



CARE GUIDE
FOR PREGNANT WOMEN
AND NEW MOTHERS

*Φ*αιναρέτη
Εμβρυολογία & Μαιευτική



CARE GUIDE
FOR PREGNANT WOMEN
AND NEW MOTHERS

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FAINARETI

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INTRODUCTION

This Care Guide for Pregnant Women and New Mothers provides important information and useful advice on:

- pregnancy (necessary tests, diet, lifestyle)
- labour (ways of commencement of labour, induction of labour, useful advice for the
- promotion of natural labour)
- post-partum (physical and emotional changes)
- newborn (infant adaptation, jaundice, infant care)
- breastfeeding (advantages of mother's milk, milk production, duration and development of breastfeeding)
- perinatal mental disorders (postpartum melancholy, depression, other mental disorders) and
- the available perinatal health services in Attica and the rest of Greece.

The publication of this Guide is part of the Action Plan carried out by the Non-profit Organization FAINARETI under the title "Counselling and Support for the Immigrant Pregnant Women and New Mothers" in the framework of the Act 3.2.4. "Support for the NGOs (Women's Organizations)" (Cycle A and B) of the Operational Programme "Administrative Reform 2007-2013" of the General Secretariat for Gender Equality, Ministry of Interior, with beneficiary the Coordination, Managing and Implementation Authority for co-funded actions of the Ministry of Interior (ΕΥΣΥΔΕ ΥΠΕΣ).

FAINARETI was founded in 2006 with the aim of actively contributing to the improvement of the level of perinatal care services in Greece through specialized interventions for the promotion of the health of pregnant women, puerperas, new mothers, newborn/infants and the broader family. Our main goal is the adoption of good practices such as natural labour, breastfeeding as well as the preparation for parenthood, timely detection, intervention, treatment and reduction of longterm consequences of perinatal mental disorders for the whole family.

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PREGNANCY

Pregnancy is one of the most sensitive periods in a woman's life. During pregnancy the body of the woman experiences many remarkably rapid changes resulting in increased needs for care. At the same time, the fact that she hosts a new life in her body creates various feelings for her. **Good physical and mental health of the woman, ensured by means of appropriate perinatal care and supportive environment, are her two most valuable allies throughout her journey from conception to childbirth, post-partum and the beginning of maternity.**

What should I know about the required medical tests during pregnancy?

In each trimester of pregnancy a series of medical tests should be performed in order to ensure the good health of the mother and the embryo and to detect possible issues which could have implications during pregnancy or birth. When you realize that you are pregnant you must consult a doctor in order to inform you about the tests (blood tests and other) that you should undergo and give you a relevant prescription in case you have a medical insurance. The first tests that you will undergo are mainly blood and urine tests. Some **indicative** tests include general blood test, general urine test, urine culture, blood glucose test, urea blood test, hemoglobin electrophoresis test, serum iron test, serum ferritin test, blood type test, Rh (Rhesus) factor test, as well as tests for the thyroid gland and tests to check for antibodies to hepatitis, toxoplasmosis, rubella, cytomegalovirus and other diseases. Besides the blood and urine tests, a combination of ultrasound and blood tests should also be performed during the first trimester of pregnancy. This series of tests determines the risk of occurrence of an important genetic disorder in the embryo, such as the Down syndrome.

The medical tests of the first trimester are divided into three parts:

The nuchal translucency ultrasound. This ultrasound test measures the area of tissue at the back of an unborn baby's neck for increased fluid or thickness that may indicate high risk of chromosomal disorders.

Two tests of the mother's blood serum. These tests measure two substances existing in all pregnant women's blood:

Plasma protein A (PAPP-A) relating to pregnancy.

Human chorionic gonadotropin (hCG).

Both hormones are produced by the placenta in the beginning of pregnancy. If their levels are out of the normal range there is a high risk of chromosomal disorder in the embryo. If the results of these tests are not good or if there are other worrying factors, such as advanced age of the woman or hereditary factors, further tests are recommended, such as chorionic villus sampling, amniocentesis, cell free fetal DNA testing in mother's blood, for the valid diagnosis of disorders in the embryo.

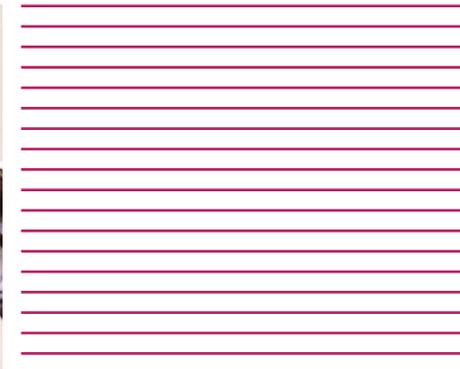
The screening performed in the second trimester includes some of the blood tests of the first trimester which are repeated and provide information about the state of health of the mother and the embryo. It is also likely that a blood sugar curve is required in order to determine the risk of developing gestational diabetes. This screening can be performed in various ways.

From the 20th until the 24th week of pregnancy a very important ultrasound test is performed, called **level 2 ultrasound**, this checks thoroughly and in detail the development of the embryo and detects any possible anatomic disorders. All systems and organs of the embryo are analytically tested as well as other important aspects for the good development of the pregnancy.

In the last trimester, some blood tests are repeated. In a few cases (e.g. delay in the development of the embryo) a **Doppler ultrasound** test is required in order to check the placental blood flow. The **non-stress test** (NST) is also performed, which is a test that gives information about the fetal heart condition and the uterus activity.

Depending on the health problems that the pregnant woman might face, other tests may be performed during pregnancy. If, for instance, she develops gestational diabetes, then very often she should undergo some tests in order to check the glucose in her blood.

Throughout pregnancy, the recommended test schedule must be followed in order to check the health of the woman and the embryo as well as the sound development of the pregnancy. All necessary tests must be performed for the timely detection of possible implications.



Which nutrients do I need during pregnancy?

Calcium: During pregnancy and especially during the third trimester, the embryo needs calcium to build strong bones. During pregnancy mother's body absorbs calcium better taken through food. As a result, a pregnant woman should have 3-4 portions of dairy products in her daily diet; otherwise she should take a calcium supplement.

Iron. During pregnancy the needs of the pregnant for calcium increase remarkably, especially during the second and the third trimester when she should be feeling strong to support her pregnancy. It is also important that haematocrit levels during post-partum are not low, so that puerperas can successfully manage during this exhausting period. For this reason it is of significant importance to consume food with high iron levels. **Red meat, especially beef and lamp, is one of the richest sources of iron, while pork, chicken and fish have medium iron levels.** Lower levels of iron can be found in legumes, greens, leafy vegetables and cereals enriched with iron. Meat is the most absorbable form of iron. In case that the pregnant woman does not consume meat, she might have to take iron supplement. Consumption of food rich in vitamin C (such as orange, mandarin, lemon, green vegetables and other) helps in absorbing iron better. A pregnant woman should know that the iron supplement must be taken at least half an hour to one hour before eating and make sure to include in her diet food containing vitamin C (e.g. drink orange juice).

Folate is a **B vitamin** naturally existing in greens, leafy vegetables (broccoli, spinach, salad), legumes (chick-peas, beans), fruit (citrus fruit, blackberries, bananas and other) and dried fruit, while **Folic acid** is artificial and is added to various foodstuff through laboratory procedures or is available in the form of food supplements. Especially during the first trimester of pregnancy it is important to take sufficient quantity of this **B vitamin. Folate** reduces the risk of disorders in the spinal cord and the brain of the embryo. Normally its intake should start before conception, so that at least in the first trimester of pregnancy there are sufficient levels of folate. The quantity needed to be taken by the woman depends on her health background.

Iodine. Iodine is a substantial ingredient for the development of the brain and the nervous system of the embryo. The need in Iodine is strongly increased during pregnancy and all the more during breastfeeding. Dairy products and seafood are good sources of Iodine.

The healthcare professional monitoring the pregnant woman should inform her about food supplements that she might need to take throughout her pregnancy and post-partum.

What should I eat during pregnancy?

You should daily consume **grains** (bread, oat, rice, noodles, tortillas), **legumes and vegetables, fruit, dairy products** and **food rich in proteins** (red and white meat, fish, seafood, eggs).

Common discomfort during pregnancy:

Nausea and vomiting.

Although a balanced nutrition is very important, if you suffer from nausea and vomiting, usually in the first trimester of pregnancy, it is better to eat what you can tolerate. If you take a food supplement, it is better to take it at the time of the day that you feel better. It also helps having small and frequent meals. This way food is more tolerable and the embryo is protected as well, because when your stomach is left empty for more than 3 hours it produces toxic substances for the embryo. Always drink water between meals.

Burning sensation.

It usually occurs in the third trimester of pregnancy when the fetus grows and takes up the space of the stomach. You can deal with the burning sensation by having small and frequent meals. **Do not lie directly after meals and avoid lying for an hour afterwards.** Drink sufficient water between meals. Avoid acid, fatty and/or spicy food. Milk and yoghurt may relieve you.

