A baby, soon...
Introduction

« A baby soon », is a brochure for parents to be that tells about essential subjects as conception,
The growth of the foetus or the medical follow-up of the pregnancy.
As long as you read, you will get information, advices, leads and tricks that will probably help you better take care of you and your baby during this particular period. Discover week after week the evolution of the pregnancy,
To know more about it on this young being which shanty in you,

Observe its growth through scan,

To give him/her a first name, all this contribute to set with him,

Even before it is born, powerful links which will last all life long.

Here is a program rich in sensations and in feelings!

Know finally that to follow from day to day your pregnancy,

The ONE also proposes you the " Pad of the mother "

Which will be the link between you and the healthcare professionals.

Ask for it to the professional who follows you!

Good reading!
TABLE OF CONTENTS

YOU PLAN A PREGNANCY? ................................................................. 5
WHO WILL FOLLOW MY PREGNANCY? ............................................. 6
AM I PREGNANT? ............................................................................ 8
HOW DID YOU GET THERE? ............................................................ 10
HOW ARE YOU GROWING UP? ........................................................ 12
WHY CONSULT A PROFESSIONAL SINCE THE BEGINNING OF THE PREGNANCY? .......................................................... 16
WHAT HAPPENS DURING PÉRÉNATAL EXAMINATIONS? ...................... 17
WHEN DO YOU HAVE TO CONSULT IMMEDIATELY?
The professional who follows your pregnancy? ....................................... 22
HOW TO GET RID OF PREGNANCY DISORDERS? ................................. 23
DOES MY WAY OF LIVING AFFECT MY PREGNANCY? ............................ 27
AM I THE ONLY PREGNANT WOMAN HAVING FEARS?
DIFFICULTIES LIVING MY PREGNANCY? ............................................. 33
WHAT KIND OF FEEDING FOR MY CHILD? ............................................ 34
WHAT IS TO PREPARE BEFORE THE BIRTH? ......................................... 35
HOW TO PREPARE FOR THE DELIVERY? ............................................. 38
HOW DOES THE DELIVERY HAPPEN? .................................................. 40
HOW IS THE STAY AT THE MATERNITY? ............................................... 44
GLOSSARY (MINI-DICTIONARY) ............................................................ 46
YOU PLAN A PREGNANCY?

Did you think about consulting a doctor before the beginning of the pregnancy for an ante conception examination ?

This examination concerns parents to be.

The doctor ensures that you are in good condition while opening your medical file:

- You are asked questions about your medical past, your way of living,
- In order to discover facts that may influence a possible pregnancy.

A blood test will check if you are protected against some infectious diseases (German measles, toxoplasmosis) and if you or your companion have some virus (HIV, hepatitis…) or genetic diseases.

In some cases, the doctor will act as consequence before and during the pregnancy (vaccine, precautions, Living hygiène…).

DID YOU KNOW THAT

From the desire of maternity and during the first two months of the pregnancy, you can reduce the risk of neurological deformations by taking a supplement of folic acid, at the rate of one tablet a day.

You will find it on open sale in pharmacies.

Do not hesitate to ask all your questions to the doctor.

It is its job to answer you, to reassure you and to take time to help you.
WHO WILL FOLLOW MY PREGNANCY?

Many types of professionals can accompany you during the pregnancy: obstetrician, midwife, general practitioner, ONE’s social worker. We will call them “pregnancy professionals.” Their role differs a lot from one place to another.

The pregnancy professional, whoever it is, will regularly follow you in antenatal consultation and will take the time to:

- Give the necessary care and advice making sure the pregnancy goes smoothly,
- Plan scans,
- Prepare the parents for the birth,
- Follow and accompany the travail and the delivery (according to the professional).

Each professional has specificities due to its training.

THE OBSTETRICIAN
The obstetrician is a specialist doctor. He accompanies pregnancies known as “normal” as well as those known as “risky.” He regularly carries out deliveries.

THE GENERAL PRACTITIONER
The general practitioner can confirm the pregnancy by a blood test and accompany you during this one. In case of “risky” pregnancy, he usually hands over to the obstetrician. He can help you deliver but in fact, a few general practitioners still practice deliveries.
THE MIDWIFE

The midwife is a health professional who follows pregnancies and deliveries happening normally (eutociques). In post-partum, during the first weeks of life, she gives cares to the mother and to the new born as long as necessary, as well as breast feeding support. If medical difficulties occur during pregnancy, the delivery or the post-partum, a doctor will take care of it.

THE ONE ANTENATAL EXAMINATIONS

All the parents to be are welcome in the ONE prenatal examinations. They are located in a neighbourhood or in the hospital. Parents to be are welcomed there by a team of professionals trained for pregnancy following up: Midwife, general practitioner or obstetrician and social worker (TMS). This team accompanies parents at the medical and social levels during the whole pregnancy. If the parents wish so, the social worker could make a home visit.

Prenatal examinations
Have an essential role
In the follow up of the mother
And the child to come.
AM I PREGNANT?

WHAT SIGNS CAN MY BODY GIVE TO ME?

• My period are late.
• My breasts become heavy and tight.
• I sometimes have nauseas.
• I need to sleep more than usually.
• My appetite changes, I have « fancies ».
• I often want to urinate.

HOW TO BE SURE?

By a visit to a doctor who will examine you and make a blood test and/or a scan. Pregnancy tests made on urines are also sold on pharmacies. However, they are not reimbursed by the mutual insurance company. To be certain of the result, it is better to have a 4-5 days delay before making this kind of test.

Make therefore an appointment
With a health professional
As soon as possible
In order to check if
You are really pregnant
And your pregnancy
Evolves normally.
HOW LONG DOES A NORMAL PREGNANCY LAST?

