Englisch

Das Gesundheitsprojekt
Mit Migranten
für Migranten
MiMi

Maternal Health

Information and contact points

A multilingual guide for migrants. Available in seven languages.

MSD
MSD for mothers

Ethno-
Medizinisches
Zentrum e.V.

Müttergesundheit
Informationen und Ansprechpartner
Ein mehrsprachiger Wegweiser für Migrantinnen.
In 7 Sprachen erhältlich

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Diese Broschüre ist in folgenden Sprachen erhältlich:
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Dieser Wegweiser ist im Rahmen der bundesweiten Initiative des Projekts „Mit Migranten für Migranten (MiMi)“ zur Stärkung der Müttergesundheit bei Migrantinnen entstanden.

Die Initiative wird durch das Unternehmen MSD SHARP & DOHME GMBH gefördert und ist Teil des weltweiten Corporate Social Responsibility Programms „MSD for Mothers“ zur Unterstützung von Frauengesundheit.

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This brochure is available in the following languages:
Arabic, English, German, Kurdish, Russian, Serbo-Croatian and Turkish.

Contents

Introduction

Pregnancy is an exciting time for a woman, and it may mean significant changes for her life. Apart from the joyful anticipation of a new baby, sometimes feelings of insecurity arise regarding what she might have to face in the time to come, and not only in regard to health. Some women may feel overwhelmed by their new situation, especially when they, for a variety of reasons, do not yet know the health system very well.

Preventive antenatal care in Germany occurs according to a regular schedule and consists of antenatal health checks designed to protect the health of mother and child. Especially women with a migration background who have not been in Germany for long are often insufficiently informed. This is due also to the fact that they are not yet familiar with the services available locally. In addition, language barriers often make access more difficult.

Even if the expecting mother is looking forward to her child and, for her, the pregnancy is a happy occasion, sometimes health complaints are part of a pregnancy. Some of these are dealt with in this guide. Illnesses that can occur during pregnancy are also explained, and the guide shows why it is important in some instances that an expecting mother accesses medical assistance.

To contribute to pregnant women having equal access to the regular antenatal care schedule, independent of their cultural of language background, we at the Ethno-Medizinisches Zentrum e. V. (Ethno-Medical Centre Inc.) have developed this guide with the support of our funders and experts in women's health. Apart from information on physical health during and after the pregnancy, you will also find detailed information about the antenatal care system in Germany as well as about legal aspects in regard to employment. The respective roles of the gynaecologist and the **midwife** as well as the advantages and disadvantages of the birthing options available in Germany are topics of this guide. This offers pregnant women information in advance, which can be useful to her when visiting the doctor or the midwife, or when speaking to other health professionals.

We would like to express our best wishes for the health of all mothers and the well-being of their children and hope that this guide can contribute towards it in some way.

Pregnancy

If you are getting the feeling that you might be pregnant, e.g. because you have missed your period or your breasts feel tender, you have the option to visit your gynaecologist or to conduct a pregnancy test at home.

> A **medical specialist** for women's health and childbirth is also called a gynaecologist ('Gynäkologe').

You can obtain pregnancy tests in the form of a urine test in chemist shops or pharmacies. They check for the presence of the pregnancy hormone human chorionic gonadotropin (hCG), which can be detected as early as on the first day of a missed period. If your pregnancy test turns out to be positive, please call your gynaecologist's practice to make an appointment. Your test will be repeated there and, if necessary, you will receive an **ultrasound** examination to confirm the pregnancy. In case particular questions arise, a blood test may also be carried out. For this, a small amount of blood is taken. The blood sample is then sent to a laboratory, where it is tested to show whether you are pregnant and how far advanced your pregnancy is. In general, you have the option to forego a home pregnancy test and go directly to your gynaecologist to be examined.

The following chapter will inform you about the different aspects related to a pregnancy. The desire to have children, indications of being pregnant, antenatal health checks, the important roles of gynaecologist and midwife as well as health complaints associated with pregnancy and pregnancy complications are discussed. This chapter contains numerous tips and notes. However, in case something is unclear – or if you are scared, worried or have symptoms that concern you – please contact your doctor or midwife.

Medical confidentiality according to §203 StGB (German Penal Code)

In Germany, doctors, psychologists, counselling service staff and social workers are bound by **medical confidentiality,** and are only allowed to pass on patient information after obtaining their consent.

Cost recovery
Statutory health insurance providers cover the costs of confirming a pregnancy and scheduled antenatal health checks as well as the care provided by doctors and midwives during and after childbirth.

Exceptions are what are called **'individual health benefits'** (Individuelle Gesundheitsleistungen, IGeL). Statutory health insurance providers only cover these examinations if the treating doctor considers them necessary.

If you have private health insurance, please contact your health fund to clarify which costs are reimbursed for which tests.

In principle, this legislation applies to asylum seekers, persons having received a removal notice – e.g. persons granted discretionary leave to remain – and to other foreigners who have only been granted temporary permission to remain in Germany. In addition, the respective responsible public authority ensures the medical and dental service provision required, including recommended **vaccinations** and medically indicated preventive health checks.

Refugee Benefits Act (Asylbewerberleistungsgesetz)
According to the Refugee Benefits Act, the costs of medical and nursing assistance as well as support, midwifery care, medications, dressings and medical aids for expecting mothers and during the **postnatal** period are covered by the state, as long as they meet the required criteria.

Desire to have children

If a desire to have children exists, it is possible to take precautions that prepare you and your body for a planned pregnancy in the best way possible:

– You can have a thorough check-up at your gynaecologist's practice. This will include checking your immunisation status and boosting it where required. In some cases, it is good to do this before a pregnancy occurs. However, your gynaecologist will give you detailed advice and inform you of your options.

– Visit your dentist! Your dentist can detect possible illness and provide preventive treatment. As studies have shown, this is important because some types of inflammation increase e.g. the risk of premature birth (by a factor of eight).

– A varied diet is always important for remaining healthy. Because very early on in its development, your baby needs special nutrients, e.g. **folic acid,** it is important to pay attention to an adequate diet: wholegrain products, green vegetables and nuts contain folic acid. Doctors mostly recommend taking folic acid supplements as well. Your doctor or pharmacist can give you comprehensive advice about these.

– While trying to conceive, both the woman and her partner should consume coffee and tea only in moderation.

– Because some medications influence fertility, you and your partner should check with your treating doctor if either of you is taking medication.

– Alcohol and tobacco products pose extensive risks to your health. The toxins they contain influence your and your partner's fertility. Make sure you both abstain!

Family planning/ statutory pregnancy counselling

If you are unsure about anything to do with your pregnancy, you can go to a counselling service offering family planning and statutory pregnancy counselling. Counselling is free of charge and can be offered anonymously, that is without you having to give your name and contact details.

The conversations you will have there will educate you on medical, legal and social matters as a way of offering you support. They include

– Information about exercising your rights

– Advice regarding social and economic assistance

– Advice regarding finding accommodation and

– Information about childcare options.

> You can take another person (e.g. a friend, a relative or your partner) to accompany you to your counselling appointment.

If you decide against continuing with a pregnancy for personal reasons, it is a strict requirement that you attend a counselling centre offering statutory pregnancy counselling (Schwangerschaftkonfliktsberatung). For an abortion **(termination of pregancy)** to occur legally in Germany, strict rules prescribed by law must be followed. An abortion may only be performed on the following conditions:

– Up to week twelve of the pregnancy if the 'counselling rule' (Beratungsregel) has been observed or a criminal offence (rape) is the reason for the abortion, or

– At any time during the entire pregnancy if there is a medical reason for an abortion.

The majority of the abortions performed in Germany occur under the 'counselling rule' ('Beratungsregel'). It states that an abortion may only be performed within the first twelve weeks of a pregnancy. It is therefore important to seek advice early on. The pregnant woman must obtain a certificate confirming that she

Freedom of choice

The pregnant woman alone decides whether she wants to have the child or whether she wishes to have an abortion. Nobody must coerce her to have an abortion!

has accessed counselling from a counselling service offering statutory pregnancy counselling. She must then present this certificate, and in some cases confirmation that the costs will be covered, to the gynaecologist who is to perform the abortion. There must be at least a three-day gap between the counselling appointment and the abortion.

If an abortion is performed under the 'counselling rule' (Beratungsregel), the pregnant woman must cover the costs herself. Should you be unable to cover the costs on your own, you can lodge an application with your health insurance provider. If your (individual) income is insufficient, costs will be covered under certain conditions. You will receive advice on this matter as part of statutory pregnancy counselling.

If there is a medical or criminal reason for the abortion, your statutory health insurance provider covers the costs.

Support during the pregnancy

You will receive support from a doctor and a midwife during each of the scheduled antenatal health checks as well as during and after childbirth. In Germany, everyone can freely choose her doctor and midwife. What is important is that you carry your **insurance card** with you when you visit your doctor or midwife's practice, or when the midwife makes a home visit.

Scheduled antenatal health checks

During the first scheduled antenatal health check, the expecting mother normally receives her **'maternal health passport' (Mutterpass).** From here on in, the health status of both mother and child during the course of the pregnancy is documented in the maternal health passport. In addition, and for a fee, the doctor can provide a certificate of pregnancy for the employer and the health insurance provider, if it is required.