Constipation.

It might occur in advanced pregnancy and can be dealt with by consuming food rich in fibers, such as whole grain cereals, fruit and vegetables. **Drink a lot of water.** Mild exercise (e.g. walking, going up and down the stairs) helps activation of the intestine.



What should I avoid during pregnancy?

Alcohol: Alcohol consumption during pregnancy might cause miscarriage, embryo's death, preterm birth or the baby to be born with fetal alcohol syndrome. All the above might result in disorders in the development of the embryo and the newborn/infant and in intellectual disability. Alcohol might cause irreparable damages in the development of the baby's brain.

Caffeine: Small quantities of caffeine during pregnancy are considered to be safe, but larger quantities may result in miscarriage or preterm birth. Caffeine is contained in coffee, black tea, chocolate and coca-cola. The recommended daily intake is 300mg. Energy drinks containing caffeine should be avoided.

Smoking: Smoking is dangerous for your baby. Smoking increases the risk of preterm birth and of your baby to be born with low weight and respiratory problems. It also increases the occurrence of sudden infant death syndrome. The pregnant should not be smoking even a single cigarette and should not expose herself to passive smoking.

What should I be careful of?

Sugar: The pregnancy itself increases glucose in pregnant's blood. Therefore, sweets and putting on excessive weight should be avoided, because they can cause problems in pregnancy. The need for sweets can be covered by eating fruit.

Salt: The salt intake should be controlled, because it causes fluid retention, aggravates edema and increases blood pressure. It is important, especially in the last trimester of pregnancy, to be careful and not add large quantities of salt in food.



Nutritional rules to be followed during pregnancy

Due to hormonal changes during pregnancy the immune system becomes more vulnerable and so does the woman to some diseases and infections. So, it is of significant importance to avoid problems that can be caused by food. Germs like **Listeria**, **Toxoplasma** and **Salmonella**, although not frequently occurring, are food-borne and hand-borne and can cause diseases that may pose a very high risk to the pregnancy and the embryo. So in order to be safe it is good to follow the general rules below:

- Make sure to cook or grill properly all food and especially meat.
 - If you consume food prepared the day before, make sure to heat it until it boils.
 - Keep refrigerator's temperature low (<4°C).
 - Avoid raw food, soft cheese and cooked meat & sausages.
 - Make sure to wash thoroughly fruit and vegetables and not to eat ready-made packed salads.
 - You must wash your hands very well and frequently (especially before and after food preparation), as well as cutlery and cutting boards.
 - Sensitive food and vegetables should be directly consumed.
 - Check and keep the expiration dates of all food.
 - Choose pasteurized dairy products.
 - Do not clean the excrement of your pet cat and wash your hands thoroughly after contact with cats.
 - Always wear gloves when gardening and wash your hands thoroughly afterwards.
- Many fish contain fatty acids and omega-3 fats which play a significant role in the development of the child's vision and brain. Nonetheless, pregnant women should avoid fish with high mercury levels, i.e. big Atlantic Ocean fish e.g. mackerel, tuna, swordfish, shark and other.



LABOUR



According to World Health Organization, **natural childbirth** could be defined as the birth taking place between the 37th and the 42nd week of pregnancy in cephalic presentation.

What are practice contractions or Braxton-Hicks contractions?

They are contractions occurring during labor beginning already from the sixth week. They cannot be perceived in this initial phase of pregnancy. You will probably begin to feel them in the second half of your pregnancy from the 32nd week onwards, when they are more perceivable. Many women do not feel them at all. In the beginning their role is to prepare the uterus to host the foetus. They contribute to the sound blood flow of the uterus and they help its development. After the 32nd week their role is to prepare the ground for labour by **changing the features of the cervix**.

What is the cervix?

Assuming that uterus is a balloon, cervix is its “neck”. Moreover, assuming that uterus is a pear, cervix is the pear’s part resulting to the stalk. It is a strong and muscular tube supporting the weight of the pregnant woman. It has length, width, internal and external os and an internal canal blocked by thick mucus, so that germs cannot be transferred from the vagina to the embryo during pregnancy and pregnancy cannot be threatened.

By saying that the role of practice contractions (Braxton-Hicks contractions) is to change the features of cervix, we mean that they reduce its length and width and slightly open the cervical os in order to create favourable conditions for labour. **The Braxton-Hicks contractions “transform” the cervix into a “mature” cervix**, i.e. softer, thinner, shorter and probably with an opening. **The creation of such a “mature” cervix is an important prerequisite for the commencement of labour and a favourable condition for its development.**

Why are these contractions important?

The more Braxton-Hicks contractions occur in the uterus before labour, the more favourable conditions for the good development of labour will be created for the woman expecting to give birth. This is because Braxton-Hicks contractions will produce changes in the cervical features, creating a “mature” cervix which **will be in favour of the labour’s development**. This “mature” cervix will continue its transformation during labour.

The changes that the cervix experiences determine largely the duration and the development of the labour. Braxton-Hicks contractions mainly benefit primiparous women. In general, women that experience favourable conditions in the beginning of their labour as regards the “maturity” of the cervix **are expected to have a better and shorter development in their**

labour, compared to women that might start with an “immature” cervix.

In cases that labour is scheduled to be “induced” earlier (see below **“What is “induction” of labour”**) and we do not wait for it to begin spontaneously, **the changes in the cervix are not yet completed**. So, woman enters into labour **without her cervix being completely “mature”**. This is why, **when there is no medical reason** for “induction” of labour, the woman should **wait until labour begins naturally** and not choose to give birth with “induction”.

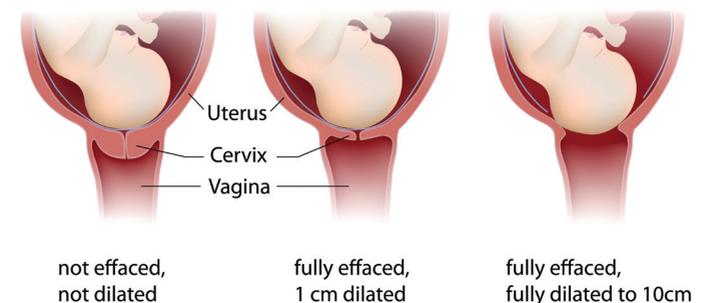
..what about contractions during labour?

Their role is to continue to change the features of the cervix, this time faster, transforming it from a tube into a large, thin ring, so that the embryo can manage to pass through it.

How do labour contractions feel like?

Every contraction (Braxton-Hicks contractions as well) begins from the top of the uterus, i.e. the upper part of the balloon. Uterus contracts at the top pulling the surrounding walls, which then pull the body of the cervix upwards.

Cervical Effacement and Dilatation



How do I tell the difference between practice contractions and labour contractions?

As mentioned above, practice contractions begin to be felt quite a few weeks before the due date (usually in the 32nd week but earlier as well). A woman may feel a lot of contractions within a day, while another woman may feel much less or may not feel any at all. Practice contractions have the following characteristics that distinguish them from labour contractions:

Practice contractions occur irregularly during the day without their frequency, duration and intensity being gradually increased.

On the contrary, when labour begins contractions become regular and more frequent, and their duration and intensity gradually increase.

Pain or discomfort is located in the belly, whereas during labour contractions pain is located in the lower back and stretches to the belly.

Women usually report that during labour contractions they feel their uterus hard like stone or they feel something like a belt slowly squeezing the uterus and then gradually relaxing.

During a Braxton-Hicks contraction a woman can be relieved by changing posture or having a warm shower, standing up to walk if sitted, or by sitting down to rest if she had been walking. Labour contraction develops normally despite the measures taken to relieve the pain, which doesn't stop, but becomes more tolerable.

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CAUTION: If your pregnancy is less that 37 weeks and you have more than 5 contractions in an hour, please consult your healthcare professional.
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“Signs” that labour is about to begin:

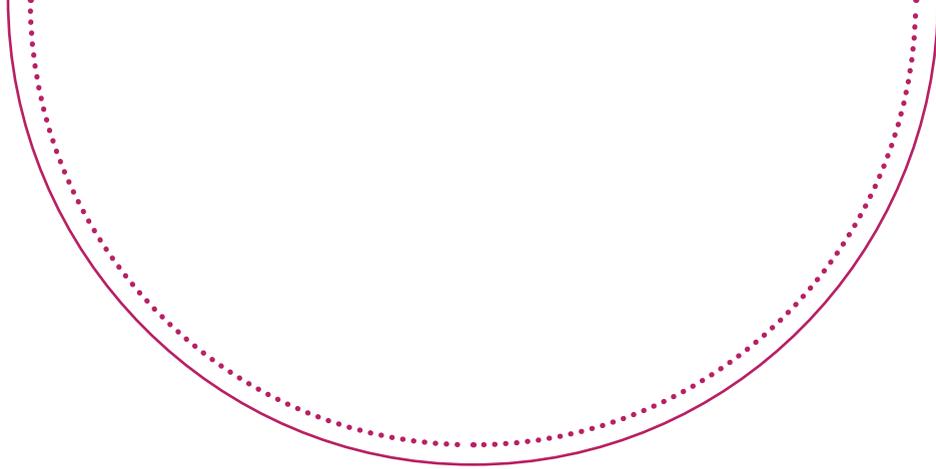
The body of the woman prepares for the labour until one month before. If this is your first pregnancy, your belly will take a “lower” position a few weeks before labour, usually in the 38th week of pregnancy. This will make you feel your pelvis heavier and have a stronger urge to urinate. However, you will be able to breathe better.

