty, uncomfortable, or in pain. Do not let him be picked up every time and become a spoilt little tyrant.

Especially if baby is a boy, do not listen to the utterly untrue tale that baby boys must not be allowed to cry for fear of rupturing themselves.

**Do not let anyone give baby a dose of castor oil** to "clear out" the greenish matter which is in the bowel at birth, and which Nature put there for a perfectly good reason. More harm is done by this dose of oil than can be undone by all the training for months afterwards.

Do not let the baby's breasts be massaged or touched in any way if they are a little swollen for the first few days—unless the doctor orders it.

Do not wash baby's mouth out when you bathe him. His saliva will do that for him, and you can do great damage to the delicate lining of the mouth.



In fine weather baby should sleep right out in the open, sheltered at any angle from the wind and direct sunlight by means of a screen as illustrated.

*Childbirth is a natural process, but proper care and attention are necessary to ensure well-being of mother and child.*

## A WELL-TRAINED BABY.

Make up your mind to have a "clean" baby, and hold him out on a little chamber or basin after every feed. But do not start this practice until baby is six weeks old. Not only will you save many wet and dirty napkins, but you will train baby's bowels to act so regularly that the foundations of future good health will thus be laid down.

And now, with baby "fed by the clock"—wakened up, if necessary, when feeding time comes around until he wakes automatically—given no castor oil, trained in regular bowel habits, wearing no binder, and going straight down in his cot after meals (with no dummy to cause infection, to injure his jaws and digestion) you will find the weeks pass, and that you will quickly slip into systematic habits—so that baby's arrival will be an unmixed joy to all the household. There will be no cause for regrets over precautions which have not been taken.

Usually, the Sister from the nearest Baby Health Centre visits you to give you general advice and arrange for your attendance at the Baby Health Centre. At present this is not possible, so please attend the Centre as soon as possible *without waiting to be visited*.

Regular attendance is essential for your guidance, and to satisfy yourself—by means of weekly weighings in the early months—that baby is continuing to thrive and to develop normally.

Your co-operation by early attendance at the Baby Health Centre will facilitate the work of the nursing staff and enable the excellent service to be extended more widely.

Advice is given on all matters concerning baby's feeding, care and attention. No sick baby is treated at the Baby Health Centre. If any abnormality is noticed by the Sister the baby is at once referred to your own doctor or to the nearest hospital.



The baby should be trained in regular habits from infancy. These comprise regular feeding, regular bowel action, bathing, sleeping, etc. He should not be held out until six weeks old.

*Most of the discomforts and dangers of pregnancy can be prevented.*

## A HEALTHY BABY.



Eighteen months old, and sound in health.

## MAKING BABY'S COT.

The proper way to make up baby's cot is shown in the following pictures. Directions are given on page 32.



**Cot - making  
No. 1.** The  
proper way to  
make baby's cot  
is demonstrated  
to mothers at  
the Health  
Centres.

*Ample daily doses of fresh air and sunshine—the expectant mother's best medicine.*

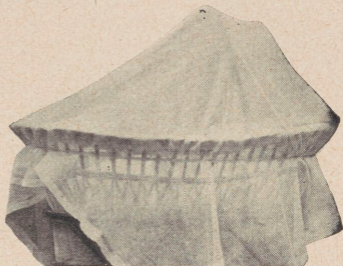
**Cot - making No. 2.**  
Baby sleeps much better when the cot is properly made.



**Cot - making No. 3.**  
Cot neatly made. Baby is snugly and warmly tucked in for the night.



**Cot-making No. 4.**  
When made, baby is put down in the bassinet and it is suitably covered to prevent access of flies.



**THE TRESILLIAN HOMES.**

All Sisters employed in the Baby Health Centres are fully trained general nurses, and they have also received a special post-graduate training at Schools conducted by the Royal Society for the Welfare of Mothers and Babies.



Test feeding room in a Baby Health Centre.

These Homes, in addition to training nurses in mothercraft, admit as in-patients mothers who have difficulty in feeding or managing their infants, and also babies who are fed artificially and whose diet needs correction or adjustment.

There are also special wards in these Homes for premature babies, and wonderful results have been achieved in rearing such infants.

DOCTOR.....

'PHONE.....

## WOOLLEN CLOTHES FOR BABY

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### LITTLE MISS MUFFET LAYETTE



Coat, Frock, Bonnet, Pilchers and Bootees.

