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DELIVERING THE FUTURE

MEDICLINIC *baby*

IS A UNIQUE SUPPORT PROGRAMME DESIGNED TO HELP NEW PARENTS MAKE INFORMED AND CONFIDENT HEALTH CHOICES FOR THEMSELVES AND THEIR BABIES.

THE SINGLE MOST IMPORTANT INFLUENCE ON A CHILD'S INTELLECTUAL DEVELOPMENT IS THE RESPONSIVENESS OF THE MOTHER TO THE CUES OF HER BABY.





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**ABOUT MEDICLINIC
CITY HOSPITAL
MATERNITY UNIT**

ABOUT MEDICLINIC CITY HOSPITAL MATERNITY UNIT

WELCOME TO OUR MATERNITY UNIT

Giving birth should be a wonderful experience. That is why our team have created a family orientated centre of excellence to guide pregnant women and their husbands through one of the most exciting, yet vulnerable, times of their lives.

Our goal is to deliver a healthy baby from a healthy mother, leaving only positive sentiments about the experience. This is an environment where you and your family can feel free to ask any questions that you might have, and where you should feel entirely comfortable during the birth and before leaving for home.

Maternity Unit overview

The Maternity Unit at Mediclinic City Hospital is located on the 5th floor. The unit has a total of 18 beds and a caesarean section operating theatre. We have nine antenatal beds, two observation rooms, one recovery room and eight delivery rooms. We have a 28 bed postnatal unit located on the 6th floor. A fully equipped waterbirthing suite and large VIP room is also available on request. We are able to take care of low and high risk pregnancies, including babies from 24 weeks gestation. Our dynamic and highly specialised midwifery team come from over 15 countries and speak over 12 languages enabling us to provide you with the very best personalised care. The Neonatal Intensive Care Unit is also situated on the 5th floor next to the labour rooms.

NEONATAL INTENSIVE CARE UNIT

If your baby is born prematurely or is sick, he may be transferred to our newly upgraded Neonatal Intensive Care Unit (NICU). Mediclinic City Hospital's level-three NICU is now one of the largest in the UAE's private sector following its expansion from 12 to 27 beds. Comprising 17 neonatal intensive care beds, two isolation rooms and 10 neonatal high dependency beds, your baby is assured the highest level of critical care available, should he require it.

Babies who are compromised at birth or who may not be breathing well on their own may be admitted to the NICU for observation.

A baby's stay in NICU can be difficult, but it is also rewarding to watch these babies grow and progress day by day. At Mediclinic City Hospital we employ the latest advances in medicine and technology to give the best possible care to every baby. We provide developmental care to minimise the stress of the NICU environment and enhance their physiological stability, protect their sleep rhythms and promote their growth and maturation. We also work hard to make parents feel like parents. We give special attention to bonding between the existing family and their new premature or sick baby. Kangaroo care is a unique way to promote bonding; we give both mum and dad the opportunity to hold their baby 'skin-to-skin' with the assistance of a specially trained nurse as soon as their baby's condition is stable enough. Our specially designed breastfeeding cubicles with massage chairs and TVs allow mothers to breastfeed or express in comfort.

The NICU also has a special education room where we teach our parents basic infant CPR, provide information about safe sleeping positions, prevention of cot deaths, breastfeeding and weaning options. We also offer scrap book activities where parents can participate in making a scrap book page; one for themselves as well as one to leave behind in the NICU. These sessions are very therapeutic and also give parents the opportunity to read about parents and babies who were in the same situation and discharged. We also have a follow-up parents support group where parents meet after their babies are discharged. This group includes parents, nurses and doctors.





MATERNITY SERVICES

MATERNITY SERVICES

MEDICLINIC BABY PROGRAMME

Mediclinic Baby is a special programme that is designed to support parents-to-be through pregnancy, birth and baby's first year. To participate in the programme, expectant parents can register online at www.mediclinicbaby.ae as soon as the pregnancy is confirmed (12 weeks).

The programme includes:

- Maternity tour by the MCH maternity staff
- Pregnancy journal to record details of your pregnancy and learn about the changes you and your baby will be experiencing
- Complimentary antenatal class for registered parents to be
- Mother and baby gift bag
- Complimentary first BCG immunisation vaccine
- Free lactation clinic
- Baby massage classes
- Complimentary hearing screening

MATERNITY TOURS

Tours of the Maternity Unit are available at Mediclinic City Hospital. These take place every Friday from 11am-12pm, 2-3pm and 4-5pm. No bookings are required.

The tour includes:

- Guided tour by dedicated maternity staff
- Visit to a labour room and antenatal room (subject to availability)
- Explanation of the difference between the antenatal and postnatal wards



MOTHERS' SUPPORT GROUP

Mediclinic City Hospital invites you to join our FREE mothers' support group meetings, conducted monthly by our certified IBCLC lactation consultants.

At Mediclinic City Hospital, our lactation consultants are on hand in a series of monthly meetings to offer advice and help to women who are trying to breastfeed their babies. While the focus of these meetings remains the same - parenting and breastfeeding - each discussion is unique due to the ever changing mix of participants and their needs.

Mothers can benefit from information and support to suit their individual circumstances.

Mothers find it helpful to share their personal experience and helpful tips, while learning about baby feeding and nutrition from the experts.

The lactation consultants are there to answer questions, allay fears and give reassurance. Of course, babies are invited to come with their mothers to these meetings!

Occasionally, experts such as neonatologists, paediatricians, physiotherapists or dieticians will join the meetings to offer their expertise on issues related to babies' development, communication and future health.

Meetings usually finish with refreshments, distribution of goodies sponsored by our valuable partners and time for more chat with the organisers.

Remember, these meetings are absolutely free. For more information and to book your place please email mch.lactation@mediclinic.ae

ANTENATAL CLASSES

Mediclinic City Hospital runs an exclusive FREE programme of antenatal classes for parents who have registered for the HYPERLINK "<http://www.mediclinicbaby.ae/>" Mediclinic Baby programme. The antenatal class cover a comprehensive range of topics such as birth plans, premature and special care babies, labour and delivery, postnatal care, and prenatal/postnatal exercises.

They are designed to better prepare expectant parents but also as an introduction to the hospital staff who will be assisting you during your delivery.

The antenatal classes are scheduled on specific Fridays of every month but are subject to change. Please email us at city-hospital@mediclinic.ae for more information

Subjects covered

- **Preparation for birth**
 - What to bring to hospital
 - When to come to hospital
 - Birth plan
- **Labour and birthing**
 - Induction of Labour
 - Pain management
 - Breathing and relaxation
 - Birth (including video) birthing positions
 - Obstetric Interventions (c/section, vacuum, episiotomy)
 - Information on Water Birth
- **Interactive stations**
 - Breastfeeding
 - Neonatal resuscitation and baby safety (SIDS)

Also included is a tour of the labour and maternity units as well as a Q&A session.

CORD BLOOD AND STEM CELL COLLECTION

Mediclinic City Hospital works with the Dubai Health Authority (DHA) to raise awareness of the importance of cord blood stem cells. The Dubai Cord Blood and Research Centre (DCRC) is a licensed government entity under DHA and is the only licensed provider in Dubai Healthcare City. DCRC stores their cord blood locally, unlike other blood banks. Additional payment for stem cell collection is required as well as a written consent.

GOING HOME AND FOLLOW-UP

Once you have delivered the baby with us, you will receive a follow up call from us to check if everything is fine. If you delivered with an in-house obstetrician, an appointment will be made for your follow-up appointment which is free if not covered by insurance (not applicable for independent doctors). If you delivered with a community-based doctor, they will arrange a follow-up appointment with you separately. You are also entitled to a free dietician appointment.

A follow-up appointment will be made for your baby with one of our paediatricians. Should you prefer to use a community-based paediatrician then it will be your responsibility to arrange an appointment for your baby.

Please be aware that the first follow-up appointment for your baby is NOT included in the delivery package and you will have to pay for the visit. Mediclinic is also offering discounted vaccination packages for babies for two years after birth.

INFANT AND BABY MASSAGE

At Mediclinic City Hospital, we are now offering a five-week session on baby massage which will be conducted by our trained staff. The sessions are free of charge. For more information and course booking call at 04 435 9885.







A hand is visible in the bottom-left corner, holding a blank white sheet of paper. The background is a light beige color. The text 'USEFUL INFORMATION' is printed in a bold, dark grey font on the right side of the page.

