Information Package for Pregnancy and Birth

Scott Memorial District Health Service, Scone
Maternity Unit
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Maternity Unit

Congratulations on your pregnancy! Thank you for choosing to birth with us at Scott Memorial Hospital. The maternity staff and I acknowledge that pregnancy, birth and parenthood are momentous times in a woman and her family’s life and we want your experience to be a positive one.

During your pregnancy you will meet with our midwives at your ‘Booking in’ appointment and at follow up antenatal visits. You may also choose to join one of the Parenting Antenatal Classes that are held here in maternity, four times a year.

Midwives will care for you throughout your birth and postnatal stay. After you leave hospital we are happy to weigh your baby to check their progress, or provide feeding and emotional support.

This booklet contains information relevant to your pregnancy and after your baby is born. We hope you find this booklet informative and beneficial. Our team looks forward to sharing this journey with you and your family.

Chrissy Haddrill

Midwifery Unit Manager

Millicent White Ward

Scott Memorial District Health Service, SCONE

If you have any questions or concerns throughout your pregnancy, birth and postnatal experience please don’t hesitate to contact us here at the maternity unit on:

Scone Maternity Unit  02 65402152

Muswellbrook Maternity Unit  02 65422023
Birth & Parenting Education Classes

In Scone we have two (2) options available for Birth and Parenting Education.

1. Groups are held at Scott Memorial Hospital four (4) times a year and are conducted by midwives. The aim of Birth and Parenting Education is to provide information on pregnancy, birth and early parenting. It is also a great opportunity for you to meet other people experiencing pregnancy often for the first time, as well as meeting some of the Midwives who may be involved in your care. We encourage you to bring your partner and/or support person with you and suggest you complete these sessions no later than four (4) weeks before your due date. Classes cost $50, concession $12.

Enquiry about group dates or to make a booking, please telephone Scott Memorial Health District Administration: 0265402100

2. Another option is the Outreach Parent Education (OPE) service. This service is free and aimed at people who cannot attend the groups. OPE provides home visits throughout your pregnancy and follow up after the birth.

Please contact the OPE Midwives on: 0265422706
Routine Tests in Pregnancy (keeping it simple)

These include **blood tests** early in pregnancy that test for:

- Haemoglobin level
- Mother’s blood group
- Blood antibodies
- Hepatitis B and C
- Syphilis
- HIV
- Rubella
- Glucose Tolerance.

A **mid-stream urine** collection also early in pregnancy will be tested for abnormalities such as infection.

A **low vaginal swab**, usually collected around 36 weeks, will test for the bacteria *Group B Streptococcus* (GBS).

A Nuchal translucency **ultrasound** may be attended at 11 to 14 weeks to assess risk for genetic complication such as Down syndrome.

A Morphology **ultrasound** attended at 18 to 20 weeks checks on the growth and development of your baby and placenta.

Another **Glucose Tolerance blood test** around 28 weeks will test for Gestational Diabetes.
Negative Blood Group

Early in your pregnancy you will have a blood test to learn your blood group. If you have a rhesus negative blood group there is a risk that your body will produce antibodies against your baby’s blood.

**Women with rhesus negative blood will be given Anti-D injections around 28 and 34 weeks of pregnancy.**

After your baby is born, blood will be taken from the umbilical cord to assess your baby’s blood group. If your baby is a rhesus positive blood group you will be given another Anti-D injection.
When to come to hospital

If you have any concerns about your pregnancy you are encouraged to come directly to the maternity unit or phone our midwives on 65402152. You should make contact with maternity if you experience any of the following:

- Bleeding from your vagina
- Trickle of fluid from your vagina (ruptured membranes – broken waters)
- Abdominal pain
- Decreased baby movements
- Headache not relieved with paracetamol
- Blurred vision

If you think you have ruptured your membranes or are in labour and your baby is due, please phone our midwife in maternity for advice. The midwife will discuss with you any vaginal discharge, frequency and length of contractions, baby movements, and any other issues relevant to your pregnancy. If you have any vaginal discharge you will be asked to put on a pad before coming to the hospital.

What to expect when you arrive

When you arrive at hospital come directly to maternity. If unattended or after hours, please press the buzzer to the left of the main maternity doors.