**COAT.**

Materials required—Use a reliable, shrinkproof baby wool in the following quantities:—4 balls, Coat; 3 balls, Frock; 2 balls; Pilchers; 1 ball, Boot-ees; 1 ball, Bonnet. 1 pr. No. 10 needles. 1 crochet hook. 3 yds. ribbon. Silk for rosebuds. Two small buttons.

Measurements.—COAT: Length from top of shoulder, 15 in. Chest, 20 in. Length of sleeve seam, 6 in. FROCK: Length from top of shoulder, 14 in. Chest, 20 in. Length of sleeve seam, 5 in. BONNET: Width round face, 11 in. PILCHERS: Length of side seam, 10 in. BOOTEES: Length from top to heel, 5 in. Length of foot, 4 in.

Tension.—7 sts., 1 in. 9 rows, 1 in.

**Coat—Back.**

Using No. 10 needles, cast on 137 sts. Work the 1st row following into back of sts.

**1st Row—K.**

**2nd Row—K.**

**3rd Row—K.**

**4th Row—\*** K 1, m 1, k 2 tog., k 3, sl 1, k 1, p.s.s.o., m 1; repeat from \* to last st., k 1.

**5th Row—P** 2, \*, m 1, p 2 tog., p 1, p 2 tog., m 1, p 3, repeat from \*, ending with p 2 instead of p 3.

**6th Row—\*** K 3, m 1, sl 1, k 2 tog., p.s.s.o., m 1, k 5, repeat from \*, ending with k 3 instead of k 5.

**7th Row—P.**

**8th Row—K.**

**9th Row—P.**

**10th Row—K.**

Repeat these 10 rows and when work measures 11 in. ending with 9th row of pattern work as follows: K 6 (k 2 tog.) 16 times (k 3 tog.) 20 times (k 2 tog.) 16 times, k 7 (65 sts.).

K 3 rows. Work 8 rows st st, then shape armholes by casting off 6 sts at the beginning of the next 2 rows. K 2 tog. each end of the next 2 rows. Continue in st st and when yoke measures 4 in., cast off.

**Left Front.**

Using No. 10 needles, cast on 71 sts. Work in pattern as far back, keeping 6 sts at centre front edge in garter st to form a border. When work measures 11 in. ending with 9th row of pattern work as follows:

K 10, \* k 3 tog., repeat from \* to last 16 sts, k 16 (41 sts). K 3 rows.

**1st Row—K** 27, m 1, k 2 tog., k 3, sl 1, k 1, p.s.s.o., m 1, k 7.

**2nd Row—K** 6, p 2, m 1, p 2 tog., p 1, p 2 tog., m 1, p to end.

**3rd Row—K** 29, m 1, sl 1, k 2 tog., p.s.s.o., m 1, k 9.

**4th Row—K** 6, p to end.

**5th Row—K.**

**6th Row—K** 6, p to end.

**7th Row—K.**

8th Row—K 15, p to end.

9th Row—Cast off 6 sts, k to end.

10th Row—K 15, p to last 2 sts, p 2 tog.

11th Row—K 2 tog., k 18, m 1, k 2 tog. k 3, sl 1, k 1, p.s.s.o., m 1, k 7.

12th Row—K 6, p 2, m 1, p 2 tog., p 1, p 2 tog., m 1, p to end.

13th Row—K 21, m 1, sl 1, k 2 tog., p.s.s.o., m 1, k 9.

14th Row—K 6, p to end.

15th Row—K.

16th Row—K 6, p to end.

17th Row—K.

18th Row—K 15, p to end.

19th Row—K.

20th Row—K 15, p to end.

21st Row—K 19, m 1, k 2 tog., k 3, m 1, sl 1, k 1, p.s.s.o., m 1, k 7.

22nd Row—K 6, p 2, m 1, p 2 tog., p 1, p 2 tog., m 1 p to end.

23rd Row—K 21, m 1, sl 1, k 2 tog., p.s.s.o., m 1, k 9.

24th Row—K 6, p to end.

25th Row—K.

26th Row—K 6, p to end.

27th Row—K.

28th Row—K 15, p to end.

29th Row—K.

30th Row—K 15, p to end.

31st Row—K 19, m 1, k 2 tog., k 3, sl 1, k 1, p.s.s.o., m 1, k 7.

32nd Row—K 6, p 2, m 1, p 2 tog., p 1, p 2 tog., m 1, p to end.