USEFUL INFORMATION

USEFUL INFORMATION



DELIVERY - WHAT TO BRING TO THE HOSPITAL

Here is our guide to what you should bring to the hospital for the delivery of your baby:

For the mother

- Nightwear (three sets)
- Personal toiletries/make up
- Clothes easy to remove for breastfeeding (top with buttons)
- Breast pads
- Set of clothes to go home
- Passport copy (both parents)
- Visa copy (both parents)
- Marriage certificate

For the baby

- Clothes for four days
- Blankets for four days
- Car seat
- Mittens to cover baby's hands
- Two or three swaddling blankets (thin type)
- Cap to cover baby's head after delivery

The hospital provides

- Sanitary pads
- Disposable underwear
- Nappies
- Baby wipes
- Towels
- Slippers
- Baby gift bag
- Mothers' gift bag

DURING DELIVERY

During delivery, your comfort and safety are our top priorities. Each room is equipped with a shower and birthing balls are on hand. One of our experienced team of midwives will be personally assigned to you during your labour. Two visitors are permitted while you are in labour, but only one person may stay with you during the actual birth. This is to allow for the extra medical personnel who will also be present. No children are allowed in the delivery room. We do enforce a few necessary labour and delivery rules for the comfort, safety and privacy of all our patients.

We ask that you abide by these at all times:

- Only two visitors permitted during labour
- Only one support person permitted during delivery
- No children permitted in the delivery room
- No visitors to wait in the corridors in front of the labour rooms
- No video cameras in the labour room or operating theatre, however video cameras are allowed in the ward
- No hot water bottles or candles

BIRTH NOTIFICATION

After the birth of your baby, you will be given a birth notification form that needs to be filled in by either you or your husband. If you don't receive this form please ask your nurse for a copy. Please bring into hospital your ORIGINAL marriage certificate and ORIGINAL Emirates ID for both parents. During the collection of your birth certificate you will be asked for your passport and visa copies. (if you are a French national we will require two copies of each document). It takes about two working days to process this form and you will be issued with a birth notification which you will need to get a birth certificate: the ward secretary will give you advice regarding this process

IMPORTANT NUMBERS

| | |
|---------------------------------|------------------|
| Maternity ward | 04 435 9767/9769 |
| Billing department | 04 435 9741/9742 |
| Postnatal ward | 04 435 9885/9886 |
| Room service | 3085 |
| Breastfeeding consultant | 055 605 3005 |

OTHER AVAILABLE SERVICES

Room service

You will be able to select your food daily from a menu: this will be delivered to you. We also have room service available for visitors staying with you in your room. You should have a menu in your room with a selection of food and beverages available. Please call room service for all your catering needs.

Some takeaway menus for outside food orders are also available at reception. Please ask a member of staff for assistance.

Internet

There is free Wi-Fi in Mediclinic City Hospital. Please ask your nurse for the password.





ANTENATAL SCREENING AND DELIVERY PACKAGES

ANTENATAL SCREENING AND DELIVERY PACKAGES

ANTENATAL SCREENING PACKAGES INCLUSIONS AND COSTS

Mediclinic City Hospital offers two antenatal screening packages. Details of these can be found below.

ANTENATAL PACKAGE FROM WEEK 12

| From week 12 | Qty |
|--|-----|
| Consultation with OBGYN specialist | 1 |
| Follow up consultation with OBGYN specialist | 11 |
| Obstetric ultrasound screening | 2 |
| Morphology scan (19-22 weeks) | 1 |
| Full blood count | 1 |
| Haemoglobin (times) | 2 |
| Indirect coombs test (times) | 2 |
| Blood group ABO/Rh | 1 |
| Blood sugar random | 1 |
| VDRL | 1 |
| Rubella IgG | 1 |
| HbsAg | 1 |
| HIV 1&2 | 1 |
| GTT | 1 |
| Toxo IGG | 1 |
| Midstream urine culture and sensitivity | 1 |
| High vaginal swab | 1 |

Package price: AED 6,300*

**Amount to be paid on registration*

ANTENATAL PACKAGE FROM WEEK 28

| From week 28 | Qty |
|--|-----|
| Consultation with OBGYN specialist | 1 |
| Follow up consultation with OBGYN specialist | 5 |
| Obstetric ultrasound screening | 1 |
| Ultrasound obstetrics (single part) | 1 |
| Full blood count | 1 |
| Haemoglobin (times) | 1 |
| Indirect coombs test (times) | 1 |
| Blood group ABO/Rh | 1 |
| VDRL | 1 |
| Rubella IgG | 1 |
| HbsAg | 1 |
| HIV 1&2 | 1 |
| GTT | 1 |
| Midstream urine culture and sensitivity | 1 |
| High vaginal swab | 1 |

Package price: AED 4,120*

**Amount to be paid on registration*

DELIVERY PACKAGES INCLUSIONS AND COSTS

Normal delivery package (Mediclinic doctors)

| Package | AED |
|--|--------|
| Normal delivery package (2 days-standard private room) | 13,840 |

**Epidural anaesthesia - AED 3,420*

**Additional baby (twins) - Approximately AED 4,000*

**Stem cell collection AED 1,145*

(Not included in the package)

1. The package includes:

- Labour ward care - up to 14 hours
- Lab investigation includes Hb, one blood group, cross match and one unit of blood reservation
- Hospital stay for a total period (Including LR) of two days, which includes the patient diet
- Obstetrician's professional fee
- Paediatrician's consultation during the stay at the hospital
- Consumables used during the delivery (as standard)
- Newborn screening and vaccination (BCG and Engerix)

2. The package does not include:

- Epidural anaesthesia
- Blood transfusion/blood products
- Medication/pharmacy and other consumable(s)
- NICU admission

- Circumcision
- Stem cell collection
- Other specialised investigation(s)
- Treatment of complication(s) and associated condition(s)

* For any additional baby, it will include:

- Two days admission
- Paediatrician's consultations (2)
- Vaccination
- Newborn screening
- Any additional services are chargeable on actuals

Normal delivery package (Independent doctors)

*Independent Doctors(ID): Defined as individuals not employed by Mediclinic Middle East who are granted the privilege to treat patient at MCME facilities, in either inpatient or outpatient settings, as applicable.

Normal delivery package estimate (OB/GYN fees not included)

| Package | AED |
|--|-------|
| Normal delivery package (2 days-standard private room) | 9,400 |

**Epidural anaesthesia - AED 3,420*

**Additional baby (twins) - Approximately AED 4,000*

**Stem cell collection AED 1,145*

(Not included in the package)

1. The package includes:

- Labour ward care - up to 14 hours
- Lab investigation includes Hb, one blood group, cross match and one unit of blood reservation
- Hospital stay for a total period (Including LR) of two days, which includes the patient diet
- Paediatrician's consultation during the stay at the hospital
- Consumables used during the delivery (as standard)
- Newborn screening and vaccination (BCG and Engerix)

2. The package does not include:

- Epidural anaesthesia
- Blood transfusion/blood products
- Medication/pharmacy and other consumable(s)
- NICU admission
- Circumcision
- Stem cell collection
- Other specialised investigation(s)
- Treatment of complication(s) and associated condition(s)

* For any additional baby, it will include:

- Two days admission
- Paediatrician's consultations (2)
- Vaccination
- Newborn screening
- Any additional services are chargeable on actuals



C-section delivery package (Mediclinic doctors)

Caesarean delivery package estimate

| Package | AED |
|---|--------|
| Caesarean delivery package (4 days-standard private room) | 27,135 |

**Additional baby (twins) - Approximately AED 5,700*

**Stem cell collection - AED 1,145*

(Not included in the package)

1. The package includes:

- Operating theatre
- Lab investigation including Hb, urine culture and sensitivity, one blood group, cross match and one unit of blood reservation
- Hospital stay for a total period of four days, which includes the patient diet
- Obstetrician's professional fee
- Paediatrician's consultation during the stay at the hospital
- Consumables used during delivery (as standard)
- One baby with routine nursing care
- Newborn screening and vaccination (BCG and Engerix)

2. The package does not include:

- Blood transfusion/blood products
- Medication/pharmacy and other consumable(s)
- Additional baby
- NICU admission
- Circumcision
- Stem cell collection
- Other specialised investigation(s)
- Treatment of complication(s) and associated condition(s)

C-section delivery package (Independent doctors)

*Independent Doctors(ID): Defined as individuals not employed by Mediclinic Middle East who are granted the privilege to treat patient at MCME facilities, in either inpatient or outpatient settings, as applicable.

