

Melobabes Pregnancy Journal

In Association with:



M E L O M E D
PRIVATE HOSPITALS

melobabe

“ A mother's joy begins when new life is stirring inside... when a tiny heartbeat is heard for the very first time, and a playful kick reminds her that she is no longer alone.



In Association with:



"Pathology that Adds Value"

Contact us: info@melomed.co.za | www.melomed.co.za

For more information contact the Client Service Officer at any of the Melomed Hospitals.

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 **FREE for all Melomed Moms-to-be.**
We hope you find this useful and a helpful resource.

 **Health Bytes**

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M E L O M E D
PRIVATE HOSPITALS

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What is the Melobabes programme?

The birth of your child is such a powerful and special event, we aim to do everything possible to make your experience memorable and miraculous. The Melomed Private Hospital group is proud to present the Melobabes Maternity Programme.


MATERNITY PROGRAMME



Melobabes programme

CONGRATULATIONS! YOUR JOURNEY TO MOTHERHOOD IS UNDERWAY. WE AT MELOMED HOPE THAT OUR MELOBABES PROGRAMME WILL HELP YOU TO PREPARE FOR THIS JOURNEY BY PROVIDING YOU WITH ALL THE RELEVANT INFORMATION.

What can expectant mothers and their partners look forward to from the Melobabes programme?

- Pregnancy education seminars.
- This FREE Melomed Pregnancy Journal to help you keep track of the weekly changes you can expect in your body (pages 8-21).
- A guided tour of the hospital facilities.
- On admission you will receive a free gift with compliments from Melomed management.
- You will receive a Melomed nappy bag, which contains nappies and a selection of baby toiletries to get you started in the first few days of motherhood.
- The option to have a photo of your new baby displayed on our website.
- Complimentary informational brochures/pamphlets.
- The first immunisation.
- Free birth registration.
- Complimentary antenatal classes.

In terms of postnatal support, all our mothers, especially our first-time mothers, are encouraged to contact our maternity wards for any assistance after their discharge.



Pre-admission

Pre-admission can be done at any Melomed admission desk, or online. Pre-admission forms received from doctors and delivered to reception 24 hours before admission will assist in a hassle-free admission process.

Rooms

Private wards and general wards accommodating 2 and 4 beds have all been designed to provide you with maximum comfort. Each ward is air-conditioned with access to executive facilities.

Your own television, adjustable lighting, and executive facilities ensure that your stay with us is an enjoyable experience. Our nursing staff are available 24 hours a day to attend to your needs and assist in your recovery. Wi-Fi is available for mum and dad.

Nursery

The Nurseries at the Melomed Hospitals offer state of the art facilities and are maintained at high medical standards to ensure your child has the best treatment and the cleanest environment. The Nursery is staffed with highly qualified and trained nurses 24 hours a day to ensure your child has the best possible care at all times. For more information on our nursery, please do not hesitate to contact the hospital to arrange for a meeting.

Neo-natal facilities

A particularly noteworthy feature of our neo-natal facilities is the inclusion of an intensive care unit, one of the few in the province.

The excellence of this department's staff and equipment has ensured an extremely high success rate in the treatment of ill and premature babies – with our smallest patient weighing in at only 470 grams.

In recognition of our achievements in this field, other private hospitals often transfer their premature and seriously ill patients to our hospital.

All patients transferred to the Neo-natal facilities receive the best patient care possible. Highly trained and qualified nurses are always available to attend to your young baby's needs.

VISITING HOURS

Weekdays:
15h00 – 16h00 and 19h00 – 20h00

Public holidays and weekends:
14h00 – 16h00 and 19h00 – 20h00

❖ Meals

Our hospitals are the only hospitals with a full Halaal catering service – approved by the Muslim Judicial Council of South Africa. We meet all our patients' dietary requirements with a choice of menus, ranging from traditional, Western and Vegetarian to Eastern duly monitored and approved by Registered Dieticians.

Special diets are provided for as required.

Meal times are at 8:00, 12:00 and 17:00.



