



Your
Bump to Baby
Guide

from

AVIVA

Your
Bump to Baby
Guide



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In case of emergency, please contact

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Do you know someone who would like a copy of this guide? Just ask them to call 1890 716 666 and we will send them a copy.

Congratulations!

Congratulations, and many thanks for choosing Aviva to look out for you during this exciting time. At this stage, your GP has probably confirmed your pregnancy and given you a steer on some of the maternity care options available to you. However, no doubt you have lots more questions, especially if it's your first pregnancy.

As a mum and from my experience in dealing with first time parents, I know that you're keen to seek out as much information on your pregnancy as you can, but it can be difficult to know where to begin.

Parents often tell me that many maternity reference guides are too detailed, with too much medical jargon. Others don't provide a complete overview of pregnancy. I've also found that those with private health insurance are often confused about the maternity cover on offer to them.



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This guide, published by Aviva, sets out to arm you with practical and straightforward information from the experts for every stage of your pregnancy, taking you through the birth and beyond. It also explains your maternity cover as a private health insurance member, the additional maternity benefits that you're entitled to on your health insurance plan and a step-by-step guide on how to claim.

I really hope you find this guide informative. Remember, we're always looking to improve our service to you, so if you have any feedback about this guide or any aspect of your policy with Aviva, please call us on 1890 717 717 or just send an email to support@aviva.ie

Wishing you a healthy and happy pregnancy,

Dr Naomh Kenny
GP Aviva Medical Council

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Meet our experts

Aviva Health have consulted some of Ireland's top medical professionals and maternity experts to bring you a complete guide to pregnancy and beyond. May we introduce you to...



Dr Naoimh Kenny

General Practitioner, practising in Dublin, she has a special interest in women's health. She believes that establishing good support networks for new mothers is necessary for mum and baby's wellbeing.



Nicola O'Byrne

Nicola O'Byrne is an International Board Certified Lactation Consultant (IBCLC), nurse and mum-of-five, working in the Dublin area.



Professor Cecily Begley

Professor of Nursing and Midwifery in Trinity College Dublin. She's an experienced midwife, and conducts research in the areas of normality in childbirth, and women-centred, midwife-led care.



Mary Quaid

Mary is a Clinical Midwife Manager. She worked between St. Finbarr's Maternity Hospital, Cork, and the Erinville Hospital, Cork, as a midwife before transferring to the new Cork University Maternity Hospital.



Professor Sean Daly

Professor Sean Daly, of the IMFF is currently Head of Ultrasound and Perinatal Medicine in the Coombe Women's and Infants' University Hospital, Dublin. He is an expert in the field of fetal medicine.



Liza Crotty

Liza Crotty started ClaphHandies in 2006, offering 'playlabs' for parents and children, paediatric First Aid courses for parents nationwide, and baby massage courses.



Gráinne Grundy

Gráinne is a registered general nurse and midwife. She trained as a midwife in the Coombe Women's and Infants' University Hospital, Dublin. She currently works as a GP practice nurse and midwife.



Tracy Donegan

Tracy is a certified Doula trainer, author, pregnancy and birth hypnosis specialist and breastfeeding educator. She's mum to two boys, one born in hospital and one born at home.



Sarah Keogh

Graduated with a degree in Human Nutrition and Dietetics, and has worked in hospitals here and the UK. She was Head of the Department of Nutrition and Dietetics at the Bon Secours Hospital, Glasnevin.



Niamh Healy

Niamh Healy is a qualified antenatal teacher with Cuidiú, the Irish Childbirth Trust, and is co-author of 'Bump2Babe: The Consumer Guide to Maternity Services in Ireland'.



Dr Eavan Lawlor

Dr Eavan Lawlor, BA, BdentSc of Smiles Dental, graduated from Trinity College in 2001.



Kate Ryan

Personal trainer, Kate Ryan, is a qualified fitness instructor and set up Fittestquad after taking the leap from the corporate world. She works closely with Edyta Bartejczuk-Wolak, a specialist in postpartum fitness.



Professor Fergal Malone

MD, Professor and Chairman of the Department of Obstetrics and Gynaecology at the Royal College of Surgeons in Ireland and Consultant Obstetrician at the Rotunda Hospital in Dublin.



Lucy Taylor

Lucy is a journalist and writer who regularly contributes on pregnancy, parenting and health issues to various Irish publications. She is the author of 'The Mum's Guide to Having Your Baby In Ireland'.



Susanne Noonan

Susanne Noonan is Medicare Health & Living's in-house clinical expert, liaising with maternity hospitals throughout the country to provide services, including stem cell preservation.



Alice Walsh

Alice Walsh of Responder Training has extensive experience in the field of medicine and the business of childcare. She's a registered general nurse, midwife and intensive care nurse.

Your 10-Point Plan

Pregnancy and childbirth will make many demands on your body, so it's well worthwhile making an effort to optimise your pre-conception health and fitness, and that of your partner. Having a baby involves a major life change, so it's important to ponder the practical issues and think ahead on everything from health issues to childcare and family finance. Going into pregnancy with a clean bill of health and a weight that's within the recommended range for your height and build will give you peace of mind, and provide your baby with a great start in life. Follow our ten-point plan on getting ready for pregnancy.

1 Get fit

Pregnancy puts a lot of physiological demands on the body as ligaments soften and loosen because of the pregnancy hormones. Generally, women who are physically fit have easier pregnancies and births. Build up your fitness before conceiving and aim to maintain it through low-impact aerobic exercise throughout the pregnancy. This will improve your circulation, increase the oxygen flow to the baby, boost your stamina and suppleness and promote better sleep.

Aviva Benefit

Aviva members can avail of a 10% discount on a block of classes at Fitsuqad. Fitsuqad is based in Dublin, Greystones, Cork and Limerick. See Admin section for further details.



2 Consider your pre-conception health

Visit your GP to discuss any conditions you have, such as diabetes, asthma or epilepsy, and how they can be managed during your pregnancy. If you are taking prescription medication, enquire if you should continue with it while you are trying to conceive and during your pregnancy. Raise your and your partner's family health histories to assess any genetic risks you might have. Ensure you are immune to Rubella or German measles as getting this disease during pregnancy might damage the developing fetus. Chickenpox can also harm the baby in early pregnancy, so it's wise to check if you've had the disease. If not, avoid children with chickenpox while trying to conceive and up to the 14th week of your pregnancy. As part of an overall check-up, have your blood pressure monitored and a cervical smear test done if you haven't had one in the previous two years.

Aviva Benefit

Health checks

- Aviva members can avail of discounts of up to €100 on a range of health screens at EHA centres nationwide and up to €140 discount on health screens at Charter Medical Group in Smithfield.
- Many Aviva plans also have a health screen benefit of €100 every two years that can be used in conjunction with the above health screen benefit.
- Also, why not take Aviva's free online health check, visit www.avivahealth.ie

See Admin section for further details.

3 Try to reach a healthy weight

Obesity during pregnancy is now a major concern. Some women who are very overweight when they conceive can be at greater risk of developing diabetes during pregnancy. To maintain a healthy weight, eat a well balanced diet, including iron-rich foods such as leafy greens, wholegrain bread, dried fruits and lean meat. Calcium, which is found in dairy products (except butter) and is also in spinach, chickpeas, kidney beans and sesame seeds, is needed to develop your baby's bones and teeth. There are some foods that you should particularly avoid when you're pregnant. Avoid ripened soft cheese because of the risk of listeria; raw or undercooked shellfish because of the risk of bacteria that can cause food poisoning; shark, swordfish and marlin as they are said to contain too much mercury and other toxins; liver because large intakes of vitamin A have been associated with birth defects; and peanuts during pregnancy and breastfeeding if you or your partner's family has a history of allergies, because this can reduce the risk of your baby developing allergies. Also cut down on coffee consumption as too much caffeine may be associated with an increased risk of miscarriage, and avoid alcohol. Yoga and Pilates as well as swimming and walking can be beneficial during pregnancy.



4 Pinpoint your fertile period

The most fertile time of your cycle is the few days immediately before ovulation. Cycles vary widely but it's generally about day 14 if you have a 28-day cycle, counting the first day of your last period as day one. Your GP will be able to tell about ways to optimise your chances of conception.



5 Quit smoking

It isn't easy, but a planned pregnancy or conception provides the perfect incentive to give up smoking. Stopping smoking is one of the best things you can do for your and your baby's health because smoking has been linked with miscarriage, birth defects and health problems later in life. Women who quit smoking reduce the risk of infertility and those who kick the habit early in their pregnancy lower the risk of their baby being born too early and with an abnormally low birth weight.

Aviva Benefit

Aviva members can receive €70 off the cost of Allen Carr Easyway to Stop Smoking clinics. See Admin section for further details.

My To Do List



6 Be proactive with folic acid

Taking a supplement of 0.4 mg of folic acid per day can protect against neural tube defects such as spina bifida. Ideally, this should be taken from 14 weeks before you conceive until the 12th week of your pregnancy.

If you already have a baby with a neural tube defect, it is recommended that you take a bigger dose of 4mg daily two months before conception and during the first twelve weeks of pregnancy. Increased doses are also recommended in the case of multiple births. Also eat plenty of folate-rich foods. These include dark, leafy vegetables such as spinach and broccoli; beans like black-eyed peas, pinto and kidney beans; asparagus; orange juice and oranges; avocado; and strawberries. Some foods such as breakfast cereals and grain products like bread are also fortified with folic acid.



7 Review your health insurance cover

If you're planning on getting pregnant, it's a good idea to review your health insurance cover now to ensure that it offers the best possible cover for your needs and budget.

In the current economic climate, choice and value are very important. If you are planning a private hospital birth, look at costs. Aviva has introduced enhanced maternity benefits designed to fit with your individual requirements. Consider the pre-birth benefits; the type of accommodation you require if it will be a hospital birth; waiting periods that apply to any benefits; and care of your newborn. Make a decision based on what you can afford and your priorities.



8 Budget for baby

It has been estimated that the outlay associated with having a child is around €250,000 before they reach 18. In a recent study of Irish mums conducted by Aviva, almost a third (32%) of participants expected to pay €200 per month on baby-related costs excluding childcare. This mirrored actual spend. So some forward planning would be ideal.

Bear in mind the cost of antenatal care; baby equipment such as car seats, clothing, nappies, childcare, education and medical bills among all the other expenses. It's a good idea to pay off as much debt as possible and to have some savings when you are planning a pregnancy. Financial stability will prevent a lot of stress in an uncertain economic climate. Money Advice and Budgeting Service (MABS) provides advice about dealing with debt and managing your money.

You should also look into your company's leave policy, and if you are considering job sharing or part-time work, look at the impact of that on your finances. Life insurance is important, as is a savings plan; many parents start saving for their children's third-level education from birth. Shop around for financial products, look for high interest accounts and keep some money in an account that will be easily accessible for emergencies.

9 Involve your partner

Planning a baby can be a very romantic and bonding time for you and your partner. Try to get them excited about getting healthier and fitter in preparation for the pregnancy by going on a health kick together. Encourage them to have a GP check-up too, to eat a healthy diet, cut down on the consumption of alcohol, give up smoking, and avoid any environmental hazards like pesticides and radiation.

My To Do List continued



10 SEEK SUPPORT

If your pregnancy is unplanned and you need support, seek the assistance of your GP and specialist groups. Several organisations work with one-parent families such as One Family, Tel. 1890 662212, and Treoir, LoCall 1890 252 084, which specialises in information for unmarried parents. Also check out www.solo.ie





Pregnancy



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Trimesters at a Glance

The average length of pregnancy is 40 weeks, which is split into trimesters or thirds. Every trimester brings changes for you and your developing baby, which are outlined below and in the following chapter.



First trimester

The first trimester spans a highly important stage in the baby's development, when all of the major organs start to develop. This is also a phase when the baby is most susceptible to harm so it is vital to look after your health and wellbeing.

Second trimester

During the second trimester, many of the discomforts of early pregnancy will have eased and you will be able to notice the baby's continued growth. Towards the end of this phase, you will be able to feel your baby move. Complications are unusual at this stage and it is a good

time to take a holiday abroad, if you are keen to fit in a spot of pre-baby travelling.

Third trimester

By the third trimester, your baby's development is almost complete. The baby's internal organs mature further. Fetal movements become stronger although space in the womb is limited. This can be the most uncomfortable stage of your pregnancy as the increasing weight of the baby puts a strain on your lower back. Your pelvis will loosen and it can be hard to get a comfortable night's sleep. You will see your doctor or midwife more often and can avail of antenatal classes. ■

A partner's guide to the trimesters:

First trimester

At this stage, your partner may feel very tired and sick. "Smells and tastes might make her feel nauseous. If you cook, she's more likely to eat what she needs. Healthy eating is important for the future of good family health also, establishing healthy food habits to pass onto your children," says midwife Gráinne Grundy of mamaandme.ie "At this stage, your partner might only want to sleep. She may be irritable about things that seem minor to you."

Second trimester

Your partner may find that much of her energy returns. Gráinne recommends that you use this stage of the pregnancy as an opportunity to spend quality time together.

Third trimester

"The baby starts to gain weight and this can make your partner feel uncomfortable. The tiredness and irritability of the first trimester returns. She may be feeling anxious about the birth. You may be worried about the birth too, and this is an ideal opportunity for both of you to talk about how you are feeling and to discuss what you both expect to happen in labour," says Gráinne. "Deciding on a birth plan together is a good way of knowing what your partner wants to achieve during labour and will allow you to support her on the day. Try to be realistic though, and allow flexibility so that neither of you is disappointed if things don't go to plan."

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Weeks 1 - 4



The duration of your pregnancy is dated from the first day of your last period, as it's hard to know exactly when conception occurs. The embryo is actually two weeks old at the so-called four-week stage of pregnancy.

Your baby:

The developing embryo consists of a ball of cells called the blastocyst, which implants into the lining of the womb. The umbilical cord begins to appear and the placenta – a flat, round organ that transfers nutrients from you to the baby, and transfers waste from the baby then starts to form.

You:

You may not be aware that you are pregnant. At the end of week four, your period would normally start. Some women experience early pregnancy symptoms such as frequency of urination, tingling in the breasts and a lack of interest in some foods and alcohol.

3 things to do now:

- Take a home pregnancy test and visit your GP. If you don't have a local GP, find one now and build up a relationship with them. This will stand you in good stead throughout the pregnancy and after your baby is born. Many GPs have midwives working with them, so you will have an easily-accessible resource of information and support during your pregnancy.
- Consider the choices for your antenatal care and the delivery of your baby. See page 15 for information to help you navigate the options.
- If you haven't already started taking folic acid now is the time to get started. Take 0.4mg per day and try to eat folate-rich foods.



Q. What are the early signs of pregnancy?

A. Dr Naoimh Kenny, Aviva Medical Council:

Often there are none, apart from a missed period. Whilst pregnancy is the most common reason for a missed period, there can be other causes, such as stress. Most women will experience breast swelling and tenderness, and profound tiredness. It's common also to have bloating in the lower abdomen. Some women who are in the early stages of pregnancy experience 'spotting' around the time they would normally get their period. Sensitivity to certain smells and foods may occur and some women get cravings for particular foods, or experience nausea.



Fact: Working mums are entitled to 26 consecutive weeks of maternity leave. You can also avail of 16 consecutive weeks additional unpaid maternity leave, beginning immediately after the end of the 26 weeks. For further information on your rights, see www.citizensinformation.ie and www.equality.ie

Weeks 5 - 9

Mum and Baby



Week 8



Your baby:

Three layers start to form to develop the body's tissues and organs – the ectoderm, mesoderm and endoderm. The digestive tract, brain, heart and nervous system begin development. The brain develops rapidly and the head enlarges. Fingers, toes, knees and the external ear have formed. The basis of the heart is in place and has started to beat.

You:

Breast enlargement and tenderness may be experienced around the six-week stage and you may be nauseous. You may also experience a draining exhaustion as your body is working extremely hard to support the development of your baby. Take any rest you can. Constipation may be a problem as one of the effects of pregnancy hormones is to soften your muscles, including those of your bowels, which can make them sluggish. Mood swings are common.

3 things to do now:

- Get fitted for a supportive and comfortable bra now, and again in the later stages of pregnancy, as your breasts will change.
- Drink plenty of water, herbal tea and fruit juice throughout the day; exercise gently; and eat lots of natural fibre, fruit and vegetables to try to avoid constipation. See page 28 for more information about nutrition during pregnancy.
- Some women positively glow during pregnancy, but unfortunately some women experience skin problems such as itchiness, puffiness and acne due to changes in hormone levels during pregnancy. If you are concerned about changes in your skin, seek advice from your pharmacist about products that are suitable to deal with the problems.

Q. How often should I see my GP during my pregnancy?

A. Dr Naoimh Kenny, Aviva Medical Council:

It varies from woman to woman, depending on how straightforward your pregnancy is. On average, you will see your GP eight to ten times overall, including your six-week check after the birth. The first visit is usually when your GP confirms the pregnancy after you've missed a period, or had symptoms of pregnancy. The greater proportion of your visits take place after your second trimester when you need more regular check-ups. The number and timing of your visits varies depending on your medical requirements, so be guided by your GP. In addition, depending on the pregnancy care option you have chosen, you may see a consultant obstetrician or midwife for some or all of your visits. You will also have appointments for scans, which are normally carried out at the maternity hospital you are attending.

Fact: The sex of your baby will be determined by its father. You will always produce an X chromosome while sperm are either X or Y.

Maternity care options by Lucy Taylor

Congratulations, you are expecting a baby! Now it's time to choose the model of care you would like to have during your pregnancy, your baby's birth and postnatally. This can be daunting if you have never been pregnant before. Lucy Taylor reviews the myriad options available and gets the opinions of Dr Naoimh Kenny, Prof Cecily Begley and Prof Fergal Malone to help guide you through this process.

Get your GP's help

Dr Naoimh Kenny, a GP for Aviva's Medical Council, says, "When a patient has their pregnancy confirmed, I discuss the different types of maternity care available to her (and it can vary from region to region nationally) and at what approximate financial cost, if any. 'First-timers' tend to be novices in this regard.

"I don't recommend one model of care over another for first-timers," says Dr Kenny. "Women will usually be leaning toward a particular model based on the experiences of friends and family, and also the financial situation of the couple. It's my job to explain what happens in that model of care, and to reassure them that they'll receive appropriate and necessary care, whichever model they opt for. After choosing which type of care she wants, I write a referral letter to the patient's service of choice and she brings it with her to her booking visit," concludes Dr Kenny.

What women want

In recent research from UCD and the Coombe Women and Infants University Hospital, 500 women were asked to rate what they consider important when choosing maternity care. The resulting report, called *What Models of Maternity Care Do Pregnant*



Women in Ireland Want?, revealed that 45% of women preferred to have their baby delivered in a doctor-led maternity unit and 43% said they would prefer to have their baby in a midwife-led centre. Safety for both mum and baby were the most important factors for women when choosing their maternity care.

Ireland's three 'tier' system

Prof Fergal Malone, Consultant Obstetrician at the Rotunda Hospital in Dublin, says, "All three options in Ireland – public, semi-private and private – give great maternity care. It comes down to

what the patient sees their needs are."

There are pros and cons to each option and in the table (p. 20) we give details of where each option is available. The range of services offered by each maternity hospital varies somewhat and it is advisable to check with your chosen maternity hospital as services may be added or altered over time.

When researching the available care options, most women like to speak with their GP, partner, family or friends who may have personal experience of the options they are considering. Alongside the table, our panel of experts give their opinions on the various choices. >>

Private care

Private care overview

Private maternity care is available in public maternity hospitals and, currently, in one private hospital in Dublin. The defining elements of private care are that you privately attend a consultant obstetrician for your visits and they will be at the delivery of your baby. You will be accommodated in a private room, if available, after the birth of your baby. Private care needs to be booked early in the pregnancy, due to the demand.

Fergal Malone says, "If a patient wants to be totally under the care of an obstetrician and have a more intensive level of surveillance, with more visits and scans, they may choose private care. Some women choose private care because they have a pre-existing medical condition, but the majority decide based on their perception of their personal needs, their anxiety and their personal life experiences and what they are comfortable with."

Antenatal care

During your pregnancy you will attend the hospital for your antenatal appointments and see your own consultant for every visit. You may choose combined care and see your GP for about half of your antenatal checks.

The number of visits and scans you will have during your pregnancy depends on the individual hospital's policy.

Your baby's birth

Your consultant will usually attend your baby's birth in the hospital. If your consultant cannot be there, he/she will arrange for another consultant to attend your baby's birth.

Your postnatal care

After your baby is born, you will be moved to a private room, but if one is not available, you may spend some time in a semi-private or public ward.

Most private care takes place in public hospitals because there is only one private hospital offering maternity services — Mount Carmel in Dublin.