When you arrive you will be assessed by a midwife. You will be asked to provide a urine sample and your blood pressure, pulse and temperature will be recorded. The midwife will feel your abdomen to assess the position of your baby, and time your contractions. A monitor(Doppler) will be placed on your abdomen to record your baby’s heartbeat. A vaginal examination may also be performed, with your consent, to evaluate your progress.

Once you have been assessed, the doctor will be contacted. If you are in early labour, and there are no concerns, you will be encouraged to go home for a few hours to establish in labour.
If you are in established labour or you need to stay in the hospital, your progress will be monitored by the midwife. You will be encouraged to be active in labour, ambulating around the ward until you are transferred to birthing suit. The doctor will be kept up to date with your progress as required. The doctor will be called to the hospital when you are ready to have your baby.

**What to bring to hospital**

**Mother**

- Antenatal record
- An old nightie or T-shirt for birthing suite
- Pyjamas, dressing gown and slippers
- Extra underpants
- Maternity sanitary pads
- Maternity bras and nursing pads
- Comfortable casual wear
- Toiletries
- Birthing aids such as music, aromatherapy, massage oils etc.
- Boomerang or breastfeeding pillow

**Baby**

- Clothes and bunny rug to take your baby home in
- Baby wipes

While you are in hospital clothes and bunny rugs will be provided although you may wish to dress your baby in your own. You are provided with one (1) packet of disposable nappies. If you choose to use cloth nappies, they will be provided by the hospital.

If you wish to bottle feed your baby you will need to bring your own bottles, teats, formula and steriliser of your choice. Formula preparation and sterilising demonstrations will be provided.
Visiting hours

Maternity Unit visiting hours:

9am-1pm

3pm-8pm

Rest period 1pm-3pm

Absolutely no visitors during rest period.

Please inform your family and friends.

Mothers may restrict visitors at any time. Please inform staff if required.

Meal times

Meals are served at the following times:

Continental breakfast- Mothers may serve themselves from the maternity kitchen at any time

Lunch- 1230

Tea- 5pm

Smoking

Absolutely no smoking is permitted in the Maternity Unit or anywhere on the hospital grounds. Hunter New England Area Health is a smoke free zone.

Photographs

The Scone Advocate visits maternity to take our baby’s photographs each weekday. Please let the midwife know if you have any special requests.
Breastfeeding

Breastfeeding is important for both mother and baby. Women who breastfeed their babies usually do so both because they believe it is best for their babies and because they find it satisfying and enjoyable.

The first milk, which may appear clear to bright yellow in colour, is called Colostrum. This may start to leak from the nipples as early as 20 weeks in your pregnancy. Following the birth of your baby, Colostrum provides all the fluid and nutrition a healthy baby requires. Over the next few days colostrum changes and increases in volume until your milk ‘comes in’. During this time your breasts may become full and uncomfortable. This is common and will settle. Offering the breast to baby on demand will help your milk supply establish.

At Scone we encourage early initiation of breastfeeding (within the first hour of birth) by skin to skin contact, rooming in and frequent, on-demand feeding of your baby. This also includes mothers who have a caesarean birth.

The beauty of breast milk

For baby:
- Provides nutrition for optimum growth and development
- Provides protection against a range of infections, such as chest, middle ear or gastrointestinal infections
- Reduces risk and severity of allergies such as asthma or eczema
- Protects against diseases in adulthood such as Diabetes Types I and II and childhood cancers such as lymphoma.

For mothers:
- Assist your uterus to return to normal size after birth
- Reduce the risk of premenopausal breast cancer
- Delay ovulation if your baby is exclusively breastfed

How to breastfeed

- Make sure you are sitting comfortably and you are well supported
• Hold your baby close to you, facing your chest
• Position your baby on his side with his nose opposite your nipple
• Support your breast from underneath
• Position your fingers well back from the areola/nipple so your baby is able to take a big mouthful of breast tissue
• Touch your baby’s lips with your nipple to encourage him to open his mouth wide
• When his mouth is very wide (like yawning) bring him quickly to the breast and attach
• Continue to support your breast until your baby is sucking and swallowing in a deep rhythmic pattern
• If breastfeeding is painful once your baby has commenced swallowing take him off and re-attach
• To take your baby off the breast, remember to insert a clean finger between the baby’s gums to break the seal

How often does baby need to feed?