MEDICAL AID SCHEMES

Melomed currently accepts all medical aid schemes. Many medical aid schemes offer several plans. Certain medical aids, depending on your medical aid plan, may also require that you make a co-payment on admission. It is advisable to contact your medical aid company before admission and discuss your specific plan's options/benefits/limitations with regards to the medical/surgical procedure in question.

Medical aid for your new born baby

Please note that your medical aid will require the birth registration document to prove the birth of your new born baby. We therefore advise that you contact your medical aid and they will advise you on how to register your newborn baby as a dependant.

Payment options

- No cheques accepted. Only credit cards, debit cards and cash accepted.

Private paying patients

- If you have no medical aid, no problem. Our hospital welcomes all private paying patients and you are encouraged to contact our head office about hospitalisation fees.
- All specialists bill separately for their services. We advise that you contact them directly to discuss their individual rates for consultations and birthing.



For a guided tour of the Hospital and Maternity Unit, please contact the Client Services Officer at one of the Melomed Hospitals:
Melomed Gatesville 021 637 8100
Melomed Bellville 021 948 8131
Melomed Mitchells Plain 021 392 3126
Melomed Tokai 021 764 7500
Melomed Richards Bay 035 791 5300
Or send us an e-mail: info@melomed.co.za

❖ Birthing options

Your Melomed gynaecologist aims to support you and will be happy to discuss your birthing options, normal or caesarean delivery, with you. A Caesarean birth is the delivery of a baby (or babies) through a cut (or incision), made by a doctor through the woman's belly and uterus. The placenta is also delivered through the same surgical incision immediately after the baby is born. If a Caesarean is booked before the woman goes into labour then it is termed as an 'Elective Caesarean Section' or a 'Planned Caesarean'. If the Caesarean is done after the labour has started it is referred to as an 'Emergency Caesarean Section', even though it may not actually be a true emergency, rather it was unplanned.

❖ Lactation Specialist

In-hospital breastfeeding support is offered at Melomed Hospitals.

❖ Admission

Please report to reception first. An admissions clerk will arrange for a porter to immediately escort the patient (in a wheelchair) and partner to the labour ward. If you are coming in for a scheduled delivery (induction, Caesarean), you will need to arrive two hours before your scheduled Caesarean Section. Please call our ambulance services, **Melomed24 at 0800 786 000** if you are unable to find transport to get to our hospital timeously.

What to bring to hospital

❖ When you come to the hospital, please bring:

- Medical aid membership card, authorisation number and ID document
- A list of medications you are taking (including your chronic medication) as well as your medical history such as allergies.

As you get closer to your due date there are lots of things to arrange. It makes sense to have a bag packed and ready to go. You'll probably want to pack two bags, one with things you want for the actual labour and one with everything you'll need afterwards – including something for your new baby to wear going home!

PACK YOUR BAGS

BAG ONE (LABOUR)

- Mineral water spray or a plant spray with a fine nozzle. Put it in a fridge (if possible) to keep it cool
- Two facecloths for cooling your face and skin
- Music player
- Unscented oil or a light body lotion for massage
- Thermal pack (the sort you can heat in a microwave for taking with you on cold outings – it stays warm for hours). It can be wrapped in a towel and used as a warm compress to relieve aches in the back or in the legs
- Old nightdress (front opening for easy breastfeeding) or old T-shirt, dressing-gown (robe) and sandals or slippers
- Hairbrush, and hair bands for long hair
- Lip balm
- Wash bag with toiletries
- Toothbrush and toothpaste
- Camera
- Drinks and snacks for you and your partner

BAG TWO (AFTER THE BIRTH)

- Two nightdresses (front opening for easy breastfeeding)
- Easy-to-wear day clothes (like a tracksuit – again with a front-opening top for easy breastfeeding)
- Underwear, including comfy full briefs (to hold maternity pads), and nursing bras – you may find disposable pants useful for the first few days
- Towels
- Maternity pads or night-time sanitary pads
- Breast pads
- Tissues
- Unscented toiletries and cosmetics
- Nappies for the baby
- Vests and sleep suits for the baby
- Cotton wool balls and nappy cream
- Fruit juice or mineral water
- Healthy snacks

❖ Please leave at home

- Valuables such as jewellery or cash. All personal belongings brought with you is done so at your own risk.
- Melomed Private Hospitals does not accept any liability for any loss or damage. However, valuables can be left at reception on admission where it will be locked away for safekeeping. Reception will issue you with a receipt which you must present on your discharge.
- You may need your debit card or credit card at the time of admission, but please send them home afterwards with a family member or friend.

