

MAMMAMIA!



**What you need to know
in pregnancy and the early stages
of your child's life**

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PIANOTERRA ONLUS

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*... What magic has snared
the world's treasure
in these slender arms of mine?*

"The Beginning" in "The Crescent Moon"
by Rabindranath Tagore

When a baby is born, a mother is born

This brief guide aims to support parents who are starting out on the most demanding, difficult, but wonderful duty that life offers.

Bringing up a child is hard work, possibly the most challenging job that exists.

It's a never-ending job, with no lunch breaks, days off, and, above all, holidays. Every mother quickly learns what it means to be on top of the world one minute, and down in the dumps the next. There's no magic potion to make all your problems disappear; but don't let yourself be overwhelmed by emotions – they're perfectly normal, and will pass – and don't lose faith in yourself and your abilities. Commitment, willpower and patience are all essential – and in the meantime, we hope these suggestions for preventing problems and taking care of yourself and your newborn will be useful.

Don't spend too much time alone, but make sure you get out and meet other new mothers; share your joys and worries with them: this will help you not to feel inadequate because you'll realize that the difficulties are something you have in common, and tough moments can be shared. A walk outside, taking a little time for yourself, a coffee with friends, and asking for help if you need to, won't make you any less of a good mother, but will help you to be more aware, and ready to search for answers.

We all make mistakes, and all the mothers in the world have made mistakes and always will but you can learn from mistakes and get something positive from them, and grow and improve; but this will take time – it won't happen overnight.

No one has ever written the manual of the “perfect mother” because she doesn't exist or, even if she did exist, probably no child would like to have her as a mum.

A mother who always knows everything, and who has all the perfect answers to all the questions in the world... how boring that would be!

Mothers learn together with their children; obviously, they know a little more, but they will discover so much more while interacting together.

So we should always remember that when a baby is born, a mother is born!

WE HOPE YOU ENJOY READING!

PLANNING FOR A BABY

Getting ready!



Adopt a healthy life-style

Good rules that apply both to the mother and the father-to-be are: **STOP SMOKING, LIMIT ALCOHOL USE, AVOID DRUGS**, and maintain a healthy weight - being over- or underweight can both present major risks for expectant mothers, for different reasons.

It is also good practice to check your diet, which must be as varied, as balanced and healthy as possible, with lots of fresh fruit and vegetables.



Avoid contact with toxic and harmful chemical substances

Avoid exposure to chemicals, **TOXIC SUBSTANCES** or situations that could cause infections, including some cosmetic products such as hair dyes containing ammonia.



Take exercise

Physical exercise helps you to keep your weight under control, and to start your pregnancy in the best possible physical condition, but it also has **POSITIVE EFFECTS ON FERTILITY AND ON YOUR MOOD**.



Take folic acid

FOLIC ACID is the main supplement to be taken by all women, for at least one month before conception and throughout the first trimester of gestation.



Plan a visit to the gynecologist

HAVE A CHECK-UP AND AN ULTRASOUND SCAN SCAN to check that everything is working well and there are no obstacles to conception.

The most important moment of the check-up is the overview of personal and family medical history (Ital: "anamnesi"): the gynecologist will ask questions to check if the parents-to-be or their families suffer from pathologies that may constitute risk factors for pregnancy.

Have the Rubella (German Measles) test

The **RUBELLA-TEST** is one of the compulsory blood tests which tells you if you have had Rubella (German Measles) in the past (and, therefore, if you have antibodies). If the test is negative, you will need to be vaccinated. After vaccine, however, **you must wait** for a while before trying for a baby. Ask your doctor for advice.

Find out if your toxo-test is negative, and take all the necessary precautions

The **TOXO-TEST** is necessary to check if you have antibodies against toxoplasmosis in your body. There is no vaccine against this disease but if the test is negative, you should take extra care (avoid touching cat faeces, do not eat raw meats or salami, carefully wash raw vegetables and fruit that grow directly in the soil).



Check that any medicines you are taking have no counter-indications regarding pregnancy

Some diseases - especially maternal, but sometimes even paternal - can influence the positive progress of the pregnancy and may cause complications, determined by the pathology itself or by the medicines used to treat it.

Diseases such as **DIABETES, HYPERTENSION, THYROID PROBLEMS, ASTHMA, DEPRESSION, EPILEPSY** are not incompatible with motherhood; in these cases pregnancy should be planned. In certain situations, therapy must be suspended; in other circumstances, you may need to check with your doctor to review the type or the dosage of medicines, before trying to conceive.

Have a pap test and a vaginal swab

If you haven't had a **PAP TEST**, for over one year, you should have one, to exclude cervical pathologies. If necessary your gynecologist will also take a **VAGINAL SWAB** to rule out vaginal infections such as Candida, which can interfere with both conception and successful gestation.

IN ITALY YOUR HEALTH IS A RIGHT!

THE ITALIAN REPUBLIC PROTECTS HEALTH AS A FUNDAMENTAL RIGHT OF THE INDIVIDUAL AND IN THE COLLECTIVE INTEREST, AND GUARANTEES FREE HEALTH CARE TO THE PEOPLE MOST IN NEED.

