Mum’s Good Health

A resource for teachers to help non-English-speaking mothers care for themselves and their babies
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Introduction

‘Child and family health nurses give a free service to help mothers and their families to look after their babies as they grow and develop and help mothers and their babies to be healthy and happy.’

Jeanette King, Nurse Unit Manager, Child and Family Health Nursing, SLHD

In SLHD, over 49% of our residents were born overseas and 7.1% arrived in Australia within the last five years as immigrants or refugees from a non-English-speaking country.

Almost 43% of residents reported speaking a language other than English at home; almost twice the level of NSW as a whole. The proportion and numbers of people speaking another language ranged from 64% in Canterbury LGA to 15% in Leichhardt LGA. Some 7.7% of the population born in a non-English-speaking country reported poor English proficiency (approximately 40,000 residents).

Canterbury LGA is rich in cultural diversity, with 48.1% of the population born overseas and 45% born in non-English-speaking countries. Canterbury LGA residents identify their primary language as being Arabic (13%, 18,175), followed by Greek (10%, 13,411) and Mandarin (6%, 7,697). Canterbury LGA is home to a large number of humanitarian entrants, the majority being from Burma, Iraq and Syria.

Approximately 57% of City of Sydney LGA residents speak English as a primary language, while smaller proportions of residents identify their primary language as being Mandarin (15%, 5,212), followed by Cantonese (9%, 3,321) and Greek (5%, 1,639).

In 2013, there were 9,269 babies born to SLHD mothers (9.2% of all babies born in NSW).

There are more than 2,700 CALD mothers with children under five years old who may require additional education and support. It is vital to support strategies that will enable families to build resilience, promote parenting confidence, self-efficacy and social connectedness.

There is some evidence that many women from CALD communities do not engage long term with unfamiliar health services – with language barriers and cultural reasons being only two reasons why this happens – but we know women will access GP services in particular if the women’s language is spoken.

Parenting programs should aim to address the needs of vulnerable families, facilitate equity and access through well-planned health promotion and parent education activities.

In 2012/13, immunisation coverage for children aged 0–5 years (90.5%) was slightly lower than the national rate (91.7%). A continued immunisation promotion strategy is vital to protect children and communities.
In 2014, approximately 3.1% of women reported smoking during pregnancy and has steadily decreased since 2001 (7.5%). Smoking intervention programs supported by government policy will do much to ensure that the long and short-term health is maintained by healthy lifestyles and healthy eating.

Parallel and current concerns about health literacy levels in our English-speaking population speak to the need for health literacy to be addressed among our cultural and linguistically diverse residents. This resource will help CALD mothers of children under five, people in the health service and teachers of English as a second language to increase their English competence, learn the relevant vocabulary, learn where they can obtain further information to care more effectively for the babies and themselves.

*Mum’s Good Health* provides non-English-speaking mothers of children up to five years old with information, language and skills to communicate with nurses and other health staff and access services that will support them in caring for their infants and small children. Its goals are to give every mother the best opportunity to gain confidence in their parenting ability and to strengthen their position in the community that they live in. The topics for *Mum’s Good Health* were chosen by running focus groups with non-English-speaking mothers and Child and Family Health nurses within Sydney Local Health District.

**Jenni Jones**  
Child and Family Health Nursing and Family Partnership Coordinator, Community Health, SLHD

All statistics are from SLHD Community Health Strategic Plan 2012–2017.
Acknowledgements

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Content was reviewed by:

Jenni Jones, Child and Family Health Nursing and Family Partnership Coordinator, SLHD

Donna Kelty, Child and Family Health Community Health Nurse, SLHD

Images for *Mum’s Good Health* were sourced from [www.freedigitalphotos.net](http://www.freedigitalphotos.net)
Teachers’ manual

The ESL lessons in Mum’s Good Health have been developed as a method to reach CALD mothers through English lessons to provide them with support, information about health services available and some strategies to care for themselves and their babies within the forum of an ESL class. The health information in Mum’s Good Health is not exhaustive. The language is simple so that the resource can be used with CALD women with low literacy.

NB: It is recommended that the participants’ level of English is intermediate and they are able to read English.

Unit 1: Becoming a parent

Objectives

Participants will be informed of strategies to help maintain a good relationship with their partner after they have become parents and be provided with the contact details of relevant health services.

Health message

The birth of a child changes relationships between parents. It is important to tell your partner about your worries because a good relationship will bring support and strength.

Discussion

Family relationships vary in different cultures. Becoming a parent may change relationships within a family a great deal. This is an opportunity for the mothers to talk to each other about their own situation.

Source


More information

www.relationshipsnsw.org.au
www.raisingchildren.net.au
www.parentline.com.au
www.beyondblue.org.au
Unit 2: Breastfeeding

Objectives

Participants will be informed of ways to care for their breasts while breastfeeding and be provided with the contact details of relevant health services.

Health message

- Human breast milk gives the baby energy and helps the baby to develop and grow properly.
- Breast milk protects the baby from infection.
- Effective breastfeeding takes time, patient and practice.
- A woman can still become pregnant even when breastfeeding.

Discussion

Mothers may know of other techniques for breast care which are used within their culture. This is an opportunity for mothers to share these techniques with the group.

Source


More information


Unit 3: Introducing solids

Objectives

Participants will be informed of what solid food to introduce to their babies when they are six months old and be provided with relevant contact details.

Health message

Before six months, breast milk or formula is the only food and drink the baby needs. After six months, solids should be introduced to the baby's diet and water can be given to the baby from the cup.

Discussion

Different cultures may introduce solids to their babies in different ways according to their culture and local food. This is an opportunity for mothers to tell each other about this.

Source

**Unit 4: Child development**

**Objectives**
Participants will be informed about ways to interact with their babies and provided with the contact details of relevant health services.

**Health message**
New babies communicate as soon as they are born and are learning all the time. Touching the baby will help the baby grow properly. Mothers can do things to make the baby hear, see, grow and be happier.

**Discussion**
Mothers from different cultures may have creative ideas of ways to interact with their babies, which they can share with each other.

**Source**

**More information**

**Unit 5: Immunisation**

**Objectives**
Participants will learn the benefits of immunisation and how to best care for their babies at immunisation time and be provided with the contact details of relevant health services.

**Health message**
Immunisation is recommended from an early age for all Australians to protect them against serious childhood infections. Serious side effects or allergic reactions to immunisation are rare.
Discussion
This is an opportunity for mothers to tell each other whether the country from which they come has a similar system for immunisation.

Source

More information

Unit 6: Mental wellbeing

Objectives
Participants will be informed about strategies to help look after their mental well-being and be provided with the contact details of relevant services.

Health message
New mothers should eat healthy food, organise breaks for themselves, tell people how they are feeling and use the support services that are available.

Discussion
The mothers can tell the rest of the group what they like to do to enjoy themselves and how they like to be supported.

Source

More information
www.beyondblue.org.au
www.resourcingparents.nsw.gov.au
www.sjog.org.au
www.tresillian.net
www.karitane.com.au
Unit 7: Sleep and your baby

Objectives

Participants will be informed about ways to settle their baby and be provided with the contact details of relevant services.

Health message

One third of babies have trouble sleeping but there are things the mother can do to help their babies relax before sleep time.

Discussion

Mothers can tell the group of other techniques which may be used in their culture for relaxing their baby at sleep time.

Source


More information

www.parenting.sa.gov.au

Unit 8: Sudden infant death syndrome

Objectives

Participants will be informed about strategies to help avoid SIDS and be provided with the contact details of relevant services.

Health message

To reduce the chance of SIDS:

- Put the baby to sleep on his/her back.
- Do not put fluffy toys with the baby.
- Do not cover the baby in the cot.
- Breastfeed the baby.
- Do not let anyone smoke in the house, or in the car, or near the baby.

Source

Unit 9: Healthy eating

Objectives
Participants will be informed about which food makes up a healthy diet and be provided with contact details of relevant services.

Health message
Eat more:
- vegetables and legumes/beans
- fruits
- wholegrain cereals
- reduced fat milk, yoghurt, cheese
- fish, seafood, poultry, eggs, nuts and seeds
- red meat (young females only)

Eat less:
- starchy vegetables (i.e. include a wider variety of different types and colours of vegetables)
- refined cereals
- high and medium fat dairy foods
- red meats (adult males only)
- food and drinks high in saturated fat, added sugar, added salt, or alcohol (e.g. fried foods, most take-away foods, cakes and biscuits, chocolate and confectionery, sweetened drinks)

Discussion
Mothers can share ideas about food and recipes from their culture which fall within the dietary guidelines.

Source

More information
Unit 10: Back pain

Objectives
Participants will be informed on strategies to look after their back and be provided with contact details of relevant services.

Health message
- Stay active.
- Bend your knees and hips to lift.
- Carry your baby close to your body.
- Do not hunch your shoulders when sitting.

Discussion
Mothers may have developed techniques for caring for their back which they can recommend to each other.

Source

More information

Unit 11: The Blue Book

Objectives
Participants will know the role of the Blue Book and the information it contains.

Discussion
Mothers can tell each other their opinion of the Blue Book, if there is anything similar in their country of origin, and of experiences they may have had with the Blue Book.

Source
Session guide

Suggested

• Four to six sessions.
• Up to 12 participants in each group.
• Two hours long (15-minute break in the middle).
• Depending on level of group, one or two topics can be covered in one two-hour session.
• Negotiate with group which topics to learn from.

Each unit has the same format (except Unit 11: The Blue Book)

The educator must present the units as English as a Second Language lessons and adapt the language activities so they are at the appropriate level for the group. This will depend on participants’ level of English and literacy.

Participants who have children with them may be distracted so the educator must be flexible and accommodating.

1 Information

Revise the health messages from the previous week and ask if any participants have followed them. Read the information of the unit to be studied with the class and ensure the class understands the health message.

2 Glossary

This can be presented in different ways depending on the class. This will depend on participants’ level of English and literacy. Try to ensure that the participants learn at least one new health-related word each session.

3 What’s the problem?

Matching – as with the vocabulary-matching exercise this can be presented in different ways. Trainer must gauge what is effective with the group. This will depend on participants’ level of English and literacy.

4 Looking after your health

It is important that the participants learn the health messages in this section. After the language activities have been completed, trainer writes the health messages on the white board or (if no white board) verbalises them clearly and asks participants to repeat them. The following week, trainer can revise these health messages and ask if any participants have followed them.
5 Talking to the health worker

The educator can read the dialogues aloud with participants with good literacy and clear pronunciation. The participants can then read the dialogues in pairs. The educator must adapt this to what is appropriate for the group. This will depend on participants’ level of English and literacy.

When the dialogue includes a health message, the trainer may write the health messages on the white board or (if no white board) verbalise them clearly and ask participants to repeat them.

6 Discussion

This is an important part of the session when the mothers can tell the other participants, in simple English, practices they may know of within their own culture which have been successful in caring for babies and mothers for generations. The mothers can learn from each other and share and compare cultural practices.

7 Find out more

The trainer points out the health services and encourages the participants to use them if necessary and the phone number of the interpreter. Trainer tells the group it is their right to use an interpreter.