After consultation with your doctor, you will go to our Labour and Delivery Unit. You will be examined and based on the findings, your doctor will determine whether you should be admitted, walk around for a bit before re-examination, or go home. Once admission is decided on, your partner will need to go to Admissions to complete the admitting process. You should have completed your pre-admission form and sent it back to the hospital prior to your arrival.

❖ Labour routine

Once admitted to our Labour and Delivery Unit, your labour progress will be monitored regularly. Nurses will assist you with a variety of comfort measures such as walking, showering and relaxation. If you choose to receive pain medication, your doctor will assist you.

❖ Selecting your paediatrician

It is important for you to select a paediatrician for your child. During your admission process, your nurse will ask you which paediatrician you wish to choose. If you do not have a paediatrician, the on-call paediatrician will care for your newborn while in the hospital.

❖ Discharge routine

You and your baby will be discharged from the Mother-Baby Unit as well as

the Newborn Nursery.

Identification bands on your baby's wrist will be checked before you go home. Do not take these off yourself or your baby until you arrive home. Please remember that your baby will need an outfit to wear on discharge.

Discharge is by midday (12pm) usually on the second day after your baby's birth by vaginal delivery or on the third day after a Caesarean delivery. You are encouraged to send as much "stuff" home as you can the night before discharge (i.e. flowers, presents, etc). This will make discharge easier.



My pregnancy journal

CONGRATULATIONS! YOU ARE CREATING A NEW LIFE, EVEN AS YOU READ THIS! HERE'S SOME INFORMATION TO HELP YOU KEEP TRACK OF THE CHANGES YOU CAN EXPECT IN YOUR BODY AND HOW YOUR BABY WILL GROW DURING YOUR PREGNANCY. REMEMBER, THE WEEKS ARE COUNTED NOT FROM CONCEPTION BUT FROM THE FIRST DAY OF THE LAST MENSTRUAL PERIOD.

WEEKS 1-4

»» About you

- During the first week after conception, the fertilised egg (called a blastocyst, if you want to get technical) makes its way down the fallopian tube and finally attaches itself to the lining of the womb.
- It's highly recommended that you start taking a folic acid supplement as soon as you find out you're pregnant. This will help to protect against neural tube defects. You should take this supplement daily for the first three months of your pregnancy.

»» About your baby

- Your baby's gender is already decided – it was genetically determined at the moment of conception. You'll have to keep guessing for some time though (while friends and family will likely have all manner of opinions on the matter). Many other characteristics – such as hair and eye colour – have also already been determined.
- Despite the fact that your baby is now growing at a faster rate than at any other time during pregnancy, it would be very difficult to see without a magnifying glass.

WEEK 5

»» About you

- By now you may begin to feel very tired and sluggish throughout the day.
- While the tissue in your breasts prepares to store milk, they may begin to feel tender, as if you are starting your period.

»» About your baby

- The embryo is now still only about the size of an apple pip, but is growing very quickly.
- At this point the heart and blood vessels have just begun to form.

WEEK 6



TIP

Sip on tea made from slices of real ginger, and never let your stomach get completely empty.

»» About you

- There's a good chance you've already started to feel sick. If you haven't, don't consider yourself out of the woods just yet. It's often only at this point that the nausea kicks in. There are some lucky women, however, who can carry their baby to term without ever feeling sick at all. But for many "morning sickness" will be misnomer – better they call it "all day sickness".
- You may begin to find yourself becoming very emotional, sometimes for no reason or at least out of all proportion to a given situation or thought. This can be accounted for by all those pregnancy hormones coursing through your system. Consider this phase a healthy sign, and see it as a wonderful opportunity to practice self-acceptance.

