



Montecchio Emilia Hospital  
O.U. Obstetrics and Gynaecology  
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## PREGNANCY CLINIC Waiting for birth....



If everything goes well, if labour has not started early or if there is an indication for a check-up prior to full term, after the tests for delivery, the next appointment will be at the end of the pregnancy, at the delivery department.

The pre-labour tests will be checked by the ward physicians and then, only if necessary, you will be contacted by phone on the number that you provided.

In the weeks leading up to the end of the pregnancy you need to carefully monitor:

- The presence of **ACTIVE FOETAL MOVEMENTS**. You should feel them most in the evening, your quietest moment. If you do not feel any foetal movements you can try to change position, lie on your left side, try to find a relaxing position and eat something sweet. If after doing all of these things you still don't feel any foetal movements, go to the hospital for a check-up.
- Your **BLOOD PRESSURE** must be checked at least once a week and must remain less than 140/90. It can be checked after at least 10 minutes' rest also by your GP or in a local pharmacy.
- The presence of **WIDESPREAD OEDEMA** (swelling) on your legs, arms, hands, face and trunk means that there is liquid retention. It is very common at the end of pregnancy, and if it is only slight there is no need to worry. You can quantify oedema by evaluating the increase in body weight. If you notice an increase of 2 or 3 kg in a short time, you should go to the hospital for a check-up.
- Presence of leaks of white/yellow or pinkish **VAGINAL DISCHARGE**. This is called the *MUCUS PLUG* and it is formed during pregnancy inside the neck of the womb. It is a physiological condition and means that the body is getting ready for delivery.
- **LEAKING AMNIOTIC FLUID** (transparent or pinkish water), either in large amounts or continuous small drops. This means that the sac is probably broken. Go to the hospital to be hospitalised, even if there are no contractions yet. It is not generally necessary to rush to hospital, you can get ready leisurely and have a shower before leaving. However, if there are any signs of imminent delivery or the liquid is coloured with meconium (greenish colour) go to the hospital as quickly as possible.
- **BLOODY VAGINAL DISCHARGE**: if this is not very heavy it could be due to the normal fragility of the cervix, which mainly arises at the end of pregnancy. Most of the time the discharge occurs after an examination, after sexual intercourse or after uterine contractions, even painless ones. If it presents like a heavy period mixed with clots, with a constant flow, go to the hospital as quickly as possible.

### When to go to the hospital?

In the presence of **PAINFUL CONTRACTIONS THAT ARE REGULAR IN DURATION AND INTENSITY, AT LEAST EVERY 5 MINUTES, FOR 1 TO 2 HOURS**. There are often small leaks of mucus and blood with

the contractions. If you feel unworried, you can phone the ward, explain the situation and ask for advice.

### **What to do during the initial stages of delivery and in the prodromal stage**

(preparation for delivery, with painless, irregular contractions, which can last a few hours to a few days, which is not a sign of labour)

- A hot shower or bath, even several times a day, can help to relax you.
- A walk in the open air.
- Alternate moments of rest on the bed, on the sofa, searching for SILENCE and CALM BREATHING, with more active moments, if possible maintaining free movements and positions, listening to music or having a massage.
- Rediscover intimacy with your partner (a calm couple and father create security for the mother). The home environment is familiar and intimate, so you can recreate wellness and comfort with a bath, shower, armchair and free movements and positions. Music and silence help labour and make contractions easier to handle and less painful. These conditions can also be created in the hospital, but with less intimacy.

Remember that signs of IMMEDIATE DELIVERY are painful, rhythmic contractions and lower back pain accompanied by an unrelenting desire to push.

- If you have a scheduled *C-SECTION*: go to the Obstetrics Department at the agreed time (to find out the entry time call the ward on the afternoon of the day before the appointment). You need to fast (food and drink) from midnight the evening before.
- If you reach *FULL TERM* and nothing has happened yet: go to the appointment that you were given during the pre-delivery consultation, which generally coincides with your due date. If your pregnancy is considered low-risk, the midwife will check yours and the baby's health, whereas if the pregnancy is considered high-risk, the midwife and the gynaecologist will do a cardiotocography, an ultrasound and an examination. If everything is going well, you will be given the date of your next appointment.
- If you have gone past your due date (41 weeks+ ... or earlier, if appropriate) hospitalisation will be scheduled to induce birth using drugs. In this case, go to the pregnancy clinic on the established date at 7.30 am, after having breakfast at home, and bring your suitcase.
- If you have gone past your due date, or in certain situations where it is advised to do so, the midwives of the pregnancy clinic will propose natural induction methods to facilitate the start of labour.

To enter the ward, from Monday to Friday morning, go straight to the pregnancy clinic, whereas in the afternoon and night go to the Obstetrics Department.

During hospitalisation, keep visits of relatives and friends to a minimum to protect your "precious" rest and the wellbeing of your child (as well as reducing the risk of possible infections) and respect visiting times.

The father of the baby can access the ward at any time except during the night (from midnight) and during medical examinations.

### **TELEPHONE NUMBERS**

- ❖ Pregnancy clinic (+ 39) 0522 / 860138 from Monday to Friday from 7:30 to 13:30
- ❖ Obstetrics Department (+39) 0522 / 860266

Thank you for your cooperation!