



TO
BE BORN
IN
LAZIO



SALUTE LAZIO
SISTEMA SANITARIO REGIONALE



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LAZIO
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TO BE BORN IN LAZIO

Dear mum-to-be,

This booklet is part of a series of initiatives that the Lazio Region is carrying out to improve assistance for childbirth and newborns. It has been designed as a tool to provide information so that you can make an informed choice on “where” and “how” to give birth to your child.



1

WHEN THE BIRTH IS IMMINENT



Before labour, especially if this is your first child, there may be a preliminary phase characterized by spasms similar to period pains, a bit irregular in intensity and frequency.

Labour will begin when you feel, within 10 minutes, more than one contraction lasting at least 40 seconds regularly for at least two hours. When the uterus contracts, the stomach stiffens and then becomes yielding again at the end of the contraction. During the pause between one contraction and another you can recoup your energy.

Signs that indicate the beginning of labour are:

- **ACHING** in the lower back.
- **PAINS IN THE PELVIS** similar to period pains.
- **EXPULSION OF THE MUCUS PLUG.** In the run-up to and/or during labour you might notice the loss of the mucus plug, which is jelly-like and might be streaked with pink. If instead you notice a slight loss of bright red blood, head for the nearest emergency room at a birthing unit for a check-up and immediately contact your gynaecologist or obstetrician.
- **RUPTURE OF THE SAC AND BREAKING OF THE WATERS.**

Sometimes, the amniotic sac, which protects your baby during pregnancy, ruptures before labour has begun.

You'll realize because you'll feel a flow of warm liquids that are normally colourless. You'll be able to tell the difference between involuntary loss of urine since this is yellow, with the characteristic odour we all know, and from vaginal losses that are sticky and dense. In addition, the loss of amniotic fluid continues against your will. When the sac ruptures with the breaking of the waters it's a good idea to go to the nearest birthing unit regardless of whether contractions have begun or not.

During labour you may also experience nausea and/or vomiting or diarrhoea. If your pregnancy has all gone smoothly you can go for cardiotocography at the end of the 40th week, which is useful to record the foetal cardiac frequency and the uterine contractions for about 30-40 minutes. This exam, together with an echography check on the amount of amniotic fluid, will allow you to wait until the 42nd week when labour will begin spontaneously. Cardiotocography earlier than the 40th week is only advisable for “pregnancies that are at risk or are frankly pathological”.

Important note! If you feel the baby moving less than usual (fewer than 10 movements in the space of 12 hours) get to the nearest birthing unit for a check-up.

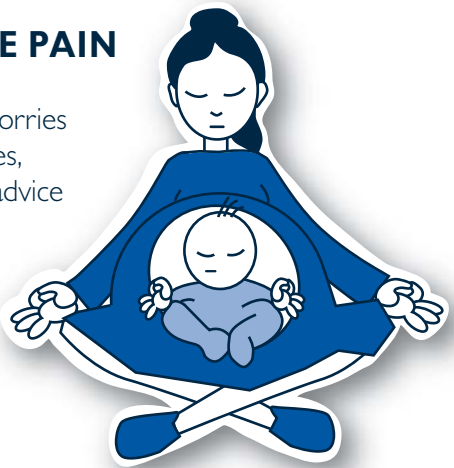
2 WHEN TO GO TO YOUR CHOSEN BIRTHING UNIT

- labour has begun, that is, you can feel regular contractions;
- this is your first pregnancy and, within the space of 10 minutes, you feel more than one contraction lasting at least 40 seconds;
- in the presence of shorter contractions not so close together, if you've already had other children, because the labour may be shorter (do take into account the distance and the amount of traffic you might find to reach the place where you've decided to give birth).



3 HOW TO COPE WITH THE PAIN

The pain of childbirth is one of the biggest worries for expectant mothers. At the prenatal classes, which it is a good idea to attend at the local advice bureau or at the birthing unit where you will give birth, this theme will be discussed. Childbirth is different for every woman, as is the experience of it. The pain of childbirth has characteristics that make it different from other kinds since its special value is the birth of your baby. After every contraction you have time to recoup your energy.



To control the pain you can use the techniques you learn at the prenatal classes. By keeping calm and relaxing, you'll feel the contractions less intensely. Some women choose to give birth under anaesthetic (childbirth analgesia); the most common technique used by the anaesthetist is epidural, which results in the pain disappearing, while remaining awake, by injecting drugs into the epidural lumbar region. Muscle tone and voluntary motility are not affected. Childbirth analgesia is a safe and effective method, even if it often means operations during childbirth that involve the use of suction apparatus or forceps. Please note that this kind of analgesia is not currently available at all the Region's birthing units.

4 WAYS OF HELPING SPONTANEOUS BIRTH

Each birthing unit uses its own techniques to assist labour and childbirth. On being admitted you will undergo a visit to check on the baby's position, its heartbeat, and the stage of labour you've reached.

Your blood pressure, pulse rate and temperature will be measured.

It is important to bring the report on the exams made during pregnancy with you.

If necessary, the doctor may prescribe further tests.

Enema and trichotomy (hair removal), are not recommended practices unless you expressly request them.