»» About your baby

- At this point, the embryo has grown to roughly the size of a pea.
- Where looks are concerned, a tadpole springs to mind. But don't worry – the 'tail bone' will disappear and become the coccyx.

WEEK 7

»» About you

- With all the hormonal upheaval going on, you'll find that certain foods may taste different, while your likes and dislikes may change quite rapidly.
- It's not uncommon for heartburn and indigestion to start bothering you.

»» About your baby

- Your baby will have started to wiggle around by now, but don't expect to feel any kicking or other movement for a while yet.
- Her heart has started beating and her lungs are starting to form.
- Miniscule hands and feet have appeared, with webbing between the fingers and toes.



WEEK 8

»» About you

- Your hair is most likely getting thicker (in part thanks to all that folic acid you've been taking). Also on the up side, you may have begun to feel the sickness ease off a bit.
- You may find yourself heeding nature's call more often because your uterus has doubled in size and is putting some pressure on your bladder.

»» About your baby

- Your baby now measures roughly 1.6cm from the top of her head to her bottom – an embryo is measured this way until around week 20 when the legs are included.
- You can already put a face to the name – the ears, eyes and tip of the nose have started to appear.
- Tiny buds are developing that will become arms and legs.

WEEK 9

»» About you

- Your pregnancy won't be visible yet, but your waistline may start to thicken while your breasts are slowly getting larger.
- You may find yourself with pimples and other skin problems, as pregnancy causes an increase in oil secretions (not to mention those wild hormones!). Don't fret, this will all go away soon enough.

»» About your baby

- Your little one is now about 2.5cm little, top to bottom.
- She has eyelids, but these won't be opening for another few weeks.
- The intestines have started to move out of the umbilical cord and into the abdomen as the body grows and makes room.



WEEKS 10-11

»» About you

- You're likely to feel hungrier than usual, with unusual cravings for certain types of food – your body is busy growing a baby, after all.
- You may also find it harder to fall asleep, even though all the activity inside your body leaves you with little energy during the day.
- Your blood volume will increase up to 50% during pregnancy, and as a result you may begin to notice your veins more, particularly in your tummy, breasts and legs.

»» About your baby

- Your baby's heart is finally beating! But don't expect your midwife or doctor to be able to hear it yet, as it is still only the faintest flutter.
- She's now a respectable 4cm in length, weighing in at roughly the mass of a large grape.
- The webbing between the toes and fingers are disappearing, while nails are beginning to form.
- With most of her joints formed, your baby's arms and legs are getting longer and her elbows can bend.



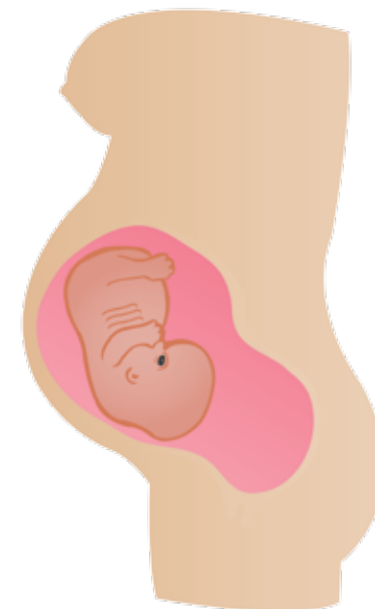
WEEK 12

»» About you

- With your uterus shifting up and forward as it grows, you probably won't have so much pressure on your bladder for a while, and those bathroom visits should get less frequent. Enjoy this while you can, because in a few more weeks the uterus will grow large enough to sit on your bladder once again.
- Light-headedness and headaches are common due to the increased blood volume, but do discuss these symptoms with your care provider if they're a bother.

