



Gesundheitsdepartement des Kantons Basel-Stadt

Medizinische Dienste

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YOUR ADVENTURE PREGNANCY





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THE DESIRE FOR CHILDREN

Would you like to become parents? Do you have questions about planning and preparing for a pregnancy? In this section, we will provide you with information on how you can best prepare yourself for this exciting time.



A HEALTHY START TO YOUR PREGNANCY

Your health will greatly affect the development and well-being of your child in the womb. It therefore makes sense for you to maintain a healthy lifestyle before your pregnancy. To prevent complications, you should wait at least 9 months after a vaginal birth and at least 15 months after a caesarean section before considering becoming pregnant again.

- It is best for you and your partner to have already given up smoking before you become pregnant. That is because smoking tends to reduce fertility in both men and women. Smoking and passive smoking during pregnancy will harm your unborn child.
- It makes sense to pay attention to your diet before becoming pregnant: eat a balanced diet and ensure your vitamin intake is sufficient. Vegetarians should pay particular attention to ensuring their intake of iron and vitamin B12 is adequate.
- Visit your dentist if you plan to become pregnant. A pregnancy can aggravate tooth decay. Gum infections and other chronic inflammatory reactions, i.e. as the result of deep caries, can lead to a reduced birth weight and premature births. Changed eating and dental care routines and vomiting will cause increased caries. In spite of any nausea you may experience, you should maintain regular dental hygiene 3 times a day. We recommend that it is best to brush your teeth when you are not feeling nauseous.
- If you have ever suffered from a mental illness or are presently mentally ill, ensure that you seek help and treatment during your pregnancy. Untreated mental illnesses can not only damage your physical health and make pregnancy more difficult – they will also affect the health of your unborn child.
- If you are taking medication for an existing illness like epilepsy, asthma, diabetes or a mental illness, you must not simply cease taking this! It is important for you to discuss this with your doctor, best of all before you become pregnant.





FOLIC ACID

Why getting sufficient folic acid is so important

Our body needs folic acid for cell division, especially for fast-dividing cells. This makes folic acid particularly important in the early stages of pregnancy. An adequate supply of folic acid will reduce the risk of a premature birth and miscarriage, as well as numerous birth defects such as a cleft lip, jaw or palate, an open spine, congenital heart defects and urinary tract malformations.

How to ensure you get enough folic acid

Folic acid is mainly found in green leafy vegetables, in yeast and whole grain products. In addition to eating a balanced diet, a daily dose of 400 mg in the form of folic acid tablets is recommended. You should start taking folic acid tablets regularly one month before the possible beginning of your pregnancy and stop taking the tablets no earlier than after the first three months of pregnancy.



VACCINATION

It is advisable to have received all your necessary vaccinations before the pregnancy. You should have yourself vaccinated twice against measles, mumps and rubella. You will already be protected against varicella (chickenpox) if you have already had chickenpox or been vaccinated. Your immunisation against whooping cough should also be supplemented with a booster vaccine. A flu vaccination is also recommended.

Before having any vaccinations, be sure to tell your doctor about your pregnancy.

The website of the Swiss Federal Office of Public Health (www.bag.admin.ch) has detailed information about vaccinations during family planning and pregnancy.



DEVELOPMENT

In this section, you will learn more about the course of the pregnancy and the growth of the unborn child. We will also provide you with information about high-risk pregnancies, prenatal screening tests and care, sport and sex during pregnancy.



IS YOUR PREGNANCY TEST POSITIVE?

Depending on your personal circumstances, a positive pregnancy test result may give rise to different emotions: joy, surprise, uncertainty or perhaps even fear. If you are undecided about whether you really want a child right now, it is best to seek advice and help from a professional guidance centre. The pregnancy counselling services at the Women's Health Clinic of the University Hospital Basel will discuss your personal circumstances with you and advise you.

THE DEVELOPMENT OF YOUR CHILD DURING PREGNANCY

Counting from the 1st day of the last period, a pregnancy lasts 280 days or 40 weeks. A pregnancy is divided into three thirds, each of about 13 weeks in duration: the 1st, 2nd and 3rd trimesters.

THE 1ST TRIMESTER (1ST – 3RD MONTH OF PREGNANCY)

Miscarriages (abortions) frequently occur in the 1st trimester. Many women do not realise this because they have not yet noticed that they are pregnant. The reasons for miscarriages at this early stage are usually anomalies in the embryo. However, maternal causes such as an infection, the use of medication, anatomical malformations or hormonal disorders are also possible triggers.

All the organs will be formed in the first 3 months of pregnancy. Where this does not occur normally, the death of the embryo will often occur. Here is what you can do to help this process: avoid external influences that could be harmful like alcohol, medicines, radiation, certain vaccinations, contact with disease-transmitting animals and drugs of any kind. You should naturally avoid these throughout your entire pregnancy, but especially so during the 1st trimester.

You will quickly notice a change in your hormonal balance in the 1st trimester: many women suffer from severe nausea, vomiting or experience sudden cravings for certain foods.



The 1st month (3rd and 4th week)

The pregnancy hormone β -HCG already starts being formed around 24 hours after fertilisation. Common pregnancy tests check for the presence of this hormone to confirm the pregnancy. However, even the most sensitive tests will only be able to detect the hormone on the 9th day (tests available from pharmacies only on the 14th day).