A pregnancy lasts 40 weeks from the beginning of The last period; the conception happens around
2 weeks after the beginning of the period in case of
28 days cycle.
A scan is made before 3 months of pregnancy
Will confirm the baby’s age and the planed date
Of delivery.
It sometimes happens that women delivery within
The 10 days following the planed date.
It is thus useless to panic if the date is a little
exceeded.
To avoid a hasty artificial start,
Know that as from 40 weeks of amenorrhea,
The professional will regularly control the baby’s vitality
Making a monitoring or a scan.
Ovaries, trunks, womb and vagina compose the reproductive organ of the woman. The vulva is the external organ. If you want to know more about it, consult the mini-dictionary *.

- Every month, an ovule matures and leaves the ovary.
  Arrived in the trunk, this ovule moves towards the womb.
  During the sexual intercourse, sperm cells progress into the vagina towards the womb.
  They then move on in the trunks. That’s where one sperm cell penetrates into the ovule.
  The 2 knots merge to one. It can happen that 2 ovules are fertilized:
  It is then twins *.
- The fertilized egg starts a journey of several days towards the womb.
  The cellular splitting starts.
  If the egg splits in very different parts, it’s «real» twins who will come into the world.
  At this level, all the characteristics of the future human being (it’s sex, hair colour, this of it’s eyes…) are determined.
- The embryo (the fertilized egg) then nests in the womb.
  After a few weeks, a cover containing the amniotic liquid is developed to protect it.
  Kept warm in it’s «bubble», the embryo will be able to move easily.
  It is fed and oxygenated by the exchanges happening into the placenta.
  It receives the oxygenated blood through the vessels of the umbilical cord.

* see glossary (mini-dictionary) p.46 à p.50
1/ OVULATION

2/ FÉRTILIZATION

3/ NIDATION

4/ EMBRYO
HOW ARE YOU GROWING UP?

40 weeks or 9 months to prepare you to be born…
It can seem long and you though need that time to grow up!

Your real height:

• At 4 weeks
• At 5 weeks
• At 11 weeks
• The conception happens around 2 Weeks after the beginning of the Last period. A 1 month pregnancy Thus corresponds to 6 weeks Of amenorrhea.
  At 1 month (6 weeks of amenorrhea), The embryo measures between 4 and 5 mm. It only weights 1 gr And, nevertheless it’s brain already forms It’s heart beats.

* see glossary (mini-dictionary) p.46 à p.50

• At 2 months (10 weeks of amenorrhea), All the elements that will Make it a human being Take place: it's head took some volume, it's face takes shape it's eyes, ears and mouth appear. We guess legs, arms, hands, even fingers! It's skeleton forms. It's stomach, liver, loins Begin to work. It measures 4,5 cm and weights around 11 gr.

• At 3 months (14 weeks of amenorrhea), From now on, it is called « foetus ». It measures about 9 cm And weights around 50 gr. Little girl or little boy? It's sex is yet formed But it could only be seen on scan during the 5th month. Kept warm into the womb, It moves, turns around, swallows The amniotic liquid. Maybe it already sucks it’s thumb?
• At 4 months (18 weeks of amenorrhea), it measures 15 cm. How it quickly grows! It's very thin skin is covered With a line down, It's hair grows. It is during the 5th month that You will start feeling it move…

• Shortly after 5 months (24 weeks of amenorrhea), it measures 28 cm And weights about 500 gr. It can hear noises and voices
It starts hearing them but feels Low pitched sounds better than High pitched ones.
If you make it listen to music Or sing yourself songs
It might recognize them after it is born.

• At 6 months (28 weeks of amenorrhea), it does many body spins pirouettes. You feel it move several times per day, mostly when you are relaxed. It's father can also feel it.
Through the sense of touch, you can thus Communicate with your child. It sleeps a lot (16 à 20h !). It now weights nearly 1 kg.
Even if all it's organs are formed, It is not yet ready to be born.
The last three months will be Very necessary for it gains weight And prepare itself To life in the open air!
• It has 7 months (32 weeks of amenorrhea),
It drinks a lot of the amniotic
Liquid and tastes it!
It is not disconnected from the world.
It receives the sounds.
Despite the darkness in which
It lives, it receives important
Rays of light.
You feel it’s back that
forms a strong and smooth
wall under your fingers.
It reacts to strokes by moving more
Or, on the contrary by
Calming down.
It weights around 1kg500
and measures nearly
40 cm.

• At 8 months (36 weeks of amenorrhea),
It weights about 2kg500
It makes the most of the time
Left to freshen up
It’s down has disappeared, it’s skin
Is no more that red, it’s protected
By a greyish white coating,
The vernix.
Generally at that time, the baby
Turns around for good
And places its head
downward.
However it sometimes happens that
It did not make it and is born presenting
at first buttocks or feet
we call it a presentation « in seat ».

• It has 9 months (40 weeks of amenorrhea)
It is ready to be born!
During all this month, it gained
Every day more than 30gr.
It weights on average 3kg400
And measures about 50 cm.
The bones of its skull are not yet
Totally knit together ;
This resiliency will make its
Head slide better at the time
Of the delivery.
WHY CONSULT A PREGNANCY PROFESSIONAL SINCE THE BEGINNING?

During the first two months of the pregnancy, all the organs of the baby are formed.

An attentive and professional watch of these first moments is thus essential.

Besides, you can also take some precautions:
• Do not take any medicine without a prescription of your doctor.
• Avoid radiographies at the beginning of the pregnancy.

Your pregnancy will be followed at all the best if you establish a reliable relationship with the medical team.
WHAT HAPPENS DURING PRENATAL EXAMINATIONS?

Pregnancy is a physiological process which requires nevertheless a particular attention. Visits allow following the progress of the pregnancy and to watch your health and that of your baby. Professionals are available to listen to you and answer all your questions.

Antenatal consultations can include several types of examinations detailed below.
THE GENERAL EXAMINATION

It is a complete examination. It helps having precisions on 3 important elements for the good evolution of your pregnancy: your blood pressure, your weight and the state of your urines.