The costs

Private health insurance usually covers the cost of private accommodation in public hospitals and the cost of delivery. It may also cover a portion of your consultant's fees, which cost from €2,500 to €5,000 depending on which hospital you are attending.

For those who choose to have their baby privately in a public hospital, the average cost of a three-night stay is €3,500 with consultants' fees starting at €2,500 (they may be lower if you opt for shared care with your GP); if you choose to have your baby in a private maternity hospital, three nights' stay is currently approximately €5,000, with consultants' fees starting at €2,900. In their shared care package, consultants' fees are €1,650.

✓ The pros of private care

You will see your own consultant at each antenatal visit; visits may be more convenient and involve less waiting than in the public service; your obstetrician will attend your baby's birth, you will go to a private room with your new baby; depending on what's available.

Dr Kenny: "Pros are one-to-one care with your consultant of choice; less waiting time; it's often easier to contact that specific doctor directly or through a secretary if you have any queries or problems."

✗ The cons of private care

This is the most expensive maternity option; your obstetrician may not be available for the birth and another doctor will attend.

Dr Kenny: "Patients who opt for private maternity care can often end up solely in the care of the obstetrician, and not attending their GP, which I think is a disadvantage, as seeing a woman during her pregnancy allows for a continuity of care that is advantageous for her and the baby."

Aviva Benefit

Aviva members can avail of a grant-in-aid for private hospital maternity accommodation. Members on Level 2 Family Health can avail of a grant-in-aid of up to €4,500 for private hospital accommodation. Members will also receive a contribution towards their consultant's delivery fee. See Admin section for further details.



Private room in Cork Maternity Hospital

Semi-private care

Semi-private care overview

Semi-private maternity care is only available in some public maternity hospitals. The mother's visits will be with a consultant's team at semi-private clinics. A midwife will help her deliver her baby but a member of the consultant's team will be available if needed. After the birth, the mother will be transferred to a bed in a semi-private ward, if available.

Antenatal care

This type of maternity care can mean different things in different hospitals. Usually you attend a semi-private clinic for your antenatal appointments in a hospital, and will see a consultant or member of his team when you visit. You may choose combined care and see your GP for about half of your antenatal checks.

The number of visits and scans you will have during your pregnancy depends on the individual hospital's policy.

Your baby's birth

When you arrive at the hospital to have your baby, you will be looked after by midwives, but a member of the consultant's team should be available for your baby's birth in case there are complications.

Postnatal care

After your baby is born you will be transferred to a semi-private ward if there is a bed available. These wards usually have between four and six beds.

The costs

Costs vary, but currently the semi-private fee totals €4,000 approximately. This fee covers the cost of accommodation in a semi-private room, antenatal clinics, delivery, anaesthesia and a certain number of scans.

✓ The pros of semi-private care

Visits may be more convenient and involve less waiting than in the public service. Your obstetrician

or a member of his or her team will be available in case of complications but you may not need to see them and will be attended by midwives.

Dr Kenny: "Smaller clinics; consultant-run clinics; shorter waiting times."

✗ The cons of semi-private care

The cost of this type of care will depend on what kind of health insurance you have as all fees may not be covered.

Dr Kenny: "This is a popular option and heavily subscribed. It's often so booked up that a woman cannot get access to a 'booking' appointment at 12-14 weeks' gestation."

Aviva Benefit

Aviva members are covered for up to three nights' accommodation in a semi-private room in a public hospital. Members will also receive a contribution towards their consultant's delivery fee. See Admin section for further details.

Public care

Public care overview

Public maternity care is available in all public maternity hospitals. All medical and accommodation needs are provided free of charge.

Within public maternity care, there are several options concerning who you will see on your hospital visits, where your baby will be born and, if you deliver your baby in hospital, how soon you can transfer home afterwards and the follow up care you will receive. These vary between hospitals but an overview of the options is outlined in this section.

Antenatal care

You will attend the hospital for your antenatal appointments and may choose combined care and see your GP for about half of your antenatal checks. Some hospitals run midwife clinics in the hospital and community midwife clinics in local health centres, and women whose pregnancies are considered low risk may be transferred to the care of midwives. If you are seeing a doctor/obstetrician, you may not see the same one at every antenatal hospital visit. You will generally get 8 to 10 visits in total, including your 'booking in' appointment when you have blood tests.

Hospitals have different policies when it comes to giving women ultrasound scans during pregnancy and some may not be able to afford to offer you as many as you would like, but it is now possible to have scans done in private centres.

Your baby's birth

The hospital midwives will help you to deliver your baby. If your labour becomes more complicated, you will be aided by an obstetrician

and his or her team. If you choose to have an epidural, the hospital anaesthetist will attend to you.

Postnatal care

After your baby is born, you will be moved to a public ward which can be busy at visiting times. Some hospitals offer an Early Transfer Home Scheme (ETHS) with postnatal visits at home. Your GP and hospital will provide you and your baby with postnatal care up to and including the six-week check.

✓ The pros of public care

It won't cost you anything and you won't get inferior medical care by choosing public care.

Fergal Malone says, "If a patient anticipates an uncomplicated pregnancy and birth then public care under the care of midwives is perfect. Women who cannot afford to go private are increasingly choosing public care and having some ultrasound scans done privately."

Dr Kenny says, "Public care is free, available to all women everywhere, and often with satellite clinics at

centres closer to a woman's home. These clinics are predominantly run by midwives who are experts in the needs of women during the birthing process."

Prof Begley, Chair of Nursing and Midwifery in Trinity College, Dublin: "Women get exactly the same care in labour if they go public compared to if they go semi-private or private in a public hospital."

✗ The cons of public care

If you visit a doctor in hospital, you may need to queue; there may be fewer scans and you may not know the midwives who help you give birth.

Dr Kenny: "Public care can mean a possibly slightly delayed booking visit, owing to pressure on resources. Public clinics can be heavily booked and waiting times can be lengthy."

Prof Begley: "You cannot have scans on request (although note that this is not always possible in semi or private care either); there are more people to a room; in the hospital, you may not see the same person every time. Midwifery clinics are local and have fewer queues."



Alternative options within public care

Midwifery-Led Units (MLUs)

Antenatal care

In a hospital Midwifery-Led Unit (MLU), a team of two to six experienced midwives look after a pregnant woman from her initial booking right through to the birth of her baby and postnatal care. This is a free service that is available at Cavan General Hospital and Our Lady of Lourdes Hospital, Drogheda, Co. Louth, and is accessible to women who have no risk factors in their pregnancy.

If at any point during pregnancy or labour a woman experiences a problem or the midwives are concerned for her or her baby, she will be transferred to the care of the obstetrician in the hospital and his or her team.

Your baby's birth

The environment in which women labour and deliver their babies is a homely birth room with birthing balls, bean bags, etc. as well as music and a water pool. The Entonox mask (gas and air) is available too.

✓ The pros of MLUs

It's free, there is less medical intervention (no induction or epidural) and you will know your midwives.

Prof Begley says, "You stay for two days in a private room, and your partner can stay too. You get one-to-one care in labour, fewer interventions, and less fetal monitoring during labour."

X The cons of MLUs

MLUs are not available to all women as they are limited to those with no risk factors, and are only available in two locations.



Domino and Community Midwives

Antenatal care and your baby's birth

With the Domino Scheme, women have their antenatal care in conjunction with their GP in pregnancy, have their baby in hospital with a community midwife caring for them, then transfer home 6-12 hours following the birth.

With the Community Midwives Home Birth Schemes a pregnant woman will see a team of midwives for her antenatal care and give birth at home.

Women are offered a scan at 18-22 weeks to confirm the pregnancy is low risk. If any problems develop, they are transferred back to full hospital obstetric care. Antenatal appointments take place in a midwives' clinic or local health centre.

Postnatal care

After the birth, mum and baby will be visited at home by a member of the midwifery team until the baby is around seven days old, when their care is transferred to the public health nurse.

You will need to contact your

hospital to find out whether they run a Domino or Community Midwives Home Birth Scheme, and if so, whether you are in the catchment area.

✓ The pros of community midwives schemes

The Domino scheme is free of charge. It's good for women who want to have their baby in hospital but other care locally; you don't have to stay in hospital long after birth; you will know the midwife who helps you give birth. The Home Birth option is free unless you opt for a self-employed community midwife (see below). Some women prefer the comfort of giving birth at home.

X The cons of community midwives schemes

Not all hospitals run Domino or Community Midwife Home Birth Schemes; your pregnancy has to be low risk to qualify. At any stage of pregnancy, if there is a problem, you will be referred out of the Community Midwife Scheme. If there is a problem with the labour, you will be transferred to hospital by ambulance to deliver the baby.

Alternative options within public care

Home birth

Home birth overview

Home birth is available to all women experiencing a low-risk pregnancy. Women are carefully screened to ensure they are low risk before being accepted for a home birth.

Information and costs

The Home Birth Association of Ireland (www.homebirth.ie)

will give you all the information you need. You will also need to discuss this option with your GP and your local maternity hospital.

✓ The pros of home birth

Many women find giving birth at home to be calm and reassuring; you can labour in a birthing pool; your labour is not 'actively managed' with drugs or interventions; there is no exposure to hospital super bugs;

you get to know your midwife one to one.

✗ The cons of home birth

You can only have a home birth if you fall into a very low-risk category; less choice in pain relief available to you. As with all pregnancies, there is some risk to mum and/or baby. If a medical problem occurs at home during labour, there may be a delay in getting medical intervention.

Maternity hospitals and type of maternity care available

COUNTY	HOSPITAL	PRIVATE CARE	SEMI-PRIVATE CARE	PUBLIC CARE	HOME BIRTH
CAVAN	Cavan General Hospital	✓		✓	
CORK	Cork University Maternity Hospital (CUMH)	✓		✓	
DONEGAL	Letterkenny General Hospital	✓		✓	
DUBLIN	Coombe Women & Infants University Hospital	✓	✓	✓	
	Mount Carmel	✓			
	National Maternity Hospital	✓	✓	✓	✓
	Rotunda Hospital	✓	✓	✓	
GALWAY	Portiuncula Hospital	✓		✓	
	Galway University Hospital	✓		✓	
KERRY	Kerry General Hospital	✓		✓	
KILKENNY	St. Luke's General Hospital Kilkenny	✓		✓	
LAOIS	Midland Regional Hospital Portlaoise	✓		✓	
LIMERICK	Mid Western Regional Maternity Hospital	✓		✓	
LOUTH	Our Lady Of Lourdes Hospital Drogheda	✓		✓	
MAYO	Mayo General Hospital	✓		✓	
SLIGO	Sligo General Hospital	✓		✓	
TIPPERARY	South Tipperary General Hospital	✓		✓	
WATERFORD	Waterford Regional Hospital	✓		✓	✓
WESTMEATH	Midland Regional Hospital Mullingar	✓		✓	
WEXFORD	Wexford General Hospital	✓		✓	✓

Note: The table above relates to the maternity care options only. Accommodation options e.g. semi-private rooms, vary between hospitals. Please consult your local hospital for information. Sourced from HSE website and individual hospitals. This information may be subject to change.

My birth story

– Emer Carty, Co. Dublin



When I became pregnant, I was very fit and I'm sure that stood to me, as I sailed through the pregnancy and didn't suffer with too many pregnancy-related conditions, apart from heartburn. Initially, we were very excited and really looking forward to having a baby, even though we didn't have much 'hands on' experience with children. I did feel a bit apprehensive about childbirth though.

Myself and Sean, my husband, researched the maternity care options and decided to opt for semi-private care. This meant I had combined care with the maternity hospital and its satellite clinic in Greystones, which really suited me.

I started thinking about the kind of birth I was hoping to have quite early on. I had researched pain relief options and was pretty adamant that I didn't want an epidural, so I looked at the alternatives. My sister had practiced hypnobirthing and I thought it would be worth trying.

Over two weekends, I attended sessions at the clinic and I really applied myself afterwards using the CDs on a daily basis to practice and improve my technique. People were amazed at the amount

of time I dedicated to it but I felt it was important. Work was exceptionally busy throughout. I also found that the techniques I was learning helped me to manage and relax.

I'm the sort of person who likes to be informed so I read a lot about pregnancy and the various stages. At every stage of the pregnancy, I knew what to expect and what was happening with the baby and my body. The one piece of advice that I'd give to pregnant women is to spend as much time finding out about what to expect when the baby is born!

I went two weeks overdue and it was decided to induce me. I realised that you can plan but you can't be prepared for all eventualities. I don't think you should feel that it's a let down if things don't go according to plan. The midwives and doctors know what they're doing. They deliver lots of babies safely every day and their only aim is to ensure you and your baby are safe.

The early stages of labour came on quite slowly. Despite being induced at 11am, I didn't go into labour until 2pm. I found that the biggest benefit came from the time I'd invested in the hypnobirthing, as it helped me manage the pain and phenomenal pressure from the contractions. I also used a TENS machine and

even went into the shower for about an hour where the warm water helped relieve the pain. Even Sean didn't realise how close together the contractions were.

Our daughter, Grace, was born only 14 minutes after I went into the delivery ward. The medical staff were amazed at how quickly it happened. I had given my carefully written birthplan to my husband who kept it in his pocket. He showed it to the midwife afterwards which gave everyone a laugh. But I don't think it's pointless: it gives you milestones to focus on during the process and you're less likely to be offered pain relief if you've specified in your birth plan that you'd rather not have it.

The birth, I had planned to precision but I hadn't thought about what would happen after I left the hospital with my baby! That's where all the surprises came. I can honestly say that the first week or two were carnage! I was trying to get used to breastfeeding and wasn't prepared for all it entailed. So it took a while to get into a rhythm with it plus you're dealing with sleep deprivation, which takes a bit of getting used to. It's definitely the period when you need the most support, so take any offers of help you get. I don't know how I'd have done it without the support of my family and close friends. ■

Weeks 10 - 14

Mum and Baby



Week 12



Your baby:

The growth of the fetus, which now looks like a tiny infant, speeds up. Attached to the placenta by the umbilical cord, it floats in the amniotic sac. Movement such as sucking of fingers, extension of fingers and yawning can be seen on a scan. The sex is not yet evident.

You:

You may still experience frequency of urination, but feelings of nausea and breast tenderness should have eased. At the twelve-week stage, the risk of miscarriage is less than 5%, which is why many expectant parents choose this time to break the news of the pregnancy.

Q. What happens at antenatal visits?

A. Dr Naoimh Kenny, Aviva Medical Council:

There will be a check of your blood pressure; urine testing; an examination of your abdomen or 'bump'; and, depending on the stage of your pregnancy, a check on the baby's heartbeat. Your doctor will also address any issues or queries with symptoms common in pregnancy, e.g. nausea. For more on what to expect at antenatal visits, see page 31.



3 things to do now:

- Let your hairdresser know that you are pregnant. Pregnancy can affect women's hair differently. Some find that it causes their tresses to go limp and dry during the first three months and fall out after the baby is born, while others experience an improvement in their hair.
- Prevent headaches by getting lots of sleep, avoiding stress and keeping hydrated.
- If you have cats, avoid changing their litter box as diseases such as toxoplasmosis, which are dangerous for the health of an unborn baby, are commonly found there.

Fact: In a recent study conducted by Aviva Health amongst Irish mums, both pre and postnatal, it was found that only a quarter of parents felt they were emotionally prepared when they had their first baby.



Multiple births

The number of twins born in Ireland has increased significantly over the past 20 years. In 2008, the number of pregnancies that resulted in multiple live births was 1,327, according to CSO statistics released at the beginning of 2011. These births resulted in 1,297 sets of twins, 29 sets of triplets and one set of quadruplets. This equates to 17.9 sets of twins per 1,000 live births. This is a huge increase on the figures for 1988, when the rate of twins was just 11.8 per 1,000. Two-thirds of triplets and higher order births are as a result of various forms of fertility treatment.

Seeing double

Identical twins develop from the splitting of a single zygote or fertilised egg, and are called monozygotic twins. Non-identical, fraternal twins are about twice as common as identical twins. They come from two fertilised eggs and are not necessarily conceived at the same time, i.e. eggs can be fertilised days apart but those non-identical twins are still born together.

Finding out

If you're a fraternal twin, your chances of having twins is almost five times greater than that of someone who is not a twin. The incidence of twins is also higher if you've had IVF or other fertility treatment or are an older mother.

You'll normally find out you are expecting twins at your first ultrasound scan, probably at 12 weeks. Although there is a greater risk of complications in a twin pregnancy, especially in the case of identical twins, most result in a safe delivery of two healthy babies.

More frequent check-ups

If you're expecting twins, you'll receive more frequent antenatal check-ups and your health will be carefully monitored, as certain pregnancy complications are more common with twins, including pre-eclampsia, premature delivery and anaemia.

Your labour might also be different with a multiple birth. If the first baby is in the head-first position,

there is a good chance of a normal vaginal delivery. However, if the baby is bottom first, in the breech position, you're more likely to have a caesarean delivery.

Thirty-seven weeks is considered to be full term for twins; for triplets, the average length of gestation is 34 weeks; and for quads, it is 32 weeks.

IMBA, the Irish Multiple Births Association, www.imba.ie, holds antenatal information evenings where medical staff are available to answer questions about multiple pregnancies and births. ■

Aviva Benefit

Aviva members who have multiple births in the same pregnancy are covered for the same level of in-patient cover as they would be for a single birth in the same pregnancy.

Ultrasound scans

Professor Sean Daly, of the IMFF, is currently Head of Ultrasound and Perinatal Medicine in the Coombe Women's and Infants' University Hospital, Dublin. He is an expert in the field of fetal medicine. Here, he answers some of the most frequently asked questions about scans.

Q. What scans are standard procedure?

A. Prof Daly: Individual hospitals schedule ultrasounds according to their resources and vary in the scans they offer and the timing. The dating or early pregnancy scan may be carried out anywhere between seven and 14 weeks. A structural scan is performed at 18 to 22 weeks.

In certain situations, there will be a need for additional ultrasound scans. For example, a fetal heart scan may be required if a woman is on certain medication and if there is a history of congenital heart disease. More scans are carried out for multiple pregnancies, and this varies between identical and non-identical twins. In such cases, a lot more ultrasound examinations are carried out to monitor the growth and development of the baby.

Q. What scans are considered optional?

A. Prof Daly: If women wish to have it, I also recommend a scan to screen for chromosomal abnormalities, which is done between 11 and 14 weeks, but this isn't part of routine antenatal care in Ireland. My personal view is that everyone should be made aware of its availability. I trained in the US where it was routine to screen for chromosomal abnormalities. My opinion is that if everyone knows about the screening tests, they can

opt in, rather than having to opt out. The use of 3 and 4D scans has become more common but they're optional.

Q. What do the various scans show?

A. Prof Daly: During the dating scan, you can see the baby and measure the crown rump length. It can be used to diagnose multiple pregnancies and see whether

twins are identical or non-identical. In the ultrasound that screens for abnormalities, you can see the baby and measure the skin thickness at the back of the neck. With the anomaly scan, you can do a comprehensive survey of the structure of the baby. In 3 and 4D scans, you can not only look at the structure of the baby, but also do measurements and get 3 and 4D images. The best time to perform a 3D/4D examination is 26 to 30 weeks.

Q. When should I expect to be offered my normal scans?

A. Dr Naoimh Kenny, Aviva Medical Council:

Over the course of the pregnancy, most women will be offered two key scans. The dating scan is the first one and is done at around 14 weeks. The main reason for this scan is to date the pregnancy. It is also used to check for multiple pregnancies, see the baby's heart beat and check for some abnormalities. The second scan is a structural scan and happens at around 20 weeks. This checks the size and development of the baby and the position of the placenta. You may be offered additional scans if your clinician feels they are necessary, if you have particular concerns or depending on the maternity care option you have chosen.



Q. Why are scans carried out?

A. Prof Daly: There are four reasons for doing ultrasound examinations of the developing baby. The first is to date the pregnancy and diagnose multiple pregnancies; the second is to screen for chromosomal abnormalities; the third is to look at how the baby is put together structurally; and the fourth is to assess fetal growth and wellbeing.

Q. How do I prepare for ultrasound scans?

A. Prof Daly: In the past, a full bladder was required, but technological improvements have done away with the need for this. The Irish Maternal Fetal Foundation, which specialises in screening and detailed ultrasound for pregnant women has lots of advice on its website, www.imff.ie

Q. Will ultrasound scans affect my baby in any way?

A. Prof Daly: Ultrasound scans are safe. They have been carried out for 40 years and there has never been a study that demonstrated any harm from ultrasound. One large study showed that women who got more than the number of clinically indicated scans are more likely to have children who are left-handed. The ALARA principle means 'as low as reasonably achievable' and means that one should not use any more ultrasound power than necessary. I believe that women should not have any more ultrasound scans than clinically indicated. A lot of people

mistakenly think that screening for chromosomal abnormalities carries a risk to the fetus, mixing it up with amniocentesis and CVS, which are diagnostic tests and do have a risk of miscarriage. However, screening combined with the blood test for the mother is totally safe. Its purpose is to provide reassurance or give the option to take further tests.