(Italian Constitution, part I, title II, art. 32)

If you are a foreigner and DO NOT HAVE a residence permit, you can ask for help in the hospital. Italian law prohibits hospital staff from reporting to the authorities anyone who does not have a residence permit. If you have health problems, you are entitled to proper treatment. You can get the **STP** card (“Straniero Temporaneamente Presente”= Temporarily Present Foreigner). This card (to be requested at the Registry Office of the local ASL) allows you: to contact the STP Outpatient Clinics, to go to hospital and, in the case of an emergency, to be admitted to hospital.

If you are expecting a child and DO NOT have a residence permit, you can ask for a permit for the whole period of pregnancy and for the six months following the child’s birth. You must go to the Questura (Police Headquarters) with a certificate stating that you are pregnant and indicating the due date of birth.

If you are expecting, and you have a residence permit and are an employee registered with INPS remember to prepare the INPS certificate in time for your compulsory maternity leave from work: **this procedure has to be completed by the 28th week of gestation**. This will give you the right to be absent from work and to continue to receive a portion of your salary, which will be paid to you by INPS.

Find out more on INPS website www.inps.it

All mandatory checkups are free of charge.

After the child’s birth you can request baby bonuses, family allowances, etc. (look at the INPS website or contact your local authority “comune” offices (or ‘municipality’) for any necessary information).

If you have any doubts, do get in contact with Pianoterra onlus tel. 081.293433 • 06.64871120

EXPECTING A BABY

Important things to do!

THE FIRST TRIMESTER OF PREGNANCY by the 13th week



Your first visit to the gynecologist

You will need to pay a visit to the gynecologist **within 10 weeks of pregnancy**. The doctor measures blood pressure, checks your weight, determines the due date of birth (estimated date of delivery) and prescribes any necessary tests.



Only private gynecological check-ups are subject to a fee. If you go to a gynecologist who works in public facilities (Hospitals and Family Health Clinics - "Consultori Familiari"), then the consultation will be free of charge.



Blood and urine tests

These are all **FREE OF CHARGE** tests, if you go to public facilities (or centres affiliated with the National Health System). These tests must be requested by a family doctor or by a gynecologist who works in a public facility. In this phase of pregnancy, the following tests are **FREE OF CHARGE**: urine test (and urine culture, where appropriate), blood group for both partners, blood count and infectious diseases tests: HIV, Rubella, Syphilis, Toxoplasmosis, Hepatitis B and C. Other necessary tests for both partners are: blood glucose, transaminases, erythrocyte antibodies (Coombs test). This last test should be repeated every month if a woman has Rh negative blood type).



First trimester ultrasound

Done to confirm the pregnancy, to establish the correct dating and to check the baby's heartbeat.



OTHER OPTIONAL TESTS **SUBJECT TO A FEE (BUT FREE OF CHARGE IF PREGNANCY IS AT A RISK)**:

Cytomegalovirus • Hemoglobin electrophoresis • Tritest • Chorionic villi • Nuchal translucency scan (exempt from charges, if a woman is over 35 years of age)



During this period of time, you may have symptoms such as: nausea, heavy and swollen legs and hemorrhoids. Ask your doctor how to prevent and alleviate these problems: even if they are not serious, they can be very annoying!

THE SECOND TRIMESTER OF PREGNANCY 14th - 28th week



Gynecological appointment

During your check-up in the second trimester, the gynecologist checks the various lab test results and prescribes therapies, when necessary. The doctor also measures blood pressure and evaluates your weight gain.



Blood and urine tests

In this trimester, **FREE OF CHARGE** tests are: blood count, chemical, physical and microscopical urine test (and possibly a urine culture test if bacteria is present).



Morphology Scan

You need to book this ultrasound scan well in advance, in order to take it free of charge. This kind of ultrasound is much more accurate than the previous scans, and it serves to detect the presence of any abnormalities.



OTHER OPTIONAL TESTS **SUBJECT TO A FEE (BUT FREE OF CHARGE, IF THE PREGNANCY IS AT RISK):**

Pap test • General vaginal swab (research for chlamydia and mycoplasmas) • Minimum glycaemic load curve (useful when there is familiarity with diabetes, obesity or excessive weight gain during the pregnancy) • Doppler ultrasound scan of the uterine/fetal arteries (if the previous scan showed any blood flow anomalies).



*If you are an employee with regular INPS contributions, it's important to remember to prepare the **INPS CERTIFICATE** in time in order to get the compulsory leave from work: the certificate needs to be completed **by the 28th week**.*



This could be the right time to start an ANTE-NATAL COURSE (to prepare for the birth). The meetings prepare future parents for the experience of labour and childbirth, breastfeeding and child care. Find out more about it at your Family Health Clinic (local "Consultorio familiare").

This course is completely **FREE OF CHARGE!**

Contact us at Pianoterra for suggestions and support.

THE THIRD TRIMESTER OF PREGNANCY from the 28th week to the birth



Gynecological appointment

As in previous appointments, the gynecologist checks the lab test results, evaluates weight gain and measures arterial blood pressure. During the consultation, the doctor will explain the signs you should be aware of in order to recognize onset of labour, and delivery methods.