• Having a blood pressure placed into the normal figures is essential for a right functioning of the placenta, thus so that your baby goes well.
• You will be weighed at every consultation. The advised gain weight depends on your initial corpulence. It can be estimated with a scale called « Indice de Quetelet ». Whether it is a result of an alimentary imbalance or a pregnancy complication, a very important weigh gain can make your delivery more difficult. That doesn’t mean you don’t have to eat. Your baby needs you to feed yourself in a well-balanced way.
Do not hesitate to ask for advices to the professional following you.
• An urine test will systematically be made to look for the presence of albumin (risk of preeclampsia*) and infections.
• A blood test is prescribed to know your blood group and check if you are not anaemic (lack of iron provoking a big fatigue and a bad resistance to the infections). The doctor will make sure you are protected against some dangerous diseases for the baby (German measles* and toxoplasmosis*). A screening of syphilis*, HIV*, and hepatitis B and C could also be made.

Prevention measures to take according to the results of the blood test.

• If you are not protected against German measles:
  Avoid every contact with children having German measles and their circle; have yourself vaccinated after pregnancy
• If you are not protected against toxoplasmosis:
Toxoplasmosis can be found into:
• Barely cooked meat, raw eggs;
• Fur and excrements of cats;
• Clay and fresh vegetables soiled by excrements of cats.

* see glossary (mini-dictionary) p.46 à p.50
That’s why it is useful:

• To wash your hands more often as possible and in particular:
  • before preparing food and before every meal
  • After having handled meat, clay or raw vegetables.
  • To avoid rub your eyes while you handle raw meat or your hands are soiled.
  • To eat only well cooked meat (no red meat, no American steak, no raw eggs).
  • To only eat washed and peeled vegetables and fruits or washed and cooked if it is impossible to peel them (lettuce, chicory, strawberries…).
  • To avoid contact with or to use gloves when you handle materials that may be infected by excrements of cats: clay of the garden, the cat’s box…
  • To avoid playing with a cat.

Some medicines can limit the risk of infection of the foetus by the toxoplasmosis.

That’s why a regular blood test (once a quarter) Will help checking if you don’t start that illness.

• If you are not protected against Cytomegalovirus*:

The CMV is essentially passed on by urines, saliva, saddles, tears and all the young Children’s secretions.

If your work obliges you to be in contact with these ones, you could benefit from a measure Of distance. Seek information at your employer or the occupational medicine.

* see glossary (mini-dictionary) p.46 à p.50
Mothers of young children have to take the most precautions:

- Wash your hands every time you have been in contact with secretions;
- Wash your hands every time you have changed your child. If you have a wound in your hand, wear gloves or a waterproof bandage at the moment of changing;
- Wash your hands after blowing a child’s nose or wiping its saliva;
- Wash your hands carefully after helping him going to the toilet;
- Never taste the feeding bottle of a baby, do not put its teat in your mouth;
- Do not eat with the child’s settings or in his plate;
- Do not drink in the same glass;
- Do not share any ice cream.

- A woman carrying the HIV virus* is into a very difficult situation. Do not stay alone with such a suffering. There are associations which bear those who go through this problem.

THE OBSTETRICAL EXAMINATION

So that the baby is born at the date, the cervical has to stay closed until the 9th month. The professional can, if necessary, check the state of your cervical by a vaginal touch. The touch also helps checking if your baby is still very up or if it has yet started to go down. The professional will also be able to feel what is the presentation of your child (the head or the seat down). In some cases, he will have to do the examination by means of a speculum. These examinations can be felt as unpleasant. The more you will get to relax, breathe calmly when you are examined, the less you will be embarrassed.

THE FOETA VITALITY*

As from 12 weeks, thanks to a Doppler device, it will be possible for to hear the heart of your baby.

* see glossary (mini-dictionary) p.46 à p.50
THE SCAN*

Thanks to the scan, you will be able to see your baby for the first time on the screen!
This examination is safe, either for your child or for yourself. It can be a first meeting between you, Baby and maybe its father…
However, it is not always easy to clearly understand what we see there.
Do not hesitate to ask your doctor to explain to you, at the end of the examination, what appears on the screen.
Three scans are planned and reimbursed during pregnancy.

- **The first scan** made between 2 and 3 months (11-14 weeks).
  It helps checking the age of pregnancy, the scheduled date of delivery and the number of baby(ies) you are expecting.
- **The second scan** made at around 5 months (24 weeks).
  It is a way of controlling your baby’s growth, screening some deformities and sometimes stating the sex of your child.
- **The third scan** made at around 7 months of pregnancy (32 weeks).
  It helps controlling the growth, the vitality and the position of your baby.

THE MONITORING*

This device records the beatings of the baby’s heart as well as the womb contractions for about 20 min. It is done when needed.

OTHER EXAMINATIONS CAN BE MADE IN PARTICULAR CASES

The risk of Down’s syndrome for the baby can be estimated at the 1st quarter or at the beginning of the 2nd quarter. The Estimate tests of the risk of Down’s syndrome include a blood test and a scan.
If the risk is high, the draining of amniotic liquid will check the absence of some chromosomal anomalies on the foetus.

These examinations are often a source of fear for the parents to be because if the results reveal a high risk, They will come to think about possibilities of an interruption of pregnancy for medical reasons.
If it happens to you, don’t stay alone in front of all your questions, your concerns.
Talk about it to the professional who follows your pregnancy.

* see glossary (mini-dictionary) p.46 à p.50
WHEN DO YOU HAVE TO CONSULT IMMEDIATELY THE PROFESSIONAL WHO-follows YOUR PREGNANCY?

If you have:

- Blood loss
- An amniotic liquid loss;
- Important pain in the lower abdomen or in the back as during the periods (womb contractions);
- A decrease of the sensing of the foetal movements;
- Strong head aches;
- Fever;
- Ganglions on the neck;
- An accident, a fall.