The fertilised egg will implant itself into the uterus on about the 5th day. The embryo and placenta then form from the fertilised egg. The placenta will nourish the embryo from the 11th day.

Your child is now as large as a poppy seed.



The 2nd month (5th – 8th week)

Your pregnancy will now make itself apparent: your breasts might tighten, you might experience feelings of nausea, especially in the morning. A tip that might help to prevent nausea: eat a little something in bed. Eating small snacks during the day between main meals can sometimes also help.

The heart of your child will start beating from the 7th week!

At the start of the 8th week, an amniotic sac will have formed around your child. The amniotic sac is filled with amniotic fluid. This protects the child inside it against shocks and temperature fluctuations. In the 10th week of pregnancy, the amniotic sac will contain around 30 millilitres of fluid, in the 36th week this will have increased to 1,200 millilitres. The amniotic fluid allows your child to move about freely and develop its musculoskeletal system.

At the end of the 2nd month your child will be around 1.2 centimetres long and about the size of a kidney bean.



The 3rd month (9th – 12th week)

The head, the eyes and the brain will develop primarily in the 3rd month. By the end of the 3rd month, all the organs will be created. Your child is already 5 centimetres in length. It has arms and legs that can be seen in an ultrasound scan.



Your blood volume has increased by more than 1 litre – which makes your heart do more work. Pregnancy hormones will cause the dilatation of your blood vessels which can lead to varicose veins or haemorrhoids.

It is recommended that you go for your 1st pregnancy check-up with your gynaecologist around now.

Your child is now about the size of a lime.

Your 1st check-up with a doctor

At your 1st pregnancy examination, your doctor will check carefully whether you are healthy.

A blood sample will be taken to determine your blood type, the rhesus factor and the iron content of your blood. It is also important that a cervical smear and a swab to detect bacterial infections are taken now.

Until the end of the 12th week you still have the legal option to decide not to continue with the pregnancy and to have a legal abortion.

An abortion for medical reasons will still be possible at a later date.

THE 2ND TRIMESTER (4TH – 6TH MONTH OF PREGNANCY)

The 2nd trimester is an enjoyable time of your pregnancy. You will probably be feeling better now and any feelings of sickness will lessen. The risk of a miscarriage now is also smaller – you can relax and look forward to being with your child. Many expectant mothers will again use this time for travel.



Please consider the following if you intend to travel

- If you or your child feel unwell, will good medical care be available in the holiday resort?
- Any air travel will increase the risk of a venous thrombosis. To counter this, try to get up regularly and walk a short distance during the flight. Wear support stockings if possible. Drink lots of water.
- Avoid the risk of infection from uncooked food or meals prepared in unsanitary conditions at your holiday resort.
- It is now best not to travel to a country where special vaccinations are needed.



The 4th month (13th – 16th week)

Your body has gradually become accustomed to being pregnant. You may experience sudden food cravings and possibly also have developed an aversion to certain foods. You are now much more sensitive to smell, and sometimes feel more irritated than normal. This has everything to do with your pregnancy hormones and has a purpose: your body knows what it needs and will also ask for it. Allow it to do so! Sleep when you are tired. Eat when you are hungry – but healthily, not for two.



Your child is continuing to develop: its stomach, kidneys and nervous system are already working. It is now the size of an avocado.

Your 1st ultrasound scan

The 1st ultrasound scan should take place between the 11th and 14th week.

Will one child be born to you? Or twins? Perhaps even more? Being able to recognise your child for the 1st time and see the heart of your child beating is an exciting occasion.

Your doctor will use the ultrasound scan to measure the length of your child. This will help to estimate the date of birth.

The neck fold or nuchal fold of your child will also be measured. It provides an important value for the so-called 1st trimester test (combined test).



The 5th month (17th – 20th week)

Your child has grown considerably by the time of the 20th week: it is already 16 centimetres long and weighs around 300 grams. Towards the end of the 5th month, you might even feel its 1st movements.

Your child can already suck its thumb and will be the size of a banana.



The 6th month (21st – 24th week)

Your uterus will have grown to reach down to around your navel. Everyone can now see that you are pregnant.

Your child is continuing to grow too. It will soon be 26 centimetres long and weigh 500 grams. It will be the size of an eggplant.

Your child will now already start to prepare for birth – its skin will become covered by a protective greasy substance (vernix caseosa).

Your 2nd ultrasound scan

The 2nd ultrasound scan is recommended between the 20th and the 23rd week.

The sex of your child will now mostly be recognisable in the ultrasound scan. Do you want to know it?

In the 2nd ultrasound scan, the doctor will be specifically looking at the organs of the child: have they been formed normally? The amount of amniotic fluid will provide important information about kidney function. Is the heart normal? What does the head look like? Is the child's growth normal? Are there any indications of malformations or genetic disorders? Where is the placenta positioned?



THE 3RD TRIMESTER (7TH – 10TH MONTH OF PREGNANCY)

In the last 3rd of your pregnancy, your child will show strong growth and put on considerable weight. For you, this will tend to mean more discomfort again like back pain and sleep problems.

Nevertheless, you can (and should) continue to exercise and do sports until birth. You must however avoid sports involving jerky movements and shocks.

Sex also continues to be possible in the last few months of pregnancy: sexual intercourse will not harm your baby! Neither a man's sperm nor the mother's orgasm will trigger a premature birth.

