MATERNITY

Your pregnancy
AT THE EUROPE HOSPITALS

CLINIQUES DE L'EUROPE

EUROPA ZIEKENHUIZEN

advanced care · personal touch

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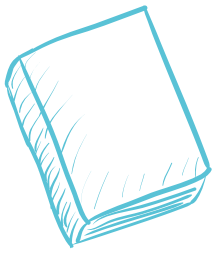


YOUR PREGNANCY

First of all, congratulations with your pregnancy. You have placed your trust in us for this pregnancy adventure and for the birth of your child or children, and we are grateful for that.

CHARTER OF THE MATERNITY WARDS OF THE EUROPE HOSPITALS

Giving birth is an experience that is both universal and unique. The World Health Organisation (WHO), in its declaration, insists on the considerable impact a pregnancy has on the short- and long-term health of the mother, the child, and the family.

At the Europe Hospitals, we completely adhere to this declaration and our multidisciplinary teams implements it every day. Gynaecologists, obstetricians, anaesthetists, paediatricians, midwives, nurses, physiotherapists, and psychologists, who are under contract with the Europe Hospitals, have decided to translate their daily commitment into a charter, so that we can share with you, future parents, the values that drive them and the means at their disposal to support you throughout this experience.

THE VALUES WE DEFEND

Respect

If possible, we will welcome you in your native language. We will respect the natural and physiological evolution of the pregnancy and delivery, within the limits of the safety of the mother and child. We are attentive to your wishes and examine together what is actually feasible in terms of your child's birth. We expect you to extend the same respect to our team, as it is necessary to ensure optimal collaboration.

Support

If you so wish, you can be accompanied by a partner or a volunteer whom you trust and have selected in advance. It can be a doula, a physiotherapist or any other person who has signed an agreement with the Europe Hospitals. You must first notify your gynaecologist, and your support partner will be allowed to attend the delivery. Members of the healthcare team, and especially the midwives, want to be present and attentive during this crucial period. After delivery, paediatricians and midwives are by your side throughout your stay at the maternity ward.

Trust

Supported by a team of attentive professionals, you can develop the skills required to give birth to your baby and to care for your newborn.

Right to information

The newborn's diet: in the context of our current support for and encouragement of breastfeeding, exemplified by our BFHI programme (Baby-Friendly Hospital Initiative), we have been thinking of ways to adopt a more customised approach. We want every mother to receive the most accurate and objective information and we support your freedom of choice.

WE ARE DEVELOPING DIFFERENT MEANS

Prevention and reassurance

We find it important to provide you, future parents, with accurate, complete, and scientifically-valid information so that you can take part in the decisions and choices that concern you. Considering that all medical decisions entail risks and benefits, we do our best to reduce risks to a minimum in each specific situation. Doctors, gynaecologists, paediatricians, midwives, and psychologists are convinced of the importance of dialogue, and will make every effort to answer your questions during consultations. Midwives and physiotherapists have put together an interactive prenatal preparation course and are there to ensure that individual needs are considered.

Pain management

We encourage you to prepare and learn about various natural means to manage your pain through perinatal preparation such as physical therapy, yoga or others. During labour, your decision will be respected: peridural anaesthesia is available, all contraindications being considered. Other processes exist, such as MEOPA.

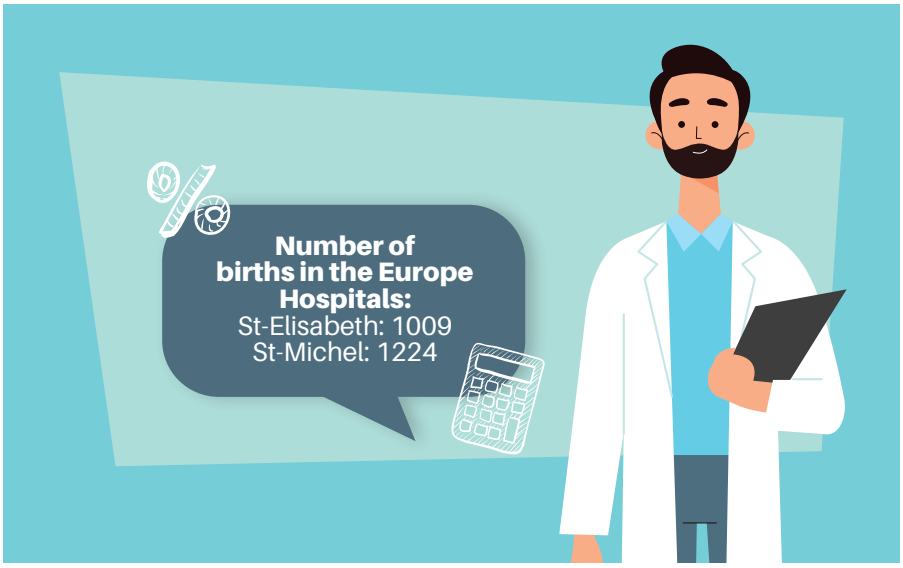
Accessibility

We provide 24-hour gynaecological, paediatric and anaesthetic care. Paediatricians are present every day at the maternity ward. Clear information relating to medical fees is available and complies with the INAMI hospitalisation agreement. A free prenatal consultation of the ONE is insured at the Europe Hospitals, at the St-Elisabeth site in Uccle. On both sites, ONE will contact you after the birth to do the follow-up and talk about the vaccination of your child. A midwife or a referring physician associated with our service can monitor the healthcare provided to the mother and child at home.

Multidisciplinary work

The team involved with the pregnancy and delivery includes doctors, gynaecologists, obstetricians, paediatricians and anaesthetists, independent midwives and midwives working at the hospital, paediatric nurses, specialised physiotherapists and osteopaths, psychologists and lactation consultants, sexuologist, tobacco addiction specialists, the Parent Child Partners (Partenaire Enfant Parents - PEP) and Kind en Gezin. Assistant gynaecologists and midwifery students work within our teams and might be present during delivery, C-sections, and emergency procedures.Proper coordination between our various specialists is achieved through frequent team meetings that further improve our team unity.

NUMBER OF BIRTHS IN 2020



THE FOLLOW-UP OF YOUR PREGNANCY

PRENATAL CONSULTATIONS

Who will follow your pregnancy?
You have the choice :

→ Either your gynaecologist, at the hospital or in a private practice, in collaboration/ alternating with a midwife

→ Or ONE care, which is possible in Uccle: a ONE gynaecologist in collaboration with a child/parent partner ('partenaire enfant/parent', PEP) alternating with a midwife

→ If necessary, you can have a consultation in endocrinology/diabetology, nutrition, paediatrics, anaesthetics, cardiology, osteopathy, psychology, with a lactation consultant, a sexuologist, the tabacologist,...

When will we meet you?
At the beginning of your pregnancy, once a month, more frequently during the third trimester and at the end of the pregnancy. If your condition or the condition of your baby/ babies requires it, you will have more appointments.

What happens during the consultation?
The purpose of a consultation is to check that your pregnancy is evolving safely for you and your baby/babies: we measure your blood pressure, your weight, your heart rate, and the growth of your baby/babies. In some consultations, there can be additional examinations

You will receive useful information and explanations to prepare you for this new adventure. We will address your questions, doubts, and concerns.

You should not consume tobacco, alcohol or drugs during your pregnancy.
If you do, we can help you and put you in touch with the hospital's tobaccologist or other.

You will regularly be given informational documents (fact sheets) during your various consultations.

WHAT ADDITIONAL EXAMINATIONS ARE PROPOSED?

Collecting blood samples

You will do this regularly to maintain good health and immunity.

→ **At the start of the pregnancy**, we check your blood composition, your blood type, and your immunity, including toxoplasmosis and CMV. We might also check your kidney function, as well as your liver and thyroid. We also conduct a urine analysis by urine culture. Other examinations are conducted based on your medical history.

→ **Between 11 or 14 weeks**, we offer you the possibility to do a NIPT (Non-invasive prenatal testing) to analyse the foetal DNA in your blood, and to screen for the most frequent chromosome abnormalities, trisomy 13, 18 and 21 and, if you so wish, to learn the gender of your baby/babies.

→ **At around 26 weeks**, we prescribe a gestational diabetes screening test (or glucose test).

Ultrasound scans

3 examinations are scheduled and covered by the INAMI: at the 1st, 2nd and 3rd trimester

→ **Between 11 and 14 weeks**, we check the vitality of the baby/babies, their heart rate, their size and we conduct a first examination of their morphology.

→ **Between 20 and 24 weeks**, we conduct the "morphology" ultrasound scan that provides a more accurate analysis of the foetal anatomy and the placenta.

→ **Between 30 and 34 weeks**, we check that the baby/babies is/are growing correctly, and that their organs are properly positioned and function normally.

→ If you go beyond your term, we perform a final ultrasound at **40 weeks** to verify the quantity of liquid, the weight of the foetus and its wellbeing, to be able to wait before inducing labour.

Each consultation cabin is equipped with an ultrasound machine. Your gynaecologist can therefore quickly perform an ultrasound during the consultation, as necessary.

Urine: A urine test strip is used to conduct quick medical analyses to screen for things such as urinary tract infections, pre-eclampsia...

Smear test: Between 35 and 37 weeks, the midwife or gynaecologist performs a smear test to screen for the presence of group B streptococcus in the vaginal flora. Streptococcus B is a bacterium that can be found in the vagina of some women without causing symptoms. This bacterium can cause infections in newborns following childbirth. If you are a carrier, you will be administered antibiotics during labour.

Monitoring

The foetal heart rate and contractions are recorded to confirm the baby's or babies' well-being. This monitoring is performed two to three times a week if you have gone beyond your term, or at any moment during your pregnancy if your gynaecologist or midwife recommends it. This is a classic scheme, but for medical reasons your gynaecologist or midwife can always adapt it, in your best interest.