Consult as soon as possible if you have:

- Burns while urinating;
- Vaginal secretions more abundant, more coloured or more irritating;
- Feet or legs blowing up;
- A too fast weight gain
HOW TO GET RID OF PREGNANCY DISORDERS?

HEAVY BREASTS
A good bra wore day and night can relieve you.

NAUSEA AND VOMITS
Eat a fruit, a biscuit, a yoghurt before you get up, separate the meals. If you talk to The professional, he/she will possibly offer you medicines.

THE SOUR
Have many little meals. Some anti-acids can be prescribed to you.

CONSTIPATION
A diet full of roughage (whole bread, whole rice, bran cereals, green vegetables…) and fruits reduce this problem, as well as drinking water regularly in sufficient quantity and going to the toilets at set times. Physical exercise (walking, swimming) favours regular stools. Attention, never take laxatives (drugs) without talking to the doctor!
GUM BLEEDING AND RISK OF DECAY
The gum bleeding is not serious and is often temporary. There is no need to intervene. However, it is strongly recommended to deepen brushing teeth and gums (after every meal) and consult a dentist early in pregnancy because the risk of developing decays during this period is more important than normal.

HEAVY LEGS, THE VARICES
Physical exercise (especially walking and swimming), cold showers on the legs contribute to circulation. Whenever possible, do not stay too long standing still. Elevate legs sitting or lying down, avoid bathing too hot and the sun ... the stockings (lower restraint) may also be useful.

CRAMPS
If it is a circulatory problem, gymnastic exercises can reduce these prenatal disorders. A supplement of vitamins, calcium or magnesium is sometimes effective.

FREQUENT URGES TO URINATE AND URINE LOSSES
This is normal during pregnancy. Do not reduce your quantity of drinks! If this continues after birth, you might need to think about a rehabilitation of the perineum*. If the urge to urinate is accompanied by pain, you should contact a physician.

BACKACHE
It is often a sign of fatigue. Try to find time to lie, if only for a few moments during the day. The antenatal physiotherapy can also help you. The flat shoes and some positions (ex: sit down at the bottom of the chair) decrease backaches. Make sure as much as possible to tilt the pelvis forward in order to relax the small pelvis and positioning baby in her mother's lap (your lower abdomen) (See page 26).

* see glossary (mini-dictionary) p.46 à p.50
DIFFICULTY BREATHING
Breathe deeply and slowly move the physical effort.
Sleeping on your side with a pillow under the legs aids sleep and breathing.
Cigarette smoking surely increases respiratory difficulties in addition to being harmful to the baby.
A reduction or stopping of smoking habits will greatly improve your health and that of your baby.

MORE ABUNDANT VAGINAL SECRETIONS
It is quite normal during pregnancy. However, consult your doctor if they become more yellow and they cause burning and itching.

STRETCH MARKS
These are small red or purple lines occurring on the breasts, belly ... They then become white (After childbirth) but does not disappear altogether. These are due to a loss of skin elasticity and occur when skin expands quickly (by a sudden weight gain, for example).
The efficiency of the cream has not been proven, but regular small massage with almond oil can possibly moisturize the skin and slow the appearance of stretch marks.

Never hesitate to talk about these disorders with the professional who follows you. He is there to give You advices.

The preparations at birth can also help you feel better in your body (breathing, pains on the back, heavy legs ...).
HOW TO REDUCE THE RISKS OF BACKACHE?

When you are standing:
• Expectant mothers often tend to increase their natural camber pushing belly first. Therefore tilt the pelvis forward, tighten stomach muscles and do not dig the back.

• Avoid standing too long time without moving. If necessary, put your foot on a stool.

When you are sitting down:
• Tilt the pelvis slightly forward. Keep feet flat on the ground.

• It is better to avoid crossing legs because it restricts circulation. However, the legs stretched out on a stool will rest again better.

When you are leaning forward:
• Bend your knees and hips, not the waist.

When you are lying
• A pillow under the legs is a big relief
DOES MY WAY OF LIVING INFLUENCE MY PREGNANCY?

The air that I breathe, what I eat, What I drink come to you through the baby placenta… So what should I eat? Drink?

Do not eat for 2!
A lot of this, not much of that,
A little of other things…
Each group of food brings
Different elements
You need.
That’s why they all have to be present
In your everyday feeding,

You should ideally take 3 meals (breakfast, lunch, dinner) and 2 snacks.

TRHEE TO FOUR TIMES A DAY
Milk or dairy products

AT EACH MEAL
Starchs or cereals

EVERYDAY DAY A BIT OF
fat

ONCE A DAY,
Either some meat, fish, poultry or an egg

AT LEAST
FOUR OR FIVE TIMES A DAY
Fruits and vegetables
Starches
- Bread (grey, whole, toasts), cereals, pasta, semolina, dried vegetables (twin lens, chick peas), potatoes.

Vegetables
- At will, we never eat them enough. Cooked, raw (well washed), in soup.

Fruits
- At least one fruit per day (washed, peeled).
- Eventually sugarfree fruit juice, compotes.

Dairy products
- If you are not used to drinking milk, Do not force yourself to drink some during pregnancy and breast feeding.
- Eat dairy products 3 to 4 times A day (low-fat cottage cheese, yoghurt, cheese). Avoid raw milk and cheeses made up with raw milk.

Meat and fish
- Eat meat, poultry,
- Fish or eggs once a day.
- Fish at least 2 times a week : Fat fish once (sardines, anchovy, herrings…), another fish once (cod, trout…). Avoid raw meats, shell fishes (crabs, shrimps) and mollusks (mussels, clams…). Delicatessen are too fat, too salted and They are not part of the essential food.
Drinks

- Water, at least 1.5l to be regularly
  Divided all day long, more if you suffer
  From constipation.
- Coffee and light teas in small amount. They are
  Stimulants indeed.
- Drinks with sweeteners are
  Advised against during pregnancy (and
  breastfeeding) because their long term
  effects are not yet known.