At the same time, Braxton-Hicks contractions will become more frequent and intense and you might feel pain that resembles menstrual pain.

A few days before labour you might see the **mucus plug**, the thick mucus covering the cervical cavity. This looks like vaginal discharge, in larger quantity and thicker, and it is an indication that the cervix has started becoming “shorter” and “thinner”. Mucus plug may be slightly tinged with brown, pink or red blood. From the moment of its occurrence it is usually considered that labour will start within the next days maybe even on the same day.

A bit before labour it is also possible that the woman might see a few drops of red or brown blood on her underwear. This blood is usually due to the changes in the cervix and it is considered normal.

.....
CAUTION: In case of larger quantity of red blood (e.g. her underwear or pantyliner is soaked), the woman should immediately and with no delay go the closest hospital on call. This might be caused by placental abruption.
.....



How do I understand that labour has started?

It is often not easy for a woman, especially if she gives birth for the first time, to understand when labour has started, because the first contractions may be similar to practice contractions that she feels during the last weeks of pregnancy. Nonetheless, it is most probable that **the labour has started if contractions become regular**, i.e. they are repeated in regular intervals that gradually become shorter. At the same time contractions become even stronger and last even longer. Initially they might occur every half an hour, fifteen or ten minutes.

In some cases, though, systematic contractions, i.e. strong, regular and enduring contractions might suddenly begin.

“Water breaking”. When rupture of the amniotic sac where the embryo lies occurs, fluids run to the woman’s vagina. These “waters” must be transparent. In some cases labour begins when normal contractions start and “water” will probably “break” later on. In other cases, initially “water breaks” and then uterus contractions begin.

In some cases it is not very clear if “water has broken” and the pregnant thinks that it is just urine leakage. Whenever she cannot tell if “water broke” and she only suspects, she must immediately consult a healthcare professional. Moreover, if she sees a greenish colour in the “water” or on her underwear, she should inform her healthcare professional.

When should I go to the maternity hospital?

Towards the end of the pregnancy your healthcare professional will give you instructions. Every case is different and instructions will be based on your case (e.g. depending on the development of your pregnancy), but also on practical matters such as the distance of your home to the maternity hospital and the time you require to reach there. If it is a smooth, first pregnancy, most probably you will be instructed to go to the maternity hospital when contractions last for about 1 minute and will come **every 5 minutes** during the last hour.

Don’t hesitate to contact a healthcare professional, if you cannot assess some symptoms.

When should I urgently go to the hospital?

You should **undoubtedly** go to the hospital without any delay if:
“water breaks” and especially if it is tinged with yellow, green or brown colour,
you have a vaginal bleeding, i.e. if plenty of red blood flows from your vagina,
you have a **constant** strong abdominal pain which does not stop,
you see any of the signs of labour commencement and you haven’t reached the 37th week of pregnancy,
you have persisting headache, changes in your vision, abnormal swelling that persists or high blood pressure (above 140/90mmHg).

All the above are urgent situations. Therefore, the pregnant woman and her environment should not ignore them nor delay to visit a specialist, as these situations might be fatal for the mother’s and child’s life

How many hours can a labour last?

It is important to stay at home for as long as you deem that the pain that you feel is tolerable and at the same time you haven't noticed anything worrying that would speed up your arrival at the hospital (see above When should I urgently go the hospital?). At home you are at a familiar environment where you may walk or adjust your posture, thus relieve yourself from pain.

The labour of a woman giving birth for the first time lasts in average from eight to twenty hours. This certainly refers to the whole process from the start of the normal labour contractions until the exit of the baby and the placenta. Other women may experience a shorter or longer labour. During many of these hours you are at home and the pain is still bearable. In cases that the pregnant woman has already had a vaginal delivery, labour is shorter than if she would be giving birth for the first time.

Pain has not the same intensity during all these hours. The first hours of labour you may often not understand that you are in labour, because contractions are rare and resemble practice contractions. At this phase contraction pain is quite bearable. It becomes stronger during the course of labour.

It is important that women in labour feel well, are calm and not afraid.

They should also express their wishes to their healthcare professionals and discuss with them. They should be patient and not hurry, because the procedure of labour requires time. This way they will help themselves and their child.

What is "induction" of labour?

"Induction" of labour is the stimulation of woman's body with medication (artificial pain), so that labour begins at a certain moment. It is a procedure followed when conditions in the uterus are not "welcoming" for the fetus. "Induction" of labour is performed either by intravenous administration of a hormone called oxytocin or by vaginal tablets (prostaglandins) or by artificial "water breaking" (artificial follicle rupture) or by a combination of the above.

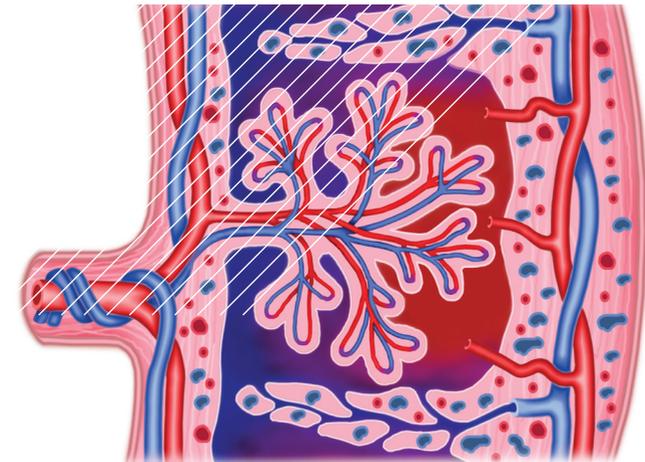
"Induction" should be done **only** when the health of the mother and/or the newborn is at risk and **not as a routine procedure**.

When it is a normally developing pregnancy and there is no specific medical reason, "induction" of labour should be avoided, because it is more likely to result in an implication than to benefit the labour's development.

Uterus contractions caused artificially are much stronger than contractions occurring when labour begins naturally. After "induction" fetus is often stressed because of these strong contractions, resulting in problems in the frequency of its heart function and the woman is urgently subjected to caesarean section. Due to the artificial contractions being stronger they are also much more painful for the woman than natural contractions of the uterus.

What is the placenta?

It is the organ that connects the mother with the embryo during pregnancy. Placenta transfers from the mother to the fetus via the umbilical cord all the necessary nutrients for the sound growth of the fetus. After the embryo exits the uterus, the mother delivers the placenta as well, which is a painless procedure.





THE
POST-PARTUM
PERIOD

Post-partum is the period starting exactly after delivery of the child and the placenta and lasts **up to the first 42 days after labour**. Post-partum is a period during which the woman is called to adjust herself to new conditions. **Her body experiences many physical and emotional changes.**

Vaginal discharge - Post-partum

During the first 4-6 weeks after labour, **lochia** (post-partum vaginal discharge) appears. It is blood flowing out of the vagina and coming from the wound that is left after the placental abruption. During the first days blood is bright red, flow is high and there are eventually clots (thick pieces of blood). As the days pass blood is reduced and its colour changes from red to pink or brown and then to yellowish until discharge becomes clear in the end. **Do not use tampons**, because they pose a higher risk of infection.

Use sanitary towels and change them frequently.

Ask for help if:

The quantity of blood **is so large** that the sanitary towel becomes full within an hour while lying.

The sanitary towel has a **bad smell**.

Blood clots coming out of your vagina are **very big**.

Your **temperature is higher than 38°C**.

Contractions

During the first (2-5) days after labour you'll be feeling contractions in the uterus often resembling menstrual pain. These contractions help to reduce uterine hemorrhage and help uterus restore its initial size. They are more perceivable during breast-feeding. If you need a pain-killer, please consult your healthcare professional.

Ask for help if:

you have fever (above 38°C),

your belly is touchy (it hurts when you touch it) or

contractions continue after the 5th day.

These symptoms may indicate an infection in the uterus.

Vaginal pain

If stitches are needed (perineotomy or if you experienced automatic perineal tear), the wound may be causing discomfort for about a week. Extended tearing might take more time to be fully healed. In the meantime you can be relieved from pain and accelerate healing:

Keep the area clean. Make sure to wash thoroughly the area between the vagina opening and the rectum, as well as the rectum itself each time you void so as to avoid infections. The area should also dry well so that it can heal as soon as possible.