Q. In light of that, what is your view on 3D and 4D scans?

A. Prof Daly: The reality is that people want them and personally I find them useful and incorporate the information gained from 3D and 4D scanning into structural scans. I look at the face and the alignment of the foot and check that the lower part of the leg is normal. With 4D scanning, you can see as you're scanning. The quality of images depends on the way the baby is positioned within the womb. They are entirely a matter of choice.

Q. Will my partner be welcome at the scans?

A. Prof Daly: Partners are welcome at all scans. It is a good way of making them feel involved and seeing what is going on in the pregnancy.

Q. What about costs?

A. Prof Daly: Costs vary according to the hospital. Scheduled scans are free to public patients but private and semi-private patients pay for scans; some or all of the costs may be covered by their health insurance. ■



Ultrasound scan at 8 weeks.



Ultrasound scan at 20 weeks.



Ultrasound scan of twins.

Aviva Benefit

Aviva members can avail of generous discounts on 4D and 3D scans at three scan locations. There are no waiting periods for this benefit. See Admin section for further details.

Weeks 15 - 19

Mum and Baby



Week 17



Your baby:

The baby's sex can be pinpointed during this period of rapid growth. Ears and eyes are developing quickly and the fetus can hear sounds outside the womb. Fingernails are well developed. The baby's skin is covered in a protective waxy 'vernix', held in place by downy hair which prevents the skin getting waterlogged. By the end of week 19, the fetus measures about 19cm and weighs approximately 350g.

You:

As your waist expands, your pregnancy will become more obvious and you may start to feel fetal movement. You may experience leg cramps, backache or dizziness and mild swelling of ankles or feet but don't be concerned as this is totally normal. Mood swings are also common.

Q. How can I deal with morning sickness?

A. Dr Naoimh Kenny, Aviva Medical Council:

Firstly, the term 'morning sickness' is misleading, as many women who get this nausea will tell you they get it in the evening. It can occur any time of the day, but thankfully for those who get it, it's settling by about 16 weeks' gestation. Don't let your stomach become too empty for long. Snacking on starchy foods such as bread and dry biscuits can help. Ginger in food can help, like ginger tea and ginger biscuits. Fizzy drinks, sipped in small quantities, may provide relief. Avoid acidic foods such as orange juice and tomatoes. If you can, have a lie down. If you are still having trouble, speak to your doctor. If you have been vomiting and can't hold down fluids, you may need a blood test.



3 things to do now:

- Take things slowly when moving around or changing position to avoid dizziness. Put your feet up whenever you get the chance.
- Do some pelvic floor exercises. Exercising your pelvic floor muscles during pregnancy and after the birth helps keep them in good condition, so that you don't leak urine when you sneeze or cough and you don't have problems with bowel control. For a quick guide on how to do them see p 46.
- Visit your dentist for a check-up and get any routine work tackled now. See the next page for further details about pregnancy dental care.

Fact: Leg cramp is common in pregnancy. Causes are thought to include circulatory changes and lack of calcium, or simply greater pressure from the extra weight on leg muscles and the circulatory system. Exercise can help.

Dental Care

If you are planning a pregnancy or are pregnant now, it's worthwhile visiting your dentist for a check-up and to get any routine work tackled now. Here, Dr Eavan Lawlor of Smiles Dental talks us through any dental concerns you might have.

Cleaning up

"Having major x-rays taken beforehand can help if problems arise during the pregnancy," says Dr Eavan Lawlor of Smiles Dental, Bray.

"There is radiation involved in major x-rays, so dentists would avoid doing them on pregnant patients. However, I have been able to do necessary treatment on patients because they already had major x-rays taken previously," says Dr Lawlor. She recommends always telling your dentist if you are pregnant, or even if there's a possibility of pregnancy.

Emergency work

While the ideal scenario is that you have only scale and polishes during your pregnancy, the reality is that emergency dental work sometimes has to be carried out, even in the late stages of pregnancy. "Sometimes dentists have to weigh up the situation and it may be better to do a crown, for example, on a patient who has broken her tooth, rather than leaving it until after the baby is born when she will have a lot less time," says Dr Lawlor. In other cases, extractions or root canal work have to be carried out.

"You will be limited in terms of the types of painkillers you can take, so that could mean dental treatment with certain low-dose antibiotics is preferable to waiting until after the birth. All precautions

would be taken and the consent of the patient is very important in these situations," Dr Lawlor says.

If you're heavily pregnant, you'll probably have to sit up for treatment, because lying back on the dental chair can cause dizziness or fainting. For this reason, the second trimester can be a more comfortable time to get dental work done.

Aviva Benefit

Aviva members have access to a dental package with Aviva in conjunction with Smiles Dental. There are no waiting periods for this benefit. See Admin section for further details.

Pregnancy gingivitis

Good oral hygiene is critical during pregnancy as hormonal changes can make your gum tissues more susceptible to bacteria in plaque, causing inflammation and bleeding gums. "Bleeding, swelling and spongy gums can become a problem in even the most conscientious brushers and flossers," says Dr Lawlor. She suggests asking your dentist for a demonstration on the most effective techniques.

If you're eating more often, don't forget to brush your teeth and floss more frequently. "Pregnancy gingivitis can literally disappear once the baby is born.

In some instances, however, it can progress. If that happens, you should consult your dentist," Dr Lawlor says.

Treatments not recommended

There have been cases of people asking their dentists to take out silver fillings during pregnancy and replace them with white ones, but this is not something that Dr Lawlor recommends. "If the filling is perfectly sound, replacing it for cosmetic reasons is best postponed. The most amount of mercury is released during removal of an amalgam filling and this could be potentially harmful to your unborn child."

Elective treatments, such as teeth whitening and other cosmetic procedures, should be postponed until after the birth. It's best to avoid exposing your developing baby to any potential risks. ■



Nutrition

by Sarah Keogh

"A healthy, balanced diet is very important during pregnancy", says nutritionist, Sarah Keogh. Following the food pyramid guidelines will help to ensure you are getting everything you need. Here, we look at some of the key foods to eat and avoid while pregnant.

✓Protein This is one of the most important nutrients for a growing baby – and mother! All of the baby's muscles, bones and internal organs need enough protein to grow and you will need protein for the placenta, the extra blood you are going to make and for your expanding womb. Protein is found in meat, chicken, fish, eggs and cheese, as well as beans, lentils and nuts. You will pick up extra protein if you snack on nuts, yoghurt, cheese or drink some milk.

✓Calcium Your baby is going to need plenty of calcium, especially towards the end of your pregnancy, to grow bones. If you don't eat enough calcium, your baby will happily take it from your bones, leaving you at risk for osteoporosis later in life. So look after your bones, and your baby's, by adding in plenty of milk, yoghurt and hard cheese like Cheddar or Edam. By your fifth month, you need five servings of dairy everyday.

✓Fruit and vegetables These are essential for vitamins and antioxidants, which are vital for a growing baby and for your own energy levels. Aim to have some fruit or vegetables at every meal: banana on breakfast cereal, tomatoes in your sandwich at lunch and plenty of vegetables or salad at dinner. Snack on fruit or a fruit smoothie.

✓Bread, cereals and potatoes These will give you much needed calories and fibre. Include some rice, pasta or potatoes at dinner and some bread at lunch. A high-fibre breakfast cereal will help you avoid constipation, which can turn up as your pregnancy progresses. Look for cereals with at least 6g of fibre per 100g.

✓Fish This is one of the most important foods to eat for your baby. Oil-rich fish like salmon, trout, mackerel, herring and sardines are rich in omega-3 fats, which are essential for a baby's brain and eye development. Studies show that children whose mothers ate fish while pregnant grow up to be more sociable, have better reading skills and are generally better behaved as they get older. So far the studies have tracked the children to the age of eight and the benefits are still being seen. Women who ate fish at least three times a week showed the greatest benefit. Although you do need to avoid shark, swordfish, tuna and marlin while pregnant, all other fish are fine. ■

Foods to avoid

- ✗ Raw, undercooked or cured meat, including rare steak
- ✗ Undercooked chicken
- ✗ Raw or cured fish, e.g. smoked salmon, sushi
- ✗ Shellfish – unless you're sure it's good quality and is well cooked
- ✗ Fish high in mercury, e.g. swordfish, shark, marlin, tuna (no more than 1 steak/ 4 medium tins per week)
- ✗ Raw eggs, including homemade mayonnaise and mousses containing raw eggs
- ✗ Food from deli counters that may have been there for a while
- ✗ Coleslaw, unless you've made it yourself
- ✗ Food high in vitamin A, e.g. liver, pâté, vitamin supplements including vitamin A
- ✗ Caffeine – no more than 3 cups of coffee/ 6 cups of tea
- ✗ Alcohol
- ✗ Mould-ripened or unpasteurised cheeses, e.g. Camembert, Brie, blue-veined cheeses
- ✗ Peanuts
- ✗ Empty calories, e.g. sweeteners, sweets and chocolate bars, soft drinks.



Aviva Benefit

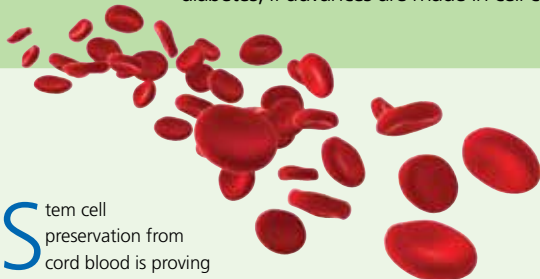
Members with Level 2 Family Health with day-to-day benefit are covered for a dietician benefit of up to €30 per visit for up to 4 combined alternative practitioner visits.

✓ Check list Have a look at the list below to see if you need to adjust your diet.

Food	How much during pregnancy?
Protein: meat, chicken, fish, eggs, cheese, beans, nuts	3 servings per day One serving = 60g meat; 90g fish; 2 eggs; 9 tablespoons beans/peas; 60g cheese; 90g nuts
Calcium: milk, yoghurt, hard cheese	5 servings per day One serving = 250ml milk; 150g pot yoghurt or 30g of cheese
Fruit and vegetables	5 servings per day One serving = 1 piece of fruit; 3 tablespoons vegetables
Potatoes, bread, cereals - ideally wholegrain or high fibre	6 servings per day One serving = 2 slices bread/toast; 30g bowl cereal; 50g rice, pasta or a medium potato.

Cord blood stem cell preservation

At-risk families with rare blood diseases, malignancies or bone marrow failure can benefit from the storage of stem cells that can be harvested for possible later use in medical treatments. The future possibility of treating conditions such as Parkinson's disease and diabetes, if advances are made in cell culturing, has also been suggested.



Stem cell preservation from cord blood is proving to be a significant medical healing practice. If someone in your family has, or has had, diseases such as leukaemia, lymphoma, breast cancer or Hodgkin's disease, you may want to consider cord blood stem cell preservation. However, you should bear in mind that the service isn't available in most HSE hospitals, so it's not something you can avail of with ease.

Stem cell storage

Umbilical cord blood stem cell storage is where cord blood, which is rich in stem cells from the baby's umbilical cord, is safely collected at birth. This is done using a collection kit and, under stringent conditions, frozen and stored in purpose-built containers.

Why should I collect and store my baby's stem cells?

Some families preserve cord blood stem cells because these cells could possibly be used to safeguard the future health of their child. Stem cells may be used to treat diseases such as leukaemia when they are transplanted into the patient. Stem cells are the building

blocks of human cells and can form any part of our biological existence, like muscles, bones, nerves, blood system and organs. These cells are rare in adult humans. The richest source is the umbilical cord or placenta.

Since the procedure was developed 20 years ago, stem cells have been used in the treatment of many different cancers, immune deficiencies and genetic disorders. They restore function to the blood-making and immune system, which is especially valuable if they have been damaged through illness or other treatments such as chemotherapy. To date, over 75 disorders have been treated with stem cells. The consistency of stem cells from cord blood are said to be ten to 20 times greater than those provided by bone marrow, and significantly higher than those provided by peripheral blood.

How is the cord blood collected?

Once your baby is born, your healthcare professional can perform a safe, painless collection from the umbilical cord, where the blood is rich in stem cells.

As the collection is taken from the umbilical cord, it is completely non-invasive and poses no risk to you or your baby.

Once the collection has been made, you will be asked to call the service provider, who will arrange courier transportation of the cord blood sample to where the cord blood will be processed and then stored.

How much does it cost?

The cost of the service varies. Please see further details and contact information on page 74.

Availing of the service

Should you wish to avail of this service through Medicare Health & Living Ltd, which is authorised by the Irish Medicines Board as a tissue establishment procurement organisation, please contact them directly and a member of the stem cell team will inform you if your hospital and consultant facilitate it. Medicare Health & Living provide the service of cord blood stem cell preservation in conjunction with Future Health Technologies, UK. ■

Aviva Benefit

A contribution towards cord blood stem cell preservation is available to members on some Aviva plans. This service is provided by Medicare Health & Living Ltd. See Admin section for further details.

Weeks 20 - 24

Mum and Baby



Week 23



Your baby:

Slight differences between the baby's activity during the day and at night can be identified, with towards midnight being the busiest time. It can recognise your voice. Teeth buds have formed under the gums; lungs are maturing; and hair is appearing on the head. After 24 weeks, fetuses are developed enough to stand a good chance of survival outside the womb if they receive expert care.

You:

You may experience heartburn or acid indigestion as well as some swelling of the gums caused by the increased levels of hormones in your system. This is because your heart is doing 40% more work than usual and you should talk to your pharmacist about any remedies he/she might recommend.

3 things to do now:

- Try to ensure good posture to alleviate backache and avoid lifting heavy objects. If you have to pick something up, bend your knees.
- Intensively moisturise your body in preparation for the period of rapid growth that will get underway at week 24.
- Book antenatal classes. See the next page for your options in this regard.

Q. How much weight can I expect to gain during pregnancy?

A. Dr Naoimh Kenny, Aviva Medical Council:

Weight gain is a key part of a healthy pregnancy. It's also normal to lose weight in the early stages of pregnancy because of nausea or a dislike of foods you previously enjoyed. Weight gain differs from individual to individual, with the average being between 10 and 15kg. Your height, pre-pregnancy weight and body frame all have an impact, as well as the foods you eat. About a third of the weight gain is accounted for by your baby, the placenta, and amniotic fluid. Greater blood volume, breast enlargement, fluid and fat accounts for the rest. Your weight might be monitored from time to time through your pregnancy; if you have gained excessive weight then your obstetrician or midwife will watch out for conditions such as pre-eclampsia, gestational diabetes and high blood pressure. If you have any concerns, you should raise them with your doctor.



Fact: Unlike most of your baby's organs, which have mainly formed by the end of the first trimester, with growth being the major activity during the second and third trimesters, your baby's brain will continue to develop throughout the entire pregnancy and for the first three years of life.

Antenatal Classes



Antenatal classes are a valuable resource for parents-to-be, particularly if it's your first pregnancy. They provide the opportunity to prepare for the birth and to compare notes with other expectant parents. They also allow you to make informed choices about aspects of your pregnancy and labour. Classes are usually offered in the last three months of pregnancy. You can avail of those run by your maternity hospital or unit; courses are organised by Cuidiú, the Irish Childbirth Trust, and others are run privately around the country. Classes can range in length from a single day session to a series of classes run over six weeks. Those run by your local public maternity hospital are usually free of charge while there is a fee for those run elsewhere.

Entitlements

You're entitled to time off work, without loss of pay, to attend one set of antenatal classes, except for the last three, as they would normally take place after maternity leave has started. This only applies to your first pregnancy. Expectant dads with a contract of employment are entitled, once only, to time off work to attend the last two antenatal classes in a set with the mother. You should notify your employer in writing of your intention to attend classes in advance.

Flexible options

The main reason people look outside their maternity hospital or unit for antenatal education tends to be flexibility. The timing of hospital classes may not suit working couples keen to take part together. "Some women attend classes outside the hospital because they don't want to take time off work,

possibly because their workload has increased as they prepare to hand over to a colleague. In other cases, the hospital can't facilitate partners at all classes," says Niamh Healy, an antenatal teacher with Cuidiú and co-author of *'Bump2Babe: The Consumer Guide to Maternity Services in Ireland'*.

Some parents-to-be are also anxious for information independent of any individual hospital's policies, according to Niamh. However, maternity hospitals generally recommend that people attend their classes, where possible, to familiarise themselves with the policies, procedures and environment of the hospital they booked for the birth. As Cuidiú teachers are aware of the policies and practices of all the local maternity units, they can cover what to expect in hospital, Niamh says. The emphasis is on women helping themselves to have as straightforward a birth as they can, she remarks.

Small groups

Another reason that expectant parents look to private classes is that they usually cater for small groups. Discussion and participation is usually encouraged at antenatal classes, with an opportunity to raise any areas of concern.

What do you talk about?

Classes can vary in their approach, with some putting more of an emphasis on parentcraft and postnatal care than others. Areas usually covered include: looking after your health during pregnancy; >>

Aviva Benefit

Aviva members on Level 2 Family Health Plan will receive up to €75 back on the cost of private antenatal classes carried out with a registered midwife. See Admin section for further details.

the growth of your baby; what to expect during labour; options for labour and delivery; pain relief; medical interventions that may be necessary; breastfeeding; the emotional aspects of becoming a parent; and care of your baby including bathing, safety and immunisation. Some maternity units cater for couples requiring individual attention such as those with language difficulties or sight impairment. The larger maternity hospitals may hold special classes for teenage parents and also on physiotherapy as part of antenatal care. A tour of the delivery suite may be offered.

If booking private classes, look for those that reflect your concerns. "Some people are completely focused on labour while others might be more interested in parentcraft and changing relationships after the baby is born," Niamh says. "Typically at Cuidiú classes, there's a lot of emphasis on the physiological processes of labour and birth and how they work. If people have a good understanding of those areas, they can understand the effects of intervention," says Niamh. "We always cover pain relief, with a lot of focus on the low-tech options like breathing and relaxing and water and how they can help. We get participants to practice breathing and relaxation, and cover all the other options, including epidurals, often asking people to do homework on them."

Antenatal and yoga

Antenatal education offerings are becoming more broad-ranging and, in some cases,



embrace yoga. "Research has shown that women who are more relaxed in late pregnancy have more straightforward births, healthier weight babies and recover better," Niamh says.

Whatever form of antenatal education you choose, one thing is for sure; the more information you and your partner get

during your pregnancy, the better equipped you will be to make choices during labour and delivery.

Timeline

The ideal time to start antenatal classes is around week 30, which gives you plenty of time to discuss the options with the experts and other expectant parents. ■

A midwife's perspective: Registered general nurse and midwife Gráinne Grundy on the importance of antenatal education.

"It's important that women are given information regarding their pregnancy and labour using the most recent guidelines and evidence-based practice so that they can make informed choices about pregnancy and labour," says midwife Gráinne Grundy.

"Attending antenatal classes, whether in hospital or privately, can also help to reduce anxieties and make you more relaxed when thinking about the big day ahead. Getting it into perspective is vital. The big day ahead is just a day in the grand scheme of things. Many women feel more anxious about the task of bringing the baby home and caring for it than the actual labour itself," says Gráinne.

"Some women find that attending yoga classes for pregnancy particularly helpful when it comes to relaxation and breathing techniques," she says. "Others find that acupuncture can be beneficial. Whatever choice you make, make sure that the class leader or practitioner is qualified to work with pregnant women. When you're attending an antenatal class, ask the midwife or facilitator questions before you book a session with them. You can raise questions like: Is my partner allowed to attend? Do you discuss the role of the partner or labour supporter at the class? Do you teach breathing or relaxation techniques at the class? Do you discuss the postnatal period and issues that may arise when I bring my baby home?"

Complications in pregnancy

The vast majority of pregnancies run smoothly. However you may experience symptoms which cause you concern. It's advised to get them checked out immediately in case they relate to a more serious condition.

Gestational diabetes: The way our bodies produce insulin changes during pregnancy, and in some cases, this can lead to the development of temporary gestational diabetes. If high levels of sugar are found in your blood or urine or if you have an unusually large bump, you may have the condition which is routinely screened for by testing the urine at antenatal check-ups. If it is not controlled, it can mean your baby will be large, which can result in complications at the birth. The baby may also have low blood sugar after birth. The condition will disappear after your baby is born but you may be at greater risk of developing Type 2 diabetes.

