



# Reception brochure

H1



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### Welcome

Welcome at Sint-Trudo Hospital and congratulations with your pregnancy! Our team of specialized doctors and midwives is ready to guide you. With this brochure we want to assist you and your partner during pregnancy, childbirth and the postnatal period. You also get practical information about your stay at the maternity ward (department H1).

We wish you a happy pregnancy, lots of succes during childbirth and a pleasant stay in our hospital. If, after reading this brochure, you still have questions, do not hesitate to ask them.

Maternity ward (department H1)

## 02 Information moments

### Midwife consultation

This consultation is planned around your 16th week of pregnancy. You get all the information you need about your pregnancy, childbirth and the post-natal period. There will also be an ultrasound to check the heart activity. If possible you get a tour of the delivery room and the department.

### Breastfeeding consultation

A lactation expert will tell you everything there is to know about breastfeeding: the profits, the how-to's,...

This session is per couple so that you have time to ask all of your questions. You can make an appointment at the maternity ward (tel.: 011 69 98 41).

If possible, you can get a tour of our department. You can make an appointment through the secretariat of gynaecology (tel.: 011 69 94 85).

## 03 What do you bring with?

### Administrative

- Identity card
- Health insurance info
- Proof of acknowledgement if not married
- Name, address and phone number of someone we can contact during your stay in the hospital

### Medical

- Blood group card
- Kind & Gezin booklet, information brochures

## **For the mother**

- Toiletry (showergel, shampoo, toothbrush and -paste), towels and washing cloths
- Nightwear, underwear, dressing gown and slippers
- If breastfeeding: a nursing bra and pillow
- Breast pads
- Monitor straps if you received these during your pregnancy

## **For the baby**

- Towels, washing cloths and bibs
- Rompers and crawling suits
- A bonnet
- A blanket
- Full clothing and socks for leave out of the hospital
- Pampers: the hospital provides a pack of pampers at a discount
- A nursing set for your baby is offered for a fee, without obligation

## When do you best come to the hospital?

In case of contractions

In case of breaking of membranes

In case of blood loss

If you're generally feeling unwell

In case of induced labor

In case of a planned caesarean section

### In case of contractions

#### What are contractions?

At the end of a pregnancy the uterus will contract, this is normal. You get hard bellies. These are painless, non-frequent, preparatory contractions.

During actual labor the belly will frequently get hard and this is considered painful. It starts with menstruation pain in the underbelly or back. The frequency and pain will progressively increase. Often you will have to change your way of breathing and stop walking around until the contraction is over.

You can wait to come to the hospital until the contractions come every 5 to 7 minutes during an

hour and do not stop when you lie down (in bath). If it's your second baby you can come to the hospital when the contractions come every 6 to 10 minutes.

The contractions make sure the cervix expires and dilates to 10 cm. Dilation means the cervix is opening so that the head or tailbone of the baby can be born. A pregnancy lasts around 40 weeks. If you experience painful contractions before 36 weeks, always come to the maternity ward. The midwives like it if you call beforehand. Even if you are not sure, you may always call.

## In case of breaking of the membranes

Either you suddenly lose a lot of amniotic fluid, or it drips out over a longer period of time. Amniotic fluid distinguishes itself from urine through its colour and smell. Amniotic fluid has a pale smell and is normally colourless with white flakes. It can also be pinkish or greenish. If your membranes break, we like to check how the baby reacts. That is why you may always come to the maternity ward after your membranes break.

## In case of blood loss

If you lose blood that is bright red (such as that during menstruation) you have to immediately come to the hospital. A little bit of red-brownish blood loss after a consultation with an internal exam or after intercourse is normal.

**Please note:** if you are worried or in doubt, don't hesitate to contact the maternity ward or your gynaecologist.

## In case of generally feeling unwell

Headache, seeing black spots, severe stomach upset, sudden swelling of hands and feet.