Spices and herbs
- Like you usually do. Herbs pass through the amniotic liquid. Since the baby « drinks » it,
  It will yet get used to the flavours of your food.

Salt
- Given that the consumption of salt is too much high in Belgium, everybody has interest in
  Less consuming it.
Besides, you can replace the common salt by iodized salt (but without abusing it) ; this additional
Provision of iodine can avoid health problems to the baby.

Sweets, pastries, candies,
chocolates, chips, biscuits, lemonades
are not interesting
for the health.
TRY TO AVOID THEM.
When you want
To nibble,
You’d rather choose fruits,
Yoghourt or dried fruits
(walnuts, hazelnuts…).
Dried fruits dipped into water
The day before will be better likened.
Alcohol

- The alcohol drank by the mother passes straight through the child's blood. It is harmful to the normal development of the brain. Moreover, a consumption of alcoholic drinks (wine, beer, cider, aperitif, alcoholic soft drinks...) during pregnancy can be risky for the development of the child to be born. Even a small quantity of alcohol can present a risk. It is thus better not to take any during all the pregnancy. And the breast-feeding. If you wish to have a drink of alcohol while you breast feed, make sure you strongly space out the time of the feeding and that of the drinking.

Cigarettes

- Cigarette is harmful to the baby because it contains dangerous products that keep it from being fed well. It will thus grow less faster and risks to come into the world too early. Later, it can suffer from allergy and be more exposed at the risk of sudden death. If you do not smoke but inhale a smoky air, it is also bad for the baby. Require thus, for you two, spaces without smoke. Having a companion who stops smoking at the same time as you do could be helpful …

You are motivated by stopping tobacco during your pregnancy? Tabacologues can help you efficiently during reimbursed consultations for you and your companion during the pregnancy. For more information, consult the site www.grossessesanstabac.be.

All the drugs are really dangerous for your baby. If you consume some, talk about it to the professional who follows you, to someone you trust in order to find the better solutions, for you and your child.
Your work…
- some painful working conditions (standing up postures for more than 6 hours a day, production line work, Important vibrations, manipulations of chemicals), the long daily routes increase
The risks of a premature delivery. Talk about it to the professional who follows your pregnancy: there are Measures to take you away from dangerous working conditions. As it is possible,
Try "to take it easy" by resting in the middle of the day, sleeping 8 hours a day...

Your sexual life
- If you have no sign of miscarriage or premature delivery,
You will be able to have a very normal sexual life, protcting
Yourself when necessary against sexually transmitted deseases (HIV, syphilis). You may notice some changes
in your desires and emotions. It's normal, during pregnancy so many things are
transformed ! Talking about it with your companion could limit the risks of misunderstandings.

Physical exercise…
- If pregnancy is a bad period to do
Violent sports
Because of the danger of falls
And blows, it's an ideal
Period to do physical exercise.
Walking and swimming are
soft activities you can practice
(unless otherwise informed of
The doctor). They give a good
oxygenation, keep in good condition.
It will facilitate the conditions of delivery and the possibilities to quickly regain « your shape ».
Journeys…

• Above all, you will have to avoid tiredness. Train, boat, plane (until 7 months) are less irritating than car.
During long car trips, stop every 2 hours to move, relax, have less pain on your back. Place the seat belts between your breasts and under the belly.
And, everytime it’s possible, take the time to rest, to relax yourself, to « communicate »
With your baby…

The sun exposure

• Long exposures without solar protective cream are strongly disadvised because of the high pigmented marks that can appear in particular on the face. However, the sun is our essential vitamin D source.
Vitamin D helps fulfilling calcium needs
Increased for the mother and the child during pregnancy. Expose arms and legs, 15-20 minutes per day if possible without solar cream in order to make this essential vitamin D.

A short break sometimes,
Nothing better for you and the baby
If possible :
Sit down, read,
Listen to music,
Watch tv, take a daily nap
Why not make the most
Of these moments to communicate
with your baby?
AM I THE ONLY PREGNANT WOMAN TO HAVE FEARS, DIFFICULTIES LIVING MY PREGNANCY?

« Maybe I was not expecting such changes in my body, My mood, my emotions…
The baby I’m carrying in me sometimes seems so close, It’s really my baby.
At other moments, I feel like it is a stranger to me… »
« I wonder if…
I would take care of it as it would be necessary…
I could not love it…
Will my baby be normal?
Am I not going to be more often by myself? »

Many women, many couples have such fears during pregnancy.
It’s a big change for a woman to become a mother,
For a man to become a father, for a couple to become parents…
Share those fears with people close to you, professionals
Can listen to you…
WHAT TYPE OF FEEDING GIVE TO MY CHILD?

That is a question you will have to think about before your baby's birth. Talk about it with the social worker (TMS) of the consultation, the obstetrician or the midwife and also to the attending physician who will follow your baby.

The maternal milk is the excellency food perfectly suitable for the baby; its content and quantity change according to the child's needs.

It is exclusively recommended until at least 6 months.

Even the colostrum (the yellowish liquid secreted by the breasts right after the birth) is very rich. It contains essential antibodies and other substances that protect the baby from some infections during the first months. It also has a laxative effect that quickens the expelling of the méconium (first stools).

On the other hand, breast-feeding, by the contractions it provokes, allows the womb to regain its normal volume faster. Breast-feeding one's baby is not « complicated » but the first weeks require a lot of patience and availability from the mother. Besides, knowing the basic principles often make its start and continuation more easy.

Information sessions organized in several maternities can help you make a clear choice. Whatever it is, you will be supported and accompanied by professionals. If you choose not to breast-feed, it is recommended to give a suitable milk to your baby.
WHAT TO PREPARE BEFORE THE BIRTH?

