

Maternity booklet

Information



LE GOUVERNEMENT
DU GRAND-DUCHÉ DE LUXEMBOURG
Ministère de la Santé
et de la Sécurité sociale

Direction de la santé

What is the maternity booklet? What is it for?

You're pregnant. This period of your life is the ideal time to take care of yourself.

To help you, this booklet will be your companion throughout the 9 months of pregnancy, right up to the first weeks after your baby's arrival.

The aim of this booklet is:

- To provide a range of information and advice to help you throughout your pregnancy
- To improve the monitoring of your pregnancy and communication between the various health professionals who will be following you until the birth of your child
- To provide information on how your pregnancy will be monitored, your rights and obligations, administrative procedures, and various forms of assistance.

**This booklet belongs to you.
Present it and have it signed at every
consultation, whether in Luxembourg
or abroad!**

Who are the professionals, services, and people that can help me?

Your pregnancy has been confirmed. This is an important event that will bring changes to your life.

There are professionals, services, and associations that can help you.

- The gynaecologist
- The midwife
- The general practitioner
- The Luxembourg Association of Midwives sages-femmes.lu

You can also contact one of the country's 4 maternity hospitals at any time.



Clinique Bohler des
Hôpitaux Robert Schuman

Tel: 26333 9020

[hopitauxschuman.lu/fr/etablissement/
clinique-bohler/](http://hopitauxschuman.lu/fr/etablissement/clinique-bohler/)



Maternité Grande Duchesse Charlotte
au Centre Hospitalier de Luxembourg

Tel: 4411-11

maternite.chl.lu



Maternité du Centre Hospitalier
Emile Mayrisch

Tel: 5711 44001-44442

[chem.lu/specialites-et-services-
de-support/maternite-esch](http://chem.lu/specialites-et-services-de-support/maternite-esch)



Maternité du Centre Hospitalier du Nord

Tel: 8166-51110

[chdn.lu/fr/fachabteilungen/gynaekologie-
geburtshilfe.php](http://chdn.lu/fr/fachabteilungen/gynaekologie-geburtshilfe.php)

Other relevant professionals

ANDL



Association Nationale des Diététiciens
du Luxembourg Asbl
comite@andl.lu
.andl.lu



Association Luxembourgeoise des
Kinésithérapeutes Asbl
Tél : 27 04 84 14
.alk.lu

My useful contacts

Always remember that if you have a
problem, you can call 112!

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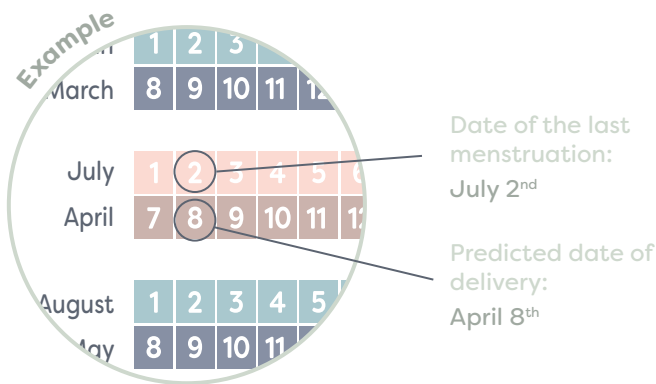
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Table to calculate my baby's theoretical date of birth

Your doctor will estimate the length of your pregnancy in weeks and days of amenorrhoea (absence of periods). On average, pregnancy lasts 40 weeks after the first day of your last menstruation, but birth can take place between 37 and 42 weeks.

Would you like to know when your baby will be born?

You can do the math using the table opposite. To do this, you need to know the date of the 1st day of your last menstruation.



Date of the last menstruation:

.....

Predicted date of delivery:

.....

January	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
October	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	November
February	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28				
November	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	December			
March	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
December	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	January
April	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
January	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	February	
May	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
February	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	1	2	3	4	5	6	7	March
June	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
March	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	April	
July	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
April	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	May
August	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
May	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	June
September	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
June	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	July	
October	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
July	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	August
November	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30		
August	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	September	
December	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
September	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1	2	3	4	5	6	7	October

Pregnancy monitoring

Throughout the 9 months of pregnancy, appointments with various health professionals are scheduled at specific times.

Doctor's visits

The law stipulates 5 consultations with your gynaecologist during your pregnancy from the 3rd month onwards, but additional visits and examinations are often suggested by your doctor. As a general rule, one consultation a month with a midwife or gynaecologist is recommended.

Similarly, three ultrasound scans are generally carried out and systematically reimbursed during pregnancy, i.e. one per trimester. Additional ultrasounds can be carried out.

A **dental check-up** should also be performed during pregnancy.

In Luxembourg, the birth allowance is divided into 3 instalments:

- 1 Prenatal allowance
- 2 Birth allowance
- 3 Postnatal allowance

In order to receive the prenatal allowance, you must undergo the 5 gynaecological examinations required by law, as well as a **dental check-up**.

Remember that a doctor's stamp must be placed on the birth allowance application form for each of these examinations.

To receive a birth allowance, the child must have been born viable and the mother must have undergone 1 postnatal examination by a doctor specialising in gynaecology and obstetrics (stamp to be placed on the form).

To receive the postnatal allowance, the child must live on a continuous basis in Luxembourg until the age of 2 or one of the parents must be employed in Luxembourg and be affiliated as such to the Centre commun de la sécurité sociale in Luxembourg from the child's birth until the age of 2. The child must have had 6 medical examinations up to the age of 2.

To obtain payment of each of the 3 instalments, you must have carried out the visits, and, on each occasion, had the allowance claim forms signed. These forms must then be sent to the Children's Future Fund (CAE).



cae.public.lu/en/demarches/formulaires.html

The form for postnatal allowance is usually given to the mother after delivery at the hospital where the child is born, or by the registrar at the time of the birth declaration. In the event of a delivery abroad, the form can be requested in writing or by telephone from the Children's Future Fund.

Mandatory obstetric check-ups

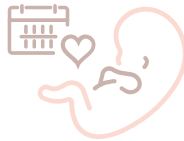
- 1st prenatal check-up during the first 3 months of pregnancy
- 2nd prenatal check-up in the 4th month of pregnancy
- 3rd prenatal check-up in the 6th month of pregnancy
- 4th prenatal check-up in the 8th month of pregnancy
- 5th prenatal check-up in the 9th month of pregnancy

During these visits, your gynaecologist will check your state of health and the baby's growth. A **urine test, blood test, weight measurement, blood pressure measurement, uterine height measurement, and monitoring** may also be carried out.

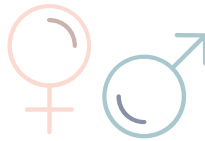


Ultrasound scans

The **1st trimester ultrasound at around 12 weeks (3 months)** gives a more precise idea of the **age** of the pregnancy, the **date of birth**, and the **number** of babies.



The **2nd trimester ultrasound between 20 and 24 weeks (5 months)**, known as the morphological ultrasound, is used to check the baby's **growth** and detect any **malformations**.