Your baby needs a minimum of six feeds in 24 hours especially in the first few days. As your baby is able to digest breast milk easily she may feed eight to ten times in 24 hours, with around two to three hours between each feed.

You know when your baby is getting enough when baby:
• Is settled after most feeds
• Is alert, active and content when awake
• Has at least six soaked cloth nappies in 24 hours, or five heavy and spongy disposable nappies
• Has yellow, loose bowel actions although may not be every day

You know your baby is feeding well when:
• After some initial short frequent sucks to stimulate milk flow, he begins to swallow. Sucking becomes slower, deeper and more rhythmic with rest periods between each sucking burst. As the feed progresses the sucking bursts become shorter and the rest periods longer
• You can hear or see him swallowing

You may develop problems breastfeeding if you:
• Restrict suckling time at the breast
• Give formula to your baby without medical advice
• Use dummies in the early weeks

**The 10 Steps to Successful Breastfeeding**

1. Have a written breastfeeding policy that is routinely communicated to all health care staff
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefit and management of breastfeeding
4. Help mother to initiate breastfeeding within half an hour of birth
5. Show mothers how to breastfeed, and to maintain lactation even if they are separated from their infants
6. Give newborn infants of breastfeeding mothers no food or drink other than breast milk unless medically indicated
7. Practice rooming-in. Allow mothers and infants to remain together – 24 hours a day
8. Encourage breastfeeding on demand
9. Give no artificial teats or dummies to breastfeeding infants
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from hospital
BREASTFEEDING SUPPORT

Australian Breastfeeding Association (ABA)
24 hours/7 days
Telephone 1800 Mum 2 Mum (1800 686 2 686)
www.breastfeeding.asn.au
Email: info@breastfeeding.asn.au

Child & Family Health Nurses
Early Childhood Centres Aberdeen, Denman, Merriwa, Murrurundi, Muswellbrook and Scone
Telephone: (02) 65422050

Breastfeeding Clinic
Tuesday afternoons at Muswellbrook Community Health
Telephone: (02) 65422050

Scott Memorial Health District Maternity Unit
Telephone: (02) 65402152

Lactation Consultants
The Maternity Unit and Child & Family Health Nurses for referral

Karitane

Tresillian
Telephone: 1800637357
http://wwwtresillian.net (Australia’s largest child and family health organisation providing expert parenting advice to families during the early years)

La Leche League International
www.lalecheleague.org
Information for New Mothers

The midwife is responsible for your care and assisting you in the process of learning about your new baby. At least once a day, the midwife will want to check how your body is recovering after birth.

- **Blood Loss** – You will bleed from the vagina for a few weeks following the birth of your baby. This is called lochia and for the first 24 – 48 hours after birth can be quite heavy, more than a usual period. After that your blood loss should start to decrease, and over time, will go through colour changes from pink to brown, to white to clear. It may last for 3 – 4 weeks. If you are breast feeding, you may experience a heavy loss or the loss of clots during or after feeding your baby. This is normal, as long as the bleeding doesn’t get progressively heavier, or begin to smell offensive.

- **After Birth Pains** – After birth pains occur most frequently when you are breastfeeding. These are caused by the release of the ‘love’ hormone oxytocin when the baby is suckling. After birth pains are the body’s way of getting your uterus back to its pre-pregnant size as quickly as possible and reducing your blood loss. You can take analgesia safely and regularly to help ease the discomfort of these pains. Hot packs may also be helpful. Afterbirth pains usually only last for 24–48 hours and are more commonly experienced by women who have already had children.

- **Perineal Care** - The perineum is the skin between the vagina and the anus. During birth this skin stretches tightly over the head of your baby. Sometimes the perineum may graze, be torn, or cut (episiotomy) during the birth process and may require stitches. The area will feel very tender for the first few days. Ice packs to help reduce swelling, and analgesia are important for the healing process. The area should be kept clean and dry. Pelvic floor exercises should be commenced as soon as possible. Stitches will dissolve in about 14 days.

- **Postnatal Exercises** - In the back of this booklet you will find some suitable exercises to help your body return to its pre-pregnant state. The pelvic floor exercises are particularly important in preventing problems in the future such as loss of bladder and bowel control. You should start these exercises when you feel comfortable. Gentle exercise can start from day one after birth however more strenuous exercise should not be commenced until after your six week postnatal check with your doctor.