### Where to sign up?

Between 07h00 and 21h00 you can come via the main entrance of the hospital and sign up at the reception desk.

Between 21h00 and 07h00 you come via the emergency room.

## In case of induced labor

An induction is carried out when the labor will not start spontaneously at the end of the pregnancy, or if there is a medical reason that makes the gynaecologist decide to induce the labor.

The gynaecologist plans a time and date with you. You sign up at the reception desk and come to the maternity ward.

At the maternity ward you are shown to your room. We ask you to wear comfortable clothing and we check your parameters. After this you get an enema and we

monitor you closely. The gynaecologist or midwife performs the induction. There are multiple possibilities:

- Induce contractions and maturing the cervix with the help of a pill, this pill is inserted during an internal examination.
- Enhance contractions and maturing the cervix with a pill that melts under the tongue.
- Artificially breaking membranes with a membrane breaker. This will make the contractions stronger and more frequent.

- A so-called 'Theobald-drip' (= drip with medication that stimulates contractions). The contractions become more efficient.

If during a spontaneous labor the contractions are not strong or frequent enough, these methods can also be applied. Once the induced labor is well on its way, we follow the same procedure as with a spontaneous labor.

## 04 The labor

The midwife and gynaecologist can regularly come by to:

- See how the contractions evolve in strength, duration and frequency.
- Listen to the heartbeat of your baby with a monitor or doptone.
- Check if the dilation progresses well.
- (If needed) give pain relief.

With a **dilation of 10 cm** the baby can be born. When the front part sinks deeper it develops an urge to push. The midwife will help you in a birthing position when the head or tailbone has descended well and will let you push.

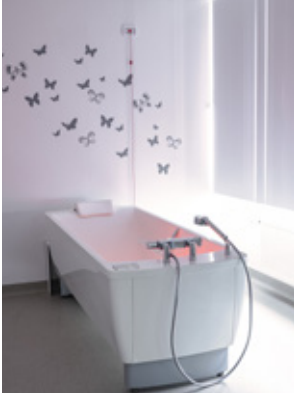
### Pain relief

There are multiple types of pain relief

- We apply breathing and relaxation techniques



- With the help of a ball, you can sit in a relaxed position that makes it easier to catch your contractions. Ask for the brochure of “bevalen met de bal” for more information.
- Water relaxes you so that contractions will be experienced as less intense and dilation often goes faster. Our delivery rooms have two birthing baths and 1 relaxation bath. Together with your midwife or gynaecologist you can discuss this type of pain relief or even birth.



- There is also the possibility to get an epidural. During your admission we take some blood to determine your coagulation value. If this is within the predetermined values, the anaesthetist can give you an epidural anesthetic in your lower back.



## 05 Childbirth

The midwife will guide you to push 3x with every contraction. When the baby is almost born, the midwife will alert the gynaecologist. The gynaecologist puts on an apron and sterile gloves and will look if a cut is necessary.

After the baby is born, he or she is placed on the stomach of the mother and dried. The umbilical cord is clamped, the baby gets his first shot of vitamin K (prevents bleedings), is weighed and measured. We want the baby to enjoy at least 1 to 2 hours of skin-to-skincontact. When breastfeeding we put the baby to the breast as soon as possible.

In the meantime the gynaecologist takes a bit of blood from the umbilical cord to determine the blood type. If there has been a cut or tear, this is stitched. Afterwards you, your baby and your partner are brought back to your room at the maternity ward.



## Immediate care after childbirth

Back at the maternity ward we let the brand new parents alone to enjoy their new family for an hour or two. If the nursing had a difficult start we try to put the baby to the breast once again. Babies that are being bottle-fed get their first bottle after we freshened you up. You can find extensive information around breastfeeding/bottlefeeding in a separate brochure you receive after your delivery or caesarean section.

After this we dress your baby and optionally clean the head. You are washed up in bed or you can shower. During this we check your blood pressure, temperature, pulse, whether you have lost too much blood and if your uterus has contracted enough.