During urination throw lukewarm water to the external vaginal area in order to reduce the eventual burning sensation on the wound caused by urine. Press the area of the stitches gently with a clean sanitary towel when voiding in order to reduce pain.

Cool the wound with an ice-bag or ice wrapped in a clean towel.

Change the towel each time.

If you feel inconvenient when sitting, use a pillow or twist a blanket or a thick towel in a ring and sit on the hole that is formed, so that the wind is not pressed.

During healing, pain is expected to gradually reduce. Seek help, if pain becomes stronger, if you feel the wound burning, swelling and hurting or if you notice purulent excretion.



Urination problems

Edema and **bruises** appearing in the tissues around the urinary bladder and urethra after labour may sometimes cause difficulties in urination. Fear caused by the burning sensation of the urine in the external vaginal area has the same effect. **All this will slowly be over.** In the meantime, as mentioned above, it helps pouring lukewarm water gently when urinating.

Contact a healthcare professional if you have **signs of urinary tract infection** such as:

pain during urination, you have the feeling that your bladder does not empty, unusual pollakiuria.

After pregnancy and labour you might experience urine leakage when coughing or laughing. This will improve within three months.

Hemorrhoids and Bowel movement

If you feel pain when voiding or feel swelling in the area around the rectum, you might be suffering from **hemorrhoids** (edematous veins in the anus or rectum). Have a warm shower to be relieved and then place cold **compresses with ice-bag or ice** wrapped in a clean towel in the rectum area. You may also ask your healthcare professional to recommend you a **cream** for hemorrhoids. It will be of great help if you eat **food rich in fibers**, such as fruit, vegetable and cereals and try to **drink a lot of water**. Also make sure to move as much as possible e.g. to walk.

Another eventual problem could be the difficulty to control your voiding (faecal incontinence). Consult a healthcare professional.

Breast

In the third day after labour, your breasts might become heavier, very sensitive and swell. This is called **breast engorgement**. In that case, **breastfeed quite often or extract a bit of milk with your hand between breastfeeding sessions in order to get relieved until the next time you'll breastfeed**. Then place **cool compresses** on your breast.

Do not extract large quantity of milk, only enough to feel relieved.

Do not use breast pads and leave your nipples exposed to the air.

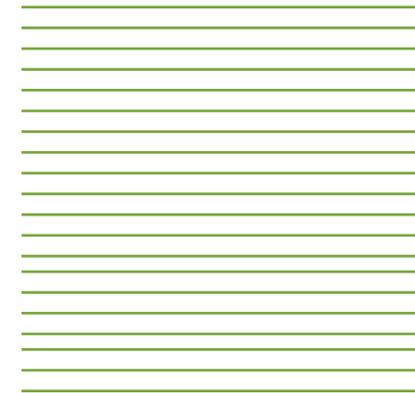
Mood swings

Labour stimulates a mix of strong emotions.

Mood swinging, quick temperedness, sadness and stress are problems appearing often during post-partum.

Many new mothers suffer from melancholy called "**baby blues**". It is a very usual transitional situation due also to hormonal changes which lasts around 15 days after labour. It is important **not to panic and be patient. Share your feelings and ask for support and help** from your partner, your family and friends.

If your sadness aggravates and your feelings of despair are more often, please contact the mental health professionals of the "Non-Profit Organization Fainareti" (210-9319054) as it is important to receive proper care.



Menstrual cycle

In breastfeeding mothers menstrual cycle might take long to be restored. However, in some women menstrual cycle is restored sooner, although they breastfeed. You should, therefore, take measures if you do not wish to conceive again during the first months after labour. For this reason you should **consult specialists regarding the contraception method you may follow in order not to conceive again so soon**. Menstrual cycle in mothers that don't breastfeed will be restored a lot sooner, from the 5th week until the third month after labour.



NEWBORN



Newborn or infant is the baby from the first day of its life until the first 28 days. A baby born from the 37th until the 42nd week of gestation is called full term. **Whichever moment the labour starts during this period, the baby is considered ready to be born.**

Most primiparous women usually give birth one week before of one week after their due date, i.e. between the 39th and the 41st week. Women expecting their second child or multiparous women (expecting at least their third child) are more likely to give birth before the end of the 40th week, i.e. before their due date.

When is the newborn considered pre-term?

A newborn is considered **pre-term** when born before the 37th week of gestation. This may occur either spontaneously as a response to an implication in pregnancy or scheduled provided it is deemed that the baby has more possibilities to survive outside the uterus. In such cases there is a preparation done by administering medication (corticosteroids) to the pregnant woman, in order to accelerate the development of the respiratory system of the fetus and to minimize respiratory problems that the newborn might have to face after labour.

What is normal for a newborn?

Newborns **sneeze**, might often **have hiccup**, **take drops of milk** that they have drunk out of their mouth, **produce gas**, **make funny faces** and **might squint**. **All these are normal** and expected and do not mean that the child has caught a cold, does not eat properly or indicate any pathology.

The head of your baby might have a weird, oblong shape because of the pressure it was subjected to during labour. This will gradually disappear within a few days. All babies have soft parts on their head which will later harden when the bones of their skull bind properly. The biggest part that is softer is in the front part of their head on its top.

Their eyes might produce yellowish excretion (rheum) which should be wiped off with a clean gauze and normal saline. **If you worry about the amount of rheum, don't hesitate to ask a professional's help.** Newborns see in short distances and they like vivid colours. They sometimes seem to squint.

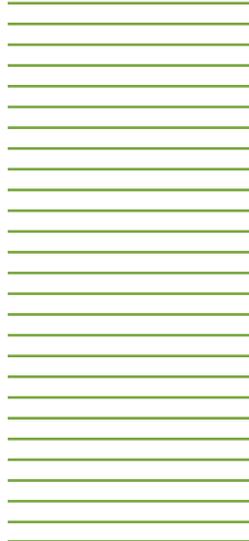
Occasionally the baby produces a characteristic sound of snuffle as if the nose is blocked. It often sneezes and the sound disappears. **If it persists, you may try to administer normal saline into its nose before eating.** Normal saline is cheap and available in all pharmacies. Ask to be shown how to use it.

What should I know about jaundice?

The yellowish pigmentation of the skin and of the white part of the eyes indicates jaundice. It usually occurs in the second or third day of the infant's life and especially in infants born before the 39th week. It is a more frequently occurring phenomenon in pre-term babies (under the 37th week) and is due to the fact that the newborn's liver is not mature enough yet. **Jaundice is dealt with frequent breastfeeding or feeding with nursing bottle** (when the mother does not breastfeed), because the substance that gives this yellowish colour is removed through urine and voiding. **Babies with jaundice might be more dull (sluggish).**

You should try to activate and wake them up, so that they can breastfeed frequently and for a long time. The baby should also be in a bright room throughout the day. Sunlight helps in reducing jaundice. Upon return at home place the baby cradle or cot in the brightest room of the house.

In more serious cases phototherapy at hospital is needed. **It is important to begin with breastfeeding the soonest possible in order to avoid such serious conditions.** Nonetheless, if you notice that your baby has taken a yellowish colour, consult a healthcare professional.



When does the “umbilical stump fall off”?

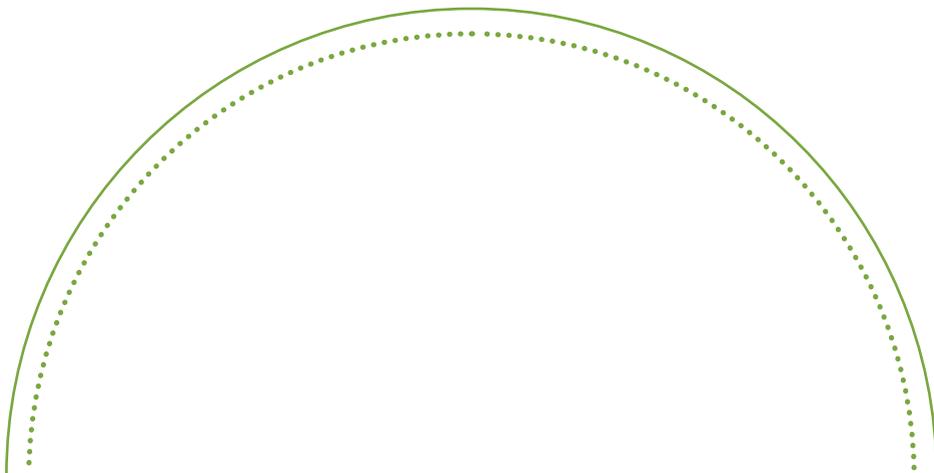
The umbilical stump often worries parents more than anything else in relation to their baby. **Do not cover that area with the diaper or a gauze.** It is necessary to **fold the diaper** so that the umbilical area stays free and dry. Clean the area of any dead cells with **sterilized gauze** and **plenty of alcohol** each time you change the diaper to help the umbilical stump dry faster and “fall off”. This can be done from the 7th until the 21st day after birth leaving a small wound that will heal within a few days. Continue to clean the area by using alcohol and after the umbilical stump falls off until the area is completely healed.