Blood and urine tests

In this trimester, **FREE OF CHARGE** tests are: blood count plus ferritin (necessary to check if the woman has adequate iron reserves), chemical, physical and microscopic urine tests (and urine culture, where appropriate, if bacteria is present), and to check for hepatitis viruses B and C, and for HIV (between the 33rd and 37th week).

Vaginal-rectal swab

This examination serves to exclude the presence of group B beta-hemolytic streptococcus infection.



*This is **NOT a free of charge exam**, but it is strongly recommended in the new guidelines issued by the Ministry of Health.*



Third trimester ultrasound scan

Done around the 32nd week of gestation, this is useful to evaluate the growth of the fetus, the amount of amniotic fluid and the morphology of the placenta.



OTHER OPTIONAL EXAMS SUBJECT TO A FEE (BUT FREE OF CHARGE, IF PREGNANCY IS AT RISK):

Vaginal or rectal swab to check for streptococcus B • Electrocardiogram • Cardiocography (CTG) (the date should be scheduled according to your needs, generally by booking the exam in the hospital where you have chosen to give birth) • fetal arterial and venous Doppler (ultrasound screening).



It is good practice to check your blood pressure at home or at the pharmacy every week (from the 38th - 40th week of gestation even twice a week). If the readings are above 140 mmHg (maximum) or 90 mmHg (minimum), consult the gynecologist.

THE MOMENT YOU HAVE BEEN WAITING FOR Going to hospital!

Your due date is approaching. No one can know exactly when the baby will come (except in the case of a planned cesarean, or C-section), but a series of signs will alert you when it is time to go to your local hospital.



If you have no one who can take you to the hospital, you can call the emergency number 118 and an ambulance will come and take you to the nearest hospital.

At the time of admission, you will have a gynecological examination to ascertain labour and a doctor will complete the medical records for the Hospital.



It's very important to put together, in advance, a file with all the results of the diagnostic tests taken during pregnancy, because you need to bring it with you for hospital admission!

What else do you need to take? A SUITCASE with everything that mother and baby may need, including your HEALTH CARD.

It is a good idea to start getting your suitcase ready from the 7th month onwards.



THE BIRTH

Labour and natural delivery

HOW DOES LABOUR BEGIN?

In the days before the start of the labour, the presence of **nausea/vomiting or diarrhea** is an absolutely normal symptom. This is nature's way of cleansing the gastro-intestinal tract.

- **Loss of the mucus plug:** some women find some gelatinous mucus, streaked with reddish or brown blood. This indicates that the cervix is starting to open.
- Signs of the beginning of uterine activity are: a **painful sensation** similar to menstrual period cramps, a pain in the vagina and in the lower part of your back.
- Presence of **uterine contractions:** the first contractions can be either very strong or quite weak; they can be spaced apart or already very close to each other (one occurring every 10-15 minutes). Pain perception varies from woman to woman; it is generally a very strong feeling of pressure in the lower abdomen or in the lumbar area. It passes like a wave: it starts, grows, reaches its peak and then decreases, until it completely disappears.
- **Rupturing of the membranes** (ie. loss of water): it can occur even in the absence of contractions.

GO TO HOSPITAL WHEN:

- **Your waters break** (amniotic membranes)
- **You have blood loss**
- **You have regular contractions every 10 minutes, for at least 1-2 hours** or if you start feeling anxious due to living far from the hospital
- **You don't feel the baby moving** ((you should count a minimum of 15 fetal movements in 24 hours)

STAGES OF LABOUR:

The obstetrician in the hospital evaluates the dilation of the cervix by examining you. After the first 3-4 cm of dilation, the labour becomes **active**, with intense and regular contractions, and progresses up to **complete dilation of 10 cm**.

This phase is followed by powerful expulsive contractions that end with the birth of the child (**EXPULSIVE phase**).

The **afterbirth phase** completes the delivery with the expulsion of the placenta.

C-section

The C-section is a surgical operation and, therefore, it involves an anesthetic (there are different types of anesthesia), an incision just above the pubic hair, and the manual extraction of the fetus. The hospital stay is slightly longer than if you have a natural delivery, and the recovery time from a C-section is a little longer, too. In some cases, the C-section can be programmed: for example, in the case of a baby in a breech position, placenta previa, etc. Usually, the operation should be planned for the 39th week of gestation.



If you have previously given birth by C-section, it does not necessarily mean that the following deliveries will be C-section again. Find out about VBAC (Vaginal Birth After Cesarean).

The umbilical cord

During pregnancy, the baby was fed and received oxygen through the umbilical cord connected to the placenta. At birth, the midwife cuts the umbilical cord a few centimeters from the baby's abdomen and clamps it. Before baby is discharged from hospital, the nursery staff will provide the parents with instructions for cleaning the umbilical cord stump. The stump must always be kept dry and clean: you should carefully wash your hands when you need to replace the gauze when it becomes dirty or wet with the baby's feces or urine. Around 7-10 days after the birth, the stump will spontaneously fall off.

AFTER CHILDBIRTH

Lochia

In the period of time immediately following the delivery (both vaginal and cesarean), you will have lochia, a vaginal bleeding very similar to a heavy period; this process is due to the elimination of placental residues and epithelial cells present in the uterus.

First postpartum period

The first postpartum period is the **first menstruation after childbirth**: precisely when it will appear differs from woman to woman, and is partly linked to the duration and frequency of breastfeeding.