Caesarean delivery package estimate (OB/GYN fees not included)

| Package | AED |
|--|--------|
| Caesarean delivery package (4 days-standard private room) | 19,375 |
| <i>*Additional baby (twins) - Approximately AED 5,700</i> <i>*Stem cell collection - AED 1,145</i> (Not included in the package) | |

1. The package includes:

- Operating theatre
- Lab investigation including Hb, urine culture and sensitivity, one blood group, cross match and one unit of blood reservation
- Hospital stay for a total period of four days, which includes the patient diet
- Paediatrician's consultation during the stay at the hospital
- Consumables used during delivery (as standard)
- One baby with routine nursing care
- Newborn screening and vaccination (BCG and Engerix)

2. The package does not include:

- Blood transfusion/blood products
- Medication/pharmacy and other consumable(s)
- Additional baby

- NICU admission
- Circumcision
- Stem cell collection
- Other specialised investigation(s)
- Treatment of complication(s) and associated condition(s)

Instrumental delivery (forceps/KIWI/vacuum) package (Mediclinic doctors)

During an instrumental delivery, forceps or a vacuum extractor apply traction to the foetal head in order to aid delivery.

Instrumental delivery package estimate

| Package | AED |
|--|--------|
| Instrumental delivery package (2 days-standard private room) | 16,610 |
| <i>*Epidural anaesthesia - AED 3,420</i> <i>*Additional baby (twins) - Approximately AED 4,000</i> <i>*Stem cell collection - AED 1,145</i> (Not included in the package) | |

1. The package includes:

- Labour ward care - up to 14 hours
- Lab investigation includes Hb, one blood group, cross match and one unit of blood reservation
- Hospital stay for a total period (including LR) of two days, which includes the patient diet
- Obstetrician's professional fee
- Paediatrician's consultation during the stay at the hospital
- Consumables used during the delivery (as standard)
- Newborn screening and vaccination (BCG and Engerix)



2. The package does not include:

- Epidural anaesthesia
- Blood transfusion/blood products
- Medication/pharmacy and other consumable(s)
- NICU admission
- Circumcision
- Other specialised investigation(s)
- Treatment of complication(s) and associated condition(s)
- Stem cell collection

* For any additional baby, it will include:

- Two days admission
- Paediatrician's consultations (2)
- Vaccination
- Newborn screening
- Any additional services are chargeable on actuals

Instrumental delivery (forceps/KIWI/vacuum) package ((Independent doctors)

*Independent Doctors(ID): Defined as individuals not employed by Mediclinic Middle East who are granted the privilege to treat patient at MCME facilities, in either inpatient or outpatient settings, as applicable.

During an instrumental delivery, forceps or a vacuum extractor apply traction to the foetal head in order to aid delivery.

Instrumental delivery package estimate (OB/GYN fees not included)

Package

AED

Instrumental delivery package (2 days-standard private room) 11,070

**Epidural anaesthesia - AED 3,420*

**Additional baby (twins) - Approximately AED 4,000*

**Stem cell collection AED 1,145*

(Not included in the package)

1. The package includes:

- Labour ward care - up to 14 hours
- Lab investigation includes Hb, one blood group, cross match and one unit of blood reservation
- Hospital stay for a total period (including LR) of two days, which includes the patient diet
- Paediatrician's consultation during the stay at the hospital
- Consumables used during the delivery (as standard)
- Newborn screening and vaccination (BCG and Engerix)

2. The package does not include:

- Epidural anaesthesia
- Blood transfusion/blood products
- Medication/pharmacy and other consumable(s)
- NICU admission
- Circumcision
- Other specialised investigation(s)
- Treatment of complication(s) and associated condition(s)
- Stem cell collection

*** For any additional baby, it will include:**

- Two days admission
- Paediatrician's consultations (2)
- Vaccination
- Newborn screening
- Any additional services are chargeable on actuals

EMERGENCY DELIVERY PACKAGE

Costs depend on the type of the delivery
(c-section or a vaginal/normal/instrumental delivery)

Services not included in the packages

Please refer to the individual package sections for a full list of services which are not included in the delivery packages. We would, however, like to draw your attention to the following:

- There will be an AED 1,145 charge for stem cell collection, payable on admission, should you require this service
- Please check with your insurance company regarding payment for epidural as many insurance companies will not cover this
- Any blood test or medications required by you or your baby which are not already covered in the delivery package will be at extra cost





LIFESTYLE DURING PREGNANCY



LIFESTYLE DURING PREGNANCY

NUTRITION DURING PREGNANCY

Following a balanced diet is particularly important during pregnancy. Your growing baby has special nutrient needs which can be met through your diet. Furthermore, a growing baby places extra demand upon your body, and a healthy diet can help keep you feeling fit and well. During pregnancy you have increased nutritional requirements, especially for protein, calcium, iron and folate (folic acid). It may not always be possible to meet these increased needs and your doctor or dietician may recommend a supplement. However, for the majority of women, following a normal healthy diet can meet all your increased requirements.

General healthy eating guidelines

- Enjoy a variety of foods – eating small meals throughout the day is often more comfortable than eating three bigger meals – the small meals tend to help with nausea and heartburn
- Be active – the myth that you are not allowed to be active during pregnancy is not true, being moderately active will not harm the baby
- Drink lots of clean, safe water – at least two litres a day
- Make starchy foods the basis of most meals – these are your energy foods, what is important in these foods are the wholegrains. Wholegrain starches provide essential carbohydrates that provide energy for your body. Many wholegrains contain fibre, Iron, vitamin B and various minerals. Trade sugary white cereals and white bread for wholegrain cereals or wholewheat bread
- Eat plenty of vegetables and fruit everyday – they give your unborn child specific nutrients like B vitamins and vitamin C. Having enough fruits and vegetables can also prevent constipation. Try and ensure you eat at least two fruits and three vegetables daily during your pregnancy
- Eat dried beans, peas, lentils and soya regularly – again for fibre and digestion

- Chicken, fish, meat, milk or eggs can be eaten daily - meat, poultry, fish, eggs and beans provide your body with protein, vitamin B and iron. These foods should be eaten on a daily basis. Dairy products also provide protein, but more importantly provide your body with calcium that helps to build your baby's bones and teeth
- Have at least 150g of cooked low-mercury fish each week
- Eat fats sparingly
- Avoid/limit caffeine – some studies suggest that three or more cups of coffee a day may increase the risk of miscarriage although there is no 'proof' as yet. Limit your intake to two to three cups of a caffeine-containing beverage per day
- Use foods and drinks containing sugar sparingly and not between meals
- Avoid alcohol and cigarettes as they can cause birth defects

TIPS

Planning your meals in advance can ensure that you and your family eat a balanced diet. Make sure you are eating foods from all five of the food groups – grainy foods, vegetables and fruits, healthy fats, dairy foods, meats and legumes.

Weight gain during pregnancy

Obese and underweight mothers:

Being underweight – Not gaining enough weight means your baby may miss out on some essential nutrients which can cause problems later on. Being underweight is also linked with having low birth weight babies.

Being overweight - Problems associated with being overweight during pregnancy include high blood pressure, gestational diabetes, complications in delivery and longer hospital stays for you or your baby.

Recommended weight gain for pregnant women (based on your pre-pregnancy body mass index - BMI):

| BMI category | Recommended total weight gain (kg) | 2 nd and 3 rd trimester weekly gain (grams)* |
|---------------------------------|------------------------------------|--|
| BMI < 18.5 (underweight) | 12.5 - 18 | About 500 |
| BMI 18.5 - 24.9 (normal weight) | 11.5 - 16 | About 400 |
| BMI 25.0 - 29.9 (overweight) | 7 - 11.5 | About 300 |
| BMI ≥ 30 (obese) | 5 - 9 | About 200 |

**Total of 0.5 - 2kg weight gain is assumed in the first trimester.*

Adequate weight gain during pregnancy is the most important way of ensuring adequate foetal growth. Eat “twice as healthy” not “twice as much”. During pregnancy your energy requirements are only increased during the last trimester. The increased requirement is approximately 200-300 kcal. Hence, it is the quality and not the quantity of your diet that is important!

Essential nutrients during pregnancy

Iron

Iron is used in the formation of new red blood cells, both in you and your baby. Iron is best absorbed from animal foods such as red meat, chicken and fish. Vegetable-based foods such as legumes, wholegrain breads and cereals, nuts and green leafy vegetables also contain iron, although it is not as well

absorbed into the body. Vitamin C helps with iron absorption, so it is useful to include vitamin C containing foods with a meal. For example, include tomato or capsicum on wholemeal or wholegrain sandwiches, or have some berries on your breakfast cereal. Some women find it difficult to obtain all the iron they need during pregnancy and may require an iron supplement. Your doctor can advise you on this.



Folate

Folate is a B vitamin that plays an important role very early in pregnancy in the normal development of your baby. It is also important later in pregnancy for the growth of new red blood cells. Foods rich in folate include green vegetables (broccoli, green beans, peas, avocado, asparagus), fruit and wholegrain breads and cereals. Folate is destroyed by heat, so lightly steam or microwave vegetables rather than boiling them. Also try to eat some raw, for example, in salads.