From the beginning until week 32 of the pregnancy, scheduled antenatal health checks are performed at four-week intervals, and after week 32 every two weeks. Included in the monthly and later fortnightly checks are:

– Measuring your weight and blood pressure (high blood pressure can, for example, be an indication of what is called 'pregnancy poisoning' or preeclampsia, a type of gestosis)

– Checking your **iron** levels using a blood test (blood is taken from a finger or earlobe)

– Testing your urine for sugar and protein (e.g. to exclude inflammation or to detect the signs of gestational diabetes early)

– Palpating the abdomen, e.g. to check how the child is positioned.

Beyond the routine monthly antenatal checks, a number of further tests and examinations are also performed:

– Blood tests to determine your blood group including Rhesus factor as well as testing for **hepatitis B,** syphilis and **HIV.** The HIV test is only performed with your permission. However, this is an important test, as close monitoring should be performed if it is positive. In addition, it allows measures to be taken to protect the unborn child.

– A swab and a urine sample to test for **Chlamydia.**

– Three ultrasound examinations. The first screening takes place between weeks nine and twelve of the pregnancy, the second between weeks 29 and 32. These ultrasounds are optional and the mother can refuse to have them. However, they offer an opportunity to detect possible malformations of the child early. The ultrasound examinations are used to investigate the position of the child, its heart function and development. They also serve to check for multiple pregnancies and a diverse range of anomalies. In case of anomalies regarding the **fetus** or the mother, it is possible that the gynaecologist will organise additional **prenatal** screening, which will then also be covered by statutory health insurance. However, every mother has the option to decide for or against additional **prenatal diagnostics** (e.g. a nuchal scan).

All routine antenatal checks may be carried out either by the midwife or by the treating doctor – as long as the doctor has documented the pregnancy as progressing normally. Additional tests, such as e.g. ultrasound examinations, are carried out by the treating doctor.

Testing for gestational diabetes

Between weeks 24 and 28 of the pregnancy, testing for gestational diabetes is recommended. This is part of the antenatal health check schedule and is covered by statutory health insurance. As part of this test, a sugary drink is given. After a certain time, a blood test is performed. If this test shows an anomaly, a second test is required. Gestational diabetes can carry risks for the birth and can impact the health of the child for life. In many cases, a change of diet is sufficient to minimise the risk. In contrast to other types of diabetes, gestational diabetes normally resolves after delivery.

Legal matters concerning employment – the Maternity Protection Act (Mutterschutzgesetz)

Before you read on: the Maternity Protection Act covers employed pregnant and breastfeeding women, but not those who are self-employed!

Pregnant women are not legally required to immediately inform their employer of their pregnancy. However, workplace protection under the Maternity Protection Act only comes into effect at the time you inform your employer. The employer may require a medical certificate or a confirmation from the midwife. However, the employer must bear the resulting costs.

The maternity protection period for the expecting mother begins six weeks before the calculated due date. This means that she is then no longer obliged to be available and may stay away from work. According to the Maternity Protection Act, a pregnant woman may only work during the last six weeks before the calculated due date if she expressly states her wish to do so. A mother must not work at all for eight weeks after childbirth (twelve weeks in case of a multiple birth). Pregnant and breastfeeding women must not be asked to work overtime and also must not be scheduled to work between

8 pm and 6 am, on Sundays or on public holidays.

The title of the Maternity Protection Act indicates that its aim is to protect the expecting mother and the unborn child from risks. If the workplace poses a risk to the health of the mother or the unborn child, or if the health of the expecting mother is reduced, e.g. because of medical complaints or complications during the pregnancy, an employment ban (Beschäftigungsverbot) or a certificate of incapacity to work (Arbeitsunfähigkeitsbescheinigung) may be issued. The line between employment ban and certificate of incapacity to work is very difficult to draw and is established by the doctor after taking a detailed **medical history.** However, there are differences in the financial implications for the expecting mother:

– If an employment ban is issued, the expecting mother receives what is called the maternity protection wage (Mutterschutzlohn), i.e. the full amount of her remuneration, from her employer.
– If the doctor issues a certificate of incapacity to work, the mother receives her wage or salary for another six weeks from the date of issue of the certificate and sickness benefit (Krankengeld) through her health insurance provider (70 % of her full remuneration and a maximum of 90 % of her net salary or wage) thereafter.

There are different types of employment bans. They may be issued for the entire duration of the pregnancy or they may be time limited. Also, they may relate to all tasks or only to some. If the latter is the case, the employer, in collaboration with a workplace physician, must be given the opportunity to allocate the pregnant employee a workplace and tasks that do not present a risk to her or to her unborn child. Who is responsible for issuing an employment ban also varies: if an illness is the basis for the ban, the treating gynaecologist is the person who issues it. If, however, the workplace is no longer compatible with a pregnancy and the incompatibility cannot be resolved, but the pregnant woman remains healthy, the employer issues the employment ban in consultation with the workplace physician.

The Maternity Protection Act further protects the expecting mother from termination of employment during the pregnancy and up to four months after the birth. Terminating the employment of a pregnant woman is only possible in exceptional circumstances and after an assessment by the overseeing authority. However, the expecting mother is only protected if her employer is aware of her pregnancy before he intends to issue the termination. A pregnant employee may attend scheduled antenatal care appointments during work time without having to make up the time or incur financial loss, as long as the appointments cannot be scheduled at other times.

Employers must give breastfeeding employees the opportunity to breastfeed their children. According to the Act, this may occur at least twice per day for a half hour or once per day for three quarters of an hour. If there is no suitable location available for breastfeeding at the workplace, the mother has at least 90 minutes once per day to breastfeed her child. Breastfeeding time does not need to be made up and must not impact on her remuneration.

Applying for household assistance

Coping with everyday life can present a pregnant woman with difficulties, particularly if she already has children. Especially then is it important that her partner or other relatives lend support and assistance. If no family member can help in the household, or if it is a risky pregnancy where bed rest has been prescribed, it is possible to lodge an application for **household assistance** ('Haushaltshilfe') with the respective health insurance provider. The health insurance provider assesses the application and decides whether household assistance is required. Any questions regarding this social benefit and filling in the application forms should be directed to your health insurance provider.

Diet and exercise during pregnancy

A healthy and balanced diet, as well as regular physical exercise, is important throughout life to protect health. Especially during pregnancy, diet and physical activity play a crucial role, as they significantly influence both the development and health of the child, as well as the health of the mother. During pregnancy, the focus should be on preventing nutritional deficiencies, as these can lead to medical complaints and disor-

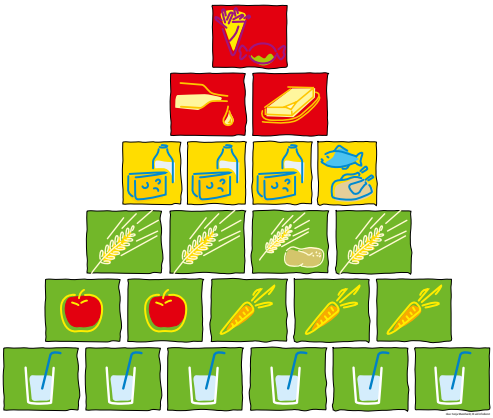
ders during pregnancy and childbirth, as well as to developmental problems for the child. If the mother does not take in enough food and nutrients during pregnancy, blood cannot circulate properly in the **womb** and **placenta.** This can lead to an insufficient supply of oxygen and nutrients to the unborn child. At the same time, it is also not healthy to 'eat for two'. Healthy moderation is the key. What constitutes a healthy level of weight gain depends, among others factors, on the initial weight of the mother. Your gynaecologist and your midwife can advise you about this in detail.

Nutritional advice

In principle, food intake recommendations for pregnant women are not much different from those for non-pregnant women. Exceptions are 'key' nutrients such as folic acid, **iodine,** iron and **calcium.** To achieve a balance diet, fruit and vegetables should be on the menu regularly – five serves per day if possible. Sufficient amounts of wholemeal products, e.g. wholemeal pasta, brown rice and wholemeal bread, should also be consumed, as they are rich in **dietary fibre.** Lean meat, milk and dairy products, as well as oily ocean fish, also belong to a healthy and balanced diet. Sweets and particularly fatty foods should only be eaten in moderation.

The food pyramid pictured here offers an overview of a balanced diet and indicates the amounts in proportion. Different colours mark the individual elements: GREEN for generous, YELLOW for moderate and RED for sparing amounts.

Pregnancy increases the processing of fluid by the body. It is therefore important to drink 1.5 litres of fluid per day. Suitable are tap water, low-sodium mineral water and unsweetened or weakly sweetened herbal or fruit teas.



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Coffee and tea intake should be limited because of their **caffeine** content, as excessive consumption of these drinks can increase the risk of **miscarriage** and also reduces the absorption of nutrients. Up to three cups per day, however, are considered harmless.