Pre-eclampsia: Around five per cent of first time mums develop pre-eclampsia, which can also run in families. While it's thought that it starts at the beginning of pregnancy, symptoms usually appear around 30 weeks. The main sign is high blood pressure and protein in the urine. You may have swelling of the face, hands or feet and, in severe instances, bad headaches, blurred vision, irritability, abdominal pain and vomiting. Pre-eclampsia can develop or worsen very suddenly, so do contact the hospital if you think you have the symptoms as your baby may need to be born quickly. However, with ongoing blood pressure checks, the condition can be managed.

Placenta previa: This is where the placenta is located at the lower

rather than the upper part of the uterus, below the baby's head, instead of above it. This nearly always causes some bleeding in late pregnancy. If the placenta is just at the edge of the cervix, it's unlikely to cause problems during the pregnancy or delivery. However, your condition will be monitored and you may be hospitalised for part of your pregnancy. If the placenta covers the cervix, this can lead to serious bleeding and you may have to have a caesarean section.

Placental abruption: In rare cases, the placenta can start to peel away from the wall of the uterus. This could be sparked by very high blood pressure, a serious car crash, smoking or drug taking. If it only separates by a small amount, it will cause some bleeding and pain and you will be checked regularly for the rest of your pregnancy. Where the abruption is serious, you will experience heavy bleeding and severe abdominal pain. Your womb may start to contract, making it a medical emergency. You should contact your hospital immediately as you will need a caesarean section, and both you and your baby will require specialist care afterwards.

Ectopic pregnancy: A serious but rare condition, where the fertilised egg implants somewhere other than in the womb, usually in the fallopian tube. In rare cases, it may also be in the ovary or on the outside of the womb. If the egg

implants in the fallopian tube, the tube will stretch to accommodate the growing embryo, which can cause extreme pain on one side of the abdomen and in the shoulder. If the tube bursts, it can cause internal bleeding and this usually happens in the early stage of pregnancy. If you suspect you may have an ectopic pregnancy, contact your maternity hospital or unit immediately.

Miscarriage: If you experience a heavy loss of blood, especially along with clots, it could unfortunately mean that you are having a miscarriage. This is not always the case though, so talk to your doctor. If you have miscarried, your doctor will do a pelvic exam and an ultrasound to confirm miscarriage. If the uterus is clear, then there may not be any treatment. But if the uterus still contains some fetal tissue then you may have to have a minor procedure, a dilatation and curettage (D&C), to empty your womb. Your body will return to normal in around six weeks, but the emotional toll can take longer to deal with. You might find it useful to contact the Miscarriage Association. ■



Weeks 25 - 29

Mum and Baby



Week 28



Your baby:

By now, your baby will weigh approximately 1.2 kg and measure around 28 cm in length. Most babies turn upside down at this point. At this stage the eyes are almost always blue and can distinguish between natural and artificial light through the uterine wall.

You:

You may feel your uterus harden with mild contractions lasting for around 30 seconds, known as Braxton Hicks, which are not painful. Although not everyone experiences them, they are normal in late pregnancy. Your sense of balance and mobility may be changing as you expand.

Q. Why are my fingers, legs, ankles and feet swollen?

A. Dr Naoimh Kenny, Aviva Medical Council:

Swelling or oedema happens because your body retains more fluid during pregnancy. Some swelling is normal and you may particularly notice it during warm weather, if you've been on your feet for a long time, and later in the day. Gaining too much weight can worsen the condition. Avoiding salt; keeping your feet up; wearing support tights and comfortable leather shoes; and drinking plenty of fluids can all help. If the swelling is extreme or lasts for periods of 24 hours at a time or more, consult your GP as it could be a symptom of pre-eclampsia.

3 things to do now:

- If you haven't already adapted an exercise regime for pregnancy, now is a good time to introduce activities such as yoga specifically for pregnant women.
- Enjoy your last weeks of pre-baby freedom by meeting up with friends, going to a film or getting away for a break. If you're considering going abroad, bear in mind that most airlines won't allow you to fly after 36 weeks. You may be required to present a doctor's certificate to travel by air in the third trimester, so check before you book. As you will be at greater risk of Deep Vein Thrombosis (DVT), move around the cabin during the flight and try to stretch your legs and do ankle exercises while seated. Don't forget your maternity notes.
- If you are in employment, start planning for your maternity leave. Discuss your leave with your HR department or boss, and check whether your employer will continue to pay you in full while on maternity leave with maternity benefit paid to them or whether you will be solely reliant on maternity benefit. If you will have to do a handover of your work, start preparing for that.

Fact: From around six months, you may leak a little colostrum (baby's first milk) from your nipples. This is your body's way of preparing itself for your baby's arrival.

Birth Plan

For women who wish to take an alternative approach to labour and birth, there are options including hypnosis; water for pain relief and birth; and home birth. A birth plan, which is a list of how you would like to see your experience of labour and birth unfolding, can be useful, particularly if you want to take an alternative approach. One of the key areas it should address is pain relief. Take the opportunity to discuss the various aspects of your birth plan with medical professionals during your pregnancy, as well as with your birth partner. However, it's best to keep an open mind on how your baby will be born, and not to feel any sense of failure if the labour or birth don't go entirely according to plan.

Hypnosis

Hypnosis for birth involves learning self-hypnosis techniques to trigger instant relaxation during pregnancy and during the birth of your baby. It involves using CDs to reinforce these methods.

Home and hospital

Hypnosis for birth can be used for a hospital or home birth and is a great tool to help a mum-to-be stay focused and relaxed. According to Doula Tracy Donegan, who created the GentleBirth antenatal programme, "Several midwives are now trained in these techniques and it is well supported in hospital as a pain management option."

Hypnosis for birth has benefits for all mums, whether they are low or high risk or even having a planned caesarean, Tracy says. "Studies show that patients who use hypnosis before surgery remain more stable during the procedure, have less bleeding, need less pain medication and recover quicker. The focus involves remaining flexible to

the outcome on the day rather than a specific birth experience," she says.

Partner techniques

There are several options for women around Ireland, according to Tracy. "Some hypnotherapists offer private sessions with just the mum-to-be but most courses include the partner. The partner is also taught hypnosis techniques to help keep mum in the zone during labour. If getting

to a class is difficult, there are also homestudy programmes available. Most hypnosis for birth courses start around 20 weeks, involve a weekend workshop or five weekly classes of around 12 hours instruction.

According to Tracy, the advantages are: less fear of labour; shorter labour; less need for pain medication and interventions; feeling of greater control; faster recovery and the provision of a specific role for the birth partner. >>

My Notes

Aviva Benefit

Members can avail of a birthing package through Doula Ireland. For further details visit www.avivahealth.ie

Home Birth

If you're thinking of having a home birth, talk to a health professional at an early stage of your pregnancy. Home births are available to women experiencing a low-risk pregnancy who have not had a caesarean birth previously.

Limited number of Self Employed Community Midwives (SECM)

Finding a SECM that will cover your area and due date can be a challenge. Your own maternity hospital may offer the option of home birth in conjunction with their own community midwives. Even though you may present as low risk, things may change antenatally and the midwife will discuss options, which may include transfer to hospital care. Most home births take place after a normal pregnancy, with one baby in the head-down position.

Freedom to move around

Most SECMs will visit you in your own home, according to the Home Birth Association of Ireland. Your partner and other children can be involved in the process. Continuity of care, with freedom to move around during labour and birth, and very few routine interventions are among the other benefits, according to the Association.

Water Birth

Water can be used for labour and for childbirth but it's not suitable for all births. You need to have a low-risk pregnancy with no obstetric complications and to have reached at least 37 weeks to consider it. Some hospitals, such as Cork University Maternity Hospital, provide a special water pool as a method of natural pain relief to support women in labour. According to the Home Birth Association of Ireland, the benefits

of water birth include effective pain relief; enhanced relaxation; an increased sense of privacy; and a reduction in the need for intervention. Anyone planning to hire a pool for water birth at home should follow the advice of their professional caregiver at all times. For a full list of pros and cons for home birth see page 19. ■



Water pool for pain relief at Cork University Maternity Hospital

Q. Should I consider a home birth?

*The Midwife,
Gráinne Grundy*

Yes, you should consider a home birth as an option. A home birth may be right for you if you want to stay in control and feel relaxed by familiar surroundings. Other women may feel safer in hospital and feel reassured by having experts and a range of services at hand. However, you and your partner should make this decision together as you both need to feel comfortable with your baby being born at home.

Research done over the past 20 years shows that it is a safe option to have a planned home birth for women with normal pregnancies. Indeed the Royal College of Midwives (RCM) and the

Royal College of Obstetricians and Gynaecologists (RCOG) in the UK have issued a statement in support of home birth, saying, "There is no reason why home birth should not be offered to women with low risk of complications and it may confer considerable benefits to them and their families. There is ample evidence that shows labouring at home increases a woman's likelihood of a birth that is both satisfying and safe, with implications for her health and that of her baby."

The disadvantages of having a home birth are that you can't have an epidural and you may have to transfer to a hospital if there are any complications. It's very important that you contact an independent

midwife and GP as soon as possible and they may be able to help you with your decision towards home birth as a viable option.

The GP

Dr Naoimh Kenny

Home birth is an option that I would regard as being suitable for a very specific subset of patients and tends to be favoured by women who are not on their first pregnancy. Women thinking about having a home birth should discuss it early in their pregnancy with their GP as there are factors that can make it unfavourable. Give yourself plenty of time to make your decision as to whether it is right for you.

My birth story

– Susan Bell-Flavin, Co. Wexford

"Wow. You are brave", is the most common reaction I got when telling people I was planning a home birth.

But for me, the choice to birth at home was an easy one. I wanted to bring my baby into the world in the softest, most calm and natural way possible. But I also knew there were many things I needed to consider.

First up was deciding whether to go through the publicly-funded Domino Scheme or to employ a private independent midwife. We chose to go with the Domino as we liked the idea that the scheme was part of the maternity hospital. If we needed to be transferred in to hospital for any reason, there would be a continuity of care and that was important to us. Although going with the Domino Scheme meant we would not be able to pick a specific individual midwife, we got to meet and got to know each member of the Domino midwife team.

After the initial booking appointment, which took place in hospital, all other pre-natal visits were carried out at home. The only other time I was in the hospital was for the 20 week scan. Nearer my due date, the midwife team visited once a week, always at a time that was convenient for me. It was so amazing to lie back on my own sofa and listen to my baby's

heartbeat on the Doppler monitor. The Domino team really took a lot of time to answer my endless questions and I found the whole interaction very friendly, intimate and totally personal, never rushed.

One of the best things about labouring at home is the chance to use a birthing pool. Being weightless and surrounded by soothing water allows you to move freely and helps your body to labour efficiently yet gently. I used a pool during all of my births and it was a great tool for pain management. Once out of the pool, the contractions felt markedly more intense. It was also a great distraction and provided a wonderful sense of personal space and privacy.

When I went in to labour with my son, I had arranged for a neighbour to mind my girls (aged six, four and one). However, the plans went awry when she thought we were dropping them over and we thought she was collecting them. By the time we figured out she wasn't coming, I was at the pushing stage and couldn't have cared less. The girls were just a few rooms away watching Cinderella, while their brother took his first few breaths. They came in to see him moments after he was born, and were so naturally calm and awed. They knew what was happening,



but didn't have a sense of fear or emergency, just excitement. I hope that this calm view of birth stays with them into their adult lives and any pregnancies they might have.

A home birth may not be for everybody. Women who fall into a high-risk category for complications are best off in a medical environment. But for those who are able, and who choose a home birth, a very rewarding experience awaits them.

A couple of hours after easing our beautiful 8lb 9oz baby into the world, the midwife team had me tucked up in my own bed with my husband and new baby for a much deserved nap. They tidied up, put on a wash and made us a cuppa and toast before they left. The door clicked shut and all was quiet and peaceful.

Aviva Benefit

Aviva members are entitled to a grant-in-aid towards a home birth. See Admin section for further details.

Weeks 30 - 34

Mum and Baby



Week 33

Your baby:

The baby is fully formed and its eyes are open. Its movements involve less kicking due to space constraints and you may be able to distinguish its body parts. It is starting to develop its own immune system. Both the vernix and downy hair have started to disappear. Week 34 is usually the period when the baby moves into the head-down position for birth.

You:

This can be an uncomfortable stage of pregnancy due to the baby's rapid growth. You may also feel breathless as your lungs come under pressure from the expanding uterus. It is advisable to eat small amounts frequently to maintain energy levels during this tiring phase.

Q. What causes premature births?

A. Dr Naoimh Kenny, Aviva Medical Council:

Babies can be born very early because the mum has an incompetent cervix, where the muscles that close the neck of the womb are weak; where she may have been a heavy smoker; because of infection; congenital abnormalities; or in the case of a multiple pregnancy. The mum's waters may also break early. Around a third of premature births are said to happen for no apparent reason. Sometimes a baby needs to be born early to avoid risking its own or its mum's life, for example due to pre-eclampsia or slow growth in the baby. Any baby born before 37 weeks is considered premature. Birth may be spontaneous or through planned induction or caesarean section. Premature babies will have to spend time in the neonatal care unit.

3 things to do now:

- Plan your route to the hospital, especially if it is a long distance.
- While some people are superstitious about buying baby equipment and clothes before the birth, it can be a good idea to have a car seat and some basic items of baby clothing bought at this stage.
- Avoid salt in food - swelling and fluid retention can occur as hormonal changes can cause the kidneys to hold onto salt. Wear comfortable shoes and take off any rings before they get too tight. If you notice any sudden or extreme swelling or if you gain a lot of weight suddenly, see your doctor, as this could be a sign of pre-eclampsia, a potentially dangerous form of high blood pressure.

Fact: In a recent study conducted by Empathy Research amongst Irish mums, 65% of participants said they relied on their partner/husband most for support and advice when they had their first baby, followed closely by their mother (64%).

Labour and birth

With your due date approaching, you'll probably become restless as the nesting instinct kicks in. While you'll be keen to meet your baby, you may also be feeling anxious as you relinquish control and surrender to events as they unfold. You may also be worried about the physical process of giving birth. Try to relax and rest as much as possible at this stage, and bear in mind that for the vast majority of first-time mums, the transition from pregnancy into labour is a slow one.



'Latent' and 'established' first stage of labour

There's both a 'latent' and an 'established' first stage of labour. Latent first stage of labour is a period of time, not necessarily continuous, when you'll experience painful contractions, says Mary Quaid, Clinical Midwife Manager 3, (CUMH.) "You will have some cervical change, including cervical effacement, thinning and dilatation, opening up to four centimetres"

'Established' first stage of labour is when there are painful, regular contractions as well as progressive cervical dilatation from 4cm to 10cm. "While the length of established first stage of labour varies between women, first labours last on average eight hours and are unlikely to last over 18 hours," Mary says. "Second and subsequent labours last on

average five hours and are unlikely to last over twelve hours."

'Passive' and 'active' second stage of labour

With the second stage of labour, there's a 'passive' and an 'active' stage. The 'passive' second stage of labour is full dilatation of the cervix in the absence of involuntary expulsive contractions. "You may not always have an urge to push once the cervix dilates to 10cms," Mary says.

At the onset of the 'active' second stage of labour, with full dilatation of the cervix and expulsive contractions, you will be encouraged to push. "Visible signs such as the baby's head may be seen," says Mary.

Third stage of labour

The third stage of labour is the time from the birth of the baby

to the expulsion of the placenta and membranes, and control of bleeding. "Active management of the third stage involves a package of care which includes routine use of uterotonic drugs, clamping and cutting of the cord and controlled cord traction," Mary says. "Physiological management of the third stage – leaving nature to take its course without any intervention involves a package of care which includes no routine use of uterotonic drugs; no clamping of the cord, until pulsation has ceased; and delivery of the placenta by maternal effort. If you have a preference for either option, include it in your birth plan and discuss it with the hospital," Mary advises. >>

When to contact the hospital

You should contact the hospital at any time of the day or night if:

- You feel regular contractions every ten minutes or more frequently;
- You think the sac of waters has broken;
- You have any bleeding or a show of bloodstained mucus;
- The baby's movements are reduced or absent;
- You have any pregnancy or labour concerns.

What happens on arrival at the hospital?

No matter what type of maternity care you have, i.e. private/public, once you arrive at the hospital in suspected labour, your initial assessment will be by a midwife. It should, Mary says, include:

- Listening to your story, considering your emotional and psychological needs, and reviewing your clinical records;
- Performing physical observations such as temperature, pulse, blood pressure, and carrying out a urinalysis;
- An abdominal palpation by the midwife to ascertain fundal height, lie, presentation, position of the baby;
- An evaluation of the length, strength and frequency of your contractions;
- Enquiries about any vaginal loss you may have had, such as a show, liquor or blood;
- An assessment of your pain, including your wishes for coping with labour along with discussion of the range of options for pain relief.

In addition:

- The midwife will assess your baby's heart rate (FHR) for a minimum of one minute immediately after a contraction. Your pulse should be palpated to differentiate between your heart rate and that of your baby. A tracing of the baby's heart rate is recorded for 20 minutes.
- If you don't appear to be in established labour, after a period of assessment it may be helpful for the midwife to offer you a vaginal examination.
- If you appear to be in established labour, a vaginal examination should be offered.

If you arrive at hospital for induction or a planned caesarean section, you should bring your medical notes. You will be allocated a ward bed by the bed manager and escorted there.

"Some women have pain without cervical change. Although they are described as not being in labour, they may well consider themselves 'in labour' by their own definition," Mary says. "Women who seek advice or attend hospital with painful contractions but who're not in established labour should be offered individualised support and occasionally analgesia, and encouraged to remain at or return home."

Best positions from the baby's perspective

From the baby's point of view, the best positions for birth are sitting upright and kneeling, Mary says. "Sitting upright uses gravity to assist with the birth of your baby and helps to widen your pelvis. Leaning forward and bringing your legs apart in this position also helps to widen your pelvis."

Kneeling uses gravity to assist with the birth of your baby, says Mary. "It can help relieve back pain. It can also be more comfortable if you have pain in the pubic area during pregnancy and find keeping your legs apart uncomfortable," she says. "The back of the bed may be positioned upright

What should I bring with me to hospital?

When going into hospital, bring a limited amount of cash with you and as little jewellery and valuables as possible, as hospitals are not responsible for your personal property. The must-haves, Mary says, are:

- Your medical record chart;
- Four large packs of maternity sanitary towels;
- Three or more cotton nightdresses or pyjamas (an old nightdress or t-shirt is quite adequate for the labour ward);
- Disposable or old large panties;
- Dressing gown and slippers;
- Toiletries including a shower cap, soap, towels, face cloth, wash bag.

For baby:

- Four baby vests, six babygros, bibs or towels;
- Baby towels for washing baby;
- 24 disposable nappies (extra will be required if baby is admitted to the neonatal unit);
- One roll of cotton wool – optional: baby wipes, baby cleansing;
- Lotion such as Vaseline or Sudocreme;
- Blanket and hat for going home and baby seat for car.

to be used as support instead of the bar.”

If you have an epidural, you won't be able to lean on or take weight through your legs as they may be numb, Mary says. “You can be supported into upright sitting. This allows gravity to assist with the birth of your baby. Pillows can be used at either side of your legs to support them,” she suggests. “Lying on your side with your upper leg supported allows your pelvis to widen, bringing your tailbone out of the way. This helps with the birth of your baby.”

Instrumental birth and delayed second stage

Instrumental birth should be considered if there's concern about your baby's wellbeing, or if the second stage of labour is prolonged, Mary says. “On rare occasions, the woman may need some help in the second stage. Instrumental birth is offered when supportive care hasn't been successful”

The choice of instrument depends on a balance of clinical

circumstance and practitioner experience. “Instrumental birth is an operative procedure that should be undertaken with tested effective anaesthesia,” says Mary.

Why does induction take place and what does it involve?

Check with your hospital on its policy on induction. At Cork University Maternity Hospital, women are informed at the antenatal clinic and antenatal classes that induction of labour is routinely offered at ten days past the estimated date of delivery (EDD).

At the first antenatal visit, an agreed EDD will have been defined and documented following consideration of your last menstrual period and ultrasound scan. “In general, the EDD ascribed by ultrasound should be used,” Mary says.

“Induction of labour is booked with labour ward staff, stating the method of induction. You will be informed when you need to attend the hospital for induction of labour,” says Mary. “The decision to induce labour is made by a consultant or

registrar in obstetrics in collaboration with you. An explanation of the procedure, process, drug action and side effects should be given to you.”

Once you're admitted to the ward for induction, the midwife will document the indication for the induction, the gestation (how far you're on in your pregnancy), parity (the number of babies you've had previously) and abdominal palpation to confirm engagement and head position, and the cervical score at your last visit.