Vaccines

→ **Whooping cough**: whooping cough can be a serious and potentially deadly disease for young babies:

- Adults (and therefore parents) can catch whooping cough and transmit it, unknowingly, to their children.

- Even if you have had whooping cough or are vaccinated against it, protection against this disease diminishes over time.

- Teenagers and adults need a booster dose to avoid catching whooping cough and transmitting it to unprotected newborns.

Your baby is vaccinated against whooping cough through the basic vaccination scheme (8 weeks, 12 weeks and 16 weeks). However, if your baby has not received the full vaccination programme (16 weeks), they are at risk of being infected by whooping cough.

To protect your baby against whooping cough during this important period, the higher council for health recommends the vaccination of all family members ("cocoon" vaccination): The future mother can thus be vaccinated during pregnancy between 24 and 32 weeks and can transmit to her baby, through her placenta, the antibodies she has developed against whooping cough.

Vaccination is not mandatory, and you have the choice to accept or decline a vaccine. Remember that inactivated vaccines used in Belgium to protect against whooping cough are safe during pregnancy and have been used for many years. The partner and other adults who regularly come into contact with the baby for the first six months of the baby's life should be vaccinated prior to the birth of the baby. The medical recommendation for the partner is to enquire from your GP. The vaccine is reimbursed by your health insurance fund. For further information, you can ask your doctor, gynaecologist, or your midwife.

→ **The flu** : Vaccination against the flu is recommended for all pregnant women, regardless of how long along they are. You run the risk of developing a severe form of the flu because of changes in your immune system, the increased workload imposed on your heart, and the reduction of your respiratory capacity. This risk is high during pregnancy and during the two weeks that follow delivery. Vaccination during pregnancy protects your baby against the disease for some time after birth. The inactivated vaccines used in Belgium to protect against the flu are safe during pregnancy and have been used for many years.

→ **COVID-19** : Vaccination against COVID-19 is recommended for all pregnant women. Talk to your gynaecologist.

PREPARING THE BIRTH OF YOUR BABY/BABIES

Consultations with the midwife:

At the Ste-Elisabeth site (Uccle), you will meet a midwife during your first visit to the Hospital. Subsequently, you will meet her at week 20, 29 and 35. At the St-Michel site (Etterbeek), your gynaecologist can offer an appointment with a midwife at week 24 and/or 35. During these consultations, you will have the time to ask questions, express your doubts and concerns, and receive information so that you are fully prepared for the birth of your baby/babies. It is also possible to make an appointment with the lactation consultant before the birth, if you wish to breastfeed in case of breast reduction, or a previous failure of breastfeeding, ...

Interactive delivery preparation sessions:

At the **Ste-Elisabeth site(Uccle)** we offer four sessions covering different themes (labour, delivery, the healthcare provided to the mother and baby/babies, breastfeeding). They are given by a team of midwives, physiotherapists, and osteopaths. They can be given in French or in Dutch. Discuss it with your midwife or gynaecologist for further information.

At the **St-Michel site (Etterbeek),** we offer two information sessions where different topics are discussed (labour and delivery, care of mother and baby), and a two-hour session on breastfeeding. This is provided by the midwifery team. Talk to your midwife or gynaecologist for more information.

Aquatic preparation sessions:

The team of midwives at the **St-Elisabeth site (Uccle)** offer a full programme of four sessions of exercises that include warmup, breathing exercises, aerobics, and relaxation in water. These exercises strengthen certain groups of muscles used during pregnancy and labour. The lessons are given in a small swimming pool heated to 32 - 34 degrees. Discuss it with your midwife or gynaecologist for further information.

Visiting the maternity ward and the delivery room:

At the **Ste-Elisabeth site (Uccle)**: on Wednesday evenings at 7pm, we offer guided tours of the maternity ward and the delivery room in Dutch on the 1st of the month, in French on the 2nd and 3rd of the month, and in English on the 4th. The tour starts in the entrance hall, no registration is required. A virtual tour is also available on our internet site www.europehospitals.be.

At the **St-Michel site (Etterbeek)**: Every Tuesday evening at 7pm, we offer guided tours of the maternity ward and the delivery room. The 1st of the month in Dutch/English, the 2nd and 3rd in French and the 4th in English. On the scheduled day, you are expected at the entrance of the maternity ward of the hospital, on the 3rd floor. Please register via the online agenda (*www.cliniquesdeleurope.be/en/doctor/dr-visite-maternite-bezoek-kraamafdeling*). A virtual tour is also available on our internet site www.cliniquesdeleurope.be.

What different types of rooms are there at the maternity ward?

At the maternity ward of **the Ste-Elisabeth site** (**Uccle**), you have the choice between a shared bedroom, a small private bedroom, or a large private bedroom, all at different prices.

At the St-Michel site (**Etterbeek**), you can choose between a shared room and a private room. There are two bathrooms and two baby areas in the shared room, so each mother has her own. In the private room, both in the Ste-Elisabeth site and in the St-Michel site, a reclining seat is available if you want a supporting partner to spend the night by your side.

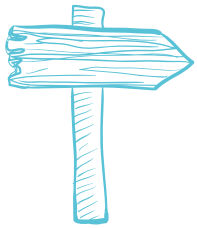
Do you have to go through a pre-admission administrative procedure?

Yes, we recommend you come to the admissions service, located in the entrance hall of the hospital and open from Monday to Friday, with your identity card, at week 35.
We invite you to contact the admissions service at the Ste-Elisabeth site (Uccle) at 02-614 26 51 and at the St-Michel site (Etterbeek) at 02-614 36 59. Our team is there to address any administrative concerns you may have regarding your future stay in our institution.
→ What are my choices?
→ How much do these choices cost?
→ Am I insured for this, and what paperwork do I have to complete with my insurance company?
→ I am not covered by a Belgian health mutual. What can I do?
→ If my baby has to spend time in the neonatology ward, is there any specific paperwork I have to complete? etc.
The allocation of rooms depends on choices and availability.

Informed consent

The Europe Hospitals are committed to implementing free and informed consent for any diagnosis (for example invasive examination) and therapeutic treatment (for example surgical intervention, medical treatment, anaesthesia) undertaken in our establishments. This is a continuous improvement process for the treatment of patients, for the purpose of promoting a privileged relationship between the patient and the healthcare professional, whereby the patient is deemed a partner of their wellbeing and a privileged healthcare stakeholder.

Concretely, this means that each patient who gives birth at the Europe Hospitals is invited to sign an informed consent form at the 2nd trimester of the pregnancy. This consent form confirms that you have received all relevant information and authorises healthcare professionals to deliver treatments, and to conduct all interventions, examinations, and treatments required for your and your baby's care.



WHAT TO PACK FOR THE MATERNITY WARD?

We recommend you start packing towards 35 weeks.

Documents

☐ ID Card

☐ Credit card (for the down payment, depending on the type of room you have selected and your insurance coverage).

☐ You may also need:

- o Hospitalisation insurance documents
- o Wedding certificate or prenatal declaration
- o Birth project

In a small bag for the delivery room

For you

☐ A nightgown or comfortable clothing
☐ Slippers or flip-flops
☐ An elastic band or a hairclip
☐ A spray (in summer)
☐ To drink: energy beverages... (clear liquids)
☐ To eat: biscuits, dried fruit...

For your baby

☐ Two baby outfits of different sizes (0 months = 50 cm and 1 month = 56 cm)
☐ Two pyjamas of different sizes (0 months and 1 month)

For the support partner

☐ Food and beverages
☐ One tee shirt
☐ You may also want to bring reading material, music, a camera, or a video recorder...

For a 72-hour stay at the hospital

For you

- ☐ Comfortable day clothing
- ☐ Comfortable underwear
- ☐ If you are breastfeeding: Two breastfeeding bras (one size larger than your pregnancy size at 35 weeks)
- ☐ A breastfeeding pillow if you want one
- ☐ Nightgowns and/or pyjamas
- ☐ Toiletries (soap, shampoo, toothbrush, toothpaste...)
- ☐ Towels and washcloths
- ☐ Small light for the night-time

For your baby

- ☐ One outfit (gown - pyjama/clothes) per day
- ☐ One or two spare outfits
- ☐ Warm hats
- ☐ A small blanket
- ☐ Towels and washcloths
- ☐ Bath products (which you can also buy at the maternity ward (Galenco®))
- ☐ Warm clothes for discharge + baby seat for the car or carrying device.
- ☐ You can also bring a sleeping bag
- ☐ Cleansing pads for baby's bottom (make-up removal disc style)

Please note: we recommend that you wash all your baby's clothes (blanket, clothing, towels...) before you come to the hospital

The maternity ward will provide you with nappies if you wish, as well as disposable wash cloth. Sanitary towels are also provided.

A microwave is available in the maternity ward if you want to heat a meal.

MATERNITY WARD

YOUR BIRTH PROJECT

During consultations, you can discuss the birth project with a gynaecologist or a midwife. The birth project features the different options on offer at the Europe Hospitals.
This project can be modified in the course of your pregnancy and during delivery if it is deemed favourable to your health or that of your child. Do not hesitate to add to it, depending on your wishes, and to discuss it with the midwife who is on duty when you come into the delivery room. We will do our very best to meet your wishes, as long as your state and that of your baby permit it. If specific actions are required, they will be explained to you so that you remain informed.

Keep this document and take it with you to the delivery room

I would like to participate in the information sessions:

Ste-Elisabeth site (Uccle)

☐ Prenatal collective preparation by the midwife and the physiotherapist/osteopath
☐ Collective aquatic preparation by the midwife
☐ Guided tour

St-Michel site (Etterbeek)

☐ Breastfeeding information sessions
☐ Guided tour
☐ Consultation with the midwife in preparation for the birth
☐ Collective prenatal preparation by the midwife

Outside the Europe Hospitals

☐ Individual preparation with an independent midwife
☐ Preparation by sophrology or by haptonomy
☐ Preparation by hypnosis
☐ Preparation by the physiotherapist
☐ .....