Calcium

You and your baby need calcium for development of strong bones and teeth. It also helps to keep your circulatory, muscular and nervous systems running properly. Good sources of calcium include milk and dairy products. Many breakfast cereals and fruit juices are enriched with calcium.

Protein

Protein is essential for growth and development of the foetus. Make sure that you get enough protein by eating meat, chicken, fish, eggs, milk and dairy products, as well as plant protein from sources such as dried beans, peas, lentils and soya.

Issues during pregnancy

Morning sickness

During pregnancy, the changing hormones can cause morning sickness during the early weeks. Despite the name, it may occur at any time during the day. Ideas to help manage morning sickness include:

- Sip dry ginger ale
- Eat some dry biscuits before getting out of bed
- Eat small amounts frequently and eat slowly
- Drink between meals, rather than with food
- Low fat dairy products may be better tolerated
- Avoid offensive odours
- Get some fresh air

Heartburn and indigestion

Some women may experience heartburn and indigestion towards the end of their pregnancy. This is due to the growing baby pressing against the stomach which can force stomach contents up into the oesophagus, also known as the food pipe.

The following tips may help:

- Avoid highly spiced or seasoned foods
- Avoid fatty or fried foods
- Limit caffeine intake
- Have small frequent meals to avoid the stomach becoming too full or too empty
- Drink fluids between meals rather than with meals
- Eat slowly
- Sleep with two pillows or raise the head of the bed

Constipation

Constipation can be caused by a number of things which include:

- Hormonal changes which relax the intestinal muscles
- Use of iron supplements
- Baby pressing on the bowel
- Poor fibre intake

To prevent constipation, ensure the following:

- Drink plenty of water (eight cups per day)
- Eat plenty of wholemeal or wholegrain breads, cereals, fruit, vegetables, legumes and nuts to provide fibre
- Ensure adequate activity and exercise

FITNESS DURING PREGNANCY

Regular exercise during pregnancy is highly recommended to maintain good health and help you cope with labour by preparing your muscles and increasing your stamina. Guidelines recommend low to moderate intensity exercises three to four times per week for a maximum of 40 minutes. However, during pregnancy your posture alters as your body changes shape and the hormones of pregnancy soften and

stretch your ligaments. Your abdominal muscles are also stretched and are less able to provide protection for your spine and pelvis. It is therefore common for women to feel back and pelvis pain during pregnancy and extra care must be taken to keep fit and healthy and avoid potential pain or injury.

Women's physiotherapy:

At Mediclinic City Hospital our women's health physiotherapy services are specially designed for prenatal and postnatal care. Our goal is to reduce pelvic and other common related pain while preparing women physically and mentally for birth. You may book an appointment with one of our highly experienced physiotherapists should you require expert advice.

Women's health services include:

- Prenatal and postnatal physiotherapy
- Physiotherapy for pelvic and abdominal pain
- Physiotherapy for urine incontinence and bowel symptoms

Posture

Keeping good posture and looking after your back is very important in pregnancy. Keep your spine and pelvis in a symmetrical position at all times.

- Standing – Keep your weight even between your feet. Stand and walk tall. Pull your tummy in and tuck your bottom under
- Sitting – Keep your weight even between your buttocks. Avoid crossing your legs and use a small pillow or rolled towel either in the small of your back or just lower across your pelvis
- Getting out of bed – Keep your knees bent and roll to one side, then push up with your hands into sitting as you lower your legs over the edge of the bed
- Lifting and carrying – Keep your back straight and bend through your hips and knees. Pull the load in close to your body before you lift. Avoid lifting or carrying heavy things. Avoid twisting your back – instead move your feet to turn around

- Bending – Avoid leaning over. Kneel or squat instead of bending for low-level jobs such as gardening, bed making or reaching into low cupboards
- Get in and out of the car keeping knees and ankles together. Sit down backwards on the seat and turn keeping your legs together. A plastic bag on the seat may make turning easier

Remember, always check with your doctor before exercising especially if you have any complications of pregnancy or have any other medical problems. Seek medical advice if you feel unwell exercising or have any significant discomfort or pain. Avoid high impact exercises or contact sports that may put you at risk of injury. Low impact exercises such as walking and swimming are recommended.

Taking care of your pelvic floor

The pelvic floor is a sling of muscle at the base of the pelvis that supports the pelvic organs, helps maintain bladder and bowel control and maintains healthy sexual function. During pregnancy the hormones and the weight of the baby have a weakening effect on the pelvic floor, and during labour the muscles are stretched. Ongoing weakness can cause bladder or bowel control problems, or allow the pelvic organs to drop down (prolapse). One in three women who have ever had a baby wet themselves to some degree. It is therefore recommended that all women exercise their pelvic floor muscles regularly throughout life.

There are two ways you need to exercise the pelvic floor. Start in any position you feel comfortable – lying, sitting or standing.

Long holds

Keeping your bottom muscles relaxed, as strongly as possible squeeze and draw up the muscles around your front passage, vagina and back passage as if stopping the flow of urine and wind. Try to hold this squeeze and lift for up to 10 seconds then relax completely. You must feel the muscles relax back down otherwise they may have already fatigued so hold for a shorter time. Do as many in a row as you can up to 10 reps.

Breathe normally whilst doing these exercises. Relax for the count of four between each contraction.

Quick squeezes

Now carry out fast, strong pelvic floor contractions holding each squeeze and lift for only one second. Repeat up to 10 times. This is necessary for training the muscle to contract quickly when you cough, laugh or sneeze.

Aim

10 second holds, do 10 and do 10 quick – three times each day.

To help you remember, try doing five long and five quick contractions every time you wash your hands after going to the toilet, or every time you have a drink.

Pelvic tilting

Exercise 1: Kneel on hands and knees keeping back straight. As you breathe in, drop head and gently round lower back, stretching it up as you do a pelvic floor contraction and then pull your lower abdomen in towards your spine. Relax slowly to return to starting position as you breathe out. **DO NOT** allow your back to hollow down deeply.

Exercise 2: Also try this exercise while lying on your side, in sitting and in standing.

IMPORTANT

Doing this exercise in sitting and standing will help with keeping good posture.

Exercise 3: In the starting position, gently circle pelvis clockwise and later anti-clockwise.



TAKING CARE OF YOUR BACK AND PELVIS DURING LABOUR AND DELIVERY

- Avoid lying on your back when delivering your baby



- If you are lying on your side, keep symmetrical. Ensure your knees are level and do not allow your top leg to be forced up too far



- To push effectively you may need to “bear down” by leaning forward over your abdomen. Make sure you rest between contractions in a more comfortable position that allows your neck and back to straighten out
- Frequently changing positions ensures that different muscles are used and others have a chance to relax and recover
- Ensure that between contractions you are able to relax your whole body as much as possible. This will give your muscles time to recover to help you during contractions. Resting also maintains your energy
- To prevent upper back and neck pain avoid prolonged pressure through your arms. Use positions that do not use your arms for support. Try to keep your shoulders relaxed and not hitched up
- If you have an epidural for pain relief or for a caesarean birth you cannot accurately sense pain in your back, pelvis and legs. To prevent injury you or your partner should make sure you are correctly positioned and moved carefully. This means carefully supporting your legs and back and keeping them in alignment. Be very careful if you are re-positioned for an instrumental delivery or onto a trolley for a caesarean delivery

If you are having any low back pain or pelvic pain you are finding difficult to manage please contact your obstetrician and ask to be referred to the women’s health physiotherapist. For further advice you can contact the hospital and ask for the Rehabilitation Department on 04 435 9999.



LABOUR

LABOUR

Labour is a process that takes time and support. It is a time filled with mixed emotions and feelings. Your medical and midwifery team will help to support and guide you through this special time.

LABOUR POSITIONS

Lying flat on your back is often the least effective delivery position of all — any position that enlists the aid of gravity is likely to yield speedier results. Plus, lying on your back with a full-term baby inside your uterus can put pressure on important blood vessels, possibly compromising blood flow to the baby.