A normal fetal heart pattern should be confirmed by the midwife using electronic fetal monitoring before the administration of prostaglandin gel, Mary says. “You will be advised to continue to lie down on the right or left lateral position for one hour following administration to enhance absorption of the drug,” she says.

You should inform the midwife if you experience uterine contractions or if you have had any vaginal discharge. If a second dose of prostaglandin is to be given, it will be done six hours later. If a third dose of prostaglandin is needed, you'll be assessed by an obstetric registrar or consultant. >>



Inside a delivery room



Delivery room at Cork University Hospital.

Caesarean section

Why does a caesarean section take place and what will happen?

“When considering a caesarean section, there should be discussion of the benefits and risks involved, compared with vaginal birth, specific to you and your pregnancy,” Mary says.

A planned caesarean section

“A planned caesarean section will be scheduled before the onset of labour for a specific clinical indication. In some cases, breech presentation, where failure to turn baby is contraindicated or has been unsuccessful, will be a reason for a caesarean section. Another reason is placenta previa, where the afterbirth is covering the vaginal opening.”

Emergency caesarean section

The decision to carry out an emergency caesarean will be made if your baby's wellbeing or your own health are at risk. Some examples of this would be antepartum haemorrhage (a bleed before delivery), abruption (when the afterbirth comes away from the wall of the uterus) or uterine rupture.

A request from the expectant mum is not, on its own, an indication for caesarean section. “Specific reasons for the request should be explored, discussed and recorded. When a woman requests a caesarean in the absence of an identifiable reason, the overall benefits and risks of caesarean section compared with vaginal birth should be discussed and recorded,” says Mary.

When a woman requests a caesarean because of a fear of childbirth, she should be offered counselling, such as cognitive

What happens during a caesarean section?

- In theatre there will be a team of doctors, midwives and nurses to care for you and your baby. If necessary, there may also be a paediatrician present.
- Equipment will be attached to you to measure your blood pressure, heart rate and the amount of oxygen in your blood.
- The anaesthetist will set up a drip to give you fluid through your veins prior to the anaesthetic.
- When the anaesthetic has taken effect, a midwife will insert a tube, a urinary catheter, into your bladder to keep it empty during the operation. This should not be uncomfortable.
- For the operation, you will be placed on your back, slightly tilted to your left side.
- You should mention if you feel sick to the anaesthetist. This may be caused by a drop in blood pressure and the anaesthetist will give you treatment to help you.
- A screen will be put up at the level of your chest to separate you and your partner from the site of the operation.
- Your abdomen will be washed with antiseptic and covered with sterile drapes. The anaesthetist will stay with you all the time.
- The staff will let you know what is happening as they go along.
- Once the operation is underway, you should tell the anaesthetist if you are uncomfortable at any time. The anaesthetist can give you more pain relief as required.
- Occasionally, it may be necessary to give a general anaesthetic, but this is very rare.
- Immediately after the birth, the midwife quickly dries and examines the baby in the theatre.
- You will be able to have skin-to-skin contact with your baby after your baby is dried and checked.
- It usually takes another 20-30 minutes to complete the operation.

behavioural therapy, to help address her fears in a supportive manner, Mary says. “This results in reduced fear of pain in labour and shorter labour.”

What if I have a general anaesthetic?

If you have a general anaesthetic, you will be asleep for the procedure. “This is rare, but it may be needed if there is a reason why staying awake is not suitable,” Mary says.

The doctor will give you oxygen to breathe before the general anaesthetic is started. “If this type of anaesthetic is chosen, your partner will need to wait outside of the theatre and he will be able to see and hold the baby after the birth,” says Mary.

What happens immediately after the birth?

Following the birth, skin-to-skin contact between you and your baby will be encouraged as soon as possible. Your baby will be dried, weighed and examined from head to toe by the midwife. A security tag and two name bands are put on the baby and a cot label written.

“Your general condition will be observed and an examination done to include blood pressure, pulse and temperature. An abdominal examination will be carried out to ensure that your uterus is well contracted and bladder is not palpable,” Mary explains. “Vaginal loss will be assessed and your perineum inspected. Any deviations from the norm will be identified and appropriate action taken. The importance of passing urine within six hours of birth will be explained to you. You'll be encouraged to move around as soon after the birth as possible.” ■

Aviva Benefit

Aviva members are covered for non-elective caesarean section. See Admin section for further details.



My birth story

– Alida O'Rourke, Co. Wicklow

At the age of 37 I found myself pregnant for the first time, and for the next eight and a half months I'm sure I bored my friends and work colleagues silly with "interesting" facts and figures about my pregnancy. Being someone who needs to know the facts about everything so that I can make informed decisions, I was "well read" by the time my son was ready to make an appearance.

I had read about having a birthing plan and not having one as being the best option (depending on which magazine or book I was reading), and so without any significantly compelling arguments either way, and given the random nature of giving birth, I decided not to do one. In my mind, though, I really wanted to experience the full "natural"

I hung up the washing, left the house tidy, and keeping a count of the contractions on a piece of paper, my husband and I set off for Dublin. Once at the maternity hospital, I was checked and sent home. It was a bit disappointing, but I did as I was told. We waited until the contractions were nearer and more intense and returned to the hospital. We (my son and I) were put on monitors and left to wait for further developments. Things get a little fuzzy at that stage. I remember being brought into the labour ward and watching a black dot on the wall as the waves of contractions came and went. They offered to give me an epidural which I refused. The midwife annoyingly kept telling me to "breathe in through your nose and out through your mouth, dear" even though I thought I was doing that!

birth, however frightening it seemed!

When my waters broke at 9am on the first morning of maternity leave (two weeks before he was due!) I was calm and prepared.

Then things started to go a bit awry. My legs started to spasm and the mid-wives seemed concerned about the baby getting in distress. As I wasn't progressing and dilating as expected, they suggested giving me medication to bring on the labour. I reluctantly agreed to this and a drip was put in my hand, but before they had time to administer the medication, they changed the plan. On advice from the Master of the hospital, they said they would prefer to do an emergency section.

Although I was relieved in one way, as I knew the pain would stop and my baby would be safe, I was at the same time really disappointed that the birth was now going to be the furthest thing from the "natural" birth I had planned in my head. Although my husband had been given the gown, etc. for theatre, they didn't let him in as it was done under a full anaesthetic (I'm sure he was secretly relieved). And so Shane was born by c-section at 8.30pm on the 22nd May 2004. His Dad got to hold him once he was out, and I got to see him for the first time a couple of hours later when I came around from the anaesthetic and was brought back to the ward. Although the whole experience wasn't what I wanted, the end result was fantastic and he still is!

Weeks 35 - 39



Your baby:

The baby turns its head towards the light. If this is your first pregnancy, the baby's head will probably descend into your pelvis, which is known as 'engaging.' In subsequent pregnancies, the head usually doesn't engage until the 40th week. Movement will be limited but can still be felt. However, you should continue to have at least ten baby movements in a twelve-hour period. The baby continues to put on weight and its skin tone is good by the end of this stage.

You:

You may experience more aches and pains in your upper or lower back or in the pelvis, which loosens considerably. Tiredness and forgetfulness or 'pregnancy brain' may become increasingly evident.

Q. What will happen if I go past my due date?

A. Dr Naoimh Kenny, Aviva Medical Council:

It's so common to go past the expected due date that it's almost regarded as normal. Your GP or obstetrician will usually schedule some frequent visits so that you can be examined every few days from now on. Keep comfortable and rest as much as you can. Your obstetrician or midwife will inform you if/when they need to get things moving, with a certain type of pelvic examination, or induction, or, in some cases, a planned caesarean section.

Fact: Only 5% of babies arrive on their due date and 80% are late.

3 things to do now:

- If you are experiencing bursts of energy, stock up the freezer with meals that can be easily reheated after the birth.
- Have a bag packed for you and your baby in case you need to go into hospital early.
- Massage your perineum. Perineal massage may help to gently stretch your perineum (that area of skin between your vagina and rectum), which in turn can minimise the pain that occurs when a baby's head crowns during childbirth. It may also help you avoid an episiotomy and tearing.



4 ways to prepare for labour and birth

1 Exercise Exercise during pregnancy will not only make it easier to adapt to your changing shape and weight gain, it will also help you to cope with labour and get back into shape after the birth, says midwife Gráinne Grundy. “Keep up your normal daily exercise for as long as you feel comfortable,” she advises. “You may need to slow down as your pregnancy progresses or if your doctor or midwife advises you to. Try to keep active on a daily basis. Half an hour of walking every day can be enough, but if you can’t manage that, any amount is better than nothing.”

“If you go to exercise classes, make sure the teacher is properly qualified, and knows that you’re pregnant and how many weeks pregnant you are. Swimming will support your increased weight, so aqua natal classes can be a good idea,” Gráinne says.

2 Pelvic floor exercises Pelvic floor exercises help to strengthen the muscles of the pelvic floor, which come under great pressure during pregnancy and childbirth. The pelvic floor consists of layers of muscles that stretch like a

supportive hammock from the pubic bone, in front, to the end of the backbone,” Gráinne explains. “Your pelvic floor muscles support your uterus, bladder and bowels. Weak pelvic muscles can cause urinary incontinence. This can happen if you laugh or sneeze and is very common after birth,” she says. “By doing pelvic floor exercises, you can help to strengthen these muscles. This can help to reduce or stop urinary incontinence after childbirth. All pregnant women benefit from pelvic floor exercises, even if they are young and not suffering from incontinence.”

How to do them

Close up your back passage or anus as if you’re trying to prevent a bowel movement or breaking wind. At the same time, draw in your vagina and your urethra as if to stop the flow of urine.

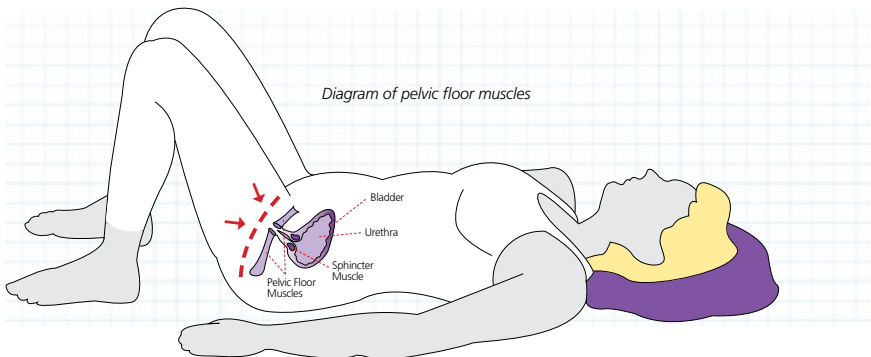
At first, do this exercise quickly, tightening and releasing the muscles immediately. Then do it slowly, holding the contractions for as long as you can before you relax. Gráinne suggests trying to count to ten. Try to do three sets of ten squeezes every day. To help you remember, Gráinne

advises doing them once at every meal. See page 63 for further information.

3 Call on support Having someone to support you during labour, such as your partner, husband, friend or a relative, will help you to stay relaxed in labour, Gráinne says. “You can ask your partner to massage you, although you may find that you don’t want to be touched. Having a bath can also help.”

4 Focused calm Knowing what to expect during labour can make you feel more in control and less frightened about what’s going to happen, Gráinne says. “Attending antenatal classes, talking to your midwife or doctor, and asking them questions can help you become empowered and let you make an informed choice when the time comes.”

Learn how to relax, stay calm and breathe deeply and slowly, advises Gráinne. “Also think about moving around during labour, as research has shown that women who move around in labour and who are allowed to give birth in the position of their choice have shorter labours than those who are confined to bed and push when they’re flat on their backs.”



Pain relief options

There are a number of pain relief options available to you for your labour. Here midwife Gráinne Grundy explains how each option works and also talks about any side effects.

Gas and Air (Entonox)



"This is a mixture of oxygen and nitrous oxide gas," Gráinne says. "Gas and air won't take away all the pain but it will help to reduce it and make it more bearable. Gas and air is easy to use and you control it yourself."

How does it work?

"You inhale the gas and air through a mask or mouthpiece, which you hold yourself. You start to inhale it just as a contraction begins and

continue to inhale it for the duration of the contraction. It works best if you take slow, deep breaths."

What are the side effects?

"There are no harmful side effects for you or your baby but it can make you feel lightheaded," says Gráinne. "Some women also find that it makes them feel sick, sleepy or unable to concentrate. If this happens, you can stop using it."

Pethidine Injection

"Another form of pain relief is an injection, into the muscles of your thigh or buttock, of a drug such as pethidine. This can help you to relax, which can lessen the pain," Gráinne says.

How does it work?

"You are given an injection into the muscle of your thigh or buttock. It takes about 20 minutes to work, and the effects last between two to four hours,"

What are the side effects?

"Although a good form of pain relief, it can make some women feel woozy, sick and forgetful," Gráinne says. Caregivers are careful to give pethidine in the early stages of labour, because if given too close to the time of delivery, it may affect the baby's breathing. If this happens, an antidote will be given.

TENS Machine

TENS stands for Transcutaneous Electrical Nerve Simulation," says Gráinne. "You can hire or buy your own machine from some pharmacies or online. TENS may be useful if you plan to give birth at home or while you're at home in the early stages of labour."

How does it work?

"Electrodes are taped onto your back and connected by wires to a small, battery-powered stimulator. You can move around while you use the TENS machine," Gráinne says. "TENS works by stimulating the body to produce more of its own natural painkillers, called endorphins, by sending harmless electrical currents like pins and needles across the skin. It also reduces the number of pain signals that are sent to the brain by the spinal cord."

What are the side effects?

"There are no known side effects for either you or the baby," says Gráinne.

**Pain relief options
continued overleaf »**

Pain relief options (Cont...)

Epidural

"An epidural is a special type of anaesthetic," Gráinne says. "It numbs the nerves that carry the pain from the birth canal to the brain. For most women, an epidural gives complete pain relief. An anaesthetist is the only person who can give an epidural, so it won't be available if you give birth at home."

How does it work?

"A drip will run fluid through a vein in your arm," Gráinne explains. "While you lie on your side or sit up in a curled position, an anaesthetist will clean your back with antiseptic and numb a small area with some local anaesthetic," she says. "A very small tube will be placed into your back near the nerves that carry pain from the uterus. Epidural drugs are given through this tube. It takes about 20 minutes to set up the epidural and another 10 or 15 minutes for it to work. Sometimes it doesn't work perfectly at first, and may need to be adjusted."

"After it has been set up, the epidural can be topped up by a midwife. Your contractions and your baby's heart will need to be continually monitored by a machine. This may mean having a belt around your abdomen and a clip attached to the baby's head to monitor

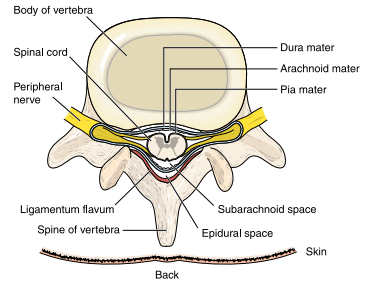
its heart rate. In other cases, abdominal tracing may be used. You will also need a tube inserted into your bladder – a urinary catheter – to collect the urine accumulating in your bladder, as you will not be able to stand or walk to go to the toilet."

What are the side effects?

"An epidural will make your legs feel heavy and you will be confined to bed," says Gráinne. "Your blood pressure may drop. However, the drip in your arm providing fluids will help you to maintain good blood pressure."

"Epidurals can make the second stage of labour – when you are pushing and your baby is born – longer. If you can no longer feel your contractions, the midwife will have to tell you when to push. Sometimes you may need forceps or vacuum to help you deliver your baby. Sometimes less anaesthetic is given towards the end so that the effect wears off and you can push the baby out naturally," says Gráinne.

"Some women develop a headache after an epidural. If this happens, it can be treated but it is rare," she says. "Your back might be a bit sore for a day or two, but epidurals don't cause long-term backache."



Complementary Therapies

"Some women want to avoid the types of pain relief provided for them in hospital and choose acupuncture, aromatherapy, homeopathy, hypnosis, massage and reflexology," says Gráinne. "Research has shown that most of these techniques don't provide effective pain relief for some people. If you want to try an alternative therapy, make sure the practitioner is properly trained and experienced to work with pregnant women".



Partners Guide



There are lots of ways in which you can help your partner in the run-up to the birth. Carrying heavy shopping is one recommended by Gráinne. “Carrying can put a lot of strain on her back, so do the shopping yourself or together,” she suggests.

If you don’t already help with housework, now is the time to roll up your sleeves. “Working and doing the housework will put a lot of strain on your partner and make her more tired,” Gráinne says.

“Go with your partner to the doctor or midwife when she is attending for antenatal visits and scans. This will involve you in the pregnancy and allow you the opportunity to ask any questions you may have about the pregnancy. Find out about antenatal classes for couples. The more you know about labour, the more you’ll be able to help and support your partner during labour,” says Gráinne.

“Make sure you can be contacted at all times. Decide how

you’ll get to the hospital, if your partner is having a hospital birth. Ensure the car has petrol. Remember to pack a bag for yourself, including snacks, a camera, and your mobile or change for the vending machine, parking metre and coffee. Don’t leave this until the last minute and perhaps include it in your partner’s labour bag.”

Becoming a father

The birth of your baby can be one of the most incredible, emotional and memorable experiences, Gráinne observes. “The midwives will encourage your partner to hold the baby next to her skin for skin-to-skin contact. If she has had a caesarean section delivery and can’t have skin-to-skin contact immediately, you can ask the midwife to place the baby next to your skin,” she says.

“Some men feel afraid of hurting their new baby because they’re so small but you don’t need to be,” says Gráinne. “The midwife will help you to hold it in the correct way.” While it can be very difficult to go home and rest after the excitement of the birth of your baby, Gráinne advises catching up on some rest because when the baby comes home – if it was a hospital birth – you will have sleepless nights for some time to come.

Bringing your partner and baby home

One priority purchase should be a car seat, which should be correctly fitted before you bring your baby home from hospital. Relatives and friends may be able to help in the early days so that your partner can rest and

feed the baby. If she is just relying on you, it’s a good idea to take one to two weeks off work if possible, Gráinne advises.

Too many visitors may exhaust your partner and interfere with this special time when you are learning about being parents and becoming a family, Gráinne says. Encourage people to stagger their visits rather than have them all descend in the first week or two.

Taking over the housework and laundry will keep the household running smoothly. Having healthy meals and lots of fluids at the ready for your partner will really help. You should also use this time to get to know your baby, Gráinne advises. “You could learn to change nappies and bathe your baby as well as cuddle and play with it. If your wife or partner is breastfeeding, you could bring her a snack and drink while she feeds the baby. If she’s bottlefeeding, you could sterilise and make up the bottles and share the feeding.”

Be considerate about sex. “It may take weeks or months before your partner stops feeling sore or anxious. There are other ways of showing your love for each other until intercourse is comfortable,” says Gráinne. ■

Aviva Benefit

Members covered by certain Aviva plans can claim back up to €50 for accommodation, travel, parking or childcare expenses incurred on the day baby is born plus the day before or after the birth. Both members must have a health policy with Aviva. See Admin section for further details.

Week 40

Mum and Baby



Week 40



Your baby:

Your baby is ready to be born, but may arrive earlier or later than its due date. It may be making squirming movements as it tries to stretch out its spine. It is seven times taller than it was at 12 weeks and almost 200 times heavier.

You:

You will feel sharp kicks under your ribs and probably be impatient for baby's arrival. However, remember that with a first baby it is common to go a week to ten days past your due date.

3 things to do now:

- Your hospital bag should be packed and ready to go with your hospital chart on top.
- Talk to your baby. He will recognise you and your partner's voice once he's born, which will be useful when you're trying to soothe him.
- You should have finished work by now and started on your maternity leave. Make sure you get plenty of rest before the imminent arrival.

Fact:

The Apgar score is the method by which the condition of your newborn baby will be evaluated. Five vital signs are assessed at 60 seconds and again at five minutes after the birth. The signs noted are: appearance; pulse; grimace; activity; and respiration.

Q. What should I do if I go into labour at home?

A. Gráinne Grundy, Midwife:

Some women's waters can break first and it can be some hours before labour pains begin. For others, their contractions start gently at first and their waters may break at home or when they get to hospital. You should use gravity to help speed up the progress of labour by avoiding lying down. Stand up and walk around as much as possible during contractions. Walking up and down the stairs sideways can help, as can bouncing on a birthing ball. Make sure you're not alone, so if your partner can't be there, call a friend or relative. They can help put on a TENS machine at this stage. Have a bath or shower to relax. Listening to music or watching TV in the early stages can be a distraction also. Try to eat something and keep drinking fluids to prevent getting dehydrated.