My stay at the maternity ward :

☐ I would like a shared room
☐ I would like a private room (St-Michel site)
☐ I would like a small private room (Ste-Elisabeth site)
☐ I would like a large private room (Ste-Elisabeth site)

I would like to be accompanied by a 2nd person, other than my partner (doula, physiotherapist, midwife, parent...) :

☐ No
☐ Yes; by .....

During labour, I would like to:

- ☐ Use the dilatation bath
- ☐ Receive massages
- ☐ Use the birthing ball
- ☐ Walk around, for as long as possible
- ☐ Listen to the music of my choice
- ☐ .....

I want to give birth:

- ☐ In water
- ☐ On my side
- ☐ On the birthing stool
- ☐ .....

The analgesic gas (KALINOX®) :

- ☐ I want to be given some

Epidural anaesthesia:

- ☐ I want to be given epidural anaesthesia, but only if labour becomes too painful and hard to manage.
- ☐ Unless there is a medical emergency, I do not want an epidural administration
- ☐ I want to be given epidural anaesthesia
- ☐ I do not know yet, and I will decide in the delivery room

In case of a scheduled or non-emergency C-section

- ☐ I want to listen to music
- ☐ I want to welcome my baby in semi-darkness
- ☐ My supporting partner wants to have skin-to-skin contact with the baby

Welcoming the baby:

- ☐ I want to welcome my baby in semi-darkness
- ☐ My supporting partner wants to cut the umbilical cord
- ☐ Unless a medical emergency, I want to have skin-to-skin contact with my baby after delivery
- ☐ My supporting partner wants to have skin-to-skin contact with the baby
- ☐ .....

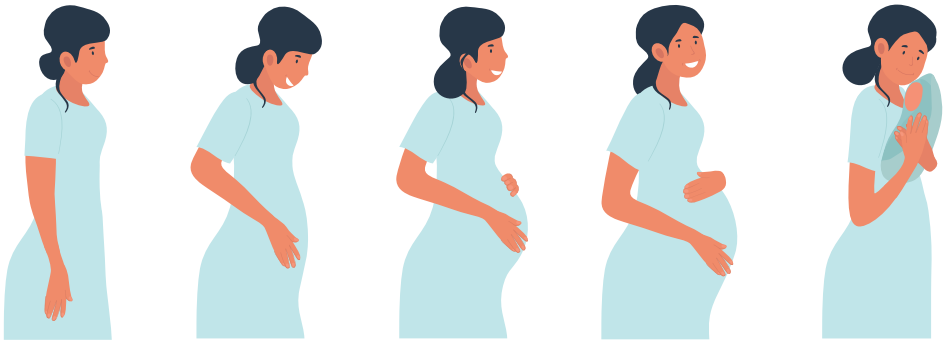
This is how I would like to feed my baby:

- ☐ I want to breastfeed
- ☐ I want to try to breastfeed my baby at birth and see how it goes
- ☐ I want to meet the midwife and breastfeeding consultant so that she can help me decide
- ☐ I want my baby to be bottle-fed

MEMORY AID FOR FUTURE PARENTS DURING PREGNANCY :

WHEN ?	WHAT TO DO ?	DONE
At around 12 weeks	Send a registered letter with notice of receipt or a medical pregnancy certificate to your employer	
	Your gynaecologist or midwife will give you your pregnancy file	
	Start visiting crèches and find out how to register	
Between 18 and 24 weeks	If you want, you may enrol for delivery preparation courses.	
At 26 weeks	If you and your partner are not married, and if you so wish, you may request an early acknowledgement of paternity document from your local authorities. You must have a pregnancy certificate (request it from your gynaecologist)	
	Your gynaecologist will ask you to sign an informed consent form relating to your upcoming stay at the maternity ward	
	You must complete a request for a childbirth grant from a child benefit fund in the area where you live (this can also be done online)	
At around 29 weeks	Contact an independent midwife for your postnatal care at home (see brochure)	

At 32 weeks	Check what type of healthcare reimbursement you are entitled to, based on the type of insurance you have taken out.	
	Remember to warn your health mutual and your employer of the date at which you want to start taking maternity leave	
	Decide what type of room you want	
At 35 weeks	You can start filling in the birth project document.	
	Bring all documents relating to your maternity leave. To receive your maternity benefits, send your pregnancy certificate to your health mutual.	
	Enjoy the end of your pregnancy. Prepare for your return home, for instance by stocking up your fridge and freezer.	



GIVING BIRTH

WHEN AND WHERE TO COME FOR MY DELIVERY OR IN CASE OF SYMPTOMS?

Signs that require a consultation: :

→ Your baby is moving less.
→ Vaginal discharge of amniotic fluid or red blood.
→ Pain in the lower abdomen or in the lower back, not eased after one or two hours of rest.
→ Regular and sustained contractions.
→ Significant oedema appearing suddenly, possibly accompanied by headaches, striking stomach pain, humming in the ears, blurred vision...
→ A fall (on the belly) or a car accident.
→ If your temperature is higher than 38°C.
→ Any other sign you may find concerning.

Come to the emergency ward, where you will be transferred, depending on how far along you are, to the delivery room or to the gynaecological emergency ward.
→ St-Michel site (Etterbeek) : 02-614 39 89
→ Ste-Elisabeth site (Uccle) : 02-614 29 89

WHAT HAPPENS DURING LABOUR?

Labour can start in different ways, but the two most frequent scenarios are a progressive apparition of uterine contractions, or your water breaking, with or without contractions.

Labour begins with uterine contractions: These can be felt in the lower abdomen or lower back. They generally appear progressively and become more frequent and intense over time. We recommend you wait till the contractions become painful, occurring every five minutes, for at least one hour, before you come to the delivery room. If you have the opportunity of doing so, you can take a warm bath or shower to see whether the contractions calm down.

If you have not reached the 37th week of your pregnancy, or if the cervix is already dilated, do not wait, and come immediately to the delivery room.

If in doubt, the team of midwives at the maternity and the delivery room is available to answer your questions and to address your concerns, by phone at 02-614 39 89 (St-Michel site, Etterbeek) or at 02-614 29 89 (Ste-Elisabeth site, Uccle).

Upon arrival, a midwife will examine you and connect you to a monitoring device to record the heart rate of your baby, along with the frequency and intensity of your contractions. If these contractions are not sufficiently regular, and the cervix is not changing, we encourage you to walk around for a bit, or to go home and come back when the contractions become more persistent. If we determine that you have gone into labour, you will remain in the delivery ward and you will be installed in the delivery room.

Your waters have broken, you don't have contractions (yet), you will be hospitalised in the maternity ward. The amniotic fluid is a clear liquid, like water, that can on rare occasions take on a greenish hue. In both cases, you must come to the delivery ward immediately so that we can start monitoring you. Different situations can occur, and your treatment will be discussed with your gynaecologist and is decided on a case-by-case basis.

Your labour is monitored in the delivery room by a monitoring device that tracks the baby's heart rate and the frequency of contractions. If there is a risk or a need, a plugged catheter type entrance will be placed. You are not automatically given a perfusion. This will be done on a case-by-case basis.

Midwives monitor labour and will conduct vaginal examinations to assess the progress of cervix dilatation, or the descent of the foetus in the pelvis. They communicate with your gynaecologist who will come to the delivery room when their presence is required, or when you are about to give birth. If your gynaecologist is unavailable, the on-call gynaecologist will be there.

HOW TO MANAGE THE PAIN?

Pain management is the main challenge during delivery.

You are free to choose, at any time during labour, how to alleviate your pain.

Your decision is respected, whenever possible. Bathing, relaxation, walking around, breathing, music, the birthing ball, analgesic gas (Kalinox®), the use of different positions and an epidural anaesthesia are all offered to you to help you manage your pain and take fully part in the birth of your child.

Different methods are proposed at the Europe Hospitals to help you manage your pain.

The dilatation bath : The delivery ward is equipped with dilatation baths.
Being immersed in warm water helps the mother relax, and her contractions are considerably more bearable. Warm water helps relaxation and increases the efficiency of labour. Being in water will help you move around more easily, and helps your baby find a better position. According to certain studies, the use of a bath during the 1st phase of labour reduces pain, helps the foetus start moving, and improves maternal satisfaction with the birthing experience.

After one or two hours spent in the bath, you will stop feeling positive effects and it could even start slowing down your labour. Turn to another method to alleviate your pain and come back to the bath a little later for its relaxing and soothing effects.

The bath is reserved for women whose labour is progressing normally and for whom no epidural administration has been prepared. Women who want an epidural anaesthesia can still enjoy the dilatation bath, before the epidural administration is installed. There is also the possibility of delivering in the bathtub, but we recommend you discuss this with your gynaecologist.

Walking between contractions and frequently changing position will help labour, facilitate the descent of the baby in the pelvis, reduce your pain, and increase your comfort and the wellbeing of your baby.

Certain accessories can help you adopt a more comfortable position: the birthing ball, the birthing bench, "suspensions". Each delivery room features birthing balls. The birthing bench and other more specific accessories are in our "nature-themed" labour and delivery room, which is specially prepared for epidural-free births. It features more space to move around, and has its own bathtub...

Analgesic gas (Kalinox®) is a mixture of two medical gases (50 % nitrous oxide and 50 % oxygen). It belongs to the category of general anaesthetics. At this concentration, the Kalinox® has no anaesthetic effect. It reduces the perception of pain caused by contractions during labour and during other medical procedures. It can be used when the epidural is being prepared, or towards the end of the dilatation of the cervix (7-8cm). It can also be used during other medical procedures, such as perineal suturing, manual removal of the placenta, or uterine inspection. It can also be given at the patient's request, but it requires the authorisation of the doctor.