REMEMBER: If the participants ask you for advice on health issues, say that you are an educator not a doctor. If they have a health issue, they should go to a doctor.
Unit 1: Becoming a parent

1 Information

For new parents, the birth of a child changes their relationship. It is important to tell your partner about your worries. A good relationship can bring you strength and support.

2 Glossary

2.1 Write the meanings of each word in your own language

<table>
<thead>
<tr>
<th>relationship</th>
<th>extended family</th>
<th>your responsibilities</th>
<th>physical</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>emotion</th>
<th>worried</th>
<th>future</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

2.2 Now match the words to the meanings

<table>
<thead>
<tr>
<th>relationship</th>
<th>to do with the body</th>
</tr>
</thead>
<tbody>
<tr>
<td>extended family</td>
<td>the way two or more people are connected emotionally</td>
</tr>
<tr>
<td>your responsibilities</td>
<td>a family group that consists of parents, children, aunts, uncles, cousins</td>
</tr>
<tr>
<td>physical</td>
<td>it is your duty to do or look after</td>
</tr>
<tr>
<td>emotion</td>
<td>anxious</td>
</tr>
<tr>
<td>worried</td>
<td>what will happen in the time after the present</td>
</tr>
<tr>
<td>future</td>
<td>any of the feelings of joy, sorrow, fear, hate, love</td>
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</tbody>
</table>
3 What’s the problem?

3.1 Match the problem with what you would say if you had that problem

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<table>
<thead>
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<tbody>
<tr>
<td>expectations from extended family</td>
<td>‘I am much fatter now.’</td>
</tr>
<tr>
<td>relationships with friends</td>
<td>‘I don’t have time to go to the hairdresser.’</td>
</tr>
<tr>
<td>less time for yourself</td>
<td>‘I don’t have time to talk properly to my friends.’</td>
</tr>
<tr>
<td>family responsibilities</td>
<td>‘I worry about who will look after the baby if I and my husband are both in a car accident.’</td>
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<thead>
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<tbody>
<tr>
<td>physical changes</td>
<td>‘My mother-in-law wants to see the new baby every day.’</td>
</tr>
<tr>
<td>emotional changes</td>
<td>‘I never have time see my best friend anymore.’</td>
</tr>
<tr>
<td>worries about the future</td>
<td>‘I have to cook, shop and clean for my baby, my husband, my mum and dad and my brother-in-law.’</td>
</tr>
<tr>
<td>difficult to see old friends</td>
<td>‘I often feel like crying now.’</td>
</tr>
</tbody>
</table>

4 Looking after your relationship

Remember:

- Say clearly what you think is important for you and your family to do.
- Tell your partner how you feel – good feelings and bad feelings.
- Help each other.
- Go out together without the children.

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>say clearly what you think is important for you and your family to do</td>
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</tr>
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<td>tell your partner how you feel – good feelings and bad feelings</td>
<td></td>
</tr>
<tr>
<td>help each other</td>
<td></td>
</tr>
<tr>
<td>go out together without the children</td>
<td></td>
</tr>
</tbody>
</table>
4.1 Put what you can say under the correct headings (some sayings fit under two headings)

1. ‘My baby slept all night without waking up! I feel great today.’
2. ‘My baby smiled at me for the first time. It was wonderful.’
3. ‘Baby would not stop crying today. It was terrible.’
4. ‘Baby is really clingy today – it’s driving me mad.’
5. ‘It’s important that we all go to see my grandfather every Sunday.’
6. ‘I want my mum and dad to come to lunch every Sunday.’
7. ‘On birthdays let’s all have breakfast together.’
8. ‘Let’s go to lunch on Saturday or Sunday and leave the baby with your mum.’
9. ‘We must have one night out every week without the kids.’
10. ‘Please take the kids out on Saturday mornings to give me a break.’
11. ‘Please will you cook at weekends – I get so tired from cooking all the time.’
12. ‘Please wash up while I put the kids to bed. Then you can read to them.’
13. ‘I want to go out to a movie tonight – will you please get home early to put the kids to bed.’
14. ‘It’s great the way you take the kids to the park on Sundays. Then I can catch up on sleep.’

5 Talking with your partner

Listening 1: Write the dialogue number next to the correct topic

Topics:

_____ go out together without the children
_____ help your partner
_____ tell your partner if you had a bad night and are tired
_____ say clearly what you think is important for you and your family to do

1

Mum: I think it’s very important that we all go to church on Sundays – as a family.
Dad: OK, I agree. Also I’d like to have my mum and dad round for a meal afterwards.
Mum: Yes, and my family too.
Dad: Yes, OK.
2
Mum: The baby woke me up four times last night.
Dad: Poor you.
Mum: Yes, I am really tired.
Dad: Yes, you must be exhausted.

3
Mum: I need to finish this cooking before everyone arrives for lunch.
Dad: OK, I will take the baby out.
Mum: That will help me a lot.
Dad: I will enjoy it.

4
Mum: Let’s go out for a meal every Thursday evening.
Dad: Good idea – it will give us a treat.
Mum: We can leave the baby with my sister.
Dad: Or your sister can come round here.

Listening 2: Listen again and fill in the gaps with the missing words

1
Mum: I think it’s very ______ that we all go to church on Sundays – as a family.
Dad: OK, I agree. Also I’d like to have my mum and dad ______ for a meal afterwards.
Mum: Yes, and my family too.
Dad: ______, OK.

2
Mum: The baby ______ me up four times last night.
Dad: Poor you.
Mum: Yes, I am really tired.
Dad: Yes, you must be ______.

3
Mum: I need to ______ this cooking before everyone arrives for lunch.
Dad: OK, I will take the baby out.
Mum: That will ______ me a lot.
Dad: I will enjoy ______.

4
Mum: Let’s go out for a ______ every Thursday evening.
Dad: Good ______ – it will give us a treat.
Mum: We can leave the baby with my ______.
Dad: Or your sister can come ______ here.
6 Discussion

Tell the group ways you have coped with ‘becoming a parent’, how your family relationships may have changed and how mothers may be supported in your culture.

7 Find out more

Parenting SA
www.parenting.sa.gov.au

Tresillian
www.tresillian.net
Call 1300 272 736

Raising Children Network
www.raisingchildren.net.au/connecting_communicating/preschoolers_connecting.html

beyondblue (depression, anxiety support)
www.beyondblue.org.au
Call 1300 22 4636

NSW Multicultural Health Communication Service

Domestic violence

1800Respect
www.1800respect.org.au
Call 1800 737 732

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 2: Breastfeeding

1 Information

- Human breast milk gives your baby energy and helps your baby to develop and grow properly.
- Breast milk protects your baby from infection.
- Effective breastfeeding takes time, patience and practice.
- You can still become pregnant even if you are fully breastfeeding.

2 Glossary

2.1 Write the meanings of each word in your own language

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>mastitis</td>
<td>the baby sucks milk from this part of the breast</td>
</tr>
<tr>
<td>sore</td>
<td>very hot and cold and bones ache</td>
</tr>
<tr>
<td>fever</td>
<td>to stroke and rub</td>
</tr>
<tr>
<td>to massage</td>
<td>a painful place on your skin because of an injury or infection</td>
</tr>
<tr>
<td>nipple</td>
<td>breast infection</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Word</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>lump</td>
<td></td>
</tr>
<tr>
<td>colostrum</td>
<td></td>
</tr>
<tr>
<td>nutrients</td>
<td></td>
</tr>
<tr>
<td>infection</td>
<td></td>
</tr>
</tbody>
</table>
lump | substance needed to make baby grow properly
---|---
colostrum | germs enter the body, multiply and cause disease
nutrients | a thick area under skin
infection | the fluid your breasts make in the first few days after birth and which helps to protect your baby from infection

3 Looking after your health and your baby’s health

3.1 Match the good things about breastfeeding with the sentences that mean the same thing

<table>
<thead>
<tr>
<th>breast feeding is good for your health</th>
<th>‘Women who breastfeed bond better with their baby.’</th>
</tr>
</thead>
<tbody>
<tr>
<td>breast feeding is easy</td>
<td>‘Breast milk protects the baby from illness.’</td>
</tr>
<tr>
<td>breast feeding is good for your baby’s health</td>
<td>‘Breast milk is free.’</td>
</tr>
<tr>
<td>breast feeding is cheap</td>
<td>‘It is easier to breastfeed than to feed a baby from a bottle.’</td>
</tr>
<tr>
<td>breast feeding makes you feel closer to your baby</td>
<td>‘Women who breastfeed are less likely to get breast cancer, ovarian cancer and osteoporosis.’</td>
</tr>
</tbody>
</table>

4 Symptoms of mastitis

4.1 Match the problem with what you would say to the doctor if you had the problem

<table>
<thead>
<tr>
<th>a sore, hard part of the breast</th>
<th>‘Under my breast the skin is red.’</th>
</tr>
</thead>
<tbody>
<tr>
<td>a patch of red skin on the breast</td>
<td>‘I feel very hot and cold and my joints ache.’</td>
</tr>
<tr>
<td>feeling feverish and ill</td>
<td>‘There is a sore area on my breast which feels hard.’</td>
</tr>
</tbody>
</table>
5 Talking to the child and family nurse

Listening 1: Write the dialogue number next to the correct topic

Topics:

____ painkillers and breastfeeding
____ how to help a sore breast
____ breast lump
____ sore breast and milk flow
____ sore breast and fever

1

Nurse: Good morning. How is everything going?
Mother: Nurse, my breast is very sore. Should I go on breastfeeding?
Nurse: Yes, go on breastfeeding as normal from the sore breast.
Mother: But the milk does not flow out of it easily.
Nurse: Use heat packs or have a warm shower before you feed to help with milk flow. Then use cold packs after the breastfeeds.

2

Nurse: Hi, how are you today?
Mother: Nurse, I can feel a lump on my breast.
Nurse: Gently massage the lump towards the nipple.
Mother: OK. When is a good time to do this?
Nurse: A good time to do it is when you are feeding the baby or in the shower.
Mother: OK, thanks. I will do that.

3

Nurse: Hi, how are you and your baby this morning?
Mother: Not good. My breast is hurting a lot. What can I do?
Nurse: Use a cool pack on the breast after you feed your baby. This may help it to hurt less.
Mother: OK. What else can I do?
Nurse: Drink plenty of water.

4

Nurse: Have you any other questions?
Mother: Yes, is it OK to take painkillers when you are breastfeeding? Or is it bad for the baby?
Nurse: Yes you can. Take paracetamol or ibuprofen for pain relief.
Mother: OK, good. That will help me a lot.

5

Nurse: How is everything going? Are you feeling OK?
Mother: I feel terrible. I have had sore breast and fever all day – is this a worry?
Nurse: Yes, see your doctor. You may have mastitis.
Mother: Is it serious?
Nurse: Mastitis is easy to treat but it can become serious if you do not treat it quickly.
Mother: OK. What will the doctor do?
Nurse: He may give you antibiotics that are safe to take when you are breastfeeding.