- **Baby Blues** - In the few days following the birth of your baby, you may experience tearful periods commonly referred to as the *baby blues*. 
These mood swings are a result of the combination of fatigue, and hormonal changes. You may not feel an instant bond with your baby, this is not unusual. Give yourself a few days to adjust to your new role as a mother. Up to 70% of mothers experience the baby blues, which can last between 2-10 days. If you continue to feel down for more than 2 weeks, you may be suffering from postnatal depression. You should contact your doctor, or the child and family health nurse.

About Your Baby

Congratulations! As you and your baby get to know each other you may notice your baby change in the first few days you are in hospital. After birth, your baby’s head may be elongated or bruised. Their skin may have white creamy substance called vernix on it, or it may be dry and peeling. Baby’s hands and feet may be blue for the first day. These are all usually normal however if you are concerned please speak to the midwife.

IT IS VERY IMPORTANT THAT YOU WASH YOUR HANDS BEFORE HANDLING OR FEEDING YOUR BABY TO DECREASE THE RISK OF INFECTION

Vitamin K - Vitamin K (Konakion) will be given, with your consent, to your baby soon after birth. This helps prevent a rare but serious disease called haemorrhagic disease of the newborn. The disease causes bleeding which may result in brain damage, and is potentially fatal. The NSW Health Department recommends this preventative treatment (NHMRC Pamphlet- Vitamin K for new born babies 2006).

Hepatitis B Immunisation - Along with the Vitamin K injection, your baby will be offered Hepatitis B vaccination. The first dose is given the day of birth, then at 2 months, 4 months and 6 months of age. If your baby has a full course, then they will be protected from Hepatitis B infection for life (NSW Health Directive- Hepatitis B Vaccination Policy 2005).

Weighing your baby - All babies are weighed naked at birth, and again on the day of discharge.

Rooming-in - Rooming-in has been shown to have a positive impact on breastfeeding outcomes because of the ready access mother and baby have to each other and the possibility of frequent feeding. This is achieved by:
• Facilitating unrestricted breastfeeding and thus minimising initial weight loss in the first few days.
• Allowing conditioning of the letdown reflex as the baby stirs.
• Helping the mother recognize her baby’s feeding patterns and cues.

If you are unwell or very tired and request the staff to care for your baby at night your baby will be brought to you for breastfeeds as night feeds are important in establishing and maintaining lactation and preventing engorgement.

Mothers who have had a caesarean section will have support from the midwives to care and feed her baby.

**Feeding your baby** – It is recommended that you feed your baby on demand. This basically means when he or she needs to be fed. It is not uncommon for baby to feed in clusters (feeding many times in a short period) for the first few days, until your milk supply ‘comes in’. A baby may also hibernate for long periods of time after feeds. Provided a baby is well and healthy, they can sleep for up to 18 hours in the first few days with no ill effects.

**Bathing** - The Baby Friendly Health Initiative recommends that your baby’s first bath be delayed for 24 hours. A bath demonstration will be offered the day after your baby is born. The midwife will also show how to change the nappy, care for the cord, dress and wrap your baby, and how to position your baby in the cot. Fathers are encouraged to participate in the bath demonstration. You are encouraged to bath your baby once a day so that you become familiar with handling your baby in water. Safety issues will be discussed during this demonstration.
**Cord Care** - The umbilical cord when cut will shrivel up and turn black. The clamp is put onto the cord at birth to stop it from bleeding and is left on for at least 48 hours. The cord stump should be cleaned with a cotton bud moistened with tap water at least 3 times each day and after each bath. The cord stump can take up to 10 days fall off but has usually fallen off in the first week. As the cord stump separates there may be some bleeding. Once the cord has fallen of the area should be cleaned for another 48 hours.

**Nappies** - In the first couple of days, your baby may only pass urine once or twice a day until your milk comes in. Once your milk is in, you will know your baby is getting enough milk if they have 6 or more wet cloth nappies a day, or at least 5 heavy disposable nappies a day. If you are unsure and your baby is wearing disposable nappies, it is a good idea to put them in a cloth nappy until you are sure they have passed urine. You may notice a small red spot in your baby’s nappy which looks like blood. This is called urates, and is normal, resolving when your milk comes in. Urates are not normal after 5 days.

