



Patient Information

Welcome



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What to bring at the time of your admission

- The mother's identity papers
- Marriage certificate or certificate of recognition
- Blood group card and rubella card
- Mother booklet or GP pregnancy file



For yourself

- A comfortable nightgown or T-shirt to wear during labour
- Toiletries
- Nightwear
- Slippers
- Sufficient quantity of underwear
- Bras (breastfeeding bra)

For your baby

- Clothes (underwear, rompers, socks, cap and bibs)
- Baby soap, baby oil
- Comb and brush
- Towels and wash cloths
- Upon discharge: jacket, blanket, Maxi-Cosi

PART 1: Your stay at the delivery ward

When should you come to the delivery ward?

The admission will take place:

- on doctor's advice
- as soon as the time between contractions is down to 5 minutes
- if your water has broken or you are bleeding
- if you are worried
- if you feel your baby move less

If you are having any doubt or concern, you can always contact the delivery room midwife on telephone number 014 44 42 31.

Please remember to remove all piercings and nail polish before coming to the delivery room!

How to get to the delivery room?

During the day, between 07:00 and 22:00, you can ring the bell at the delivery ward entrance on the first floor of Campus Sint-Jozef.

At night, between 22:00 and 07:00, admission is taken care of by the urgent mother and child care at Campus Sint-Jozef.

In the delivery room, only the future mother and one person of trust are allowed in.

PART 2: Your stay at the maternity ward

Room selection

The maternity ward has several different types of rooms:

- double rooms
- single rooms without bath or shower
- single rooms with a bath
- single rooms with a shower
- Luxury rooms: these are very spacious rooms with the possibility for the partner to stay overnight. Breakfast can be ordered the day before. This is not included in the price.

To know the exact prices, please contact the admissions desk.

Daily schedule

07:00 - 12:00	Nursing of mother and baby Paediatrician's visit Gynaecologist's visit Physiotherapist's visit Visit by "Kind & Gezin" Room maintenance
08:00 - 09:00	Breakfast
11:30 - 13:00	Hot lunch and coffee
14:00	Start of the visiting hours
15:00 - 16:00	Nursing
16:30 - 18:00	Supper
18:00	Night nursing
20:00	End of the visiting hours
22:00	Respecting silence

Practical tips

Visiting hours

Partner: all day

Relatives: 14:00 – 20:00

Kind & Gezin

They come by for information and appointments.

Postnatal physiotherapy

After a caesarean or, if so desired, after a vaginal partus, the physiotherapist comes by to teach you some postnatal exercises.

Social services

They come by if you so desire.

Ombuds(wo)man

He / she is at your disposal for suggestions, answers to your questions, comments or to express any displeasure.

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Internet

Free of charge, no code required.

Galenco care products

An introductory set is present. Purchase option (8.52 euros)

Payment by hospital bill invoicing.

Registration of birth

Every birth must be registered at the City of Turnhout Registry of Births, Deaths and Marriages within 15 days.

To do so you need both your identity cards and your marriage certificate or the recognition form, notification form.

No recognition form? Then both parents need to be present to register the child.

Upon registering the birth, you will receive:

- 2 additional birth certificates
- A certificate for the health insurance fund
- A certificate intended to apply for a maternity grant and child benefit
- A polio vaccination certificate

Registry Office Hours

AZ TURNHOUT

Tuesdays 13:30 - 15:30
Thursdays 13:30 - 15:30

BLAIRON TOWN HALL

Every workday 08:30 - 12:30
Mondays 13:30 - 19:30



The days of and after delivery

The medical / nursing team keeps the parents informed of the tests and treatments. It is impracticable to always request prior explicit consent. Our medical policy always aims to improve / secure your baby's condition.

For basic treatment and examinations we presume there is implicit consent or acquiescence from the parents.

Day 1: Day of Birth

YOUR BABY

- The first days of her life your baby may be a bit distressed because of phlegm. Symptoms include vomiting, retching and reduced appetite, these are normal phenomena.
- The baby uses signals to indicate when she wants to be fed: sticking out her tongue, smacking, bringing her hands to her mouth... You need not wait until your baby is crying to feed her. Sometimes you will have to wake your baby to feed her. We recommend you feed the baby every three hours. If the baby indicates before that time she is hungry, you can feed her earlier.
- Your child's sleeping position is on her back, never on her stomach. It is best to slightly elevate the crib's headboard in order to minimise food reflux.
- During the night the baby stays with you in the room. So you get to know your baby and you can respond swiftly to any hunger signals.
- It is best to change diapers upon each feeding. The number of pee and poo diapers needed may vary greatly.
- During your stay at the maternity ward we use a follow-up form. Please note when you feed your baby and the number of pee and poo diapers you have used, so we have a good overview.