»» About your baby

- Your baby is kicking and curling her fingers, but you won't feel anything yet.
- The genitals have begun to adopt their gender characteristics, but one usually can't "guess" via ultrasound until around the 16th week.



WEEKS 13-14

❖ About you

- **Week 13 marks the start of the second trimester**, usually the most comfortable and enjoyable stage of pregnancy. But remember to rest if you feel tired.
- A dark line may appear, running from your navel to your pubic bone and your nipples may seem darker. This is caused by increased pigmentation in your skin, and will fade after childbirth.
- Although birth is still many months away, your breasts will start to make colostrum, the essential nutrient-rich fluid that will feed your baby for her first few days.
- The ligaments holding up your uterus stretch to accommodate its growth, and can cause some abdominal aching. This is called "round ligament pain".

❖ About your baby

- The foetus now looks like a tiny baby, measuring a proud 7cm from head to bottom.
- Her ears have developed, but verbal introductions are still premature – she can't hear yet.
- The placenta has become her source of nourishment.



WEEKS 15-16

❖ About you

- You may have that pregnancy "glow", with your hair looking thicker and your skin more plumped out, though your ordinary clothes are feeling a bit tight.
- Your "bump" might just be starting to show, while your waist is disappearing.
- Hopefully you're feeling much less sick by now and your breasts are less tender.
- It's just possible you've begun to feel the foetus inside you, although this may not happen for weeks yet.

❖ About your baby

- It's possible to hazard an "educated guess" at your baby's gender at this point. But keep in mind, gender determination via ultrasound is not always 100% reliable.
- She's sucking her thumb – the cuteness has started.
- Fine, downy hair begins to cover your baby's body, but this will disappear before birth.
- Her body is growing faster now so as to catch up with the size of her head.

WEEKS 17-18

❖ About you

- You may begin to feel your baby move around in there... but don't worry if you don't feel anything yet.
- During examination it's possible to hear your baby's heartbeat at this stage, which is definitely one of those memorable moments.
- At night the little one likes to party – she's moving around more because your movements aren't rocking her to sleep.
- Beware the hunger pangs – carry healthy snacks for when they strike.
- You may get a sore back, feel more tired and sometimes get a bit breathless.



❖ About your baby

- Your baby and her placenta are now roughly equal in size (13cm, give or take).
- Her taste buds are beginning to form, and she'll be sensitive to light.
- Her kidneys are producing urine, and her tiny heart is pumping as much as 24 litres of blood a day!



WEEK 19

»» About you

- You're about halfway through your pregnancy term: you may feel excited, or scared. Possibly both!

»» About your baby

- Your baby's second set of teeth are beginning to form behind the first ones.
- This is when a waterproof layer of a greasy substance called "vernix" has started to coat the skin.



WEEK 20

»» About you

- Congratulations, you're halfway there!
- You're very likely to feel your baby move now, although it's unlikely anybody else can.

»» About your baby

- Your baby now starts to get measured from head to toe, and comes in around 25cm.
- She is becoming a little busy body, but soon she'll be too big to turn over in the uterus.

WEEK 21

»» About you

- Disturbed sleep may be taking its toll. Accept that you could become a little absent-minded and forgetful.
- Indigestion could become a problem, if it hasn't been already.
- At the end of each day you might find that your ankles and feet become a bit swollen. Drink plenty of water and rest with your feet elevated.

»» About your baby

- Your baby's rapid growth phase begins to slow down now.
- Her eyebrows and eyelashes are forming.
- Finally she can hear sounds, both those inside and from outside your body. If you talk to her she will become familiar with your voice.



WEEK 22

»» About you

- With all the physical changes to your body now visible, it's likely really sinking in now that you and your partner are going to be parents.

»» About your baby

- Your baby has reached the grand weight of about 500g, but count yourself lucky so far – they only get heavier and heavier!
- You can expect the odd kick in response to external sounds, such as your voice.
- With a newfound ability to grasp at things, she may tug on the umbilical cord once in a while.

WEEK 23

»» About you

- Backache, varicose veins and/or leg cramps are delightful new additions to your day.
- Mood swings may not feel normal, but for now they're quite textbook, so relax and let yourself off the hook a little.