Epidural anaesthesia: An epidural is designed to increase comfort by reducing or eliminating labour-induced pains during delivery by blocking the nerve connection to the lower part of the body. This procedure is performed by an anaesthetist. If you have opted for epidural anaesthesia, the midwife who accompanies you through labour will discuss with you the best moment to administer it (active labour).

When the epidural is installed, your blood pressure and heart rate are monitored. You will be sitting on the side of the bed with a curved back or lying on your side. The anaesthetist applies disinfectant and a local anaesthetic in the lower part of your back, at the level of your lumbar vertebrae. The anaesthetist will then use a sterile needle to install a catheter (small flexible tube) in the epidural space. You may feel some slight tingling when the catheter is being introduced. The needle is then removed, and the catheter remains in position throughout the delivery to allow the regular introduction of the analgesic.

A first dose is administered, and the catheter is connected to a syringe pump that will deliver painkillers at your request. This way, the analgesia is better controlled, and you can feel the passage of your baby. The catheter is removed painlessly after delivery by the midwife. This analgesic technique presents no more risk for the baby than an epidural-free delivery. When the epidural is in place, you can no longer get up because your legs are numb. You will no longer feel the need to urine, and the midwife will regularly empty your bladder. She will monitor your medical parameters and the parameters of your baby.

What are the advantages of epidural administration?

It is a very efficient method to combat pain. It facilitates delivery and, in some cases, it helps with some potentially painful procedures (manual placenta removal) or to conduct an emergency C-section without having to resort to general anaesthesia.

What are the right moments to administer an epidural

Each situation is unique, but as a rule, the ideal moment is between 3 cm and 5 cm of dilatation. After 8 cm, the situation becomes more delicate and the epidural is not quite as efficient. In certain cases, it is no longer possible to administer the epidural as you are nearing the end of labour, and your baby is instants away from being in your arms.

Side effects and complications of an epidural:

Frequent and benign side effects:

→ Tingling when the catheter is introduced
→ Back pain at the puncture site
→ Irritation
→ Temporary lowering of the blood pressure
→ Asymmetrical effect of the epidural
→ Headaches (<1%)

Serious, but rare, complications:

→ Allergy to local anaesthetics
→ Epidural bruising
→ Infectious complication
→ Neurological involvement (1 case out of 100000)

Counterindication for epidural:

→ Refusal by the patient
→ Blood clotting disorders
→ Poor skin state at the puncture site (infection, tattoo, birthmark)
→ Procedure on the lumbar spine using orthopaedic equipment.
→ Fever (>38°C)
→ Allergy to local anaesthetics

Good to know:

→ The epidural starts working after 15-20 min. Each reinjection of anaesthetics, by push button, takes 5 to 10 min to work.

→ After the 1st dose, a syringe pump is connected to the catheter to deliver painkillers, the effects of which wear off after 2-3 hours when the pump is stopped and complete recovery after 4-6 hours.

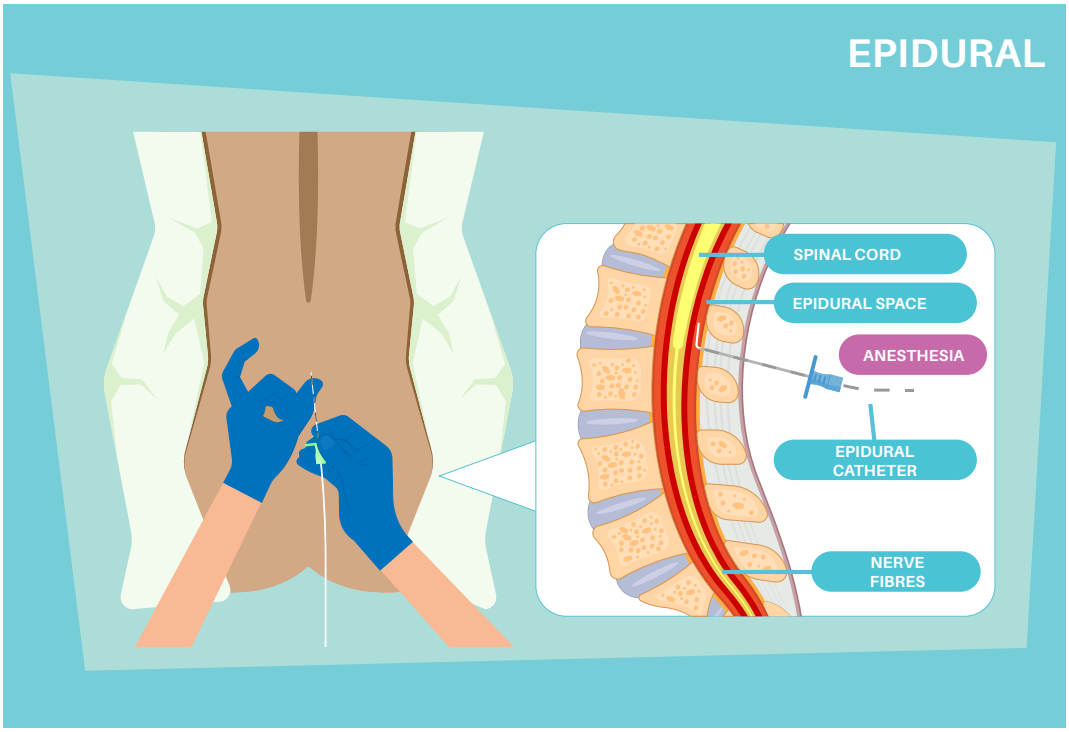
→ The epidural may extend labour by an hour or two, but does not increase the risk of C-section.

→ Your baby is not affected by the epidural, but it is important to monitor blood pressure, as low blood pressure could have negative impacts on the foetus.

→ Breastfeeding is absolutely possible after an epidural.

→ The risk of paralysis is virtually non-existent after a peridural if all counterindications are respected.

→ Non-disabling sensations may persist in the back after delivery for a period of time. These will disappear completely with time.



THE FIRST MOMENTS AFTER BIRTH

→ Skin-to-skin contact: directly following the birth of your child, circumstances allowing (the doctor or midwife will ensure that your baby does not require any particular care), the newborn is placed on your chest, bare skin against bare skin. After birth, the skin-to-skin contact is a privileged moment for the baby and parents. This contact has many benefits for the newborn. Skin-to-skin contact provides a smooth transition from the mother's womb to the outside world. When the baby is in contact with the skin, it feels the warmth of the parent, inhales the parent's smell, and feels the softness of the skin. These sensations trigger innate behaviours in him that will facilitate, among other things, latching on to the breast. For the mother, these sensations trigger the production of oxytocin. This hormone reduces maternal stress, helps improve the response to the newborn's behaviour, and reinforces the parent-child bond. During the first skin-to-skin contact at birth, the baby is colonised by the mother's bacteria. Bacteria that will form the intestinal flora, a flora that will be decisive for his health for the rest of his life. .

→ Before transferring you to your room in the maternity ward, the midwives of the delivery ward will keep you under observation for an hour or two, to ensure that there are no complications. After the skin-to-skin contact, the first baby care and, for breastfeeding mothers, the initiation of breastfeeding are performed.

→ For purposes of health and safety, visits are not authorised in the delivery room. Only one person of your choice can stay by your side during labour and delivery. When you are back in your room in the maternity ward, visits are allowed during visiting hours.

C-SECTION

If a natural birth is not possible, the baby will be delivered by C-section. The performance of a caesarean section is subject to medical consensus.

A C-section is a surgical procedure and is therefore not without risk: it is not acceptable to expose the mother and baby to this risk if their state of health does not justify it. Clear and objective information for future parents facilitates understanding, compliance with the law, and ultimately improves the healthcare provided with respect for patients' rights. There are two possible cases: a scheduled C-section or an emergency C-section.

→ **Scheduled C-section**: my gynaecologist indicated the necessity of a C-section prior to labour. This decision stems from a medical reason. The date is set, and the future parents come to the maternity on the day of the appointment with all the belongings required for the stay at the hospital.

→ **Unscheduled C-section**: during labour, things are not going as planned (interrupted dilatation, poor monitoring of your baby's heart rate...) and a C-section can be recommended. It is therefore not scheduled. The gynaecologist, midwifes, anaesthesist, assistants, pediatricians and nurses of the operating theatre monitor you and help you deliver in the operating room. If there is an emergency, an operation room is also available in the delivery ward of the St-Michel site (Etterbeek). In the Ste-Elisabeth site (Uccle), the operating theatre is on the same floor as the delivery room.

A C-section is traditionally performed in the operating room. The procedure is performed under locoregional anaesthesia (epidural or spinal anaesthesia). In the great majority of cases, the supporting partner can stay by the side of the mother. In rare cases, the situation (emergency or medical reasons) requires a general anaesthesia. In this case the supporting partner cannot be present.

Regardless of whether the C-section is scheduled or not, we do our best to have a skin-to-skin contact session and try not to separate the mother and baby throughout the entire procedure nor the recovery room. The nurses of the operating room are trained to welcome the mother and the newborn, and to help with the skin-to-skin contact and the initiation of breastfeeding.

After a C-section, it is of course possible to plan another pregnancy. It is prudent to wait nine months before becoming pregnant again. In most cases, a natural delivery can be considered for subsequent pregnancies. You should discuss the matter with your gynaecologist.

Are there disadvantages or risks?

A C-section is a common procedure, which in most cases is safe and simple.
During the procedure, lesions of the neighbouring organs can exceptionally occur: injury to the bladder, the urinary tract, the intestine, or blood vessels. These lesions, although rare, require specific surgical procedures.

A blood transfusion or the transfusion of blood derivatives might be required in the exceedingly rare case of internal bleeding of the uterus, which endangers the life of the patient. In such a situation, and only if medical and surgical interventions have been unsuccessful, a hysterectomy (removal of the uterus) might be necessary.