Foods that should be avoided during pregnancy

There are some foods that should be avoided during pregnancy. They include some raw foods such as fresh, untreated milk **(raw milk),** raw milk cheese and raw egg. Because of the increased risk of infection, (e.g. with **Salmonella** or **Listeria),** foods manufactured from raw meat (tartar, sausage mince, raw sausage, Mettwurst etc.) or raw fish (e.g. Sushi) should not be eaten. Salad and raw vegetables should always be rinsed sufficiently to avoid **Toxoplasmosis** germs and possible toxins. It is also recommended to abstain from eating liver because of its excessive vitamin A content. You should also take care to avoid cardamom, cinnamon, cloves or tonic water/bitter lemon (because of their **quinine** content), as the substances contained in them can have a contraction-promoting effect.

When eating at a restaurant, don't hesitate to ask whether your selected dish contains e.g. raw milk!

Vegetarian and vegan diets

A varied vegetarian diet (no meat or fish, but other animal products such as milk and eggs are generally included) normally only poses a small risk of nutritional deficiencies. However, when eating a meat-free diet, it is important to take special care to prevent iron deficiency. If you are eating a vegan diet, it is recommended you consult your treating doctor, as this type of diet often proves difficult in ensuring a sufficient nutrient supply.

Sports and exercise

If a pregnancy is progressing normally, and the risks are manageable and under control, physical activity is actually recommended. Expecting mothers can reduce stress through sports and exercise; it can also give them a sense of staying fit even when pregnant. Muscles are strengthened, which can, for example, prevent back pain. Recommended are sports such as cycling and swimming, as they require only part of the body weight to be born by the athlete. You should abstain from sports that carry a high risk of falls (horse riding, skiing etc.) and all team, ball and combat sports, as well as extreme sports (e.g. skydiving).

> Consult your treating doctor whether and which sports you can participate in without any concerns. You will often find options such as antenatal exercise or yoga classes for pregnant women, and frequently these are at least partially covered by statutory health insurance. Please find out from your health fund!

Alcohol, smoking, medications and illegal drugs

Consuming even small amounts of alcohol during pregnancy can impact and jeopardise the physical and mental development of the unborn child. When an expecting mother consumes alcohol, it not only spreads quickly throughout her own body, but also through that of the **embryo,** as both blood circulation systems are closely linked by the **umbilical cord.** Because alcohol is a toxin and cannot be processed by unborn children, they are often born with brain defects, psychological problems and developmental disorders. If such effects and disabilities in a child are severe, they are also called **fetal alcohol syndrome (FAS).**

Abstaining from alcohol

To avoid the potential risks altogether, no alcohol should be consumed at any time during pregnancy.

Smoking is not only bad for the mother, but also for the unborn child. All toxins taken in by the mother are passed on to the child via the umbilical cord and placenta. There is a risk of pregnancy complications, which may lead, for example, to premature birth. Children of mothers who smoke are often too light and too small at birth and more often struggle with **allergies** and respiratory illness during the course of their life.

Care should also be taken when taking medication. If you are taking medicines, make sure you talk about them with your treating doctor or gynaecologist without delay. It is possible that you need to change to a different drug. During your pregnancy, always talk to your doctor before taking any medicine so that you can be sure that it is not harming your child.

Illegal drugs not only harm the mother, but also the unborn child. If you have a drug dependency and you have fallen pregnant, please contact a drugs counselling centre immediately.

The 'all or nothing' principle

If you have drunk a lot of alcohol, smoked or taken medication at a time when you didn't yet know you were pregnant, in general the 'all or nothing principle' applies. It means that either the embryo will develop normally, or it has been harmed and died so early that it will not have been possible yet to detect a pregnancy at all. If the pregnancy progresses normally, then the embryo will not have been harmed.

Vaccinations during pregnancy

In principle, only essential vaccinations should be administered during pregnancy to avoid any risks to the child. As a general rule, vaccinations are only given in the presence of an actual infection risk. The influenza vaccination is a good example for this: it is expressly recommended for pregnant women in the second trimester, and if another underlying illness is also present, even from the first trimester. In some circumstances it is necessary to proceed with other vaccinations if the pregnant woman wishes to travel. Comprehensive travel medicine advice should therefore always be part of travel preparations.

Travel during pregnancy

It is possible to travel during pregnancy, as long as you are feeling well. It is important that you carry your maternal health passport with you when travelling. Some airlines require you to carry additional medical papers with you that document your state of health. It is also helpful to seek information about medical services at the destination before setting off.

Most airlines take pregnant passengers with single pregnancies up to week 36 and women with multiple pregnancies up to week 32. Passenger shipping companies usually have similar regulations; bus and rail companies, however, mostly do not.

A travel medicine consultation and the information provided by the travel medicine specialist will inform you about what you should pay attention to in your destination country, which foods may need to be avoided and which vaccinations are better given in advance.

Sexuality and pregnancy

Expecting parents often worry that they might injure the unborn child during sexual intercourse or that they could be causing bleeding, premature contractions or even a miscarriage. However, the unborn child is safely protected in the womb. Sexual intercourse does not pose any risks for a pregnancy without complications.

> Around the calculated due date, sex can also help induce childbirth naturally, as the **prostaglandin** contained in the seminal fluid promotes contractions.

If you are unsure, worried or anxious, it is recommended to have a frank conversation with the gynaecologist or the midwife. This can help avoid confusion.

Common pregnancy complaints

Health complaints commonly experienced during pregnancy are listed in this chapter:

Nausea and vomiting ('morning sickness')
Many women experience nausea and vomiting, especially in the first trimester of their pregnancy. Tip: try to eat something even before getting up in the morning.

Dizzy spells
During pregnancy, many women have low blood pressure, which can lead to dizzy spells. Tip: plenty of outdoor exercise and snacks or a glass of juice in between meals.

Digestion problems
Hormonal changes in the body of a pregnant woman lead to a reduction in the movements of the bowel. This can result in constipation. Tip: a balanced diet and plenty of fluids!

Disturbed sleep

Disturbed sleep during pregnancy can have psychological as well as physical components. Pregnant women often worry about the future, which can lead to anxiety. During the course of the pregnancy, the baby also puts pressure on the internal organs of the expecting mother, which can, just like the baby's kicks, cause strong pain.

Iron deficiency

If iron deficiency occurs, it can lead to symptoms such as tiredness, exhaustion or susceptibility to infections. Iron deficiency can also result in an undersupply for the unborn child. The haemoglobin level is therefore monitored at every scheduled antenatal health check using a small blood sample from the earlobe or finger. If the iron level turns out to be too low, the gynaecologist will prescribe an iron supplement or will give you advice on how a change in diet may balance out the iron deficiency.

Back pain

Back pain may occur early in the pregnancy. There can be multiple causes. Changes to the spine and the connective tissue, loosening of tendons through hormonal changes, but also the weight gain and the increase in breast size can be responsible for back pain. It is important not to carry heavy objects during pregnancy. Tip: there are special back pain prevention classes for pregnant women, which are (partially) covered by health insurance. Please enquire with your health insurance provider.

Heartburn

Because the enlarged womb puts pressure on the stomach, small amounts of stomach acid can flow back into the oesophagus, which can lead to an unpleasant, sour burning sensation. Tip: eat several smaller meals, avoid fatty and acidic foods and sleep in a semi-sitting position. It you have acute heartburn, e.g. rolled oats, white bread, nuts or a glass of milk can bring relief.

Oedema

Increased levels in the production of the hormone **oestrogen** are the cause of accumulations of water in body tissues (oedema) that occur during pregnancy. Water can accumulate especially in the connective tissues of the legs, hands and face of pregnant women. If water retention occurs, please consult your gynaecologist or midwife, as oedema can also be an indication of the early stages of pre-eclampsia.

It is possible that several health complaints occur together or that a pregnant woman does not experience any at all – the presence or absence of pregnancy complaints does not indicate anything in particular about the progress of the pregnancy. If you are unsure or experience unusually severe symptoms, please always consult your gynaecologist or midwife so that serious illness can be excluded as a cause.

The HELLP syndrome

The HELLP syndrome is a severe complication of preeclampsia. The lives of both mother and child are in danger and it is therefore necessary that the mother be admitted to a hospital as quickly as possible so that she and the unborn child can receive assistance.

The HELLP syndrome is not always preceded by the symptoms of preeclampsia. In most cases however, women have pain in the upper right quadrant of the abdomen, they experience extreme nausea and they vomit or have diarrhoea. The HELLP syndrome can have severe consequences for the mother: oedema of the lungs, coagulation disorders or damage to the kidneys and liver. The HELLP syndrome can also be devastating for the unborn child, as separation of the placenta from the uterus (placental abruption) may occur. An emergency caesarean section will be unavoidable to protect both from severe health damage and even save their lives.

It is also possible for HELLP syndrome to occur after the birth (in 31 % of cases)! Diligent postnatal care is therefore always important.

Serious illness during pregnancy

While the complaints listed earlier can, in general, be considered no more than a nuisance, other types of illness that should be taken seriously can also occur during pregnancy. Illness caused by pregnancy can have serious consequences for mother and/or child. The following chapter examines gestational diabetes, depression during pregnancy and conditions called 'gestoses' in more detail. 'Gestosis' means 'disorder of pregnancy' and is divided into 'early gestosis' and 'late gestosis'. Hyperemesis gravidarum, for example, belongs to the category of early gestoses. Here, the pregnant woman suffers from uncontrollable vomiting and extreme nausea. Dehydration and weight loss accompany hyperemesis gravidarum. It is not to be confused with 'normal' morning sickness, which many women experience at the beginning of their pregnancy. It is possible that admission to hospital becomes necessary.