The **3rd trimester ultrasound, between 32 and 34 weeks (7 months)**, checks the baby's growth, vitality, and position.



Consultations with a midwife

Physiological pregnancies can be monitored by a midwife. Parallel monitoring by a midwife and a gynaecologist is possible.

In the case of a pathology, care by a gynaecologist is essential. The midwife may continue home visits, if prescribed by a doctor.

Physiological pregnancy monitoring, midwife consultations, and individual childbirth preparation sessions are reimbursed by the National Health Fund (CNS). Some midwives offer other childbirth preparation methods that are not reimbursed by the CNS.



Screening tests that can be carried out during pregnancy

These are the most common tests carried out during pregnancy; other complementary tests may be prescribed and will be explained to you by your doctor.

Prenatal screening test for trisomy: The Non-Invasive Prenatal Test (NIPT) is a highly effective screening test for the most common foetal chromosomal abnormalities. It is carried out by taking a simple blood sample from the mother. The test can be carried out from 10 weeks of amenorrhoea, after the first ultrasound scan, and is reimbursed by the CNS. The test can be used to screen for trisomy 21, 18 and 13. If the result is positive, it can be confirmed by amniocentesis (taking a sample of amniotic fluid).

Gestational diabetes screening test: The gestational diabetes test is carried out between the 24th and 28th week of pregnancy. This 'orally induced hyperglycaemia' (HGPO) test is carried out in several stages and takes around 2:30 hours.

Streptococcus B screening test: This test, carried out around the 36th week, is simple and painless. It involves taking a swab from the vagina and sometimes the rectum using a cotton bud. The test looks for the presence of a bacteria called group B streptococcus, which could affect the baby.

Administrative procedures

Maternity leave

Maternity leave consists of 2 types of leave: **antenatal leave**, which begins 8 weeks before the expected date of birth, and **postnatal leave**, which lasts 12 weeks after the birth of your child.

The right to maternity leave

To be entitled to maternity leave, you must have been **affiliated to the compulsory sickness and maternity insurance for at least 6 months** in the **12 months** preceding the start of your maternity leave.

If you are not affiliated to the CNS, you can contact your private insurance company or ask for advice from the social assistance department of your municipality of residence.

Preparatory steps

You must submit a **medical certificate** (issued within the last 12 weeks of pregnancy) stating the expected **date of delivery** to the **National Health Fund (CNS)**.



guichet.public.lu/en/citoyens/organismes/organismes_citoyens/caisse-nationale-sante/cns-prestations-especes.html

Employment and pregnancy

During pregnancy, you may feel very tired, particularly during the first trimester. This is physiologically normal; your body needs rest and you should try to make life as easy as possible for yourself.

At work, if your condition prevents you from carrying out certain tasks, don't hesitate to talk to your employer and/or your occupational physician.

The law does not specify at what point you must inform your employer of your pregnancy.

Please note that in order to benefit from the protective measures provided for by law, your employer must be informed of your pregnancy!

As soon as you have informed your employer with your medical certificate stating the date of delivery, you will be entitled to:

- protection against dismissal with notice for up to 12 weeks after giving birth
- special protection in terms of health and safety if your job involves specific risks. If the work is dangerous and incompatible with pregnancy, a pregnant woman may be excused from work.
- protection against the risks associated with night work
- time off work to undergo the medical examinations required by law
- 8 weeks' leave before giving birth and 12 weeks' leave after giving birth (maternity leave)
- adjustments to your working hours if you are breast-feeding your child

To make sure you're protected, start the administrative formalities as soon as you know you're pregnant!

To be entitled to maternity leave, you must send **your employer** a **medical certificate** stating the presumed date of delivery. This certificate must be issued during **the last 12 weeks of pregnancy**, but never before. It is the date on which the medical certificate was drawn up that is important. You can inform your employer either by sending your medical certificate by registered post, or by handing it to your employer and signing a copy.

A tool for calculating maternity leave is available on the CNS website. It will tell you the deadline for sending your certificate to the CNS:



cns.public.lu/fr/assure/services-ligne/outils/simulateur-maternite.html

If you have any doubts or questions, or if you have not been able to meet the required deadlines, contact the social assistance department of your local authority, which will be able to help you.

Antenatal leave

Prenatal leave begins **8 weeks** before the expected date of delivery. This date must be attested to by a medical certificate issued no earlier than 12 weeks before the expected date of delivery.

If the birth occurs **before the expected date of delivery**, any days of prenatal leave not taken are **added to the postnatal leave**, without the total duration of maternity leave exceeding 20 weeks.

If the birth occurs after the expected date of delivery, the **prenatal leave is extended until the definitive date of birth** without the postnatal leave being reduced (12 weeks).

Postnatal leave

Postnatal leave lasts for **12 weeks** after the actual date of delivery

Example:

The expected date of delivery is May 4th, but the baby is actually born on May 2nd, i.e. 2 days before the due date:

- **the medical certificate** showing the expected date of delivery can be issued from February 8th, i.e. in the last 12 weeks of pregnancy
- **antenatal leave** begins on March 9th, i.e. 8 weeks (56 calendar days) before the due date.
- **postnatal leave** ends on July 26th, i.e. 84 calendar days from the actual date of delivery, plus 2 days deferred from prenatal leave

After the delivery a copy of the **newborn's birth certificate** must be submitted to the CNS at the following address:

Caisse Nationale de Santé
Indemnités pécuniaires
L-2979 LUXEMBOURG

If you are in employment, you are entitled to a financial maternity allowance paid by the CNS (and not by your employer) during your maternity leave.



For more information, visit the CNS website:

cns.public.lu/fr/assure/droits-demarches/dossiers-thematiques/famille/maternite-paternite.html

Paternity leave

Paternity leave is a special 10-day leave granted to employed and self-employed fathers, as well as to any person recognised as a second parent on the occasion of the birth of a child.

In principle, the leave may be taken according to the worker's wishes, unless these conflict with the business's operational needs. Failing an agreement between the employee and their employer, the leave must be taken all at once, and immediately after birth.

Procedures

Your partner must inform their employer at least 2 months before the dates on which they wish to take leave by registered post, email or any other means that can be used to prove that the deadline has been met.

This information must be accompanied by a copy of the medical certificate attesting to the presumed date of delivery.



For more information:

guichet.public.lu/en/entreprises/ressources-humaines/conges/situation-perso/conge-paternite.html

Declaration of birth

All births must be declared to the civil registrar in the **municipality where the birth** took place within **10 days of the birth** (not counting the day of delivery).

Please note that, if no declaration is made within this time frame, a court decision will be taken to establish the birth certificate.

The father or mother must declare the birth of the newborn child. In the absence of the **father** or **mother**, the declaration may only be made by the doctors, midwives, or any other person who attended the birth (up on presentation of the "notice of birth" issued by the doctor or midwife).

The following documents must be presented when declaring the birth:

Married parents:

- the birth notice issued by the doctor or midwife
- family record book or, failing that, a marriage certificate
- ID documents for the declarant and the mother

Unmarried parents:

- the birth notice issued by the doctor or midwife
- ID documents for both parents
- a declaration signed by both parents stating the name that will be given to the child (if one of the two parents has the Luxembourgish nationality)

The birth registration office will provide **8 copies of the birth certificates**, of which one copy must be sent to the municipality of residence, to the employer, to the Children's Future Fund (CAE) and to the Health Insurance Fund.

Non-Luxembourgish parents must first declare the child to the municipality of birth and then to their respective consulate or embassy (a copy of the birth certificate must also be submitted).

For more information, contact the municipality of the birthplace:

Municipality of Luxembourg



vdl.lu/en/living/administrative-procedures/register-a-vital-event/register-a-birth

Opening hours Monday to Friday, 8am to 5pm, Saturdays and some public holidays, 9.30am to 11.30am.

Municipality of Esch-sur-Alzette



administration.esch.lu/service/declarer-une-naissance

Opening hours Monday to Friday, 8am to 5pm, Saturdays and some public holidays, 9.30am to 11.30am.

Municipality of Ettelbruck



ettelbruck.lu/citoyen/en/services-au-citoyen/etat-civil/naissances

Opening hours Monday to Friday, 8am to 11.30am and 1.30pm to 4.30pm (and Wednesdays until 6.30pm).

**The baby must be registered within
10 calendar days* after birth!**

Parental leave

Parental leave was introduced to help parents reconcile family life and work. It was reformed in 2016 to allow parents to choose from a range of flexible leave models tailored to their professional situations, while benefiting from a replacement income.



Parental leave allowance is paid by the **Children's Future Fund (CAE)**.

guichet.public.lu/en/citoyens/organismes/organismes_citoyens/caisse-avenir-enfants.html

** including Saturdays and Sundays*

The first parental leave

If you or your partner wish to take **parental leave** at the end of your **maternity leave**, you must submit a **request for parental leave** to your employer no later than **2 months** before the start of your maternity leave by registered letter with acknowledgement of receipt.



Request parental leave:

guichet.public.lu/en/citoyens/travail/conges-jours-feries/situation-personnelle/conge-parental.html

Second Parental Leave

The second parental leave must be taken before the child's 6th birthday. In the case of an adoption, parental leave can be taken within six years from the end of the foster leave or, if no foster leave was taken, from the adoption judgement until the child turns twelve.



For further details, please visit the CAE website:

cae.public.lu/en/conge-parental



For more information on administrative procedures, visit:

sante.public.lu/fr/publications/l/legislation-alloc-naissance-2018-fr/legislation-alloc-naissance-2018-fr.pdf



Preparing the siblings

The arrival of a baby means changes for the whole family and each member will need to adapt to their new role within the family.

When should you announce the news to your children?

If your child is still very young, they may not yet understand the concept of time. Therefore, there is no need to announce the pregnancy as soon as you find out, as nine months may seem like a very long time for them.

Once your bump starts to show, or if your child begins to ask questions, you can explain that there is a baby growing in your tummy.

Plan a quiet moment for the first meeting between the older sibling and the newborn at the maternity unit.



Wellbeing and health

The arrival of a child is a special time in your life: You will face many changes and unknowns. The choices you make now, including what you eat during pregnancy and while breastfeeding, can influence your baby's health and your own.

Physical activity during pregnancy

It's advised to engage in regular, gentle physical activity during pregnancy. If you weren't regularly active before pregnancy, start with activities such as walking, yoga, or swimming. Start with a few minutes a day and gradually increase your physical activity time until you reach 150 minutes a week (30 minutes a day for 5 days, for example).

Pregnant women who were already regularly active before pregnancy are advised to take part in moderate physical activity for at least 30 minutes, at least 5 days a week, preferably every day.

Talk to your doctor, especially before starting a new activity during pregnancy. During your activities, you should be able to talk normally, without feeling too much out of breath. If you feel more tired than usual, rest and reduce the intensity and frequency.

Recommended activities



Activities to avoid



- Favour activities such as walking, swimming, home cycling, gentle gymnastics, water aerobics, body expression activities or creative dance, etc.
- Limit your sedentary time. Replace a sedentary lifestyle with gentle or moderate activities, that are good for your health.
- Practise a variety of endurance and muscle-strengthening activities
- On the other hand, activities involving the risk of falls, loss of balance, blows or sudden movements are not recommended, such as running, horse-riding and cycling outdoor.
- You should also be aware that, before resuming more intense activity after giving birth, you should have completed your perineal rehabilitation sessions, whether after a vaginal delivery or a caesarean section. **Talk to your midwife or gynaecologist about this.**
- **If you practice a high intensity sport, talk to a doctor.**

Pregnancy aches and pains

During pregnancy, you may experience a number of discomforts, such as nausea, heartburn, heavy legs, fungal infections, or bladder weakness.

It's also a time when you may experience a disturbance in your self-image and have problems and questions about your sexuality.

Whatever aches and pains you experience, you should know that healthcare professionals will be able to help you and advise you on how to relieve them.

Psychological care, emotions, psychological violence, domestic violence

During your pregnancy, doubts and anxieties may also arise. Emotional fluctuations are completely normal during this period, but they can be destabilising, particularly for those around you.

If you're feeling lonely or unhappy in any way (hurtful words, unkind words, etc.), talk to the **healthcare professional who is accompanying you.**

Nutrition during pregnancy

**3 meals per day
and 1 to 2 snacks**

Pregnancy is an ideal time to adopt a healthy lifestyle and a healthy diet. You don't have to completely change your diet, but you do need to adopt a balanced diet.

Don't double your portions and eat for two, but rather eat twice as well.

Fruit and vegetables are essential, as they are rich in vitamins, minerals, and dietary fibre. Try to eat 5 portions a day, taking care to wash them thoroughly before eating. Give preference to local and seasonal produce.

During pregnancy, pay attention to the quality of the fats you consume, giving preference to vegetable fats (olive oil, rapeseed oil, walnut oil) and unsalted nuts (walnuts, almonds, hazelnuts). An adequate intake of essential fatty acids is necessary for your baby's healthy development. If possible, eat raw or only slightly heated fats and avoid cooked and overheated fats (fried food).

During these 9 months of pregnancy, you are much more sensitive to fluctuations in blood sugar levels. We therefore recommend that you limit your intake of simple sugars (sweets, pastries, lemonades, fruit juices, etc.) and eat starchy food regularly, preferably wholemeal (pasta, rice, cereals, flour, wholemeal bread, etc.) at every meal.



For more information, visit the website:

gimb.public.lu/en/gesund-iessen/besoins-nutritionnels/femme-enceinte.html

During pregnancy, it's important to ensure a good calcium intake by eating 3 to 4 portions of dairy products a day, such as yoghurt, milk, and cheese (in pasteurised form). Dairy products, which can be an integral part of a recipe, are also an excellent source of protein, as are meat, poultry, fish, and hard-boiled eggs.

To cover your increased protein requirements, eat a protein-rich food at your main meals and 3 to 4 portions of dairy products a day. Remember to vary between the different sources of animal protein (meat, poultry, fish, eggs) and regularly include vegetable proteins, such as pulses (lentils, chickpeas, kidney beans, etc.).

You need 1.5 to 2 litres of water a day. During breastfeeding, these requirements are increased (2 to 3 litres per day). The best drink remains water, preferably still water. Drinks containing caffeine or theine should be consumed in moderation.

As far as alcohol is concerned, the motto is "zero alcohol during pregnancy and breastfeeding".

Your gynaecologist may suggest vitamin supplements.

To reduce exposure that could be harmful to the foetus:

- Prefer homemade food (based on raw ingredients) to prepared, ultra-processed dishes, which are of poor nutritional quality and often contain artificial substances (certain conservatives, flavour enhancers, colourings, etc.) whose impact on health is not fully understood (see figure p27). For example, instead of buying dishes that can be reheated in the microwave or oven, prepare the dishes yourself by buying the raw foods.
- Eating organic fruit and vegetables can reduce exposure to pesticides. Wash all fruit and vegetables in water before eating them (and remove the skin if they are not organically grown). If possible, choose organically grown cereals (rice, maize, wheat, etc.) and vary the types and brands of cereals you eat to reduce the risk of exposure to heavy metals.
- Eating fish is very healthy. We recommend eating fish twice a week, once of which should be oily fish (salmon, sardines, herring, mackerel, etc.). These are an excellent source of essential omega-3 fats. It's important to choose the fish you eat wisely during pregnancy and breastfeeding, as some species may contain pollutants. Favour small fish (mackerel, sardines, anchovies, trout, herring, farmed salmon, etc.) and limit consumption of large predatory fish (skate, tuna, sea bream, sturgeon, monkfish, bonito, sea

Untreated or minimally processed food and ingredients derived from raw materials by simple processes → *preferable*



Processed food made from the above products by simple processes → *enjoy in moderation*



Ultra-processed food manufactured by industrial processes, from previous foodstuffs, industrial products and additives → *to be avoided*



bass, halibut, etc.), which generally contain more pollutants (e.g. mercury), as well as freshwater fish such as eel, barbel, carp, etc. Avoid eating the most contaminated fish (e.g. swordfish, shark, marlin or lamprey).



For more information:

anses.fr/fr/content/manger-du-poisson-pourquoi-comment

- Heat and store **hot food** in **glass or stainless-steel containers**. Plastic contains chemicals that can be transferred to food when it comes into contact with heat.
- For packaged products, choose **glass jars** rather than tins or cans, which may contain bisphenols that act as endocrine disruptors.

Protecting yourself during pregnancy



"Toxoplasmosis and listeriosis during pregnancy"

sante.public.lu/fr/publications/t/toxoplasmose-listeriose-2019-fr-pt-de-en/index.html

Consult the brochure (available in FR, DE, PT, EN)

During pregnancy, the foetus may be exposed to infectious diseases. Two food-borne infections can have serious consequences for foetal development: toxoplasmosis and listeriosis. These can be prevented by adopting simple food hygiene and general hygiene measures.

To find out whether you are immune and therefore protected from infection during pregnancy, a blood test is required to measure your antibody levels. Any woman who tests positive before pregnancy is protected by long-term immunity and runs little risk. If the blood test reveals that you are not protected, a series of precautions must be taken to avoid any contamination during your pregnancy. Blood should be taken regularly to check that you have not contracted the disease in the meantime.

**Washing your hands thoroughly
with soap and water can already
protect you**



Good hygiene practices



Always follow good hygiene practices. Wash your hands regularly.



Vigorously apply the rules of hygiene in your refrigerator. Respect storage temperatures (7°C) and clean the fridge regularly.



Eat food quickly after preparation.



Respect use-by dates. Never eat food if you are unsure of its hygiene or freshness.



Eat well-cooked meat, avoiding rare meats, kebabs, fondues bourguignonnes and cooked meats served cold (e.g. paté).



Avoid raw or half-cooked eggs (fried eggs, omelettes, etc.).



Do not consume raw milk or dairy products made from raw milk, such as cheeses made from raw milk (certain types of Camembert, Brie, Feta, etc.). Beware of home-made products.



Beware of pre-prepared salads.



Wash your hands thoroughly after handling raw food. Clean your work surface and kitchen utensils thoroughly with soap.



Peel fruit and vegetables carefully and rinse thoroughly. Don't forget to wash aromatic herbs and sprouted seeds thoroughly.



If you come into contact with cats, wash your hands thoroughly after handling them. Avoid all contact with cat faeces and litter.



Garden only with gloves on and wash your hands thoroughly afterwards.

Vaccinations during pregnancy

During pregnancy, vaccinations can be offered for two reasons: either to protect the mother-to-be, as some diseases can take a more serious form during pregnancy, or to protect the newborn before it is possible to administer an effective vaccine.

The Higher Council for Infectious Diseases recommends that pregnant women be vaccinated:

The flu (influenza) Vaccinating pregnant women against influenza is recommended during the winter months, using an inactivated vaccine, regardless of the stage of pregnancy. The influenza vaccine is effective in pregnant women: the frequency of complications, hospitalisations, and deaths linked to influenza is lower in pregnant women vaccinated against influenza. Vaccination also protects newborn babies for the first 6 months of life.



"Vaccinating against flu: protection for you and your child!"

sante.public.lu/fr/publications/v/vaccination-grippe-grossesse-2018-fr-de/index.html

Consult the brochure (available in FR, DE)

Whooping cough Vaccination is recommended in the 2nd or 3rd trimester of pregnancy, using a combined d-T-ap or d-T-ap-IPV vaccine. For maximum effectiveness, vaccination is preferably administered during the 2nd trimester (between the 13th and 26th week of gestation), but may be given up to the 36th week (or no later than 2 weeks before delivery). A dose of vaccine is recommended for each pregnancy, taking into account a minimum period of 6 months between vaccinations in order to adequately protect the newborn.

RSV Vaccination of healthy pregnant women with a harmonious pregnancy giving birth during the RSV high circulation period (September to February), administered between the 32nd and 36th week of pregnancy.

Covid-19 Vaccination of pregnant women with additional risk factors for severe COVID-19.

The two vaccines, against influenza and against whooping cough, can be administered on the same day at different injection sites. To receive these vaccines, contact your gynaecologist, GP, or midwife.



sante.public.lu/fr/espace-citoyen/dossiers-thematiques/v/vaccination/femmes-enceintes.html

Consult the website for information on vaccinations during pregnancy and any new recommendations

Cytomegalovirus (CMV)

Cytomegalovirus is an infectious disease that can have an impact on your pregnancy and the future of the foetus. This virus is transmitted through secretions such as tears, saliva, and nasal secretions. Mothers-to-be who are in contact with young children are at greater risk of encountering the virus for the first time.

At the start of pregnancy, a blood test will be carried out. Your gynaecologist will then be able to tell you whether you have already been in contact with this virus.

Here are a few hygiene rules to follow to prevent the transmission of CMV:

- Wash your hands frequently
- Do not kiss a child on the mouth
- Do not taste the child's bottle or spoon
- Avoid all contact with the child's tears or nasal secretions
- Do not use the same toiletries

Dental care

During pregnancy, you need to pay extra attention to the health of your teeth and gums, as pregnancy hormones make them more fragile.

In particular, inflammation of the gums and bleeding may occur more frequently.

As a preventive measure, we recommend that you:

- Brush your teeth thoroughly 2 or 3 times a day, preferably after meals.
- Consult a dentist at the start of your pregnancy so that he or she can carry out the necessary check-ups.

Don't forget that a visit to the dentist is compulsory to qualify for the prenatal allowance. Remember to have the form signed and stamped.

Dangerous substances during pregnancy

Taking drugs during pregnancy carries risks. The effects of certain drugs can harm the development of the foetus, cause irreversible damage, or compromise the pregnancy. When a pregnant woman takes drugs, it is vital that she finds a medical professional to talk to about her drug use. This person will be able to organise the monitoring of her pregnancy.

Withdrawal syndrome at birth and its long-term impact

Withdrawal syndrome can occur when drugs (tobacco, cannabis, alcohol, and other drugs) have been used during pregnancy, meaning that the baby may suffer from withdrawal at birth. Depending on the intensity of the observed symptoms, the medical team can set up a treatment and possibly propose a medicated solution.

It is also possible to find problems later in early childhood, particularly in terms of learning, which can be more difficult for these children.

In all cases, the role of the doctors and healthcare team is not to judge, but to help you and your child overcome these problems. That's why it's so important to talk to your GP, gynaecologist, or midwife about stopping any toxic consumption.

Tabacco



Santé.lu



"Pregnant without tobacco"

sante.public.lu/fr/publications/d/depliant-enceinte-sans-tabac-2019-fr-de/index.html

Consult the brochure (available in FR, DE)

During pregnancy, the foetus receives oxygen via the mother's blood. But when the mother smokes, her blood becomes loaded with carbon monoxide and other harmful substances. As the placental barrier is unable to filter all these substances, they reach the foetus via the umbilical cord. Tobacco has a proven harmful effect on foetal development. The birth weight of children whose mothers smoke is very often lower than that of children whose mothers do not smoke. Low birth weight represents a major risk for the newborn. Women who have stopped smoking before or during the first trimester of pregnancy can reduce this risk.

It should also be noted that smoking during pregnancy significantly increases the risk of miscarriage or premature delivery, and that the baby may experience withdrawal syndrome.

Quitting smoking is therefore always beneficial at any time during pregnancy.

Quitting smoking is therefore always beneficial at any time during pregnancy.

The help of a professional trained in tobaccology increases the chances of successfully quitting smoking.

The Health Department's **stop-smoking programme**, in collaboration with the CNS, has been developed in line with WHO recommendations and offers tailored support to help smokers quit. Smokers can seek advice and support from healthcare professionals to help them stop smoking.

Consultations are also offered as part of the stop-smoking programme. These involve going to your GP for individual support tailored to your lifestyle over a period of 8 months. The first consultation and the last consultation after 8 months are fully reimbursed by the CNS. Withdrawal medication is partially reimbursed at the end of the programme.

Other institutions also offer free consultations and tailor-made support. Visit the tabac-stop.lu website to find out about the various stop-smoking services available in Luxembourg, as well as their addresses and support services.



Information on quitting smoking:

"Quit-Line"

Tobacco stop line : **8002 6767** (free number).

tabac-stop.lu

Pregnant women should only use patches, chewing gums, or other withdrawal medications under the supervision of a professional.

Alcohol



"0% alcohol Information for your pregnancy"
sante.public.lu/fr/publications/z/zero-alcool-grossesse-fr-de.html

Consult the brochure (available in FR, DE)

Drinking alcoholic beverages during pregnancy or while breastfeeding, even in small quantities, can have serious consequences for the child's health.

"Zero alcohol during pregnancy and breastfeeding" is the motto that all women should adopt for the sake of their health and that of their baby.

Alcohol ingested by pregnant women passes into the mother's bloodstream, crosses the placenta, and then circulates in the baby's bloodstream. In the case of breastfeeding mothers, alcohol also passes into breast milk.

The main harmful effects of alcohol on the baby are to the central nervous system. Depending on the degree of alcohol intoxication, various disorders may develop:

- premature delivery
- low birth weight
- behavioural problems
- abnormalities in the child's physical and mental development

Drugs and medicines

Cannabis = Drug!

Cannabis, cocaine, and all other drugs are powerful stimulants for the nervous system and are extremely toxic for the placenta and the foetus. Their active ingredients cross the placental barrier and reach the foetus' bloodstream, where they can cause developmental disorders, attention problems, and other concerns similar to those associated with alcohol.

The risks of premature delivery and foetal death in utero are also increased with these toxic substances.

**All drugs are dangerous for your baby!
You are advised to stop taking them**

Medication for chronic diseases:

If you are taking medication during pregnancy as part of treatment for a chronic disease, consult your doctor to assess its compatibility with your pregnancy and breastfeeding.

Remember that whatever the medicine (painkiller, homeopathy, essential oils, herbal medicines, or any other substance), it is important to find out whether it is compatible with pregnancy.

If you consult a health professional during your pregnancy, remember to tell them that you are pregnant.

Do not take any medication without consulting the leaflet or without medical advice.



No tobacco



No alcohol



No drugs



No medication
without medical
advice



Pollution and the environment

Creating a healthy environment for pregnant women and their babies

The first 1,000 days of a child's development, from conception to the age of two, represent a window of increased vulnerability during which environmental factors (chemical substances present in the outside and inside air, in cleaning products, in certain food, etc.) can have an impact on the child's health, even in the long term. Pregnancy is a good opportunity to change certain habits in order to reduce one's own exposure and that of the foetus to unfavourable environmental factors.

We spend more than 80% of our time indoors. Here are a few recommendations for improving **indoor air quality** in your home:

- **Ventilate** at least twice a day for 15 minutes to renew the air inside
- If you have a **mechanical ventilation system**, clean the air vents regularly and have the system checked for cleanliness and correct operation (appropriate air flow) by a professional
- For **cleaning**, use natural products (white vinegar, sodium bicarbonate, household black soap, etc.) or choose eco-labelled products (e.g. EU Ecolabel). Use microfibres or opt for steam cleaning, which allow you to clean without products. Cleaning products can contain harmful chemicals that are released into the air and dust
- Avoid all forms of **cleaning or deodorising sprays and home perfumes**, as well as scented candles and incense, as all these products release chemicals into the air that can be irritating or harmful
- Avoid using **insecticides** and mosquito repellents inside the house and use mosquito nets instead

- When preparing the **nursery**, don't do the work yourself to avoid exposure to possible harmful substances emitted by **building materials** such as paints, glues, PVC flooring, etc. Choose eco-labelled, low-emission materials (e.g. EU Ecolabel, Blauer Engel, A+ indoor air emissions) and ventilate thoroughly during and after the work.
- When **choosing furniture** for your baby's nursery, bear in mind that some new furniture (e.g. chipboard) can release chemicals. Leave new furniture in a well-ventilated area for some time before installing it in the nursery. If possible, opt for solid wood furniture and carpets made from natural materials such as cotton or other non-polluting materials with an OEKO-TEX label, for example.



If you use **cosmetics**, keep them to a minimum during pregnancy. Cosmetics may contain endocrine disruptors (e.g. parabens or phthalates) that could have an impact on your baby's health. Choose products with an eco-label (e.g. EUEcolabel). You can use mobile phone applications to scan barcodes, giving you information on the composition of products (e.g. Scan4chem and others). Choose products with as few components as possible.

As far as **food** is concerned, you will find some recommendations for reducing exposure that could be harmful to the foetus in the “Food during pregnancy and breastfeeding” section.

Spend **time outdoors in nature**. Contact with nature has scientifically proven benefits for a baby's development in utero.

If you have any questions, please contact the Environmental Health Department of the Health Directorate: service.environnement@ms.etat.lu

Preparing for delivery

Birth and parenthood preparation courses

There are many ways to prepare for the arrival of your baby. Various courses are available.

These sessions allow you to:

- Experience your pregnancy to the fullest
- Gain a better understanding of the birth process
- Be informed and reassured
- Talk to other parents-to-be
- Familiarise yourself with the maternity unit
- Ask the professionals your questions
- Discover relaxation and pain management techniques

Various activities are available to help you prepare for the birth and arrival of your baby:

- Prenatal classes organised by the maternity hospital where you have chosen to give birth
- Visits to the maternity unit and the delivery room
- Prenatal gymnastics
- Other: haptonomy, hypnosis support, hypnobirthing, dance, yoga, etc.

Ask the nursing staff, who will explain what is on offer at your maternity hospital, depending on your needs.

Birth preparation courses are also offered by private midwives, associations, or companies.

Sessions can be individual or in groups, and you can attend with your partner.

Some birth preparation methods are not covered by the National Health Fund.

You should be aware that a consultation with an anaesthetist will be prescribed to assess your state of health before administering an epidural or any other anaesthetic that may be required during childbirth.

My birth and parenthood plan

The birth plan allows you to think about how you would like to experience your birth and the first moments with your baby, in advance and without stress. This plan is not compulsory.

Your midwife or gynaecologist will be able to advise you on the possibilities, considering your state of health and the options offered by the maternity unit. This plan will be recorded in your maternity record.

Bear in mind, however, that childbirth does not always take place as you had imagined and that your birth plan may be modified if an unforeseen event or emergency arises.

Here are a few questions to help you think about your birth plan:

- Who do I want to be accompanied by?
- What are the possibilities offered by the maternity unit?
- What options does my gynaecologist offer?
- How do I think I'll manage the pain?
- Do I want any special music?
- What position do I feel most comfortable giving birth in?
- Do I want to give birth in a bath?
- Can my partner cut the umbilical cord?
- Do I want my baby to lie skin-to-skin on top of me? On my partner?
- Do I want to breastfeed or not?
- Am I planning an outpatient birth?
- ...

How will I feed my baby?

Take the time with your partner to think about how you want to feed your baby.

Breastfeeding has many benefits and is the most suitable for newborns. In particular, it protects the newborn against infections and allergies thanks to the many antibodies it contains.

The World Health Organisation (WHO) recommends exclusively breastfeeding your child up to the age of 6 months.

If you choose to bottle-feed your child, it is recommended that you give a breast milk substitute suitable for infants (1st age milk).

Whatever happens, choose what suits you best and ask your midwife for advice.

Be aware that all maternity hospitals have lactation consultants who can help you.

Prenatal breastfeeding consultations are also available in maternity units.

You will be offered a "welcome feed" in the delivery room. This is the newborn's first feed, made up of the first milk, called colostrum, which is very rich in proteins and antibodies. It is therefore very beneficial for the baby.

For further information:



sante.public.lu/fr/publications/a/brochure-allaiter-travailler-cest-un-droit.html

Consult the brochure (available in FR)



sante.public.lu/fr/publications/a/allaitement-a-z.html

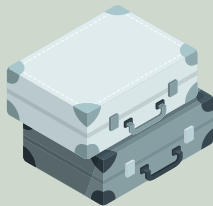
Consult the brochure (available in FR, DE)



Packing for the maternity unit

Leaving for the maternity unit can be a sudden and unexpected event, which is why it's a good idea to have your suitcase ready 1 or 2 months in advance!

Most maternity hospitals will give you a list of the equipment you'll need.



For a normal delivery, the average stay is 2 to 3 days, and for a caesarean section 4 to 5 days.

It is advisable to wash your baby's linen in advance to remove traces of manufacturing products that can cause allergies and irritation.

For the day of birth:	
For you	For the baby
<ul style="list-style-type: none">• Your identity papers (identity card or passport)• Social security card• Card from your complementary health insurance• If you are affiliated abroad, the form for reimbursement from your health insurance fund• Your blood group card• Your maternity booklet• Your liaison form (depending on the maternity hospital) <p>In a small bag, you can prepare a few easily accessible items for the time you will spend in the delivery room.</p>	<ul style="list-style-type: none">• Bonnets• Adapted bodysuits• Pyjamas or onesies• Slippers or socks <p>Remember to take clothes that are suitable for the season and your baby's expected weight.</p>

For the stay at the maternity unit:

For you	For the baby
<ul style="list-style-type: none">• Nightdress, pyjama jacket or Tshirt• Disposable underwear• A dressing gown and slippers• Hand towels, flannels, and bath towels• Toiletry bag with your toiletries• Nursing bras, without underwires if necessary <p>Don't take any valuables with you!</p>	<ul style="list-style-type: none">• Pyjamas, onesies, or any other practical garment for the baby• Bodysuits• Hats• Slippers or socks• Hairbrush (soft bristles) <p>In principle, the equipment needed to wash the baby is provided by the clinic (e.g. bath sheets, soap, nappies, etc.) but you can bring your own products if you wish.</p>

For the return home:

For you	For the baby
<ul style="list-style-type: none">• Comfortable, appropriate outwear• Sanitary towels (large sizes are preferable)	<ul style="list-style-type: none">• A bodysuit• A bonnet• Pyjamas or other practical clothing for the baby• A baby sleeping bag or blanket• Slippers or socks• A baby transport system for the journey home (make sure it meets safety standards and that you have tested it before use)

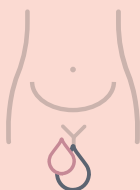
Don't forget to take a car seat with you when you take your baby home from the maternity hospital!

Warning signs: when should you go to the maternity hospital?

If you're not feeling well, if you're worried about anything unusual, consult a healthcare professional as soon as possible!

Also make an emergency appointment with a healthcare professional if:

- You are **losing blood** or amniotic fluid (your **water has broken**)
- You experience strong, frequent, or premature **contractions** before 37 weeks of pregnancy
- You are the victim of an **accident**, have had a **fall** or have had a **serious blow** to the abdomen
- You feel a significant **reduction** in your baby's **movements**
- You have an unexplained **fever**



Labour and delivery

Signs that you're in labour

Contractions

At the end of your pregnancy, you may experience irregular, low-intensity contractions. Don't worry, this is normal.

If these contractions become intense, increasingly painful, and closer together (every 5 to 10 minutes for 1 hour), labour has begun.

Water breaking

If your water breaks, i.e. your amniotic fluid suddenly escapes or you feel as if you are continuously losing fluid, you need to go to the maternity hospital.

Don't forget your documents:

Identity card or passport

Social security card (CNS or other)

Supplementary health insurance card

Maternity booklet

Blood group card



Delivery

You will be cared for by a multidisciplinary medical and nursing team from the moment you arrive at the maternity unit to ensure your safety and supervision.

Bear in mind that the length of labour varies greatly from one woman to another and from one pregnancy to another.

The health professionals who will be present will always explain what is happening. Don't hesitate to ask any questions you may have and to express your wishes. The midwives who will be accompanying you throughout your labour will suggest various pain management alternatives (mobilisation, balloon, heat, bath, etc.).

If there is a complication, the gynaecologist may have to use forceps or a suction cup to help the baby out or perform an episiotomy (an incision in the perineum to give the baby more room to pass through).

In some cases, a caesarean section may be necessary.

Once the baby is born, the delivery will end with the placenta coming out.

The baby has arrived

If you wish, your baby will be placed on your tummy for the first few moments of tenderness and will be wiped to preserve his temperature. The person accompanying you will be asked to cut the umbilical cord.

This is also the time when you will be offered to provide a welcome feed.

The baby will then be weighed and measured.

The first few hours of your baby's life are a period of transition and adaptation, requiring joint supervision by you and the nursing team.

If your baby is born prematurely or requires special care, he or she may be transferred to a neonatology unit to ensure his or her safety.

The first days, the maternity unit

You'll be getting to know your baby, getting to know each other and bonding.

For your partner, this is the time to take an active role in your baby's life.

In the first few days, your mood may be a little upset, you may feel a little depressed and cry at the drop of a hat. This is normal; it's a natural phenomenon known as the baby blues and generally occurs between the 1st and 3rd day after giving birth and rarely lasts for more than a week. If this phenomenon persists or worsens, it can turn into postnatal depression. Talk to a health professional about it.

Visits

Everyone around you is looking forward to meeting your baby and there are likely to be lots of visits. Don't hesitate to organise them or to explain to people that you need to rest and that they will have plenty of time to come a little later after you return home.

Make sure you know the visiting hours and that your visitors respect them.

Care

A team of nurses will surround you and help you, whether to assist you with the first steps (carrying the baby, feeding, and changing him, etc.) or to provide medical follow-up.

You should be aware that care can be adapted to your rhythm and that of your baby to guarantee you moments of intimacy and calm.

The baby's first bath will also be given in the presence of a carer, who will show you what to do.

Before you leave, your state of health and that of your baby will be assessed.

Your gynaecologist will visit you to check that everything is going well. This visit will also be an opportunity to discuss resuming sexual relations and contraception.

A consultation will be scheduled 6 to 8 weeks after the birth.

A paediatrician will come and examine your baby on the first day of birth and on the day of discharge. He or she will advise you on regular medical check-ups and will be able to answer any questions you may have.

Don't forget that these visits are compulsory in order to receive birth allowance and post-birth allowance. Remember to have the documents signed.

Hearing screening test

All newborn babies in Luxembourg benefit from a free hearing screening test. This test is carried out from the second day of life at the maternity hospital or at the audiophonology service if you have already left the maternity hospital.

This test, which is quick and completely painless, is carried out using an earphone placed at the entrance to the baby's ear.



sante.lu/test-audioneo

Consult the brochure (available in FR, DE, PT)

Screening for rare diseases

All newborn babies are screened for a number of rare diseases, often of genetic origin.

A parental authorisation form must be signed before the screening is carried out.

This test is carried out in the maternity hospital from the 3rd day of life using a blood test. It can also be carried out at home by a midwife. A few drops of blood are drawn and collected on a blotting card.

The nursing staff use various techniques to prevent your baby feeling the sting.

You will only be contacted if further tests are required.



sante.public.lu/fr/espace-citoyen/dossiers-thematiques/p/petite-enfance/tests-depistage/5-maladies-genetiques.html

Consult the brochure (available in FR, DE, PT, EN)

Leaving the maternity unit, returning home

Returning home after giving birth

The first few weeks after giving birth can be a time of great fragility, which is why you need to take care of yourself and take it easy as much as possible.

Don't hesitate to ask for help from your family, friends, acquaintances or even professionals.

There are various forms of assistance available. Find out more from the social worker in your municipality.

You're not alone!

You can also call on the services of a home midwife, who can guide you through the day-to-day care of your baby, give you advice and help you with breastfeeding.

The cost of home midwifery care is covered by the CNS.

The midwives at your maternity unit and the private midwives in your area will be able to give you information about home visits.

Other services can help you when you return home:

- The Ligue médico sociale ligue.lu
- ONE officenationalenfance.lu
- Your local social services office in the event of financial problems
- The Luxembourg Association of Midwives sages-femmes.lu



Ligue médico
sociale



L'ONE



ALSF

With the arrival of your baby, everyday life will be turned upside down and you may soon feel overwhelmed.

Think about simplifying your life as much as possible.

You should also be aware that health problems such as haemorrhoids, constipation or prolonged baby blues can occur after childbirth. Don't hesitate to ask your midwife or gynaecologist for advice.

If you have a pet, be aware that its behaviour may change with the arrival of the baby. Remember to take every precaution to ensure that everyone is safe.

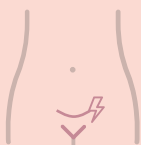
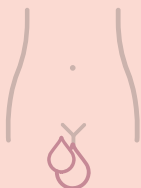


Warning signs

After giving birth, you need to be particularly vigilant about your health and that of your newborn. If the following signs appear, you need to consult a health professional as soon as possible:

For the mother

- Sudden heavy loss of blood
- Calf pain accompanied by redness and swelling of the calf
- Headaches with blurred vision or nausea and vomiting
- Difficulty breathing or chest pain
- Caesarean section or perineal scar opening up
- Persistent fever over 38°C with chills or feeling unwell
- A breast that is hardening or hurting, redness or heat in one breast and a fever
- Persistent baby blues, a feeling of not being able to look after your baby and a feeling of being unwell



For the baby

- Your baby's skin turns a deep yellow
- Your baby refuses to feed, dozes off, or makes high-pitched or unusual noises
- Rectal temperature reaches 38°C
- Repeated projectile vomiting
- Your baby turns pale, has cold extremities and a bluish discoloration of the lips or nipples



**If you have any doubts, do not
hesitate to consult a health professional.**

Postnatal check-ups

Appointment with the gynaecologist

Pregnancy and childbirth have brought many changes to your body, and it will take some time for it to return to equilibrium.

A visit to your gynaecologist should be scheduled 6 to 8 weeks after the birth to ensure that your body is recovering well and to take stock of your general state of health, the resumption of sexual relations, and contraception.

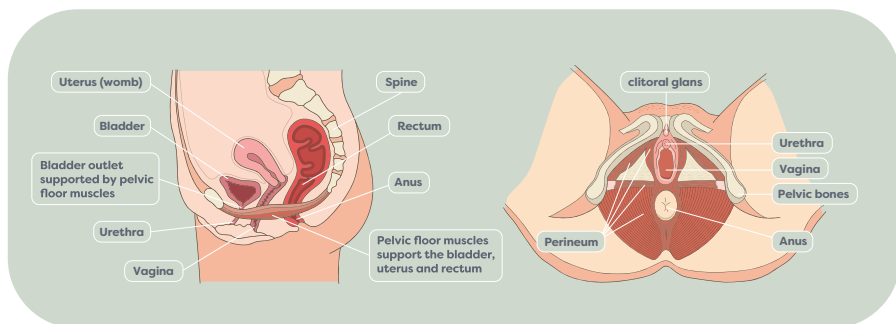
Don't hesitate to speak to your gynaecologist and ask any questions you may have.

Remember to ask for a prescription for perineal rehabilitation, whatever your method of delivery.

This postnatal consultation is compulsory in order to receive the birth allowance. Remember to get the gynaecologist's stamp on the application form for the allowance.

Rehabilitation of the perineum and abdominal muscles

Throughout pregnancy and during childbirth, your body has undergone an enormous amount of change and pressure. Although all the muscles and the body as a whole need to be worked on, it is particularly important to restore tone and full functionality to the muscles of the perineum and the abdominal girdle.



Pelvic floor re-education is aimed at all women who have just given birth vaginally or by caesarean section, with or without symptoms (bladder weakness, constipation, pain, heaviness, organ descent, sexual problems, anal incontinence, haemorrhoids, etc.).

Perineal rehabilitation sessions are strongly recommended. Even if you don't think you need them, a check-up will assess your needs and ensure that you receive appropriate treatment. These re-education sessions are essential before resuming sporting activity, and are 70% reimbursed by the National Health Fund.

The perineum, or pelvic floor, is a set of muscles that form a hammock extending from the pubis to the coccyx. It has several main roles:

- Urinary continence
- Fecal continence
- Organ support during exertion
- Sexual function

Sessions are available at your maternity hospital or in private practice. For further information, please consult the physiotherapy charter after childbirth. It is advisable to consult a physiotherapist specialising in pelvic-perineology or a midwife.



Physiotherapy charter after childbirth: rehabilitation of the perineum and abdominal belt



Find a
physiotherapist
luxkine.lu



Find a midwife
sages-femmes.lu

A few tips to keep your baby safe

Sleep

To prevent cot death:

- The baby should sleep on its back, on a firm mattress
- Use a sleeping bag, no blankets, and no pillows
- Do not put any objects (soft toys, cuddly toys, etc.) in the baby's bed, or near the bed
- Do not let the baby sleep in the parents' bed
- Do not smoke in the presence of the baby or in the areas occupied by the baby, and take care with clothing that smells of tobacco
- The bedroom temperature should be between 18°C and 20°C
- Do not allow pets near the baby
- Avoid all necklaces, chains or cords with dummies that could strangle the baby

The risk of infection

Your baby's immunity will develop gradually. During the first few weeks of life, the baby is therefore very sensitive to infections and its body will not be able to defend itself.

During the first three months of life:

- Remember to wash your hands regularly
- Avoid taking your baby to places such as supermarkets, public transport, etc.
- Do not leave your baby in the presence of people who are ill
- Consult your paediatrician or the emergency services if your baby has a temperature above 38°C
- Consult your paediatrician or the emergency department if your baby is not very awake, cranky, or behaving in an unusual way

Crying and the risk of shaken baby

Crying is your baby's only means of communication. It can mean many things, including a need for contact.

You should be aware that, with the accumulated fatigue and the baby's rhythm, you may feel overwhelmed by your baby's incessant crying. In this case, put the baby in a safe room and try to calm down. As far as possible, ask for support (family, neighbour, close friend, health professional, etc.).

NEVER SHAKE your baby!

The risk of falling

- Always strap your baby into any means of transport (booster seat, pushchair, pram, carrier bag, baby bouncer, etc.), even for short trips.
- Never leave your baby unattended on a high surface (changing table, table, sofa, bed, etc). Be careful never to put a baby bouncer up high.
- Remember to adapt the height of the bed to the child's age.

A few tips to encourage your baby's development

Talk and move with your baby - it's essential for its development!

The interaction between you and your baby through eye contact, communication, and play plays a fundamental role in their cognitive, motor, social, and emotional development.

Your baby needs to make discoveries, to understand the world around it, and to develop properly. From birth, it's essential to devote time to simple activities and verbal exchange. Have fun with your baby with books, games, and any age-appropriate, everyday object that arouses his or her curiosity.

Avoid screens

With your baby, it is essential to avoid using screens in order to focus on learning through interaction and sensory discovery. Exposure to screens (telephone, tablet, television) reduces the desire to move around, explore their environment, and interact with his or her surroundings.

Set an example by limiting your own screen time during social time, such as breastfeeding, mealtimes, playtime, or on walks. By being fully available for your baby, you'll encourage interaction, the regulation of emotions, and the development of language.

For further information

INFO-LANGAGE - Free information sessions where you can get advice on encouraging language development, managing multilingualism, regulating the use of screens, and lots of other information on how to appropriately stimulate your child.



sante.lu/info-langage



sante.lu/ecrans

Useful addresses



sante.public.lu/fr/espace-citoyen/dossiers-thematiques/g/grossesse-maternite.html

Information on pregnancy and maternity
Consult the brochure (available in FR, DE, EN)



sante.public.lu/fr/publications/s/susana-sante-bebes-mamans-fr-de-pt-en/index.html

PERINAT: For the health of babies and mother. The health surveillance system around birth in Luxembourg
Consult the brochure (available in FR, DE, PT, EN)



sante.public.lu/fr/publications/c/cesarienne-fr-de-pt-en/index.html

All the information on caesarean sections
Consult the brochure (available in FR, DE, PT, EN)



cae.public.lu/en/demarches/formulaires.html
Procedures and forms for the Children's Fund



cns.public.lu/fr/assure/droits-demarches/dossiers-thematiques/famille/maternite-paternite.html

Expecting a child - National Health Fund



eltedeforum.lu/en

Parenting forums are welcoming places for parents to exchange ideas, get information and receive support.



liewensufank.lu/fr/info/elternschaft

"Initiativ Liewensufank" (in English: Beginning of Life Initiative) aims to improve conditions around childbirth by providing information and support to (future) parents and by making concrete representations to the competent authorities and political decision-makers.

in collaboration with:



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