If you see some blood, continue cleaning with plenty of alcohol and sterilized gauze.

When should I worry?

Infections are rare and you should consult a specialist if:

the skin around the base of the navel is red,
the stump has a bad smell or yellow or green excretion comes out of it,
the stump is constantly bleeding.



Possible unpleasant skin problems:

There's nothing more beautiful than a baby's soft skin. However, many babies have sensitive skin in the first months of their life. Below you may find information about common skin problems that newborns face.

Dry skin

It may sometimes occur when the baby is born after the 40th week. It is not worrying. The skin layer below is totally healthy, soft and hydrated and it will not take long to emerge.

What is chafing?

Chafing is not serious, but it is irritating for the baby. If its skin has become red mainly in the area around the diaper, then it suffers from some form of chafing.

How can I avoid it? Don't tight the diaper too much. Keep the sensitive area of the external genital organs in contact with the air as much as you can. **Change the diaper frequently and on time.** Don't use baby wipes, instead wash the baby each time you change its diaper. After changing the diaper, wipe gently with a soft towel and remove moisture from the wrinkles with a piece of cotton. Finally, apply a small quantity of olive or almond oil or a cream to the wrinkles and the area around the rectum.

Do not use baby wipes if not necessary. It is more preferable to wash your baby only with clean water when changing the diaper.

Chafing could also be caused by a specific detergent brand. If you suspect this, change detergent and make sure to rinse off well.

What is baby acne?

They are small red pimples or bumps on the face of the newborn, usually on the cheeks, the nose and the forehead. It is a common and temporary problem. It usually develops within the first two or four weeks after birth. It looks worse when your baby is under pressure or cries.

What can I do against baby acne?

There is no treatment and you cannot limit it. It goes away naturally within a few weeks or months **and is normal**. In the meantime you can help your baby by **keeping its face clean and dry** and wiping it gently.

Don't touch the pimples, because you might cause infection and don't use creams, oils or lotions on baby's face.

What is Infantile Seborrhoeic Dermatitis (cradle cap)?

Cradle cap, the common term used for infantile seborrhoeic dermatitis, although not serious, may create a thick crust of dry skin and white or yellow scales on baby's hair on the head or might spread to the eyebrows and the eyelids of the baby. It is caused when the mother's hormones have passed to the baby.

What can I do for cradle cap?

Cradle cap usually disappears within a few months without treatment. Cradle cap is **not contagious** and most probably does not annoy the baby. It **doesn't cause itching**. Sometimes it is confused with **infant eczema, which causes intense itching**.

You should wash baby's head daily with a mild shampoo and brush its hair gently with a special baby brush.

If cradle cap persists or does not improve in the first months despite the measures above, you should consult a pediatrician.



What is Atopic Dermatitis or Eczema?

Infant eczema often occurs from the 2nd until the 6th month after birth and is an **itchy, red rash** that begins from the face and spreads behind the ears, to the neck, trunk, hands and legs. Small liquid blisters may appear and then crack making it look worse. In half of eczema cases it goes away until the 18th month after birth, while in the rest of the cases it can be less serious up to the age of three.

The most important risk factor for the occurrence of eczema is familial incidence of allergies (eczema, allergic rhinitis and asthma).

It can be activated by a series of things causing skin irritation. **Irritation factors are:**

moisture (from milk, saliva or sweat),
heat,
dust,
textile causing itching (woolen, synthetic),
detergents and soaps,
food allergies (especially from citrus fruit, cow milk, egg white, chocolate and dried fruit).



What can I do to help my baby?

This situation requires action. Try to observe the cause of the eczema and contain it.

If you suspect that it is eczema, you should contact a pediatrician

What is Heat Rash (prickly heat)?

It appears as small pink pimples where the baby's skin perspires, usually where wrinkles are formed, mainly in the summer but in the winter as well in babies very heavily dressed.

Prefer loose, light and comfortable clothes in the summer so that the baby can get some air and many light, cotton clothes in the winter so that you can take off excessive clothing when temperature increases.

What is Infant Burn?

It's not common, but it is easy to occur if necessary protection measures against the sun are not taken. Until the sixth month exposure to the sun during the hours that the sun is burning must be avoided. When going out, you should make sure that the baby is in the shadow.

After the 6th month we may use a sunscreen for babies and renew it frequently. Despite the use of sunscreen, the same rules apply for exposure to the sun. The sun is very strong from 10am until 4pm in the summer months. Normally even adults should avoid it, let alone children.

How do I avoid skin problems that relate to baby's bath?

Infant's skin is very soft and sensitive. You should keep it hydrated by bathing it in warm water for 5 minutes at the most. Avoid letting the child sit, play or sink for long in water with shower gel, because its skin gets dehydrated and is more vulnerable to irritations. Wipe the skin of the baby gently, instead of rubbing it. When the umbilical stump dries, falls off and the surrounding area is completely healed, you may start to give the baby a bath. Until then you may shower it, holding it in your hand.

Most infant problems do not pose dangers and are simple. However, some of them may be signs of infections. If you notice small, red-purple spots, if there are pimples with yellow liquid or if the baby has fever or is very sluggish and is reluctant to eat, [consult a healthcare professional](#).





BREASTFEEDING

Breastfeeding is undoubtedly the only natural and normal way to feed newborns/infants.

World Health Organization recommends breastfeeding exclusively for the first six months and its continuation for at least 1-2 years or for as long as the mother and the child wish, while at the same time introducing supplementary food.

What are the advantages of mother's milk?

It is the **ideal food** for every newborn/infant.

It contributes significantly to the good development of the pre-term newborn.

It has **antibodies** to infections. Mother's milk has a lot of antibodies transferred from the mother to the baby protecting it from various infections threatening its pure immune system, such as otitis, gastroenteritis, infections of the respiratory system, meningitis and other.

It shields the human body from conditions like asthma, type 1 diabetes, obesity and cardiovascular diseases.

It **protects against the development of allergies**. Eczema (atopic dermatitis) which is an allergic reaction has lower incidence among infants that breastfeed compared to those drinking cow milk.

It has a positive effect on the mental development of the children.
It's easily digestible **without causing gripes**.

Gripes might be bothering for the babies making them cry intensely mainly during evening and night hours. This is due to their digestive system being immature and to their difficulty to digest large quantities of lactose and other indigestible foods. Mother's milk contains lactose, casein and fats that the human infantile digestive system is able to break down and this is the reason why it usually does not cause gripes.

It is **always fresh, available**, doesn't require special preparation and **has the proper temperature**.

A basic advantage of mother's milk against other milk is that it is given for free from the mother to the child and **has no cost**.

Feeding with other milk requires a large sum of money, because as the child grows, a larger amount of other milk is required, hence higher expenses. Healthcare expenses for children that breastfeed are lower, because they get sick less frequently compared to children that drink other milk.

All mother's milk substitutes (other milks) significantly fall short of mother's milk. Mother's milk is considered unique and breastfeeding the ideal feeding model for newborns and infants.

How do I place the baby on the breast?

Sit comfortably. Try various positions and postures until you decide which are convenient. Breastfeeding may last for some time.

Take off all your clothes from your breast. Support the breast with your one hand (4 fingers on the base of the breast and away from the areola mammae and the thumb on top).

Don't be afraid that your baby cannot breath. If this happens, the baby itself will push its head backwards.

Make sure its body is straight (ear-shoulder-hip). Get your baby close to you, so that its belly touches your body, supporting its neck at the same time with your one hand.

Keep its head in such a position that its nose is at the height of your nipple. Stimulate the baby's nose with your nipple. The baby will turn reflexly its head backwards -its neck extended- placing its chin on the breast and opening widely its mouth.

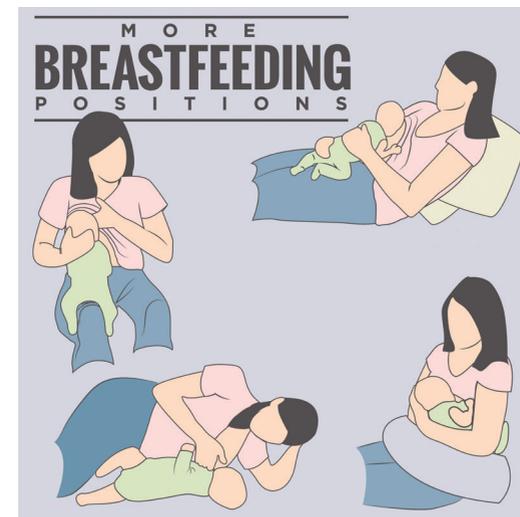
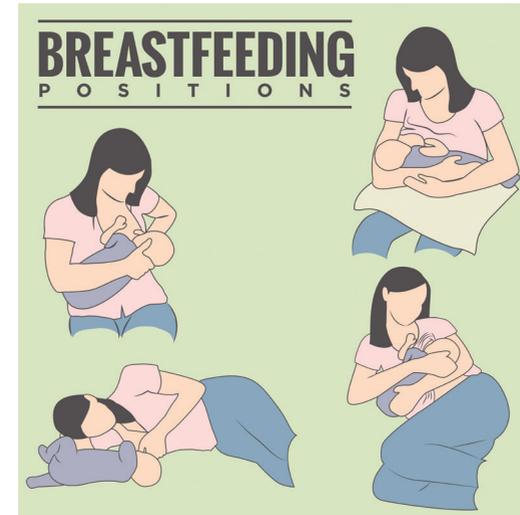
When the baby's mouth is wide open, bring its head close to your breast. Do not try to place the breast in the half-open mouth of the child. Wait to see the baby open its mouth characteristically and then push the head gently towards the breast.