Return of fertility

It is wrongly believed that it is not possible to become pregnant again when breastfeeding and before the first postpartum period. Actually, **you could be fertile just a few weeks after the baby was born**. It is good practice to see the gynecologist six weeks after giving birth for a general check-up.



If you do not wish to fall pregnant again immediately, your doctor may suggest the use of a contraceptive method suitable for you during this period of time.

FEEDING BABY

Breastfeeding

Breast milk is the best nourishment for the child from the day of birth up to the first year of life. Mother's milk is a "live" food that changes over time to adapt to the infant's nutritional and digestive needs. Thanks to its high content of specific antibodies, mother's milk protects the baby against infections, too.

Colostrum, which was already produced by the breast in the last weeks of pregnancy, is the first milk; it is yellow in colour and rich in antibodies, proteins, mineral salts and nutrients. The best way to start breastfeeding successfully in the first four weeks of baby's life, is **to let the baby suck whenever he/she shows signs of hunger and for as long as he/she wants (from 8 to 12 times in 24 hours)**. The more efficiently the baby attaches to the breast, the more milk is produced. Positive signs of successful breastfeeding are: you have to change the nappies at least six times a day, since the child becomes dirty with feces and urine; baby's weight increases by least 125 grams a week and his/her general state is lively and not lethargic.

In the six weeks following the birth, new mothers need to rest a lot, eat well and create a network of practical and emotional help and support.



Skin-to-skin contact with the mother stimulates the baby's search for the breast and promotes mutual intimacy. The mum/baby connection develops in the child through all his/her senses: cuddles, kisses and the mother's voice feed him/her almost as much as her milk. Breastfeeding is a gesture of love, it is the most natural, practical and economical way to continue the unique and special relationship between mother and baby, already created during pregnancy.

Mixed feeding

In some cases, the mother's milk is not sufficient and can **be supplemented with formula milk**. It is good to always offer the breast as a first option and then the supplementary feed. Even small amounts of breast milk provide the child with good coverage against illness and strengthen the bond with the mother.

Bottle feeding

There are cases when breastfeeding is not possible, so artificial feeding may be used: there are excellent formula milks that respond perfectly to the growth and development needs of the newborn.



It's perfectly normal to encounter some difficulties during breastfeeding. If you need advice or just to talk about it, contact us at Pianoterra.

AFTER BABY IS BORN

Mum, be sure to take care of yourself!

After childbirth, it is important that a **new mother's physical and mental recovery** is progressing normally, and that there are no complications or infections of any kind. Usually, the gynecologist or the midwife takes care of the first checks after childbirth, but it is up to the woman - during the following days and weeks - to continue to take care of her body by scheduling all the necessary visits and tests: a **full gynecological check-up, a check for any stitches/sutures, heart rate and blood pressure.**



During childbirth, if you lost a lot of blood, your red blood cells should also be monitored. If you have a high temperature, pain when you urinate, excessive blood loss, chest pains, anxiety, very swollen legs or aching breasts, please consult your doctor.

Even if there are no particular symptoms, it is a good idea to have a **general check-up around six weeks after the birth** to check especially that the uterus has returned to normal, that the C-section or episiotomy scar has dried and that the perineal muscles are regaining their tone.

During this consultation, in addition to these specific checks, all the routine examinations such as a pap test and breast palpation are performed again.

This is also the perfect chance for the new mother **to ask for information on the resumption of sexual activity and to address any doubts she may have about contraceptive methods.**

Rehabilitation of perineal muscles

The perineum is one of the muscles that support the abdominal and pelvic organs. After giving birth, it's important to restore muscle tone through simple daily exercises. It is good practice to wait at least 40 days after giving birth, to allow the tissues to relax, the uterus and other organs to resume their position and the body in general to adjust to the new situation.

What is rehabilitation for?

- to prevent incontinence even in the long term;
- to resume a satisfactory sex life, after giving birth;
- to prevent or treat prolapse of the uterus or the bladder.



How is it done?

- contract the muscles around the urethra as if to stop the flow of urine;
- check that you are contracting the right muscles, trying to stop the flow of urine;
- this exercise must be accompanied by correct breathing.

Feeling sad, tired, dejected, disappointed, frustrated can be normal after giving birth. You need time and patience to get used to all the changes you are experiencing and also, gradually, over time, your hormones will settle down.

Don't hesitate to ask for help if you feel the need. Talk to other mothers, and to your friends, do share your difficulties without fear or shame.

Remember that there is Family Counselling, and Centers and Associations like ours ready to welcome you, if you feel the need to talk to someone.

Just call us!



LIFE WITH YOUR NEWBORN

Check-ups, documents and vaccines

Immediately after the birth, the midwife or the doctor who assisted you writes a **declaration of birth** that the parents must present, within 3 days, to the Health Directorate of the Hospital. The hospital itself will communicate the birth of the child to the local Registrar of the Municipality. If you have not registered the newborn in the hospital, you can do it within 10 days directly at the Civil Status Office of the Municipality “Comune” in the area where baby was born, or at the Municipality of residence of the parents. You can find out about receiving a Fiscal Code (Tax Code) for baby by asking for information at the same Municipality offices. In all the above cases, you will need to bring an ID, the Health Service Card and state the name, surname and date of birth of the child. If the baby’s parents are not married, both of them must be present.