After the operation, the first 24 hours can be painful, and as with any surgical procedure, this requires the use of painkillers. It can happen that there is an infection of the wound or bruising, which in most cases require simple local treatment. Urinary infection, generally without severity, can also occur after a C-section.

An anticoagulant treatment is generally initiated (case-by-case basis) for the duration of the hospitalisation and sometimes after the return home. The purpose is to reduce the risk of phlebitis (creation of a clot in a leg vein) or pulmonary embolism. In exceptional cases, more severe bleeding or infection can occur in the days following the surgery, and may require specific treatments, and even a new procedure. As with any surgery, a caesarean section can very exceptionally involve a vital risk or serious after-effects.

Some risks can be made worse by your condition, your medical history, or by a treatment followed prior to the surgery. It is essential to inform the doctor of your medical history (yours and your family's) and of all the treatments and medication you take as well as any allergies you may have.

THE NEWBORN'S FEEDING

Your baby feeding is your choice and we will support you in it. We will also help you set up your baby's diet.

BREASTFEEDING

Breast milk is always ready, at the right temperature, free of charge and environmentally friendly. It changes according to the age and needs of your baby. It is always suitable and rich enough for your child.

The longer breastfeeding is continued, the greater the benefits.

The WHO (World Health Organisation) recommends exclusive breastfeeding until the child is 6 months old and then to continue breastfeeding while introducing other foods until at least 2 years old. However, to prevent allergies, it is currently recommended to start diversifying between 4 and 5 months. Talk to your pediatrician when the time comes.

BENEFITS

Breastfeeding has many benefits for both baby and mother.

For the baby
Breastfeeding reduces the risk of infections, digestive problems, allergies, anaemia, obesity, diabetes, orthodontic problems, sudden death, etc.

For the mother
Breastfeeding reduces the risk of anaemia and osteoporosis after the menopause. Breastfeeding also promotes the repositioning of the genitals, the mother-child bond and weight loss (in combination with a healthy, balanced diet).

THE 14 GOLDEN RULES

#1 Wanting to breastfeed
#2 Have confidence in yourself and your baby
#3 Encouraging mother-baby intimacy
#4 Do not hesitate to be accompanied by the midwives from the beginning of the stay
#5 Preparation of the breasts before and after the birth
#6 Early latching on
#7 Following your baby's rhythm
#8 Correct positioning of mother and baby
#9 Alternate presentation of the two breasts
#10 What to do during congestion?
#11 How to avoid sore nipples?
#12 What to eat? What to drink?
#13 Avoid using a dummy, especially during the first few days
#14 Other (caesarean section, baby in neonatology)

#1 Wanting to breastfeed

The choice must be the couple's, not the entourage's (justifications are not necessary, you must not be afraid of being judged). Your choice will be the right one.
→ Want to breastfeed in your mind and body.

#2 Have confidence in yourself and your baby

With few exceptions, every woman is able to breastfeed. Small breasts produce as much milk as large ones.

Breastfeeding is a learning process for you and your baby; give yourself time.

Try to have someone around you who can support you in your breastfeeding, knowing that each experience is unique. There are also organisations ready to answer your questions when you go back home.

#3 Encourage mother-baby intimacy

To take full advantage of this very special time of breastfeeding:
→ Take the time to make yourself comfortable (cushions, bed position, etc.)
→ You can hang a small 'breastfeeding' sign on the bedroom door
→ Don't hesitate to bring a bedside lamp... soft light is so much softer

#4 Do not hesitate to ask the team to accompany you from the beginning of your stay

The midwives in the delivery room and the maternity ward will be happy to help you with your breastfeeding. Do not hesitate to ask them for help and advice. We also have lactation consultants who can visit your room.

#5 Breast preparation before and after the birth

BEFORE : No special preparation of the nipples is required. The breasts prepare themselves spontaneously during pregnancy.
AFTER :
→ Proper hand and breast hygiene (washing breasts once a day is sufficient)
→ Before and after feeding, let a drop of milk flow
→ Change nursing pads regularly

#6 Early latching on

Early latching on is important because :
→ The baby's sucking reflex is at its best during the first two hours of life
→ This promotes an immediate relationship between mother and baby
→ Colostrum is very energetic, rich in defense elements and very thirst-quenching

#7 Follow your baby's rhythm

Every baby is unique. To meet his needs and to get a good start in breastfeeding, breastfeed on demand, at every awakening.

However, it is important to have **a minimum** of 8 feeds per day (no maximum), regardless of how they are distributed during this time. On average, a baby feeds 8 to 12 times a day, or even more. In the first weeks and months, the number of feeds will vary according to your baby's demand. Trust him, your baby knows what he needs. At times, he may need more milk and will ask for more often. Continue to respond to his request.

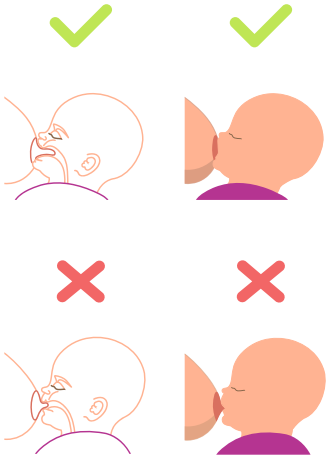
For smaller babies, babies born prematurely, or at the request of the pediatrician, you will be asked to monitor the feeding schedule more closely.

#8 Correct positions for mother and baby

Some points of attention for a good breastfeeding position:

→ Baby's body FACE to mum's body, 'tummy to tummy', face to breast

→ Mouthing the nipple and areola. No finger to clear the nose.



Cradle hold

Side-lying position

Football hold

Cross-cradle hold

#9 Alternating breasts

At the very beginning, and even afterwards, we advise you to always offer both breasts to your baby at each feeding. This is important for the stimulation of the breasts and will help to set up lactation and get a good milk supply. Therefore, it will avoid a drop in lactation in the future.

#10 What to do during congestion?

In the first few days, the breasts produce colostrum. It is around the 3rd or 4th day, and sometimes even later, that the colostrum gradually turns into milk. This is usually called the 'milking period'. But this expression gives a false idea of what is happening: the milk does not go up into the breasts to fill them. It is made DURING the feed. If your breasts are swollen, it is because the blood flow is greater at that time. What can you do to prevent your breasts from becoming too hard, swollen and sore?

Exercise your breasts:
→ frequent latching on
→ areolar massage (ask to be shown) between and just before feeds, to soften the nipple and help the baby latch on better
→ possibly apply warmth before feeding (hot water bottles)

#11 How to avoid sore nipples

→ Check your baby's position and the way the breast is held
→ Vary the breastfeeding positions (sitting, lying down, rugby, etc.)
→ After feeds, spread a drop of mother's milk on the nipple and areola, which heals and protects, and let it air dry
→ If you use nursing pads, change them as soon as they are wet
→ If you have to interrupt the feed, slip your little finger into the corner of the baby's mouth to break the sucking action

#12 What to eat? What to drink?

You can eat whatever you like, the variation in the taste of your milk will delight your baby too! No food should be ruled out if you eat a healthy, balanced diet.
Drink to quench your thirst. Thirst often comes on during feeding, so it's a good idea to always have a glass of water on hand at every feed.

#13 Avoid using a dummy, especially in the first few days

Before giving your baby a dummy, it is best to wait until breastfeeding is well established. Your baby's need to suckle is a good stimulus to your milk production. Because breastfeeding and dummy sucking techniques are very different, your baby may confuse the two techniques and may not suck well at the breast. It is therefore best to wait a few days before giving a dummy.

#14 Other (caesarean section, baby in neonatal unit)

A caesarean section or your baby in the neonatal unit will not prevent you from being able to breastfeed. You will have to find accommodations on a case by case basis. Do not hesitate to ask your questions to the team, even before the birth of your baby.

ARTIFICIAL FEEDING

You have chosen to bottle-feed your child with formula or you are unable to breastfeed. During your stay, we will explain to you how to give a bottle, how often and how to prepare the formula at home. Your child will receive an average of 6 to 8 feedings per day, so one bottle/3-4 hours.

Before giving your baby a bottle, we advise you to wash your hands. You can complete a chart to keep track of the bottles your child drinks.

It is not necessary to give your child a full bottle, as his or her bottles change over time (see table below). What is not consumed should be thrown away within 1 hour after the bottle is prepared. If your child has drunk too much, he may spit out (too much) or have cramps (difficulty digesting). Bottles are given at room temperature, they should not be heated. It is important to follow your child's progress. These explanations are of a general nature and will be adapted to your child in consultation with the midwife and the pediatrician.

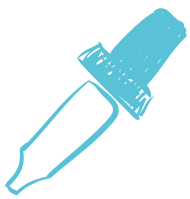
Table 1st week

Day 0	± 20 ml
Day 1	± 30 ml
Day 2	± 40 ml
Day 3	± 50 ml
Day 4	± 60 ml
Day 5	± 70 ml
Day 6	± 80 ml
Day 7	± 90 ml
Day 8 - 14	± 90 ml

At the consultation with the pediatrician within 10 days of discharge from the maternity ward, the quantity will be reviewed and adapted if necessary.

Preparation of the bottles

1 level measure of milk powder in 30 ml of mineral water:
→ 30 ml + 1 level measure
→ 60 ml + 2 level measures
→ 90 ml + level measures



STAY AT THE MATERNITY WARD

WHAT HAPPENS DURING MY STAY AT THE MATERNITY WARD?

After delivery, the midwives will monitor you for one or two hours in the delivery room. They will check that everything is OK for you and your baby before you move to your room. These first moments are also the opportunity for you to enjoy some skin-to-skin contact with your baby, the benefits of which are explained above.

We will help you position your baby comfortably on your chest. The heat from the mother or father will keep your baby at the right temperature, and it also the perfect moment to explain how to breastfeed your baby, if that is your wish.