The newborn does not suck the nipple but the areola mammae (the circular pigmented area surrounding the nipple). This is why when the mother is well positioned she only sees a limited part of the areola mammae or does not see it at all.

If you have difficulties in placing the newborn to your breast, it's enough to sit comfortably, take off all clothes from your breast, bring the nipple close to the baby's nose and wait the baby itself to react.

Don't forget that both of you begin to get trained on a new procedure, so patience and calmness is needed.

Breastfeeding is not a painful procedure. Except for the first two weeks that you'll be feeling a discomfort or a more intense pain at the beginning of each breastfeeding session, you should then not experience any pain at all.



How often and for how long should I breastfeed?

It is not necessary to follow any specific breastfeeding schedule. Trust your baby and let it show you when it wishes to breastfeed. Initially it will be experimenting, acting instinctively and based on its senses, while later it will be more conscious of the procedure. The first 2-4 days the baby receives the colostrum which is its first natural vaccine, sufficient to cover the baby's needs. After the 3rd or the 4th day a larger milk production begins.

Try to breastfeed every time the baby asks for it, without any time limitation. This will boost milk production.

Frequent breastfeeding prevents breast overloading occurring on the 3rd-4th day. The baby breastfeeds around 8-12 times per day. Each baby is certainly different and some might breastfeed very often e.g. every hour or one and a half hour. Some babies sleep a lot in the night even from the first days, while others wake up very often. Daily nutritional patterns vary from baby to baby and will be changing from one day to another in the first month.

The baby will determine how often it will be eating and will make its own schedule, usually around 30 days after birth. During the first months children use to reduce intervals between some meals (usually evening-night meals) and increase intervals between other meals during daytime. This volatility in the frequency of the meals is normal.

In the first weeks offer both breasts in every breastfeeding. Allow the baby to stay in the first breast for as long as it actively breastfeeds and try to stimulate it each time it relaxes and falls asleep. When the baby stops the breastfeeding movements and leaves the breast, you may change the diaper and if it continues the breastfeeding movements, you may put it to breastfeed again.

Don't forget to stimulate it regularly while breastfeeding so that it sleeps less on the breast and breastfeeds more. After breastfeeding the newborn is obviously more relaxed and asleep.

What should I be careful of regarding my diet?

Due to the immature digestive system of the baby in the beginning, some babies are restless when breastfeeding or feel discomfort and have gas afterwards. Some foods consumed by the mother are passed on to the mother's milk and might be responsible for this situation or aggravate it. In case the mother realizes that certain food affects the baby's behaviour making it more restless, she may exclude this food from her diet for a while until she understands if this was the cause of discomfort for the baby.

Some mothers report that babies react negatively in foods they consume, such as **chocolate, spices** (cinnamon, garlic, curry, hot paprika), **fibers and seeds** (nuts, oat, wheat, multigrain bread and bread rolls, sesame, frumenty from wheat and other), fibers existing in **citrus fruit** (oranges, lemons, grape-fruit, strawberries, kiwi, pineapple), **vegetables** (onion, cabbage, garlic, cauliflower, broccoli, greens, peas, okra, green beans, paprikas and other), **legumes** (lentils, beans, split peas, chick-peas and other) and **dairy products** (mainly cow milk). In the beginning it is preferable that the mothers consume the above foods in small quantities and increase them gradually. When it is suspected that they are the reason for the baby's restlessness it would be good to be avoided for some time.

You should also be careful with the caffeine intake as it may cause sleeplessness and unrest to the baby. The recommended daily intake should not exceed 300 mg (i.e. 1- 3 cups of regular coffee) for breastfeeding mothers. Some children are quite sensitive to caffeine and might develop problems even with the consumption of smaller quantities. Caffeine is contained in chocolate, black tea and some beverages (e.g. coca-cola and other), so the quantities contained in these foodstuffs should also be taken into account.

Also the alcohol consumed by the mother is passed on to her milk, so it must be avoided. After consuming a quantity of alcohol the mother should not breastfeed for at least two hours. There is no safe quantity of alcohol that can be consumed by a breastfeeding mother.

The same applies for smoking. It should be avoided when breastfeeding in order to protect the health of the child. When needed, breastfeeding mother may take some medication after consulting a healthcare professional.



What are the growth spurts?

Growth spurts are some time periods in the beginning of a baby's life when it needs larger quantity of milk, as its needs for food increase by growing.

During a growth spurt, children breastfeed more often than usual (sometimes even every hour) and are more restless than usual, especially in the night, during breastfeedings, which usually happen to be more often.

The more a woman's breast is stimulated by the breastfeeding movements the more milk is produced until the increasing needs of the child are covered.

Growth spurts last mainly 2-3 days, while sometimes they may even last for a week. Usually, they occur the first days after the hospital (the 7-10 first days), in the 2-3 weeks of life, in the 4-6 weeks, within 3 months, 4 months, 6 months and 9 months. Nonetheless, there are variations to be seen in babies' behaviour. Every mother should respond to the needs of her child and breastfeed more regularly when the baby wishes to.

When the baby grows normally it should not be fed with any other milk and breastfeeding should be boosted.

Breastfeeding is an act of love, tenderness and communication between mother-baby, offering physical health and emotional safety.

Every mother that wishes to do so is able to breastfeed. Ask for information and support in order to fulfill your wish. It is worth trying!





PERINATAL
MENTAL DISORDERS

Equally important to the physical health of a woman during pregnancy and after labour is her mental health and that of her partner.

When you are emotionally well it is easier to manage your stress, to experience joy from your relationships and to enjoy life with your baby.

During pregnancy it is likely for a woman to experience significant emotional changes. Besides happiness and enthusiasm, she might be confronted with “difficult” feelings like **sadness, anger, stress, fear, disappointment**. Mixed feelings, positive and negative at the same time, are normal and necessary for the process of preparing a woman to become mother. In some instances, though, some feelings become too intense or last too long and woman’s mood changes completely. In these cases we may refer to “**perinatal mental disorder**”.

“Perinatal” are the mental disorders occurring during pregnancy and the year after labour. Below you may find a description of the symptoms of perinatal mental disorders.

What are “baby blues” or “normal postpartum melancholy”?

Within four or five days right after labour many new mothers (a percentage reaching 80%) may feel **over-exhausted, cry on the slightest pretext, react very intensely to external stimulation and feel over-stressed as to whether they will manage as mothers**. Other symptoms of this condition called “**baby blues**” or “**normal postpartum melancholy**” is bad moods, **difficulty in sleeping, nervy behaviour and impatience**. Symptoms of “baby blues” appear for a few minutes up to a few hours every day and are gradually reduced and eventually disappear normally within 14 days.

“**Baby blues**” is not a disease, does not require treatment and is not postpartum depression. It is a condition that fades away naturally with the help, understanding and support to the new mother by her environment.

If symptoms don’t go away after 14 days, but persist, are very strong and affect the daily life of the new mother, then it could be **postpartum depression or stress disorder**. In this case, the new mother **must seek help from a specialist** to deal with her symptoms.

What is depression?

At least one out of ten mothers will develop **perinatal depression** (depression occurring during pregnancy and the year after labour). The symptoms of perinatal depression are the same with the symptoms of depression when developed in any other period of life.

If any of the symptoms below persists for more than two weeks it is time to seek help.

Bad moods, you feel torpid.

You feel inadequate or guilty, shame, desperate, helpless or that you are not worth, empty, sad.

You often feel about to burst into tears.

You feel angry and quick tempered (you get easily irritated by your partner or children).

You are too afraid about your baby, you are afraid to stay alone with the baby or you panic when the baby is restless.

You are afraid to stay alone or get out of the house.

You've lost your interest in things that you had been enjoying in the past.

You are sleepless (it is difficult to fall asleep or to continue your sleep after night breastfeeding), you sleep too much or have nightmares.

Your appetite is not the same (anorexia or increased appetite).

You find it difficult to respond to your daily activities.