First pediatric check-up within 7/10 days of birth

If the child was born in the hospital, it will be possible to get an appointment for the first visit directly at the hospital where he/she was born, after hospital discharge; or, alternatively, you can contact a pediatrician at the ASL (please see next paragraph).

Choosing the ASL pediatrician

Once at home, parents must choose the child’s pediatrician from the ASL list. This service is free; the pediatrician will follow the child up to the age of 14. He/she will give advice on vaccines and lab. tests and other examinations if necessary.

Vaccines

Vaccinating the baby from the first months of life is very important to protect him/her effectively and safely from some infectious diseases. Sometimes, vaccines are a source of worry for parents; it’s good not to make risky choices and the best thing to do is to talk about it with the pediatrician, if you have any doubts and questions.

In Italy, vaccines are either: **MANDATORY or OPTIONAL.**

- **COMPULSORY vaccines (that must be done)** are aimed at protecting the child from dangerous diseases and at protecting society as a whole by preventing the disease from spreading. These vaccines are: **anti-diphtheria, anti-tetanus, anti-polio, anti-hepatitis-B, anti-pertussis, anti-Haemophilus influenzae type b, anti-measles, anti-rubella, anti-mumps, anti-chicken pox.** Other vaccines are offered on a voluntary basis, but the National Health System strongly encourages their use and offers them free of charge.

- For **OPTIONAL** vaccines (which you can choose to have, or not), their effectiveness and safety is the same as for the mandatory vaccines; however, the advantage for the individual prevails on the advantage for the society: for this reason, the choice is up to the parent whether he/she decides to protect the child or not.

Vaccination scheduling

VACCINATION	WHEN	
Hexavalent* + Pneumococcus	61st day of life	
Meningococcus B	after 15 days	76th day
Meningococcus B	after 1 month	106th day
Hexavalent + Pneumococcus	after 15 days	121st day-beginning 5th month
Meningococcus B	after 1 month	151st day-beginning 6th month
Hexavalent + Pneumococcus	end of the 11th month	
Meningococcus B	13th month	
Meningococcus C	after the 12th month	
MPR** o MPRV***	between 13th and 15th month	

* Hexavalent: DTPa (diphtheria, tetanus, pertussis) + IPV (polio) + EpB (Hepatitis B) + Hib (Haemophilus influenzae type b)

** MPR: Measles, Mumps, Rubella; *** MPRV (+ Chickenpox)

Hip ultrasound scan

This is a non-invasive test that can be useful for the early **detection of a congenital anomaly called dislocation or developmental dysplasia of the hip**, a congenital defect that results in the head of the femur escaping from its socket.

This test is usually paid for by the National Health Service, but it may involve the payment of a “ticket”, or fee, depending on different Regional Health Regulations.



It is good practice not to postpone this examination for too long: when the baby is 3 months old, the hip must be normal, and any possible dislocation requires early diagnosis and treatment.



It's a good idea to rely on your pediatrician for up-to-date information on vaccines. The list shown here is only indicative; the pediatrician will indicate the vaccines your baby needs; this also applies to the child's psychophysical development.

THE LANGUAGE & CULTURAL MEDIATION SERVICE

This essential service ensures and facilitates communication and mutual understanding between public service operators and foreign users.

It may often be difficult to understand the meaning of certain documents that you have to show, or of forms that you need to fill out and of medical terms and procedures that you need to follow.



If you experience problems because you do not speak Italian well, you can request the assistance of a cultural-language mediator from your country of origin.

OTHER INFORMATION

Family Counseling

Family Counseling is a public health service available to women, couples, families, children and adolescents.

It is possible to refer to the counseling center for any problem concerning pregnancy, post-natal issues, breastfeeding, vaccines. The counseling center also provides legal support, psychological support and much more.

Hospitals - Birth Points

Generally, it is necessary to be referred by the family doctor if you need to be hospitalized; in emergency situations, however, go directly to the Emergency Room.

If you are a foreigner and do not have a residence permit, you can ask for help in the hospital. Italian law prohibits hospital staff from reporting to the authorities anyone who does not have a residence permit.

The Social Services

Social Services Centers are the connection between families and the system of interventions to respond to the different needs of family units. In each municipality of the city there is a Social Services office where you can obtain information and guidance on **social rights and opportunities**, on the activation of individual and family **aid measures**.

CAF

The **Tax Assistance Centers**, which are located all throughout the city, offer a variety of services including, for example, the calculation of the **ISEE** indicator: this is based on the household's economic situation and permits access to subsidized social benefits such as **family allowances, fees for nursery schools, home services, etc.**

The National Health System (SSN)

Italian citizens who are residents, newborn residents, EU citizens residing in Italy, homeless people and non-EU citizens with a valid residence permit have the right to register with the National Health Service. Registration with the National Health Service (to be done at your local ASL office) is documented by the **Health Service Card**, which is sent to your home address by the Revenue Agency. The client's personal data and tax code are shown on the card; the card must be presented to receive all the services offered by the National Health Service and for healthcare in other

European Union countries.