»» About your baby

- Your baby looks a bit wrinkly at this point, because she has her full complement of skin while the subcutaneous layer of fat has only recently started to form.
- Hold onto something, because your baby will be gaining weight rapidly over the next 4 weeks.

WEEKS 24-25

»» About you

- Your energy may have come back somewhat. This is no reason not to take it easy.
- A bit of exercise, like taking a brisk walk is not a bad thing at this point, provided it feels good. This may help with the constipation that many mothers experience at this point. Also include fibre-rich foods in your diet, like vegetables, and drink plenty of water.

»» About your baby

- Your baby has started to practice breathing movements with her lungs, even though they're not fully formed yet.
- Your baby is viable – if born now, she actually has a chance of survival.



WEEKS 26-27

»» About you

- With your centre of gravity changed, you'll find yourself walking differently. Good luck to the person who decides to point this out to you.
- You may experience some shortness of breath, thanks to your uterus being so close to your rib cage now. Though your lungs may not be able to fully expand, rest assured that your baby is getting enough oxygen.

»» About your baby

- Your baby is beginning to open and close her eyes.
- She is looking less skinny and more baby-like now, having gained some fat and muscle.

Stay active as a way to ensure a smoother, healthier pregnancy and delivery, while possibly reducing the risk of gestational diabetes.



WEEK 28

»» About you

- **Welcome to your third trimester!**
- If leg cramps are kicking in, try not to stand for long periods, and keep drinking plenty of water.
- You may start feeling so-called Braxton Hicks or "practice" contractions.
- If you haven't had a glucose tolerance test to check for gestational diabetes yet, your care provider may order one this week.

»» About your baby

- Her brain is developing at an astonishing rate.
- If born now, your baby has a 90% chance for survival. But let's keep that bun in the oven a while longer!

WEEKS 29-30

»» About you

- You may find yourself becoming a bit, um... what's it called? Oh yes, forgetful.
- Some gentle massage can help relieve the strain on your back.
- Sleeping can become difficult at this point. Try putting a cushion between your knees to make yourself comfortable.

»» About your baby

- Your baby is almost 39cm from head to toe.
- As she keeps practising her breathing movements, you may get surprised when she gets the hiccups.
- The fine hair that has been covering your baby's body will begin to fall out.
- She is getting on for 1.5 kilos, and gaining weight fast. After all, she wants to make her arrival worth remembering!

WEEKS 31-32

»» About you

- Stretch marks. Say no more.
- Panic – there's still so much to do!
- Indigestion – baby is putting some pressure on your stomach.

»» About your baby

- Your baby now measures roughly 42cm from head to toe.
- For the first time she is clearly responding to visual stimulus, closing her eyes in response to bright light outside your abdomen. In fact, all five senses are functional.
- You may realise she's moving less – that's only because she's running out of elbow room.
- The evidence suggest your baby could be having dreams while she's asleep at this time.

WEEKS 33-34

»» About you

- Your navel has gone from an innie to an outie as baby puts pressure on it from inside. Don't worry if this feels a little tender.
- Colostrum – that incredibly nutritious substance that should comprise your baby's first few meals – may start leaking from your breasts in preparation for breastfeeding. If you haven't already, start to learn some more about the benefits of breastfeeding.
- Although painless, those Braxton Hicks contractions may be intensifying, gearing up for the final push.
- Resting with your feet up will help with the varicose veins and swollen ankles.

»» About your baby

- Your baby may move into the head-down position at this point, in preparation for being born.
- Her skin is getting smoother – so as to comply with the proverbial baby's bottom.
- Her eyes will now mostly be open while awake and closed while sleeping.
- She is also developing immunities to fight mild infection.



WEEK 35

»» About you

- Your care provider may begin regular checks of your cervix during the next few weeks, to check for dilation and effacement (thinning).
- Take some gentle exercise like a walk or a swim, if you can. It will help with general relaxation and make it easier to sleep.
- If you're tired (and you probably will be), then rest. After all, there won't be much time for rest after the birth.
- Your feet will mostly likely be bigger than usual. Slip-on shoes are easier to get on and off.