ARRANGEMENT OF BABY'S ROOM

To arrange the baby's room, know that there are materials safer than others. Before starting a renovation, you can inquire about the possible toxicity of what you plan to use (paints, varnish, glues, insulations, agglomerated woods, …). Choose if possible a water washering floor covering. Avoid plain mats and carpets which can be causes of allergy. Also to prevent allergies, it is better to have a synthetic mattress. Aerate during several weeks after the painting or renovation works.

THE EQUIPMENT OF CHILDCARE

Cradle, baby carriage, changing table…choose them adapted to your needs and guaranteeing your child's safety. The brochure « How to choose the equipment of childcare? », published by the ONE can give you many information to guide you in that choice sometimes difficult.

YOUR SUITCASE AND THAT OF THE BABY FOR THE STAY AT THE MATERNITY

Maternities generally give a list of the useful equipment for the mother and her baby. Here is the basis of a baby cloth:
- Life jackets, cotton blouses, bodysuit
- Baby nest or small coat
- Slippers or socks
- Sleepsuit
- Cap
- Pyjamas

It is better to choose wool or cotton for the clothes that touch the skin. Some babies badly bear synthetical material.
After having passed 9 months in a « cocoon », your little baby will need you to be very close to it. It fetches the relation with his mom, his dad. If you carry it in your arms, in a scarf or in a Baby sling, it will not only appreciate that contact against you, but also exchanges of glances, your smell, The rhythm of your breath, the rocking, your words. Baby needs love and contacts to grow up. By answering its calls it oftens shows with tears, You will reassure it because at that age it doesn’t know « whims ».

**ADMINISTRATIVE STEPS**

You can ask for the born bonus from the sixth month of pregnancy. Your mutual insurance company must Absolutely be in order to benefit from all the reimbursements. Do not hesitate to ask the pad « Become parents » that will give you details of these advantages (02/542.12.11).

**PRÉVOIR UN MILIEU D’ACCUEIL POUR L’ENFANT**

If you work, it is necessary to envisage from the beginning of the pregnancy, a solution to look after the baby. In day nurseries Or at the nursery nurse, the places must often be reserved 6 months earlier, that means from the 4th month of pregnancy. If you choose to put your baby in a reception place, do not hesitate to visit it and ask all your questions to the pediatric nurse. You will fell more comfortable if you know the persons to whom you will commit your baby. The baby too will feel more secured! Don’t forget that, if you wish to take care of your baby a bit longer, you can possibly benefit from A breast-feeding leave (unpaid leave), a sabbatical leave or a parental leave.

To know more about the various types of reception And to guide you in your choice; Read the brochure « Which reception place choose for our child? » ; Available at the ONE’s reception place service at 02/542.15.80.
PREPARE FOR RETURN HOME

Think possibly during pregnancy about organizing
The return home asking to family or friends
To help you for specific tasks during the
First weeks at home.
Why not propose them each in turn to bring
A meal or some hours of help, to pick the elder child
From school or for you to have a rest, etc.?
This assistance will be even more useful
In case of multiple births…
HOW TO PREPARE MYSELF FOR THE DELIVERY?

Talk with the doctor, the midwife, the ONE social worker, the physiotherapist about the way the delivery will happen. Get information about the habits of the professional who follows you and the maternity that will receive you. Think about what would suit you the most because it is important to accommodate your wishes with the Habits of the professional and the possibilities of the maternity.

Some maternities offer the mother to take a bath during the travail, others invite her to walk Or use a balloon for the travail... It is sometimes possible to deliver seated or on the side. This freedom of movement or the choice of a position can help the mother better bear the pain and The travail and contractions easier.

Maybe you wish the epidural*. This analgesia practised in the back is safe. It removes the painful sensations from waist to feet and helps not feeling the contractions. It sometimes happen that it prevents the future mother from pushing efficiently. Seek information with the professional who follows you in order to make the choice that suits you the most.

VISIT THE MATERNITY...

If you already got « got acquainted » with the maternity, you will certainly feel more comfortable at the moment Of the delivery. You will be in a familiar place. It is sometimes possible to visit the delivery room, The bedrooms. Some maternities also organise information sessions for parents to be. Get information at the social worker of the ONE.

FOLLOW SESSIONS OF PREPARATION FOR THE DELIVERY...

Besides the traditional antenatal preparation, there are now numerous methods of preparation For delivery: relaxation therapy*, haptonomy*, gymnastics in the water, antenatal singing... By different means and at variable prices, each one of them aims at helping better live Your pregnancy and delivery. The suggested exercises will help you to stay in good condition. Relaxation, the capacity of well breathing Will be helpful as well during pregnancy as during delivery. Moreover, giving oneself free time, meeting other pregnant women can be very pleasant!

* * see glossary (mini-dictionary) p.46 à p.50
Many preparations for delivery include the father, what allows him to experience the baby's arrival more concretely. Fathers are often more comfortable when they have learned simple gestures to help their companion during the delivery and welcome the baby.
HOW DOES THE DELIVERY HAPPEN?

What are the foretelling signs of the beginning of the delivery?

THE MUCOUS CORK

It is a mucus loss sometimes tinted with blood which announces the delivery is near. It can occur during the 2-3 days before the delivery but also right a few hours before.

THE « CONTRACTIONS »

The womb contraction shows by a regularly hardening that you feel when putting your hand on your belly. At the time of delivery, it helps the cervical to dilate and pushes the baby downward. It is normal that a pregnant woman presents contractions before the day of the delivery. They are short, irregular, less frequent and don’t hurt. If before the 8th month you have contractions every day and they are painful, tell it to the professional who follows you!