Lie down for a short while if you're tired but this may become uncomfortable during contractions. Keep breathing slowly during contractions to help you to relax. Monitor the colour of the waters around the baby by wearing a maternity pad and checking it regularly. The waters should stay clear. If they're coloured, you should go into hospital to be assessed, as your baby could have passed its first bowel movements – meconium – and this might be a sign the baby is in distress. Check your temperature at three to four hourly intervals if your waters have broken. If you develop a temperature – higher than 37.5°C – go into hospital to be examined. Time the contractions. Remember, your baby should still be moving more than ten times in a 12-hour period while you're in labour. When your pains are coming every 10 minutes or so, you should start to make your way into the hospital. If at any stage you are worried about what to do, you can always ring the maternity hospital and ask to speak to a midwife who can help you.

In Hospital

In this section

- 52 Feeding your baby
- 53 11 things to know before you leave hospital
- 55 Bathing your baby

BABY OF :

ADDRESS :

SEX :

WEIGHT :

DATE & TIME OF DELIVERY :

MAT NO. :



In hospital

Your stay in hospital is the perfect opportunity to call on the expertise at hand to get familiar with breastfeeding, bathing and caring for your newborn, which will make the transition home so much easier.



Feeding your baby

If you're still unsure about whether you want to breast or bottle feed after your baby's arrival, it's recommended that you breastfeed as it's easier to change from breast to bottlefeeding than the other way around.

The World Health Organisation recommends that infants should be exclusively breastfed for the first six months to achieve optimal growth, development and health. However, any breastfeeding at all is beneficial, says Nicola O'Byrne, an International Board Certified Lactation Consultant. "Even the first feed, colostrum, has huge benefits. It's known as baby's first vaccination."

Only a very small minority of women are physically unable to breastfeed and it's important to remember that support groups and breastfeeding consultants are available to offer practical advice

and back-up. You should also bear in mind that breastfeeding isn't for everyone. Once you have been given all the information, you should be supported in whichever method you choose.

Breastfeeding

Breastfeeding provides health benefits for you and your baby. It's said to protect you against ovarian and breast cancer and osteoporosis. Breastmilk boosts your baby's immunity and contains everything they need for the first six months of life. Yet Ireland has a lower breastfeeding rate than many other countries. "There are lots of different issues affecting breastfeeding rates in Ireland, such as lack of knowledge," says Nicola, who provides breastfeeding classes for pregnant women, postnatal breastfeeding care and education for health professionals. "Women are

sometimes not prepared for the first couple of weeks when there is a lot of feeding involved."

"There can also be difficulties with soreness, caused by a bad latch and incorrect positioning. However, Nicola stresses that not everyone has problems. "It's not a given that breastfeeding will be difficult."

Aviva Benefit

You can add your newborn to your policy for free until your next renewal. Just register within 13 weeks of the birth to avoid waiting periods. You must be a member at the time of birth.

Be prepared

Nicola's advice is to be prepared. "Have your homework done before you have your baby and

5 steps to achieving a good latch



1. Bring your baby to your breast
2. Place their nose to the nipple
3. Make sure their tummy is facing you
4. Check that your baby has a wide-open mouth
5. Aim your nipple at the roof of your baby's mouth.

know how to avail of local support, which can range from Cuidiú to La Leche League and your public health nurse. Go to the breastfeeding class in hospital or go to a private lactation consultant or class.”

Position and attachment are the key to successful breastfeeding, according to midwife Gráinne Grundy of mamaandme.com.

Gráinne advises getting a midwife to show you different positions before you leave hospital, including the popular baby across abdomen or under arm hold and lying down on your side.

‘Laidback breastfeeding’

Laidback breastfeeding or biological nurturing is a new way of breastfeeding your baby, according to Nicola. “There’s really not that much to it. You and your baby help each other get comfortable. Put the baby on your tummy and let your baby find your breast. Just make sure to support your baby’s whole body with yours and keep their feet supported.”

“Find a bed or sofa where you can lean back and be well supported. You shouldn’t be flat but comfortably leaning back so that when you put your baby on your chest, gravity will keep them in position with their body moulded to yours.”

Your head and shoulders should be well supported. “Let your baby’s whole front touch your whole front,” Nicola says. “Since you’re leaning back, you don’t have a lap, so your baby can rest on you in any position you like. Let your baby’s cheek rest somewhere near your bare breast.” >>

Postnatal clothing

The first few times you breast-feed in public, you may feel a bit self-conscious. However, you will gain confidence. This can be helped by dressing to make the process easier. The design of nursing bras has really improved, with companies like Hot Milk leading the way. Visit a good lingerie store or department store for advice. Wear button-up shirts and carry a muslin to discreetly drape over your shoulder and the baby’s head, ensuring they can still breathe. Pashminas can also be useful.



11 things to know before you leave hospital

1. How to lift and hold your baby safely.
2. Have your feeding established and know how to burp your baby.
3. If you’re not breastfeeding, ask for advice on how to cope with your milk coming in.
4. How to deal with a baby that has the snuffles and won’t feed.
5. How to change a nappy and clean your baby’s bottom.
6. How to bathe, top and tail, and clean your baby’s eyes.
7. How to clean your baby’s cord stump.
8. How to care for any stitches or tears you may have.
9. Ask when your baby’s first check-up should be scheduled
10. Talk about contraception.
11. Get the address of your local registry office, to follow up the registration of your baby’s birth after three weeks and get a birth certificate.

Remember that babies use their hands, cheeks and mouth to find the breast and latch, Nicola says. “Try not to hold the baby’s hands down or put mittens on them. This will make it harder for your baby,” she says. “Help your baby as much as you like – help him/her to do what they’re trying to do. You’re a team. Hold your breast if you like. Relax and enjoy each other.”

Feed frequently

One of the most common problems with breastfeeding is lack of milk or perceived insufficient supply of milk. “When babies are born, colostrum comes in and it takes three to four weeks for milk to build up to large volumes. It’s what you do during that time that is important – feeding frequently and emptying the breast. That will give you a good supply. Sometimes women think that the amount of milk they have on day four or five is all they will have but it will go up,” says Nicola.

It’s important to bear in mind that a newborn’s tummy is only the size of a marble, so short feeds of about 5ml are all that are required in the first couple of days, she says. “As the volume of milk required increases, your baby’s tummy will stretch. However, when small amounts are required, your baby will need to be fed frequently.”

Baby should have eight to ten feeds in 24 hours, Gráinne advises. “During the first three days, feeds around ten minutes or so are acceptable. Your baby should have a good latch and rhythmical sucking. They suck quickly at first and then change to a slower suck,” she says. “Urates, tiny pink/orange

crystals, are sometimes observed in a baby’s nappy in the first few days. They are generally harmless and are caused by salts in the urine. They can be a sign that your baby requires more fluids and this can be given by increasing your breastfeeds rather than giving the baby a formula ‘top-up’ feed, unless indicated by a paediatrician.”

Persevere through the tiredness

Tiredness is very common in the first few days, but persevering with exclusive breastfeeding will help your milk to come in more quickly and won’t cause nipple confusion by giving formula through an artificial teat, Gráinne says. Sore nipples are always caused by latching difficulties, either in the way the mum is holding the baby or the way the baby is latching on, according to Nicola. “When this happens, the midwife, public health nurse or lactation consultant should check the latch.” Also remember to keep well hydrated and eat well because this will also affect how tired you feel.

Adequate supply

So how will you know that your baby is getting enough

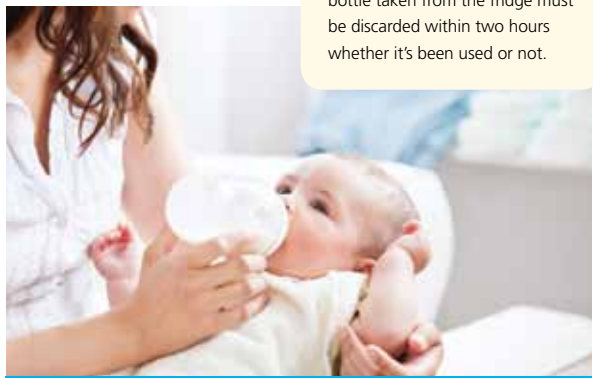
milk? “When your baby is fully breastfed, by day five or six, your baby should have at least six heavy wet nappies in 24 hours and at least three dirty nappies that are quite loose. They will look very different to the nappy of a formula-fed baby,” Nicola says. >>

Aviva Benefit

Members covered by certain Aviva plans can avail of a breastfeeding consultancy allowance with a qualified breastfeeding consultant. See Admin section for further details.

Bottlefeeding

The most important issue to bear in mind when bottlefeeding is hygiene, Gráinne says. “There’s a higher incidence of gastroenteritis (tummy bugs) among bottlefed babies. Washing hands before preparation of bottles, cleaning down surfaces and following the guidelines of the formula you have chosen to give your baby, are all vital. Correct storage of prepared feeds is also critical. Make sure prepared feeds are cooled down quickly before placing them in the fridge – not on the door – for a maximum of 24 hours. Any bottle taken from the fridge must be discarded within two hours whether it’s been used or not.



Expressing milk

Some women express milk because they have to leave their babies for periods of time or because they don't want to breastfeed in public. They may also express a bottle for night feeding after the third or fourth week, Nicola says. "It's usually not a good idea to express milk before week four as you could build up a really big supply and your baby could become uncomfortable with the very fast flow of milk," she says.

Engorged breasts

"Some mums decide to do a mix of

breast and bottle feeding, opting to bottlefeed at night when babies feed more in the early weeks," she says. "However, this is generally not advisable as your breasts can get engorged, and you can risk getting mastitis. Unless it's medically indicated, you are better to just feed your baby on breastmilk for the first couple of weeks."

Nicola also recommends feeding on demand during the early weeks. "If you feed every time your baby looks to be fed, you will build up a great milk

supply. While in the first few weeks, feeding can be a bit haphazard, all babies will have built up a pattern by about four weeks. While a lot of books will talk about routines, I've only met one mother for whom that worked." ■

Aviva Benefit

Members with Level 2 Family Health can avail of an early discharge benefit of €300. See Admin section for further details.

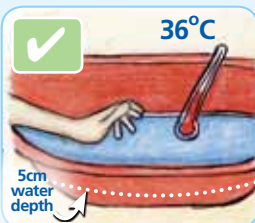
Bathing your baby

Ensure that you feel confident to bathe your baby before you leave hospital. Baths don't have to be given at night time but whenever you have the time. It isn't necessary to bathe your baby daily. Don't put yourself under undue pressure. Once or twice a week is perfectly acceptable until baby is crawling. Spend your time getting to know your baby, bonding, feeding and resting.

Some essentials for bathing include a towel, baby soap, cotton wool, a nappy, and clean, warmed clothes if cold outside. "Close the windows and make sure the room is warm," Gráinne advises.



Start by collecting all the bath items you need (towels, washcloth, cotton wool, new nappy and clean clothes) and position them near the bath. Have an unfolded towel handy in preparation for drying your baby.



Make sure the room is at a comfortable temperature and fill the bath with about 5 cm of warm water. Test the water temperature with your wrist or elbow – it should be approximately 36°C and should NOT feel hot on your skin.



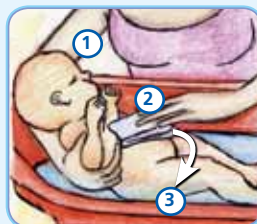
Once the bath is ready, undress your baby. Cradling her head and shoulders with one hand and supporting her body with the other, gently lower her into the bath.



Moisten a cotton wool ball with warm water and gently clean your newborn's eyelids, wiping from inner eye to outer eye. Use a different piece of cotton wool for each eye.



Once or twice a week you can wash your newborn's hair. To do so, lay baby down in the bath and gently splash some water onto her head. There's no need for shampoo until she's older.



Use a soft washcloth to gently clean your newborn's face (1), then the neck and body (2), leaving the genitals and bottom till last (3).

Post-Pregnancy

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Caring for your newborn

Bringing baby home

Leaving the hospital environment and the back-up of its medical teams to bring baby home can give rise to a mix of heightened emotions. Feelings can range from a blurred sense of reality to euphoria and anxiety about your ability to care for your newborn. It's important to take each day as it comes, allow yourself time to physically recover from the birth and get to know your baby. If you already have a good network of support, take any help offered by family and friends as well as availing of your Aviva benefits such as postnatal home help (PNHH). If not, ask your GP or public health nurse (PHN) about services you can look to for back-up in your area.

Aviva Benefit

Members with PNHH benefit on their plan are entitled to claim for domestic home help within 26 weeks of giving birth or a €120 cash benefit. See Admin section for further details.

Check-ups

Your baby can have a two-week check-up and a six-week check-up with the GP and/or paediatrician. A weight check should be done at two weeks. "Most babies can lose some of their birth weight before they leave the hospital – this is normal. However, they must regain their birth weight by the time they are two weeks old. The PHN or practice nurse can do this for you," says midwife Gráinne Grundy.

The PHN will come and visit you within a few days after your discharge from the hospital after the birth of your baby. "The PHN is notified by the hospital about your baby's birth. She generally comes to your house on day five to perform the metabolic screening test which is also known as the 'heel prick test'. Sometimes this is preformed in the maternity hospital if day five falls on a weekend day or a bank holiday," says Gráinne.

"The PHN will take a brief history

of your delivery, weigh your baby and perhaps feel your tummy to make sure your uterus is okay after delivery. If you have stitches from a caesarean section she may check these as well," says Gráinne. The PHN will advise you about your baby's development checks that she will perform over the next three years, and she may give you the times for local support groups. She generally runs a clinic in the local health centre where she can offer a weighing service to get your newborn's weight checked." However, be aware that services offered may depend on available resources, which can differ from area to area.

Your baby will be due vaccinations at two, four, six, twelve and 13 months old. "These are free from your GP and are a safe and simple way of vaccinating against certain diseases. Ask your GP or practice nurse for more information," says Gráinne.

Immunisation schedule

In Ireland, all the recommended childhood immunisations listed in the timetable are free of charge, i.e. you don't pay for the vaccination or the GP visits.

Age to vaccinate	Type of vaccination
At birth	BCG tuberculosis vaccine (given in maternity hospitals or HSE clinic)
At 2 months - Free from your GP	6 in 1 - Diphtheria/Tetanus/Whooping Cough (Pertussis) Hib (Haemophilus influenzae B)/Polio (Inactivated poliomyelitis) Hepatitis B PCV (Pneumococcal Conjugate Vaccine)
At 4 months - Free from your GP	6 in 1 - Diphtheria/Tetanus/Whooping Cough (Pertussis) Hib (Haemophilus influenzae B)/Polio (Inactivated poliomyelitis) Hepatitis B Men C (Menigococcal C)
At 6 months - Free from your GP	6 in 1 - Diphtheria/Tetanus/Whooping Cough (Pertussis) Hib (Haemophilus influenzae B)/Polio (Inactivated poliomyelitis) Hepatitis B PCV (Pneumococcal Conjugate Vaccine) Men C (Menigococcal C)
At 12 months - Free from your GP	MMR - Measles/Mumps/Rubella PCV (Pneumococcal Conjugate Vaccine)
At 13 months - Free from your GP	Men C (Menigococcal C) Hib (Haemophilus influenzae B)/Polio (Inactivated poliomyelitis)



Bonding with baby

Massage can be a wonderful experience shared between you and your baby. It provides numerous physical, psychological and emotional benefits for babies and the families who care for them, according to Liza Crotty of Claphandies, which hosts massage classes. “Joining a baby massage class is a great way to spend quality time with your baby and to meet other new mums.”

The benefits, she says, are:

Relief: Specific massage techniques can help to relieve colic, wind and constipation. In addition, baby massage can help baby deal with surgery or difficult birth.

Stimulation: When you massage your baby regularly, their physical growth and development is stimulated in a variety of ways. Research studies show the respiratory, muscular, circulatory

and immune systems all gain from the positive effects of massage. Your baby may gain weight more easily and increase their ability to fight common infections, which all babies are exposed to. In addition, massage promotes neurological development, and helps with the development of motor skills and co-ordination.

Bonding: Eye-to-eye and skin-to-skin contact and the exchange of soothing sounds and smells all help you and baby to bond.

Other ways to bond with your baby and get to know other new mums include joining parent and toddler groups. You can get information about local groups by asking your GP or district nurse or by checking your local health centre. If there isn't a group in your local area, consider starting one in your own home or community hall. This will give you the chance

to make new friends, share experiences and speak to other mums going through the same stages as you. It's worth taking the initiative by approaching other mums in your neighbourhood or park and suggesting meeting up by going for walks or meeting up for coffee. >>

Aviva Benefit

Baby massage

Members with Level 2 Family Health with day-to-day benefit are covered for a baby massage benefit of up to €30 per visit for up to 4 combined alternative practitioner visits.

Little Gym

Aviva members can avail of a €50 discount on the cost of tuition at The Little Gym, Dublin. For further information visit www.thelittlegym.ie

Cry baby

The crying peak for the majority of babies is said to take place between five and 12 weeks. One in five infants cry or fret for at least three hours daily, for at least three days a week, mainly in the evenings. The first thing to remember is that crying is a baby's first form of communication and can mean any number of things from being tired to hungry, sick or simply hankering after a hug, says Liza.

"As you get to know your child, you will learn to identify some of the cries and what they mean – hunger, wind, a dirty nappy or tired," she says. "Once you have eliminated the obvious reasons and your baby continues to cry or seems distressed, check their temperature. The normal

Your baby's six states



Deep sleep Once your baby nods off, he will move into deep sleep. In this state, he will not be easily woken by loud noises. You may find that you can move your baby without waking him.



Light sleep A loud noise (stimulatory) can move your baby from deep sleep to light sleep. You can see this if he starts to twitch or grimace in his sleep when he was previously very still.



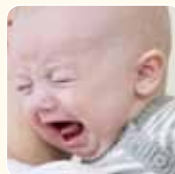
Drowsy Yawning is a good indicator that your baby is drowsy. If he is lying quietly in his cot having just woken and you look into his eyes, he will rouse and shift into a calm-alert state.



Calm-Alert Your baby will be eager for play and interaction now. But if you put him under a play gym for too long, the stimulus will raise his state and he may move into the active-alert state.



Active-Alert In this state your baby is a little fractious and trying to cope. If he is exposed to more stimulation, you may find that he raises his state further and ends up crying.



Crying If your baby is crying and you rock him gently, you may find that he will settle. He may return to the active-alert state or even calm sufficiently to return to the calm-alert state.

Taken from "The Baby Sense Secret" by Dorling Kindersley

Q: Is my baby tired?

A: Newborn babies will probably get tired after being awake for more than 1½ hours. At 3-6 months, your baby should be tired after 1½-2½ hours awake. Look out for the following signs of tiredness that may mean it's time for sleep:

- pulling at ears
- closing fists
- fluttering eyelids
- jerky arm and leg movements
- yawning
- a worried look on your child's face
- arching backwards
- difficulty focusing
- sucking on fingers

temperature for a newborn baby is around 37°C but this can differ from child to child. Anything above 38°C is cause for concern. Trust your instincts and, if your baby is unwell, seek help."

You'll discover your baby's favourite method of being soothed, Liza says, which can include being gently rocked, being sung to, having their back stroked, or being given a favourite cuddly toy. She recommends avoiding methods that aren't suitable all the time, such as a drive in the car, and advises trying to keep calm. "If your baby has periods of persistent crying, due to colic, for example, make sure you have someone to share the care and get as much rest as you can. A fraught parent is no good to a fraught baby," says Liza.

Coping with persistent crying at a time when you're exhausted can be very stressful. Remember that this difficult phase will pass as your baby grows. Try to keep your

environment as calm as possible and to get some help so you can get little breaks. Chat to a professional, whether it's your GP, a breastfeeding counsellor or public health nurse.

Encouraging good sleep habits in your baby

It's the question that keeps most parents up at night – how to get your baby to sleep. Lots of books have been written on the subject and all the talk of sleep training, controlled crying and managing routines can be confusing. However, it's important to remember that all babies are different and while some fall into a routine set by their parents from an early age and sleep for long periods, most don't.

"The first thing to remember is that in the first few weeks, your baby needs to feed regularly, including through the night, so >>

accept this as a short-term scenario and get as much rest as you can between feeds," says Liza.

"Once your baby is able to go through the night without feeding, it's important to try to establish a good sleep routine. Make sure your baby gets enough sleep in the day," she advises. This means watching out for signs that your baby is becoming

Q. What is cot death?

A. Cot death is another name for Sudden Infant Death Syndrome (SIDS). It's the sudden and unexpected death of a seemingly healthy baby. No cause of death can be found, even after a post-mortem examination.

However, the Irish Sudden Infant Death Association points out that cot death doesn't just happen in cots. It may happen in a pram, bed, car seat or anywhere a baby is resting. What appeared like a healthy baby can be put down to sleep and when next checked, is found dead. It's important though to remember that cot death is rare.