In the category of late gestoses are e.g. pregnancy-induced hypertension (high blood pressure), preeclampsia and eclampsia. The HELLP syndrome is a particularly severe complication:

- Pregnancy-induced hypertension occurs for the first time after week 20. Blood pressure reaches above-average levels. The likelihood of developing preeclampsia is over 50 %!
- Preeclampsia is characterised by (strongly) elevated blood pressure in conjunction with protein in the urine. In severe cases, additional symptoms may occur: a further rise in blood pressure, reduced renal function, upper abdominal pain (caused by involvement of the liver), headaches, blurred vision, oedema, hearing loss, strong weight gain and reduced growth rate of the unborn child (caused by placental insufficiency). Not all symptoms always occur simultaneously. Some symptoms may go unnoticed by the woman and are only detected by the gynaecologist during a routine antenatal check.

– The very rarely manifesting condition called eclampsia is characterised by an epilepsy-like fit. Cramping and loss of consciousness may occur.

The term gestational diabetes is used when a woman is first diagnosed with diabetes during pregnancy. Women who have already been diabetic do not fall within this category. Gestational diabetes normally resolves after delivery, but an increased risk of recurrence during subsequent pregnancies remains. Babies of mothers with gestational diabetes are often born with increased birth weight, which can lead to complications during the birth. There is also a risk that the lungs of the child are not sufficiently developed at the time of birth. Women with gestational diabetes more often suffer from urinary tract infections and high blood pressure during pregnancy. Those affected also have an increased risk of developing type 2 diabetes in their lifetime.

> Tip: the latest research shows that breastfeeding can protect women who had gestational diabetes from developing type 2 diabetes later! Through this simple means, the risk of disease can be reduced by 40 %.

The special test used to determine whether gestational diabetes is present can be conducted between weeks 24 and 28 of the pregnancy.

Depression is one of the most common conditions to occur during pregnancy. Depression is a mental illness that is accompanied by numerous symptoms, such as:

– Sadness

– Lack of interest

– Feelings of guilt

– Lack of self-esteem

– Sleep problems and tiredness

– Lack of concentration

– Loss of appetite.

Depression during pregnancy often causes affected women to doubt their ability to perform their future role as a mother. It is accompanied by an increased risk of premature birth and the newborns are often of comparatively low birth weight and show abnormal heart rhythms. In their future life, these children have been observed to possess limited emotional skills. Affected by depression during pregnancy are often those women who have previously suffered from depression, who are under particular stress and who experience a lack of social support or support from their partner. Women who develop depression during pregnancy often gain insufficient weight, tend to participate in antenatal care irregularly and tend towards addictive behaviours. Research has found connections between gestational diabetes and depression during pregnancy (gestational depression). Depression during pregnancy can be successfully treated with psychotherapeutic interventions. Medications are available now that can be used without posing a risk to the unborn child. In some cases they are used as a supporting measure during a course of psychotherapy.

Childbirth

Over the course of their pregnancy, many women think about the possibilities for the process of childbirth. These options are discussed in antenatal classes, where e.g. suitable birthing positions are also discussed. Apart from providing information about antenatal classes, this chapter describes in which kinds of settings you can give birth in Germany and what the advantages and disadvantages are. It describes the process of spontaneous (natural) childbirth and explains what a caesarean section is and when it is performed. The scheduled postnatal health checks to be carried out for both mother and child are also introduced. These examinations are essential, as it needs to be established whether both have come through the birth well or if medical intervention is necessary.

Antenatal classes

Find out about the starting dates of antenatal classes ahead of time, as there is no standard rule about when during the pregnancy to attend such a course. However, it is recommended to begin in month six or seven of the pregnancy. Register in time! Participating in an antenatal class is not compulsory, but it introduces pregnant women to breathing techniques and birthing positions and explains them. The classes also detail the advantages and disadvantages of possible birthing settings and provide information about the process of giving birth. Many midwifery practices offer antenatal classes that pregnant women can participate in with or without a support person. Most health funds cover antenatal classes provided by midwives. Whether the fee for the partner is also reimbursed depends on the fund; please find out from your particular health insurance provider.

Where to give birth

In Germany, pregnant women have the choice between giving birth at a hospital, a birthing centre or at home. However, the law states that a midwife (male or female) who assists with the birth must be present for every delivery, no matter which birthing setting you choose.

> You always have the option to have a support person (e.g. your partner) attend the birth.

To determine which birthing setting is right for you, hospitals and birthing centres offer regular information sessions. Here, expecting parents have the opportunity to visit the delivery rooms and to ask questions. Deciding early on a place for the delivery that is as close to your home as possible enables you to register there and avoid having to deal with formalities later, when the birth is already imminent.

It is not a problem if, at the time childbirth begins, you haven't registered at a birthing clinic ahead of time! You can always go to the hospital of your choice, as long as it has a birthing unit!

Giving birth in hospital

More than 98 % of women giving birth in Germany over the past few years have decided on a hospital as the setting. If you decide to give birth in hospital, it should have a birthing unit. There, an obstetrics team – normally consisting of midwife, paediatrician and anaesthetist – is available around the clock. In case of unanticipated complications, the team can intervene immediately and offer specialised medical assistance. Also, if desired by the woman giving birth, pain relief medication or **anaesthetic** medications for what is called epidural anaesthesia can be administered. Even just knowing that these options exist can be perceived as supportive. In addition, some hospitals offer **rooming-in** for the newborn or alternatives to a birthing chair, e.g. a birthing tub, for the delivery. Do not hesitate to ask when you are visiting the hospitals' birthing facilities ahead of time.

If a delivery goes smoothly and mother and child are healthy and feeling well, it is possible to leave the hospital as early as a few hours after the delivery. In this case the term outpatient birth (ambulante Geburt) is used. If this is what you would like, please let the staff know.

If you are staying in hospital for a few days after the delivery, it is called an inpatient birth (stationäre Entbindung). You have this option even if the birth has been without incident and both you and the newborn baby are well. This way, you can, for a few days, recover in hospital from the exertion of giving birth, either because you would like to or because you feel safer this way. Doctors, midwives and paediatric nurses will assist you and answer your questions.

Non-hospital birthing options

In some circumstances, such as a pregnancy progressing without apparent risks, it is also possible in Germany to give birth in a non-hospital setting. This means that the birth does not take place in a hospital, but in a birthing centre or at home, but always with the assistance of a midwife. Medical support at the same level as in a hospital is not available for non-hospital births. Should complications occur that require medical assistance, a transfer to a hospital will ne necessary.

Should a non-hospital birth be an option for you, please inquire early with a midwife who offers this service.

If you do not have a midwife supporting you through the pregnancy, or if your midwife is not available for the time after the delivery, it is important that you organise a midwife for your postnatal care. She will look after you in the days after the birth and can give you valuable tips for breastfeeding, baby care and any questions regarding your postnatal period.

The birth

When contractions occur about every seven to ten minutes and last for about 30 to 60 seconds each, it is an indication to go to the place you chose for giving birth or inform your midwife.

The spontaneous (natural) birthing process

Overall, childbirth can be divided into the four stages of labour: (1) the opening stage, (2) the transitional phase, (3) the pushing phase and, finally, (4) the afterbirth.

During the opening stage, the cervix opens to its maximal dilation as the head of the baby pushes against it with every contraction.

During the transitional phase, the contractions become more intense and the cervix opens completely. The baby's head slides into the correct position.

The pushing phase is the stage that brings the child into the world. First the head, then the shoulders and then the rest of the body. When the umbilical cord has stopped pulsating, it is clamped by the midwife and cut by her or by your support person.

Finally, the placenta is delivered during the afterbirth stage. It is important that the placenta is expelled completely. After the delivery, the uterus shrinks back as a consequence of the afterpains.

After delivery, the midwife will place the baby on your breast as soon as possible so that it can be breastfed for the first time straight away. The physical closeness strengthens the bond between mother and child.

Caesarean section

There are some medical reasons, e.g. a pre-existing condition in the mother or the position of the child in the uterus, which may exclude a natural birth. Complications that necessitate a caesarean section may also occur during the birth. It is also sometimes the case that women are fearful of the pain of a natural birth. Your gynaecologist can provide advice and support in this matter and assist with making a decision.

Contractions

These are contractions of the muscles of the uterus. They already occur (mostly unnoticed) during the pregnancy (then called Braxton Hicks contractions). During delivery, contractions push the baby downwards so that it can come into the world.
Braxton Hicks contractions are not to be confused with preterm contractions. If contractions occur at short intervals over a longer period (more than three times per hour) and you have a pulling sensation in the lower abdomen, you may be in preterm labour. It is important to have this checked, as preterm contractions can change the consistency of the cervix. It the cervix shortens and opens as a result, there is a risk of a preterm birth. It is therefore important to have yourself examined! If a preterm birth is imminent, you may not be able to give birth at your 'hospital of choice', as hospitals that are not set up for preterm births are only allowed to admit pregnant women for delivery from week 37 of the pregnancy.