Moving around and varying your position not only eases discomfort but can only speed up the progress. High-risk pregnant women will be prevented from this. You can choose from any of the following labour and delivery postures (some of which can be used even by women with an epidural or continuous foetal monitoring):

- Standing or walking has been shown to relieve some of labour's discomfort. It also helps you work with gravity, allowing your pelvis to open and your baby to move down into your birth canal. Walking is something you'll be more likely to do early in labour; it'll be harder to do once the contractions are fast and furious. Standing is something you can do at any point during labour, though you might want to lean against a wall or your partner for support during contractions.
- Rocking, either on a chair or ball, swaying back and forth, allows your pelvis to move and encourages the baby to descend. The more upright you are, the more gravity is able to assist. You can sit in a rocking chair even if you're being monitored continuously
- Squatting, a position you'll probably use only late in labour or during delivery itself, opens up the pelvis to give your baby more room to move down. You can use your partner for squatting support or you can use a squatting bar, which is often attached to the birthing bed (leaning on the bar will keep your legs from tiring out as you squat). Squatting can

be used in conjunction with monitoring equipment. Birthing balls are large exercise balls that you can lean on or sit on during labour. Sitting on one helps to open up your pelvis, and it's a lot easier than squatting for long periods. Like squatting, you can use a birthing ball even if you're being monitored

- Sitting up can ease the pain of contractions and allow gravity to assist in bringing your baby down into the birth canal. You can assume this position even if you've been given an epidural or have a foetal monitor strapped on
- Kneeling over a chair is a great position for back labour (when the back of the baby's head is pushing against your spine) because it encourages the baby to move forward, taking the pressure off your back. Alternatively, you can lean over your partner's shoulder to relieve some of that pressure
- Hands and knees (on all fours) is another way to cope more comfortably with back labour. This position, which can be assumed even if you're attached to a foetal monitor, also allows you to do pelvic tilts for comfort. Many women like to deliver in this position no matter what kind of labour they're having, since it opens up the pelvis and uses gravity to coax baby down
- Side-lying is much better than lying on your back because it doesn't compress the major veins in your body (which could compromise blood flow to your baby). You can use the side-lying position if you've had an epidural or if you're being continuously monitored - or if you just need to lie down for a while. Side-lying can also be a good delivery position — it can help slow a too-fast birth, as well as ease the pain of some contractions.
- Keep in mind that a good labour position is one that makes you feel more comfortable for a while. As for delivery — whatever works is the best position for you.

PAIN RELIEF IN LABOUR

Towards the end of pregnancy you may notice your uterus tightening from time to time. When labour starts, these tightenings become regular and much stronger. This may cause pain that, at first, feels like strong period pain but usually

gets more severe as labour progresses. The amount of pain varies. Your first labour is usually the longest and hardest. Sometimes it is necessary to induce labour artificially or to stimulate it, if progress is slow, and this may make it more painful. Over 90% of women find they need some sort of pain relief during labour.

What methods of pain relief are available at Mediclinic City Hospital?

There are several ways of helping you cope with pain. It is difficult for you to know beforehand what sort of pain relief will be best for you. The midwife who is with you in labour can advise you.

Here are some of the facts about the main methods of pain relief that you may be offered:

- **non-medicated methods**

Pain in early labour can often be managed by simple methods. A supportive companion is invaluable. Relaxation is important and moving around sometimes helps. Bathing in warm water and massage can help you relax and take some of the pain away. Music and aromatherapy can also be helpful. If your doctor allows, using the water pool for pain relief can prove effective.

- **Entonox**

Entonox is 50% nitrous oxide and oxygen, sometimes known as 'gas'. You breathe this through a mask or mouthpiece; it is quick to act and also wears off quickly. It may make you feel light-headed but it will not harm your baby. Used at any time of labour, it will not take the pain away completely but it will help. You can control the amount of gas you use, but timing is important. You should start breathing the gas as soon as you feel a contraction coming on so that you will get the full effect when the pain is at its worst. You should not use it between contractions or for long periods as this can make you feel dizzy and tingly. Also, breathing very hard is not very good for your baby and it may make you sleepy



- **Pethidine**

Pethidine is a pain relieving medication that may be offered to you if the entonox is no longer effective. Pethidine is a sedative, given as an injection in the muscle and help to promote feeling of relaxation. There is a side effect of feeling drowsy, so you will be asked to remain in the bed with your baby closely monitored. Your midwife will assess the most appropriate time to give you this medication as the peak action of this medication lasts for three to four hours. If Pethidine is given close to delivery, the effect on your baby is very slight.

- **Epidural**

An epidural is an anaesthetic based pain relief and is injected through a very small tube into your back by an anaesthetist. Most people can have an epidural, but certain complications of pregnancy and bleeding disorders may take it unsuitable. If you have a complicated or long labour the obstetrician may recommend that you have one. In such

circumstances it will benefit both you and your baby. If you have had back surgery or injury, or suffer from a curved spine, it is important to discuss this with the anaesthetist

You should discuss with your obstetrician or midwife whether an epidural is suitable for you. The anaesthetist will need to be called, and he/she will want to be sure you understand the benefits and possible side effects. You will be asked to sign a consent form.

You will first need an intravenous drip which is often necessary in labour for other reasons. You will be asked to curl up on your side or sit bending forwards. Your back will be cleaned and a little injection of local anaesthetic injected into the skin, so putting in the epidural should not hurt.

A small tube is put into your back near the nerves carrying pain from the uterus. Care is needed to avoid puncturing the bag of fluid that surrounds the spinal cord, as this may cause a headache afterwards. It is, therefore, important to keep still while the anaesthetist is putting in the epidural, but after the tube is in place, you will be free to move. Once the tube is in place, pain-relieving drugs can be given as often as necessary or continuously by a pump. While the epidural is taking effect, the midwife will take your blood pressure regularly. The anaesthetist and your midwife will also check that the epidural is working properly. It usually takes about twenty minutes to work, but occasionally, it doesn't work well at first and some adjustment is needed.

What are the effects of an epidural?

The epidural works on the nerve endings related to your abdomen and lower limbs. This means your legs will feel heavy and numb afterwards. As you will not be able to walk to the bathroom, a urinary drainage catheter will be inserted.

It should not make you feel drowsy or sick, nor does it normally delay stomach emptying. Occasionally it causes your blood

pressure to drop, which is why you have the drip to help regulate this. It sometimes makes you shiver at first, but this usually stops quite soon.

An epidural may prolong the second stage of labour and reduce the urge to bear down, but, with time, the uterus should push the baby out. Epidurals are safe for the baby.

Epidurals are very safe when managed by experienced doctors and midwives. Like everything in medical practice, however, there are some risks. In about one in 200 cases, difficulty in inserting the epidural results in the mother getting a headache after delivery. This is not serious and can be treated, if it occurs. In rare cases, some women may also experience a prolonged period of numbness caused by the epidural anaesthetic spreading too far.

Backache is a very common condition after delivery, irrespective of what method of pain relief is used, due to back strain caused by relaxation of the joints during pregnancy, changes in posture and exertion in labour and delivery. Epidurals occasionally cause a few days of local back tenderness.