After the washing you can optionally eat something. The first time you get out of bed after childbirth is always under the supervision of a midwife.

## A planned caesarean section



In some cases the baby can't be born the natural way. In this case a caesarean section is necessary.

This is planned beforehand. The gynaecologist plans a time and date with you. You sign up at the reception desk and come to the maternity ward.

For the caesarean section you have to be sober. You cannot eat or drink anything after midnight of the night before the procedure.

## Preparations

- Surgical gown
- Monitoring the general wellbeing of the baby
- Shaving of pubic region
- Medication to prevent possible nausea
- Anti-thrombosis socks
- Preoperative information
- Informed consent

When you are prepared, you will be brought to the operation theatre for the rachianesthetic (= epidural for caesarean section). With a rachianesthetic your partner can stay present during the caesarean section. In the meantime the paediatrician is notified and the bed is prepared for post-natal care. The midwife goes along to the operating theatre to assist the paediatrician in the care for your baby.

We always try to make sure you get a gentle section. This means “mild” or “friendly” caesarean section. It is still an operation but, other than during a classic caesarean section, during a gentle section we mimic a natural birth as much as we can. Besides this, the goal is to avoid the mother, baby and partner from being separated. This is why it is also called a natural or family friendly caesarean section. The baby will be placed with the mother as soon and as long as possible (skinning). This can only be performed with low-risk pregnancies above 37 weeks, at planned caesarean sections and only if the staffing rate allows it.

The future parents discuss this beforehand with the gynaecologist and have to be informed about the possibilities, but also the different deviations.

## The safety of mother and baby always prevail.

### Profits

- Better bonding between mother and baby
- Breastfeeding starts easier
- Less traumatic experience for mother and father
- The mother needs less pain medication
- Babies are quieter, have better bloodsugar levels, temperature and saturation and a stable heartbeat
- The start of the baby is more natural and less stressful.

Every day you are freshened up, the day after the caesarean section your bladder probe is removed and you can stand up. You still have a drip, this will be removed later. You can eat normally again. We will take a blood sampling. You get injections against thrombosis and phlebitis daily.



## 06 Your stay at the maternity ward

After a childbirth you can stay up to 4 nights at the maternity ward. In case of a caesarean section this can be longer.

If you wish this, you can also have an outpatient childbirth. This means that you leave the hospital after 1 or 2 days in case of a normal childbirth. This happens in discussion with the gynaecologist and the paediatrician who

judge your and your baby's wellbeing. At home you can opt for an independent midwife and/or maternity care.

## Daily shedule

07h00	briefing
08h00 - 08h30	Breakfast
08h00	Care
From 08h00	Exercises with physical therapist if requested doctors visit (paediatrician and gynaecologist) Dietician
12h00	Lunch
16h00	Care
17h00 - 17h30	Dinner
20h00	Evening round and dismissal preparations
21h15	Briefing
21h30	The nighttime midwives are at your service
22h00	Nighttime

After the childbirth it is important that we pay enough attention to the care for the mother. If needed, you get a bed bath after the delivery. Furthermore you are rinsed twice a day while we check your blood loss, position of the uterus, possible episiotomy, temperature, blood pressure, saturation, heartbeat and possible extra check-ups.

Every bathroom has a shower.

If you had a caesarean section, you obviously get more help during the first days.

If you are well enough, we teach you the belly button care and how to change the diaper. Your baby gets daily baths with check-ups of weight, temperature, colour, eating and sleep behaviour, the urine and bowel movement. The second or third day after the birth how to give the bath is shown, the next days you can give the bath yourself. The first 24 hours the baby is not washed.

The paediatricians are daily present. The morning after the birth and before the dismissal your baby is checked by a paediatrician. If you have questions or problems, let the midwife know.