Today, caesarean sections are only in emergencies performed under general anaesthetic. More common are epidural or spinal anaesthesia. For a caesarean section, the woman lies on an operating table, the stomach is washed with disinfectant, a urinary catheter is inserted and the woman is covered in sterile cloths so that only the stomach is exposed. As soon it is certain that the anaesthesia has come into effect, the abdomen is opened layer by layer. Once the uterus has been opened, the baby is lifted out and handed to the midwife. She briefly shows it to the mother and then passes it on to the paediatrician for the initial health check. In the meantime, the stomach is closed again with sutures.

After a caesarean section, the woman remains in hospital with her baby at first. However, she is assisted to start standing up on the day of delivery. This is important for preventing **thrombosis.** After around five days, mother and child can leave the hospital. The first aftercare appointment should take place six weeks after the birth.

Postnatal health checks

After the delivery, mother and child are, depending on where the birth has taken place, examined by a doctor and/or the midwife. The results are entered into the maternal health passport and you are given a health record for the child, where the results of the first scheduled health check are also entered. Please always bring it with you to all scheduled 'U' health checks at the paediatric practice.

For the mother

After a spontaneous birth, the mother is examined for any injuries sustained during the birth and treated if required. Tears or incisions are sutured under local anaesthetic. The doctor or your midwife will explain all this to you.

For the baby

After the birth, your baby is not only measured and weighed, but also examined. At the hospital, the obstetrician or a paediatrician performs this first scheduled health check. For birthing centre and home births, the midwife will carry it out. This scheduled health check for the newborn is called U1 and includes the following:

First, the baby's breathing and cardiovascular system are checked for correct functioning. To check the health status of the newborn, it is assessed according to the APGAR scale.

This test assesses the health status of the newborn. Checked are Appearance, Pulse, Grimace (reflex irritability), Activity (movement and muscle tension) and Respiration. This test is performed three times: one minute, five minutes and ten minutes after birth. The newborn generally remains with the mother for this test.

The APGAR scores are entered into the maternal health passport and the 'U' examination health record. The newborn's oxygen supply is often also measured by checking the pH value of the cord blood. Because infants produce insufficient vitamin K, which plays an important role in blood clotting, they are given two drops of a type of oil rich in vitamin K after birth. This process is repeated during the U2 and U3 scheduled health checks.

As part of this health check, you are advised that within three days of delivery, a blood test should be performed for the baby in order to eliminate the possibility of metabolic disorders. You will also receive information about a hearing test to eliminate the possibility of congenital hearing loss. This test should also be performed within the first three days of life.

Scheduled health checks for newborns

It is important that after the birth, you or your partner make an appointment with a paediatrician, as your child should have a scheduled newborn health check between the 36th and 72nd hour of life. You also need to visit your paediatrician for the second scheduled health check, called 'U2', between the 3rd and 10th day of life.

Household assistance after childbirth

If you are unable to independently manage your household after childbirth, if nobody lives with you who can take care of these tasks and you also have at least one child under 12 or 14 years old (depending on the health fund) living with you, you have the option of lodging an application for household assistance. Household assistance can be provided either by someone you don't know – someone allocated to you by the health insurance provider – or someone you know.

This person will support you and will take on the tasks of running your household and taking care of your children. You must lodge a medical certificate confirming your need for household assistance together with your application. Find out more from your gynaecologist and your health insurance provider.

What should I take with me to the hospital?

1. Documents

- ☐ Maternal health passport (Mutterpass)
- ☐ Health care card
- ☐ Personal identification: ID card (Personalausweis), passport or residency permit (Aufenthaltstitel)
- ☐ Family record (Stammbuch) if you are married, birth certificate if you are unmarried

2. Clothing for the expecting mother

- ☐ Loose-fitting T-shirts, nightshirts, shirts
- ☐ Cotton or disposable slips/panties
- ☐ Bathrobe
- ☐ Warm socks and slippers
- ☐ Breastfeeding bra and liners
- ☐ Face cloth, towels
- ☐ Unscented toiletries
- ☐ Hair bands
- ☐ Comfortable clothes for the return journey

3. Clothing for your baby

- ☐ Bodysuit (or singlet and slip)
- ☐ Jumpsuit
- ☐ Jacket/overall
- ☐ Knitted hat
- ☐ Blanket
- ☐ For the return car journey: infant capsule (with foot pouch if required)

After childbirth

The first six weeks after delivery are a very sensitive time for both mother and child. This period is called 'postnatal period' or 'puerperium'. It is important to attend the aftercare appointments with your gynaecologist or midwife during this sensitive time and, if you wish to do so, to begin with a postnatal exercise class as soon as possible. This chapter collates relevant information on these topics.

The postnatal period

The six to eight weeks after delivery are called 'postnatal period' or 'puerperium'. Because pregnancy and childbirth as well as hormonal changes and possibly sleepless nights after the birth are very taxing, it is important that you rest as much as possible during this period. To achieve this, it is important that your environment is as stress-free as possible and that you allow your partner/friends/family to take on the majority of tasks to be attended to.

Aftercare

Postnatal care, which is provided by the midwife, includes monitoring the overall health status of the mother, the shrinking of the uterus, **lochia** discharge and wound healing. She is also available for questions regarding breast care, breastfeeding, solid foods and baby care. Observing the newborn is also part of aftercare. This includes checking suckling behaviour and bowel movements as well as the general health status and weight of the infant.

In addition, family midwifes who are specially trained to provide assistance with health and social problems, and who support the family for up to one year after childbirth, are also available.

Postnatal exercises

It is recommended to begin a postnatal exercise class four months after delivery at the latest. Several types – some do and some don't include the child – are on offer that help to strengthen pelvic floor, stomach and back muscles after the pregnancy and further promote the shrinking of the uterus. Classes offered by midwives are, at least for the first ten sessions, covered by statutory health insurance.

The body needs a lot of time to recover from pregnancy and childbirth, which is why postnatal classes are especially tailored to women who have recently given birth.

Staying healthy

Another set of hormonal changes at this time can lead to what is called 'baby blues'. Those affected feel very sad during this time and sometimes are not pleased about having a child. Make sure you speak to your doctor or midwife about this!

If the symptoms persist and if, for example, you also experience thoughts of self-doubt regarding the role of being a mother, a strong fear for the welfare of the child or the inability to develop positive feelings towards the child, you should consult your midwife/doctor.

Baby blues

The 'baby blues' is a depressive mood change that can develop between the third and fifth day after childbirth. However, this low mood, which can be accompanied by restlessness, sadness and exhaustion, normally resolves after a few hours or days.

Like depression during pregnancy (antenatal depression), postnatal depression is not to be underestimated and may require psychological support. Do not hesitate to make contact with a health professional, as it is easy to treat. Psychotherapeutic interventions help to understand the symptoms and to learn how to deal with them.

Depending on the type of disorder, medications may also be used. However, this depends on whether the mother is breastfeeding, as many antidepressants pass into the breast milk and can be damaging for the child. Depression is rarely so severe that mother and child need to stay at a hospital or a day clinic.

Safe sleep for your baby

Despite numerous studies, the condition called Sudden Infant Death Syndrome (SIDS) remains an unexplained phenomenon. Parents put their healthy baby to bed in its cot, where a few hours later they discover its lifeless body. Medical research assumes that several causes are responsible for SIDS and not just one particular illness. Even though the reasons for the occurrence of this phenomenon are unknown, preventive measures have, over recent years, led to an 80% decrease in the number of deaths.

How your baby will sleep safely

- Lay your baby on her back for sleeping
- No cigarette smoke near your baby
- Put your baby to sleep in a sleeping bag of a size appropriate to his age; use a mattress that is not too soft
- Let your child sleep in your bedroom, but in a bed of her own
- Do not position the cot near a heater or in direct sunlight
- Ensure a temperature of 18 °C in the bedroom
- Do not place pillows, 'cot bumpers', soft toys or fur underlay in your child's bed
- Do not put a hat on your child's head for sleeping
- Breastfeed your child
- Offer your child a pacifier for going to sleep.

Breastfeeding and contraception

In the first period after childbirth, at most during the first six months of life, the baby's food consists exclusively of milk. It is best to breastfeed your baby. If this is not possible, baby formula that is tailored to your baby's needs is readily available.

Medical research studies support the assumption that breastfeeding mothers have a lower risk of getting breast or ovarian cancer and less frequently become ill with **osteoporosis.**

Breastfeeding

Breastfeeding naturally promotes the bond between mother and child and supplies the newborn with all important nutrients as well as protective substances and antibodies.

Breast milk is the optimal food for a newborn. It is always fresh and contains everything the baby needs: protein, vitamins, fat, carbohydrates, minerals and trace elements. In addition, breastfeeding is convenient: it is clean, available at any time, and free.

Moreover, breastfeeding also promotes the shrinking of the uterus.