YOURSELF

- Today you will be losing some bright red blood, comparable to a heavy period, sometimes containing some small clots of coagulated blood.
- The midwives will come by three times for a vaginal rinse if you so desire.
- If you had a caesarean, you will stay in bed today.
- For a few days you may experience after pains: this is the uterus contracting and relaxing in order to shrink back to normal size.

- Try and urinate timely, a full bladder interferes with the uterus' contractions. Small cuts in the labia or the vagina may make urinating painful, rinsing with lukewarm water can soothe the stinging. You can use the rinsing system in the bathroom to do so.
- If you are in pain because of cuts / tears or after pains, feel free to take a painkiller. Upon arrival in your room you receive a couple of painkillers of which you can take 1 every 8 hours.
- Every day, one of the gynaecologists or assistant physicians, accompanied by the midwife in charge, will visit you in your room. Should you have any questions concerning your treatment or your stay, do not hesitate to ask them.

TIPS IF YOU ARE BREASTFEEDING

- Comfortable position.
- Mouth wide and lips outward.
- Frequent latching ensures a swifter milk production.
- A folder with information on breastfeeding is provided in your room (this is meant to stay in the hospital).

TIPS IF YOU ARE BOTTLE FEEDING

- You receive tablets to stop milk production.
- Comfortable position.
- Keep a bib at hand.
- Correct position of the teat and the mouth
- If the feeding is not going smoothly, you can always ask the midwife for help after 15 minutes. Bottle feeding should not take more than half an hour. Make sure that when the bottle is empty your baby does not suck air, in order to prevent cramps.
- The bottles are for single use only.

BABY AND MOTHER STAY IN THE SAME ROOM

Your baby will be staying in your room throughout your stay. So you can always respond to your baby's signals. It is more natural for mother and baby to always be together and this way you will also get to know your baby better. Your baby will sleep quieter and safer if she is close to you and you will also feel better with your baby near you.

Day 2: the first day after childbirth

YOUR BABY

- The first day after birth it is normal for your baby to lose weight. Your baby defecates and loses liquid. However, your baby should not lose more than 10% of her birth weight.
- Today we will wash your baby in your room. In the hospital this is done in the morning, at home you can choose the bathing time yourself.
- Newborns have a dry skin, so you can add some bath oil to the bath water. Alternatively, you can apply some moisturising cream.
- Immediately after birth the umbilical cord is soft and gelatinous. It slowly dries out and becomes harder and black.
- We always take the body temperature before bathing. A baby's normal body temperature is between 36.5° C and 37.5° C. If it is lower, use an extra blanket or extra clothing. If the temperature is higher, dress your baby a bit less warm (during your stay, always inform the midwife). Check the temperature again 1 hour later.

YOURSELF

- Your bleeding will gradually diminish and fade to a pinkish or brownish colour.
- The midwives will rinse you twice today, if you so desire.
- If you had a caesarean, you will be washed in bed today. Today you are also allowed out of bed for the 1st time.
- Today we do a routine blood test to check the iron levels in your blood. We will check whether your iron level has not gone down too much because of the blood loss after delivery.
- You should also give a urine sample to make sure you are not suffering from a urinary tract infection.
- After delivery it is possible you are not able to control the urge to urinate. It may also happen that you leak urine when laughing, coughing or sneezing. This is caused by the stretching of the pelvic floor muscles. The physiotherapist will teach you some exercises to bring these muscles back to strength.
- Upon delivery you lose 6 to 7 kg. The rest will disappear more slowly. In the period immediately after childbirth it is best not to start a slimming diet, your body needs healthy food to regain strength.

- You will gradually lose the liquid you accumulated during your pregnancy, after 4 to 6 weeks it should be gone entirely.

TIPS

- Drink enough water
- Eat a balanced, sufficient and healthy diet
- Take enough exercise

Day 3

YOUR BABY

- Today we show you how to bathe your baby.
- The 3rd or 4th day after birth your baby may turn yellow. This is caused by bilirubin, a substance released by the degradation of red blood cells.
 - At birth there often are way too many of these. The immature liver often cannot process the bilirubin.
 - The yellow skin colour usually disappears during the 1st or the 2nd week.
 - If your baby is sleepy and lazy when drinking, it often means there is an excess presence of bilirubin. The paediatrician will then decide whether phototherapy is needed.
- Crying is a way of communicating for your baby. Possible reasons are:
 - a dirty diaper
 - hunger or thirst
 - too cold or too hot
 - pain
 - cramps
 - boredom
 - fatigue
- You cannot spoil your baby by comforting and cherishing her. Most babies are more restless at night.
- Because the baby does not urinate very often in the beginning, it is possible that you will see some orangey red discolouration in the diaper. This is caused by urate crystals and it will disappear by itself.
- Girls may excrete some bloody mucus after birth. This is caused by the mother's pregnancy hormones and will disappear by itself.

