

GIVING BIRTH AT THE GALLIERA HOSPITAL

(USEFUL ADVICE ON CARE DURING PREGNANCY)

Pregnancy is not a disease – the purpose of medical tests is to safeguard the mother's health, monitoring the course of pregnancy and the wellbeing of the foetus. The periodic clinical, instrumental and laboratory tests listed in these notes ensure appropriate monitoring of the pregnancy.

OBSTETRIC EXAMINATIONS :

- pre-conception (where possible!), and in any case as soon as pregnancy is diagnosed, with subsequent examinations:

- about once a month.

BLOOD TESTS: these are prescribed as required at the various appointments in the pregnancy schedule. Important: some of the recommended tests are not free of charge – it is your responsibility to decide whether you want to do them or not. **We suggest you do them at the Analysis Laboratory of the Galliera Hospital.**

URINE TESTS: about once a month (unless the doctor requires them at different intervals).

ULTRASOUND SCANS: three tests, the first during the 1st quarter, the second during the 19th -21st week (Morphological Scan), the third in about the 32nd week.

Given the long waiting lists, if you want to be sure of taking the tests at the Hospital, we suggest you book them all at the beginning. To do so, call the Pregnancy Ultrasound Scan Service at the following number: 010/5634702.

PRENATAL DIAGNOSIS: there are a number of useful tests to diagnose possible foetal anomalies. **(to be done on a voluntary basis)**

The following tests are available at our Hospital:

SCREENING FOR DOWN'S SYNDROME, OTHER CHROMOSOMAL ANOMALIES AND NEURAL TUBE MALFORMATIONS, in the 2nd or the 1st quarter (TRI TEST and BITEST): screening includes a blood test, an ultrasound scan and genetic counselling, in either the 15th week (Tri test) or the 12th week (Bi Test). This makes it possible to identify any pregnancies at risk for chromosome anomalies and certain malformations. Screening is indicated for pregnant women of any age, particularly under 35. The two main differences between the two types of test are:

- their timing
- their degree of sensitivity.

Bookings: Pregnancy Ultrasound Scan Service. Tel.: 010 5634730 Thursdays-Fridays 10-13

AMNIOCENTESIS or CHORIONIC VILLUS SAMPLING: this is ultrasound-guided sampling of amniotic fluid or chorionic villi (fragments of placenta), making it possible to identify chromosome anomalies (e.g. Down's Syndrome), neural tube defects (e.g. spina bifida), a number of other rare genetic anomalies and the foetus's sex, which is important when screening for recessive disorders related to sex-linked chromosomes. The cost of testing is covered by the Italian National Health Service if one of the following conditions is met: woman aged 35 or over, positive screening, or referral on the basis of genetic counselling.

To arrange an appointment, please contact the Galliera Hospital Genetics Centre. Tel. 010/5634373

In other cases, it is possible to take the test privately.

Leaflets providing more detailed information on Prenatal Diagnosis are available. Further information can also be obtained by contacting the Ultrasound Scan and Prenatal Diagnosis Service (Obstetrics Department) or the Genetics Centre.

PROPHYLAXIS FOR PERINATAL INFECTIONS FROM GBS (group B Streptococcus)

This is a relatively frequent female genital infection during the last stages of pregnancy, with a risk of infection for the baby. Prevention of neonatal infection is based on antibiotic treatment during labour – in the event of a positive swab culture and for all "at risk" cases (especially for premature births). You can have a screening test, which is taken with a vaginal and rectal swab, in about the 37th week.

Swabs are taken at the 37th week outpatient clinic. Further information is provided in a leaflet.

COURSES FOR PREGNANT WOMEN AND SUPPORT AFTER CHILDBIRTH (CHILDBIRTH STEP BY STEP)

This service is available to women and couples throughout pregnancy and during the first months of the baby's life.

By enrolling, you can learn more about pregnancy, birth and the first stages of the baby's life.

The first meetings you will attend are at the **Family Advisory Centres**, followed by other meetings at the Hospital and then, when the baby is born, once again at the Advisory Centres. You can attend all the meetings, or follow just part of the overall programme.

The Family Advisory Centres- run by the city centre Health Authority (USL 3)- run pre-birth meetings for pregnant women and for couples, starting from the 4th - 5th month. After childbirth, home support is available from the very start for breastfeeding and baby care, and you can join discussion groups to share your experience with other mothers at the Advisory Centre.

At the **Hospital**, the course is run by midwives during the third quarter of pregnancy. The meetings start in the first week of every month, and it is advisable to book by telephone. The entire course of meetings lasts five weeks. Attendance is subject to a prescription charge, which also entitles you to take part in a water exercise schedule jointly run by hospital midwives and swimming instructors in the Champagnat Institute **swimming pool**. Please say if you are interested in attending this at the time of your booking.

For further information and booking please contact:

· **Family Advisory Centres: via Lagaccio 9 tel.: 010 344.5959-57 and via Gestro 19 tel:010 344.5717**

· **Obstetrics Ward, room 44, III floor, tel. 010 5634944**

CARE DURING CHILDBIRTH

At the Galliera Hospital, care during labour and physiological birth is provided by the midwife, in consultation with the Doctor for any diagnostic needs or in the event of any problem. The doctor will in any case personally supervise the delivery of the baby. It is possible to share the experience with a chosen person – preferably your husband/partner – who will be able to witness labour and childbirth. Your family doctor can also assist you during delivery.