33rd Row—K 21, m 1, sl 1, k 2 tog., p.s.s.o., m 1, k 9.

34th Row—Cast off 12 sts p to end.

Continue in st st and decrease 1 st at neck edge on the next 3 rows, work 1 row. Cast off.

### Right Front.

Work to correspond with left front, working border at opposite end.

### Sleeves.

Using No. 10 needles, cast on 38 sts. Work in rib of k 1, p 1 for  $1\frac{1}{2}$  in. (working 1st row into back of sts). K 1 row, increasing in every 2nd st (57 sts). Work in pattern as for back and when sleeve seam measures 6 in. k 2 tog. each end of every row until decreased to 17 sts. Cast off.

### To Make Up.

Press with a warm iron and damp cloth. Sew up seams, sew in sleeves, placing seam to seam. Work 1 row of DC around neck, then work a picot edging. Sew press studs on yoke. Work rosebuds.

### FROCK.

#### Front.

Work the same as for back of coat until the 4th pattern has been worked.

1st Row (wrong side of work)—P 16, k 9, \* p 15, k 9, repeat from \* to last 16 sts, p 16.



**2nd Row**—K.

**3rd Row**—Repeat 1st row.

**4th Row**—\* K 17, m 1, k 2 tog., k 3, sl 1, k 1, p.s.s.o., m 1, repeat from \* to last 17 sts, k 17.

**5th Row**—P 18, \* m 1, p 2 tog., p 1, p 2 tog., m 1, p 19, repeat from \*, ending with p 18 instead of p 19.

**6th Row**—\* K 19, m 1, sl 1, k 2 tog., p.s.s.o., m 1, k 21, repeat from \*, ending with k 19 instead of k 21.

**7th Row**—P.

**8th Row**—K.

**9th Row**—P.

**10th Row**—K.

Repeat the last 10 rows and when work measures 11 in. commencing on 8th row of pattern cast off 3 sts at the beginning of the next 2 rows. Continue in pattern and k 2 tog. each end of the next 3 rows, then every 2nd row twice (121 sts).

**Next Row**—(K 2 tog.) 24 times, (k 3 tog.), 8 times, (k 2 tog.), 24 times, k 1 (57 sts).

K 3 rows.

**1st Row**—K 25, m 1, k 2 tog., k 3, sl 1, k 1, p.s.s.o., m 1, k 25.

**2nd Row**—P 26, m 1, p 2 tog., p 1, p 2 tog., m 1, p 26.

**3rd Row**—K 27, m 1, sl 1, k 2 tog., p.s.s.o., m 1, k 27.

**4th Row**—P.

**5th Row**—K.

**6th Row**—P.

**7th Row**—K.

**8th Row**—P 24, k 9, p 24.

**9th Row**—K.

**10th Row**—P 24, k 9, p 24

**11th Row**—K 25, m 1, k 2 tog., k 3, sl 1, k 1, p.s.s.o., m 1, k 25.

**12th Row**—P 26, m 1, p 2 tog., p 1, p 2 tog., m 1, p 26.

**13th Row**—K 27, m 1, sl 1, k 2 tog., p.s.s.o., m 1, k 27.

**14th Row**—P.

**15th Row**—K.

**16th Row**—P.

Continue in st st and shape neck as follows: K 23 (leave on spare needle). Cast off 13 sts, k 22.

Continue on last 22 sts and k 2 tog. at neck edge of the next 3 rows, then every 2nd row twice. Work 1 row, cast off. Join wool and work other side to correspond.

### Back.

Work the same as for front until the 3 k rows have been worked before yoke. Continue in st st and when yoke measures 3 in. cast off.

### Sleeves.

Using No. 10 needles cast on 49 sts. Work in lace pattern for 7 rows.

**Next Row**—K 6, \* k 2 tog., repeat from \* to last 7 sts, k 7 (31 sts).

K 2 rows.

**Next Row**—K 6, \* k twice into next st, repeat from \* to last 7 sts, k 7 (49 sts).

K 2 rows. Work in pattern commencing on 4th row and when sleeve seam measures 5 in. k 2 tog. each end of every row until decreased to 13 sts. Cast off.

### To Make Up.

Press with a warm iron and damp cloth. Sew up shoulder seams for 1 in. Sew up seams, sew in sleeves. Work 1 row of DC around neck and shoulder opening. Crochet picot edging around neck and crochet a loop on each shoulder to form buttonholes. Sew on buttons. Work rosebuds.