After 72 hours a blood sampling is taken from your baby. This is to trace metabolic conditions. If there is a normal result you won't get notified. When the results are deviant, the paediatricians will notify you.

## **Identification bracelet**

Because of safety concerns you get an identification bracelet with your name and date of birth. It is of extreme importance that you wear this bracelet during your stay in our hospital. If the bracelet is removed for whatever reason, ask for a new one immediately. After the birth the baby also gets a bracelet. Be sure this bracelet is being worn until your dismissal.

## **Info for the partner**

We understand that the partner wants to spend as much time as possible with the mother and the baby. Do you want to sleep over at night, then we happily give you an extra bed. Please note: this is only possible when you have chosen and signed for a single room. We would like to bring a few 'house rules' to your attention:

- In the morning, before the care, make your own bed and fold it back shut.

- Partners that sleep over can ask for a breakfast in the morning, this is subject to a flat-rate contribution.

## **Visiting hours**

For the peace of mother and baby we ask the visitor to keep in mind the visiting hours. The partner has permanent access. It is only possible for the partner to sleep over in a single room.

In the delivery room there is no visiting allowed.

## **Choice of room**

You can choose between a single or double room. All rooms have a separate baby box and a bathroom with shower and toilet.

If there is anything broken in your room (lamp, tv,...) let the midwives know. They will request a repair at the technical department of the hospital.

## **Refrigerator**

All rooms have a refrigerator.

## **Food**

You find a QR-code along with your first meal. If you scan this code, you can choose your own meals.



## Birth registration

You have **15 calendar days** to register your baby. You can do this at the birth desk in the reception hall of the hospital or at the town hall of the city of Sint-Truiden.

### How do you make an appointment at the birth desk?

#### Birth desk hospital

Do you wish to register at the hospital? Let one of our midwives know, they can make an appointment for you. The birth desk of our hospital is open on **tuesday** and **friday** from 09h00 to 12h00.

#### Town hall

Ofcourse you can always make an appointment at the town hall. You can do this via [www.sint-truiden.be/aangifte-geboorte](http://www.sint-truiden.be/aangifte-geboorte).

### Who can register the birth?

- Are you married or is the baby acknowledged before the birth?

Then one of the parents can register. Obviously both parents may also do this together.

- Do you live together and is there no acknowledgement before birth? Both parents have to be present to register the birth.

### What do you need to register the birth?

- The identity card of both parents.
- Your marriage certificate (if married).

## **What happens after you register the birth?**

At the registration you receive a few documents:

- A certificate for your health insurance;
- A certificate for the polio vaccines;
- A couple of excerpts from the birth certificate.

## **Child & Family**

The hospital gives the regional nurse of Child & Family access to the identification data of the mother and the identification and birth data of the baby. The exchange happens with acknowledgement of the provisions of the privacy law and the patient law.

## 07

# Pregnancy complications



It can happen that you have to be hospitalized for a short or long period of time when you have pregnancy complications. You will be checked by a midwife daily through:

- CTG (monitoring): check-up of heartbeat of the baby and uterus activity
- Blood pressure measurement
- Temperature
- Pulse

Depending on the nature and severeness of the problems the gynaecologist will ask for the following examinations:

- Blood and urine research
- Ultrasound
- Possible other examinations

An admission during the pregnancy is often a cause for concern for the expecting parents. Do not hesitate to ask for more information.



Babies who are born prematurely and/or have a birth weight that is too low and/or need extra care, are being admitted to the neonatology ward. This department has two separate spaces with each its specific care level:

### **Incubator department**

At the incubator department we have 3 closed incubators. This is where the babies stay who need extra care during the first day after their birth or premature babies who still need to grow (to  $\pm 2\ 200$  gr). There are tubes between the surveillance devices and your baby. It is possible you hear an alarm every now and then. Do not let this frighten you. The midwife or doctor will give you all the needed information.