Meconium is the first motion your baby passes and is a green-black tarry stool. This changes as the baby starts to feed to a dark brown, then to a mustard yellow colour. Exclusively breastfed babies will not become constipated. Normal bowel movements can be as frequent as each feed, or once every 10 days, and anything in between. An artificially fed baby should have a bowel motion at least every 24-48 hours.
Jaundice - This condition is quite common and can develop a couple of days after birth. The baby’s liver takes a few days to function fully, and therefore may be unable to eliminate old and damaged red blood cells. This causes a yellowish tinge to the baby’s eyes and skin called Jaundice. Jaundiced babies need plenty of fluids through increased breast or bottle feeds to help wash the bilirubin out of their system. If the baby is alert and feeding well, the jaundice will usually resolve itself. Occasionally the baby becomes sleepy and may need treatment if the bilirubin in their blood is high. A daily blood test is performed and depending on the results, your baby may need to go under be placed on a phototherapy blanket to help break down the bilirubin.

Artificial Feeding - If you choose to artificially feed your baby, the midwife will show how to make up the formula, and sterilise bottles and teats. Steam sterilising is used in the hospital, but you can choose another method if you prefer when you go home. You will need to bring your own supply of formula and bottles with you to hospital.

Crying – Crying is one way of your baby communicating with you. Crying is an essential part of human development. Most health babies have at least one
session of unexplained crying every 24 hours. The length of time that a baby sleeps can vary greatly as well.

**Settling techniques** – You need to exclude a number of things when a baby cries. It could be any number of things alone or combined. Is she wet, dirty, uncomfortable, hot, cold, hungry, lonely, tired? Once you’ve ruled out the basics, below are listed some techniques that may assist to settle your baby.

- Babies settle and sleep better if wrapped securely, as if they were back inside the womb. Allow the baby’s arms to be flexed, not extended by their sides. If it is hot, use a sheet or muslin wrap so baby does not overheat.
- Gentle music or relaxation program can help soothe babies and parents
- A warm bath and/or massage with oil
- Rocking or patting baby
- Walking baby in a sling or pram
- Take a drive in the car
- Changing baby’s position
- Carry baby around in an approved baby sling carrier
- Comfort suck at the breast
- Do not over-stimulate baby at night
- Take care of you and try to stay calm. Babies can sense their parent’s stress.
Going Home

Before you go home with your new baby, there are a number of procedures recommended for your baby.

**Bare Weight** - Your baby will be weighed at birth and again prior to discharge, to compare the 2 weights. It is normal for new babies to lose up to 10% of their birth weight in the first 4 days. It can take up to 10 days for babies to return to birth weight, regardless of whether they are breast fed or formula fed.

**New Born Screen Test** - All babies are offered a NBST or ‘Heel Prick Test’ between 48 – 72 hours following birth. This test screens for a number of rare metabolic disorders by taking a small sample of blood from your baby’s heel. Early detection is necessary to start your baby on treatment before they become sick (NSW Health-Tests to Protect Your Baby 2007).
State Wide Infant Screening – Hearing (SWISH) – SWISH helps to identify those infants with significant hearing loss, linking them to appropriate supportive services as soon as possible. It is a non-invasive procedure taking 10 – 20 minutes to complete and is preferably attended after baby’s first bath.

New Born Check - Your doctor will do a thorough physical check on your baby before you go home, checking hips, listening to their heart, examining their eyes and ears. The findings will be written in your baby’s blue book for your record. If there are any concerns your doctor will inform you at the time so follow up arrangements can be made if required.

Personal Health Record (Blue Book) – The ‘Blue Book’ contains details of your baby’s birth, and should be taken with your baby wherever they go. It also contains information on baby care, immunisation record, and check lists for developmental stages. You should encourage all health professionals to fill it in with each episode of care.

Child and Family Health Nurse - A Child and Family Health Nurse will telephone and arrange to visit you in the first few weeks following discharge from hospital. You may go to the Community Health Centre located at the hospital, or have the nurse come to your home for the first visit. You can contact the Community Health Centre during office hours on 65402136.
Postnatal Appointment – A postnatal appointment will be made for you 6 weeks after the birth of your baby with one of our Obstetric doctors at Scone Medical Practice. At this appointment you will be given a thorough examination to check your body has recovered from pregnancy and birth. You may require a Pap (Papinicolau) smear, and issues such as contraception will be discussed. Your baby will also be examined to ensure they are meeting developmental milestones.
CAESAREAN SECTION - Emergency Caesarean Section

Sometimes during the course of labour, a problem may arise, requiring surgical intervention. When this occurs, midwives work quickly, making the necessary arrangements. This may be confusing for the labouring woman and her support people. We will try to inform you as we go what is happening.