### BONNET.

Using No. 10 needles, cast on 80 sts. Work 5 rows rib of k 1, p 1 (working 1st row into back of sts). Increase 1 st. Work four complete patterns as for back of coat.

K 5 rows.

**1st Row**—\* K 8, k 2 tog., repeat from \* to last st, k 1.

**2nd and Alternate Rows**—K.

**3rd Row**—\* K 7, k 2 tog., repeat from \* to last st, k 1.

**5th Row**—\* K 6, k 2 tog., repeat from \* to last st, k 1.

**7th Row**—\* K 5, k 2 tog., repeat from \* to last st, k 1.

**9th Row**—\* K 4, k 2 tog., repeat from \* to last st, k 1.

**11th Row**—\* K 3, k 2 tog., repeat from \* to last st, k 1.

**13th Row**—\* K 2, k 2 tog., repeat from \* to last st, k 1.

**15th Row**—\* K 1, k 2 tog., repeat from \* to last st, k 1.

**17th Row**—\* K 2 tog., repeat from \* to last st, k 1.

Break off wool, thread through darning needle and draw through all sts and fasten off. Sew up seam. With right side of work towards you, pick up and k 50 sts around neck edge. Work 3 rows rib of k 1, p 1. Cast off. Sew on ribbons and work rosebuds. Press with a warm iron and damp cloth.

### PILCHERS.

Using No. 10 needles, cast on 23 sts. Work in garter st, increasing 1 st each end of every row until increased to 73 sts. Work the 10 rows of pattern 7 times, ending with a p row. Decrease 1 st and work 6 rows rib of k 1, p 1.

**Next Row**—Rib to last 10 sts, turn; rib to last 10 sts, turn.

**Next Row**—Rib to last 20 sts, turn; rib to last 20 sts, turn.

**Next Row**—Rib to last 30 sts, turn; rib to last 30 sts, turn.

Rib to end of row. Work 1 row rib.

**Next Row**—K 1, \* m 1, k 2 tog., repeat from \* to last st, k 1.

Work 3 rows rib. Cast off.

**Front.**

Work the same as for back, omitting the 6 rows of shaping on ribbing.

**To Make Up.**

Press with a warm iron and damp cloth. Sew up seams. With right side of work towards you, pick up and k 66 sts around each leg. Work 5 rows rib of k 1, p 1. Cast off in ribbing. Thread ribbon through ribbon-holes. Work rosebuds.

**BOOTEES.**

Using No. 10 needles, cast on 43 sts. K into back of sts.

**1st Row**—K 1, k twice into next st, k 18, k twice into next st, k 1, k twice into next st, k 18, k twice into next st, k 1.

**2nd and Alternate Rows**—K.

**3rd Row**—K 1, k twice into next st, k 20, k twice into next st, k 1, k twice into next st, k 20, k twice into next st, k 1.

**5th Row**—K 1, k twice into next st, k 22, k twice into next st, k 1, k twice into next st, k 22, k twice into next st, k 1.

**7th Row**—K 1, k twice into next st, k 24, k twice into next st, k 1, k twice into next st, k 24, k twice into next st, k 1.

**9th Row**—K 1, k twice into next st, k 26, k twice into next st, k 1, k twice

into next st, k 26, k twice into next st, k 1.

K 10 rows.

**Next Row**—K 37, k 2 tog., turn; \* k 11, k 2 tog., turn repeat from \* until decreased to 41 sts, turn; k to end of row.

K 1 row.

**Next Row**—K 1, \* m 1, k 2 tog., repeat from \* to end.

K 2 rows. Work 10 rows of pattern (as for Coat) 3 times, ending with 9th row. Decrease 1 st and work in rib of k 1, p 1 for  $\frac{3}{4}$  in. Cast off.

Press with a warm iron and damp cloth. Sew up seams, thread ribbon through ribbon-holes. Work rosebuds.

**INFANT'S VEST.**

(As Illustrated at top of Page 30)

Use 2-Ply Wool. Needles No.: 10.

Cast on 72 stitches.

Knit rib of 2 p, 2 pl for 7 in., then K 34 rows of garter stitch.