## Heated cots – phototherapy

The heated cots are for babies with a birthweight that is too low (between 2 200 – 2 500 gr.) or the children that are in transition between an incubator and a normal bed.

Our neonatology department also has a couple of phototherapy lamps. These can be used if the baby has jaundice. This is a normal condition that happens a lot with newly born babies. Babies that stay at the maternity ward can get phototherapy at the ward.

## Care

From the moment your baby's condition allows it, you can help with the care and feedings. The care and feeding hours are as followed:

- For a baby with 8 feedings:

7.30 h - 10.30 h - 13.30 h - 16.30 h - 19.30 h - 22.30 h - 1.30 h - 4.30 h

- For a baby with 7 feedings:

7.30 h - 10.30 h - 13.30 h - 16.30 h - 19.30 h - 23.00 h - 3.30 h

## Hygiene

Because the babies at our department are very vulnerable to infections it is important to pay intense attention to hygiene. This is why everybody that visits the baby should carefully wash their hands and disinfect. Preferably you also don't wear jewelry.

## Visits

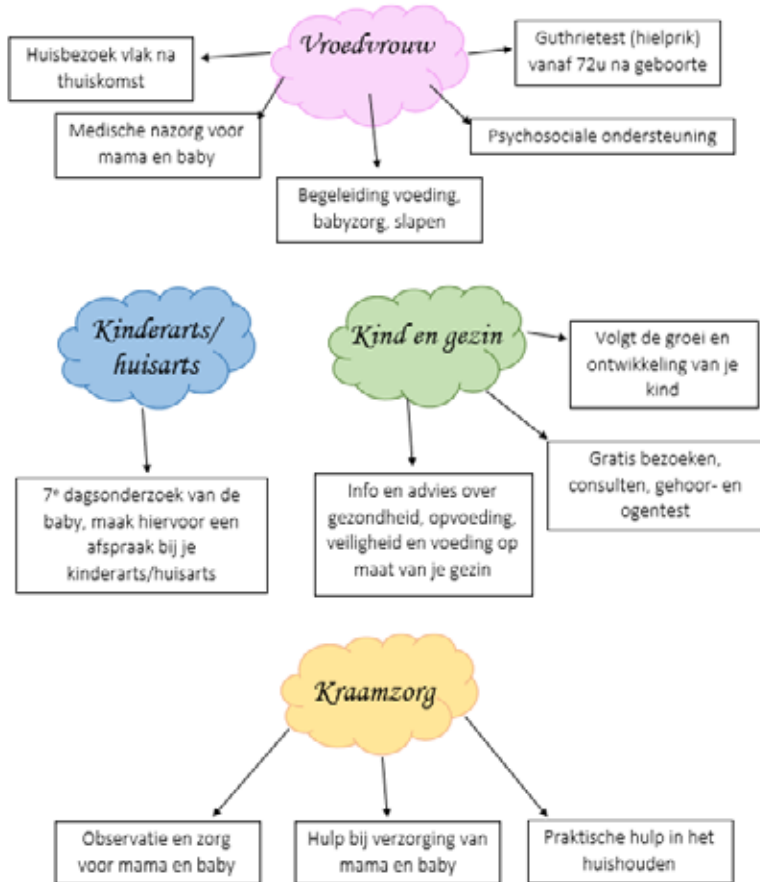
Moms and dads are always welcome. If your baby has to be admitted longer than you, you can call day and night or come by to inform about your baby's wellbeing (tel.: 011 69 58 48).

## **Dismissal**

If your baby no longer needs care at neonatology or if your baby has reached the desired weight, he can go home. The dismissal will be timely discussed with you.

## 09 Home care

### Who does what in home care?



**Be sure to take a look at our webpage.  
Scan the following QR-code:**











## Questions?

If you still have questions, you can contact us 24h/24h:

department H1 (maternity)

tel.: 011 69 98 41

<https://www.sint-trudo.be/en/departments/maternity>



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