»» About your baby

- Your baby is big enough now to take up most of the uterus, weighing in at around 2.3kg and is still gaining weight rapidly.
- Her toenails and fingernails could almost do with a trim!

WEEK 36

»» About you

- Have you thought of a name yet?
- Your antenatal appointments are probably more regular now.
- You should feel movements each day, however small.
- Her head may have passed below the pelvic brim. This is known as "engagement", but that doesn't mean you will give birth early.
- The bump is getting lower as your baby is preparing to be born.

»» About your baby

- Only one month to go! Give or take.
- This week, the fat is dimpling on the elbows and knees – multiply the cuteness factor.



WEEK 37

»» About you

- You should have your bags packed for the hospital – it could happen any minute.
- Curiosity is kicking in: what will she look like?
- Get plenty of rest — labour and childbirth will take it out of you.

»» About your baby

- Your baby's weight is increasing by about 14g a day.
- If it hasn't happened already, her head will most likely engage around this time.

WEEK 38

»» About you

- Remember that your due date is just an estimate – most babies are either early or late.
- Your Braxton Hicks contractions (sometimes called false labour contractions) could become quite painful and stronger, but will remain irregular.
- Unlike with real labour contractions, the pain of "false" contractions may be alleviated by changing position.

»» About your baby

- Your baby should be making slight movements every day, even though there's not much space. If she isn't, inform your midwife immediately.
- She's still coated in vernix, but the covering of hair has gone completely.



WEEKS 39-40

» About you

- Tick tock. Any day now. This is an exciting time filled with anticipation and you're likely very much ready to get on with it.
- You're going along minding your own business, and boom – it's zero hour. Your water breaks. You've bought the ticket and now you're taking the ride.

» About your baby

- She's packed and ready to go – but may be lingering to summon some courage.
- Each newborn varies, but she'll probably measure at least 48–50cm and weigh between 2.8 to 3.5kg... or more.
- Ding dong. There's a stork at the door.