Registration at the National Health Service entitles you to choose a **family doctor** and a **pediatrician for children up to 14 years of age**. These doctors guarantee free of charge doctor's studio and home visits, prescriptions for medicines and requests for specialist consultations. The medicines prescribed by these doctors are provided by pharmacies: "life-saving" medicines are free of charge, other kinds of pharmaceuticals require the payment of a "ticket" or contribution, others need full payment.

IF YOU DO NOT HAVE A RESIDENCE PERMIT but you have major health problems, you can still be treated. You have the right to obtain the **STP (Temporarily Present Foreigner)** card. This card allows you to: be treated in STP Outpatient Clinics, go to hospital and, in cases of urgency, be hospitalized.

IF YOU ARE EXPECTING A CHILD AND YOU DO NOT HAVE A RESIDENCE PERMIT, you can ask for a temporary permit, valid for the period of pregnancy and for the 6 months following the birth of the child. **HOW?** You must go to the police station with a certificate that states that you are pregnant and shows the expected date of delivery.

Anti-violence Centers

Anti-violence Centers are structures to shelter women who are victims of violence. **There are different services for women in danger** telephone assistance, personal interviews, hospitality in the so-called shelter houses, and assistance with escape from violence and legal assistance. **1522 is a free national number** that you can call for help and / or to get useful information.

The emergency medical service

There is an emergency medical service in every Health District, **replacing the family doctor or the pediatrician for home-visits at night from 8.00 pm to 8.00 am, and from 10.00 am on Saturday or pre-holiday days to 8.00 am on Monday or to the 1st working day after national holidays.**

The **emergency medical service** ("Guardia Medica") guarantees on-site consultations and home-based interventions, issues prescriptions for medicines for emergency treatment and certificates of illness in case of need only, and for a maximum period of three days.

It cannot guarantee intervention which falls within the competence of the 118 emergency service or replace the family doctor or pediatricians for ordinary local practice.

Ask your family doctor for the phone number of your neighbourhood emergency medical service (Guardia Medica).

IMPORTANT WORDS TO KNOW

AMNIOTIC LIQUID

It is a clear, whitish liquid, consisting mainly of water: it constitutes the protected environment in which the EMBRYO (←), and subsequently the FETUS (←), grows, develops and matures.

ANTE-NATAL COURSE (AND PARENTHOOD TRAINING)

This is a pre-birth course, either public or private, for parents-to-be, which follows the guidelines of the Ministry of Health, according to which “women must receive information on PREGNANCY (←), childbirth, breastfeeding and child care”.

ASL (LOCAL HEALTH SERVICE)

This is a local public body that carries out the activities and tasks of the Italian National Health System (SSN) in a specific local area. It consists of three different structures: the hospital unit, the social-health district and the prevention department.

BREAKING OF THE WATERS

This is when the amniotic sac breaks or ruptures, and so the AMNIOTIC LIQUID (←) leaks out; it is one of the signs indicating that LABOUR (←) will soon start.

BREECH

A baby is breech when it is not positioned in the UTERUS (←) with the head towards the vaginal canal – as happens most commonly – but it is curled, with bottom and legs downwards, or with the bottom downwards, while the legs are extended and the feet are up close to the face.

CESAREAN (SECTION OR DELIVERY)

This is a surgical procedure that allows the extraction of the FETUS (←) through a cut in the abdominal and uterine wall. It is carried out when vaginal birth presents risks for the mother or the child (eg. placenta partly or totally covering the cervix, breech presentation, maternal genital infections).

CONCEPTION

This indicates the moment of fertilization and the beginning of PREGNANCY (←). Starting from the date of the last menstrual period, you can calculate the “estimated” date of conception and due date (of birth) and also monitor the growth of the FETUS (←) and plan for any necessary tests.

CONTRACEPTIVES (METHODS)

These are methods or devices used to prevent PREGNANCY (←). The GYNECOLOGIST (←) can suggest the use of an appropriate contraceptive method based on a woman’s needs and her general psychophysical conditions.

DIAGNOSIS

Identification of a disease, pathology or injury by studying the patient’s symptoms and supporting clinical and instrumental tests. The Diagnosis is followed by PROGNOSIS (←) or the prediction for the probable course of the disease and the time needed to recover from it.

ELECTROCARDIOGRAM (ECG)

This is the graphic reproduction of the electrical activity of the heart beating. It is a very quick and painless exam.

EMBRYO

This is the immediate result of CONCEPTION (←), the beginning of a multiplication and cell division that will lead to the development of the FETUS in 8 weeks’ time (←).

EPISIOTOMY

It is an incision of PERINEAL tissues (←) which may be performed during childbirth, at the end of the pushing / expulsive stage, to facilitate the child’s birth. It may be done, occasionally, to reduce the risk of maternal trauma or when the baby must be born as quickly as possible.

FERTILITY

The fertile period, in a woman of reproductive age, generally corresponds to the second and third week from the beginning of the last period. These are the days when

CONCEPTION (←) can occur. Generally speaking, a woman's fertile age ranges from the appearance of the first period (menarche) to menopause.

FETUS

From the 9th week after CONCEPTION (←) we refer to the Fetus. The fetal period is characterized by a progressive development of the body and the development of different tissues and organs.