Directly after the birth, breast milk consists of **colostrum,** or first milk. It is yellowish and thicker than the breast milk that the infant receives during breastfeeding later. It contains all important nutrients and antibodies, but in highly concentrated form. Within a few days, the milk will become lighter in colour, thinner and fattier. The special protection provided by the colostrum is then no longer necessary, and the female body adjusts its milk production. Breast milk is being adapted to the needs of the child throughout the entire time it is breastfed, whether it lasts for weeks, months or years.

In some cases, mothers have to go back to work before the baby is able to do without breast milk. As mentioned on page 14, employers are required to grant breastfeeding employees 'breastfeeding breaks'. In addition, there is the option of expressing breast milk. Manual or electronic pumps are available for this pur-

pose, which mothers can borrow from pharmacies. If you are considering this option, please ask your midwife for information.

Infant formula

If breastfeeding is not working out for you or you don't want to breastfeed for other reasons, you have the option to fall back on infant formula for your child.

While infant formula is no equivalent substitute for breast milk, it ensures good nutrition for the baby and is, if prepared correctly, hygienically completely unproblematic.

There is a difference between first infant formula (also called 'Pre' or '1' formula) and follow-on formula ('2' or '3'). First infant formula is most similar to breast milk and can be used throughout the first year of life. Follow-on formula should not be given before the time of starting **first solids.** If allergies are present among close family relatives, it is advisable to feed the baby 'HA' **(hypoantigenic/ hypoallergenic)** formula until at least month five.

Caring for your breasts during breastfeeding

The breasts should be washed daily with clear water only, and without soap. However, after breastfeeding it is advisable to allow remaining breast milk and saliva to dry on the skin, as breast milk has antibacterial and healing properties. Because the breast will be enlarged during the breastfeeding phase, special bras offer suitable support. They are made from particularly stretchy material. Breastfeeding liners prevent your clothes getting wet through the bra with every new letdown reflex.

Indications of mastitis

If you are getting a fever, have red, hard patches on your breasts or are feeling fluey, these may be indications of an inflammation of the breast (mastitis). In this case it is important that you see a doctor immediately. It is possible you may need a course of **antibiotics.** Rest is very important during this time!

Incorrect latch can cause sore nipples. Your midwife can show you a range of latching techniques. Sometimes, it helps to apply ointments formulated especially for the nipples of breastfeeding mothers. You can get further advice from your chemist.

If too much milk backs up in the milk ducts, it can lead to a sensation of tightness and painful breasts, as well as to suckling problems for the baby. A relaxed environment, more frequent but shorter latching on times as well as alternating breastfeeding positions can provide relief. Warm compresses, a warm shower or a warm breast bath before breastfeeding can promote milk flow. Cabbage or fresh cottage cheese ('quark') poultices can also provide relief. If you cannot find relief at home, please consult your midwife or gynaecologist. Treatment may be initiated to prevent the breast becoming inflamed.

The breastfeeding diet

As during pregnancy, you should pay attention to a balanced and nutritious diet while breastfeeding because the nutrients you take in are passed on to the child via the breast milk.

Vitamins and minerals

Breast milk contains, largely independently of the mother's diet, many minerals. These are mostly made available from the mother's bodily reserves. It is therefore important that she gets sufficient nutrients, mainly to avoid deficiencies in her body and to replenish her own stores. The most important nutrients and vitamins, and the foods that contain them, are listed in the table.

Should the body's stores not be replenished sufficiently through the intake of these foods, it may be necessary to take nutritional supplements. Your gynaecologist can advise you.

Nutrient	Source
Calcium	Milk and dairy products, vegetables, fruit, herbs and some brands of mineral water
Vitamin D	Is made by the body using sunlight. It is recommended to get 5 – 25 minutes of exposure to the sun each day.
Folic acid	Green vegetables, pulses, wheat products, wholemeal cereal products, citrus fruit
Iron	Meat, some types of fruit and vegetables, pulses, cereals
Iodine	Fish, iodised table salt
Vitamin B12	Milk, cheese, some algae

Alcohol, smoking and medications

Toxins can enter the infant's body via breast milk. It is important to abstain from the stimulants listed below and to take medication only in consultation with a doctor.

Alcohol

Alcohol should be avoided throughout breastfeeding, as it passes into the breast milk and, consequently, your child also ingests alcohol. The rumour that alcohol stimulates milk production is untrue.

Smoking

Breastfeeding mothers should also abstain from smoking. Nicotine passes into the breast milk and also reduces the amount of milk produced. If abstaining from smoking really is not possible, it should at least be reduced and smoking (by anyone, parents or other people) should definitely not occur before, only after breastfeeding, and not in rooms normally used by the child.

Medication

It is essential to consult your doctor before taking any medication. This applies to prescription-only as well as to over-the-counter medicines. Because some ingredients of medications are passed to the child via breast milk, it is important to ensure that the medication you are taking is compatible with breastfeeding.

> It is therefore necessary that you inform your doctor, should you, during the breastfeeding phase, depend on medication because of an illness.

Vaccinations

During the breastfeeding phase, breastfeeding women as well as the breastfed infant can receive all vaccinations recommended by the German **Standing Committee on Vaccination** (Ständige Impfkommission, STIKO). However, breastfeeding women should not be vaccinated against **yellow fever.** As usual, it is recommended that you consult your treating doctor with any questions about particular vaccinations, reasons and possible risks. It is also important that you tell the doctor that you are breastfeeding.

Contraception after pregnancy

How soon the first menstruation after childbirth occurs is different for each woman. For women who exclusively breastfeed, it may take six months or longer. Then again, women who only breastfeed for a short time, or not at all, mostly have their first period a few weeks after childbirth. Because the cycle needs to stabilise again after a delivery, ovulation can't be predicted accurately. However, it is possible for ovulation to occur soon after the delivery. Given unprotected intercourse, a pregnancy is therefore definitely possible.

> The statement that breastfeeding protects from pregnancy is incorrect!

During the breastfeeding period, contraceptives are recommended that do not influence milk production or the baby. Should you wish to use hormonal contraception, your gynaecologist will recommend an oestrogen-free product. These are available as e.g. tablets, intrauterine devices (IUD) or subdermal implants. Contraception without interfering with the body's hormonal balance is possible using condoms, the basal body temperature (BBT) method, the copper IUD or other products. Your gynaecologist will

advise you on which products are suitable for you.

> Make sure to consult your gynaecologist and do not just fall back on the kind of pill you have been taking before your pregnancy!

Glossary

Allergy	An adverse reaction to a substance. A range of physical responses may occur. Apart from a skin reaction, in the most severe cases an anaphylactic shock – a life-threatening failure of the cardiovascular system – may occur.
Anaesthetics	Medications used for local or general numbing.
Antibiotic	A type of medication used to treat bacterial infections.
Caffeine	Substance contained in coffee, cola and tea.
Calcium	This is a chemical element and an essential mineral for human beings. It is a significant component of the bones and teeth in the human body. It also plays an important role in muscle function, blood clotting, heart rhythm and important metabolic processes.
Chlamydia	Bacteria that can cause an infection of the genital tract. These bacteria are transmitted through unprotected sexual contact and can, at worst, lead to infertility. If a doctor detects a Chlamydia infection, it will be treated with antibiotics.
Colostrum (first milk)	Breast milk that the body produces from the fourth week of pregnancy until a few days after delivery. This milk, also called 'first milk', is particularly rich in protein, a little more yellowish and thicker than the breast milk that follows it, rich in vitamin C and particularly fatty. It provides the newborn with special protection until this is no longer necessary and the mother's body, on its own accord, switches to ordinary breast milk.
Dietary fibre	Includes a range of different, plant-based carbohydrates. They promote digestion and prevent constipation. Dietary fibre is contained mainly in fruit, vegetables and wholemeal products.

Embryo	Unborn child during the earliest stage of the pregnancy, from the fertilisation of the egg cell to the formation of the germ layers that later develop into the organs of the body.
Fetal alcohol syndrome (FAS)	Prenatally developed damage to a child that can be traced back to the mother's alcohol consumption during pregnancy. Symptoms can be diverse and range from behavioural and learning disorders to severe physical and intellectual disabilities and permanent damage to the central nervous system.
Fetus	From week 11 of the pregnancy, when the inner organs have formed, the embryo is called a fetus.
First solids	The purees fed to babies from months 5 to 7 onwards (in addition to breastfeeding and/or infant formula).
Folic acid	An essential nutrient that occurs mainly in green plant leaves, liver, yeast, cow's milk and breast milk. Folic acid deficiency can result, among other problems, in blood formation disorders. Because of an increased need for folic acid, it is essential to ensure a sufficient supply of folic acid during pregnancy.
Hepatitis B	Hepatitis is an inflammation of the liver caused by a range of viruses (called A, B, C or D). The hepatitis B virus is mainly transmitted through unprotected sexual contact with an infected person. If a pregnant woman becomes infected with the hepatitis B virus, she may pass it on to the child during pregnancy or childbirth. A blood test is therefore performed at a very early stage in the pregnancy to establish whether an infection is present. If the test is positive, vaccinating the child immediately after birth has a very high probability of preventing the child from becoming infected and ill.