Because the causes of cot death aren't known, we can't make sure it won't happen. However, research has shown that you can take steps to reduce the risk. Research has found that giving a baby a soother every time they are put down to sleep may reduce the risk of cot death. Call the doctor if your baby is drinking less than half their normal amount of milk or if you're unsure about how serious an illness they have is.

tired and availing of those 'sleep windows.'

"Too much sleep during the day means your baby is not tired enough. Up to a year-old, babies should get around three hours' sleep during the day," Liza says. "Establishing a relaxed bed-time routine such as a bath, milk and story that encourages sleep can help. Make sure the room is a comfortable and safe temperature, i.e. between 16°C and 20°C."

It's also worthwhile to encourage your baby to settle into sleep on their own. If you wait until your baby is asleep before putting them in their cot, they may wake up during the night, confused at finding themselves somewhere else. Differentiate between day and night by keeping night feeds quiet, with the lights dim.

Preventing cot death

The Irish Sudden Infant Death Association (SIDA) has published a leaflet 'Safe Sleep for Your Baby, Reduce the Risk of Cot Death.'

The room temperature should range from 16°C to 20°C, with the average being 18°C, midwife Gráinne Grundy says. "Bedding shouldn't overheat the baby. Cellular blankets are best to use while fleece blankets should be avoided. To see how warm your baby is, don't go by their hands or feet, but place the palm of your hand on their chest, under their clothing. If they're too warm, take a layer off and if they're too cold, add a layer. Ask your midwife to go through the guidelines with you before you leave hospital. Information is also available online or from the hospital," says Gráinne. ■

Preventing cot death:

- Quit smoking during pregnancy;
- Always place your baby on their back to sleep and on their front when awake to play
- Maintain a smoke-free zone in your home and car
- The safest place for your baby to sleep at night is in a cot in your room
- Ensure your baby doesn't get too hot
- Place the baby with their feet to the foot of the cot
- Make sure the baby's head stays uncovered while asleep
- Avoid quilts, duvets, bumper pads, pillows or toys in the cot
- If you or your partner smoke or have taken alcohol, drugs or medication that makes you sleep more heavily, put your baby back into their cot rather than keeping them in bed with you
- Also avoid falling asleep in bed with your baby if they are less than three months old, were born prematurely, or had a low birth weight, less than 2.5kg or 5.5lb when born
- Never fall asleep with your baby on a sofa or on an armchair
- If your baby seems unwell, call the doctor quickly.

Your postnatal health

After the dramatic changes brought about by pregnancy, your body and emotions also alter. Your body begins to return to the way it was before the birth – more or less – and your feelings can sway between intense relief and thankfulness that your baby has arrived, to a sense of weepiness and irritability known as the ‘baby blues.’ It’s important to remember that giving birth is a life-changing experience, and to give yourself and your partner time to settle into your new roles and to adjust both mentally and physically.

Your body

Breast milk ‘comes in’

On day two after the birth, breast milk ‘comes in’ and the breasts become large and often very hard and tender, which is perfectly normal, according to GP Dr Naoimh Kenny. “The first milk produced is colostrum, which is quite yellow and in small quantities. It is your baby’s sucking reflex that encourages further production of milk, and this ‘letdown’ reflex can cause abdominal cramping for a while. Again, this is entirely normal.”

Perineal pain

You may feel perineal pain. “For women who have had a vaginal birth, the perineum – the area from the vagina to the rectum – can feel tender, especially if there was a tear or an episiotomy or cut during labour. You may have stitches,” says Dr Kenny. “Also many women experience labial – vaginal lips – tenderness or might find that their haemorrhoids – if they had them – are tender and swollen. This all feels worse if you’re sitting cross-legged on a bed or sofa trying to feed the baby,” she says.

Lukewarm shallow bathing once or twice a day with salt (half a cup per bath) or tea tree



oil (five drops per bath), ice packs or sitting on an air-filled ring cushion or child's seaside flotation ring can help. Your obstetrician or GP will prescribe pain relief for you, which will be safe if you're breastfeeding.

Frequency of urination

You might experience frequent and heavy volumes of urination, often with poor or no control of your bladder. "You will regain control over the coming weeks but may feel more comfortable wearing a pad," says Dr Kenny. While this may be an unpleasant side effect, it also contributes to what, for most women, will be welcome news – weight loss. "Between weight loss through urination, the weight of your baby and with the amniotic fluid and placenta now gone, most women lose up to a stone (6kg) or more within the first two week postpartum stage," she says.

Bleeding

Bleeding like a heavy period, which tapers off after a number of days to a lighter flow, will usually be gone in 14 days. "Intermittent spotting will continue for four to six weeks after birth however, and women usually need to continue wearing pads. The hospital will provide heavy ones for initial use and a normal sanitary towel is adequate for later," says Dr Kenny.

Caring for episiotomy and caesarean section wounds

If you have had your perineal wound – either from episiotomy or a tear – sutured – these are dissolvable stitches and are mostly

Q. What about sex after birth?

A. Dr Naoimh Kenny, Aviva Medical Council

When you're in hospital, your midwife, GP or nurse will ask you what contraception you plan to use. This may seem like a bizarre question at the time, particularly when you are recovering from the birth and have a new baby to look after. They're only asking because many women think that they can't fall pregnant if they are still breastfeeding or if their normal periods haven't resumed. But that's not true, so do think about contraception.

There are no hard and fast rules about sex after birth. Some women are happy to have sex when their bleeding has stopped and others prefer to wait till after their six-week check-up, but many women will need longer than this. It's important not to put pressure on yourself and to discuss how you're feeling with your partner. Once your vagina and perineum (or c-section wound, if you have one) look and feel like they've healed, sex should not be painful. Your vagina may be dryer than usual for a while, so lubricant might be useful and certain positions may also feel better than others, so try experimenting a little.



gone by day ten following the birth, according to Dr Kenny. "Leave them to take care of themselves, but daily showering or bathing in water with salt or tea tree oil can help keep the area clean. When wiping, pat the area, rather than drag tissue across the wound," she counsels. "Most women will require some pain relief, which will be prescribed at the hospital before discharge."

If you've had a caesarean section, most women have their sutures made from dissolvable stitches. "If they persist beyond day ten after the birth, have a

midwife, public health nurse, or doctor look at the wound," advises Dr Kenny. "Otherwise you should keep the wound clean and dry for the first three days, then shower and bathe as usual. Wear loose-fitting clothing around your waist – most women are still in their maternity wear at this stage – and wear waistbands above or below the scar, as opposed to directly on it."

Dr Kenny advises checking with your motor insurance company on its policy regarding your cover after a caesarean >>

Aviva Benefit

Aviva members can avail of a contribution towards their pre/post natal care expenses. See Admin section for further details.

section. It is recommended that you don't do any heavy lifting, bending or driving for six weeks.

Uterus shrinks

'Involution' of your uterus takes place as it shrinks back to its normal size over four to six weeks after birth. "If you are breastfeeding, it is normal to feel cramping in the pelvis when the baby latches on," Dr Kenny says.

What should I do about sore breasts and nipples?

Seeking advice from a lactation consultant or local breastfeeding group can help with the problems of sore breasts and nipples. They will have a wealth of information and often have gone through the experience themselves.

For the first ten days

after delivery, it is normal to experience sharp pains – which can be toe-curling in the initial phase – in the breasts when the baby latches on, according to Dr Kenny. "This should definitely be settled by day 14, so seek advice if you are still having trouble. Otherwise, sore nipples are mainly a problem with the way the baby is sucking at the nipple or the 'latch.' The right latch can be hard to learn – for mum and baby – and everyone needs a bit of direction the first time. Ask the midwives on the wards and again, request the lactation consultant."

Lanolin-based cream is very useful for sore nipples and doesn't need to be washed off before baby feeds again, Dr Kenny says. "Also cold compresses on the breasts – with a face cloth or cabbage leaf –

can help with engorged, heavy breasts. Most importantly, try to keep feeding through the sore breast or nipple as further milk build-up can make this more painful."

The benefits of pelvic floor exercises

Pelvic floor exercises, or Kegel exercises, work to strengthen the muscles that support the urethra, bladder, uterus and rectum. "You should start practicing them in pregnancy, and as soon as possible after birth. A strong pelvic floor will lessen the likelihood of urinary stress incontinence, help haemorrhoid healing and bowel function, and make sex more enjoyable," says Dr Kenny. For a quick guide on how to do pelvic floor exercises please see page 46. >>



Your nutrition

Postnatal nutrition

Adjusting to life with a new baby may not leave much time to focus on meal preparation but it's vital that you consider your own nutrition at this very busy time in your life.

Remember to eat

"It's important that you make sure you remember to actually eat," says consultant dietician Sarah Keogh. "Many women are often so busy looking after their new arrival that they don't actually eat. Try to eat every three to four hours. Make it easy for yourself by having healthy snacks such as nuts and dried and fresh fruits at the ready," she suggests.

Feed your needs

If you lost a lot of blood at the birth, you will need to watch your iron levels. Include red meat or pulses like chickpeas, kidney beans and lentils in your diet. If you are breastfeeding, calcium is a key requirement and yoghurts make for a convenient fridge staple. Fibre-rich foods are especially important if you had stitches as eating fibre will help you to avoid straining when using the toilet. Sarah recommends sprinkling groundnut

seeds on cereals. Protein is required for energy, and is found in chicken and fish. Eggs can be used on their own or to make speedy dishes such as omelettes.

Accept help

If you didn't get a chance to fill up your freezer with casseroles and other dishes before the birth, accept all offers of help. "If someone asks if there is anything they can do to help, ask them if they could make lasagne or a stew," Sarah says.

Quick and healthy diet tips

When you're looking after a new baby, your meals often have to happen in a short window. But that doesn't mean that you can't be healthy. Porridge provides a great start to the day. Some ready meals can be healthy, while soups, especially those with lentils and beans and accompanied by a slice of ham or cheese and wholegrain bread, will also give you a boost. Plus, baked beans are a super quick option.



Shopping list

Stock your larder and freezer with the following items to make it as easy as possible to prepare healthy meals and snacks.

- Lean meat, e.g. chicken, turkey, sirloin steak, pork tenderloin, lean mince
- Oil-rich fish, e.g. salmon, mackerel, fresh tuna, sardines, trout
- Milk/soy milk
- Eggs – particularly omega-3 enriched
- Cheese
- Tofu
- Unsweetened yoghurt
- Chickpeas/kidney beans/pinto beans/black beans/lentils/baked beans
- Walnut oil/canola oil/flaxseed oil
- Walnuts
- Unsweetened fruit juice
- Dark chocolate
- Wide variety of fruit and vegetables, including fresh, frozen, tinned and dried fruit
- Wholemeal bread
- Wholemeal pasta
- Brown rice
- Potatoes
- Fortified, unsweetened breakfast cereals/Weetabix/oats/muesli
- Dried fruit, e.g. apricots, figs and prunes
- Hummus
- Ready-made soups, e.g. vegetable/lentil soup



Your fitness

Regaining your fitness

It's really important to accept that it took 40 weeks to gain your pregnancy weight, so you need to be realistic about how long it will take you to lose it, says Kate Ryan, personal trainer NECF.

"You need to start out slowly as you need to conserve your energy to recover from labour and the birth. "A lot of doctors and midwives advise waiting until after your postnatal check-up, usually six weeks after delivery, to start a proper exercise routine. However, if you have the energy, you can start sooner by walking and doing pelvic floor exercises."

Once you get the all-clear from your doctor to go exercise, walking with the baby is one of the best forms of exercises. "Try to build up to 50 or 60 minutes of continuous walking, four to five days a week. When you can walk comfortably for 20 minutes, begin to increase your speed and aim to walk one mile in 15 minutes," Kate says.

"There are lots of other training activities that you can do to help and specific classes that now include bringing your baby with you too. These would include bodyweight training; kettlebells; stretch bands; team and partner work. You can also use your baby buggy for general activities like squatting, lunging and balance work," she says. "Remember, exercises that use large muscle groups like walking, swimming, biking, or jogging, and that elevate your heart rate are particularly effective to help shed the excess pounds."

It takes time to get your body into the shape you want, Kate stresses. "However, with patience and persistence, you may end up fitter and healthier than you were before you were pregnant."

Aviva Benefit

Kick-start your fitness regime by downloading Aviva's Free Health Mate app, available on iTunes and the Android market.

My birth story

– Laura Woods, Co. Dublin



New mum and TV presenter Laura Woods advocates a 'gently does it' approach to postnatal exercise. "It is a slightly surreal feeling watching your body expand over the months of pregnancy. By the time this new little person arrives, you are exhausted and exhilarated, and quite rightly, the focus is on them," she says.

While celebrities may flaunt the 'back in my favourite jeans' look straight out of hospital, it is important to give your body time to readjust. Your antenatal level of fitness and birth experience will have a bearing on any postnatal fitness plans. How you and your baby are sleeping will also have an impact. Gently does it. "If you had a caesarean or a long and tiring birth, it is never a good idea to throw yourself on the treadmill in the immediate aftermath," Laura counsels. "Speaking from my own experience, I think it is best to take a 'softly softly' stance. The excess weight has only been on any new mum for nine months and the majority of that will fall off over a few months through good diet and gentle exercise. The main thing is portion control and less snacking. Nine months is a long time away from your normal diet. I had to be reminded about this and I found the advice very beneficial."

Having had a caesarean, Laura

was medically advised against taking any form of exercise for eight weeks. While she was happy to comply with that and concentrate on her little boy Ben, by the end of that period, she was anxious to regain her fitness.

"Working in the media, I put myself under a certain amount of pressure to get some of the weight off but it is not always about how you look. The bigger picture is that you have brought a beautiful baby into the world and need time to bond."

Walking is a free and easy form of exercise. Having returned to her post-baby weight eight months after Ben's arrival, Laura says she found walking to be an easy and effective form of exercise. "It is important for your own sanity to get out of the house, and bringing baby out for a walk has the added advantage of getting them out in the fresh air," says Laura. "Whether you join other friends with babies or go on your own, you can do a slow stroll to begin with, building up to a powerwalk. You can also build up the distance, depending on your level of fitness. An hour a day can make all the difference."

Laura brought Ben to mother-and-baby swimming classes

when he was three months old. "If you enlist some help, you can also go swimming on your own. It is incredibly good for your muscles and offers a tremendous sense of freedom," she says. Other options to include baby in your new fitness routine include buggy bootcamp. Yoga and Pilates can also be considered after six weeks. Laura recommends avoiding contact sports and higher-level exercise in the early postnatal stages. "Do what is right for you – by no means should you be putting yourself under pressure. What works for some mums may not work for others," she says.

She also advises against expecting too much, too soon. "While I may be back to my pre-baby weight, my body shape has changed. My hips are bigger and I have a little pouch on my tummy. It is unrealistic to think your body will be exactly the same as it was before you conceived. And take heart – it is always the last half stone that is the most difficult bit to shift!" ■

Your mind

'Down days'

It is normal and very common to have 'down days' two to four days following the birth, according to Dr Kenny. "Mostly, this is in relation to the shift in hormones at this time as well as the overwhelming emotions you might be experiencing. A lot is down to tiredness too," she says. "This settles for most women. For those for whom it doesn't, I would always recommend that they talk to someone – a midwife or their GP, for instance."

Intimacy after the birth

"Most women I meet do not engage in sexual intercourse after birth until they get the 'all-clear' from their doctor at the six-week check," says Dr Kenny. "In reality, there is absolutely no reason for this. If you do decide to go ahead and have sex, be aware that you need contraception such as a condom before you get your first 'real' menstrual period after the baby. Women can ovulate before that six-week check and, if sexually active, could fall pregnant again! A water-based lubricant is useful sometimes." You can review your family planning needs at the six-week check with your doctor. ■

Aviva Benefit

Members can avail of a 15% discount on holistic treatments at U Mamma sanctuary.



Postnatal depression symptoms

Postnatal depression is common and covers a broad spectrum of symptoms, varying from person to person. The most common symptoms, Dr Kenny says, are:

- Feeling low and/or tearful, angry or hopeless
- Feelings of guilt or inadequacy as a mother, fear that she may harm her baby
- Lack of concentration
- Difficulty sleeping, especially when the baby is asleep
- Loss of appetite or weight loss OR excessive 'comfort' eating and weight gain
- Loss of interest in the baby or negative feelings towards the baby and or partner
- Unwillingness to go out and meet friends.

If you think you may be affected, talk to someone such as your public health nurse or GP, or even a supportive family member who will attend a health professional with you.

Safety & Paediatric First Aid



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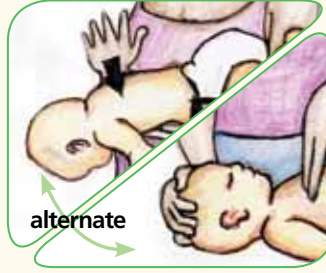
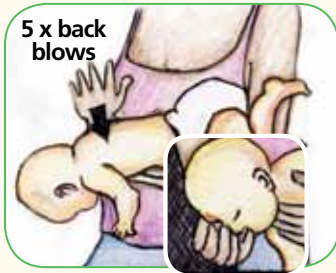
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Safety and Paediatric First Aid

First-time parents have a lot to take on board but one of the most critical things – and one that causes the most fear in new parents – is what to do in the middle of a medical emergency, says Alice Walsh of Responder Training, which runs courses in conjunction with Claphandies. “Attending a simple paediatric First Aid course will give you the basics, and the confidence to know that you can deal with any number of dangerous and stressful situations, calmly and effectively.” Among the key situations you should learn to deal with or identify are:

Choking

It's common for babies and young children to get objects and food stuck in their airways and it can be distressing. However, if a child is crying, they're not choking, Alice says. If they are choking, here's Alice's tips on what to do:



1. Lay baby downwards on your forearm. Using the heel of your hand, give her a firm back blow between the shoulder blades. Give up to five back blows, and check between each blow to see if the blockage has cleared. Clear the blockage from baby's mouth with your little finger.
2. Turn the baby onto their back, position two fingers in the centre of baby's chest and give 5
3. If baby is still choking, check to see that 999 has been called and alternate five back blows and five chest thrusts until emergency help arrives. If at any point baby becomes unconscious, start CPR.

6 top tips for emergency awareness

1. Ensure you know how to call an ambulance (112/999) and make sure when you travel abroad that you know the local number.
2. Research and print a list of essential numbers, including your doctor, hospital; and emergency services, and keep by the phone or on the fridge.
3. Have a First Aid manual on hand.
4. Keep well-stocked First Aid boxes in the kitchen, in the bathroom, and in your car.
5. Take a paediatric First Aid course and update your skills every couple of years.
6. Prevention is key. Make sure your house and garden are safe, and that your car seat is properly fitted.

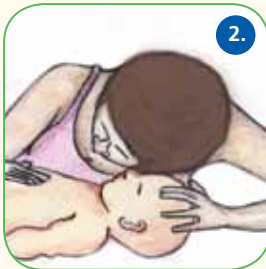
Source: Responder Training.

If your child stops breathing

Cardio Pulmonary Resuscitation (CPR) is the most important lifesaving skill you can have, Alice says. "There are different procedures for adults, infants and young children."



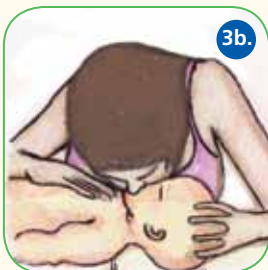
- 1.** If a baby is unconscious, check their mouth for any items blocking the airway. If a blockage is present, use your little finger to clear it.



- 2.** Check for breathing. Listen for the sound of the breath, look for movements of the chest or feel for the breath on your cheek.



- 3a.** Breathing? Place the baby in the recovery position (shown above), phone 999 and check regularly for continued signs of life until the ambulance arrives.



- 3b.** NOT breathing? Tilt head back very slightly, lift chin to bring the tongue away from the back of the throat, opening the airway. Take a breath and seal his mouth and nose with your mouth. Blow gently and steadily for about one second. Watch for the rise and fall of the chest. Take another breath and repeat the sequence.



- 4.** If there are no signs of life after two breaths, make sure someone has phoned 999 and commence chest compressions.



- 5a.** Position two fingers in the centre of baby's chest and give 30 compressions at a rate of approximately 100 per minute. Each compression should depress the chest by about one third. Take a breath after 30 compressions, seal your mouth over baby's mouth and nose and give two steady breaths. Look for the rise and fall of the chest. Continue giving 30 compressions followed by two breaths until medical help arrives. If signs of life return, put the baby in the recovery position (shown in 3a). Continue to monitor breathing and be prepared to recommence CPR at any time.