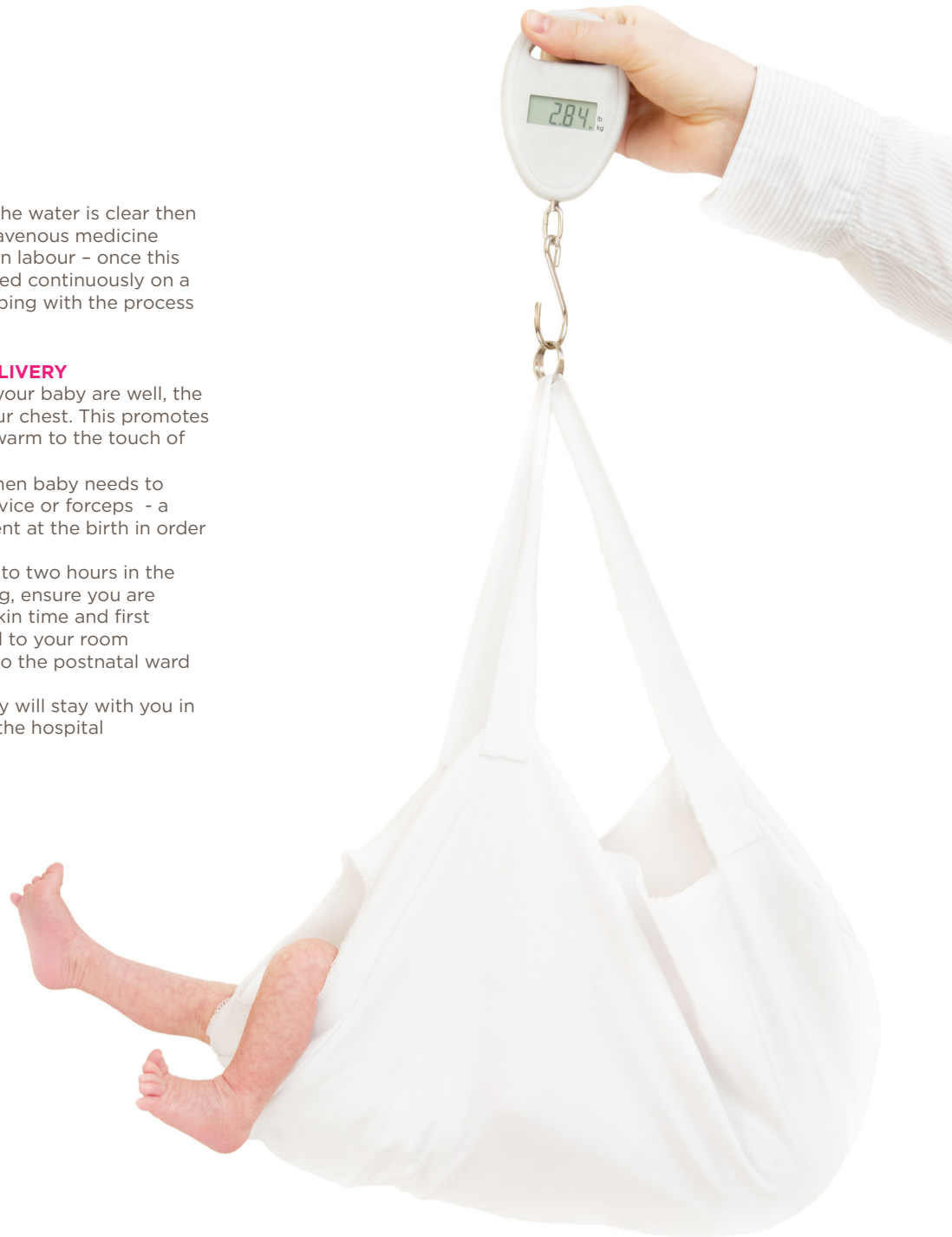
INDUCTION

- An induction of labour, often referred to simply as 'induction', is when drugs are used to start your contractions and begin the labour process. This will be decided by your doctor if there is a need to start your labour for medical reasons or if you are over your due date
- Induction causes most women to have period-like cramps which can be very painful
- The technique used for your induction will be discussed with you by your doctor, depending on the readiness of your body. During Induction your baby will need to be monitored carefully, you will be supported with your choice of pain relieving strategies.

- Once the amniotic bag is broken and the water is clear then the doctor may decide to start an intravenous medicine called syntocinon to start or strengthen labour - once this has begun you will have to be monitored continuously on a CTO machine to ensure the baby is coping with the process and also to monitor your contractions

PROCEDURES DURING AND AFTER DELIVERY

- Immediately after delivery, if you and your baby are well, the baby will be placed skin-to-skin on your chest. This promotes bonding and helps the baby become warm to the touch of your skin
- In the case of an assisted delivery - when baby needs to be delivered either using a vacuum device or forceps - a paediatrician will be called to be present at the birth in order to assess baby immediately
- After delivery you will be kept for one to two hours in the delivery room to monitor your bleeding, ensure you are stable and that baby has had skin to skin time and first breast feed, before you are transferred to your room
- After delivery, you will be transferred to the postnatal ward that is situated on the 6th floor
- We do not have a nursery so your baby will stay with you in your room in a baby crib provided by the hospital





**AFTER
DELIVERY**

AFTER DELIVERY

After the birth of your baby, our goal at Mediclinic City Hospital is to help you adapt to the challenges of motherhood and make this transitional period as easy as possible. In order to serve you better and to make adequate time to tend to all your needs we have a routine in the ward that needs to be followed.

Mothers who have had a normal delivery

You will stay in the hospital for three days (this is counted from the day that you are admitted into the hospital). During this time you will be given a sitz bath (optional) and your nurse will explain how to use it. The nurses will come and check on you daily to make sure that you are comfortable and that any issues are addressed as soon as possible.

Mothers who have had a caesarean section

You will stay in the hospital for five days (this is counted from the day that you were admitted in the hospital). Approximately eight hours after your caesarean section you will be encouraged to start moving around (unless otherwise stipulated by your doctor). It's important to start moving as soon as possible to try and avoid post operative complications like blood clots in your legs - your nurse will assist you in this. You will be required to use anti-embolitic stockings for the duration of your stay. Your obstetrician will also come and review you - and if not possible we have obstetric hospitalists who will come and review you and give feedback to your doctor regarding your condition. Feel free to ask any questions you may have.

Days four and five are for rest and recovery. During this period you will be seen by a physiotherapist who will guide you regarding exercises that you can do to help with the healing process. Your doctor may order tests if your baby needs them and you will be informed about this.

MOST COMMON POSTNATAL PROBLEMS

After delivery, you or your baby may experience some problems which, although perhaps alarming to you, are

actually very common. Here we take a look at what you could expect.

Soreness

- Generalised soreness all over the body is very common after delivery
- Women who had a normal delivery may experience head, neck and back pain from the strain of pushing and the epidural/spinal injection
- Women who had caesarean sections will have pain over the wound and abdominal area from the operation scar. This should ease after approximately five days: the physiotherapists will discuss with you exercises you can do post delivery

Afterpains

- These are sharp, period-like pains you may experience after delivery which can increase while breastfeeding
- Afterpains are normal and help the uterus shrink back to pre-pregnancy size (it can take up to two months for the uterus to go back to normal size)

Difficulty going to the bathroom

- Urination and bowel movement problems are very common after delivery. The whole pelvic/perineal area has been stretched during delivery and will take time to heal
- Your doctor will give you a stool softener to help with this and you should drink plenty of water

Heavy and full breasts

- It is normal for breasts to become heavier from day two to three after birth, which is a sign that your milk is increasing and establishing. It is important to keep your baby close and feed frequently to ensure softer breasts and to prevent engorgement
- Contact and talk to the hospital lactation consultant or trained midwives who can give you professional advice on an individual basis

Tears and cuts

- For women who have had an episiotomy, tear or caesarean section, recovery from this will be an important part of their post delivery period
- It's important to keep the incision site clean and dry and observe it for any signs of infection like redness, swelling or abnormal discharges
- Most women will get sitz baths (optional) for episiotomies or tears, the nurses will teach you how to use them. For caesarean section patients the doctor/nurses will change your dressing and give you advice on wound care for when you go home

Jaundice

- Yellowing of the skin occurs in almost half of all babies. It is usually treated by frequent feedings and the use of phototherapy lights in severe cases. Your doctor will be able to tell if treatment is necessary by examining your baby and/or doing a blood test

Anxiety

- In the beginning your baby may experience some skin rashes, mild yellowish skin colour and/or lose some weight (up to 10%), all of which are entirely normal but can cause new mothers anxiety. Should you have any questions, talk to your doctor or nurse and they will explain the situation to you. We have nurses and neonatal/obstetric hospitalists on call 24 hours a day to answer any questions you may have

Baby blues

- 60-70% of women will experience some negative feelings and mood swings after delivery
- This is normal and is caused by hormones which are flooding your system
- Abnormal feelings of sadness and bouts of crying are normal and should subside after about four days
- Holding your baby skin to skin and breastfeeding frequently will help to decrease the symptoms. Also, getting fresh air and sleeping as much as possible between feeds, as well as

eating and drinking properly, will help

- If the feelings persist after 14 days it's very important to consult your physician as this may be a sign of post partum depression

Marital stress

- Despite the joy of having a new baby in the house, this is also a stressful time of transition for everyone
- It's very important to communicate with your partner and establish a routine that will benefit both of you
- Partners should be encouraged to help as much as possible and give new mothers adequate time to rest and recuperate

FEEDING

At delivery, pregnancy hormones suddenly change, then breastfeeding hormones can start working. When baby sucks at the breast, these hormones release and cause the milk to flow. The more frequently your baby feeds, the more milk you will make. Your first milk (colostrum) is very thick, rich and small in volume. During the first week of your baby's life, the volume of your milk grows together with the size of your baby's stomach. It is normal for newborns to lose up to 10% of their birth weight in the first few days.

Burping your baby

Before breastfeeding your baby, it is important to burp him. Burping involves handling the baby in a way that the excess air is to be released. This will prevent any discomfort from air that is trapped inside the baby's abdomen and baby will be comfortable while breastfeeding.

HEALTHY EATING AFTER DELIVERY

After pregnancy, proper nutrition is still important – even more so if you are breastfeeding. Apart from recovering from the tremendous stress of delivering your baby, as a new mum you will need energy and nutrients to adjust life with your newborn. So you should continue eating a well-balanced diet, just as you did during pregnancy.

Like many mothers, you may be concerned about losing the weight you gained during pregnancy. Keep in mind that this takes time and each woman's body responds differently. But this is not a time for quick fixes, fad diets or rapid weight loss. A healthy diet combined with regular exercise is the best way to shed the kilos!