Some couples fear that sex will introduce germs into the vagina, possibly leading to the child receiving infections. Do not worry: your child remains protected in the amniotic sac and cannot be infected. Naturally, you should continue to wash, shower and pay attention to normal hygiene. But ensure you do not use any feminine hygiene sprays, vaginal douches or the like – these will destroy the natural protection of the vagina.

As the size of your bump grows, your partner and you might prefer alternative positions during sex that both of you can enjoy.

The 7th month (25th – 28th week)

Your life as a family member will gradually become more pronounced: you will become increasingly aware of your responsibilities as a parent-to-be. Gradually, you will start to plan the nursery, make the first purchases and adjust to the impending change in your life.

OUR RECOMMENDATION: Would you like to prepare yourself for your new role as a mother or father? Basle-City Parent Advisory Services offer parenting classes for prospective parents.

At the end of the 7th month your child will weigh approximately 1 kilogram and measure about 35 centimetres. That is roughly the size of a celery.

The movements of your child can now also be seen from outside. Its face is fully formed, it can open its eyes. Should your child be born earlier than normal, it will now be sufficiently developed to have a good chance of survival.



The 8th month (29th – 32th week)

Have you sometimes noticed that your abdomen is hardening? That's no reason to worry! These are so-called Braxton Hicks or advance contractions. They are painless and entirely normal.

At the end of the 8th month your child will be about 40 centimetres long and weigh 1,700 to 2,000 grams. The organs of your child are now fully developed, except for the lungs.

Your child is now about the size of a cabbage head.

In order to be able to recognise an impending premature birth early on, your doctor or midwife will now routinely examine your cervix.



The 9th month (33rd – 36th week)

The weight you are carrying and your bump will understandably place a strain on you. The womb now needs a lot of space and will push aside other organs. You might therefore have trouble breathing when you exert yourself. You will occasionally feel the uncomfortable kicks of your child against your ribs. When lying on your back, the weight of your child will press down on your cava vein. This will make it harder for the blood from your body to flow back to your heart. You will experience dizziness and heart palpitations because of this. Therefore, do not continue to lie on your back at night.

Your child is now about as long as a Swiss chard.



At the end of the 9th month your child's head will enter the lesser pelvis and face the birth canal. This will cause your whole bump to move downward. You will now be able to breathe more easily and generally feel more comfortable.

The majority of children will now be correctly positioned for birth: head facing down, face turned backwards – i.e. towards the mother's back.

**The 10th month (37th – 40th week)**

In the last few weeks, your child will again put on considerable weight: at birth it will weigh between 2,800 and 4,000 grams and be between 48 and 54 centimetres in length. The size and weight of new-born babies is very different. Your child's skull has the largest circumference of its body parts.

The bones in your child's skull have not yet grown together. This allows them to be compressed during birth, so allowing the child to pass through your pelvis more easily. Your child is now around the size of a large pumpkin.



In the 10th month, you will be examined more frequently by the doctor or the midwife. If necessary, your cervix will be felt during these examinations. Has your expected delivery date already passed? If so, an examination for you will be arranged every 2 to 3 days.

Important preparations

At the beginning of the 10th month, pack your bags in anticipation of your admission to hospital. This will allow you to be prepared for when your contractions start.

Decide which health insurance fund you wish to insure your child with.

If you expect to use an external childcare service, it is advisable to register your child with a day-care placement agency before birth.

HIGH-RISK PREGNANCIES

What type of pregnancies are said to be high-risk? Those where mothers under 20 or over 35 years old, have already had a miscarriage or premature birth, are suffering from a chronic illness, and where anatomical malformations or other risks exist.

“Age” as a risk factor

From a biological viewpoint, the best age to have a child is between 20 and 30. Where a pregnant woman is under 20 years of age, the risk of a premature birth increases.

Older women should be aware that the incidence of miscarriages and complications (e.g. premature births) rises with increasing age. In principle, however, there is no reason to discourage women aged over 35 from a pregnancy. Older pregnant women will frequently pay better attention to their health and that of their child, and act more responsibly when it comes to other risks (i.e. diet, alcohol, smoking).

“Multiple births” as a risk factor

The number of multiple births has increased significantly as a result of the rising age at delivery of women and the choices made available by reproductive medicine. Without stimulation of the egg cells, the incidence of a twin birth is about 1 in 85, with hormone stimulation the incidence increases to 1 in 50.

In a multiple pregnancy, the risk of complications, both for the mother and for the children, is considerably greater. Such pregnancies will have higher incidences of pregnancy poisoning (pre-eclampsia), bleeding and premature birth. The number of caesarean sections will also be significantly higher since the tighter stretching of the uterus can result in weak contractions or the 2nd child might become endangered due to its birth position.

A multiple pregnancy will require more frequent check-ups because of the increased risks. Fortnightly check-ups are sufficient until the 28th week of pregnancy, after which the mother and children should have weekly check-ups.

“Rhesus incompatibility” as a risk factor

The rhesus factor is an inherited blood group trait and can be either positive or negative. Rhesus incompatibility can only occur if a rhesus-negative mother is expecting a rhesus-positive baby and a mixing of blood from the mother and a baby has taken place in the past, i.e. during birth, a pregnancy termination or a



miscarriage. This will result in the pregnant mother's immune system identifying the child's rhesus-positive blood as foreign and making antibodies that will migrate into the baby's blood circulation. These will then start to attack the blood cells of the baby.