When to call 999/112

It is advisable for parents or caregivers to attend a proper First Aid course because it will teach you to identify the sometimes subtle symptoms and signs that will help you determine whether or not to call 999/112. The following list includes times when you should immediately make the call:

- An unconscious/unresponsive infant/child
- Deteriorating levels of responsiveness, e.g. post head injury
- A choking child after you have tried three cycles of the choking relief
- Extreme allergic reactions – causing swollen airways and breathing difficulty
- Prolonged asthma attack
- Amputation
- Severe eye injury
- Meningitis
- Febrile convulsions/fitting
- Extremely high temperatures
- If your child has ingested a poison
- Severe burns

Meningitis awareness

Meningitis is an inflammation of linings surrounding the brain and spinal cord, caused by bacterial or viral infections. “The red flag signs are cold hands and feet; pain in the limbs or joints; and abnormal skin colour,” Alice says. “Other signs can include high temperature; a blotchy purple rash which doesn’t fade when squashed with a glass tumbler; drowsiness; severe headache; and a stiff neck.”

A simple symptom card is available from www.meningitis.org, which you can stick on your fridge for easy reference. If you have any concerns, Alice recommends calling your doctor or nurse line and explaining the symptoms clearly. The Meningitis Trust has a 24-hour nurse-led helpline, Freephone 1800 523 196. If the rash is present, call an ambulance. ■

Safety hazards to be aware of in the early months:

- Falling or wriggling off elevated surfaces like a change table or bed – always keep one hand on your baby.
- Bath water that is too hot – it should 32°C - 36°C. Dip your elbow into the water to check if it is too hot or use a baby bath thermometer.
- Unsafe sleep positions and environments – make sure there is no risk of suffocation or strangulation.
- Unsafe car travel – make sure you have a properly fitted car seat.
- Leaving a bottle propped in a newborn’s mouth – if something needs your attention during a feed ask for help or take the bottle with you.
- Choking, strangulation or suffocation from ribbons, strings or ties around the neck of clothing – always remove bibs or potentially hazardous clothes or items (e.g. a soother attached to baby’s clothing with a ribbon or string) before putting baby to bed. Also remove cot bumpers, pillows and soft toys from the cot to decrease the risk of SIDS.
- Scalding from a hot drink – don’t drink a hot drink while nursing your baby and make sure friends and relatives don’t either.



Checklist – Medicine and First Aid kit must haves:

A well-stocked First Aid kit and medicine bag (that is kept out of reach) is essential for dealing with any health issues quickly. Keeping the following items on hand will help you deal with most common baby ailments and emergencies:

✓	First Aid manual or leaflet
	Digital thermometer with disposable caps
	Tweezers for removing splinters and ticks
	A pair of scissors with rounded edges for cutting gauze and tape
	Decongestant drops for use on baby's pillow to clear up a stuffy nose
	Sterile eye pads
	Triangular bandages, individually wrapped.
	Individually wrapped plasters in various sizes and shapes
	Medium wound dressings (approx. 12cm x 12cm), individually wrapped and sterile
	Large wound dressings (approx. 18cm x 18cm) as above
	'Low-adherent' dressings (approx. 5cm x 5cm). These have a perforated plastic surface which reduces the likelihood of it sticking to clotting blood.
	'Low-adherent' dressings (approx. 10cm x 10cm) as above
	Gauze swabs (approx. 5cm x 5cm) for cleaning a wound.
	Adhesive tape for holding a dressing in place or fastening a bandage
	Disposable gloves
	An instant cold compress to reduce swelling that comes with minor bumps and bruises
	A small flashlight for checking your baby's nose, ears and mouth, as well as the responsiveness of their pupils
	Cotton balls for applying liquids (like calamine lotion) and for cleaning baby's face and sensitive skin with plain water
	An oral syringe for giving medicines that don't come with a measuring spoon
	WaterJel – dressings or gels for thermal burns
	Babies' non-aspirin pain reliever, such as paracetamol (as suppositories or liquid)
	Gripe water, anti-gas drops, or other gas or colic remedy
	Topical calamine lotion for insect bites and rashes
	Alcohol wipes to clean thermometers, tweezers and scissors
	Antibacterial ointment for cuts and scrapes, arnica for bruises
	Electrolyte solution for hydration after vomiting (must be refrigerated after opening)
	Paralink suppositories – these are very quick at reducing an infant's temperature
	Baby-safe sunscreen
	Nappy rash cream
	Topical pain relief for teething (check with your doctor before using)



Admin

Benefits at a glance

Planning benefits

Benefits	Type of benefit	Plans covered
<p>Fitness: Aviva members can avail of a 10% discount on a block of classes at Fitsquad. Fitsquad is outdoor group fitness training for men and women and is currently based in Dublin, Greystones, Cork and Limerick.</p>	Member benefit	All plans
<p>Health screen discount: Aviva members can avail of discounts of up to €100 on a range of health screens at EHA centres nationwide and up to €140 discount on health screens at Charter Medical Group in Smithfield.</p>	Member benefit	All plans
<p>Health screen on your plan: Some Aviva plans also include a health screen benefit of €100 every two years that can be used in conjunction with the above health screen benefit.</p>	Out-patient benefit (No Excess)	Level 2 Family Health Level 2 Hospital Level 2 Complete Health
<p>Smoking cessation: Aviva members get €70 off the cost of Allen Carr Easyway to Stop Smoking clinics.</p>	Member benefit	All plans
<p>Dental benefit: Members have access to Aviva's dental benefit package in association with Smiles and Town Dental clinics, located at 12 locations nationwide. Package includes: - Check-up and x-ray for €30* - Check-up, x-ray and scale & polish for €50* - Plus 10% off all other treatments including root canal treatments, bridge repair, fillings, fissure sealants, dental extractions, crowns, orthodontic consultation and treatment and teeth whitening.</p>	Member benefit	All plans

* Exclusive Aviva discounts are subject to a maximum of twice per year per member and 10% discount off the normal price thereafter.

Scan benefits

Benefits	Type of benefit	Plans covered
<p>Ultrasound Dimensions Blackrock, Co. Dublin Members receive €55* discount on the total cost.</p>	Member benefit	Level 2 Family Health Level 2 Excess Level 2 Hospital Level 3, 4 and 5 plans
<p>InnerVision Ultrasound Castlebar, Co. Mayo Members receive €50* discount on the total cost.</p>	Member benefit	Level 2 Family Health Level 2 Excess Level 2 Hospital Level 3, 4 and 5 plans
<p>Charter Medical Group Dublin Members receive a 22.7%-33% discount on the total cost.</p>	Member benefit	Level 2 Family Health Level 2 Excess Level 2 Hospital Level 3, 4 and 5 plans

*Discount may be subject to change; please check www.avivahealth.ie

Pregnancy benefits

Benefits	Type of benefit	Plans covered
Nutrition: Level 2 Family Health with day-to-day benefit has a dietician benefit of up to €30 per visit for up to 4 combined alternative practitioner visits.	Day-to-day benefit	Level 2 Family Health with day-to-day
Cord blood stem cell: The following contribution towards cord blood stem cell preservation is available to members on Aviva family plans: - €600 contribution single child & identical twins - €900 contribution non-identical twins This service is provided by Medicare Health & Living Ltd.	Maternity benefit	Level 2 Family Health Level 2 Excess Level 2 Hospital Level 3, 4 and 5 plans
Antenatal classes: Level 2 Family Health gives €75 back to members for private antenatal classes carried out with a registered midwife.	Maternity benefit	Level 2 Family Health

Alternative birth cover

Benefits	Type of benefit	Plans covered
Gentle Birth and Doula: Members can avail of a birthing package through Doula Ireland. For further details visit www.avivahealth.ie	Maternity benefit	Level 2 Family Health Level 2 Excess Level 2 Hospital Level 3, 4 and 5 plans
Home birth: Members are entitled to a grant-in-aid towards home births. The amount will depend on the plan type and level of cover.	In-patient maternity benefit	Please refer to your table of cover.

Hospital maternity cover

Benefits	Type of benefit	Plans covered
Public hospital fees: Members that attend a public hospital will receive up to 3 nights' accommodation in a public hospital.	In-patient maternity benefit	Please refer to your table of cover.
Private hospital fees: Members that choose to go to a private hospital will receive a grant-in-aid towards the cost of the birth. The amount will depend on the plan type and level of cover.	In-patient maternity benefit	Please refer to your table of cover.
Consultant fees: Members will receive a contribution towards consultants' fees. The amount will depend on the plan type and level of cover.	In-patient maternity benefit	Please refer to your table of cover.
Multiple births: Members with multiple births in the same pregnancy are covered for in-patient payments up to the level of cover on their plan.	In-patient maternity benefit	Please refer to your table of cover.
Caesarean section: Members that need non-elective caesarean section will be covered for the hospital and associated consultant fees up to the level of cover on their plan.	In-patient maternity benefit	Please refer to your table of cover.

Postnatal benefits

Benefits	Type of benefit	Plans covered
<p>Pre/post natal expenses: A pre/postnatal contribution towards the cost of pre and postnatal consultant fees is available on many Aviva plans. The contribution amount will depend on your level of cover and plan type.</p>	Out-patient benefit	Please refer to your table of cover.
<p>Early discharge benefit: Level 2 Family Health provides a €300 cash benefit for members who are discharged from hospital after one night, in a semi-private or private room, subject to medical approval. This cannot be claimed in conjunction with postnatal home help allowance.</p>	Maternity benefit	Level 2 Family Health
<p>Partner benefit: Members can claim back up to €50 for accommodation, travel, parking or childcare expenses incurred on the day baby is born, plus the day before or after the birth. Both mother and partner must have a health policy with Aviva.</p>	Maternity benefit	Level 2 Family Health Level 2 Excess Level 2 Hospital Level 3, 4 and 5 plans
<p>Breastfeeding consultancy: Members can avail of a breastfeeding consultancy allowance of up to €30 for two sessions with a qualified breastfeeding consultant.</p>	Maternity benefit	Level 2 Family Health Level 2 Excess Level 2 Hospital Level 3, 4 and 5 plans
<p>Baby massage: Level 2 Family Health with day-to-day provides a baby massage allowance of up to €30 for four combined alternative practitioner visits.</p>	Day-to-day benefit	Level 2 Family Health with day-to-day benefit
<p>Post natal home help: Eligible members are entitled to 2 domestic helpers over 2 days for 4 hours per day. Members must contact Aviva to avail of this service within 18 weeks post birth and the service must be booked and both visits completed within 26 weeks post birth. If the service is not available in the members area, Aviva will pay €120 to eligible members which can be used to cover the cost of domestic help locally arranged directly by the member..</p>	Maternity benefit	Please refer to your table of cover
<p>U Mamma postnatal services: Members can avail of a 15% discount on holistic treatments at U Mamma sanctuary.</p>	Member benefit	Level 2 Family Health Level 2 Excess Level 2 Hospital Level 3, 4 and 5 plans
<p>Health Mate from Aviva: Free 'health' app from Aviva Health Mate is a free app from Aviva that makes it easier to achieve your health and fitness goals by allowing you to track your time, distance, speed and calories burned on a chosen route.</p>	Member benefit	Available to download free from iTunes and the Android Market
<p>Add your newborn for free: Members can add their newborn to their policy for free until their next renewal. The newborn must be registered within 13 weeks of the birth. You must be a member at time of birth.</p>		
<p>24-hour Nurse-on-call: Members have access to 24-hour nurse-on-call service. Call 1850 946 644, 24 hours, 7 days a week.</p>		

Please note that the benefits listed are correct at time of going to print, December 2011. Benefits are subject to change but all benefits are regularly updated on www.avivahealth.ie. Please consult your membership handbook and table of cover for the benefits on your plan and the level of cover. Please call us on 1890 717 717 if you have any questions regarding your policy with Aviva.

How to claim

Your in-patient maternity claims Hospital accommodation

Public maternity hospital

If you have opted for private or semi-private care in a public hospital, you will be asked to complete a maternity claim form upon admission to the hospital. From this point on, your hospital accommodation will be paid by Aviva directly to the hospital, subject to your level of cover and consultant participation.

Please note that maternity cover is subject to the maternity waiting period of 52 weeks and an upgrade period may apply if you have switched providers during your pregnancy.

Private maternity hospital

When you are admitted to hospital, you will be asked to complete a maternity claim form. From this point on your hospital accommodation will be paid by Aviva directly to the hospital, subject to your level of cover and consultant participation.

Please note that maternity cover is subject to the maternity waiting period of 52 weeks and an upgrade period may apply if you have switched providers during your pregnancy.

Please note that you may be required to pay a balance on the cost of your hospital stay. Example: if the grant-in-aid on your health plan for private hospital care is €4,500 and your total hospital costs amount to €5,000, then you will be invoiced for the balance of €500 by the hospital. Please refer to your table of cover to check the level of cover on your plan.

Home birth

To be eligible for this benefit, the birth must be attended by an An Bord Altranais registered midwife.

To claim, both you and the midwife must complete the home birth section on the maternity claim form. This must be accompanied by an invoice on headed paper with the midwife's official stamp and containing her/his An Bord Altranais registration number, plus proof of payment from you. Aviva will pay you the full amount up to the level of cover on your plan. Please refer to your table of cover to check the level of cover on your plan.

Consultant fees

Consultant fees

Aviva have direct settlement agreements in place with most registered consultants in Ireland. Your in-patient obstetrician fees, paediatrician fees and any anaesthetist and pathologist fees for the delivery will be directly paid by Aviva to participating consultants up to the level of cover outlined on your policy.

In the event that a consultant is not fully participating but registered as a part participating consultant, we will pay a standard fee and the consultant may issue you with the balance of the bill at his/her discretion.

Before you attend your consultant it is recommended that you call us on 1890 717 717. Please also refer to your table of cover to check the contribution towards consultant fees on your plan.

Caesarean section

If you have a medically necessary, non-elective caesarean section, Aviva will settle the consultant fees incurred directly with the hospital. Your hospital fees are also covered in line with your level of cover.

Your out-patient maternity claims

Pre/postnatal expenses

To claim your pre/post natal consultant fees, you will need to keep your receipts and send them to us at the end of your policy year. These will be assessed in line with the out-patient benefit on your plan. Please note that the pre/postnatal care must occur in the nine months before and three months after the anticipated delivery date.

Health Screen

If your plan provides a health screen benefit as part of your out-patient cover, you can claim this benefit every two years. Just keep your receipts and send them to us at the end of your policy year.

Your additional maternity benefit claims

Antenatal classes

To be eligible to claim for antenatal classes they must be provided by a registered midwife. Keep your receipt, and once the course is complete, just send the receipt to us and we will issue you with a cheque for the contribution amount.

Early discharge benefit

To be eligible for this benefit, your in-patient hospital stay for delivery must have been no more than one night in a semi-private or private room and the early discharge must be approved by your consultant.

To claim, please send us your discharge letter from the hospital indicating your length of stay and type of hospital accommodation i.e. private or semi-private room.

Once we have received your early discharge letter, we will issue you with a cheque for the cash benefit. Please note that you cannot claim this benefit in conjunction with postnatal home help.

Postnatal home help

To claim this benefit simply call us within 18 weeks of giving birth on 1890 717 717 and we will arrange this service or issue you with a cheque for the cash benefit. Please refer to your table of cover to check the level of benefit on your plan.

Partner benefit

To claim this benefit, simply send us your receipts for any accommodation, travel, parking or childcare expenses incurred on the day the baby is born plus the day before or after the birth. We will then issue you with a cheque for the amount of the benefit. Both members must have a health policy with Aviva.

Breastfeeding consultancy

To be eligible for this benefit, the sessions must be provided by a qualified breastfeeding consultant and the receipt must be on the provider's official headed paper. To claim, simply send us your receipts and we will issue you with a cheque for the amount of the benefit.

Cord blood stem cell

To claim this benefit, the provider must send us a completed claim form. Once we have assessed that all information provided is correct, you will be reimbursed for the full amount of the benefit.

Your day-to-day benefit claims

If you have a day-to-day plan, then you can claim for day-to-day benefits outlined on your plan. Just keep all your receipts and send them to us at the end of your policy year and we will issue you a cheque for the amount due.

Your member benefit claims

To claim one of Aviva's many member benefits, such as the health screen or dental benefit, just inform the provider when you are booking that you are an Aviva member and present your membership card upon payment. The provider will deduct the Aviva discount from the total cost.

Other important claiming information

Claiming checklist

To ensure all claims are eligible and to avoid any unnecessary delays processing your claim, follow this checklist:

- Ask the provider to draft all receipts on the provider's official letterhead and provide their registration number where applicable.
- Send us the original receipts and make a copy of your receipts before you post. Note: Receipts cannot be returned.
- Complete and attach any claim forms if needed; your provider will advise if a form is required.
- Remember to include your name, address and membership number with your receipts.
- All claims must be submitted within three months of your renewal date to ensure they are eligible for payment.
- Send your receipts and claim forms to: Aviva Health Insurance Ltd., PO Box 764, Freepost, Togher, Cork.

Out-patient excess

You will be required to reach an out-patient excess before your out-patient benefits are eligible for reimbursement. Please refer to your membership handbook and table of cover to check the out-patient excess on your plan.

Waiting periods

Remember, new members may be required to serve waiting periods of up to 52 weeks for some maternity benefits and an upgrade period may apply if you have switched providers during your pregnancy. The benefits below will require waiting periods of 42 weeks for new members:

- Postnatal home help
- Doula services
- Cord blood stem cell preservation
- Breastfeeding consultancy
- Partner benefit
- Antenatal benefit
- Early discharge benefit.

If you have any questions regarding waiting periods, please call us on 1890 717 717.

Claim forms

You can find all claim forms online at www.avivahealth.ie/medical-providers/claim-forms/

Questions about your cover

If you have any questions about the benefits on your policy or would like to review your cover, please call us on 1890 717 717 (Monday-Friday 8am-8pm), consult your membership handbook or visit www.avivahealth.ie

Useful resources

Claphandies

Liza Crotty's Claphandies business offers playlabs for parents and children as well as hosting paediatric First Aid and baby massage courses. Tel. 087 919 6042, www.claphandies.com

Mama & Me

Gráinne Grundy, RGN RM, trained as a midwife in the Coombe Hospital. She currently works as a GP Practice Nurse and midwife, and runs private one-day antenatal classes on a monthly basis in Co. Kildare, called Mama & Me. Tel. 087 6537440, www.mamaandme.ie

GentleBirth

Tracy Donegan is a certified Doula trainer who created the GentleBirth antenatal preparation programme, using self-hypnosis through CDs and MP3s. She's also the author of *The Irish Better Birth Book* and *The Irish Caesarean and VBAC Guide*. Tel. 087 057 2500, www.gentlebirth.ie, www.doulaireland.com

Cuidiú

Niamh Healy is a qualified antenatal teacher with Cuidiú, the Irish Childbirth Trust, and is co-author of *Bump2Babe: The Consumer Guide to Maternity Services in Ireland*, www.bump2babe.ie
Cuidiú antenatal teachers; www.antenatalireland.ie
Cuidiú - Irish Childbirth Trust; www.cuidiu-ict.ie

Irish Maternal Fetal Foundation

Suite 36, Beacon Hall, Beacon Court, Sandyford, Dublin 18. Tel. 01 2933984, www.imff.ie

Irish Multiple Births Association

Tel. 01 8749056, www.imba.ie

Nutrition

Sarah Keogh, MSc., BSc., M.I.N.D.I., runs a private practice at the Albany Clinic, Dublin, as well as a food and nutrition consultancy. She has spoken at national and local venues and provided commentary to the media on nutrition and health issues.
Tel. 087 280 5244, www.eatwell.ie

Breastfeeding consultant

Nicola O'Byrne, IBCLC RGN RSCN, is an International Board Certified Lactation Consultant and nurse working in the Dublin area. She provides breastfeeding classes for pregnant women, postnatal breastfeeding care and education for health professionals. Tel. 086 2312679, www.breastfeedingsupport.ie

Fitsquad

Kate Ryan is a qualified fitness instructor and founder of Fitsquad, outdoor group fitness training for men and women of all fitness levels. Kate and her team also specialise in postpartum fitness. Fitsquad is currently based in Dublin, Greystones, Cork and Limerick. Further details can be found at www.fitsquad.ie

Responder Training

Alice Walsh's business, Responder Training, is a health and safety training company. Alice Walsh trained originally as a nurse midwife. Responder Training offers a range of safety training courses including: occupational First Aid; paediatric/parenting First Aid; CPR AED; food safety; manual handling; patient handling; and fire safety.
Tel. 01 475 0318, www.respondertraining.ie

Medicare

www.medicare.ie: Medicare Health & Living website
www.futurehealth.co.uk: Future Health Technologies website
www.parentsguidecordblood.org: Provides an overview of cord blood banking worldwide, current diseases treated, clinical trials and information on ongoing research.

My Notes

My Notes

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