You have withdrawn from your social life or cannot take care of yourself as you did in the past.

You find it difficult to think clearly and take decisions; you have memory and concentration problems.

You have thoughts of harming your baby or yourself, putting an end to your life or escaping from everyone and everything.

If you have suicidal thoughts or think of harming yourself or your baby, seek immediately help.

What is stress disorder?

There are many different kinds of stress that a woman may experience during pregnancy and after labour. Given that at some point we all experience a kind of stress, it is difficult to tell when stress becomes pathological. Stress symptoms may often go unnoticed, as they develop gradually in time.

Symptoms of stress anxiety during pregnancy and after labour are the same with the symptoms of stress disorder in any other stage of life. Very often stress symptoms coexist with depression.

If you experience one or more of the symptoms below, you may need to seek help:

Stress or fear that disrupts your thoughts and hinders you in your daily activities.

Panic/extreme fear attacks seeming to be out of control.

Persisting worries and anxieties that keep coming back to your mind.

If you constantly feel quick tempered, restless or "on the edge".

If you feel your muscles tight, your chest heavy or palpitation.

If it is difficult to relax or it takes you too long to fall asleep in the night.

If you feel stress or fear which does not let you go out with your baby.

If -due to your stress or fear- you feel the need to make sure all the time that your baby is fine.

It is important to seek help soon. Symptoms may not go away on their own. If they are left without treatment, they may start to negatively affect your daily life but also the people around you.

Stress disorder that is not dealt with may result in family problems and relationship problems, difficulty to find work and stay at work or even alcohol and drug problems.





What is bipolar disorder?

Bipolar disorder is a disease characterized by periods of depression (bad moods) and periods of mania (elevated mood). Some women with bipolar disorder may have symptoms of psychosis as well. **Bipolar disorder is a serious condition** occurring to a small number of women. The reasons are not known, but it seems to be often hereditary and sometimes relating to negative incidents of the life of a person.

Symptoms of bipolar disorder during pregnancy or after labour are the same with the symptoms of bipolar disorder in any other period of life. The difference is that during pregnancy and after labour, the fears and depressive thoughts of the woman may focus on her health and the baby's health and on whether she can be a good mother.

Below you may find the symptoms of **mania** and **psychosis** separately, while the depression symptoms have already been mentioned earlier.

Symptoms of mania:

Increased energy.

Quick temperedness.

Increased physical activity.

Spending sprees.

Activities that put the life of the person in danger (e.g. driving at a very high speed).

Increased sexual activity.

Racing thoughts.

Rapid speech.

Very few hours of sleep.

Inflated self-esteem (believing one is famous or that knows everything).
Symptoms of psychosis.

Symptoms of psychosis:

One sees things or hears noise or voices that don't exist (delusions).

Believing in things that are not true in reality (delirium).

Feeling that everybody is against them or want to harm them.

If these symptoms are not dealt with immediately there is **high risk** both for the mother and the fetus/infant.

What is postpartum psychosis?

Postpartum psychosis is a very **rare** and **serious** mental disorder. It occurs in 1-2 out of 1.000 women in the weeks after labour. It is a very serious condition because **there is the risk of the mother harming herself and her baby**.

Women with a bipolar disorder background and women having developed postpartum psychosis in previous labour run a higher risk of developing this disease.

Postpartum psychosis causes big changes in the behaviour of the woman. These changes appear 48 hours up to 2 weeks after labour, in some cases, though, they might appear up to 12 weeks after labour.

Early changes in behaviour include:

Sleeplessness.

Tension, agitation and quick temperedness.

Feeling of great power and strength.

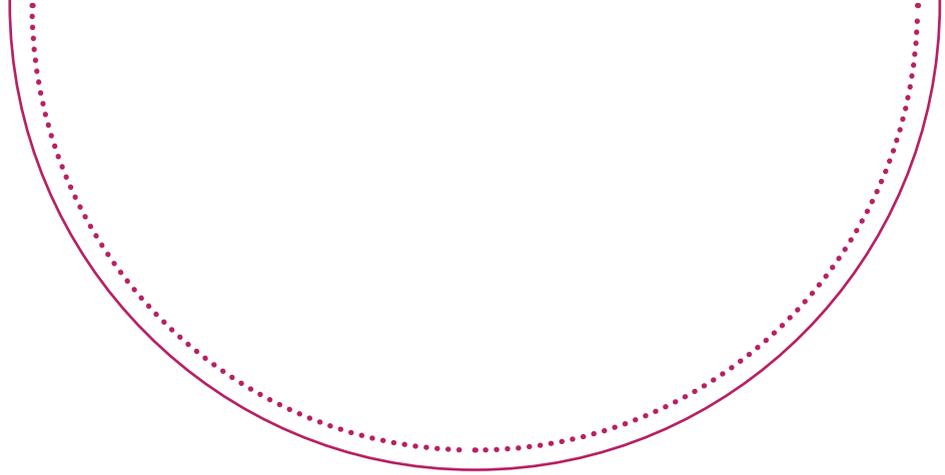
Weird thoughts (e.g. people wanting to harm the baby).

A combination of symptoms of mania and depression listed below might follow:

Symptoms of mania: the woman feels like having increased energy, speaks rapidly, hears voices that don't exist, and believes in things that don't actually happen.

Symptoms of depression: Feebleness and exhaustion, sleeplessness, anorexia, thoughts of harming the baby or herself, feeling helpless and desperate.

The woman might develop confusion, difficulty in concentrating and lack of ability to remember recent events. Mood swings in a very short time.



If you have any of the above symptoms or notice similar behaviour in a woman that has recently given birth, seek **immediately help** in a hospital.

A woman suffering from postpartum psychosis is **usually not able to seek help for herself**; this is why her partner or her family should take action.



Which are the factors that increase the risk of a woman developing perinatal mental disorders?

Personal or familial incidence of mental disorders.

Careless consumption of alcohol or use of drugs.

Lack of supportive environment.

Physical, emotional or sexual abuse background.

Negative life facts (previous miscarriage, loss of beloved persons, unemployment).

Which factors increase stress before and after labour?

Conditions creating strong or constant stress before and after labour may predetermine the development of a perinatal mental disorder. Such conditions include:

Undesirable or difficult pregnancy.

Gynecological or fertility problems

A difficult labour.

Low self-esteem.

Difficulties in breastfeeding.

Preterm birth or health problems of the child or the mother.

Longterm sleeplessness.

A “difficult” baby.

Single mother.

Financial problems.

What should I do if I develop some form of disorder?

It is very important to observe yourself day by day both during pregnancy and after labour. If it's been a while that you've been feeling **sad, moody, restless or very stressed** and all this has begun to affect your life, then it's time to seek help.

If you feel that your partner or your baby would be better without you, if you have suicidal thoughts or a strong desire to harm yourself or your baby, contact immediately a specialist or go to a hospital.





PERINATAL
HEALTH SERVICES

Which services can I go to when I get pregnant?

PUBLIC HOSPITALS

“**Alexandra**” Athens General Hospital: 80 Vasilissis Sofias Avenue, 115 28, Athens, Athens metro (Megaro Moussikis station), Call centre: 213-2162000, 210-3381100. To arrange an appointment, please call 1535. The code number for outpatient obstetrics department is: **02249**
www.hosp-alexandra.gr

“**HELENA VENIZELOU**” General-Maternity District Hospital: 2 Helena Venizelou Square, Ambelokipi, 11521, 2132051000, outpatient department secretariat: 2132051599, 2106424068, **Visits only upon appointment through the above phone numbers.**
www.hospital-elena.gr

- Athens metro (Ambelokipi station)
- Trolley bus nr. 3 and 13 (Mavili Square stop)
- Trolley bus nr. 7 and 14 (Agios Savvas or Ygionomiko Kentro stop)
- Buses: 022, 060 (Maraslios-Kypseli)

“**Aretaieio Hospital**”: on Vasilissis Sofias Avenue between Eginitio Hospital and Alexandra Hospital, opposite Megaron (The Athens Concert Hall). It is only a few meters away from Megaro Moussikis metro station. Call centre **210 7286000**
www.aretaiio.uoa.gr

“**Agios Panteleimon**” Nikaia Piraeus General Hospital: 3 D. Mantouvalou str., 184-54, Nikaia, Call center: 213 2077000, morning appointments: **1535**
www.nikaia-hosp.gr

“**ATTIKON**” General University Hospital, 1 Rimini, 124 62, Chaidari, Athens, tel.: Call center: 210 5831000. To arrange an appointment, please call **1535**. The code number for the Obstetrics Department and the Department of Ultrasound (Prenatal Screening) is: **02513**
www.attikonhospital.gr

TZANEIO - Piraeus General Hospital, Zanni and Afentouli, Piraeus
Call centre: 213 2081000, **Emergency Department**: 213 208 0 444
www.tzaneio.gr/

NON-PROFIT ORGANIZATIONS (NPO)

“**FAINARETI**” Non-profit Organization
Gordiou 1, N. Smyrni, 17121, Nea Smyrni Central Square, Athens, tel: 2109319054
www.fainareti.gr

“**Praxis NGO**”:
Athens Polyclinic, 5 Paioniou, 104 40, Victoria Square Athens
Thessaloniki Polyclinic, 1 Arkadioupoleos & Ag. Dimitriou, 54632, Thessaloniki, tel: 2310 556145
www.praxis.gr

“**Doctors of the World**”:
Athens Polyclinic, 12 Sappfous, 105 53, Athens, tel: 210.32.13.150/
29A PTOLEMAION (inside gallery),
Thessaloniki, 546 30, tel:/fax: 2310.56.66.41,
tel:/fax: 2315.31.42.06
11 BONIALI, 73 133, Chania, Crete, tel: 28210.23.110
13 KARANOU, Kavala, 65 302, tel:/fax: 2510.227.224
92 KAPODISTRIOU, Patras, 26 224, tel: 2610.31.03.66
www.mdmgreece.gr

Where can I seek help after labour?