Listening 2: Listen again and fill in the gaps with the missing words

1
Nurse: Good ____. How is everything going?
Mother: Nurse, my breast is very ____. Should I go on breastfeeding?
Nurse: Yes, go on breastfeeding as ____ from the sore breast.
Mother: But the milk does not ____ out of it easily.
Nurse: Use heat packs or have a warm ____ before you feed to help with milk flow. Then use ____ packs after the breastfeeds.

2
Nurse: Hi, how are you today?
Mother: Nurse, I can feel a ____ on my breast.
Nurse: Gently ____ the lump towards the nipple.
Mother: OK. When is a good ____ to do this?
Nurse: A good time to do it is when you are ____ the baby or in the shower.
Mother: OK, thanks. I will do that.

3
Nurse: Hi, how are you and your ____ this morning?
Mother: Not good. My breast is ____ a lot. What can I do?
Nurse: Use a cool ____ on the breast after you feed your baby. This may help it to ____ less.
Mother: OK. What else can I do?
Nurse: Drink plenty of ____.

4
Nurse: Have you any other ____?
Mother: Yes, is it OK to take ____ when you are breastfeeding? Or is it bad for the baby?
Nurse: Yes you can. Take paracetamol or ibuprofen for pain ____.
Mother: OK, good. That will ____ me a lot.

5
Nurse: How is everything going? Are you feeling ____?
Mother: I feel terrible. I have had sore breast and ____ all day – is this a worry?
Nurse: Yes, see your doctor. You may have ____.
Mother: Is it serious?
Nurse: Mastitis is easy to ____ but it can become serious if you do not treat it quickly.
Mother: OK. What will the doctor do?
Nurse: He may give you ____ that are safe to take when you are breastfeeding.
6 Discussion

Tell the group other ways you know of caring for your breasts during breastfeeding which may be methods which are used successfully in your culture.

7 Find out more

Child and Family Health Nursing
Call 9562 5400

MotherSafe
www.mothersafe.org.au
Call 9382 6539

Raising Children Network
www.raisingchildren.net.au/nutrition/newborns_nutrition.html

Australian Breastfeeding Association
www.breastfeeding.asn.au
Call 1800 686 268

NSW Multicultural Health Communication Service

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 3: Introducing solids

1 Information

Before six months, breast milk or formula is the only food and drink that your baby needs. At about six months of age, solids should be introduced to your baby’s diet. Your baby can also be given water from a cup from six months of age.

2 Glossary

2.1 Write the meanings of each word in your own language

<table>
<thead>
<tr>
<th>solids</th>
<th>cut or chopped into very small pieces</th>
</tr>
</thead>
<tbody>
<tr>
<td>spoon</td>
<td>food sieved or mashed into a smooth thick paste</td>
</tr>
<tr>
<td>minced</td>
<td>a small shallow bowl on a handle, used to prepare, serve or eat food</td>
</tr>
<tr>
<td>pureed</td>
<td>food that is not runny</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>digest</th>
<th>very weak and tired</th>
</tr>
</thead>
<tbody>
<tr>
<td>diarrhoea</td>
<td>difficult to breathe or swallow because throat is blocked</td>
</tr>
<tr>
<td>choke</td>
<td>loose, watery stools (poo) more than three times in one day</td>
</tr>
<tr>
<td>run down</td>
<td>food is changed in the stomach so it can be soaked up into the body</td>
</tr>
</tbody>
</table>
3 Signs

How do you know your baby is ready for solids?

3.1 Match the signs with what you say to the child and family nurse to tell her that your baby is ready to eat solid food

<table>
<thead>
<tr>
<th>baby is about six months old</th>
<th>‘My baby puts his hands out when he sees food.’</th>
</tr>
</thead>
<tbody>
<tr>
<td>baby can hold head up without help</td>
<td>‘When I give my baby a spoon she opens her mouth.’</td>
</tr>
<tr>
<td>baby can reach out for food</td>
<td>‘My baby was born six months ago.’</td>
</tr>
<tr>
<td>baby can open mouth when a spoon is offered</td>
<td>‘My baby can sit up by himself now.’</td>
</tr>
</tbody>
</table>

4 Looking after your baby

The best first foods for your baby at six months.

4.1 Put the foods in the correct column


<table>
<thead>
<tr>
<th>fruit</th>
<th>vegetables</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

After eight months you can also add the following foods to your baby’s diet.

4.2 Put the foods in the correct column


<table>
<thead>
<tr>
<th>meat</th>
<th>legumes</th>
<th>dairy</th>
<th>grains</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5 Talking to the child and family nurse

5.1 Things to remember

Listening 1: Write the dialogue number next to the correct topic

Topics:

_____ when to introduce solids
_____ solids to feed your baby at eight months
_____ breastfeeding

1
Mother: What is the best way to feed my baby?
Nurse: Breastfeeding is the best way to feed your baby.
Mother: But breastfeeding makes me very tired.
Nurse: Yes, it is tiring. Eat good food. It is very important to keep healthy and to stop you from getting run down, especially when you are breastfeeding.

2
Mother: When can I start feeding solid food to my baby girl?
Nurse: You start giving solid food to your baby when she is about six months old.
Mother: Why should I start at six months?
Nurse: If you start solids too early, your baby can’t digest the food and could get diarrhoea or choke.
Mother: Why not later than six months?
Nurse: If you start solids too late, your baby may stop growing well and will not have enough iron.

3
Mother: What solids should I give the baby?
Nurse: Feed your baby a wide variety of different food to give him all the nutrients he needs to grow and develop.
Mother: Can you give me some examples?
Nurse: Yes, minced meat, custard, mashed potato pasta, or food like this that you are eating with the family.

Listening 2: Listen again and fill in the gaps with the missing words

1
Mother: What is the best _____ to feed my baby?
Nurse: _____ is the best way to feed your baby.
Mother: But breastfeeding makes _____ very tired.
Nurse: Yes, it is tiring. Eat good food. It is very _____ to keep healthy and to stop you from getting run down, especially when you are breastfeeding.
Mother: When can I start _____ solid food to my baby girl?
Nurse: You start giving _____ food to your baby when she is about six months old.
Mother: Why should I start at six months?
Nurse: If you start solids too early, your baby can’t _____ the food and could get diarrhoea or choke.
Mother: Why not later than six months?
Nurse: If you start solids too _____, your baby may stop growing well and will not have enough iron.

Mother: What solids should I give the _____?
Nurse: Feed your baby a wide _____ of different food to give him all the nutrients he needs to grow and develop.
Mother: Can you give me some examples?
Nurse: Yes, minced meat, _____, mashed potato pasta, or food like this that you are eating with the family.

6 Discussion

Tell the group the way mothers in your culture may introduce solid food, which food they introduce to their babies and when.

7 Find out more

Parenting SA
www.parenting.sa.gov.au

NSW Health

Eat For Health
www.eatforhealth.gov.au/sites/default/files/files/the_guidelines/n56b_infant_feeding_summar...pdf

Raising Children Network
www.raisingchildren.net.au/articles/when_to_introduce_solids.html/context/232

NSW Multicultural Health Communication Service
www.mhcs.health.nsw.gov.au/publicationsandresources#c3=eng&b_start=0&c1=Parenting

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 4: Child development

1 Information

New babies communicate as soon as they are born and are learning all the time. Touch your babies so they grow properly. You can do things to help your baby hear, see, grow and be happier.

2 Glossary

2.1 Write the meanings of each word in your own language

| mobile    | move one’s hand over skin again and again |
| stroke    | to do the same thing                     |
| copy      | action that happens between two or more people |
| interaction | a toy that hangs in the air            |

| blow raspberries | lively |
| alert            | wants to be with you a lot |
| clingy           | place the tongue between the lips and blow to make a sound |
3 Looking after your baby’s development

3.1 From one to three months old

Listening 1: Listen to things you can do to help your baby develop and write the number next to the one you hear

Babies need to play with people more than toys.

Talk to your baby.

Look into your baby’s eyes.

Point to baby’s nose and say ‘Here is your nose’.

Point to your nose and say ‘Here is mummy’s nose’.

Pick up his dropped toys again and again.

Hide then call baby’s name when you come out.

Listening 2: Listen again and fill in the gaps with the missing words

Babies need to play with ____ more than toys.

Talk to your ____.

Look into your baby’s ____.

Point to baby’s ____ and say ‘Here is your nose’.

Point to your nose and say ‘Here is ____ nose’.

Pick up his dropped ____ again and again.

Hide then call baby’s ____ when you come out.

____ then call baby’s name when you come out.

3.2 From three to six months old

At this age, your baby’s social, emotional and physical development is rapid and will include smiling, laughing, kicking, rolling over and lifting their head.

Listening 1: Write the dialogue number next to the correct topic

Topics:

____ talk to your baby
____ make faces at your baby
____ hang a mobile
blow raspberries on your baby’s tummy
put a toy near your baby
sing to your baby
put your baby on her tummy
1 Mum: How can I play with my baby? Nurse: Talk to your baby all the time. Mum: What will I say? Nurse: Tell him what you are doing.
3 Mum: How can I play with my baby? Nurse: Blow raspberries on her tummy! Mum: That will tickle him. Nurse: Yes, he will like it.
4 Mum: How can I play with my baby? Nurse: Sing a song to her. Mum: OK. My mum used to do that to me. Nurse: Yes, it’s very soothing.
6 Mum: How can I help my baby to be more active? Nurse: Give her colourful things to look at and put them near her. Mum: Why should I put them near her? Nurse: So then she can look at them, touch them and try to hit them.
7 Mum: Should I hang a mobile over my baby’s cot? Nurse: Cots are for sleeping not playing. Mum: OK. Nurse: Put the mobile where he plays.
Listening 2: Listen again and fill in the gaps with the missing words

1
Mum: How can I ____ with my baby?
Nurse: ____ to your baby all the time.
Mum: What will I ____?
Nurse: Tell him ____ you are doing.

2
Mum: How can I ____ with my baby?
Nurse: Make ____ at him.
Mum: OK, he will like that.
Nurse: ____ exactly.

3
Mum: How can I ____ with my baby?
Nurse: Blow ____ on her tummy!
Mum: That will tickle him.
Nurse: Yes, he will ____ it.

4
Mum: How can I ____ with my baby?
Nurse: Sing a ____ to her.
Mum: OK. My mum used to do that to me.
Nurse: Yes, it’s ____ soothing.

5
Mum: How can I help my baby ____?
Nurse: Lay him on the ____ in a safe place.
Mum: On his ____ or his tummy?
Nurse: On his ____.

6
Mum: How can I ____ my baby to be more active?
Nurse: Give her ____ things to look at and put them near her.
Mum: Why should I put them ____ her?
Nurse: So then she can look at them, ____ them and try to hit them.

7
Mum: Should I hang a ____ over my baby’s cot?
Nurse: Cots are for sleeping not ____.
Mum: OK.
Nurse: Put the mobile ____ he plays.
6 Discussion

Share with the group other activities that mothers can play with their baby which may be common in your culture.