The day of the delivery, you will notice that the contractions, first spaced out, get closer and that their intensity increases. If after an hour or two they don’t stop, that means it’s the beginning of the travail. Maybe it’s time to go to the maternity. Contractions are sometimes experienced differently from a woman to another. The common fixed point is the regularity of these sensations.

We say a woman «in travail» when she has a contraction every 5 minutes during 1h30.

Call the professional who follows you and asses the situation together.

Stay calm and confident, breathe calmly during the contractions, that will help you to relax yourself.

If it is not your first baby, you could estimate by yourself, according to your experience, when it is about time to go… While knowing that for a second baby, the le travail is often faster.
THE « WATERS » LOSS

The pocket of waters in which the baby soaks usually breaks before the delivery but sometimes it can remain entire.
All travail long and only break when the baby comes out.
When it breaks before the delivery, the amniotic liquid (clear liquid) flows by the vagina.
Don’t confuse it with a urine loss. Even if you don’t feel any contraction, you have to go to the maternity
As soon as possible or call the midwife who follows you.
It can happen that the delivery starts earlier than expected. A baby born prematurely (before 37 weeks of amenorrhea)
May need medical watch and suitable care. There are now units of neonatology that can adequately
Answer the new born needs.
A specialized staff is there to support the baby and its parents.
The different steps of the delivery

THE « TRAVAIL » MOMENT

It’s the time when, thanks to the contractions, the cervical will open up. For a first birth, the travail can last several hours (6 to 10); it is generally shorter for the next deliveries. At the maternity, the midwife will often come to measure your cervical’s opening by a vaginal touch. There could possibly be a breakage of the waters pocket to accelerate the travail (uterus contractions are then stronger). You will be placed a monitoring*. This device will help watching the baby’s heart and measure the intensity of your contractions. During that period, the contractions are painful.

That’s why it’s important having prepared your delivery. Being accompanied by your companion or another person who makes you feel supported can make the waiting more easy to get along with.

THE EXPULSION MOMENT

When the cervical is 10 cm open, it is at complete dilation. The baby has the door opened to cross the pelvis and go down into the vagina. At this moment, you will be able to push at the same time as the contraction. After you did it some times, the baby’s head will appear out the vulva*. At this moment everything goes very fast. By sitting up straight,

* * see glossary (mini-dictionary) p.46 à p.50
You could see the shoulders, the arms, legs of Your baby! It’s there, it screams… the umbilical is then cut. If it doesn’t need care, it will be Laid on your belly and you will share a glance Skin on skin. Sometimes the delivery Lasts much longer, the obstetrician will then Use instruments as a cupping glass or forceps. It happens for various reasons that the baby comes out its mother’s womb by a caesarean.

THE DELIVERY
The placenta detaches from the uterus and then is ejected. It is normal at this time to loose blood. If at the time of passing of the baby, the vulva has been cut (épisiotomie) or torn, the obstetrician will make, after have anesthetized you locally a few stitches.

You will finally be able to Know your baby.
If you feel like it, take it All against your skin.
It will find your warmth, your smell, The beating of your heart…

* see glossary (mini-dictionary) p.46 à p.50
HOW DOES THE STAY AT THE MATERNITY HAPPENS?

The maternity stay usually lasts 3-4 days for normal delivery; and sometimes longer (6 days) in case of caesarean. Some hospitals will offer an early return home with the regular visit of a midwife.

The stay in maternity ensures your medical supervision and that of your baby. It will be examined by the paediatrician and weighed every day. You will be able to take the time to discover your child.

Already, during pregnancy you tame: it knows your smell, the sound of your voice and that of its dad… You’ve felt it move you have dreamed, imagined… You now have to further know each other. This meeting can be both wonderful and very impressive, even difficult. That’s why it is worth using that time to get helped. If you wish so, midwives, nursing nurses will familiarize you to the care to give, how to feed à la manière de le nourrir…

Try, whenever possible, to rest during this period: a birth is tiring! So is the return home with the baby… Visits at the maternity are both source of pleasure but also fatigue, try to restrict them as possible.

In many maternity units, a ONE social worker will come to visit and inform you about the children consultations close to your home and services available. He/she will also give you the "Carnet de l’enfant," official document that will serve as a link between you and the professionals who watch the development of your child from birth to 12.
GLOSSARY
(mini-dictionary)
GLOSSAIRE

AMÉNORRHÉ
Absence of period.

BIOPSY OF THE PLACENTA
This is test that is useful when there is a high risk that the fetus has a chromosomal abnormality. Other hereditary anomalies can also be detected by that test. But it must be prior consultation with a geneticist. The biopsy of the placenta done vaginally under anesthesia and under ultrasound between 9 and 11 weeks of pregnancy. Because there are risks of miscarriage this review should be performed by trained medical teams. It is not painful for the child or mother.

CAESAREAN
This procedure is done if the pelvis is too narrow, if the contractions are not sufficient, if delivery becomes excessively long or if the baby does not tolerate contractions of travail. The obstetrician will then make a gap in the abdominal wall of the mother and extract the child. Caesarean section is made on general anesthesia or epidural. Under epidural, the mother is conscious and can thus participate to the birth of her child.

NUCHAL
Small pocket of liquid beneath the neck's skin of the embryo.

UMBILICAL CORD
Organ connecting the foetus to the placenta.

CYTOMEGALOVIRUS
The C.M.V. is related to the herpes virus. It is responsible for malformations and infections that may occur only during the newborn period.

SCAN
Safe test for baby and mom based on the technic of ultrasound (sounds, too acute to be perceived by our ear). Normally, three scans are planned during pregnancy. The first trimester helps checking the good start of pregnancy, age of the baby, the nuchal translucency measurement and expected date of birth. The second quarter Scan controls the baby's growth and absence of major malformations. The third quarter scan allows knowing the baby's position before delivery and checks its growth and vitality.