NON-PROFIT ORGANIZATIONS (NPO)

“FAINARETI” Non-profit Organization

Gordiou 1, N. Smyrni, 17121, Nea Smyrni Central Square, Athens,
tel: 2109319054
www.fainareti.gr

«ένα παιδί, ένας κόσμος»

Non-profit Organization, 10 Rethymnou, 106 82, Athens, tel.: 210-88.38.512
www.paidi-kosmos.gr

“Κιβωτός του κόσμου (Ark of the World)”

Special Care and Protection of Mothers and Children, 3 Zenodorou & Kallikleous, 10442 – Athens (Kolonos), tel: 210 5141935, tel: 210 5141953
www.kivotostoukosmou.org

“Kaisariani Institute of Child Health”

Solomonidou & Filadelfeias, 16121, Kaisariani, tel.: 2107233872, 2107231734
www.ich.gr

“Theofilos NGO”

Support to the families with more than three children. 9 Papaflessa, 111 46 Galatsi, Athens,
tel: 210-8819397, 210-8828036
www.theofilos.gr/

“Multifunctional Centre for the Social Support and Inclusion of Refugees” (Greek Red Cross)

5 Timaiou, Akadimia Platonos, 10441, Public means of transport: Bus nr. 051 from Omonoia Square - Menandrou str. - Ag. Georgios stop tel./fax: 210.5126300 / Refugee help line: 210.5140440
www.eespolydynamo.wordpress.com

“Greece SOS Children’s Villages”

(Association Especially Recognized as a Charity Association)

12-14 Karageorgi Servias, 105 62, Athens, tel.: 210 33 13 661-3 /
8 Grigoriou Palama, 546 21, Thessaloniki, tel.: 2310 226 644
www.sos-villages.gr



SOCIAL CLINICS - SOCIAL PHARMACIES

“APOSTOLI NGO”

Social Mission Clinic: 113 SEVASTOUPOLEOS, 11526 ATHENS, Tel: 210 3847374

Social Solidarity Clinic and Pharmacy of Athens:

2 IKTINOU and KLEISTHENOUS (3rd floor), ATHENS, tel: 210 3802037

Social Clinic of Argyroupoli-Elliniko:

Former American Base, tel: 210 963 19 50

Social Clinic of Vyronas:

12 Ellispontou, tel: 210 762 8209

Social Clinic of Ilioupoli:

81 Marinou Antypa, tel: 210 99 70 000, 210 99 688 68

Social Clinic of Neos Kosmos (Solidarity Centre of Neos Kosmos):

11 Mastracha, tel: 210 902 86 97

Social Clinic of Peristeri:

141 Makriyianni, Kipoupoli, tel: 6976644933

Social Clinic of Patisia:

60 Taygetou, tel: 210 2012013

Social Solidarity Pharmacy of Ilion:

32 Idomeneos, 3rd floor, tel: 210 217 70 24011

Social Clinic of Sepolia:

153 Amfiaraou, 6944668923

Social Solidarity Clinic of Piraeus:

5 Xenofontos-Pelopida, Korydallos, tel: 210 49 60 790

Social Clinic of N. Ionia:

1 Filellinon-D. Solomou, tel.: 210 27 94 733

Social Clinic of N. Irakleio:

1 St. Karagiorgi, tel.: 210 27 94 340

Social Clinic of Salamina:

"Στάση Ζωής (Attitude to Life)", 36 Louka, Salamina, tel.: 210 384 73 74

Social Clinic of Thessaloniki:

a) 24 AISOPOU, Bardari, tel.:2310 520 386

b) Port, next to warehouse 15, tel.: 2310 593 582 (6984 24 88 65)

c) Thermi, tel.: 2310 46 53 55

Social Clinic of Patras:

19 Maezonos, Old Arsakeio, tel.: 2610420763

Social Clinic of Irakleio, Crete:

41 Mouglon, Alikarnassos, Crete, tel.: 2813008525

Social Clinic of Rethymno:

12 Kastrogianaki, Old Town of Rethymno, tel.: 693734612, 6948801600

Social Clinic of Chania:

Kolokotroni Square, Chania, tel.: 28210 92429

Social Clinic of Ag. Nikolaos, Crete:

44 25th of March str., tel.: 2841023392, 697 257 6134

Social Clinic of Alexandroupoli:

Youth Centre (opposite Fotis Kosmas stadium), tel.: 25510 88246 – 88249

Social Clinic of Kilkis:

13 Spartis, tel.: 23410 25817 – 22114

Social Clinic of Kavala:

Municipal Market (1st floor), tel.: 2513-500030

Social Clinic of Serres:

21 N. Nikolaou (Maximeio Cultural Centre), tel.: 2321053488 2321053765

Social Clinic of Xanthi:

1 Mitr. Anthimou, tel.: 2541084943

Social Clinic of Veroia:

7 Kapetan Agra, tel: 2331074113

Social Clinic of Preveza:

opposite Agrotiki Bank, tel.: 26820 89805

Social Clinic of Trikala:

6 Omirou, tel.: 2431036900

Social Clinic of Larissa:

inside the General Hospital, tel.: 2410230031

Social Clinic of Drama:

1 Ag. Sofias, Touloumba, tel.: 698428610, 2521777038

Social Clinic of Thesprotia:

Former National Youth Institution, tel.: 6940403400

Social Clinic of Ptolemaida:

50 Paulidi Adamopoulou, tel.: 2463028339

Social Clinic of Messinia (Kalamata):

Nurses' School Building, Hospital of Kalamata, Ag. Dimitriou-Oinousson, tel.: 2721089840

Social Clinic of Rodos:

85 Konstantinou Paleologou, tel.:2241036110



Which documents do I need in order to issue a booklet of a non-insured or poor person?

Documents required for a poverty booklet to non-insured persons:

Solemn Declaration under the Act 1599/1986, which states that the person concerned:

a) is unemployed, b) is not insured, c) is not entitled to pension either from Greece or abroad, d) in case they get insured in another insurance organization they are obliged to inform immediately our organization and return the booklet, e) does not have a private insurance.

Income Tax Statement (of previous year, copy of tax statement of current year and E9 form, if there is immovable property, and E2 form).

- Copy of Identity Card or copy of all pages of Passport and Special Identity Card for persons of Greek descent.
- Certificate of permanent residence (utility bill or residence rental contract) or certificate of permanent residence from the municipality.
- Copy of unemployment card of OAED (Manpower Employment Organization) for people between 29 and 55 years of age who are able to work.
- Two photos (if the booklet of a non-insured person is being issued for the first time)
- Medical report from a public hospital which states the kind of disease or certificate of hospitalization, if still hospitalized. For married people documents are required for both spouses. If they are divorced the divorce document is required and if they are separated a Solemn Declaration under the Act 1599/1986, which states that they are separated.
- Those who have applied for a pension at OGA (Agricultural Insurance Organization) shall submit the protocol number of submission of the pension documents.
- For disabled people, copy of medical report of a Health Committee is required. Certificate of insurance organizations stating that the person concerned is not insured and is not entitled to medical and hospital treatment for the year.

(Certificates of non insurance by the insurance organizations IKA-OAEE-OGA are required as a matter of course).

- Certificate of marital status (required as a matter of course). In case of short-term renewal of the booklet (up to 2 months) the existing booklet is submitted as well.

www.dikaiologitika.gr

Important: Among the rights of recognized refugees, beneficiaries of subsidiary protection as well as beneficiaries of residence for humanitarian reasons medical treatment in public maternity hospitals is included. While it seems that in some others the asylum seeker card is sufficient.

www.ydmed.gov.gr



*Φ*αιναρέτι
Ευγνωμοσύνη & Μητρότητα

FAINARETI

Gordiou 1 & 2nd Maiou 14, Nea Smyrni Square, Nea Smyrni P.C. 171 21,
Tel.: 210 9319054, Fax.: 210 9319056
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