By way of information, we explain **how a day is organised** at our maternity ward:

7:00 - 7:15	Arrival of the day team, and transmission of the night report
From 7:15	Visit of the midwife. There may also be a visit from the physiotherapist, the paediatrician, the gynaecologist, ONE or Kind & Gezin.
From 8:00	Breakfast is served
From 12:30	Lunch is served.
13:30 - 14:00	Transmission of the morning report.
From 14:00	Visit of the midwife.
From 17:30	Dinner is served.
20:45 - 21:00	Arrival of the night team, and transmission of the day report.

If you are following a specific diet, remember to inform us so that we can take it into account. And if you so wish, the psychologist, physiotherapist, and osteopath are here to help; simply ask the midwife or one of your doctors.

Mother's care:
Every day the midwife will come and check your parameters: temperature, blood pressure, blood loss, possible tearing, episiotomy or C-section wound, and uterine involution. We will assess your pain level and, if necessary, give you painkillers. We will help with the initiation of breastfeeding or with bottle-feeding.

Baby's care:
Midwives will follow the evolution of your newborn on a daily basis. Every day, we will check their temperature, transit, and weight. All this is recorded in a follow-up sheet in the room.

To prevent your baby from losing too much energy in the first few days of its life, it is best not to wash your baby every day. The first bath is given two days after the baby's birth. It is recommended to refresh his face with clear water, his cord, his buttocks and genitals with soap, once a day.

A pediatric medical examination will be carried out within 24 hours of the birth and a second one on the day of discharge.

Screening tests are conducted during the perinatal period. The purpose of these tests is to detect diseases or rare deficiencies, which, if treated early, offer better prognosis for the newborn.

At birth: screening for haemoglobin diseases (beta-thalassaemia and Sickle cell disease)

After 48 hours of life: Guthrie test (mucoviscidosis, thyroid, phenylketonuria, ...). Results are only shared with the paediatrician within the following month if they are abnormal or require further examination. We also offer to conduct a hearing test. It is a quick and totally painless test to confirm that your child can hear properly.

If your baby's skin is more yellow than usual, he or she probably has 'physiological jaundice of the newborn'. In a full-term baby, it starts at the 2nd or 3rd day of life, reaches its peak on the 3rd day, and disappears after the first week. This physiological jaundice is caused by the accumulation of bilirubin in the blood. It generates a yellow hue in the eyes and skin.

Bilirubin is partially eliminated through the baby's stool. Most cases of jaundice require no treatment. Clinical observations and bilirubin dosage are conducted to determine the necessity of treatment, which is phototherapy and is provided in the room. The lamps break down the bilirubin, which it is eliminated via the intestinal tract.

And what if your baby has to spend time at the neonatology ward?

The medical decision whether or not to admit a newborn baby to neonatology lies with the pediatrician. You can be confident that we will do everything in our power to ensure that the baby stays with its mother. Neonatal rooms are also available for certain observations.

The Europe Hospitals are equipped with a neonatology ward for premature babies born after 33 weeks of pregnancy at the Ste-Elisabeth site (Uccle), and after 34 weeks of pregnancy at the St-Michel site (Etterbeek), and for full-term babies who require more specific treatments.

This ward is located in the same building and on the same floor as the maternity ward. Parents are obviously most welcome to stay with their child, both night and day. Mothers can stay by the side of their baby throughout the baby's hospitalisation, if there is enough space in the maternity ward.

Visits to the maternity ward

Visits are, of course, a source of delight, but the birth of a child requires some time for all concerned to adapt. This is why we insist on respecting visiting hours and durations.

→ In private rooms: from 2pm to 8pm
→ In shared rooms: from 2pm to 4pm and from 6pm to 8pm.

Do not hesitate to limit visits to close relatives, and to establish visiting rules. For instance, you can ask that they refrain from coming directly to the maternity ward, and that they announce their visit with a little message and come during the visiting hours.

Birth certificate

At the St-Michel site, the declaration of birth can be done directly at the hospital during your stay, at the Civil Registration Office. At the St-Elisabeth site, the declaration can be done at the commune of Uccle. Information will be given to you at the maternity ward.

Service and others

The hospital offers a hairdresser, as well as a catering service with delivery to your room. Do not hesitate to ask the midwives for more information.

FOR YOUR SAFETY AND THE SAFETY OF YOUR BABY/BABIES:

ALWAYS WEAR YOUR IDENTIFICATION WRISTBAND, AND MAKE SURE YOUR BABY HAS ONE TOO.

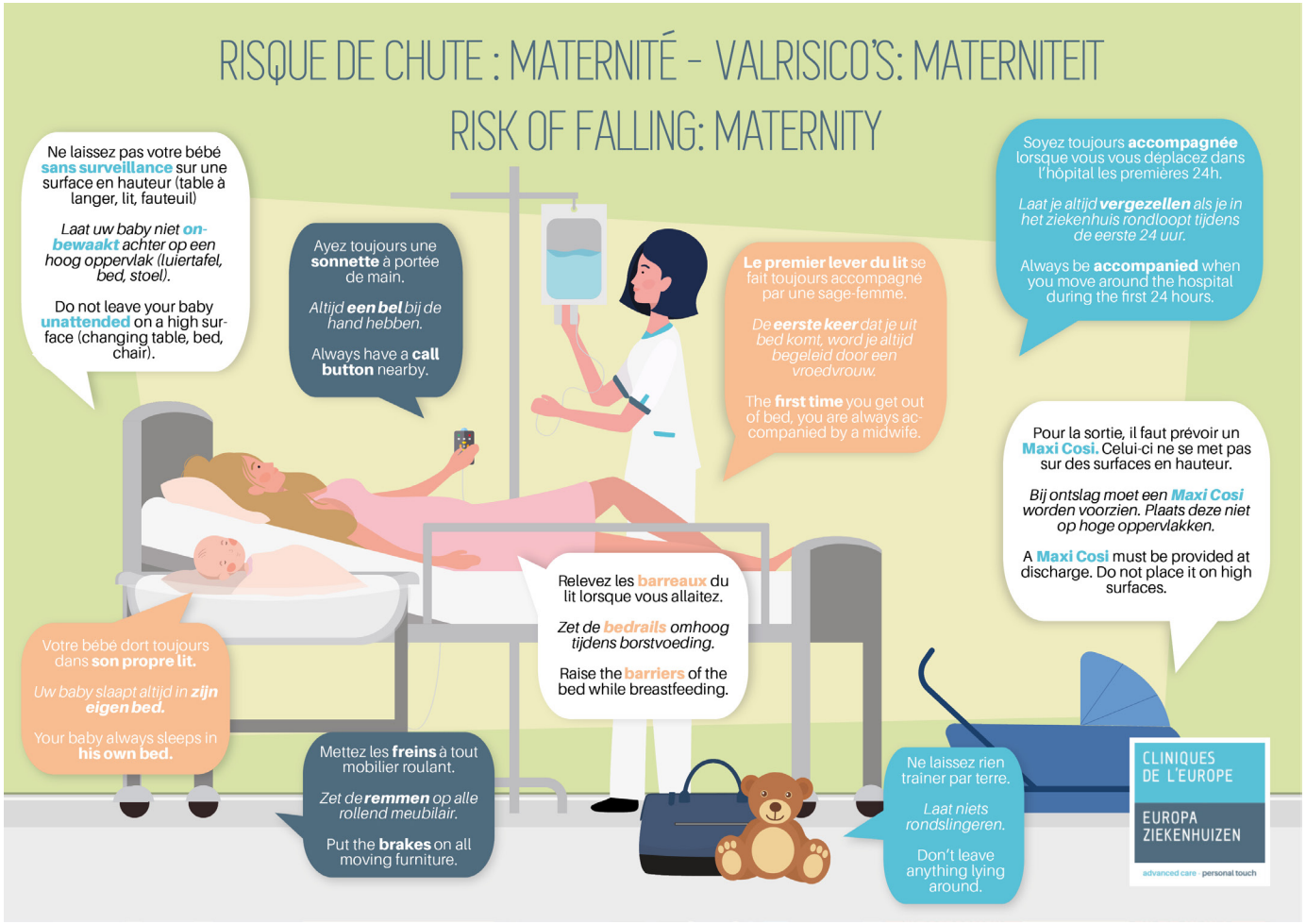
Never leave your baby alone in a room

The hospital is a public building, with maximum security conditions. The maternity ward has reinforced security. Although we have never encountered an issue in the past, the risk of ill-intentioned visitors remains. This is why we ask parents to remember their responsibilities and never leave their baby alone in the room. If necessary, they can ask for the midwife's help.