FOLIC ACID

This vitamin, also called B₉, is essential for the prevention of neonatal malformations particularly in the early stages of embryonic development.

GLYCEMIA

It shows the amount of glucose (sugar) in the blood. It is very important to check the level during pregnancy since too high values lead to gestational "Diabetes Mellitus" which can be harmful for the child and involve problems such as: MACROSOMY (←), fetal distress and metabolic problems, even after birth.

GYNECOLOGIST

This is the doctor who specializes in the prevention and treatment of diseases of the female genital tract and of any pathologies related to the reproductive sphere. A gynecologist accompanies the woman from puberty to post-menopause and is a specialist in obstetrics and also follows the woman during her PREGNANCY (←) and childbirth.

HEPATITIS B

This is an infectious disease caused by the HBV virus that affects the liver. Transmission of Hepatitis B occurs through exposure to infected blood or body fluids such as sperm and vaginal fluids. The Anti-Hepatitis B VACCINE (←) is considered particularly safe; side effects are rare and very mild.

HEALTH CARD

This personal document allows access the National Health System services. A Health Card valid for one year is automatically sent to newborns after the Tax Code has been allocated; once the assistance data has been acquired by the relevant ASL (←), the full card is automatically sent, with a standard expiry date.

HEALTH “TICKET”

There is a contributory charge or tax on certain medical services which are provided by the National Health Service. Some categories of people are exempt from paying for the ticket, or fee; the criteria are based on income, age and other specific situations identified by the ASL (←).

HIV / AIDS

This is Acquired Immunodeficiency Virus. Before conceiving a child or within the first trimester of PREGNANCY (←), it is advisable to carry out the test because the disease can be not only sexually transmitted, but also through contact with biological fluids (blood, sperm, vaginal secretions, breast milk). In case of proven seropositivity, anti-retroviral medicines can be taken from the 12th week of pregnancy. The above therapy must be continued throughout GESTATION (←), during LABOUR (←) and childbirth.

LABOUR

This is the set of phenomena, generally painful, that accompany the expulsion of the FETUS (←). It consists of four phases: Preparatory (or Prodromal), Dilating, Expulsive and Afterbirth. The Preparatory phase is characterized by the presence of irregular contractions for a variable amount of time. Then the contractions increase in intensity and duration, up to the complete dilation of the UTERUS cervix (←). At this point, the expulsive phase begins in which the child “comes into the world”. With the afterbirth the PLACENTA (←) is expelled.

MACROSOMIC

The newborn is called Macrosomic when it exceeds four kilograms of weight at birth. In the case of fetal macrosomia, difficulties may occur during childbirth and, in some cases the need for a CESAREAN SECTION (←) may be evaluated.

MILK (FORMULATED OR IN FORMULA)

Breast milk is the best food for babies from their birth to the first year of life. If it is not possible to breastfeed exclusively, a Formula Milk can be added in order to supplement the breast milk. In some cases, it may be necessary to resort to exclusive milk formula feeding.

NEONATOLOGIST

This is the PEDIATRICIAN (←), who specializes in the care of newborn babies from birth and through the first month of life.

OBSTETRICIAN

The Obstetrician is a healthcare professional who assists and advises women during PREGNANCY (←), during childbirth and in puerperium (period of recovery). The obstetrician is able to identify potentially pathological situations that require medical intervention and, if necessary, to carry out emergency measures. The obstetrician works in public or private health structures.

ORTHOPEDIC

A doctor specialized in DIAGNOSIS (←) and treatment of problems of the musculoskeletal system: bones, joints, ligaments, tendons, muscles and nerves.

PAP TEST

An examination for rapid DIAGNOSIS (←) of cancer of the cervix or neck of the UTERUS (←); it can give useful indications regarding hormonal balance and allow the recognition of bacterial, viral or fungal infections. It is a simple and painless test that is performed by taking a small number of cells from the cervix of the UTERUS (←) with an Ayre spatula and a cervical swab.

PATHOLOGY

The study of a disease, of its development and the identification of the relevant treatment.

PEDIATRICIAN

The doctor who deals with psychophysical development of children, up to the age of fourteen and with the DIAGNOSIS (←) and the therapy of childhood diseases.

PERINEUM

One of the muscles that support the abdominal and pelvic organs, which contain and protect the child in the UTERUS (←). These muscles have an essential function during LABOUR (←) and childbirth; after the birth these muscles must recover and regain muscle tone.

PLACENTA

A spongy organ rich in blood vessels that forms on the inner wall of the UTERUS (←) during PREGNANCY (←); through the UMBILICAL CORD (←), it nourishes the FETUS (←) and allows it to breathe.

PREGNANCY / GESTATION

The period that starts from the moment of CONCEPTION (←) and ends with childbirth, or the whole period in which the EMBRYO (←) grows in the woman's UTERUS (←), develops and becomes the FETUS (←). Pregnancy or gestation are synonyms.

PROGNOSIS

The forecast of the probable course of a disease. It is formulated by the doctor once the DIAGNOSIS (←) has been made, taking into consideration the usual healing time, the patient's condition, possible therapies and treatments, possible complications or the environmental conditions.