7 Find out more

Raising Children Network

- Development tracker
  www.raisingchildren.net.au/development_tracker/newborn_development_tracker.html
- Newborns
  www.raisingchildren.net.au/newborns/newborns.html
- Babies
  www.raisingchildren.net.au/babies/babies.html
- Toddlers
  www.raisingchildren.net.au/toddlers/toddlers.html
- Baby cues
  www.raisingchildren.net.au/baby_cues/baby_cues.html
- Parenting in pictures – guide
  www.raisingchildren.net.au/parenting_in_pictures/pip_landing_page.html

Resourcing Parents
www.resourcingparents.nsw.gov.au

Love Talk Sing Read Play

- Home page
  http://ltsrp.resourcingparents.nsw.gov.au
- Programs
  http://ltsrp.resourcingparents.nsw.gov.au/program/agegroup/6/love
- Phone app for Android (Google Play) or iPhone (Apple)
  http://ltsrp.resourcingparents.nsw.gov.au/home/resources

Bringing out the best in your baby – calendar

NSW Multicultural Health Communication Service
www.mhcs.health.nsw.gov.au/publicationsandresources/resources#c3=eng&b_start=0&c1=Children+safety&c1=Early+childhood&c1=Parenting

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 5: Immunisation

1 Information

Immunisation from an early age is highly recommended for all Australian children to protect them against serious childhood infections. Serious side effects or allergic reactions to immunisation are rare.

In NSW, vaccines are due at birth, six-to-eight weeks, four months, six months, 12 months, 18 months and 3 ½-to-four years. Childhood vaccines are available at your family doctor, Aboriginal Medical Service or at some council immunisation clinics. Routine childhood vaccines are free wherever you choose to take your child, but your GP may charge a consultation fee.

The following table shows the age at which immunisation is due and the diseases concerned.

<table>
<thead>
<tr>
<th>Age</th>
<th>Immunisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>birth</td>
<td>hepatitis B</td>
</tr>
<tr>
<td>6 weeks</td>
<td>diphtheria, tetanus, pertussis, haemophilus influenzae type B, hepatitis B, polio, pneumococcal, rotavirus</td>
</tr>
<tr>
<td>4 months</td>
<td>diphtheria, tetanus, pertussis, haemophilus influenzae type B, hepatitis B, polio, pneumococcal, rotavirus</td>
</tr>
<tr>
<td>6 months</td>
<td>diphtheria, tetanus, pertussis, haemophilus influenzae type B, hepatitis B, polio, pneumococcal</td>
</tr>
<tr>
<td>12 months</td>
<td>haemophilus influenzae type B, meningococcal C, measles, mumps and rubella</td>
</tr>
<tr>
<td>18 months</td>
<td>measles, mumps and rubella varicella, diphtheria, tetanus, pertussis</td>
</tr>
<tr>
<td>4 years</td>
<td>diphtheria, tetanus, pertussis, polio</td>
</tr>
</tbody>
</table>

At risk groups:
6 months and over with medical risk conditions
Aboriginal 6 months to less than 5 years
pregnant women

<table>
<thead>
<tr>
<th></th>
<th>influenza</th>
</tr>
</thead>
</table>


## 2 Glossary

### 2.1 Write the meanings of each word in your own language

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>immunisation</td>
<td>your body is too hot</td>
</tr>
<tr>
<td>infection</td>
<td>health worker injects fluid into your body to protect you from illness</td>
</tr>
<tr>
<td>temperature</td>
<td>way of putting fluid into the body, usually with a syringe</td>
</tr>
<tr>
<td>injection</td>
<td>disease caused by germs entering body</td>
</tr>
<tr>
<td>diarrhoea</td>
<td>food in your stomach comes back out of your mouth</td>
</tr>
<tr>
<td>vomit</td>
<td>enlarged</td>
</tr>
<tr>
<td>swollen</td>
<td>organs that produce watery liquid in mouth to help chewing and swallowing</td>
</tr>
<tr>
<td>salivary glands</td>
<td>frequent passing of watery faeces (poo)</td>
</tr>
</tbody>
</table>

### 2.2 Now match the words to the meanings

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>immunisation</td>
<td>when your body reacts to something that most other people do not react to</td>
</tr>
<tr>
<td>infection</td>
<td>a small weak dose of live viruses which then cause the immune system to make antibodies to fight these viruses</td>
</tr>
<tr>
<td>side effect</td>
<td>problems that happen as well as what is supposed to happen</td>
</tr>
<tr>
<td>allergic</td>
<td></td>
</tr>
</tbody>
</table>
3 Facts

3.1 Match the fact about immunisation with the sentence that means the same thing

<table>
<thead>
<tr>
<th>Immunisation Fact</th>
<th>Sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunising your child is important</td>
<td>‘It’s free.’</td>
</tr>
<tr>
<td>Routinely provided free</td>
<td>‘Your child will swallow the rotavirus vaccine.’</td>
</tr>
<tr>
<td>All parents must provide a school entry immunisation status certificate when they enrol their child in primary school</td>
<td>‘The doctor will inject all the other vaccinations into your child’s arm or leg.’</td>
</tr>
<tr>
<td>Rotavirus vaccine is administered by mouth</td>
<td>‘It is important that your child has their vaccinations (slang: jabs).’</td>
</tr>
<tr>
<td>Most childhood immunisations are given as an injection in the arm or leg</td>
<td>‘When you enrol your child in primary school you must give the school a note to say your child is immunised.’</td>
</tr>
</tbody>
</table>

4 Talking to the doctor after vaccination

Listening 1: Write the dialogue number next to the correct topic

Topics:

_____ if your baby’s arm hurts
_____ if your baby is very sick
_____ after the vaccination

1
Mother: Will my baby feel OK after this vaccination?
Doctor: Yes – but if he has a fever give your baby more to drink and do not let him get too hot.
Mother: Can I give him panadol?
Doctor: If he has a fever you can give him panadol but always read the label to see how much to give him or ask your chemist.
Mother: Thanks, I have got some ‘baby panadol’.

2
Mother: Will my baby’s arm hurt after the vaccination?
Doctor: It may be sore, red, itchy, swell or burn for one to two days.
Mother: So how can I help her?
Doctor: If it hurts too much give her some panadol.
Mother: OK.
Mother: I have heard some babies are very sick after their vaccinations?
Doctor: This is very rare.
Mother: But what will I do if my baby is very sick?
Doctor: If you think your child is very sick after the vaccination, come back to see me as soon as possible or go immediately to a hospital.
Mother: Thanks, doctor, I will.

Listening 2: Listen again and fill in the gaps with the missing words

1
Mother: Will my baby feel OK after this vaccination?
Doctor: Yes – but if he has a _____ give your baby more to drink and do not let him get too hot.
Mother: Can I give him panadol?
Doctor: If he has a fever you can give him _____ but always read the label to see how much to give him or ask your chemist.
Mother: _____, I have got some ‘baby panadol’.

2
Mother: Will my baby’s _____ hurt after the vaccination?
Doctor: It may be sore, red, _____, swell or burn for one to two days.
Mother: So how can I help her?
Doctor: If it hurts _____ much give her some panadol.
Mother: OK.

3
Mother: I have heard some _____ are very sick after their vaccinations?
Doctor: This is very rare.
Mother: But what will I do if my baby is very _____?
Doctor: If you think your child is very sick after the _____, come back to see me as soon as possible or go immediately to a hospital.
Mother: Thanks, _____, I will.

5 Discussion
Tell the group if babies receive immunisations in your country and if so which sicknesses are the babies immunised against.
6 Find out more

NSW Health

Raising Children Network
www.raisingchildren.net.au/articles/immunisation.html

NSW Multicultural Health Communication Service
www.mhcs.health.nsw.gov.au/publicationsandresources/resources#c3=eng&b_start=0&c1=Children+safety&c1=Early+childhood&c1=Immunisation&c1=Parenting

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 6: Mental wellbeing

1 Information

Some 13% of women who have just given birth suffer from mental health issues, usually depression.

2 Glossary

2.1 Write the meanings of each word in your own language

**Depression**

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>numb</td>
<td></td>
</tr>
<tr>
<td>guilty</td>
<td></td>
</tr>
<tr>
<td>tearful</td>
<td></td>
</tr>
<tr>
<td>angry</td>
<td></td>
</tr>
<tr>
<td>fear</td>
<td></td>
</tr>
<tr>
<td>interest</td>
<td></td>
</tr>
<tr>
<td>insomnia</td>
<td></td>
</tr>
<tr>
<td>appetite</td>
<td></td>
</tr>
<tr>
<td>unmotivated</td>
<td></td>
</tr>
<tr>
<td>withdrawn</td>
<td></td>
</tr>
<tr>
<td>exhausted</td>
<td></td>
</tr>
<tr>
<td>negative</td>
<td></td>
</tr>
</tbody>
</table>

**Anxiety**

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>on edge</td>
<td></td>
</tr>
<tr>
<td>panic</td>
<td></td>
</tr>
<tr>
<td>palpitations</td>
<td></td>
</tr>
<tr>
<td>relax</td>
<td></td>
</tr>
<tr>
<td>overwhelmed</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>tense</td>
<td></td>
</tr>
<tr>
<td>worry</td>
<td></td>
</tr>
<tr>
<td>irritable</td>
<td></td>
</tr>
<tr>
<td>restless</td>
<td></td>
</tr>
</tbody>
</table>

2.2 Now match the words to the meanings

**Depression**

<table>
<thead>
<tr>
<th>numb</th>
<th>feel very cross</th>
</tr>
</thead>
<tbody>
<tr>
<td>guilty</td>
<td>can not feel happy or sad</td>
</tr>
<tr>
<td>tearful</td>
<td>feel you have done something wrong</td>
</tr>
<tr>
<td>angry</td>
<td>feel like crying</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>fear</th>
<th>cannot sleep</th>
</tr>
</thead>
<tbody>
<tr>
<td>interest</td>
<td>wish to eat food</td>
</tr>
<tr>
<td>insomnia</td>
<td>feel scared of danger, pain or harm</td>
</tr>
<tr>
<td>appetite</td>
<td>want to know or learn about something or someone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>unmotivated</th>
<th>do not want to mix with other people</th>
</tr>
</thead>
<tbody>
<tr>
<td>withdrawn</td>
<td>very tired</td>
</tr>
<tr>
<td>exhausted</td>
<td>see bad in everything</td>
</tr>
<tr>
<td>negative</td>
<td>do not want to do anything</td>
</tr>
</tbody>
</table>

**Anxiety**

<table>
<thead>
<tr>
<th>on edge</th>
<th>become less tense or worried</th>
</tr>
</thead>
<tbody>
<tr>
<td>panic</td>
<td>fast, strong or irregular heartbeat</td>
</tr>
<tr>
<td>palpitations</td>
<td>tense</td>
</tr>
<tr>
<td>relax</td>
<td>feel afraid and can’t think clearly</td>
</tr>
<tr>
<td>overwhelmed</td>
<td>too much to do</td>
</tr>
</tbody>
</table>
tense  |  angry
worry  |  nervous
irritable  |  not able to be still
restless  |  think too much about problems

3 What’s the problem?

3.1 Put the following problems in the correct column below

‘I feel sad.’
‘I feel like a failure.’
‘I get so angry with the kids.’
‘I am sure something terrible will happen to my baby.’
‘I can’t face going out to the shops.’
‘I used to love tennis – I hate it now.’
‘I can’t sleep even when my baby is sleeping.’
‘I can’t stop eating junk food.’
‘I can’t be bothered to do the washing up every day.’
‘I have not washed my hair for weeks.’
‘Sometimes I wish I was dead.’
‘I can’t concentrate on this telephone bill.’
‘I just stay in my pyjamas all day.’