YOURSELF

- It often takes a few days before you are able to defecate. Defecating the first time after giving birth may be a bit cumbersome. Take plenty of time to go to the toilet, it is best not to postpone it.
- If you have not been able to defecate, the midwife will administer you some fibres. They soften the faeces and improve production.
- Think about the length of your stay, if you had a vaginal birth the normal duration is 3 to 4 days. If you had a caesarean, it is 5 days. The condition of mother and child allowing, you can leave the hospital sooner if you want. Please inform the midwife no later than the night before you go home.

TIPS CRIB

- Put the bed of your baby by the window if possible (not in direct sunlight)
 - This will accelerate the bilirubin breakdown.
 - Your baby will be able to produce vitamin D herself.
 - Your baby will more rapidly distinguish day from night.

TIPS BATH

- Before bathing the baby we first check the baby's temperature.
- The water should be between 36° C and 37° C, always check the bath water temperature.
- Keep everything you need at the ready or within reach so that your child is never left alone on the changing table.
- Undress your baby, have her weighed first. First wash the face without soap, then with soap the head, arms, arm pits, abdomen, back, legs, genitals and finally her bottom.
- Gently lay her into the water while carefully supporting the head. Take the baby under her arm and let her head rest on your wrist.
- As soon as the baby is out of the bath, carefully wipe her dry, not forgetting the small creases, then dress her immediately.
- The navel must always be wiped dry well.

TIPS IF YOU ARE BREASTFEEDING

- On day 3 or 4 there may some engorgement making your breasts tender and firm.

- Have your baby latch on regularly, this way you avoid your breasts getting too firm. If your breasts are very firm, your baby will have a hard time latching on, which may cause fissures.
- Apply heat when feeding. You can use a hot water bottle, a cherry stone pillow or you can take a shower. Heat will make you feel more relaxed and the milk ejection will be swifter. The loss of milk will soften the skin around the nipple and areola so the baby can latch on more easily.
- A breast massage just before latching on may be relaxing and stimulate the milk ejection reflex. Massage your breast with circular movements from the armpit towards the nipple.
- Sometimes it may be necessary to ask the midwife for a painkiller.
- If the pressure in the breast is too high and it is no longer possible to empty the breasts, you can use a breast pump to fully empty your breasts ONCE.
- If your baby only wants to drink on one side because there is an oversupply of milk, leave her on the first breast for 5 minutes and then latch her on to the other breast until she stops herself. This relieves the tension in both breasts.

SOME TIPS

- Learn to live according to your baby's rhythm, rest when your baby is resting.
- Accept help from friends and relatives.
- Limit the visits and ask them to give a call beforehand.
- If your baby suffers from cramps, you can try the following:
 - Kangarooing (put your naked baby on your bare upper body).
 - Just hold the baby with her belly against your upper body. Your upper body keeps your baby's belly warm which has a soothing effect.
 - Your baby may indicate she wants to latch on, so let her. Breast milk contains a lot of sugars which have an analgesic effect, so you can also comfort your baby this way. Make sure, though, that your baby is actually drinking and not sucking, in order to avoid fissures.
 - Put your baby with her tummy on your arm and quietly walk around.
 - Massage the tummy or gently press her legs against her tummy.

Going home

YOUR BABY

- Your baby is gradually gaining weight: on average 20 to 30 g daily, weekly usually between 150 and 250 g. After two weeks she has recovered her birth weight.
- The umbilical cord stump falls off, keep the navel clean and dry.
- Provided your baby is well protected from the cold and the heat, you can go out on daily strolls.
- The morning you go home the paediatrician will come by to discharge your child and to give you some more info on bottle feeding.
- If you are bottle feeding, you can take a box of powder milk from the hospital if you so desire. It will be invoiced.