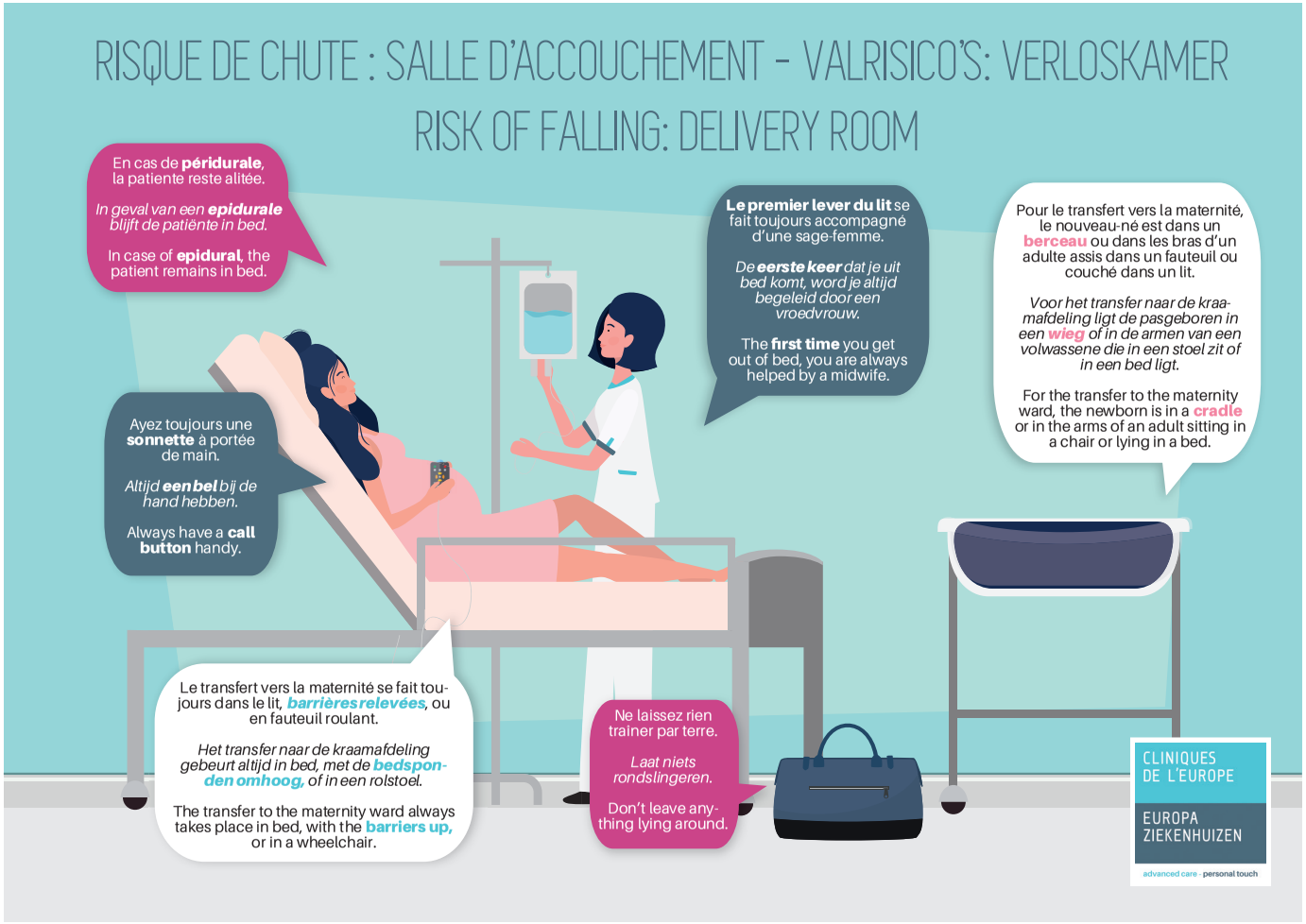
Fall prevention

For your own safety, we also inform you of fall hazards. The appended posters are displayed in the delivery room and in the maternity ward. Read them attentively.

RISQUE DE CHUTE : MATERNITÉ - VALRISICO'S: MATERNITEIT
RISK OF FALLING: MATERNITY



RISQUE DE CHUTE : SALLE D'ACCOUCHEMENT - VALRISICO'S: VERLOSKAMER
RISK OF FALLING: DELIVERY ROOM



YOUR RETURN HOME

You will be discharged from the maternity ward three nights after your admission. On the advice of gynaecologists or paediatricians, your stay can be extended, but it also possible to leave early.

Leaving the maternity ward is a happy prospect, but it can also be a bit frightening, especially if this is your first baby. As most parents, you can be concerned about being home and alone with your baby. The first 24 hours can be a little tricky as you and your baby have to adapt to your new lives. It is therefore preferable to plan your return home in advance (presence of your partner or a third party, help for groceries and cleaning). Don't worry, you'll be quick to find your marks, your new rhythm of life, far from the standard practices of the maternity ward.

One or two days after being discharged, you will have a home visit by the midwife. She will be your contact person if you have questions or need reassurance. After a few days, you'll be happy to be back at home with your family...

If you ask yourself "Do I have enough milk?", examine your baby carefully: is your baby energetic, does your baby swallow regularly, are its nappies full (5 to 6 heavy nappies in 24 hours), does your baby produce stools regularly (soft stools). If so, you can be sure your baby has enough to drink! The weight assessment confirms that your baby is getting enough milk.

Rest!
Don't forget to eat!
If you are breastfeeding, remember to drink enough

YOUR BABY'S CARE AT HOME

Temperature

→ Your baby should have a normal body temperature between 36.5 to 37.5 degrees. If your baby is showing signs of discomfort (not drinking, not sleeping, irritable...) take the baby's rectal temperature.

→ If the temperature is between 37.5 and 38°C, do not cover your baby and make sure the room is not overheated. Make sure the baby is getting enough to drink. Take the temperature a few hours after. If it remains high, call your paediatrician.

→ If the temperature is above 38°C, take the same precautions as above, but be doubly vigilant and call your doctor immediately. Your child must be examined the same day, as test will be necessary if your child is less than two months old. If your child has convulsions (revolving eyes, stiff body and sudden shaking), dial 112.

→ The temperature of your baby's room should be between 18° and 20°C.

Bath

→ A bath can sooth the baby.
→ A bath can be given in the morning or in the evening, depending on the baby's needs, and is not necessarily given every day. Refrain from giving a bath right after a meal.
→ If the newborn's temperature is below 36.5° it is better not to give a bath.
→ Make sure to clean the face, hands, and bottom every day.
→ For little boys, remember that it not possible to fully pull back the foreskin in the first six months. Later, please refer to your paediatrician.

The nose

In case of congestion, rinse each nostril with a vial of saline solution. Remember that sneezing is normal and should not be cause for concern. It is the way babies blow their nose.

The ears

Clean the outer earlobe with a cotton bud, making sure not to introduce it in the ear canal as this could cause wax plugs.

The eyes

In case of clear secretions, use a damp towel to clean each eye, from the outside towards the inside.. However, if these appear to be yellow and thick, seek advice from your paediatrician.

The umbilical cord

If the umbilical cord has not fallen off yet, keep it clean (with water and soap every day) and dry. The umbilical cord should fall of in the first three weeks of life.

The nails

Before 1 month of life, it is not advisable to cut the nails, because the epidermis is not yet separated from the nail and there is a risk of injuring the finger. After the first month, long nails can be cut with special baby nail scissors. If the baby scratches itself during the stay in the maternity ward, the nail can be filed down with a soft file (not metal), or the bits of nail that are becoming detached can be gently removed by hand. Note: refrain from putting mittens on your newborn, it is not hygienic, and it prevents your baby from discovering its body. Properly disinfect any open sores.

The skin

If your baby's skin is dry, massage it with special baby hydrating cream. You can also add a few drops of bath oils in the bath.

Red bottom

There can be many causes for this: irritating stools, allergy to the nappies... If the bottom is red, change your child more frequently, wash its bottom with clear water, and dry it gently. Refrain from using wipes. You can also apply a layer of soothing ointment. If the redness persists or worsens, consult your paediatrician.

Regurgitations

These small milk regurgitations occur most often after a meal. This phenomenon is often quite usual and physiological. It can be caused by your child drinking too fast, too much, or because its intestine is not fully mature. If you are bottle-feeding, prevent the ingestion of air by using a suitable teat and by checking that it is always full of milk. After a meal, give your child time to digest by holding it vertically, so it can burp.

Vomiting

Vomiting is more abundant that regurgitations and is often accompanied by nausea. If the vomiting is persistent, talk to your paediatrician.

Colic

In children aged 0 to 3 months, there are episodes of crying that are called "colic". There can be multiple causes for this:

- → Intestinal immaturity
- → The absorption speed
- → The inability to burp
- → Swallowed air

To sooth your baby, you can massage the stomach in the direction of digestion (clockwise), hold it against your body, stomach against stomach, or give it a bath.

Stools

If your baby is breastfed, frequent and liquid stools are normal, but it can also happen that there are no stools for 2 to 3 days. If you are bottle-feeding, the stools are moulded. If you are bottle-feeding and the stools are liquid, you should call your paediatrician. The stool colour may vary, but if they come out white, black or red, you should see your paediatrician.

Constipation

Constipation is when the stools are extremely hard and difficult to pass. To sooth your baby, you can massage its belly in the direction of digestion or administer a glycerine suppository. If your child shows signs of discomfort, cries, has a swollen belly, has flatulence or is vomiting, call your paediatrician.

Sleep

The sleep rhythm: Your child will only start distinguishing day from night after one month. It is important to remember that your baby's rhythm is completely different from your own. Indeed, he will fall asleep and wake up during restless sleeping phases (until the age of two months approximately). In that state, your child moves, suckles, opens and closes its eyes, breathes quickly and even cries. This phase comes around several times in a cycle. These restless phases are not periods of wakefulness; waking him at this time would disrupt his sleep pattern.

Evening crying: Your child has been calm all day, but it starts crying uncontrollably at nightfall: this is called evening dysrhythmia which generally occurs at around four to six weeks. This crying can last for more than one hour when they are inconsolable, not even in the warmth of your cradling arms. This behaviour reflects the fact that your child starts feeling cyclic changes throughout the day. With this crying, your baby is adopting a sleep rhythm that is closer to ours and learns to find sleep in calm sleep phases. In the meantime, remember that only common sense will tell you how to help your baby.

Sleep safety

Regarding the safety of your child's sleep, please refer to the brochure «Prevention of Sudden Infant Death Syndrome» which was given to you during your stay at the maternity ward.

→ Your baby should sleep on its back, without pillows, on a firm matrass;
→ The temperature of your baby's room should be between 18° and 20°C.
→ Remove any object that could be hazardous from the bed (e.g. large cuddly toys, bib, teat lanyard);
→ Do not smoke indoors.

Going out with your baby

Depending on the weather, you can take your baby outdoors. Protect your child from the wind and make sure he is wearing a hat. If it is a sunny day, protect your baby from the sun and don't cover it too much. It is also important to keep your baby properly hydrated. Do not go out if there is fog or a pollution peak (SMOG).