At Scott Memorial District Health Service, Scone we sometimes do not have a surgical team available after hours. If your labour becomes complicated requiring surgical intervention and we do not have surgical cover, you will be transferred to either the Muswellbrook Hospital or The Maitland Hospital for further care.

Preparation for caesarean section and transfer may include any or all of the following to ensure the safety of you and your baby:

- Insertion of intravenous cannula for hydration fluids
- An indwelling catheter may be used to keep your bladder empty
- A small sample of blood will be collected
- The top of your pubic hair may be shaved
- A midwife will remain with you if you are transferred. Your partner may have to follow by private transport.

CAESAREAN SECTION - Elective Caesarean Section

An elective caesarean section is usually organised by your obstetric doctor during the third trimester of your pregnancy. You will be required to have an appointment with both the surgeon and anaesthetist performing the operation.

The day before scheduled surgery, you will need to come into the maternity unit at 9am. The midwife will collect your blood to check your haemoglobin, and cross match your blood in case you should need a blood transfusion. You will be measured for TEDS (therapeutic stockings to prevent blood clots), weighed, and your height recorded. You will be given a special body wash in which to shower the next morning before coming to the hospital.

The day of surgery you will be asked to come straight to the maternity unit at about 6am to be admitted to hospital. The midwife will check your temperature, pulse, respiration, blood pressure, and test your skin for allergy to the solution used to clean your skin in the operating theatre. You will be
reminded not to eat or drink anything until after your surgery. Your TEDS will be put on and a urinary catheter will be inserted to keep your bladder empty. All jewellery should be removed or taped prior to going to the operating theatre.

When you are transferred to the operating theatre, you will be accompanied by your partner, and a midwife. The midwife will remain with you until you are ready to leave the operating theatre. Once your baby is born the midwife will take your baby to an area within the operating theatre to dry and check your baby. With your consent your baby will be placed on your chest and remain with you until you are ready to go to the Recovery room. In Recovery, the midwife will assist you to breast feed your baby. The midwife will also weigh, measure and dress your baby. With your consent your baby will receive Vitamin K and Hepatitis B vaccine by injection. Your baby will remain with you until you are transferred to the ward.

On return to the ward the midwife will assist you to breast feed your baby if you have not already done so in recovery room. You will be offered regular analgesia as required, and the catheter will remain in overnight. You will also have special calf compressors on to assist circulation in your legs while you are in bed. Your observations and wound will be checked every regularly for the first 48 hours. The day after your operation the midwife will assist you to the shower and you will be encouraged to mobilise around the ward as tolerated. Your hospital stay may be a little longer (up to 5 days) while you recover from your operation.
Playgroups

Playgroups are a wonderful way to meet other mums and dads and share your experiences as a parent. Playgroups also enable your child to learn social skills in a fun and friendly environment.

Below is a list of some of our local groups. The ‘Scone Advocate’, published each Thursday, prints a section called ‘What’s On’ which describes what groups are meeting throughout the week. You may also wish to contact Playgroup NSW on 1800171882, and they will advise of any playgroups in your area.

- St Luke’s Playtime, children up to 5 years, 10am-12noon. $3 per family. Saint Luke’s Hall, Liverpool St Scone. Enquiries contact Terri Thompson on 0421287384
- Get together for Parents and Children at Scone Library for story time and craft commences at 10.30am
- Aberdeen Playgroup at Tennis Club 10am-12noon. Enquiries contact Bev on 0426290208
- Fun Fit Kids – Aberdeen, children 2-5 years, 9.30am-10am. Enquiries contact Lisa on 0409654143 or Sophie on 0418375126
- Toy Box - Rouchel, children 0-5 years, 10am-12.30. Enquiries contact Upper Children’s Mobile Outreach Service on 65434877
- Playgroup – Muswellbrook, Stan Theiss Centre Hill St, Wednesdays 9.30am-11.30am. Enquiries contact Linda on 0414357230
- Pooh Bear – Muswellbrook, Bowman Park Hall, Skillator St. Enquiries contact Paige on 0438938510.