**Next Row**—K 20, cast off 32, k 20.

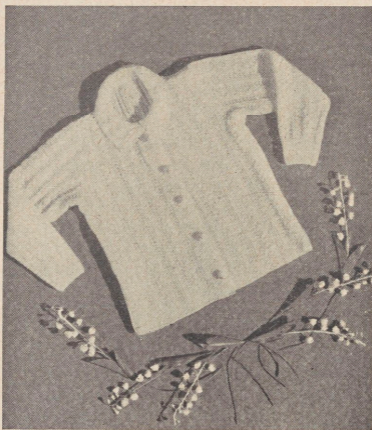
Working each side separately, increase 1 st on neck edge every 4th row until there are 36 st on each side.

Knit rib for 7 in. and cast off.

Sew up sides to end of ribbing.

Finish off by crocheting round neck and arm holes.

## LITTLE JACK HORNER CARDIGAN



Little Jack Horner Cardigan.

Materials required—3 balls of a reliable shrinkproof baby wool. 2 prs. needles, Nos. 10 and 12. 5 small button moulds. Silks for rosebuds.

Measurements.—Length from top of shoulder, 12 in. Chest, 20 in. Length of sleeve seam, 9 in.

Tension.—8 sts, 1 in. 9 rows, 1 in.

### Back.

Using No. 10 needles, cast on 85 sts. Work 10 rows moss st (working 1st row into back of sts).

**1st Row**—K 1, \* p 2 tog., having wool in front of work pick up the loop

between sts, and slip on to right-hand needle without knitting it, p 1, pick up loop as previously stated, p 2 tog. (k 1, p 1, k 1) into next st, p 2 tog., pick up loop, p 1, pick up loop, p 2 tog., k 1, repeat from \* to end.

**2nd Row**—P 1, \* k 5, p 3, k 5, p 1, repeat from \* to end.

**3rd Row**—K 1, \* p 2 tog., pick up loop, p 1, pick up loop, p 2 tog., k 3, p 2 tog., pick up loop, p 1, pick up loop, p 2 tog., k 1, repeat from \* to end.

**4th Row**—Repeat 2nd row.

**5th Row**—K 1, \* p 2 tog., pick up loop, p 1, pick up loop, p 2 tog., wool back, then sl 1, k 2 tog., p.s.s.o., p 2

tog., pick up loop, p 1, pick up loop, p 2 tog., k 1, repeat from \* to end.

**6th Row**—P 1, \* k 5, p 1, repeat from \* to end.

Repeat the last 6 rows and when work measures 8 in. shape armholes by casting off 4 sts at the beginning of the next 2 rows. K 2 tog. each end of the next 3 rows, then every 2nd row 3 times. When armholes measure  $3\frac{1}{2}$  in. shape shoulders by casting off 6 sts at the beginning of the next 6 rows. Cast off.

### Left Front.

Using No. 10 needles, cast on 43 sts. Work 10 rows moss st (working 1st row into back of sts).

**Next Row**—Work 37 sts in pattern, moss st 6.

**Next Row**—Moss st 6, work 37 sts in pattern.

Continue to keep the 6 border sts in moss st and when work measures 8 in. shape armholes by casting off 4 sts at armhole edge of the next row. K 2 tog. at armhole edge of the next 3 rows, then every 2nd row 3 times. When armhole measures  $2\frac{1}{2}$  in. cast off 12 sts at neck edge of the next row. K 2 tog. at neck edge every row until decreased to 18 sts. When armhole measures  $3\frac{1}{2}$  in. shape shoulder by casting off 6 sts at armhole edge every 2nd row 3 times.

### Right Front.

Work to correspond with left front, working border at opposite end and making buttonholes as follows: 1st one being 1 in. from lower edge and four more 2 in. apart.

### Buttonholes.

**1st Row**—Work 2 sts, cast off 3 sts, work to end of row.

**2nd Row**—Work to last 2 sts, cast on 3 sts, work 2 sts.

### Sleeves.

Using No. 12 needles, cast on 48 sts. Work in rib of k 1, p 1 for  $1\frac{1}{2}$  in. (working 1st row into back of sts). Change to No. 10 needles, increase 1 st. Work in pattern as for back, increasing 1 st each end of every 4th row until increased to 71 sts. When sleeve seam measures 9 in. k 2 tog. each end of every row until decreased to 23 sts. Cast off.