To prevent this, the rhesus factor of the expectant mother is determined. If this is negative, a drug is injected into the pregnant woman during the last three months of pregnancy and shortly after birth which will destroy any rhesus-positive red blood cells from the child that might be present in the maternal blood. This will prevent the formation of antibodies that will attack the child. This process is also called "rhesus prophylaxis".

PRENATAL SCREENING TESTS

Basic questions about prenatal screening tests

Whether only a 1st trimester screening, an additional non-invasive prenatal test or a chromosome analysis by puncture: as parents-to-be, you should in each case already give some thought before the tests to what consequences the outcomes of the tests would have for you.

What would a certain positive test result mean for you? Could you imagine bringing a disabled child into the world? Give some thought to how you would deal with a possible abortion. Since July 2015, health insurance funds have covered the costs for these very expensive tests under certain conditions. Get in touch with your health insurance fund to find out whether they would cover these costs.

1. Combined screening (also called 1st trimester combined screening)

The combined screening is the 1st test that will be routinely performed during pregnancy. Lots of different values will be assessed by a special computer program in this entirely safe test. These values include the mother's age, some blood levels from the mother's blood and some measured values from the ultrasound screening such as the thickness of the neck fold. The probability of a child with a chromosomal defect will then be determined.

A chromosomal abnormality can however only be ruled out or confirmed with certainty by examining the cells of your child (see points 3 and 4).

2. Non-invasive prenatal test (NIPT)

Pregnant women whose 1st trimester combined screening indicates an increased risk of a child with trisomy 21 have the choice of having a prenatal test carried out. The

NIPT will detect with a high degree of accuracy the most common forms of trisomy 21, 13 and 18. Other chromosome disorders will not be detected. Ultrasound screening may provide information about the presence of other abnormalities.

The earliest a prenatal test can be carried out is the 10th week of pregnancy.

Around 20 millilitres of blood are taken from the mother for the test. This is sent to a special laboratory to be examined for the amount of DNA fragments from the child. Since only a blood sample is required for this test, it does not raise the risk a miscarriage.

3. Amniocentesis

The amniotic fluid contains discarded skin cells from your child. By using a puncture, these can be obtained and used for a chromosome analysis of your child.

During a puncture your doctor will use ultrasound to help guide a needle through the abdominal wall into the amniotic cavity and remove amniotic fluid. A puncture can also lead to a miscarriage – the risk is about 1 percent. You should therefore carefully weigh up with your doctor whether the test result justifies the risk of possible harm from the examination.

Amniocentesis is possible from around the 15th week of pregnancy.

4. Chorionic villus sampling

In chorionic villus sampling, tiny parts of the placenta are obtained. These placental cells will also allow a chromosome analysis of the child to be carried out. The puncture will either be done through the abdominal wall or via the vagina

Chorionic villus sampling is possible from the 11th week of pregnancy. This method allows chromosome analysis to be carried out one month earlier than with amniocentesis.

Chorionic villus sampling can also trigger a miscarriage. This occurs in around 1 percent of punctures. You should therefore carefully weigh up the risks and benefits of this procedure with your doctor.

Are you certain that even a disabled child would be a blessing to you? If so, you could opt not to have the tests carried out. Perhaps a disabled child would also be welcome but you would still like to be able to prepare yourself adequately? If so, it is recommended that these tests are carried out.



Checklist of examinations carried out by your doctor or your midwife during a normal pregnancy

3rd – 10th week: 1st check-up to confirm pregnancy and smear test

9th week: Prenatal blood test

11th – 14th week: 2nd check-up and 1st ultrasound scan

12th week: Chorionic villus sampling, if necessary

15th week: Amniocentesis, if necessary

19th – 22nd week: 3rd check-up and 2nd ultrasound scan

23rd – 36th week: Check-ups every 4 weeks

From the 36th week: Check-ups generally every 2 weeks







EATING DURING PREGNANCY

In this section you will learn how to choose foods that will be most beneficial for you during pregnancy. We will also point out which foods you should be careful with.



EAT A BALANCED DIET THAT YOU ENJOY

By eating a balanced and enjoyable diet you will ensure that you and your child have an adequate intake of nutrients. Try to ensure you have a varied meal plan that contains as little fast food and ready-made products as possible. Use the food pyramid as a guide to help you in this: the further down a particular food is in the pyramid, the more of it you should eat.



- Sweet and savoury foods: enjoy these in moderation
- Oils, fats and nuts: 2–3 tablespoons oil / day, 1 serving nuts / day
- Dairy products, meat, fish, eggs and tofu: 3–4 servings of dairy products / day, 1 serving of meat / fish / eggs / tofu per day
- Cereal products, potatoes and legumes: 3–4 servings / day
- Vegetables and fruits: at least 5 servings / day
- Drinks: 1.5–2 litres / day

Although your body is working very hard during pregnancy, you do not have to eat for two. Your calorie requirement will only increase slightly: you will need an additional 250 kilocalories per day (this corresponds to a slice of wholemeal bread with a piece cheese) from the 4th month of pregnancy. From the 7th month of your pregnancy, your body will need around 500 kilocalories more per day, which you can obtain from a serving of muesli or some fruits, for example.

WEIGHT GAINS DURING PREGNANCY

Weight gains during pregnancy will differ greatly from person to person and will depend on your weight during pregnancy and whether you are expecting one or several children, for example. Your weight will be checked regularly during prenatal check-ups. If your weight has increased too much or too little, your midwife or your doctor will discuss this with you.



Your calorie requirement during pregnancy will not be much greater than usual. Trust your feeling of having had enough to eat.

Do not go on any diets during pregnancy! There will otherwise be a risk that your child will receive insufficient nutrients.

You should also not diet while breastfeeding. Give yourself and your body time to lose the additional kilos that you will have gained. It will usually take from 6 to 12 months before mothers regain their original weight.

DRINKING

Your need for fluids will increase strongly during pregnancy. Therefore, ensure that you drink at least 1.5 to 2 litres per day. Water, unsweetened tea or diluted fruit juices are best. You do not have to give up drinking coffee and tea. However, do not drink more than two cups of coffee or four cups of tea per day.

As a rule, alcoholic beverages should not be drunk during pregnancy. These can be harmful to your unborn child. You should also abstain from quinine-containing beverages (i.e. tonic water, bitter lemon) and energy drinks during pregnancy since these can cause contractions and result in problems with sugar metabolism in new-born children.

EXERCISE CAUTION WITH CERTAIN FOODSTUFFS!

Foodborne infections are always unpleasant. During pregnancy, however, infections like listeriosis and toxoplasmosis can even be dangerous for the unborn child and lead to developmental disorders and malformations.

Toxoplasmosis: a risk of infection stems from contact with cat faeces and diseased animals, as well as contaminated vegetables and raw and undercooked meat.

Listeriosis: a risk of infection is associated with the consumption of soft cheese, semi-hard cheese and cheese made from unpasteurised milk, raw meat, raw sausage, smoked fish or foods containing raw eggs, as well as contact with diseased animals.

You can greatly reduce the risk of a foodborne infection by exercising the following precautions:

- Do not eat raw or insufficiently heated foods of animal origin (e.g. meat, poultry, eggs, fish, unpasteurised milk and seafood).
- Wash vegetables, lettuce, sprouts and fruits thoroughly.
- Maintain good hygiene practices in the kitchen.
- Wash your hands frequently.
- Some fish contain increased amounts of mercury and dioxins. For this reason, limit your consumption of marlin, swordfish, Baltic salmon, shark, fresh tuna and foreign pike.
- Do not eat game as this meat could be contaminated with lead.
- You should also not eat any liver until the end of the 3rd month of pregnancy and abstain from taking vitamin supplements that have high amounts of vitamin A as otherwise a risk of increased vitamin A uptake exists.



TIPS FOR PREVENTING NAUSEOUSNESS

Do you suffer from feelings of nausea in the morning? Being able to eat a little something in bed will help to counter this.

Eat several smaller meals instead of fewer large meals. This will place less stress on your stomach and counteract unpleasant feelings of bloatedness as well as pregnancy-induced nausea.



Recommended reading

Nutrition during pregnancy and nursing.
Federal Food Safety and Veterinary Office BLV. 2015





EXERCISE AND SPORT

In this section you will learn how you can remain active during your pregnancy and participate in sports.



EXERCISE BRINGS BENEFITS

Exercise and sport are sensible in a normal pregnancy and provide many benefits: the metabolism and circulation are stimulated, muscles are strengthened, while stamina and mobility are also raised. Pregnant women who exercise regularly are less likely to suffer from typical pregnancy problems like back pain and water retention.

Regular exercise and sport will also help you to better control any weight gain, be less prone to gestational diabetes and make a better recovery from birth.

Tips for exercise during pregnancy

- Pay careful attention to what your body is telling you. Pregnant women will often quickly sense whether a physical activity is doing them good or not.
- Did you exercise or play sports regularly before pregnancy? If so, you can continue with these to an appropriate extent during pregnancy.
- Were you largely inactive before pregnancy? Then start with gradual physical exertion that will enable you to become more active in your everyday life.
- Here are some ideas to help you exercise more in your normal day: use the stairs instead of the lift, cycle to work or alight one stop earlier from the tram.
- Remain active for at least 30 minutes per day – you will quickly notice how much better you feel.





- Any activities that have a low risk of falls, hard impacts and injuries – i.e. swimming, hiking, fitness workouts and yoga – are excellent for pregnancy.
- Avoid sports with abrupt movements such as squash, tennis, high and long jumping.
- Do you find it hard to feel enthusiastic about sports? It is more fun to exercise in company. Sign up for a pregnancy exercise class or arrange to meet up with friends and do activities together.





MENTAL HEALTH

In this section you will learn about the emotional challenges that are part and parcel of pregnancy. We will show you what feelings are quite normal for prospective parents – and when you should seek help.



MOOD SWINGS, ANXIETIES AND MIXED FEELINGS

Pregnancy is a time of great change for the mother and father-to-be.

Many pregnant women suffer from what tend to be pronounced mood swings. They might be filled with joy and happiness on occasions. On other days, they will feel depressed or have considerable misgivings. These mood swings are a normal part of most pregnancies. Hormonal changes are frequently the reason for this. Thinking about becoming a father or mother as well as future career or job prospects can also give rise to numerous emotions, sometimes also negative ones, in prospective parents.

Many prospective parents will remember their own childhood more vividly during pregnancy, which will again lead to more frequent arguments with their own parents. This can also bring back painful memories and emotions. However, this process is important in order to be able to find one's own identity as a mother or father later.

Mixed feelings towards the pregnancy and the baby are also normal. Even in cases of planned pregnancies, parents will sometimes doubt whether they have made the right decision. That is because the journey into the unknown – in spite of the joyous anticipation – can also be frightening.

Many parents will feel anxious prior to the birth and worry about whether their child is truly healthy. They question whether they will turn out to be good parents and whether their relationship is strong enough to be able to raise a child together.

If physical illnesses occur in the mother or child during pregnancy, these concerns will naturally also be greater. You should certainly discuss any fears or anxieties you may have with your doctor and your midwife.

OR EVEN A MENTAL ILLNESS?

Do you suffer from lots of mood swings? Do you experience mainly sad days when you are overwhelmed by worries and anxieties? If so, it will be worthwhile discussing this with a medical professional. Take the time to talk about this with your midwife or your doctor.



You can also seek advice from a medical institution:

The department of Gynaecological Social and Psychosomatic Medicine at Basel University Hospital offers consultations of this type. The UPK (Universitäre Psychiatrische Kliniken Basel) is also able to offer advice to pregnant women suffering mental stress – please make an appointment at the acute walk-in clinic for a consultation.

OUR RECOMMENDATION: Further useful information about mental health can be found at www.allesgutebasel.ch

MENTAL ILLNESS DURING PREGNANCY

A considerable number of women suffer from mental illness during pregnancy. It is estimated that 10% of pregnant women develop depression. A further 10 percent suffer from an anxiety disorder.

Ensure any psychological complaints you might be suffering from are looked into at an early stage: prompt treatment is important for your health and that of your child.

What are the symptoms of depression?

Sadness, pronounced anxiety, sleep disorders, emotional instability, listlessness or suicidal tendencies may indicate depression.

At www.postnatale-depression.ch → Downloads you will be able to find the Edinburgh Postnatal Depression Scale (EPDS), a self-test questionnaire for pregnant women and young mothers that will help you to better assess your symptoms. This questionnaire is available in nine different languages.

Competent support is important

Do not be afraid to ask for support: with help and the right therapy your pregnancy can be very successful, in spite of a mental illness.





ON BECOMING A FATHER

A number of questions will arise soon after the joy of an imminent birth has abated. In this section, you, as an expectant father, will learn about the changes that will happen to you and how you can best adapt to your role as a father. Moreover, you will be given some tips on how you can best support your partner.



THE JOYOUS NEWS

Let's make one thing clear from the outset: no man is ever born a father – even every model father today first needed to grow into his role. What someone might find easy is by no means a given for everyone. The same will also apply to your partner. Have the confidence to forge your own path together with your partner.

Is your partner pregnant? This news will make most men proud. After the initial elation has subsided, you will come to realise that this joyous news will have a considerable impact on your future life. You can look forward to it – or look upon the impending changes with reluctance. Both responses are entirely normal. Expectant mothers will experience the very same thing, by the way. What is important is that both partners speak frankly and calmly about their feelings, expectations and fears. This will help to prevent misunderstandings.

SUPPORT YOUR PARTNER

Every woman will experience pregnancy in her own individual way. While some mothers-to-be will willingly accept every offer of help, others will need to be restrained in their zealotry. As the pregnancy progresses, child-bearing women should no longer stand for long periods or lift heavy items. Especially towards the end of the pregnancy, many women will become exhausted more quickly and need more rest.

Now is also the perfect time – if you have not done so already – to take on your half of the housework (or more, if necessary).

Never smoke in the presence of your pregnant partner. If you are able to exercise restraint with alcohol, it will also help your partner to avoid alcoholic beverages. A healthy and balanced diet will be beneficial for both partners by the way – and will be easier to put into practice together.



Pamper your partner by gently massaging her growing bump, for example. Perhaps you will even feel the baby at times. Do not forget to pamper yourself as well: as a father-to-be, you should also do something enjoyable regularly and take the time to come to grips with the changes that will soon be taking place. This will allow you to respond better to the needs of your partner.



EXPERIENCING PREGNANCY TOGETHER

Many couples go to prenatal check-ups together. This gives you as a father-to-be the opportunity to ask questions and to prepare yourself for the impending birth of your child. For most prospective fathers, the first look at one's own child during the ultrasound examination is a very special moment. This is frequently when the first emotional bond with the child is formed.

Speak openly with your partner about how you imagine the birth will be – and about how your partner sees the birth. Talking about birth with other parents from your circle of friends can also help you in your decision-making. The decision will ultimately be yours as a couple.

Regardless of whether you want to be part of the birth or not, it makes sense to attend a prenatal class together. Because the class will not only focus on the birth, but also on the pregnancy and your role as a father-to-be.

THE BIRTH

Do you want to be with your partner at birth? Place your trust in her and let things take their course. Be there when she wants your help. Your partner will not always need the same type of support: sometimes encouraging words might be needed, at other times a light-hearted comment might put her at ease. Or it might help her if you simply stay out of the way and endure a particular situation by yourself. Your partner needs understanding and empathy – and may not always react as you might have expected.

Under no circumstances should you create additional stress. This might also mean that, after discussing things with your partner, you might want to withdraw for a while. During birth, never forget: it is not the job of the father to control events in the delivery room.

THREE PEOPLE FOR THE 1ST TIME

You are now a small family. Remember that, especially in the early stages after birth, attention needs to be given to the mother and the baby. It is important that you talk to your partner about your feelings and needs. Find a shared way to nurture your partnership. Shared rituals can help in this process.

Do not take any extreme mood changes in your partner personally. You are both going through an emotionally turbulent time. This requires mutual understanding and trust. Do not be hesitant to also seek external support if needed – relationship counselling, for example.

How and when do I tell the siblings?

In most cases it will be difficult for your child to understand what all the fuss with the new baby in moms belly is all about – other than it has already received a new sibling. Try to prepare your child for the impending event. You can do this, for example, by all looking at a picture book that deals with the subject. Include the sibling in the preparations for the arrival of the new baby; for example, it can help with the preparations of the bedroom. It will then come to understand that it too is part of a new adventure.



Many children will fall back into their “old” habits during the pregnancy. For example, they might suddenly want a baby bottle again. They will also want to be small and mothered again. Do not let this unsettle you. By all means accommodate these yearnings in your child for a feeling of security and being nurtured. But try to meet these needs at a level that is also appropriate to your child’s age without treating your child like a baby again.





WELL PREPARED FOR BIRTH

In this section you will learn how you can prepare yourself for the birth.



WELL PREPARED FOR BIRTH

Is your pregnancy slowly approaching its end? Then you will certainly also be asking yourself what kind of birth you will have. To help prepare yourself for this important event, it makes sense to attend a prenatal class from the 25th to the 30th week of pregnancy.

The prenatal class will explain the events around birth to you. Such a class will inspire confidence in your ability to give birth to your child and bolster your self-esteem. Women will experience birth contractions with markedly different perceptions of pain. Grantley Dick Read (1890 – 1959) already established that women who were well-informed about birth were able to use deep breathing to make their birth easier and faster.

Even if this will already be your second or third birth: a prenatal class presents an excellent opportunity to refresh your skills and possibly also come to terms with your experiences during your last birth.

WHICH PRENATAL CLASS IS RIGHT FOR ME?

There are various ways in which you can prepare for birth: group courses run by midwives, yoga for pregnant women, courses for relaxation, hypnobirthing courses and prenatal classes in water. Classes for both couples and women only are available. Attend the information evenings to find out which offering best meets your and your partner's needs. The costs for the class will normally be covered by your health insurance fund.



During these classes, everything about the course of a pregnancy and the separate stages of birth will be explained to you over a series of 5 to 8 evenings. Moreover, you will also be made aware of the options for pain relief during birth (i.e. epidural anaesthesia). You will also be shown movement and relaxation exercises, breathing techniques for use during birth, as well as partner massages.



Recommended reading

Birth: the start of a relationship for life.

Gesundheitsdepartement Basel-Stadt. 2012. www.gesundheit.bs.ch

In hypnobirthing classes you will be shown relaxation techniques to help reduce your perception of pain. These can be applied during birth. You will learn breathing exercises and work with metaphors, suggestions and powers of imagination. In most instances your partner will also take part in the class: partner relaxation exercises will teach you how to place each other in a pleasant state of relaxation.

FURTHER BIRTH-PREPARATION TIPS

- Think about what you would like to happen during birth and those things you wish to avoid. Be sure to communicate this to your partner, your midwife and your doctor or hospital.
- Every birth is different: having a plan is good – but do not rule anything out.
- Think about where you would like to give birth: in a hospital, a birthing centre or at home.
- Find out about your intended place of birth and attend an information event.
- If you would like to have a midwife, it is advisable to select one at an early stage.
- Decide on who will be your birth partner: your partner, a close female friend or a doula (further information at www.doula.ch).
- Do not pay much attention to negative accounts of birth before you give birth. If you are interested in such birth descriptions, it is best to focus on positive descriptions.
- Before your birth, make the effort to look for a midwife who will also be able to support you in the six-week period after birth.





INFORMATION ABOUT LEGAL ASPECTS

This section provides you with information about legal matters during pregnancy and breastfeeding.



LEGAL PROTECTION FOR EXPECTANT AND NURSING MOTHERS IN THE WORKPLACE

During pregnancy and after birth, female employees receive special protection in the workplace. Various laws, such as the Employment Act, serve to protect the health of nursing and expectant mothers as well as that of the unborn and breast-fed child. For example, no dangerous or arduous work may be carried out during pregnancy. Please ask your doctor for more information about this.

Important employment protection measures during pregnancy

- Employers are obliged to employ pregnant women in a manner and under working conditions that will not impair their health nor the health of their child.
- During pregnancy they must not carry heavy loads, work in cold, hot or wet conditions, nor work in environments subject to high noise-pollution levels.
- From the 6th month of pregnancy they must not stand for more than four hours while working.
- From the 7th month of pregnancy, it is forbidden by law to work between 8 pm and 6 am.
- Pregnant women are not allowed to work for longer than 9 hours per day.

Important protective measures during maternity leave

- You are not permitted to work during the first 8 weeks after birth.
- You are entitled to receive 14 weeks of paid maternity leave.