PROLAPSE (OF THE UTERUS)

This is the UTERUS (←) sliding down and its consequent protrusion inside the vagina. This occurs due to a weakening of the pelvic floor support structures.

RUBELLA

An infectious disease caused by the "Rubivirus" and affecting mainly children. If a woman has never had Rubella and wishes to have a child, she should be vaccinated before CONCEPTION (←). During PREGNANCY (←), Rubella can be very dangerous. The consequences for the FETUS (←) can be extremely harmful and can compromise various organs (eyes, ears, heart and nervous system).

TOXOPLASMOSIS

An infectious disease caused by a parasite. It is a high risk disease when contracted during PREGNANCY (←): the infection passes through the PLACENTA (←) to the FETUS (←), and in certain circumstances can cause malformation or even abortion or death in UTERUS (←). It is possible to block the transmission of the infection to the child through a targeted antibiotic treatment.

ULTRASOUND SCAN

A non-invasive method of DIAGNOSIS (←) that allows the visualization of organs, glands, blood vessels, muscles and tendons in various parts of the body.

During an ultrasound scan, the area to be examined is lubricated with a special non-toxic gel, which allows a better transmission of the ultrasound through the human body.

UMBILICAL CORD

The Umbilical Cord joins the EMBRYO (←) to the maternal PLACENTA (←) and delivers oxygen and nourishment to the FETUS (←), eliminating its waste products.

UMBILICAL STUMP

The remains of the UMBILICAL CORD (←), which is cut at birth; it generally falls off within two weeks from giving birth, leaving a protuberance, which will then flatten out completely, as the adult's navel.

URETHRA

This is the small passage from the bladder which allows women to pass urine.

UTERUS

An organ of the female genital apparatus. In an adult woman, it is the shape of an upturned pear, with the widest part at the top and the narrowest part downwards, where it joins the vagina. During PREGNANCY (←) the Uterus hosts the EMBRYO (←) which then becomes the FETUS (←).

At the end of GESTION (←), the total volume of the Uterus can increase up to 100 times, compared to before pregnancy.

VACCINE

This is a medical substance introduced into the healthy body to stimulate the immune system (our body's natural defense mechanism) in order to strengthen it and defend it from certain infectious diseases.

Vaccines are important to protect the child and the whole of society by preventing infectious diseases from spreading.

VAGINAL SWAB

A sample of a small amount of vaginal secretion is taken; it is painless and non-invasive for the mother-to-be. It is performed during PREGNANCY (←) between the thirty-fourth and thirty-sixth week, and it serves to identify the presence of group B beta-hemolytic streptococcus, potentially dangerous for the child at the time of birth. If the test is positive, it is important to administer an antibiotic therapy the birth.

ZINC OXIDE PASTE

Zinc oxide is the base of medical preparations in a cream (or ointment) to protect against irritation, such as diaper rash (nappy rash). It is usually a thick, white paste, denser than any other kind of cream and unperfumed

RECOMMENDED WEBSITES

Women's and children's health and wellbeing

www.acp.it
www.alfemminile.com
www.allattare.net
www.bambinonaturale.it
www.bambinopoli.it
www.fnco.it
www.genitorichanell.it
www.gravidanzaonline.it
www.lagravidanza.net
www.mammeinradio.it
www.nostrofiglio.it
www.ondaosservatorio.it
www.osservasalute.it
www.periodofertile.it
www.pianetamamma.it
www.quotidianosanità.it
www.snlg-iss.it
www.thelancet.com
www.uppa.it
www.vitadidonna.it
www.who.int

Laws and Rights

www.inps.it
www.pariopportunita.gov.it
www.salute.gov.it
www.wikilabour.it

Naples

www.comune.napoli.it
www.aslnapoli1centro.it
www.aslnapoli2nordservizionline.it
www.aslnapoli3sud.it
www.cittametropolitana.na.it

Rome

www.comune.roma.it
www.aslrmc.com
www.asplazio.it
www.bussolasanita.it
www.consultaconsultoriroma.blogspot.it

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PIANOTERRA onlus

Association Pianoterra Onlus helps and supports **vulnerable families**. Our services are directed primarily to **mothers and their children**, because by improving the starting conditions of a young life, many of the health and developmental problems induced by poverty and social isolation can be prevented and their transmission from one generation to the next averted. The name “Pianoterra”, “ground floor”, signals our **street-level, eye-level approach** to the lives of the vulnerable families we serve. It helps us understand both the daily hardships they contend with and their capacity for more fully developing their potential.

Pianoterra establishes with each mother a “pact of mutual commitment and responsibility.” The material aid we provide to mothers for free meets urgent needs – for powdered milk, baby clothes, and other items. But this is just the starting point.

Our multidisciplinary team of experts custom-tailors a plan for each family, and coordinates it with the network of family service agencies and organizations we partner with. The plans link family members with services that can strengthen their health and well-being, and help them gain confidence in their own talents, skills, and capabilities.

Our mission

We help vulnerable families improve their lives, with benefits that can extend to future generations.

Working closely with mothers, we promote their well-being and their children’s healthy development, by providing services that address hardships, deprivations, and social isolation.

By establishing a relationship of respect, trust, and support, we help each mother gain confidence in her own talents and skills. Together we expand opportunities for the personal and social growth of all family members.