Transport

You can use a portable car baby seat from the day your baby is born until your child weighs 13 kg. But do not put him in his car seat with a jacket on (increases the danger in case of an accident). Be careful of airbags. Place your baby in a seat where there is no airbag or deactivate the airbag. Protect your baby from the sun, maybe install a sunshade on the window.

MOTHER'S CARE AT HOME

Vaginal discharge

In the first weeks that follow birth, vaginal discharge can be experienced in the form of bleeding that varies in quantity and colour. This bleeding is produced by the separation of the placenta after delivery, leaving bare an area that features many blood vessels. These vessels are compressed by contractions of the uterus, which are then necessary to gradually decrease and ultimately stop the bleeding.

This bleeding can last up to two to six weeks after delivery. If it persists beyond six weeks, you should consult your gynaecologist, midwife, or referring physician. After the 4th or 5th day, the bleeding becomes less red and more brownish-red.

Note:
During breastfeeding, the vaginal discharge can be increased just before or after feeding. If you observe that the discharge becomes more liquid and odorous, and if you have fever (>38°C), please consult a doctor.

The return of periods...

If you are not breastfeeding, your periods will return between the 4th and 6th week after delivery. These first periods are nearly always different from your usual periods; you may see clots, and they could be more abundant and last longer. You can therefore ovulate as soon as the second week after delivery, without having menstruated beforehand. It is therefore preferable to start taking a contraceptive quite soon after giving birth.

If you've had stitches...

The stitches will resorb naturally. They do not need to be removed. Meanwhile, your stitches require a minimum amount of care: clean them regularly with a washcloth, soap, and water (non-aggressive soap or with neutral pH). Remember to regularly change sanitary towels.

If you have had a C-section...

Your stitches will not resorb naturally, and you have to have them removed, at the latest three weeks after your C-section. This can be done by the midwife who visits at home. If staples were used, these are removed in two stages, a first half being taken out five days after surgery and the other half seven days after, so long as the healing process goes well. On the day of your discharge, the midwife will check your scar one last time. If you notice that your wound is not healing properly, that there is a serious discharge or induration accompanied by redness and/or pain, or if it appears to be abnormal or suspicious, please contact your doctor or midwife (at home).

Sexual relations and contraception

If you are bottle-feeding: The first period may start around the sixth week - sometimes earlier and sometimes later - after you give birth. It varies from one woman to the next. This means that ovulation and therefore fertilisation can occur as early as four weeks after your delivery and without menstruation beforehand.

This is sometimes called a "blind pregnancy". So, if another pregnancy is not yet part of your plans, it is preferable to take oral contraception (pill) or another form of contraception (IUD, Implanon...) as soon as the second week after giving birth. You should discuss your contraceptive method with your doctor, and remember to get the necessary prescriptions before going home.

If you are breastfeeding: If you breastfeed very regularly (at least six feedings in 24 hours, with at most four hours between feedings, night and day) and exclusively (no formula), ovulation is impossible. Otherwise, the chances of ovulating increase. It is therefore also important to provide a form of contraception that is suitable for breastfeeding, which is often referred to as the minipill. Remember to discuss this with your doctor.

First sexual intercourse: It is not recommended to perform intercourse in the six weeks that follow delivery. However, it is not forbidden. If you do have intercourse, be attentive to bleeding and the state of your stitches if you have had an episiotomy (or tear), which requires four weeks to heal. Remember also that the scar can remain slightly raw for a few months. If problems persist, you can discuss them with a doctor and maybe consult a sexologist.

Perinatal Physiotherapy

This is very important. The physiotherapist may have already visited you at the maternity ward and given you the "small guide for your return home" pamphlet. Perinatal re-education will help you strengthen your abdominal and perineal muscles and will help your internal genital organs return to a normal state. Make an appointment with a physiotherapist at six weeks after delivery for testing of the perineum and postnatal re-education. In the meantime, there are various exercises you can do, which are detailed in the physiotherapy pamphlet.

Psychological changes

After pregnancy and delivery, you might feel overwhelmed by emotions: anxiety, doubt, sadness. This is the result of the hormonal modifications that have been going on in your body and the new situation you have to get used to. This is generally known as baby blues. This is a normal post-partum reaction, and it dissipates with time. If the symptoms persist and hamper you in your daily life, you should mention it to your doctor.

Daily changes

The arrival of a child, dependent on the environment for survival, will affect your daily life. The life of your couple will have to be reorganised to take into account this new arrival. This can be hard, and it is sometimes necessary to ask for help and advice. Be attentive to yourself and maintain your balance in the care of this newborn who is "feeding" on you.

REMINDER OF THINGS TO DO AFTER THE BIRTH:

WHEN?	WHAT TO DO?	DONE ?
At the maternity ward	Contact the midwife who will be performing home visits. If you haven't found anyone during your pregnancy, the team will take care of finding a midwife for you during your stay.	
Before the 14th day following birth	Declare the birth of my baby at the civil registry in the hospital or at the commune of Uccle or Etterbeek.	
As soon as possible	Submit the birth certificate to: → My health mutual → My hospitalisation insurance provider → My employer	
	Make an appointment for postnatal physiotherapy (sessions start six weeks after delivery)	
	Notify the crèche of the birth	
As soon as I am back home	ONE or Kind en Gezin will contact you	
Between the 4th and 8th day of the baby's life	Consultation with a paediatrician in case of early discharge (D0 – D2)	
Between the 7th and 10th day of the baby's life	Consultation with a paediatrician.	
3 weeks after giving birth	An appointment for a postnatal consultation can be made with the midwife who oversaw my pregnancy at Ste-Elisabeth.	
4 to 6 weeks after giving birth	Postnatal consultation with my gynaecologist.	

USEFUL PHONE NUMBERS

Ste-Elisabeth site (Uccle)

Service	Phone
Emergency during the pregnancy 24/7	02 614 29 89
Emergency with your newborn 24/7	02 614 29 25
General hospital reception	02 614 20 00
Delivery room	02 614 29 89
Maternity ward	02 614 29 20
Neonatology	02 614 29 76
Appointments: Consultations Monitoring Breastfeeding consultation Sexology consultation Collective prenatal preparation Collective aquatic preparation Postnatal physiotherapy	02 614 27 30
Appointment with a paediatrician	02 614 27 53
Bambi service appointment	02 614 28 66
Appointment for ENT consultation	02 614 27 43
Psychologist	02 614 28 66
Billing	02 614 28 66

St-Michel site (Etterbeek)

Service	Phone
Emergency during the pregnancy 24/7	02 614 39 89
Emergency with your newborn 24/7	02 614 39 83
General hospital reception	02 614 30 00
Delivery room	02 614 39 89
Maternity ward	02 614 39 80
Neonatology	02 614 39 83
Appointments: Consultations Monitoring Breastfeeding consultation	02 614 37 30
Appointment: Paediatrics and bambi service	02 614 37 53
Appointment: ENT consultation	02 614 37 43
Appointment: Postnatal physiotherapy	02 614 37 60
Tobacco addiction specialist	02 614 37 10
Billing	02 614 36 59

OUR GYNAECOLOGISTS

Head of the department: Dr F. Grandjean

Ste-Elisabeth (Uccle)

Dr. L. De Sutter
Dr A. Depierreux
Dr S. Duliere
Dr N. Grauwen
Dr C. Moulart
Dr B. Schrurs
Dr L. Swijgers
Dr I Vanderheyden
Dr S. Vanderlinden
Dr M. Waterkeyn

St-Michel (Etterbeek)

Dr C. Bentin
Dr A. Bukera
Dr S. De Braekelaer
Dr G. De Galan
Dr N. Delbar
Dr F. Grandjean
Dr L. Herickx
Dr F. Pire
Dr L. Van Billoen

Bella Vita Medical Center (Waterloo)

Dr L. De Sutter
Dr C. Moulart

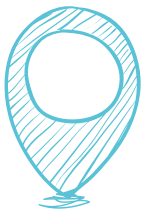
OUR PAEDIATRICIANS

Head of the department: Dr B. Verbruggen

Ste-Elisabeth (Uccle)	St-Michel (Etterbeek)
Dr A. D'Arpa	Dr J. Cornet
Dr B. Dima	Dr M. Dagnelie
Dr C. Dunga	Dr A. Delestienne
Dr M. Motte	Dr A. De Wandeleer
Dr A. Sauvage	Dr B. Dima
Dr T. Slaouti	Dr M. Leboutte
Dr B. Verbruggen	Dr F. Motte
	Dr M-P. Soumoy
	Dr F. Verna

Bella Vita Medical Center (Waterloo)

Dr C. Cruysmans
Dr B. Davidovics



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The Europe Hospitals form a reference hospital complex for Brussels and the surrounding area. As a multilingual general hospital, we offer comprehensive care at all four sites: St-Elisabeth in Uccle, St-Michel in Etterbeek/European Quarter, the Bella Vita Medical Center in Waterloo and the External Consultation in Halle.

Thanks to the close collaboration between our 300 specialist doctors and our 1,800 staff members, we take care of almost 2,500 patients every day in order to make a precise diagnosis, offer appropriate treatment and provide appropriate and personalised care. To do this, we use state-of-the-art medical technology in a modern infrastructure that enables us to offer each patient high-quality care in the greatest possible safety and comfort.

Ste-Elisabeth
Avenue de Frélaan 206 – 1180 Bruxelles
02 614 20 00

St-Michel
Rue de Linthout 150 – 1040 Bruxelles
02 614 30 00

Bella Vita Medical Center
Allée André Delvaux 16 – 1410 Waterloo
02 614 42 00

External consultation Halle
Bergensesteenweg 67 – 1500 Halle
02 614 95 00

www.europehospitals.be

Membre du réseau
Lid van het netwerk Huni