HIV – Human Immunodeficiency Virus	If not treated early, it causes AIDS, a fatal immune deficiency. HIV is mainly transmitted through unprotected sexual contact.
Hormones/ hormonal	Messenger substances that serve to regulate a range of bodily functions. They are produced in hormone-producing cells and reach the target organ via the bloodstream or the surrounding tissue.
Household assistance (Haushaltshilfe)	A social benefit that is generally provided by statutory social insurance. If running the household is no longer possible because of the pregnancy or delivery, there is, in principle, an entitlement to household assistance without time limit.
Hypoallergenic/ hypoantigenic infant formula	Infant formula that is well tolerated and made from low-allergy ingredients.
Individual health benefits (Individuelle Gesundheitsleistungen, IGeL)	IGeL is the German acronym for 'individual health benefits'. These are medical services that are not covered by statutory health insurance and must therefore be paid for by the insurance fund members themselves.
Insurance card	A plastic card with an electronic chip that must be brought along to doctor's appointments, when visiting the midwife or the psychotherapist. It carries the name and a photograph of the insured person. It is needed for cost accounting with health insurance providers.
Iodine	This, like e.g. iron, fluoride and zinc, is a trace element that is very important for the body.
Iron	Trace element that occurs, amongst other places, in the red blood pigment, and transports oxygen in the blood.
Listeria	Bacteria that can cause an infection (listeriosis) if food that is contaminated with these bacteria is consumed.
Lochia	Wound secretions from the uterus, which are discharged gradually after childbirth.

Maternal health passport (Mutterpass)	A document called 'Mutterpass' (maternal health passport) is issued to every expecting mother at the time the pregnancy is officially confirmed by a doctor. It contains all the important information regarding the health of the pregnant woman and the baby, and is continually updated and added to.
Medical confidentiality	Doctors, but also psychologists, social workers and counsellors in family planning and statutory pregnancy counselling services, are obliged to keep the information that patients confide in them, as well as test results, confidential and to not pass them on to third parties. This regulation is enshrined in §203 of the German Penal Code (Strafgesetzbuch).
Medical history	Professional and systematic interview regarding a person's health status. The aim is to arrive at a diagnosis, which may then necessitate treatment or additional interventions.
Medical specialist	Doctor specialising in a particular medical field (e.g. gynaecology and obstetrics).
Midwife	Trained birthing assistant who may be practicing at a clinic, in private practice or at a birthing centre. Supports pregnant women, women giving birth, women during the postnatal period and newborns, and also assists and advises.
Miscarriage (spontaneous abortion)	Spontaneous termination of a pregnancy when the unborn child weighs under 500g (above 500g the term 'stillborn' is used). There are many possible reasons.
Oestrogens	These count among the most important female sex hormones.
Osteoporosis	Disease of the skeletal system resulting in reduced bone density. This means that the bones of the affected person break much more easily when compared to others.
Placenta	An organ that performs, among others, supply, respiratory and excretion functions for the fetus in the womb.
Postnatal	This term describes any event that takes place after childbirth.

Practice	The premises where doctors, midwives and psychotherapists exercise their professions.
Prenatal	This term describes any event that takes place before childbirth.
Prenatal diagnostics/ perinatal diagnostics	These are pre-birth tests that go beyond the scheduled antenatal health checks. Only when the gynaecologist considers them necessary, will health insurance providers cover the costs. Prenatal diagnostics include, for example, what is called the first-trimester prenatal screening, which can be performed by the gynaecologist between weeks 11 and 14 of the pregnancy. It consists of a blood test for the mother and measuring the nuchal translucency (also called 'nuchal fold') of the child, using an ultrasound scan. A small amount of fluid collects under the skin in the nape of the neck of the fetus. If this fluid deposit is enlarged, it can be an indication of trisomy 21 (Down syndrome), a heart defect or other types of trisomy. The results of these two tests only indicate the level of risk; they do not represent a diagnosis! It is important to carefully consider whether to really have this screening, which may necessitate further prenatal tests, carried out. Gynaecologist and midwife can offer advice and information, and perhaps the partner and/or friends can contribute to making a decision.
Prostaglandin	This is a substance that can be used to induce childbirth.
Quinine	An ingredient in drinks such as bitter lemon.
Raw milk	Milk that has not been treated, e.g. by pasteurisation (heating) after milking.
Rooming-in	Rooming-in commonly refers to mother and child being accommodated in the same room after the birth, with the newborn being cared for by the mother.
Salmonella	These are bacteria that can cause salmonellosis. Salmonellosis is one of the classic food borne infections, which means that it is triggered by spoilt food or drinking water.

Standing Committee on Vaccination (STIKO)	The Standing Committee on Vaccination is an independent group of experts at the governmental Robert-Koch Institute (RKI) in Berlin and develops the current list of recommended vaccinations.
Termination of pregnancy (abortion)	Early termination of a pregnancy for medical, criminological or social reasons.
Thrombosis	Change to normal blood clotting leading to blockages of arteries and veins.
Toxoplasmosis	This is a globally distributed infectious disease transmitted through raw meat, cat faeces or contaminated sand.
Ultrasound	Diagnostic method that can display an image of the unborn child. To produce it, the doctor passes an ultrasonic transducer across the pregnant woman's stomach. At the beginning of the pregnancy, it is possible to conduct the scan through the vagina. During the scan, the baby is visible on the monitor of the ultrasound scanner. Special measurements can determine whether e.g. the internal organs are developing correctly and whether the baby is growing well.
Umbilical cord	An organ (in the shape of a helically twisted strand of tissue) that connects the fetus with the placenta.
Vaccination	Protects people from very dangerous diseases that may be triggered e.g. by bacteria or viruses. If many individuals in a population are vaccinated, the spread of diseases can be avoided.
Womb	Also called uterus, it is one of the internal female sex organs. It is where the fertilised egg implants itself and matures into a fetus ready for birth.
Yellow fever	An acute, infectious disease with fever that occurs in tropical regions.

Addresses and points of contact

Federal Ministries

Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ)

Glinkastraße 24
10117 Berlin
Ph.: 03018 555-0
Fax: 03018 555-4400
Email: poststelle@bmfsfj.bund.de
Internet: www.bmfsfj.de

The Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ, Federal Ministry for Families, Seniors, Women and Youth) deals with the following core issues: families, older people, equal opportunity, children and adolescence, participative politics and civil service. You can find much information on the internet portal and pages of the Ministry (also in Russian and Turkish, among other languages) about the family, parenthood and parenting.

One initiative of the BMFSFJ is the 'Bundesstiftung Mutter und Kind' (Federal Foundation Mother and Child), which supports pregnant women in crisis situations: www.bundesstiftung-mutter-und-kind.de.

Bundesministerium für Gesundheit (BMG)

Bonn Office
Rochusstraße 1
53123 Bonn

Berlin Office
Friedrichtstraße 108
10117 Berlin
Ph.: 030 18441-0
Fax: 030 18441-490
Email: info@bmg.bund.de
Internet: www.bmg.bund.de

The Bundesministerium für Gesundheit (Federal Ministry of Health, BMG) is the highest public authority in the German health system and has the general goal of improving the health status of the population. The BMG website also provides information on the topic of pregnancy, as well as on antenatal and postnatal care.

Health organisations, associations and institutions active across Germany

Bundeszentrale für gesundheitliche Aufklärung (BZgA)

Maarweg 149 – 161
50825 Köln
Ph.: 0221 8992-0
Fax: 0221 8992-300
Email: poststelle@bzga.de
(for enquiries and messages)
Email: order@bzga.de
(to order products and materials)
Internet: www.bzga.de

The Bundeszentrale für gesundheitliche Aufklärung (BZgA, Federal Centre for Health Education) is a federal authority under the Federal Ministry of Health and responsible for health promotion and prevention. Apart from comprehensive information and materials (also in languages other than German) on health topics, the BZgA also offers advice and assistance to pregnant women and parents. BZgA initiatives include e.g.:

– the women's health portal (www.frauengesundheitsportal.de), which provides information especially on topics concerning the health of women
– www.kindergesundheit-info.de, a website that offers tips on how to respond when a child is sick as well as information about the 'U' health check schedule
– www.familienplanung.de is a website comprising all topics related to contraception, pregnancy, childbirth and postnatal care.

Especially for migrants, BZgA provides the www.zanzu.de internet portal, where you will find information about e.g. sexual health, family planning and pregnancy in 13 languages.

CRM Centrum für Reisemedizin GmbH

Hansaallee 299
40549 Düsseldorf
Ph.: 0211 90429-0
Fax: 0211 90429-99
Email: info@crm.de
Internet: www.crm.de

Through its extensive travel medicine database, the Centrum für Reisemedizin (CRM, Travel Medicine Centre) provides detailed information about travel destination countries, their hygiene standards and relevant diseases. It also offers information about regions where pregnant women should protect themselves especially or which they should, in some cases, avoid.

Deutsche Gesellschaft für Ernährung e. V. (DGE)

Godesberger Allee 18
53175 Bonn
Ph.: 0228 3776-600
Fax: 0228 3776-800
Email: webmaster@dge.de
Internet: www.dge.de

The Deutsche Gesellschaft für Ernährung e. V. (German Nutrition Society Inc.) advocates for the promotion of correct nutrition, with a focus on education. You can use the search function to find information on the topic of nutrition in general, but also on nutrition during pregnancy and while breastfeeding.