<table>
<thead>
<tr>
<th>what you feel</th>
<th>what you do (or don’t do)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4 Talking to the counsellor

Listening 1: Write the dialogue number next to the correct topic

Topics:

____ play groups
____ supported play group
____ have a break from kids
____ go out with your partner
____ cannot cope
____ doing something new

1
Counsellor: How are things going?
Mum: I feel I can’t cope with the housework, the shopping, the baby, the kids, my husband, my father-in-law... everything.
Counsellor: Yes, I can see why you feel overwhelmed. You can go to the doctor if you feel you want to talk to a health professional. There are things you can do that will help you to cope.
Mum: Yes, thanks, I think I will do that.

2
Mum: The kids are driving me mad!
Counsellor: Lots of mums feel like that. There are groups you can join to support each other.
Mum: What do the groups do?
Counsellor: Mums meet together and offer each other support, tips and friendship. Sometimes you make friends for life.

3
Mum: I’ve got to have a break from the kids screaming.
Counsellor: It must be very tiring. Have you got friends or family who can look after the kids one afternoon a week or something?
Mum: My partner’s mum says she will help look after the baby.
Counsellor: It’s important you have breaks. Ask her to help you.

4
Mum: Every day feels too much for me.
Counsellor: Yes, sometimes it seems like that. What do you love doing?
Mum: I love going to the movies with my friends.
Counsellor: Get someone to look after your kids and go to the movies at least once a week with your friends.
Mum: I never get a chance to talk to my partner anymore.
Counsellor: It’s hard with the kids around all the time. Try to go out with your partner regularly for a meal or for coffee.
Mum: But what about the kids?
Counsellor: If you don’t have any family to help, you could pay a babysitter. It’s worth it.

Mum: My little boy won’t leave me to go and play with the other kids. Sometimes I think there is something wrong with him.
Counsellor: There is a supported play group you can go to.
Mum: What are supported play groups?
Counsellor: Supported play groups are groups of mothers and children who meet up in a place where their children can play together and the mothers watch and talk to other mothers. There are health professionals there as well who help you and you can talk to if you are worried about your child.

Listening 2: Listen again and fill in the gaps with the missing words

Counsellor: How are going?
Mum: I feel I can’t cope with the housework, the , the baby, the kids, my husband, my father-in-law… everything.
Counsellor: Yes, I can see why you feel . You can go to the doctor if you feel you want to talk to a health professional. There are things you can do that will help you to cope.
Mum: Yes, , I think I will do that.

Mum: The kids are driving me mad!
Counsellor: Lots of mums like that. There are groups you can join to support each other.
Mum: What do the do?
Counsellor: Mums meet together and offer each other support, and friendship. Sometimes you make friends for .

Mum: I’ve got to have a break from the kids .
Counsellor: It must be very tiring. Have you got friends or family who can look after the kids one a week or something?
Mum: My partner’s mum says she will help look after the baby.
Counsellor: It’s important you have breaks. her to help you.

Mum: Every day feels too for me.
Counsellor: Yes, sometimes it seems like that. What do you love doing?
Mum: I love to the movies with my friends.
Counsellor: Get someone to after your kids and go to the movies at least once a week with your friends.
5
Mum: I never get a chance to talk to my ____ anymore.
Counsellor: It’s hard with the kids around all the time. Try to go out with your partner regularly for a meal or for ____.
Mum: But what about the kids?
Counsellor: If you don’t have any family to help, you could pay a ____. It’s worth it.

6
Mum: My little boy won’t leave me to go and play with the other kids. Sometimes I think there is something wrong with him.
Counsellor: There is a ____ play group you can go to.
Mum: What are supported play groups?
Counsellor: Supported play ____ are groups of mothers and children who meet up in a place where their children can play together and the ____ watch and talk to other mothers. There are health professionals there as well who ____ you and you can talk to if you are worried about your ____.

Listening 3: Write the dialogue number next to the correct topic

Topics:
____ eat healthily
____ organise breaks for yourself
____ be honest about how you feel
____ take one step at a time
____ can’t cope with guests
____ feeling judged by friends

1
Mum: I think my friend is judging how badly my kids behave.
Counsellor: Friends with quiet kids may not understand.
Mum: Yes, I agree.
Counsellor: Make sure you spend time with friends who you feel comfortable with.
Mum: Good idea.

2
Mum: We have always had visitors every Sunday lunch since we were married.
Counsellor: Is that still OK?
Mum: I feel I have to clean the house for them and cook for them.
Counsellor: Don’t invite people round to your house when you feel overwhelmed or too tired. Suggest to go out or go to one of their houses.

3
Mum: Hurray, my baby sleeps through the night now.
Counsellor: Great!
Mum: But he still won’t sleep in the day.
Counsellor: Take one step at a time!
4
Mum: Everyone expects me to be as active as I was before I had kids.
Counsellor: That is unfair.
Mum: And when I’m not they think I’m being unfriendly to them.
Counsellor: Tell your friends and family how tired or stressed you feel.

5
Mum: I feel so bloated.
Counsellor: Why do you think you feel bloated?
Mum: I eat fast food. Its easy just to have burgers and chips with the kids.
Counsellor: Eat healthy food – it will help you feel better.

6
Mum: I am so tired. I just don’t get enough sleep.
Counsellor: A lunchtime nap will help if you did not sleep enough in the night.
Mum: But I can’t as my kids don’t sleep in the day.
Counsellor: Can you organise with someone to take them out for an hour or so each? Sleep is very important.

Listening 4: Listen again and fill in the gaps with the missing words

1
Mum: I think my friend is judging how badly my kids behave.
Counsellor: Friends with _____ kids may not understand.
Mum: Yes, I agree.
Counsellor: Make sure you spend time with friends who you feel _____ with.
Mum: Good idea.

2
Mum: We have always had visitors every Sunday lunch since we were ____.
Counsellor: Is that still OK?
Mum: I feel I have to _____ the house for them and cook for them.
Counsellor: Don’t invite people round to your house when you feel overwhelmed or too _____. Suggest to go out or go to one of their houses.

3
Mum: Hurray, my baby _____ through the night now.
Counsellor: Great!
Mum: But he still won’t sleep in the day.
Counsellor: Take one _____ at a time!

4
Mum: Everyone expects me to be as _____ as I was before I had kids.
Counsellor: That is unfair.
Mum: And when I’m not they _____ I’m being unfriendly to them.
Counsellor: Tell your friends and family how tired or _____ you feel.
5
Mum: I feel so bloated.
Counsellor: Why do you think you _____ bloated?
Mum: I eat ____ food. Its easy just to have burgers and chips with the kids.
Counsellor: Eat ____ food – it will help you feel better.

6
Mum: I am so tired. I just don’t get ____ sleep.
Counsellor: A ____ nap will help if you did not sleep enough in the night.
Mum: But I can’t as my kids don’t sleep in the day.
Counsellor: Can you organise with ____ to take them out for an hour or so each? Sleep is very important.

5 Discussion
Tell the group things you enjoy doing which may be the way women enjoy themselves in your culture.

6 Find out more
beyond blue (pregnancy and early parenting)

Karitane
www.karitane.com.au

Raising Children Network (depression and anxiety, looking after yourself)
www.raisingchildren.net.au/articles/pnd_video.html

Resourcing Parents
www.resourcingparents.nsw.gov.au

Tresillian
www.tresillian.net
Call 1300 272 736

NSW Multicultural Health Communication Service
www.mhcs.health.nsw.gov.au/publicationsandresources/resources#c3=eng&b_start=0&c1=Mental+health+and+illness&c1=Women+health

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 7: Sleep and your baby

1 Information

Things to remember:
• Around one third of babies have sleep problems.
• The sleepless nights will eventually come to an end.
• If your baby has ongoing sleeping problems you may need to go to a health worker.

2 Glossary

2.1 Write the meanings of each word in your own language

<table>
<thead>
<tr>
<th>to massage</th>
<th>to move gently from side to side</th>
</tr>
</thead>
<tbody>
<tr>
<td>to wrap</td>
<td>a rubber nipple for babies to suck or bite on</td>
</tr>
<tr>
<td>dummy</td>
<td>to cover or surround in soft material</td>
</tr>
<tr>
<td>to rock</td>
<td>to stroke and rub</td>
</tr>
<tr>
<td>to pat</td>
<td>to want to drink</td>
</tr>
<tr>
<td>problems</td>
<td>unpleasant feeling</td>
</tr>
<tr>
<td>thirsty</td>
<td>to touch quickly and gently with the flat of the hand</td>
</tr>
<tr>
<td>pain</td>
<td>difficulties</td>
</tr>
</tbody>
</table>
3 What’s the problem?

What stops your baby from sleeping?

3.1 Match the problem with what the child and family nurse advises you to do

<table>
<thead>
<tr>
<th>Problem</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>room is too bright or television is too noisy</td>
<td>‘Give your baby a clean nappy before he goes to sleep.’</td>
</tr>
<tr>
<td>baby is in pain</td>
<td>‘Feed your baby before you put him in his cot to sleep.’</td>
</tr>
<tr>
<td>baby is cold</td>
<td>‘Give your baby a drink before you put him in his cot to sleep.’</td>
</tr>
<tr>
<td>baby is too hot (particularly in winter when parents may add extra blankets to the cot)</td>
<td>‘Is your baby too hot in his cot?’</td>
</tr>
<tr>
<td>baby is thirsty, particularly in warm weather</td>
<td>‘Is your baby too cold in her cot?’</td>
</tr>
<tr>
<td>baby has a wet or dirty nappy</td>
<td>‘Turn the lights and TV off in the baby’s bedroom.’</td>
</tr>
<tr>
<td>baby is hungry</td>
<td>‘Your baby may have ear-ache.’</td>
</tr>
</tbody>
</table>

4 Looking after your health and your baby’s health

Help your baby relax before sleep time.

4.1 Match the words and the pictures of what you can do to help your baby relax and sleep

<table>
<thead>
<tr>
<th>Action</th>
<th>Picture</th>
</tr>
</thead>
<tbody>
<tr>
<td>wrap baby in cotton or muslin</td>
<td></td>
</tr>
<tr>
<td>give baby a warm bath</td>
<td></td>
</tr>
<tr>
<td>hold baby and gently talk to him or her</td>
<td></td>
</tr>
</tbody>
</table>
5 Talking to the child and family nurse

Listening 1: Write the dialogue number next to the correct topic

Topics:
_____ baby wants to play when you want him to sleep
_____ baby won’t sleep in the day
_____ baby won’t go to sleep
_____ baby wakes up often in the night

1
Nurse: Hi, how is everything going?
Mother: Terrible. I am exhausted.
Nurse: Are you getting enough sleep?
Mother: No, my baby won’t go to sleep.
Nurse: That’s really hard for you. Try to relax your baby before bed with massage, bathing, dim lights or soft music.