- Keep enjoying a variety of foods from all food groups:
 - Breads and cereals for energy: choose wholegrain or brown options, such as wholegrain bread, all-bran cereals, oats, brown rice or wholemeal pasta
 - Vegetables and fruits for fibre, vitamins and minerals: vary your choices and preparations - fresh, frozen, canned in natural juice - steamed, baked, raw, roasted or stewed. They will help you feel full for longer
 - Meats and alternatives for protein: choose lean cuts of meat, skinless poultry, fish and eggs. Vegetarian alternatives such as dried beans, peas, lentils, tofu, nuts and seeds are also beneficial
 - Dairy products for calcium and protein: choose low-fat options
 - Fats for healthy unsaturated fatty acids: use vegetable oils such as olive, canola, sunflower or sesame oils, but try not to exceed two to three tbsps per day. Avoid butter/ghee
- Limit the frequency and size of foods and drinks high in fat and/or sugar, such as chocolate, pastries, cookies, potato chips, french fries, fried foods, fatty take-away and ready-made meals, soft drinks, milkshakes, flavoured coffees and teas, sweet lassi and alcohol
- Don't skip meals. You should have three meals of controlled portions and one to two small healthy snacks, depending on your activities and schedule
- Keep handy and healthy snacks always available, such as fruit, vegetable sticks, unsalted nuts and seeds, hummus, all bran cereals, rice crackers, low-fat yogurt and cheese
- Drink mostly water or unsweetened beverages (herbal tea, occasionally diet sodas). If you are breastfeeding, hydration is essential to maintain your milk supply. You need to drink more to replace the fluid used in breast milk. So every time your baby feeds, you should drink a glass of water or unsweetened herbal tea or low-fat milk for example. You will also need extra drinks at other times during the day, but aim for a minimum of 10 glasses per day
- If you are breastfeeding, avoid smoking and high mercury fish. Limit coffee to one to two cups in a day. If you want to have an occasional glass of alcohol, it is possible. Please ask the lactation consultant how you can have it without any effect on your milk
- Plan your meals for the next three days or for the entire week and make a shopping list
- Progressively reintroduce light physical activity in your routine

In summary - set reasonable objectives, eat a varied and well-balanced diet and be active!





A close-up photograph of a baby's hand and forearm, resting on a white surface. The hand is clenched into a fist, and the skin is a soft, pale pinkish tone. The background is a plain, bright white surface.

TAKING CARE OF YOUR BABY

TAKING CARE OF YOUR BABY

GENERAL INFORMATION

Handling and bathing your newborn, and changing the first nappy, can be daunting for new parents. The staff on the postnatal ward will guide you through the first steps and help you until you feel more comfortable.

Bathing your baby

Bathing your baby too soon is discouraged as the skin-to-skin contact you have with your baby can help 'colonise' his skin with friendly bacteria from your skin. This can reduce the risk of skin infections developing. Your baby should also have the opportunity to become accustomed to his environment.

When you do bathe your baby, remember that his skin is very delicate and vulnerable to chemicals, germs and water loss. It is best to hand wash your baby (no cloths or sponges) with plain water. A baby comb can be used to gently remove any debris from thick hair after delivery. Please bring a baby brush and comb set to hospital with you.



It is best to avoid cleaning the delicate area around the eyes initially, however staff may demonstrate how to clean the eyes so you know what to do at home. If the eyes become puffy or sticky the staff will advise you.

Cleaning inside of the ears and nose with cotton buds should be avoided to prevent damage to these sensitive areas.

Recommendations are to bath your baby two to three times per week until the cord falls off. In the hospital an initial bath is performed, on the second day staff will help you to bath your baby so that you know how to do it at home. Thereafter you can 'top and tail' which simply means cleansing the baby's face and nappy area, using plain water.

Vernix

If your baby was born at 40 weeks of pregnancy the skin folds (e.g. under the arms) may be covered with vernix. Vernix is the white cream that covers and protects the baby's skin in the womb. The vernix is beneficial to the baby and should be left to absorb into the skin naturally. It is a natural moisturiser and gives added protection against infection in the first few days of life.

Premature baby's skin

A premature baby's skin is even more delicate so it is important to take extra care. Staff in the Neonatal Unit will guide you.

Overdue baby's skin (born after 40 weeks of pregnancy)

The baby's skin may be dry and cracked. This is to be expected as the protective vernix has been absorbed. It is best not to use creams or lotions as this may do more harm than good. The top layer of your baby's skin will peel off over the next few days, leaving perfect skin underneath.

Cleaning the nappy area

Begin with changing the baby's nappy before feeding. As you get to know your baby you will learn when the best time is to perform a nappy change:

- You can use disposable or cloth nappies
- Use plain water and cotton wool only and always clean the nappy area from front to back
- A small amount of barrier cream to protect the skin from nappy rash is advised. The ideal preparation should be free from preservatives, colours, perfumes and antiseptics
- If you are using baby wipes, make sure you are using the wipes that are mild, free from alcohol and strong perfumes which can irritate the skin
- Avoid pulling the foreskin back when cleaning a boy, this may cause pain and damage to the area. If your baby is circumcised ask the doctor performing the procedure about caring for the nappy area

To help prevent nappy rash occurring:

- Change the nappy frequently
- Clean with water only
- Pat the skin dry – do not rub
- Open the nappy occasionally, allowing air to the skin
- Use small amount of barrier cream

What to expect when you change your baby's nappy

The first stool (dirty nappy)

It is important to breastfeed your baby within first hour after the birth. The early feed will help your baby pass the first stool called meconium. Meconium is thick, black and sticky. It is usually passed during the first 24 hours after birth, as long as you breastfeed early and frequently. If your baby passes meconium soon after birth, it helps reduce the incidence or severity of jaundice.

Changing stools

After two to three days the stool will change to what is called a "transitional" stool which will be more greenish. As your milk changes so do the dirty nappies. Between day three to five after birth, the dirty nappies will become more frequent and the stool will appear yellow, runny and "seedy". This is normal; do not mistake it with diarrhoea.

Mixed-fed (breastmilk and formula milk) stools

If your baby is on mixed feeding, dirty nappies will be less frequent and the stool will be firmer. It should still have soft consistency and you will still see a dirty nappy everyday.

How many wet and dirty nappies?

A simple guide (for exclusively breastfed babies)

Day 1 – You should see at least one wet + one dirty nappy

Day 2 – You should see at least two wet + two dirty nappies

Day 3 – You should see at least three wet + three dirty nappies

Beyond the sixth day, nappy counts are typically five to six wet and three or more dirty nappies per day. After three weeks, dirty nappies may decrease to one every one to two days. Frequent wet and dirty nappies reassure you that your baby is feeling well.

Cord care

Following the birth the umbilical cord quickly starts to dry, harden and turn black before the cord 'falls off'. This normally occurs within the first week. Initially the cord may look moist and sticky. This is normal.



Follow the cord care guidelines below:

- Keep the area clean and dry. The best way to achieve this is to leave the area alone
- Fold back the nappy at each change until the cord falls off. This prevents the cord becoming soiled with urine and faecal matter which may result in infection
- In the first few days it is advisable to top and tail only (wash the baby's face and nappy areas) to allow the cord to separate naturally
- If the area becomes soiled, clean with cotton wool and plain water, otherwise leave the cord alone
- The cord clamp may be removed before you leave hospital. If not, the clamp will fall off when the cord separates/falls off
- Do not use antiseptic wipes/alcohol or powders as these will delay the separation of the cord
- If the skin area around the cord becomes red and inflamed or the cord becomes smelly, consult your doctor

Cord care for the sick or premature baby

The care of the cord may be different as sick or premature babies are more at risk of infection. The staff on the Neonatal Unit will advise you. If no special care is needed, cord care should be the same as for any other baby.

TIPS FOR USAGE OF SHAMPOO AND SKIN PRODUCTS

When to introduce baby products

Continue bathing your baby with plain water for at least the first month before introducing baby products. By this time the skin's natural barrier will have developed. These products should be free from sulphates (SLS* and SLES**), colour and strong perfumes which can irritate the skin. If you choose to use skin care products from birth use minimal amounts only.

**SLS – Sodium Dodecyl Sulphate **SLES – Sodium Laureth Sulphate*

Nails

It is safer to file the baby's nail with soft nail file rather than use scissors which can leave sharp edges. If the baby's nails have broken/started to come away, you can gently peel them off.

Barrier cream

It is advisable to use a thin layer of barrier cream on the nappy area. The ideal preparation should be free from preservatives, colours, perfumes and antiseptics. It should be clinically proven to be an effective treatment for preventing/treating nappy rash.

Washing clothes and bedding

Do not overload the washing machine to ensure clothes are rinsed thoroughly. Fabric conditioner, if used, should be mild and free from colours and strong perfumes. You may wish to use a soap-based rather than detergent washing powder - non biological powders are preferable.