MISCARRIAGE
Spontaneous interruption of pregnancy that happens during the first 6 months. It's usually during the first 3 months that the miscarriage occurs. Blood losses and pain in the lower abdomen are the main signs of miscarriage.
FORCEPS
Instrument sometimes used during birth to help
The child come out by pulling it out.

HAPTONOMY (OBSTETRICAL)
Or « art of touch ». This method aims to establish
even during pregnancy, ties of affection
between the baby, his father and mother.
It's the touch that will encourage this link. In
deliveries "haptonomic" participation
force is reserved for fathers.

TWINS
There are two types of twins. False
twins (most often) from two
eggs fertilized by two sperm.
The two different eggs will nest next to
each other in the womb. Each egg is completely
independent from the
other (the placenta
is different).
The children who will be born
Won't resemble more than
Usual brothers and
Sisters.
They will perhaps be
Different gender.

Identical twins come from a single egg
fertilized by one sperm.
For some reason, this single egg was
divided into two equal parts. The fetus will be
powered by a single placenta. Sometimes they share
the same amniotic pocket, sometimes there will be
two. Identical twins are very similar
and are always the same sex.

AMNIOTIC LIQUID
Liquid in which the foetus bathes into
The uterus.

MECONIUM
First fecal thick black
sticky excreted by the newborn in the early
of is life.

MONITORING
This device, which causes no pain
neither for the baby nor the mother, allows
recording the heartbeat of the child
along with contractions of the uterus.
It's a way to monitor the vitality of the
child. In many maternity units, this technique
is used in all deliveries.
The doctor may prescribe this test
at the end of pregnancy in order to check the
good condition of the child.
OVARIES
Sexual glands of women. Among 2, they are the size of a large almond. They produce ovule and secrete feminine hormones (estrogen and progesterone).

EPIDURAL
Local analgesia of the pelvis by the injection of an anesthetic into the epidural space, allowing to remove or to reduce pain related to labour and childbirth.

PERINEUM
Set of muscles closing the bottom of the cavity of the pelvis. It includes the vulva on the front and the anus on the back. At the time of delivery, the perineum distends to let the baby pass. This distension of the perineum can cause urinary incontinence. That’s why gymnastic exercises before and after childbirth are very useful to help the perineum to keep its elasticity.

PLACENTA
Organ leaning against the wall of the uterus, connected to foetus by the umbilical cord. It “feeds” the foetus by taking from the mother’s blood substances necessary for its development.

AMNIOTIC PUNCTURE (AMNIOCENTÈSIS)
This test is done if there are risks of abnormalities in the foetus (ex Down’s syndrome). It is to withdraw fluid where bathes the baby (amniotic fluid). It is made from the 16th week of pregnancy.

The results are known after three weeks. It has a low risk to the foetus (0.5% miscarriage) if made by trained Medical teams. Although impressive, it is painless for the mother and the baby.

PRÉMATURITY
A premature baby is a child who is born between 26 and 37 weeks of gestation. These babies’s survival sometimes requires medical watch and important care. It can happen that children born prematurely keep after effects. A way of life adapted to the pregnancy and a good medical watch may reduce the risk of prematurity.

PELVIMETRY
Radiography which aims to measure the diameter of the mother's pelvis in order to see whether the baby may pass through it during delivery. These radios are only Made in few specific cases: the baby doesn’t show properly the future mother is less than 1m50, it has been Complications during A former delivery.
RUBELLA
This disease, usually harmless, is serious if it occurs during pregnancy. It can cause important malformations of the foetus, especially during the first 4 months of pregnancy. A blood test helps checking whether the future mother is protected against this disease. Vaccination against rubella exists but cannot be done during pregnancy. For the protection measures see p18.

HIV VIRUS INFECTION
Sexually transmitted disease. HIV test is usually made with the early pregnancy blood test, with parental consent. A mother carries the risk of HIV contamination to her child in 20-35% of cases. This risk can be greatly reduced by the administration of antiretroviral treatment. We don’t yet understand why some children get it and others do not.

SOPHROLOGY
This method of childbirth preparation is based primarily on relaxation. The deep relaxation in which the woman is at childbirth should enable better support of contractions and take part in her birth.

SYPHILIS
This disease is sexually transmitted. A pregnant woman infected by a germ may transmit the disease to her baby. If so, it is a child affected with both bony and neurological troubles which is born. That’s why the screening of this disease is made through a blood test in order to, if necessary, treat the mother.

PRÉÉCLAMPSIA
Particular disease related to pregnancy. It manifests by a swelling of the ankles, feet, fingers, by an excessive weight gain and by albumin in the urine. Blood pressure is often too high. It is very important to detect it to have good surveillance at hospital.

TOXOPLASMOSIS
Sickness usually mild except during pregnancy. It can lead to serious brain or eye of the fetus attacks (especially in early pregnancy). A blood test, at the beginning of the pregnancy, can tell if the mother is protected against this disease. If she is not, regular blood tests will check if she has not contracted the disease during pregnancy. For the protection measures see p18.

FALLOPIAN TUBES
There are two lines connecting 5 to 6 cm each of the ovaries to the uterus. One end of the tube has the form of a butterfly in direct contact with the ovary. The fringes bordering these flags snatch the egg when it is mature. It is in the fallopian tubes that fertilization takes place.
UTERUS (WOMB)
Hollow and smooth muscle which is shaped like a pear. Its superior part, wider, is called the body. The cervical is covered with a mucous membrane called endometrium in which nests the fertilized egg. During pregnancy, the uterus weight and volume considerably increase.

VAGINA
A 6 to 10 cm canal, connecting the uterus to the vulva. The vagina is very extendable, distends considerably during birth.

OBSTETRICAL CUPPING GLASS
Device put on the baby’s head when the birth conditions make it necessary. It helps pulling the baby out.

VULVA
External organ of the woman’s genital system, made up of 2 big lips outside, the clitoris and of 2 small lips inside.