During labour and physiological birth, every effort is made to ensure and encourage absolute respect for natural birth. Great care and attention are given to safety, following a protocol agreed and approved by the doctors and midwives. The protocol is periodically updated, reviewing results and the latest guidelines in the literature.

The protocol is at your disposal at the Obstetrics Division, and is illustrated during pre-childbirth courses.

ANALGESIA DURING LABOUR

Epidural is available at any time upon request, provided there are no medical contraindications. Brochures are available and you will need a prior check with the anaesthetist, in about the 37th week.

Tel: 010 5634138

CARE OF THE BABY

The neonatologist is present at all deliveries for initial assessment and, if necessary, for any resuscitation procedures. Parents will be given the results of all tests and assessments. You will be able to set up a personalised feeding programme with the neonatologist, preference being given to **breastfeeding**. Babies are checked on a daily basis, and receive mandatory screening tests required by law. The date of discharge is agreed with the mother. In the event of early discharge, clinical assessment and any further tests can be completed at the Neonatology Outpatient Clinic, where a check-up is scheduled for all newborns.

All babies are also examined by an infant neuropsychiatrist to assess psychomotor development, as part of a global prevention programme. The programme also allows the family to arrange further specialist examinations if necessary, so that the baby's psychomotor development can be continuously assessed and appropriate counselling provided if necessary.

37TH WEEK CLINIC

This is a chance for the future mother to see our Maternity Department for herself, and get to know the midwives. Pre-hospitalisation tests can be done during this clinic, to identify possible emergency requirements and ensure that spinal block is suitable. The medical record is also updated so that the mother and doctors can get to know each other before hospitalisation. **To arrange bookings with the Head Midwife or one of her staff, call the following number : 010.5634944 or 010.5634706**

PROCEDURES FOR HOSPITALISATION

At the time of admission, whether for labour or for complications during pregnancy, please report direct to the Obstetrics Ward (ROOM 44) on the 3rd floor, entering through E.R. Medical staff are on call around the clock. You do not need a request for admission from your doctor. Simply bring your pregnancy record with you, together with all the results of tests taken during pregnancy. For any further information, please call: 010 - 5634944 or 010 - 5634706.

WHAT YOU NEED TO GO TO HOSPITAL

We suggest you prepare a bag with all essential items for your hospital stay some weeks before the scheduled term.

For the mother:

- record with all the necessary tests, National Health card and/or proof of identity (ID card)
- 2 or 3 nightdresses with front buttons or zip
- dressing gown, slippers and bath robe
- very comfortable panties (e.g. netted fabric)
- comfortable bra (1 size bigger than usual)
- large sanitary towels
- essential toiletries
- coins or phone card, mobile phone
- cassette or CD with your favourite music to listen to during labour.

For the baby:

- you will be given a detailed list during prenatal visits or the pregnancy course.
- soother (pacifier) with case.

Visiting times: Weekdays 18.30-20

Sundays and holidays 10-12.00; 18.30-20

Fathers can come at any time without restrictions (during the day).

At visiting times, children accompanied by adults can also access the Ward.

SOME USEFUL ADVICE ON PREGNANCY

Important: these recommendations are intended only as guidelines. If necessary, specific suggestions and prescriptions will be given by the doctor or midwife.

Nutrition

A healthy and balanced diet is useful for everyone, not only for pregnant women. It is not true that a pregnant woman needs more vitamins than she did before (except for folic acid before conception and in the initial stages of pregnancy).

Take no notice of the adage 'During pregnancy you have to eat enough for two'. If food is varied, it will be more pleasant and balanced. The main concern is with fats and sugar, which are usually taken in excess – YES to fruits and fresh or cooked vegetables (provided they are thoroughly washed!), which are sources of vitamins and fibre (useful for constipation). Also recommended are meat (cooked, not cured) – rich in proteins and iron – and milk and dairy products – rich in proteins, calcium and (not to be overlooked!) fats. Animal fats (butter and lard) should be used only sparingly.

Weight

The average weight increase during pregnancy is usually about 10-12 kg. This does not mean that a lower weight increase is a problem. However, if weight gain is much higher, the doctor should ascertain the cause. If the mother has eaten too much ... well, she will have quite a hard time losing all those kilos. However, sometimes the excessive increase – especially if it is sudden – can be a sign of a disorder, and it is advisable to see your doctor.

Alcohol and Coffee

A glass of wine during meals and a cup of coffee are part of life's small pleasures, and there is no reason why you should not enjoy them. Moderate intake of alcohol and coffee, if you are used to it, has no contraindications. However, abuse is harmful – do not forget that alcoholism is a disease and can severely harm the baby.

Smoking

Smoking is related to delay in the foetus's development and premature birth. If you add up these two effects, smoking is clearly harmful. Pregnancy can be a good opportunity to give up the habit. This will be easier for you if those close to you also give up (passive smoking too is harmful!)