Ethno-Medizinisches Zentrum e. V. (EMZ)

Königstraße 6
30175 Hannover
Ph.: 0511 168 410-20
Fax: 0511 457215
Email: ethno@onlinehome.de
Internet: www.ethnomed.com

The Ethno-Medizinisches Zentrum e. V. (EMZ, Ethno-Medical Centre Inc.) sees itself as a centre of excellence in the field of integration and health promotion with migrants. Using culturally and language-specific concepts, it makes an important contribution to health service provision for and the integration of people with a history of immigration. The EMZ is the parent organisation of the international 'MiMi – With Migrants for Migrants' health project. On the EMZ website, you will find numerous information brochures on a range of health topics (the German health system, diabetes, vaccination, mental health and others) in multiple languages.

Kooperationsverbund „Gesundheitsförderung bei sozial Benachteiligten"

Geschäftsstelle
Gesundheit Berlin-Brandenburg e. V.
Friedrichsstraße 231
10969 Berlin
Ph.: 030 443190-60
Email: info@gesundheitliche-chancengleichheit.de
Internet: www.gesundheitliche-chancengleichheit.de

The main task of this Kooperationsverbund (federal 'Health Promotion for the Socially Disadvantaged' collaborative association) is to make health promotion services operate transparently and therefore strengthen the health of everyone, independent of their social situation, ethnic background, sex, educational background or age.

Nationale Stillkommission am Bundesinstitut für Risikobewertung

Thielallee 88 – 92
14195 Berlin
Ph.: 01888 4123491
Email: stillkommission@bfr.bund.de
Internet:
www.bfr.bund.de/de/nationale_stillkommission-2404.html

The main aim of the Nationale Stillkommission (National Breastfeeding Committee) is to promote breastfeeding in Germany. Among other activities, it provides advice to the government and supports the removal of barriers to breastfeeding in the long term. The National Breastfeeding Committee is located at the Federal Institute for Risk Assessment.

Verband für Interkulturelle Arbeit e. V. (VIA)

Am Buchenbaum 21
47051 Duisburg
Ph.: 0203 72842-82
Fax: 0203 72842-83
Email: via@via-bund.de
Internet:
www.via-bundesverband.de,
www.via-bund.de

VIA e. V. (the Association for Intercultural Initiatives Inc.) sees itself as a not-for profit umbrella organisation for community groups, associations and initiatives committed to working with migrants, displaced persons and refugees. The association's website offers, among other resources, lists of institutions that are active in the field of migration and offer projects on health promotion and integration.

Women's and pregnancy-specific associations and societies active across Germany

AFS Arbeitsgemeinschaft Freier Stillgruppen Bundesverband

Geschäftsstelle
Wallfriedsweg 12
45479 Müllheim an der Ruhr
Ph.: 06081 6883399
Internet: www.afs-stillen.de

The Arbeitsgemeinschaft Freier Stillgruppen (Working Group of Independent Breastfeeding Initiatives, AFS) is a not-for-profit organisation that has set itself the task of promoting breastfeeding by providing information and education on this topic. Its work is based on the self-help principle and includes, among other types of assistance, mother-to-mother volunteer counselling in open breastfeeding meetings as well as a Germany-wide hotline (0228 92959999*).

*Local call charges apply. Calls from mobiles cost no more than 42ct/min.

Arbeitsgemeinschaft Gestose-Frauen e. V.

Gelderner Straße 39
47661 Issum
Ph.: 02835 2628
Fax: 02835 2945
Email: info@gestose-frauen.de
Internet: www.gestose-frauen.de

The Arbeitsgemeinschaft Gestose-Frauen e. V. (Association of Women with Gestosis Inc.) offers those affected and specialist health professionals personal counselling as well as information materials on the topics of gestosis/ preeclampsia and HELLP syndrome.

Berufsverband der Frauenärzte e. V.

Postfach 20 03 63
80003 München
Ph.: 089 244466-0
Fax: 089 244466-100
Email: bvf@bvf.de
Internet: www.bvf.de

This association (the Association of Gynaecologists Inc.) offers comprehensive information on the topics of women's health, pregnancy and family planning. It publishes and discusses the latest scientific knowledge in the field.

Berufsverband der Kinder- und Jugendärzte e. V. (BVKJ)

Monks-Ärzte im Netz GmbH
Millenforster Straße 2
51069 Köln
Ph.: 0221 68909-0
Fax: 0221 683204
Email: bvkj.buero@uminfo.de
Internet: www.bvkj.de

The Berufsverband der Kinder- und Jugendärzte (BVKJ, Professional Association for Paediatric and Adolescent Medicine) offers, among other resources, a database of doctors and a media library with a range of health information, a scheduled health check and vaccination reminder system and much more. The www.kinderaerzte-im-netz.de website operated by the BVKJ provides information about diseases, scheduled preventive health checks and vaccinations, and offers a search function to assist with finding a paediatrician.

Deutsche Gesellschaft für Gynäkologie und Geburtshilfe

Hausvogteiplatz 12
10117 Berlin
Telefon: 030 514883340
Fax: 030 51488344
Email: info@dggg.de
Internet: www.dggg.de

The Deutsche Gesellschaft für Gynäkologie und Geburtshilfe (German Society for Gynaecology and Obstetrics) offers comprehensive information on the topics of women's health, pregnancy and family planning. Its website provides information about current research findings. The society co-publishes the www.frauenaerzte-im-netz.de website, which offers a search function for finding doctors and provides information on topics such as contraception, sexuality, pregnancy and other women's health issues.

Deutscher Hebammenverband e. V. (DHV)

Gartenstraße 26
76133 Karlsruhe
Ph.: 0721 981890
Fax: 0721 9819920
Email: info@hebammenverband.de
Internet:
www.hebammenverband.de

The Deutsche Hebammenverband e. V. (DHV, German Midwifery Association Inc.) is an advocacy group for employed and freelance midwifes, midwifery teachers, scientists, family midwives, midwife-led facilities and midwives in training. The DHV website provides information on e.g. the midwifery profession and offers a list of internet links around the topics of family planning, pregnancy and breastfeeding.

La Leche Liga Deutschland e. V.

Louis-Mannstaedt-Straße 19
53840 Troisdorf
Ph.: 02241 1232581
Email: info@lalecheliga.de
Internet: www.lalecheliga.de

La Leche Liga e. V. (La Leche League Inc.) is part of a global non-profit organisation providing advice to pregnant women and breastfeeding mothers.

Counselling services

pro familia – Deutsche Gesellschaft für Familienplanung, Sexualpädagogik und Sexualberatung e. V. Bundesverband

Stresemannallee 3
60596 Frankfurt a. M.
Ph.: 069 26957790
Fax: 069 269577930
Email: Email: info@profamilia.de
Internet: www.profamilia.de

The pro familia family planning service provides counselling regarding all questions of contraception, pregnancy and parenthood. Pro familia's social work service offers professional health education and supports adolescents in dealing responsibly with sexuality.

umstaendehalber e. V.

Klosterweg 106
90455 Nürnberg
Ph.: 0911 347268
Fax: 0911 476911
Email:
team@umstaendehalber.com
Internet:
www.umstaendehalber.com

umstaendehalber e. V. (circumstances Inc.) is an association for women who are left by their partner during pregnancy. It provides information on the topic of dealing with a pregnancy alone, in the areas of law, therapy and authorities. It also offers a phone counselling service.

Hilfetelefon Gewalt gegen Frauen
Bundesamt für Familie und zivilgesellschaftliche Aufgaben Öffentlichkeitsarbeit

Sibille-Hartmann-Straße 2 – 8
50969 Köln
Ph.: 0221 3673-0
(08000 116016; 24h/free of charge)
Fax: 0221 3673-4949
Email: pressestelle@BAFzA.bund.de
Internet: www.hilfetelefon.de

Pastoral care line
0800 1110111
0800 1110222

The Hilfetelefon Gewalt gegen Frauen (Violence Against Women helpline) is a Germany-wide counselling service for women affected by violence. Those affected, but also relatives, friends and professionals can access free and anonymous counselling and advice by dialling 08000 116016 or via online counselling. Qualified female counsellors offer confidential support and also refer to local support services on request.

Useful websites

www.kindergesundheit.de

www.stillen-info.de/index.html

www.krise-nach-der-geburt.de

www.licht-und-schatten.de

www.gesund-ins-leben.de

Notes

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Maternal Health

Information and contact points

This guide aims to inform women with a migration background about the topic of maternal health. It explains the most important scheduled antenatal health checks, offers evidence based health advice and information regarding the selection of a suitable birthing setting. It also contains information regarding important scheduled postnatal preventive health checks for mother and child and the importance of breastfeeding. A referral list offers useful addresses (incl. websites) as well as telephone contact points.

This guide has been produced as part of the German-wide MiMi (With Migrants for Migrants) initiative on 'Maternal Health in Germany'. Its aim is a more conscious approach to this topic and the strengthening of preventive behaviour to promote the wellbeing of mothers and their children.

This guide was received from: