



Gesundheitsdepartement des Kantons Basel-Stadt

Bereich Gesundheitsdienste

► Abteilung Prävention



“Birth: the start of a
relationship for life”

Information for parents
about the antenatal period, birth
and the first few weeks afterwards



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Prepare for the birth well in advance

Your child is going to be born soon. There are a lot of things that you, as expectant parents, will be wondering long before you hold your baby in your arms. This brochure provides you with information and tips about the things you can do now to make sure that you are well prepared for the birth and the first few weeks after (the postpartum period).

Antenatal courses

Antenatal courses provide soon-to-be parents with a wealth of information about pregnancy, birth, the postpartum period, breastfeeding, caring for a baby etc. As an expectant mother you will learn breathing and relaxation techniques which will make things easier for you during pregnancy and can also be used as an effective way of relieving pain during labour. Your health-insurance provider will contribute CHF 100 towards the cost of these courses.

Antenatal classes are offered by community midwives, the Women's Clinic at Basel University Hospital, Bethesda Hospital and the Geburtsstätte Basel birth centre. Baby-care courses are offered by Familea (formerly Basler Frauenverein; see page 30). These courses also give you an opportunity to meet and talk to other parents.

Classes for fathers and siblings

A lot of antenatal classes are happy for the father to attend too. Some organisations and community midwives also offer courses for parents who don't speak German.



Soon-to-be fathers have little real idea of the changes that are about to take place, particularly if their partner has only just become pregnant. Many fathers enjoy finding out how their unborn child is developing, and there are some good books and interesting websites around to help them. Using the material available can help you as a father to find your way into your new role and to think about what part you can and want to play in caring for and looking after your baby.

Ask your employer how many days of paternity leave you are entitled to. Also consider whether you will be able to take time off work once the baby is born. If you are able to be at home during the first few days or weeks after the baby is born, you will be able to spend a lot of time with your child, get to know it properly and take some of the strain off the mother.

If you and your partner are not married, it's a good idea to contact your local registry office at an early stage to establish paternity (see page 32).

Maybe you have some nice ideas for decorating the baby's room, and you can help to choose the pram. Or you could design the birth announcement. These are all ways for you to take responsibility for your child even

before it is born and to help your partner, and they'll make it easier for you to adjust to life with a child.

If you already have children, they need to feel that they are an important part of the family and always will be. Explain to your child how a baby grows in its mother's tummy and how it is born. Also explain that you will be busy looking after the baby once it is born. There are lots of lovely children's books that explain the topic in a very approachable way. Involve your child in the preparations for the new baby – perhaps he/she could choose a soft toy or make a brightly coloured mobile to hang above the changing table.

Hospital, birth centre or at home

You can give birth in a hospital, a birth centre or at home. If you like, you can spend the first few days after the baby is born in hospital. But if everything has gone smoothly, you can also go home a few hours after the birth. Your gynaecologist or midwife can provide you with useful information and addresses to contact. Hospitals and birth centres also organize regular information events. You usually register with the hospital or birth centre of your choice through your gynaecologist.

Most children are born naturally through the vagina; this is known as a spontaneous delivery. There are various positions that you can adopt during labour (standing, lying, sitting on a birthing stool or in a birthing pool). Ideally you should try these out under the instruction of a midwife and find the most comfortable position for you. There are also various ways of relieving pain. You will find more information about this on page 14.

In certain situations, your gynaecologist will recommend a Caesarean section, especially if complications are expected during delivery. There is more information about the Caesarean section on page 14.

In the Women's Clinic at Basel University Hospital you will be looked after during labour by a team of midwives and doctors. The Women's Clinic also has a neonatology department operated by the University Children's Hospital of Basel (UKBB), where sick newborn babies are cared for. If you give birth at Bethesda Hospital, you will be looked after by a team of midwives and the gynaecologist who looked after you during your pregnancy. If you have an attending midwife, she can perform some of the check-ups during your pregnancy and assist you during labour.

It is normal in Switzerland for somebody to accompany you during labour, and it is taken for granted that you will have someone with you. Think about who you would most like to have with you and discuss the matter with this person.

What your health-insurance provider will pay for

Anyone living in Switzerland must have health and accident insurance. Basic health insurance offers a standard set of benefits for everyone. The costs associated with giving birth are covered by your basic health insurance without either a deductible or co-payment. Basic health insurance covers your stay on a general hospital ward for as long as is medically necessary. You should expect to spend between 3 and 4 days in hospital if you have no particular medical problems. The cost of a single or family room will generally only be covered if you have appropriate add-on insurance. If you want to give birth outside the canton in which you are resident, ask your health-insurance provider if there are any additional costs and if these will be covered.

Parents who want to take out add-on insurance for their child should do so before it is born. It can be difficult to get add-on insurance retrospectively if the child becomes ill after birth. The application for mandatory basic insurance can be submitted immediately or later because the newborn child is temporarily covered by the mother's health insurance.

Documents you need when you go to hospital to give birth

Swiss citizens
<ul style="list-style-type: none">• Swiss family booklet (<i>Familienbüchlein</i>)
<ul style="list-style-type: none">• If you are not resident in Basel: residence certificate for both parents (issued less than six weeks before the birth)
One parent with foreign citizenship
<ul style="list-style-type: none">• Swiss family booklet (<i>Familienbüchlein</i>)
<ul style="list-style-type: none">• Married abroad: international marriage documents, birth certificate with names of parents
<ul style="list-style-type: none">• Copies of both parents' passports
<ul style="list-style-type: none">• If you are not resident in Basel: residence certificate for both parents (issued less than six weeks before the birth)
Both parents with foreign citizenship
<ul style="list-style-type: none">• International marriage documents
<ul style="list-style-type: none">• Birth certificate with names of parents
<ul style="list-style-type: none">• If you are not resident in Basel: residence certificate for both parents (issued less than six weeks before the birth)
Single mothers
<ul style="list-style-type: none">• Proof of marital status
<ul style="list-style-type: none">• Copies of both parents' passports
<ul style="list-style-type: none">• Acknowledgement of paternity
<ul style="list-style-type: none">• If you are not resident in Basel: residence certificate for both parents (issued less than six weeks before the birth)

You also need the medical records kept by your gynaecologist (pregnancy record and/or doctor's report). If you have them, you should also take your vaccination record and a document showing your blood group with you. Don't forget to take the completed name card for your child.

Packing your case for hospital

It's a good idea to pack the case you're going to take with you to hospital at an early stage. A mother-to-be needs pyjamas with a top that can be opened easily for breastfeeding, a pair of loose tracksuit trousers, T-shirts, slippers, toiletries and any medication that you take regularly. You should also take some clothes to wear when you leave hospital.

You will be provided with clothes and nappies for your baby all the time you are in the hospital or birth centre. You will need baby clothes and a hat (about size 56/newborn) to take your baby home. Depending on whether you will be going home on foot or by car, you should bring a pram, a baby carrier or a baby car seat for the day you leave hospital.

Important things to buy

There are some things you can buy before your baby is born. You will need nursing pads, breastfeeding tea and sanitary towels for bleeding after the birth. It's better to buy a nursing bra after the birth, once milk production has settled down and the size of your breasts is no longer changing much.

And what will the baby need? A cot, a cradle or Moses basket and nappies. Also sleepsuits, bodysuits and a changing table where he/she can be changed safely. A pram and/or a carrier for walks and a baby seat for the car. These things don't have to be new; you can also get them second hand from flea markets that specialize in children's clothes and accessories. You may also need bottles and a pacifier, and it's a good idea to buy a digital thermometer. It's worth stocking up with food at home and maybe also cooking ahead and freezing meals.

After your baby is born

Birth and the hormonal swings that go with it are tough on a woman's body. You'll need time to recover from it. Looking after a newborn baby is also a demanding and sometimes tiring task. In addition, babies don't usually sleep through the night for the first few months. If the father is at home for the first few days or weeks after the baby is born, you can share the work and find the best way for you to organise your new life as a family. The first few weeks after the birth will be intensive and you don't have to cope with them on your own. Before your baby is born, think about who could help you and the father. Early on you should organize a community-based midwife to look after you at home when you come out of hospital. Accept help from family, friends and acquaintances.

If you don't have a partner, it's particularly important for you to get help from friends and relatives. Don't be shy about asking good acquaintances and friends to do things like getting your shopping, bringing you meals, doing the laundry or simply accompanying you when you take your baby out for a walk.



If it's medically necessary, your gynaecologist can arrange additional help with housework through the in-home nursing service (Spitex). However, the cost of this help will not be covered by basic medical insurance. Ask your health-insurance provider whether and what benefits you can expect from your additional insurance (see page 6).

Support after birth

No matter how and where you give birth, you are entitled to postpartum care at home from a midwife. She will help you to breastfeed, check that your uterus is contracting, and show you how to care for your baby. Your health-insurance provider will pay for home visits by a midwife for up to ten days after your baby is born. In special circumstances, your gynaecologist can prescribe a longer period of care from your midwife. Get in touch with a community-based midwife before the baby is born so that you can be sure of finding someone who has time for you.

Parents can also get advice on problems with breastfeeding, sleepless nights and baby care from their gynaecologist, local parent advice service or a breastfeeding advisor. The parent advice service is free of charge and you can receive advice at home, at the advice centres or by phone. The services of a breastfeeding advisor are free of charge, and some advisors may also visit you at home (see page 31). You can also ask your paediatrician if you have any questions about your baby's health and how to care for him/her. It's a good idea to choose a paediatrician – preferably one near where you live – before the baby is born (see page 30).

Giving birth

Now everything is ready for your baby to be born. But what actually happens during birth? The most important things you and your partner need to know are explained below.

How it all starts

Practice contractions are usually the first sign that labour is imminent. You might experience a dragging sensation in your back, mild period pains, or your stomach may feel hard. As the birth gets closer, you may lose some mucus which might be stained with a little blood. As soon as you are experiencing regular, painful contractions you should phone the hospital, your gynaecologist or your midwife. Contractions are considered to be regular if they last between 20 and 60 seconds and recur at intervals of 5 to 7 minutes.

Even if you are not having regular contractions, you should go to the hospital immediately if

- you are losing amniotic fluid
- blood comes out of your vagina
- you have unusual headaches or pain in your upper abdomen or
- you are feeling the baby move less or not at all.

Please phone ahead to say that you are coming.

What happens next

Once you arrive at the hospital the baby's heart sounds and your contractions will be checked with a cardiotocograph (CTG), also known as an external fetal monitor. This examination enables situations during labour that are potentially dangerous for the child to be identified in good time.

The increasing contractions cause the cervix to dilate more and more, and the baby moves down into the pelvis. This is the phase during which the amniotic sac often bursts (the waters break) and fluid comes out of the vagina.

Sometimes the midwife may have to open the amniotic sac, but this is not painful. This phase, known as dilation, lasts between eight and twelve hours in women giving birth to their first child, but it is generally shorter in women who have already had one or more children. Once the cervix is fully dilated and the baby's head has reached the mother's pelvic floor, the mother has to actively bear down.

Sometimes situations arise in which the child needs to be born rapidly. In this phase supportive measures such as a suction cup or forceps may be needed to help baby and mother. After the child has been born, the contractions continue for a short time until the placenta has been expelled. This completes the birth.

During delivery, the tissue in and around the vagina is greatly stretched, which can cause small tears or injuries. Sometimes an episiotomy is performed to prevent a large tear developing between the vagina and the rectum. The incision is not noticed by the mother because it is performed while she is bearing down. Larger tears and cuts need to be sewn up after delivery, but these injuries generally heal very rapidly and well.

Medication to induce labour

In the following situations it may be necessary to induce labour by administering medication:

- if a child is more than 7 to 11 days over its due date
- if the mother is at risk of pre-eclampsia
- if there is not enough amniotic fluid or
- if the child has stopped growing.

If there have been no complications during pregnancy and delivery is expected to be risk free, the midwife or medical team will not intervene in the natural course of the birth. In isolated cases, though, the contractions may not be strong enough and medication is given to make labour progress.



Caesarean section

If a normal birth is not possible, or if the mother or child is at risk, a Caesarean section will have to be performed. A Caesarean section is performed about a week before the due date.

If it is performed at the pregnant woman's request and not for medical reasons, it is known as an elective Caesarean. In recent years there has been increasing demand for elective Caesareans because women believe that it is safer for their child and less painful for them. From the medical point of view, there is no evidence that a normal birth is more difficult, provided that mother and child are monitored correctly.

If problems develop during delivery which pose a threat for mother or child, an emergency Caesarean may have to be carried out. The hospital is prepared for this eventuality and action can be taken rapidly if needed.

A Caesarean section may mean that the mother has to stay in hospital longer because pain from the incision in the first few days after the operation can limit her mobility.

Relieving pain during labour

Pain during labour can be relieved with a warm bath, movement and a change of position, massage, antispasmodic medication, acupuncture, homeopathy and aromatherapy. If this is not enough, labour pains can also be relieved using an epidural anaesthetic (PDA). This is done by injecting anaesthetic and pain-relieving medication into the lower part of the spine. The woman then feels little if any pain from the abdomen downwards but is fully conscious during the birth.

The first few hours after the birth

Once the child has been born, the umbilical cord is cut. The baby is then placed on its mother's abdomen and covered with warm towels. You now have time to look at each other and get to know each other. Perhaps your baby will soon start looking for the breast and suckle on his/her own, otherwise your midwife will help him/her. The first examination of the baby can be done while he/she is in your arms. Later on your baby will be measured and weighed.

The father during birth

Most fathers want to be there when their child is born. Yet fathers often find it difficult because they have little to contribute to the birth. However, the presence of a familiar person can be important for the mother and help her to relax between contractions. The partner can also play an active part in relieving pain by supporting the mother in positions which make it easier on her body, by massaging her or by using the breathing techniques that the couple have learned in the antenatal classes. During the expulsion phase of the birth, he can encourage his partner to bear down, when instructed to by the midwife, and cut the umbilical cord after the child has been born. The partner can generally be present during a Caesarean section too.





The postpartum period

The birth of a child completely changes its parents' life. Enjoy the moments of happiness and security. Physical closeness and skin contact are very important for your child. He/she will listen to your voice attentively; talk to him/her, sing and laugh. Don't be afraid of spoiling him/her with too much attention. Give yourselves time to get to know each other; the feeling of being a mother or a father needs time to grow too. You'll soon learn how your baby reacts and which needs he/she has.

This is also the time during which parents become aware of their enormous responsibility and need answers to a lot of questions about the health and development of their child. Maybe there are lots of things that aren't working out the way you imagined; be patient with each other and with your baby. Being parents is full of surprises.

As new parents, you may well get a lot of visits from family and friends who want to share your joy. Enjoy these visits if they do you good. If it all gets too much, though, don't be afraid to say so. But maybe as a mother you're on your own a lot with the baby and you feel isolated. Arrange to do things with another young mother, or take your baby along to a playgroup at your local community centre.

The mother's postpartum period

The first six to eight weeks after the birth are known as the postpartum period. In years gone by, new mothers really did spend the first few weeks after giving birth in bed. Nowadays it's generally accepted that mothers should take care of themselves during this period and give themselves time to recover.

The wounds caused by giving birth make sitting and using the toilet and shower a bit difficult in the first few days. The detachment of the afterbirth (placenta) leaves a large wound in the uterus, and this produces bleeding similar to menstruation. This discharge takes on a brownish colour in the first few weeks and later turns yellowish-white. Use sanitary towels (not tampons) and change them frequently. If the postpartum discharge suddenly smells bad, if you start bleeding heavily again or develop a high temperature, you should see your doctor.

Baby blues and postpartum depression

Many women experience marked mood swings and feelings of sadness in the first few days after giving birth. This is a result of exhaustion and the hormonal changes that are taking place, and it's known as the baby blues. These feelings generally disappear after a short time and don't require treatment.

However, the baby blues mustn't be confused with postpartum depression, which occurs a bit later – usually between a few weeks and a year after the baby is born – and lasts for a longer time. Take signs of depression, such as impaired sleep, lack of drive, irritability, sadness or inability to feel pleasure, seriously and talk to your partner or a friend about it. It's also advisable to talk to your gynaecologist, midwife or maternity advisor, who will be able to distinguish your symptoms from the "normal" exhaustion that occurs after birth. Postpartum depression can and should be treated. Sometimes women have to take medication, but that doesn't mean you have to stop breastfeeding.

A check-up with the gynaecologist

Your gynaecologist will give you your first check-up about six weeks after your baby is born. It's a good idea to make an appointment as soon as you leave the hospital or birth centre.

The gynaecologist will examine your uterus, the birth wounds and your breasts. By this time your uterus will have completely returned to its normal size. Breastfeeding often stops you having periods, but it provides no protection against becoming pregnant again. For this reason your gynaecologist will discuss your contraceptive options with you.

It's basically up to you when you start having sex again. There is no recommended time from a medical point of view, but you should avoid intercourse while you still have a bloody discharge and until your birth wounds have healed completely.

The time at which the first menstrual period occurs after birth varies greatly from one woman to the next. It happens about six to ten weeks after the birth in women who are not breastfeeding. Breastfeeding women usually have their first period when they stop breastfeeding full-time and the intervals between feeds get longer.

Pelvic-floor exercises

The muscles of the pelvic floor are overstretched during pregnancy and birth. After birth you will need to strengthen these weakened muscles. You can either do this on your own using special exercises or go to a post-partum exercise class. These classes don't start until at least six weeks after you have given birth and are also a good way of meeting women who are in a similar situation to yourself. Ask your midwife or gynaecologist for addresses.

Avoid lifting heavy weights in your everyday activities. You can take the strain off your pelvic floor by rolling onto your side before lying down and getting up again and by lying down to breastfeed. The pelvic floor needs to be activated deliberately when you cough, sneeze and laugh. You shouldn't do any form of sport for six weeks after you have given birth, but going for a walk in the fresh air is healthy.

Breastfeeding: practice makes perfect

Your breasts start producing the first milk (colostrum) just a few hours after you have given birth. This substance contains elements that are important in staving off diseases. You start producing true milk between one and three days after the birth, and this can be painful. It is often helpful to put your baby to your breast frequently and to use warm compresses before and cold compresses after feeding.

Your midwife or the childcare specialist at the hospital will show you the various positions and techniques for putting your child to your breast. Adjust to your child's feeding rhythm and breastfeed it whenever it's hungry. You can assume that your baby is getting enough milk if its nappies are regularly wet and it is passing stool, and if it seems relaxed after feeding.

Breast milk is the best food for infants and also contains components that stave off diseases. It's all your baby needs in the first four to six months. It's important for the mother to eat a balanced diet containing food rich in vitamins and minerals such as fruit, vegetables, salads, wholegrain and dairy products. Avoid alcohol and tobacco and don't consume many drinks containing caffeine. You should only take medicines in consultation with your doctor. It is not recommended to diet while you're breastfeeding, even though you're probably keen to get rid of the weight that has accumulated during pregnancy.

Do you have too much or too little milk and/or are your breasts painful? Milk production often stabilizes if you breastfeed regularly. You can buy a special breastfeeding tea at the drugstore or pharmacy to help stimulate milk production. You should also make sure that you are drinking enough and not overexerting yourself. Your midwife, breastfeeding advisor or parent advice centre can help if you have too much milk, sore nipples or are starting to develop mastitis. Breastfeeding is something that needs to be practiced. Be patient with yourself and your child if it doesn't work first time.



Alternatives to breastfeeding

If you can't or don't want to breastfeed your baby, there is a wide range of baby formulas available, including starter milk or hypoallergenic (HA) milk for infants susceptible to allergies. You can get these products at a pharmacy, drugstore or supermarket. They are prepared according to the instructions on the pack. It's important that the bottle is not too hot and not too cold when you give it to your baby. Check the temperature by squirting a few drops of the formula onto the inside of your forearm.



The first few days and weeks of a baby's life

A paediatrician will give your child its first full examination a few days after it is born. To begin with, your child will be weighed every day. It's perfectly normal for a baby to lose weight in the first few days. It will start to put on weight again a few days later.

Some babies have a yellowish tinge to their skin for a short time after birth (jaundice); the midwife or childcare staff will arrange for further tests to be carried out if the yellow colour is very marked. Newborn children are also examined for metabolic diseases (Guthrie test) by taking a little blood from their heel. A hearing test will be carried out to make sure that your baby has not been born deaf.

Your child will be given a dose of vitamin K a few hours after birth; this is to prevent internal bleeding. This vitamin will be administered twice more in the first four weeks of life until the baby's immature gut and liver are able to better absorb and process vitamin K.



At home with your baby

Your baby will spend most of the time sleeping and feeding. The amount of sleep that babies need can vary considerably, though. Some children sleep for up to 20 hours a day, others need just 12 hours of sleep. Your baby should lie on his/her back in a sleeping bag without a pillow, and the temperature in the room should be between 18 and 20 degrees Celsius. When you're caring for your baby you'll have time to play with him/her and show him/her tenderness. Many babies enjoy being bathed. The bath water should have a temperature of about 37 degrees. You don't need any skin care products. If your baby's skin is very dry, restrict baths to no more than twice a week.

You will be shown by your midwife or at the hospital how to look after your baby's umbilical stump. Keep doing this until the rest of the umbilical cord falls off.

It is recommended to give vitamin D drops from two weeks of age in order to prevent bone disease. The drops should be continued until the baby's first birthday. You can get a prescription from the hospital or your paediatrician.

You can visit the parent advisor to have your baby weighed and to check whether he/she is putting on weight. The advisor can also answer questions about breastfeeding and baby care.

The first examination by a paediatrician will generally take place after two to four weeks. If you have any questions or concerns before this examination is carried out, your paediatrician will be pleased to help. During the first few weeks of your baby's life, the paediatrician will do an ultrasound scan of his/her hips to check that they are positioned correctly.

Excessive crying

There are various reasons why babies cry, and it's basically a normal part of being a baby. In the first few months after birth, screaming or crying are the only way your baby has of telling you that he/she needs you close, is hungry or tired or has a dirty nappy. Maybe your baby is too warm or possibly bored. There is not always an obvious reason for crying. Many babies

have a phase during the afternoon or early evening when they habitually cry; it is thought that the many new sensory stimuli to which they are exposed during the day create tension which the baby tries to resolve by crying. It can help the baby if you carry it around with you. Don't worry that it will spoil the child. If your child cries a great deal and incessantly, and you're nearly at your wits' end, don't delay in asking your paediatrician for help. The parent advice centre can also tell you about some useful ways of coping. Ask friends, relatives or neighbours to look after the baby now and again to give you a break and a chance to gather your strength.

Dad can do it!

Once you get home from the hospital or birth centre, you'll need to find an effective way of sharing the work in your new family. As a father, you can help with everything that needs to be done apart from breastfeeding. Your partner is bound to be delighted if you take on the tiring tasks such as cleaning and shopping. But it's more important for you to spend plenty of time with your baby and establish a relationship with him/her than it is to do the housework.

You and your partner will have different ways of changing, bathing, comforting and playing with the baby. There's no need to feel insecure if your partner seems to be able to do everything better than you; you have to learn things for yourself and you'll maybe do things differently but just as well. During the night you can also help by getting the baby from its cot and bringing it to its mother. Very often it's the small gestures that give the mother the happy feeling of not being alone with the task.

Becoming parents – remaining a couple

The birth of a child changes both the feelings and the physical relationship between a couple. Young mothers often don't feel like sex for weeks or months after the birth, and that's completely normal. Getting to grips with her new role as a mother, getting used to the changes in her own body and hormonal shifts can all be reasons for this. There are also men who need time to start feeling like sex again after the baby has been born. Talk



to each other about your wishes and needs. Leave yourselves time to get back to being a couple again in addition to being parents and to rekindle your physical relationship.

Becoming a sister or brother

The birth of a child marks a turning point for siblings too. Their place in the family changes and it is common for them to be afraid that mum and dad won't love them as much any more. It's normal for them to be jealous of the baby. Don't be disappointed if siblings don't seem very interested in the baby at first or reject it. Try to involve them in caring for the baby and don't be afraid that the baby could be hurt. It's helpful for older children if both father and mother can often find a moment to spend with them alone; it will make them feel they are still loved. Look at a picture book together, or sit on the side of the bed in the evening and chat with them for a while.

Not perfect – but good enough

Every day you will get more familiar with your child and can respond better to his/her needs. Certain everyday activities will already be going really well. But you might still be worried about whether you are doing everything right and whether your child is content. Have faith in yourself and in your child. Babies might be tiny but they're already very adaptable. Your child doesn't need perfect parents. It's enough for you to be there and to respond sensitively to your baby's needs when he/she needs you. He/she must also be able to rely on the presence of familiar people, then he/she will feel secure.

We wish you every joy as parents.



Addresses

Antenatal classes, birth and postpartum care

Universitätsspital Basel

Frauenklinik

Spitalstrasse 21, 4031 Basel

www.unispital-basel.ch

Tel Zentrale Universitätsspital: 061 265 25 25

Tel Patientenaufnahme (registering to give birth): 061 265 91 91

Tel Sekretariat Geburtshilfe (antenatal courses): 061 265 90 17

Tel Gebärsaal: 061 265 90 49/50

Tel Notfälle Frauenklinik: 061 265 91 34

Bethesda Spital (private hospital)

Gellertstrasse 144, 4020 Basel

www.bethesda.ch

Tel 061 315 21 21

Tel Gebärsaal: 061 315 22 22

Geburtsstätte Basel

Schweizergasse 8, 4054 Basel

www.geburtsstaette.ch

Tel 061 462 47 11

Community-based midwives

Midwives are non-medical health-care professionals who provide care before, during and after the birth.

www.baslerhebamme.ch

www.hebamme.ch

FamilyStart – Helpline

For questions about pregnancy, childbirth, postpartum care and breast-feeding

Daily from 8.00 a.m. to 8.00 p.m. midwives offer advice over the phone or provide you with a midwife.

Tel 0848 622 622

Baby-care courses

Familea

Baby-care school for parents

Freie Strasse 35, 4001 Basel

www.familea.ch/angebot/beratung/mu-va-schule

Tel 061 260 92 92

Paediatricians

Community-based paediatricians

www.kindermedizin-regiobasel.ch

Universitäts-Kinderspital beider Basel UKBB

Spitalstrasse 33, 4056 Basel

www.ukbb.ch

Tel 061 704 12 12

Parent advice service in Basel-Stadt

An experienced team of qualified childcare experts provides free advice on topics including breastfeeding, diet, sleep, health and bringing up children from 0 to 5 years of age.

Freie Strasse 35, 4001 Basel

www.muetterberatung-basel.ch

Tel 061 690 26 90



Advice on breastfeeding

Breastfeeding advisors can provide you with information on all aspects of breastfeeding and can also help you wean your baby.

Stillberatung des Universitätsspitals Basel

See above for address

Advice from Monday to Friday

Tel 061 265 90 94

Dipl. Stillberaterinnen IBCLC

www.stillen.ch

Stillberatung La Leche League

www.stillberatung.ch

Help with psychiatric problems

In an emergency (24/24)

Universitäre Psychiatrische Kliniken Basel (UPK)

Tel 061 325 51 00

Psychiatrische Poliklinik am Universitätsspital Basel (PUP)

Petersgraben 4, 4031 Basel

Tel 061 265 50 40

Zentrum für Affektive-, Stress- und Schlafstörungen (ZASS)

Special consultations for psychiatric problems during pregnancy and after birth.

Tel 061 325 80 30

www.upkbs.ch

Help with excessive crying

Schreisprechstunde UKBB

Tel 061 704 12 20

Getting some help at home

Schweizerisches Rotes Kreuz Basel

www.srk-basel.ch/angebote/familientlastung.htm

Tel 061 319 56 52

Further addresses

Spitex Basel

Spitex Basel offers expectant and new mums help with the housework. Depending on what additional insurance you have, the cost may be borne by your health-insurance provider.

www.spitexbasel.ch

Tel 061 686 96 15

Zivilstandsamt Basel-Stadt

Rittergasse 11, 4010 Basel

www.bdm.bs.ch/dienstleistungen

Tel 061 267 95 94

Further information

Diet recommendations from the Federal Office of Public Health

A brochure on nutrition during pregnancy and breastfeeding is available in German, French and Italian.

Order or download from.

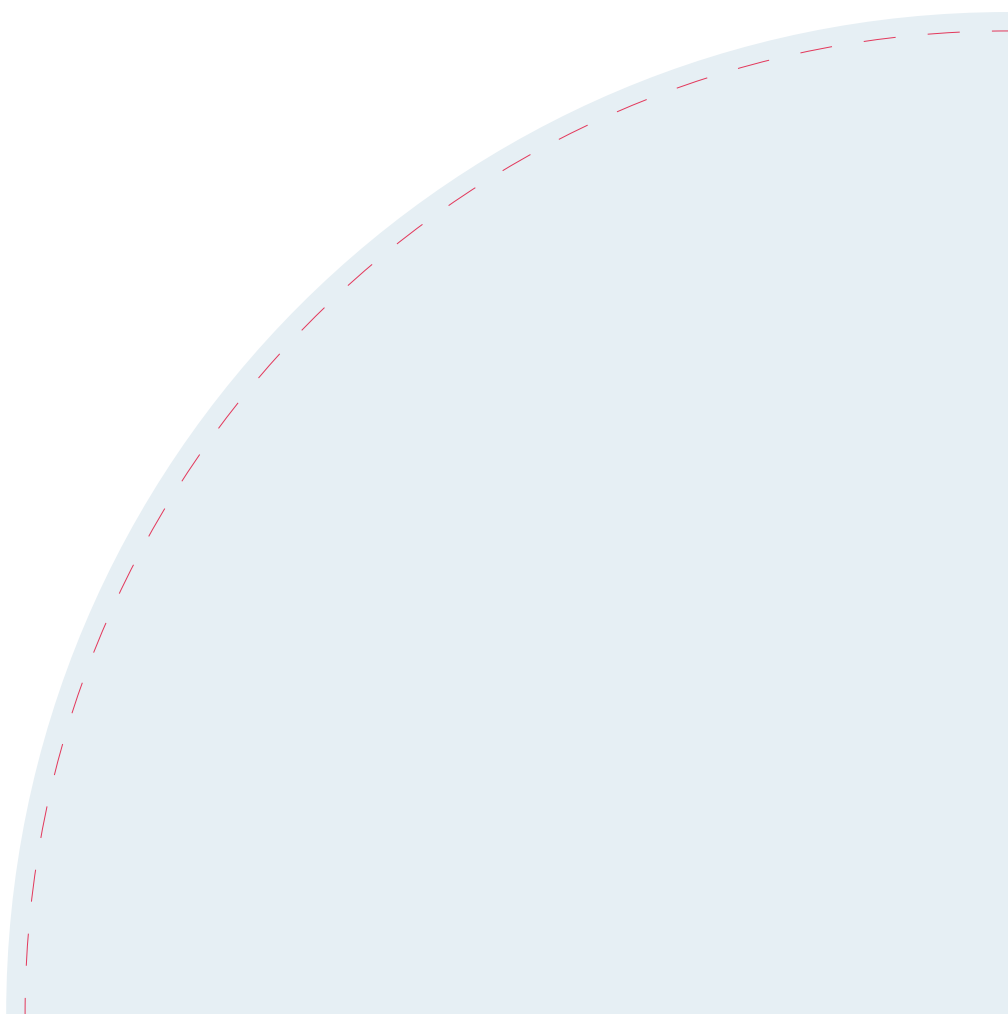
www.bag.admin.ch/themen/ernaehrung_bewegung/05207/05217

Information on breastfeeding from the Swiss Foundation for the Promotion of Breastfeeding

A brochure entitled "Breastfeeding – a healthy start to life" is available in German, French, Italian, English, Albanian, Portuguese, Serbo-Croatian, Spanish, Tamil and Turkish.

Order or download from

www.stiftungstillen.ch



Address

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Bereich Gesundheitsdienste
Abteilung Prävention
St. Alban-Vorstadt 19
CH-4052 Basel
Tel 061 267 45 20
abteilung.praevention@bs.ch
www.gesundheit.bs.ch