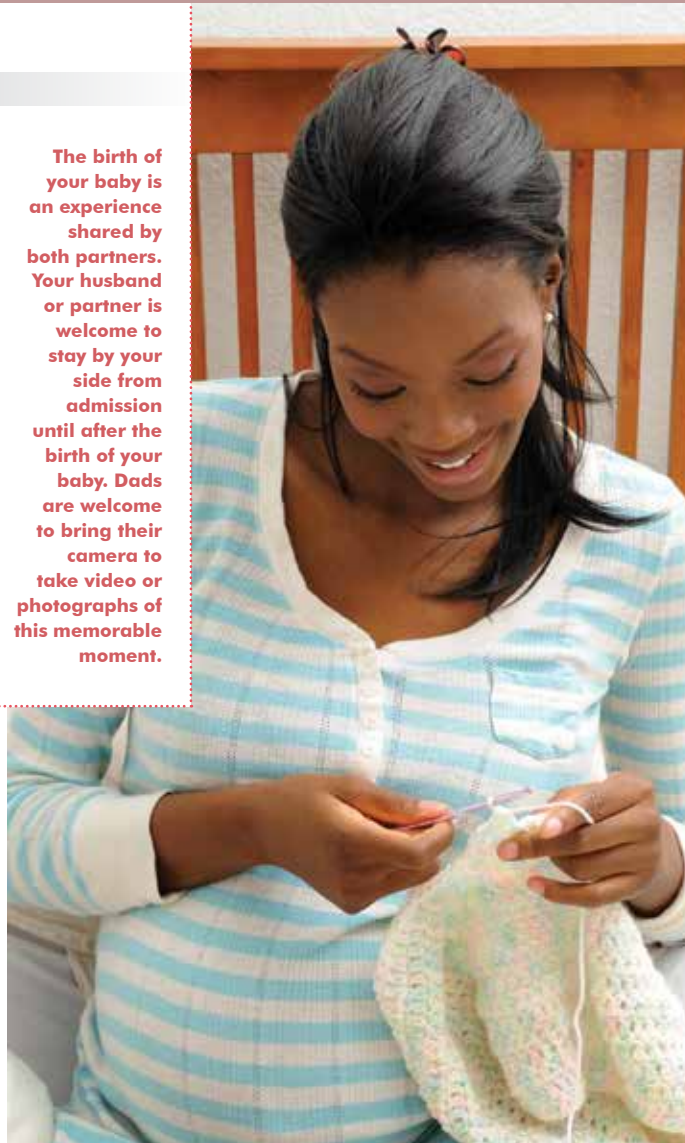


SCREENING INFO

In the first week your baby will have the following routine examinations:

- The Apgar test which the midwife carries out in the first few minutes, checks for:
 - skin colour

The birth of your baby is an experience shared by both partners. Your husband or partner is welcome to stay by your side from admission until after the birth of your baby. Dads are welcome to bring their camera to take video or photographs of this memorable moment.



AFTER BIRTH

» About you

- You may feel overwhelmed and daunted, or just plain exhausted. It can be an emotional time and the best advice is to just accept whatever comes along. However you're feeling is fine – even if you're scared or weepy (or ecstatic). Birth is a powerful experience.
- You'll get tired over the next few days and weeks as you adjust to being a parent. Don't worry, this too shall pass. Some babies can wake several times during the night for a feed. It's best to rest when your baby sleeps. And if your baby sleeps 20 hours a day, that's perfectly fine too, all is well.
- Don't feel guilty if you don't slip easily into parenting. It's a huge new adjustment, and can take time.
- Bonding with your baby builds with constant contact over the first months of pregnancy, so enjoy it!

» About your baby

- Your newborn is likely to look a little squashed, wrinkly and even bruised. Don't worry, this is quite normal and won't last long. She may even seem a little blue while her circulation is settling down.
- Your baby can't focus on anything that isn't up close to her face and won't be able to see colour for the first few weeks.
- Her hearing is normal and she can already recognise your voice, so use it to soothe her. Try imitating the sounds of the womb with a rhythmical hush when she's distressed.
- With her hands she'll be able to grip objects with surprising strength.
- Your baby is likely to recognise your smell, so try not to wear overwhelming perfumes.
- Babies love being cuddled and staying close to your body. Wrap her snug in a blanket so that her involuntary muscle movements don't keep jerking her awake.
- There's a hole in her head? Don't worry, it's called the fontanel and the plates in your baby's skull will not join up for several months.



- heart rate
- reflex response
- muscle tone and breathing.
- Your baby will also be weighed and measured. It's good to keep a record of

- these measurements and do them regularly so as to monitor her progress as she grows.
- She'll also have a full physical examination, including her heart and lungs, as well as a hearing test.

After 8 weeks

Your health visitor will carry out a full examination of your baby again at this point to make sure she's growing and developing normally.



Pregnancy Checklist

Congratulations on your pregnancy!

This is such a special time for you as a mom-to-be. PathCare wants to support you during and after your pregnancy by offering you our recommended screening tests. These tests will give you peace of mind about any underlying conditions that all moms & babies should be tested for.

Here are some tests that you can expect:

- Bloodgroup (ABO and RH) and screen for red cell antibodies
- Sexually transmitted disease, hepatitis, rubella (preferably prior to conceiving)
- Urine analysis for protein and glucose
- Down syndrome screening between 8w - 13w6d or 15w - 20w6d
(speak to your clinician about screening test)
- Blood test for neural tube defects or open spina bida
- Non Invasive Pre-natal test (Harmony or Panorama test)
- Amniocentesis
(obtaining amniotic fluid from the uterus for generic studies, if any abnormalities are detected)
- Hypertension and diabetes
- Various other tests can be done either to exclude conditions or to monitor treatment

Postnatal:

- Cord blood for a thyroid test
- Newborn baby screening test

For more information on Prenatal Pathology Testing, please contact your physician