There are different ways to measure foetal heartbeat during labour: intermittent auscultation which uses ultrasound to examine the foetal heartbeat every 15 or 30 minutes according to the stage of labour; this procedure allows greater freedom of movement compared to cardiotocography (more details in the section “When the birth is imminent”).

When the neck of the uterus is completely distended (around 10 cm or 4 inches) you will begin to feel the baby pushing as it tries to descend. Normally you have free choice over the position to adopt for childbirth, and only in some cases will it be necessary to make a small incision known as an “episiotomy” in the right-hand side of the perineum (the area of the body between the vagina and the anus).

This practice should only be performed where the external genitalia are particularly tight, or where operational assistance is required (the use of forceps or suction apparatus) in vaginal childbirth.

5

WHEN A CAESAREAN IS ADVISABLE

Caesarean section is a surgical procedure to assist childbirth used too often in Lazio: in 2014 the percentage of caesareans out of the total number of deliveries stood at 43%.

In some regions and in many European countries, the percentage of deliveries using caesarean section is much lower, around 25%, without any negative effects on the health of either the woman or the newborn. In a normal pregnancy, childbirth using caesarean section is not associated with the birth of babies who are healthier compared to natural childbirth; a woman who undergoes caesarean section is exposed to greater risks, including a longer stay in hospital, complications linked to the surgical operation, and a longer immobilization in bed. We therefore consider it useful to give you some information to help you to understand how to choose one childbirth procedure over another, a choice that you should make together with the doctor or obstetrician who is following your pregnancy and who will be looking after you when you're admitted to hospital. There are not many reasons to carry out a caesarean section, and overall they are no more frequent than 15-20%:

- foetal suffering;
- foetal anomaly, the most common being breech birth;
- anomalous insertion of the placenta ("placenta praevia");
- disproportionately small pelvis, in other words, the baby is too large compared to the mother's pelvis;
- maternal and/or foetal pathologies that advise against labour and vaginal childbirth.

If this is not your first pregnancy and you've already had a caesarean section or another operation involving an incision in the uterine wall (for example removal of uterine fibroma), you can, if the department gynaecologist agrees, try vaginal childbirth, clearly where caesarean section is not absolutely necessary. Most women who have had a caesarean section can have a vaginal delivery in a subsequent pregnancy.

Among all the patients who begin a “trial labour” as it’s called, after caesarean section, 70-80% manage to give birth spontaneously.

The decision to begin a “trial labour” needs to be weighed up along with the department doctors; if you have opted for vaginal childbirth after a caesarean section, make sure the place you've chosen to give birth in can offer adequate assistance.

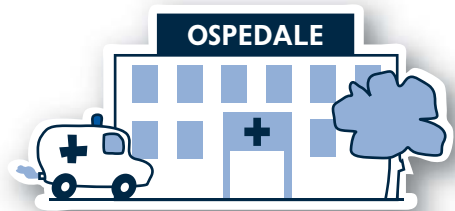
6 CRITERIA TO CHOOSE THE PLACE OF BIRTH

If your pregnancy is progressing normally, you can give birth to your baby in a hospital or at home.

Therefore, before taking this decision, it’s important that you speak to the gynaecologist and/or obstetrician who is following you and is familiar with your pregnancy.

Instead, if some medical problem has been diagnosed, whether dating back to before the pregnancy or that has occurred during it, go to a hospital equipped to deal with this specific kind of problem.

If you want to plan the decision on where to give birth, we recommend you find out all the information beforehand - this is your right - on the facilities and services offered for maternity; for example, do ask whether an anaesthetist is always present and available 24/7, and if a paediatrician is always present in the delivery room at every childbirth. Also ask the percentage of babies born with caesarean section over the last year: a high figure, over 35-40%, indicates an excessively “surgical” attitude towards managing and assisting childbirth. Ask also whether during maternity you’ll be able to keep your baby in the room with you 24/7 during your stay (“rooming-in”) since this will help breastfeeding start early and continue for several months.



If you want to have your baby at home, make sure that the obstetricians that will attend the childbirth are experienced and discuss the childbirth with them and also how to prepare the house for the event.



During pregnancy find out whether having your baby at home will meet your needs and offer the guarantees of safety you expect. In addition, make sure that the obstetrician who is following you is part of a network of professionals to turn to in case of need (paediatrician, gynaecologist, GP), and that a hospital with a birthing and newborn department is within easy reach, should unexpected problems arise that cannot be dealt with at home.

Lastly, find out whether at the birthing unit you've chosen it's possible to donate cord blood as a sign of anonymous support whose main objective is to transplant stem cells for patients affected by serious pathologies, offering them a real possibility to heal. Such a donation never presents problems for the donor.

Below is a table with the addresses and phone numbers of all the public and private maternity units accredited with the regional healthcare service (Servizio Sanitario Regionale) separated by care level, where Level II differs from Level I only in that they can offer particularly complex assistance with pregnancies, deliveries and newborns should the need arise.

LEVEL I BIRTHING UNITS

Name of the facility	Address	Municipality	Phone No.
Sandro Pertini	Via dei Monti Tiburtini 385/389	Rome	06 41431
Fabia Mater	Via Olevano Romano 25 Roma	Rome	06 215921
Madre Giuseppina Vannini	Via dell'Acqua Bullicante 4	Rome	06 24303840
Giovan Battista Grassi	Via Giancarlo Passeroni 28 - Ostia	Rome	06 56481
Città di Roma	Via Maidalchini 20	Rome	06 58471
San Filippo Neri	Via Martinotti 20	Rome	06 33061
Cristo Re	Via delle Calasanziane 25	Rome	06 612451
Santa Famiglia	Via dei Gracchi 134	Rome	06 328331
Aurelia Hospital	Via Aurelia 860	Rome	06 664921
Santo Spirito	Lungo Tevere in Saxia 1	Rome	06 68351
San Paolo	Largo Donatori di Sangue 1	Civitavecchia	076 65911
San Giovanni Evangelista	Via Antonio Parrozzani 3	Tivoli	0774 3161
Coniugi Bernardini	Viale Pio XII 36	Palestrina	06 95322605
Presidio Ospedaliero "De Santis"	Via Achille Grandi	Genzano	06 93271
Ospedale Civile P. Colombo	Via Orti Ginnetti 7	Velletri	06 93271
Presidio ospedaliero di Anzio Nettuno	Via Cupa dei Marmi snc	Anzio	06 93271
San Camillo de Lellis	Via Kennedy J.f. snc	Rieti	0746 2781
Santa Maria Goretti	Via Guido Reni	Latina	0773 6551
Casa di Cura Città di Aprilia	Via Palme 25	Aprilia	06 9270 4125
San Giovanni di Dio	Via San Magno	Fondi	0771 5051
Dono Svizzero	Via Appia Lato Napoli	Formia	0771 7791
Francesco Spaziani	Via Armando Fabi	Frosinone	0775 18831
Santa Scolastica	Via San Pasquale	Cassino	0776 3929265
Santissima Trinità	Loc. San Marciano	Sora	0776 8291

LEVEL II BIRTHING UNITS

Name of the facility	Address	Municipality	Phone No.
Policlinico Umberto I	Viale del Policlinico 155	Rome	06 49971
San Giovanni Calibita Fatebenefratelli	Piazza Fatebenefratelli 2	Rome	06 58334676
Policlinico Casilino	Via Casilina 1049	Rome	06 231881
Sant'Eugenio	Piazzale dell'Umanesimo 10	Rome	06 51001
San Giovanni Addolorata	Via dell'Amba Aradam 9	Rome	06 77051
San Camillo Forlanini	Circonvallazione Gianicolense 87	Rome	06 58701 06 55551
Policlinico Gemelli	Largo Agostino Gemelli 8	Rome	06 30151
San Pietro Fatebenefratelli	Via Cassia 600	Rome	06 33260625
Belcolle	Strada Sammartinese	Viterbo	0761 3391 0761 3381

All updates made to the table can be consulted on the Lazio Region website:
www.regione.lazio.it

Once you've accessed the site, on the menu at the top under "Topics", click on "Health". A new page will open up with a menu on the left, where, under the heading "Health Workers, Institutions", you can access the page "Maternal-infant health". Here you'll find tables of maternity units by clicking the small box on the right under "Perinatal Network".

Alternatively, to access the web page faster, download an App for your mobile to read the QRcode and scan the image here to the right:



RECOMMENDED ORGANIZATIONAL METHODS AND PRACTICES



Here is a list of “organizational methods and practices” that every birthing unit should follow along with a list of “practices to abandon”.

- Women can choose to have their partner or someone they trust beside them during labour and childbirth;
- the Unit must encourage women in labour to move around and to find a free position for the childbirth; giving birth lying on a bed is a practice linked to the medicalization of childbirth and is neither comfortable nor efficient. Many research works have shown that the free position in labour and childbirth favours both the opening of the neck of the uterus and the descent of the foetus;
- except where specific care needs are required, the department must always be open to relatives and friends
- the Unit should ensure that the newborn is in the same room as the mother 24/7 during her stay in hospital (rooming-in);
- all of the Unit's staff should offer suitable information on the advantages and practice of breastfeeding, also by handing out printed information;
- the baby must already be attached at the breast within the first hour of being born, without differentiating between vaginal childbirth and caesarean section, and successive feeding sessions must be “at the baby's request”.

PRACTICES TO ABANDON



The following should not be considered routine:

- enema
 - trichotomy
 - continuous monitoring of foetal heartbeat
 - pharmacological induction of labour
 - episiotomy
-
- the Unit must not give the newborn any liquid or food other than maternal milk, except where ordered by a doctor, nor use dummies, pacifiers or bottles;
 - on being sent home, artificial milk should not be prescribed, except under doctor's orders.

Your own milk is perfect and inimitable for your baby's growth requirements. Breastfeeding your baby offers major advantages for its and your health. Babies who have not been breastfed are much more likely to suffer from problems such as diarrhoea or constipation, vomiting, urinary tract infections, otitis, or to become overweight and obese.



Find out more on
salutelazio.it