YOURSELF

- When you go home, the gynaecologist or assistant gynaecologist will come by to discharge you.
- If any forms need to be completed, this will always be done at the time of discharge. Please keep them at hand.
- You may have vaginal bleeding for up to 6 weeks (from red to brown to slimy). During this time it is best not to use tampons in order to avoid infections.
- Generally it is advised not to have intercourse until the bleeding has stopped and the perineum has healed if it was cut or torn. It is important that you are both ready for it.
- If you had a caesarean, a physician or a self-employed midwife must remove the stitches after 1 week.
 - In case of redness, heat and pain or loss of liquid at the level of the wound, have the wound checked by your GP.
 - The first 6 weeks do not lift anything heavier than your baby.
- An appointment will also be made to see your gynaecologist about eight weeks after delivery.
- The doctor will also prescribe a contraceptive if you so wish.
- If you are bottle feeding, you can start again with the same birth control pill you used before your pregnancy. You can start again four weeks after giving birth. You are NOT safe during the first blister of pills and you may still lose some blood.
- If you are breastfeeding, it is recommended to start with the mini pill (Lueva ®). Start with the pill two weeks after giving birth, take 1

pill a day continuously as long as you are breastfeeding. Most women have no periods with this pill. As soon as you stop breastfeeding, you can switch back to your normal contraceptive pill. You can switch right away, do not insert a gap week between the two pills.

- Of course you are free to use another type of contraceptive, e.g. condoms.
- The use of an IUD will be discussed during your follow-up appointment.
- You do not have to sign out when you are going home. Just stop by the desk and we will take care of it.

Tips for at home

Safety in the car

- Always make sure your child is properly strapped in, in a car seat that is sized for his age.
- Make sure it does not get too warm in the car.
- Provide extra drinks on long trips.
- Never leave your child in the car unattended.

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Safety at home

- Keep harmful products out of reach of children (medicines, cleaning products, cosmetics, etc. ...)
- Secure AC sockets.
- Never leave your child alone with a pet.
- Do not smoke in the house.

When to consult a paediatrician?

- If your child, younger than 1 month, has a fever of 38° C or more.
- If your child, younger than 3 months, has a fever of 38.5° C or more.

General advice

- Breastfeeding is ideal for children up to the age of 6 months.
- If you bottle-feed your baby, always check whether the content is not too hot or too cold.

- In the summertime, have your child drink regularly in order to avoid dehydration.

Everyone gives advice, only follow the ones you feel comfortable with!

SIDS (*Sudden Infant Death Syndrome or cot death*) **prevention**

A safe sleeping environment

- Put your child to sleep on a firm mattress, so he does not sink in. Do not use pillows, for the same reason.
- Avoid asphyxiation risks by applying these rules:
 - Use a mattress that is adapted to the size of the crib, so the baby cannot get wedged in between.
 - The side rail slats should be less than 8 cm apart, otherwise the head may get trapped between them.
 - Remove all unnecessary items from the bed such as cuddly toys he could cover his face with.
- Provide adequate ventilation in the room your child is sleeping in.

A safe sleeping position

- Always lay your child down on his back, unless the doctor recommends a different position for medical reasons. Even if your child is sick, the dorsal position is best. He will get rid of his fever fastest if his head and face are not covered.
- Do not use a duvet.

A safe room temperature

- The room temperature should not exceed 20° C for children under 8 weeks old, later no more than 18° C.
- Cover your baby lightly, a blanket or a light sleeping bag, adapted to the child's size, is enough.
- Do not cover the face.

A smoke-free environment

- Smoking is highly discouraged both during pregnancy and after the birth.
- Do not allow anyone to smoke in your child's presence, neither at home nor in the car.

Medication

- Do not give your child any medication without a prescription, certainly not cough syrup nor sedatives.
- If you are breastfeeding, do not take any medication yourself without doctor's advice.

Respect your child's sleeping rhythm and make sure he gets enough sleep.

BE ALERT

Who to contact if you have questions or problems?

Hospital telephone numbers

Hospital General Number	014 44 44 11
Delivery Ward	014 44 42 31
Maternity Ward	014 44 42 21
Neonatology	014 44 42 39

Paediatrician consultations

Only by appointment	014 44 44 16
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Emergencies

During consultation hours	014 44 44 16
Outside consultation hours via emergency relief	014 44 43 11

Self-employed midwives

www.vroedvrouwen.be

AZ Turnhout vzw
www.azturnhout.be
info@azturnhout.be

 www.facebook.com/azturnhout



Campus Sint-Jozef
Steenweg op Merksplas 44
2300 Turnhout
014 40 60 11



Campus Sint-Elisabeth
Rubensstraat 166
2300 Turnhout
014 40 60 11

Resp. Ed.: Jo Leysen • AZ Turnhout NPO Managing Director (representative Eleyas bv)
Steenweg op Merksplas 44 • 2300 Turnhout