### Collar.

Using No. 10 needles, cast on 91 sts. Work 4 rows moss st (working 1st row into back of sts). Work in pattern, keeping 3 sts each end in moss st until work measures  $1\frac{1}{2}$  in. K 1 row, knitting every 3rd and 4th sts tog. Cast off.

### Covering for Buttons (5).

Using No. 12 needles, cast on 3 sts. Work in st st, increasing 1 st each end of every row until increased to 11 sts. Work 3 rows. K 2 tog. each end of every row until decreased to 3 sts. Cast off. Work a rosebud in the centre of each piece, then cover moulds.

### To Make Up.

Press with a warm iron and damp cloth. Sew up seams, sew in sleeves, placing seam to seam. Sew on collar. Sew buttons on left front.

**MARGERY DAW CARDIGAN****Margery Daw Cardigan.**

Materials required—3 balls of a reliable shrinkproof baby wool. 2 prs. needles, Nos. 10 and 12. 5 small button moulds. Silks for rosebuds.

Measurements—Length from top of shoulder, 12 in. Chest, 20 in. Length of sleeve seam, 9 in.

Tension—15 sets, 2 in. 19 rows, 2 in.

**Back.**

Using No. 10 needles, cast on 76 sts. P into back of sts. K 1 row.

1st Row—P.

2nd Row—P.

3rd Row—K.

4th Row—P.

5th Row—P 4, \* (with right-hand needle, pick up the st on the edge of ridge below (1st row of pattern) directly under next st on left-hand needle, sl this st on to left-hand needle, p it tog. with next st on needle) twice, p 4, repeat from \* to end.

*A dummy for baby is unnecessary and dangerous.*

**6th Row—K.**

**7th Row—P.**

**8th Row—P.**

**9th Row—K.**

**10th Row—P.**

**11th Row—P 1, \*** (pick up the st from 7th row and p it tog. with next st on left-hand needle) twice, p 4, repeat from \*, ending with p 1 instead of p 4.

**12th Row—K.**

Repeat the last 12 rows and when work measures 8 in. shape armholes by casting off 5 sts at the beginning of the next 2 rows. K 2 tog. each end of the next 4 rows. When armholes measure  $3\frac{1}{2}$  in. shape shoulders by casting off 6 sts at the beginning of the next 6 rows. Cast off.

### Left Front.

Using No. 10 needles, cast on 46 sts, P into back of sts. K 1 row.

**1st Row—Work 40 sts in pattern, k 6.**

**2nd Row—K 6, work 40 sts in pattern.**

Continue in pattern, keeping the 6 border sts in garter st and when work measures 8 in. cast off 5 sts at armhole edge, work to last 8 sts, k 2 tog., k 6.

Continue to decrease 1 st at centre front (inside border) every second row and k 2 tog. at armhole edge of the next 4 rows. Continue to decrease at centre front every 2nd row until decreased to 24 sts. When armhole measures  $3\frac{1}{2}$  in. shape shoulder by casting off 6 sts at armhole edge every 2nd row 3 times. K remaining sts for 1 in. Cast off. \*

### Right Front.

Work to correspond with left front, working border at opposite end and making buttonholes as follows: 1st one being  $\frac{1}{2}$  in. from lower edge and four more  $\frac{1}{2}$  in. apart.

### Buttonholes.

**1st Row—K 2, cast off 3 sts, work to end of row.**

**2nd Row—Work to last 2 sts, cast on 3 sts, k 2.**

### Sleeves.

Using No. 12 needles, cast on 40 sts. Work in rib of k 1, p 1 for  $1\frac{1}{2}$  in. (working 1st row into back of sts). Change to No. 10 needles, p 1 row. K 1 row. Work in pattern as for back, increasing 1 st each end of every 6th row until increased to 64 sts. When sleeve seam measures 9 in. k 2 tog. each end of every row until decreased to 20 sts. Cast off.

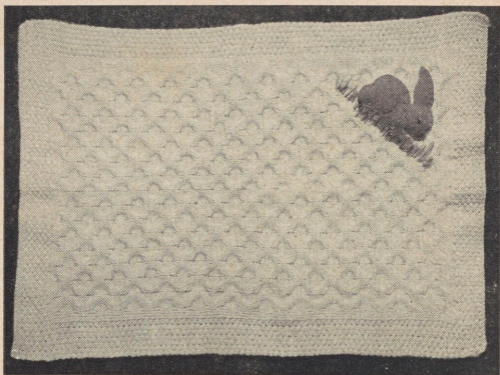
### Covering for Buttons (5).