2
Nurse: How are you managing?
Mother: I can’t cope. I feel like crying.
Nurse: What’s been happening?
Mother: I can’t get my baby to sleep in the day so I don’t get a break from her all day.
Nurse: Yes, it’s tough. Try to get your baby to sleep at the same times each day.

3
Mother: My baby wakes every two hours in the night. I am so tired.
Nurse: Is he eating enough food in the day?
Mother: Why do you ask that?
Nurse: If he is hungry he will wake up more often at night.
Mother: OK, I will make sure he is eating enough in the day.
4  
**Mother:** My baby sometimes will not settle when I put him in his cot.  
**Nurse:** So what do you do?  
**Mother:** He sometimes wants to play.  
**Nurse:** Remember bedtime is not playtime.

**Listening 2:** Listen again and fill in the gaps with the missing words

1  
**Nurse:** Hi, how is _____ going?  
**Mother:** Terrible. I _____ exhausted.  
**Nurse:** Are you getting enough sleep?  
**Mother:** No, my _____ won’t go to sleep.  
**Nurse:** That’s really hard for you. Try to _____ your baby before bed with massage, bathing, _____ lights or soft music.

2  
**Nurse:** How are you managing?  
**Mother:** I can’t ______. I feel like crying.  
**Nurse:** What’s been happening?  
**Mother:** I can’t get my baby to _____ in the day so I don’t get a break from her all day.  
**Nurse:** Yes, it’s tough. Try to get your baby to sleep at the same _____ each day.

3  
**Mother:** My baby wakes every two hours in the night. I am so tired.  
**Nurse:** Is he eating _____ food in the day?  
**Mother:** Why do you ask that?  
**Nurse:** If he is hungry he will wake up more often at night.  
**Mother:** OK, I will make sure he is _____ enough in the day.

4  
**Mother:** My _____ sometimes will not settle when I put him in his cot.  
**Nurse:** So what do you do?  
**Mother:** He sometimes wants to play.  
**Nurse:** Remember bed _____ is not playtime.

6 Discussion

Tell the group other ways to settle babies which may be used successfully in your culture.
7 Find out more

Karitane
www.karitane.com.au
Careline 1300 227 464

Tresillian
www.tresillian.net
Call 1300 272 736

Raising Children Network
www.raisingchildren.net.au/sleep/newborns_sleep.html

NSW Multicultural Health Communication Service
www.mhcs.health.nsw.gov.au/publicationsandresources/resources#c3=eng&b_start=0&c1=Infant+health

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 8: Sudden infant death syndrome

1 Information

Many parents worry about sudden infant death syndrome (SIDS) and fatal sleep accidents. Research has shown that there are some simple things you can do to reduce the risks.

2 Glossary

2.1 Write the meanings of each word in your own language

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning in Your Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>infant</td>
<td></td>
</tr>
<tr>
<td>fluffy toys</td>
<td></td>
</tr>
<tr>
<td>baby and doona</td>
<td></td>
</tr>
<tr>
<td>bumper in cot</td>
<td></td>
</tr>
<tr>
<td>syndrome</td>
<td></td>
</tr>
<tr>
<td>symptom</td>
<td></td>
</tr>
<tr>
<td>fatal</td>
<td></td>
</tr>
<tr>
<td>smother</td>
<td></td>
</tr>
<tr>
<td>unexpected</td>
<td></td>
</tr>
</tbody>
</table>

2.2 Now match the words to the pictures or meanings

<table>
<thead>
<tr>
<th>Word</th>
<th>Picture</th>
</tr>
</thead>
<tbody>
<tr>
<td>infant</td>
<td>![Infant Image]</td>
</tr>
<tr>
<td>fluffy toys</td>
<td>![Fluffy Toys Image]</td>
</tr>
<tr>
<td>baby and doona</td>
<td>![Baby and Doona Image]</td>
</tr>
</tbody>
</table>
baby and bumper in cot

<table>
<thead>
<tr>
<th>syndrome</th>
<th>surprising</th>
</tr>
</thead>
<tbody>
<tr>
<td>symptom</td>
<td>causes death</td>
</tr>
<tr>
<td>fatal</td>
<td>kill (someone) by covering nose and mouth</td>
</tr>
<tr>
<td>smother</td>
<td>sign which shows you are ill</td>
</tr>
<tr>
<td>unexpected</td>
<td>set of symptoms which happen together</td>
</tr>
</tbody>
</table>

3 Looking after your sleeping baby

3.1 Indicate whether you think the pictures gives correct or incorrect advice for baby care

<table>
<thead>
<tr>
<th>correct/incorrect</th>
<th>correct advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>correct/incorrect</td>
<td>correct advice</td>
</tr>
<tr>
<td>correct/incorrect</td>
<td>correct advice</td>
</tr>
<tr>
<td>correct/incorrect</td>
<td>correct advice</td>
</tr>
<tr>
<td>correct/incorrect</td>
<td>correct advice</td>
</tr>
<tr>
<td>correct/incorrect</td>
<td>correct advice</td>
</tr>
</tbody>
</table>
3.2 Now put the correct advice with the correct picture of the baby

‘Do not put your baby on his front to sleep.’
‘Do not put fluffy toys with babies.’
‘Do not cover your baby in the cot.’
‘Put your baby to sleep on her back.’
‘Breastfeed your baby.’
‘Do not let anyone smoke in the house, in the car or around your baby.’

4 Talking to the doctor

Listening 1: Write the dialogue number next to the correct topic

Topics:
_____ do not let your baby sleep with fluffy toys or a doona
_____ never cover your baby’s head when sleeping
_____ place your baby’s feet at the bottom of the cot
_____ do not allow anyone to smoke near your baby
_____ breastfeed you baby
_____ place babies to sleep on their back

1
Mum: I worry that my baby will die of SIDS.
Doctor: Then follow my advice.
Mum: OK, yes. What is your advice?
Doctor: Put your baby to sleep on his back.

2
Mum: I worry that my baby will die of SIDS.
Doctor: Then breastfeed your baby.
Mum: Why is it better to breastfeed?
Doctor: Breastfed babies are easier to wake up when they are two or three months old.
Mum: So?
Doctor: This is the age most SIDS happen.
3  
Mum: I worry that my baby will die of SIDS.  
Doctor: Do not have fluffy toys, bumpers or a doona in your baby’s cot.  
Mum: Why not?  
Doctor: They can cause babies to get too hot or they can smother a baby.

4  
Mum: I worry that my baby will die of SIDS.  
Doctor: Make up the bottom of the cot with blankets and sheets like you would a normal bed.  
Mum: OK. Anything else?  
Doctor: Yes, put your baby with his feet at the bottom of the cot.

5  
Mum: I worry that my baby will die of SIDS.  
Doctor: Then keep your baby’s head uncovered while he sleeps.  
Mum: OK, I will do that.

6  
Mum: I worry that my baby will die of SIDS.  
Doctor: Then do not let anyone smoke in the house, in the car or around your baby.  
Mum: But my husband smokes.  
Doctor: Make sure he smokes outside.

Listening 2: Listen again and fill in the gaps with the missing words

1  
Mum: I worry that my _____ will die of SIDS.  
Doctor: Then follow my ____.  
Mum: OK, yes. What is your advice?  
Doctor: Put your baby to _____ on his back.

2  
Mum: I worry that my baby will die of SIDS.  
Doctor: Then _____ your baby.  
Mum: Why is it better to breastfeed?  
Doctor: Breastfed babies are easier to _____ up when they are two or three months old.  
Mum: So?  
Doctor: This is the _____ most SIDS happen.

3  
Mum: I worry that my baby will die of SIDS.  
Doctor: Do not have _____ toys, bumpers or a doona in your baby’s cot.  
Mum: Why not?  
Doctor: They can cause babies to get too _____ or they can smother a baby.
4
Mum: I worry that my baby will die of SIDS.
Doctor: Make up the bottom of the cot with blankets and _____ like you would a normal bed.
Mum: OK. Anything _____?
Doctor: Yes, put your baby with his _____ at the bottom of the cot.

5
Mum: I worry that my baby will die of SIDS.
Doctor: Then keep your baby’s head _____ while he sleeps.
Mum: OK, I will do that.

6
Mum: I worry that my baby will die of SIDS.
Doctor: Then do not let anyone _____ in the house, in the car or around your baby.
Mum: But my _____ smokes.
Doctor: Make sure he smokes _____.

5 Find out more

SIDS and Kids
www.sidsandkids.org/safe-sleeping
Call 1300 308 307

Raising Children Network (safe sleep)
www.raisingchildren.net.au/sleep/newborns_sleep.html

NSW Multicultural Health Communication Service
www.mhcs.health.nsw.gov.au/publicationsandresources/resources#c3=eng&b_start=0&c1=Infant+health

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 9: Healthy eating

1 Information

Eating healthy food in a balanced diet is very important to help you get the energy you need, maintain good health and have strong bones and muscles.

2 Glossary

2.1 Write the meanings of each word in your own language

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>calcium</td>
<td>having a feeling of spinning and a tendency to fall</td>
</tr>
<tr>
<td>vitamin</td>
<td>‘fuel’ for work or vigorous activity – it is used up by exercise or given to the body by food</td>
</tr>
<tr>
<td>dehydration</td>
<td>evenly spread</td>
</tr>
<tr>
<td>energy</td>
<td>when the body does not have as much water as it should</td>
</tr>
<tr>
<td>muscles</td>
<td>a mineral found naturally in food that is essential for developing strong bones and teeth</td>
</tr>
<tr>
<td>balanced</td>
<td>substances found in food that your body needs to grow and develop normally</td>
</tr>
<tr>
<td>dizzy</td>
<td>body tissue made of cells that causes movement</td>
</tr>
</tbody>
</table>
3 Healthy foods

3.1 Put the foods in the correct column
- i.e. if the food contains vitamin D put it in the vitamin D column and if the food contains calcium put it in the calcium column (some have both calcium and vitamin D)

- milk
- green vegetables
- yoghurt
- custard
- bok choy
- cheese
- canned sardines
- bread
- salmon
- tahina
- figs
- almonds
- brazil nuts
- cereals
- fruit
- broccoli
- eggs

<table>
<thead>
<tr>
<th>calcium</th>
<th>vitamin D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 What’s the problem?

Listening 1: Write the dialogue number next to the correct topic

Topics:

____ eating between meals
____ dizzy and weak

1
Nutritionist: Good morning. How is everything going for you?
Mum: I am a bit worried – I feel dizzy and weak.
Nutritionist: Are you drinking enough fluids?
Mum: How much is enough fluid?
Nutritionist: You should drink at least eight glasses of fluid a day, preferably water. Otherwise you will get dehydrated and dizzy.
Mum: OK, I will make sure I drink more.