The benefits of early skin-to-skin contact and baby massage

The benefits of skin-to-skin contact cannot be overstated. It should be positively encouraged from birth. As well as promoting successful breastfeeding, skin-to-skin contact stabilises your baby's heart rate and temperature. Baby massage follows on naturally from this and is now widely practised. It is advisable to avoid nut oils, petroleum based oils, or oils with perfumes if there is any history of allergies in your family. Consult a qualified massage therapist for your baby and ask for their advice on suitable oils. Remember not to use any products on broken skin.

IMPORTANT THINGS TO NOTICE

Important things to look out for include:

Signs of jaundice

Signs of jaundice include yellowing of the skin and white part of the eyes. If left untreated, it could spread to all parts of the body. Babies who are jaundiced will be sleepy and may not feed well. If you see any signs of jaundice in your newborn, you should consult your doctor.

Infection in the umbilical cord

The umbilical cord was your baby's lifeline when he was in your womb. It is through the umbilical cord that a baby receives nourishment and oxygen. However, after birth, the baby no

longer needs it. The cord will fall off any time between five to 10 days after birth, although in some cases it may take a little longer. The cord should be kept clean and dry; if the area around the stump appears red and swollen, bleeds, oozes yellow pus or a bad smelling discharge then an infection could be present and you should consult your doctor.

POST BIRTH IMMUNISATION AND NEWBORN SCREENING

Informed consent

Before giving immunisations and taking blood for newborn screening, parents have a right to be informed (on behalf of their children). This means that at the same time, they have the right to refuse. The purpose of this pamphlet is to give you information, following which you can give or refuse us permission to immunise your infant or take blood for screening.



BCG

Introduction

Tuberculosis (TB) is a serious disease which can occur in people of any age. This disease is caused by the TB germ which is spread when people who have TB cough out small droplets containing the germ. TB can kill young children.

The best protection for young children from disease caused by the TB germ is the BCG Vaccine (Bacille Calmette-Guérin).

When is the vaccine given?

Only one dose of BCG vaccine is usually given to newborn babies before discharge from hospital, so that they are protected very early in life, but it can be given at any time.

How is it given?

The BCG vaccine is given as an injection, on the upper left arm. A thin needle is used to inject the baby just under the skin.

What will the skin look like after the injection has been given?

At first this will leave a small blister which looks like a mosquito bite that may grow bigger for a few weeks into a small pimple. The pimple which forms after the BCG vaccine tells you that it is working. You can expect the pimple to increase in size, so that it looks like a small boil. 10% of babies do not have the above.

When the pimple dries out, a scab will form that will scale off by itself once the pimple has healed. There may be a small scar left behind.

How should I care for the injection site?

Do not apply any medicines, ointments or creams onto the pimple. Do not use waterproof plasters and avoid touching, pinching or squeezing it. If you leave it alone, it will heal on its own.

How long will it take for the pimple to go away?

The BCG pimple usually takes about three months to heal. Every baby is different, so the time taken to heal will not always be the same.

What are the side effects?

BCG vaccine is very safe. The most common side effect is the formation of the pimple which may take a long time to heal. Some children may get swelling under the arms, fever, headache (irritable baby). If you are worried or you think the sore has become infected, please call your paediatrician.

Are there any reasons for not giving the vaccine?

BCG vaccine should not be given to babies who have any illnesses or are taking any treatments which prevent their immune systems from working properly.

Is it possible to get TB even after the immunisation?

The BCG vaccine is 60-80% effective in protecting young children against severe TB disease which affects the brain (TB Meningitis) and blood (Disseminated TB).

A few children may still catch TB disease after being immunised, but it is less likely that they will become seriously ill or die.

When can my baby start the immunisation programme?

The baby can start his routine immunisation programme, regardless of when he received his BCG. The entire vaccinations schedule will be available on the baby's health record.

However, it is important that no other injections be given in the same arm as the BCG for at least three months.

REMEMBER

- Tuberculosis (TB) is a dangerous disease that can kill young children
- BCG vaccination in babies can prevent disease cause by TB germs
- The BCG pimple shows that the vaccine is working
- The BCG pimple takes about three months to heal
- Inform the staff at your local primary healthcare clinic if your baby has come into contact with someone that you know has TB
- Always take the health record booklet given to you at the time of your baby's birth for every visit to ensure that all immunisations are up to date

Hepatitis B vaccination

Why get vaccinated?

Hepatitis B is a serious disease. The hepatitis B virus (HBV) or serum hepatitis virus can cause infection at any age. It may lead to chronic diseases, especially if it is acquired during childhood. A child may not show signs of infection until years after when liver failure and liver cancer occurs.

HBV is transmitted by:

- Passing from mother to infant at birth
- Passing from a person who is an HBV carrier to the child living in the same house (especially for a child five years or younger)
- Passing through sexual intercourse or contact with infected blood (i.e. when drug users share needles)
- It's important that your child be vaccinated since more than 95% of children who are vaccinated are protected against the illness caused by the hepatitis B virus

When should my child be vaccinated?

- The first vaccination will be given at birth
- The second dose at one to two months
- The third dose at six to eight months of age

Your child needs all three doses to be fully protected.

The first dose can be delayed for premature babies or babies who have illness during the first day of life. If a mother tests positive for hepatitis B, the child must receive the first vaccine dose as well as hepatitis B immune globulin at, or shortly after, birth. The second dose would be given at one month of age and third dose at six months of age.

Is there side effect to hepatitis B vaccine?

No serious reaction or serious side effect is to be expected. Any soreness at the site of the injection should go away within 48 to 72 hours. If you have any problems contact your physician.

How will the vaccine be given?

The vaccine will be given in the muscle of the baby's thigh.

What should I look for?

Look for any unusual condition such as a serious allergic reaction, high fever or unusual behaviour. Serious allergic reactions are extremely rare with any vaccine.

If any were to occur, it would be within a few minutes to a few hours after the injection.

Signs can include difficulty in breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness. Inform the doctor immediately if there is a moderate or severe reaction noticed.

Newborn screening

Introduction

Newborn screening (NBS) usually consists of a simple blood test that involves pricking baby's heel to get a few drops of blood. This allows you to find out if your baby has a congenital disorder that may lead to developmental conditions and, in some cases, even death if left untreated. Most babies with congenital disorders look normal at birth. One will never know that a baby has a disorder until the onset of signs and symptoms appear, or permanent damage may have occurred.

When should the blood sample be taken?

It is best if the sample is taken from 36 hours old, after the baby has had its first feed. This is because some diseases, such as PKU, do not always show up if the blood sample is taken too soon after birth. If the mother and newborn are discharged before the baby is 24 hours old, the test should be done before they leave and repeated two weeks later.

How will my baby be tested?

After collecting the blood, and placing it on a special paper, the paper is allowed to dry and then sent to a laboratory, where several different tests will be performed.

The heel prick may be uncomfortable and your baby may cry. You can help by making sure that your baby is warm and comfortable. Also, you should be ready to breastfeed and/or cuddle your baby during the procedure.

If the doctor has ordered other blood tests (for example on day three some babies may appear jaundiced, the doctor will want to test the jaundice levels) to be done on the same day as your baby is due to have his/her newborn screening, we may need to take a sample from the babies vein.

How will I receive the results?

Results are available within 14 working days of the sample being taken. For your baby's result, kindly consult the paediatrician when you bring your baby for his/her follow up clinic visit.

If you receive an abnormal result, try not to panic. This may have occurred if the blood sample was taken before the baby was 36 hours old or if there was a problem with the way the sample was taken. Retesting may need to be done to check if:

- The baby may have one of the rare diseases tested for
- The test result is a "false positive"

Informed consent

Before newborn screening, parents (on behalf of their children) have a right to be informed about screening, and have the right to refuse screening. They also have a right to confidentiality and privacy protection for information contained in all newborn screening results.



What conditions are tested for?

There are several types of disorders that can be found through newborn screening.

How are these conditions treated?

The treatment for each condition is different. Treatment may include a special diet, hormones, and/or medications. If your baby has one of these conditions, it is very important to start the treatment as soon as possible.

Hearing screening for new born babies

Hearing screening is a quick method to detect the presence or absence of hearing ability.

The screening only suggests that a baby is hearing well at the time of testing. Hearing loss may develop later in life (due to family history, genetics, ear infections, meningitis, etc). Therefore, it is important that you closely monitor your child's speech, language and hearing milestones. If you have any concerns, ask your doctor for an audiological assessment. For further information, please contact our Audiologists at Mediclinic City Hospital:

Ms. Saba Zafar

saba.zafar@mediclinic.ae

The newborn hearing screening test is free covered under the delivery package.