Using No. 12 needles, cast on 3 sts. Work in st st, increasing 1 st each end of every row until increased to 11 sts. Work 3 rows. K 2 tog. each end of every row until decreased to 3 sts. Cast off. Work rosebuds in centre and cover moulds.

### To Make Up.

Press with a warm iron and damp cloth. Sew up seams, sew in sleeves, placing seam to seam. Join borders at back of neck. Sew buttons on left front.

## BRER RABBIT PRAM OR COT COVER



**Brer Rabbit Pram or Cot Cover.**

Materials required—4 skeins of a reliable blanket wool. 1 pr. No. 6 needles. 1 motif.

Measurements.—Length, 24 in., width, 19 in.

Tension.—4 sts, 1 inch. 5 rows, 1 in.

Using No. 6 needles, cast on 82 sts. Work 10 rows moss st (working 1st row into back of sts).

**1st Row** (Wrong Side)—Moss st 7, p 68, moss st 7. Work 4 rows st st, keeping 7 sts each end of row in moss st.

**6th Row**—Moss st 7, k 2, \* sl next 2 sts on to a spare needle and leave at back of work, k 2, k the 2 sts from spare needle, sl 2 sts on spare needle and leave in front, k 2, k 2 from spare needle, repeat from \* to last 13 sts, sl 2 sts on spare needle and leave at back, k 2, k 2 from spare needle, k 2, moss st 7

Work 5 rows st st, keeping 7 sts each end in moss st and commencing with a p. row.

**12th Row**—Moss st 7, k 2, \* sl 2 sts on spare needle and leave in front, k 2, k 2 from spare needle, sl 2 sts on spare needle and leave at back, k 2, k 2 from spare needle, repeat from \* to last 13 sts, sl 2 sts on spare needle and leave in front, k 2, k 2 from spare needle, k 2, moss st 7.

Repeat last 12 rows and when work measures 23 in. work 10 rows moss st. Cast off.

### To Make Up.

Press with a warm iron and damp cloth. Sew on motif and embroider with coloured wools.



**INFANT'S VEST (With Sleeves)***(As Illustrated at bottom of Page 30)*

**Materials** required—2 ozs. 2-ply reliable baby wool,  $\frac{3}{4}$  yard ribbon, 1 No. 11 crochet hook.

**Knitting Needles**—1 pair No. 12 needles.

**Measurements**—Length, 12 in. Width all round, 18 in. Sleeve seams,  $4\frac{1}{2}$  in.

**Tension**—9 sts to 1 in. 11 rows to 1 in.

**Abbreviations**—K, knit; p, purl; sts, stitches; st st, stocking stitch; ch, chain; tr, treble.

**NOTE**—Work into back of all cast on stitches.

**Cast on** 84 sts. Work k 1, p 1 rib for 20 rows (2 in.).

K 2 tog., k to end of row.

P back.

Continue in st st for a further 5 in. (83 sts on needle).

Now commence point in k 1, p 1 rib.

**1st Row**—K 41, p 1, k 41.

**2nd Row**—P 39, rib 5, p 39.

**3rd Row**—K 37, rib 9, k 37.

**4th Row**—P 35, rib 13, p 35.

**5th Row**—K 33, rib 17, k 33.

**6th Row**—P 31, rib 21, p 31.

Continue thus, increasing the rib 2 sts at each end of every row, and decreasing st st until all the sts are in k 1, p 1 rib.

Continue in k 1, p 1 rib until work measures 11 in. from cast on.

**Next Row**—Rib 16, cast off 51 sts, rib 16.

Work on these 16 sts in k 1, p 1 rib for 2 in. Leave sts on spare needle, and work other shoulder to match.

**Next Row**—Rib 16, cast on 51 sts, rib 16.

Continue in rib for 24 rows, then commence to shape point as follows:—

**1st Row**—K 2, rib 79, k 2.

**2nd Row**—P 4, rib 75, p 4.

**3rd Row**—K 6, rib 71, k 6.

**4th Row**—P 8, rib 67, p 8.

**5th Row**—K 10, rib 63, k 10.

**6th Row**—P 12, rib 59, p 12.

Continue thus, increasing st st 2 sts, at each end of every row, and decreasing rib until all sts are in st st.

Work in st st for 5 in. Change to k 1, p 1 rib and work 20 rows.

Cast off.





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