2
Nutritionist: How are you?
Mum: I am well but always hungry and I don’t want to eat biscuits and cakes between meals as I will get fat – though I know I need certain foods. What should I eat?
Nutritionist: Eat fresh or dried fruit, cheese and nuts if you are hungry between meals – these give you the calcium you need and a glass of milk or soy milk each day will make up the rest.
Mum: OK, doctor. Why do I need calcium?
Nutritionist: To keep your bones and teeth healthy.
Listening 2: Listen again and fill in the gaps with the missing words

1
Nutritionist: Good morning. How is _____ going for you?
Mum: I am a bit worried – I feel _____ and weak.
Nutritionist: Are you _____ enough fluids?
Mum: How much is enough fluid?
Nutritionist: You should drink at least eight _____ of fluid a day, preferably water. Otherwise you will get dehydrated and dizzy.
Mum: OK, I will make sure I drink _____.

2
Nutritionist: How are you?
Mum: I am well but always _____ and I don’t want to eat biscuits and cakes between meals as I will get fat – though I know I _____ certain foods. What should I eat?
Nutritionist: Eat fresh or dried _____, cheese and nuts if you are hungry between meals – these give you the _____ you need and a glass of _____ or soy milk each day will make up the rest.
Mum: OK, doctor. But why do I need calcium?
Nutritionist: To keep your _____ and teeth healthy.

5 Looking after your health

Listening 1:

1
Mum: Doctor, can you please tell me what is a good diet?
Nutritionist: For breakfast have porridge or muesli plus a tub of yoghurt and perhaps a glass of milk.
Mum: OK, and what about lunch?
Nutritionist: For lunch have a wholemeal sandwich with cheese, chicken and salad or egg and salad.
Mum: And for dinner?
Nutritionist: For dinner perhaps have pasta or rice with tinned salmon or tuna and vegetables such as peas, broccoli and carrots and some fruit.
Mum: OK, thanks, doctor.

2
Mum: Is there anything else I should know?
Nutritionist: Yes, drink at least eight glasses of fluid every day.
Mum: Does it all have to be water?
Nutritionist: Water is best but it can be tea, coffee, fruit juice or milk.
Mum: OK, that sounds like how much I have anyway. Thanks, doctor.

3
Nutritionist: Good morning, how can I help you today?
Mum: Someone told me that if you eat too much spinach your body does not absorb calcium – is this correct?
Nutritionist: Yes, also if you eat a lot of meat the same thing happens.
Mum: OK, I will choose carefully what I eat and drink.
Listening 2: Listen again and fill in the gaps with the missing words

1
Mum: Doctor, can you please tell me what is a _____ diet?
Nutritionist: For breakfast have _____ or muesli plus a tub of yoghurt and perhaps a glass of milk.
Mum: OK, and what about lunch?
Nutritionist: For _____ have a wholemeal sandwich with cheese, _____ and salad or egg and salad.
Mum: And for dinner?
Nutritionist: For _____ perhaps have pasta or rice with tinned _____ or tuna and vegetables such as peas, broccoli and carrots and some _____.
Mum: OK, thanks, doctor.

2
Mum: Is there anything _____ I should know?
Nutritionist: Yes, drink at least eight _____ of fluid every day.
Mum: Does it all have to be water?
Nutritionist: Water is _____ but it can be tea, coffee, fruit _____ or milk.
Mum: OK, that _____ like how much I have anyway. Thanks, doctor.

3
Nutritionist: Good morning, how can I help you today?
Mum: Someone told me that if you eat too much _____ your body does not absorb calcium – is this correct?
Nutritionist: Yes, also if you eat a lot of _____ the same thing happens.
Mum: OK, I will choose _____ what I eat and drink.

6 Discussion
Tell the group which fresh food you enjoy eating in your culture and share recipes.

7 Find out more
Get Healthy
Call 1300 806 258

Good Food For New Arrivals (sections ‘Nutrition/Health’, ‘Resources’)
http://goodfood.asetts.org.au

NSW Multicultural Health Communication Service
www.mhcs.health.nsw.gov.au/publicationsandresources/resources#c3=eng&b_start=0&c1=Nutrition

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 10: Back pain

1 Information

Back pain is a common problem – 80% of adults will complain of back pain at least once in their lives with many saying it happens several times.

Back pain most often comes from muscles, ligaments, joints and discs. It may be caused by poor posture, injury, inflammation, tension and spasm or muscle imbalance.

2 Glossary

2.1 Write the meanings of each word in your own language

<table>
<thead>
<tr>
<th>Word</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>muscles</td>
<td>these connect bones or hold organs in place</td>
</tr>
<tr>
<td>hunch</td>
<td>body tissue made of cells that causes movement</td>
</tr>
<tr>
<td>ligaments</td>
<td>where two bones meet</td>
</tr>
<tr>
<td>joints</td>
<td>to stand sit or walk in bent posture</td>
</tr>
<tr>
<td>injury</td>
<td>strain or stress</td>
</tr>
<tr>
<td>inflammation</td>
<td>sudden movement of muscles which you have no control over</td>
</tr>
<tr>
<td>tension</td>
<td>damage or hurt to the body</td>
</tr>
<tr>
<td>spasm</td>
<td>redness, swelling and fever in part of the body, often with pain</td>
</tr>
</tbody>
</table>
3 Lifestyle factors that contribute to back pain

Most cases of back pain are made worse by lifestyle factors.

3.1 Match the reason for back pain with what you can do to prevent it

<table>
<thead>
<tr>
<th>Reason</th>
<th>Preventive Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>lack of exercise</td>
<td>‘I will lose weight.’</td>
</tr>
<tr>
<td>being overweight or obese</td>
<td>‘I will not sit hunched over my mobile phone.’</td>
</tr>
<tr>
<td>sitting for long periods</td>
<td>‘I am going to start meditation so I can feel more relaxed because my muscles are tense all the time.’</td>
</tr>
<tr>
<td>poor posture</td>
<td>‘I will not lift the milk crate alone but I will get help.’</td>
</tr>
<tr>
<td>stress</td>
<td>‘I will stand up and walk around the office every half an hour and do stretches.’</td>
</tr>
<tr>
<td>bad work practices</td>
<td>‘I will exercise for half an hour every day.’</td>
</tr>
</tbody>
</table>

4 Talking to the physiotherapist

Listening 1: Write the dialogue number next to the correct topic

Topics:

- stop smoking
- lose weight
- strengthen back
- take a break from sitting
- good lifting
- bending and twisting
- carrying baby
- do not hunch
- choose a good mattress

1

Physiotherapist: Good morning. How can I help you today?

Mum: Good morning – I have a question for you. How can I strengthen my back? I have to lift my baby a lot and I want to ensure I look after myself or I will not be able to look after her properly.

Physiotherapist: To strengthen your back you must exercise it regularly.

Mum: OK. What exercise is good for my back muscles?
Physiotherapist: Swimming a variety of strokes – especially backstroke – is good for your back and also using exercise bikes and walking.
Mum: OK, thanks, doctor.

2
Physiotherapist: Good day. How are you?
Mum: Good day – actually I am worried because I lift my son a lot and it hurts my back.
Physiotherapist: Yes, take care when you lift your son – always bend your knees and hips when you lift him up.
Mum: OK.
Physiotherapist: And remember, never bend your back when lifting him.
Mum: OK, I will bend my knees and take care not to bend my back.

3
Mum: Is there anything else I should do or should not do when I am lifting the baby?
Physiotherapist: Yes, never twist and bend at the same time. This is very important.
Mum: Why?
Physiotherapist: That is very bad for your back and will damage it.

4
Physiotherapist: Good morning. How are you?
Mum: Good morning, doctor – not good. I have a sore back from carrying my baby. What can I do as I have to carry her?
Physiotherapist: Always lift and carry your baby close to your body. In fact, always carry everything close to your body when possible.
Mum: OK. Do you have any other advice about carrying?
Physiotherapist: Yes, when you carry your shopping, for example, try to carry it in a rucksack on your back and avoid sling-bags over your shoulder.

5
Physiotherapist: Hi, how are you today?
Mum: Hi, doctor. Not good – I have very a sore back.
Physiotherapist: Oh dear. Do you sit a lot at work?
Mum: Yes, I sit all the time at my desk.
Physiotherapist: OK, try not to slump in your chair or hunch over your desk. Try and get up from the chair regularly for a short walk at least once an hour.
Mum: OK, I will try. Anything else?
Physiotherapist: Yes, also when you walk try not to hunch your shoulders.

6
Mum: How should I sit at my desk when I am at work then, doctor?
Physiotherapist: Use a chair with a back-rest. Sit with your feet flat on the floor or on a foot-rest.
Mum: OK. Anything else?
Physiotherapist: Get up regularly from the chair – every 15 minutes if your back feels bad.
Mum: OK, I will try to do that.
Physiotherapist: How are you this morning?
Mum: Doctor, I have a sore back. What can I do?
Physiotherapist: First, please tell me, do you smoke?
Mum: Yes.
Physiotherapist: Then you must quit smoking.
Mum: Quit smoking? How can quitting smoking help my back?
Physiotherapist: Smoking reduces the blood supply to the discs between the vertebrae in the back, and this may lead to these discs degenerating the back.
Mum: I didn’t know that.

Physiotherapist: Good morning. How can I help you today?
Mum: Hi, doctor. I have a very sore back.
Physiotherapist: I recommend that you lose weight.
Mum: Lose weight? Will that help my back?
Physiotherapist: Yes, being overweight puts extra strain on your back.

Physiotherapist: How are you today?
Mum: Not good – when I wake up I can hardly get out of bed my back is so sore!
Physiotherapist: OK, you must choose a good mattress.
Mum: What is a good mattress?
Physiotherapist: A mattress that suits your height, weight, age and sleeping position. This will help your back.

Listening 2: Listen again and fill in the gaps with the missing words

1
Physiotherapist: Good morning. How can I _____ you today?
Mum: Good morning – I have a question for you. How can I strengthen my back? I have to _____ my baby a lot and I want to ensure I look after myself or I will not be able to look _____ her properly.
Physiotherapist: To strengthen your back you must _____ it regularly.
Mum: OK. What exercise is good for my back muscles?
Physiotherapist: Swimming a variety of strokes – especially backstroke – is good for your back and also using exercise _____ and walking.
Mum: OK, thanks, doctor.

2
Physiotherapist: Good day. How are you?
Mum: Good day – actually I am worried because I _____ my son a lot and it hurts my back.
Physiotherapist: Yes, take care when you lift your son – always _____ your knees and hips when you lift him up.
Mum: OK.
Physiotherapist: And remember, never _____ your back when lifting him.
Mum: OK, I will bend my _____ and take care not to bend my back.
3
Mum: Is there anything else I should do or should not do when I am _____ the baby?
Physiotherapist: Yes, never _____ and bend at the same time. This is very important.
Mum: Why?
Physiotherapist: That is very _____ for your back and will damage it.

4
Physiotherapist: Good morning. How are you?
Mum: Good morning, doctor – not good. I have a _____ back from carrying my baby. What can I do as I have to carry her?
Physiotherapist: Always lift and carry your baby _____ to your body. In fact, always carry everything close to your body when possible.
Mum: OK. Do you have any other _____ about carrying?
Physiotherapist: Yes, when you carry your, for example, try to carry it in a rucksack on your back and avoid sling-bags over your shoulder.