Oral Hygiene

You must not forget to take the same care of your teeth as at any other time – indeed, it is very important to do so. There are no contraindications to dental treatment or to receiving local anaesthesia as part of this. However, it is better to tell the dentist you are pregnant.

Clothes

We strongly advise you to wear comfortable clothes. Always wear a bra and wash your breasts with water and plain soap. If you are subject to chapping, it is possible to use a softening cream or oil. You can wear elastic stockings if you wish – they may be necessary in specific cases (varicose veins).

Beauty care

There are no contraindications for permanent waves and 'natural' hair colours. However, avoid acid-based dyes.

The use of anti-stretch mark creams is at your own discretion. Do not overdo sunlamps or sun exposure.

Physical exercise

There is no need to limit physical activity, though you should stop when tired. Exercise at the gym has no contraindications, training to increase muscular mass is not advisable. Exercise in water is particularly useful, either as part of a course or on your own. During the last quarter, sustained swimming is not good and it is better simply to enjoy gentle movement in the water.

Rest and Sleep

To reduce tiredness, set aside moments to rest during the day (10-15 minutes), avoiding sitting or standing for a long time. If possible, do your housework sitting on a chair which gives your back support. Encourage circulation, keeping your legs up on a cushion or footrest. Lie on your left side when resting, especially during the third quarter. This keeps the womb away from the large vessels (the vena cava), encouraging circulation from the lower limbs to the heart.

Sexual Activity

There are no contraindications, unless there is a risk of miscarriage or premature delivery. Even during the last weeks before birth, sexual intercourse is not contraindicated.

Travelling

There are no contraindications to travel, provided you do not experience discomfort. For long distances the best means of transport is the plane (but find out whether the airline requests special certification). We do not suggest you ride on a scooter or motorbike.

Work

All Women have a job – often two, sometimes three. There is housework, work and, for those who have children, baby care. The woman usually stops work for two months before childbirth and three months after, or might prefer to stop for one month before and four months after if there are no particular problems. For particularly tiring or potentially dangerous jobs, the woman can ask to be moved to another department or take early maternity leave. Leave for medical checks and examinations during pregnancy is paid.

There is still housework, but you can organise it better to allow yourself short periods of rest, and this can also be a chance to involve your partner – if he is not already involved. In some cases, it might be better to put spring cleaning off until Christmas!

Needless to say, if you already have other children, these require time, commitment and patience! For this reason, subsequent pregnancies often make you feel much more tired. This usually means you feel you have no time for yourself. You do not have to feel ashamed about this – ask for a little help so that you can have some time for yourself and start over again full of energy. This is a tip based on experience.

MINOR EVERYDAY PROBLEMS DURING PREGNANCY - and how to deal with them

Tiredness

This is most common during the first and last months of pregnancy. Always try to find a moment to rest during the day.

Backache

This is caused by laxity of the ligaments supporting the spine, as a result of the hormones released by the placenta, and also by the tendency of the spine to arch forwards (with your tummy protruding) during pregnancy. We suggest you rest often and do appropriate exercises (stretching, swimming, yoga ...)

Nausea and vomiting

To alleviate nausea and vomiting, try to eat little and often, preferring dry food, and as a general rule let your instinct guide you. If attacks are severe, consult your doctor.

Increase in salivation and loss of taste

Treatment can be prescribed only in case of particularly intense and troublesome hypersalivation.

Constipation

This is frequent, especially at the beginning of pregnancy. A varied high-fibre diet and plenty of water can help the intestine. It is also useful to exercise every day.

Avoid taking laxatives without medical prescription.

Varicose veins and haemorrhoids

Use preventive elastic stockings and rest with the lower limbs upwards. Avoid constipation – if you do become constipated, do something about it. If the problem is particularly severe, contact your doctor.

Pollakiuria (the need to urinate frequently)

This is physiological, because of increased bladder circulation and a reduction in bladder capacity.

If you feel a burning sensation, contact the doctor.

Edema (swelling) of the feet, ankles and legs

This is a common problem, especially during the third quarter. It is caused by the weight of the uterus (sometimes even the baby's head) compressing the large pelvic veins, slowing down the venous return from the lower limbs. It is advisable to wear comfortable shoes. Avoid standing or sitting for a long time

if possible, especially if it is hot. If necessary, use 'soothing' stockings and set time aside several times a day to lie down with your feet up. Swelling can also be related to a modification of blood proteins. If it persists, with swollen face and hands and weight increase, you should measure your blood pressure and in any case tell your doctor.

Increase in vaginal secretions

A certain increase in whitish discharge from the vagina is frequent. This is often not a sign of sickness, unless accompanied by itchiness or burning, in which case it is probably a sign of vaginal inflammation and you should contact your doctor.

Leg and/or hand cramp

This is quite frequent, and quite normal. Gentle massaging or mineral salts will often be enough to solve the problem. Mineral salts should be taken only under medical supervision.

Bleeding gums

This is very common during pregnancy – thorough dental hygiene is fundamental (see above). If the bleeding is persistent or heavy, see your dentist.