5
Physiotherapist: Hi, how are you today?
Mum: Hi, doctor. Not good – I have very a _____ back.
Physiotherapist: Oh dear. Do you sit a lot at work?
Mum: Yes, I sit all the time at my _____.
Physiotherapist: OK, try not to slump in your chair or _____ over your desk. Try and get up from the chair regularly for a _____ walk at least once an hour.
Mum: OK, I will try. Anything else?
Physiotherapist: Yes, also when you _____ try not to hunch your shoulders.

6
Mum: How should I _____ at my desk when I am at work then, doctor?
Physiotherapist: Use a chair with a back-rest. Sit with your feet flat on the _____ or on a foot-rest.
Mum: OK. Anything else?
Physiotherapist: Get up regularly from the chair – every 15 _____ if your back feels bad.
Mum: OK, I will try to do that.

7
Physiotherapist: How are you this _____?
Mum: Doctor, I have a sore back. What can I do?
Physiotherapist: First, please tell me, do you smoke?
Mum: Yes.
Physiotherapist: Then you must _____ smoking.
Mum: Quit smoking? How can quitting smoking _____ my back?
Physiotherapist: Smoking reduces the blood _____ to the discs between the vertebrae in the back, and this may lead to these discs degenerating the back.
Mum: I didn’t know that.
Physiotherapist: Good morning. How can I help you today?
Mum: Hi, doctor. I have a very sore back.
Physiotherapist: I recommend that you ______ weight.
Mum: Lose weight? Will that help my back?
Physiotherapist: Yes, being overweight puts ______ strain on your back.

Physiotherapist: How are you today?
Mum: Not good – when I wake up I can hardly get out of ______ my back is so sore!
Physiotherapist: OK, you must choose a good ______.
Mum: What is a good mattress?
Physiotherapist: A mattress that suits your height, weight, age and ______ position. This will help your back.

- Remember, staying active plays an important role in management and prevention of back problems.
- Remember, your back is designed to move.
- Go to the doctor if any warning signs exist.

5 Discussion
Share with the group your tips for ‘back care’ which you may have learned from your culture.

6 Find out more
Safe Work Australia
www.safeworkaustralia.gov.au

NSW Multicultural Health Communication Service
www.mhcs.health.nsw.gov.au/publicationsandresources/resources#c3=eng&b_start=0&c1=Back+pain

To speak in your own language, call a telephone interpreter on 131 450 (the cost of a local call).
Unit 11: The Blue Book

1 Information

The Blue Book is given to all parents in New South Wales after their baby is born. In the Blue Book, the parent writes down the child’s health, illnesses, injuries, growth, development and immunisations. The parent also shows the Blue Book to every health professional who sees the child.

2 Glossary

2.1 Write the meanings of these words in your own language

<table>
<thead>
<tr>
<th>word</th>
<th>meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>to record</td>
<td></td>
</tr>
<tr>
<td>immunisation</td>
<td></td>
</tr>
<tr>
<td>to register</td>
<td></td>
</tr>
<tr>
<td>development</td>
<td></td>
</tr>
<tr>
<td>thriving</td>
<td></td>
</tr>
<tr>
<td>obese</td>
<td></td>
</tr>
</tbody>
</table>

2.2 Now match the words to the meanings

<table>
<thead>
<tr>
<th>word</th>
<th>meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>to record</td>
<td>fluid is injected into the body to protect from illness</td>
</tr>
<tr>
<td>immunisation</td>
<td>to record officially</td>
</tr>
<tr>
<td>to register</td>
<td>to write down</td>
</tr>
<tr>
<td>development</td>
<td>very fat</td>
</tr>
<tr>
<td>thriving</td>
<td>growth</td>
</tr>
<tr>
<td>obese</td>
<td>growing well, flourishing</td>
</tr>
</tbody>
</table>
### 3 Health and development checks for your baby

#### 3.1 Match the Blue Book content with the correct page from the book

<table>
<thead>
<tr>
<th>Growth chart</th>
<th><img src="growth_chart.png" alt="Image" /></th>
</tr>
</thead>
<tbody>
<tr>
<td>Family health history</td>
<td><img src="family_health_history.png" alt="Image" /></td>
</tr>
<tr>
<td>CPR chart</td>
<td><img src="cpr_chart.png" alt="Image" /></td>
</tr>
<tr>
<td>Register of baby’s birth</td>
<td><img src="register_baby_birth.png" alt="Image" /></td>
</tr>
<tr>
<td>Record of injury or illness</td>
<td><img src="record_injury_illness.png" alt="Image" /></td>
</tr>
<tr>
<td>Contact websites</td>
<td><img src="contact_websites.png" alt="Image" /></td>
</tr>
<tr>
<td>Immunisation record</td>
<td><img src="immunisation_record.png" alt="Image" /></td>
</tr>
</tbody>
</table>
3.1 Now match the content of the family health record with the section where you will find it

<table>
<thead>
<tr>
<th>register of baby’s birth</th>
<th>record of baby’s height as he/she grows</th>
</tr>
</thead>
<tbody>
<tr>
<td>immunisation record</td>
<td>services you can contact for a your baby’s health needs</td>
</tr>
<tr>
<td>contact websites</td>
<td>details of your family’s health and illnesses</td>
</tr>
<tr>
<td>family health history</td>
<td>dates and description of baby’s illness and injuries</td>
</tr>
<tr>
<td>CPR chart</td>
<td>details of baby’s birth</td>
</tr>
<tr>
<td>record of injury or illness</td>
<td>dates of baby’s immunisations</td>
</tr>
<tr>
<td>growth chart</td>
<td>how to give first aid</td>
</tr>
</tbody>
</table>

4 Talking to the health worker

Listening 1: Write the dialogue number next to the correct topic

Topics:

___ immunisation record
___ baby’s growth
___ help to understand role of health service
___ questions about baby
___ blood group

1

Mother: What is the Blue Book?
Nurse: It is information about your baby’s health.
Mother: OK, I can see that there is information about the birth.
Nurse: Yes, when the baby is born, the blood group, how the baby was born, the weight and the length of the baby is written in the Blue Book by the health workers.

2

Mother: What else does the Blue Book have?
Nurse: Tips to help you know your baby is OK and is growing properly.
Mother: OK, and anything else?
Nurse: Yes, questions to ask the Child and Family Nurse if you are worried.

3

Mother: What is the is other information in the Blue Book?
Nurse: There is a place to write about the baby’s growth and illnesses and injuries.
Mother: OK.
Nurse: Also, the dates when your child was immunised – this is very important for when you enrol your child in school. Some schools will not enrol a child who has not been immunised.
Mother: What is the pocket at the back for?
Nurse: It is for important documents! Such as referral letters, information leaflets – anything to do with your baby’s health.

Mother: Why do I have to answer the questions for the parent before I visit you or the doctor?
Nurse: The Child and Family Nurse can talk to you about what you have written – to make sure you and your baby are OK. At each visit she will ask you the questions in the book.

Mother: What are the questions about?
Nurse: The questions will help the mother to know what to notice as her baby grows and it will help the nurse know if the mother is OK.

Mother: How will she know?
Nurse: The questions will help you notice changes as your baby grows and will help you notice how you are looking after yourself and your baby.

Mother: Why do we have the Blue Book?
Nurse: The nurse can use it to guide the mother to look after her baby’s health so the mother will be less worried about her baby.

Mother: Why will the mother feel less worried?
Nurse: The Blue Book will help the mum understand and trust what the health worker is doing and this will make her feel more relaxed.

Mother: OK.
Nurse: Also, the Blue Book helps the mother understand the role of the health services so they will trust them. This also supports the mother.

Listening 2: Listen again and fill in the gaps with the missing words

Mother: What is the _____ Book?
Nurse: It is information about your _____ health.

Mother: OK, I can see that there is information about the birth.
Nurse: Yes, when the baby is born, the _____ group, how the baby was born, the weight and the ____ of the baby is written in the Blue Book by the health workers.

Mother: What else does the Blue _____ have?
Nurse: Tips to _____ you know your baby is OK and is growing properly.

Mother: OK, and anything else?
Nurse: Yes, questions to ask the Child and Family _____ if you are worried.

Mother: What is the is _____ information in the Blue Book?
Nurse: There is a place to _____ about the baby’s growth and illnesses and injuries.

Mother: OK.
Nurse: Also, the dates when your child was _____ – this is very important for when you enrol your child in school. Some ____ will not enrol a child who has not been immunised.
Mother: What is the pocket at the back for?
Nurse: It is for important documents! Such as referral _____, information leaflets – anything to do with your baby’s health.

4
Mother: Why do I have to answer the questions for the _____ before I visit you or the doctor?
Nurse: The Child and Family Nurse can talk to you about what you have written – to make sure you and your baby are OK. At each _____ she will ask you the questions in the book.
Mother: What are the questions about?
Nurse: The questions will help the mother to know what to notice as her baby _____ and it will help the nurse know if the mother is OK.
Mother: How will she know?
Nurse: The questions will help you _____ changes as your baby grows and will help you notice how you are looking after _____ and your baby.

5
Mother: Why do we have the Blue Book?
Nurse: The nurse can use it to guide the mother to look after her baby’s health so the mother will be less _____ about her baby.
Mother: Why will the mother feel less worried?
Nurse: The Blue Book will help the mum understand and trust what the _____ worker is doing and this will make her feel more relaxed.
Mother: OK.
Nurse: Also, the Blue Book helps the mother understand the role of the health _____ so they will trust them. This also _____ the mother.

Listening 3

1
Nurse: If we write down your baby’s health and his height and development in the Blue Book, we know how healthy your child will probably be in the future.
Mother: How can you know that?
Nurse: We look at how your baby grows and develops and compare it to other babies to see if he is normal.
Mother: What problems could it show?
Nurse: It will show if your baby is obese or not developing properly or if he is not thriving.

2
Mother: I don’t speak English well. Is the Blue Book available in other languages?
Nurse: Yes, the Blue Book is available in Arabic, simplified Chinese, traditional Chinese, Dinka, Hindi, Indonesian, Khmer, Korean, Lao, Somali, Tamil, Thai, Turkish and Vietnamese!
Mother: That’s great! Thanks.
Listening 4: Listen again and fill in the gaps with the missing words

1
Nurse: If we write down your baby's _____ and his height and development in the Blue Book, we know how healthy your child will probably be in the _____.
Mother: How can you know that?
Nurse: We look at how your baby _____ and develops and compare it to other babies to see if he is _____.
Mother: What _____ could it show?
Nurse: It will show if your baby is _____ or is not developing properly or if he is not thriving.

2
Mother: I don’t speak English well. Is the _____ Book available in other languages?
Nurse: Yes, the Blue Book is available in Arabic, simplified Chinese, traditional _____, Dinka, _____, Indonesian, Khmer, Korean, Lao, Somali, _____, Thai, Turkish and Vietnamese!
Mother: That’s great! Thanks.

5 Discussion
Tell each other what you think about the Blue Book. Is there a similar book in your country of origin? If so, tell the group about the experiences you have had with it.

6 Find out more
The Blue Book in different languages