Breastfeeding

During the first year of your child's life, you are entitled to breastfeed your child during paid working hours. If you work up to 4 hours a day, you are entitled to a minimum of 30 minutes for this. If your daily work exceeds 4 hours, this time increases to at least 60 minutes, and for a working day exceeding 7 hours, it is at least 90 minutes. Even during breastfeeding, a mother's working time must not exceed 9 hours per day.



Protection against dismissal

Your employer is not allowed to terminate your employment during the entirety of your pregnancy, nor in the 16 weeks following birth. You are personally entitled to resign from your job provided that you comply with the requisite notice period – but in such an instance, you will lose your entitlement to maternity leave.

In the interests of the employment protection you are entitled to receive, you should notify your employer of your pregnancy as early as possible.

DISCRIMINATION DUE TO PREGNANCY AND MATERNITY

The equal opportunities act for women and men prohibits discrimination on the grounds of pregnancy or maternity. Nevertheless, discrimination often takes place in the following situations: job search and application procedures, pregnancy during the probationary period, time after announcing a pregnancy to the company, returning to the place of work. If you feel that you have been discriminated against, you can initiate an uncomplicated, confidential and cost-free procedure through the Cantonal Arbitration Board for Discrimination Issues. Further information and details available at: www.geschlechterdiskriminierung.bs.ch and www.gleichstellung.bs.ch.

Planning your return with a written agreement

It's advisable to organise your return to work in good time and to have a written agreement. This can help to avoid any misunderstanding between employee and employer particularly if there is a plan to reduce the workload (template for return to work agreement and further information, checklists and tools at: www.mamagenda.ch).





FURTHER INFORMATION ABOUT LEGAL ASPECTS

Acknowledgement of paternity

In the case of married couples, the acknowledgement of paternity takes place automatically. However if the father and mother of the child are not married, an acknowledgement of paternity must be carried out at a register office (www.bdm.bs.ch). The acknowledgement grants a reciprocal entitlement to personal contact between the father and child. In addition, the father is obligated to support the child.

Alone and pregnant

As a single mother who is legally an adult, you, in the 1st instance, will be the sole provider of parental care. The child's father who has acknowledged the child, may apply for joint parental care. Where this is in the best interests of the child's well-being, you will then have joint responsibility for parental care. If the father has acknowledged the child, he has a right of contact with the child and is obligated to support the child financially. If the father does not wish to acknowledge the child, you have the right to file a paternity suit. If you have any questions, please contact the Child and Adult Protection Agency (KESB).

Further information and support is available from eifam (www.eifam.ch), the Swiss Association of Single Mothers and Fathers (SVAMV) (www.svamv-fsfm.ch) and the Women's Outreach Centre familea (www.familea.ch) in Basel.

Pregnant and still in full-time education or training

Are you pregnant and do not yet have a school-leaving certificate or vocational qualification? In Basel, the AMIE project is provided to assist pregnant women in this situation. The courses and information available here will provide you with support in your situation (further information at www.amie-basel.ch).

OUR RECOMMENDATION: What you might find extremely helpful: the exchange of experiences with women in a similar situation and accurate information about legal aspects regarding employment and the obligations of the child's father.





ADDRESSES

This section gives you important points of contact and addresses.



PREGNANCY, BIRTH PREPARATION, BIRTH AND AFTERCARE

Universitätsspital Basel, Frauenklinik und Perinatalzentrum (Klinikum 1)

Spitalstrasse 21, 4031 Basel
www.unispital-basel.ch

Head Office Universitätsspital

Tel. 061 265 25 25

Patient admissions

(Registration for birth):

Tel. 061 265 91 91

Prenatal classes

Tel. 061 328 79 93

geburtsvorbereitung@usb.ch

Delivery room

Tel. 061 265 90 49 / 50

Emergencies Frauenklinik

Tel. 061 328 63 81

Paediatricians

Resident paediatricians

www.kindermedizin-regiobasel.ch

Universitäts-Kinderspital beider Basel

Spitalstrasse 33, 4056 Basel

Tel. 061 704 12 12

www.ukbb.ch

Bethesda Spital

Gellertstrasse 144, 4020 Basel

frauen@bethesda-spital.ch

www.bethesda-spital.ch

Zentrale Bethesda

Tel. 061 315 21 21

Registration for birth

Tel. 061 315 28 18

frauen@bethesda-spital.ch

Delivery room

Tel. 061 315 22 22

Administration / Registration for obstetric care, consultation hours and prenatal screening tests

Tel. 061 315 28 18

Emergencies

Tel. 061 315 25 15

Birthing centre

Geburtshaus Basel

Schweizergasse 8, 4054 Basel

Tel. 061 462 47 11

info@geburtshausbasel.ch

www.geburtshausbasel.ch

Matthea Geburtshaus

Klybeckstrasse 64 / 70, 4057 Basel

Tel. 061 666 67 90

mail@matthea.ch

www.geburtshaus-matthea.ch

Independent midwives

www.baslerhebamme.ch

www.hebammensuche.ch

www.familystart.ch



ADVICE

AMIE – Berufseinstieg für junge Mütter

Wettsteinallee 25
4058 Basel
Tel. 061 511 49 49
info@amie-basel.ch
www.amie-basel.ch

Arbeitsrecht

Amt für Wirtschaft und Arbeit

Legal advice on employment contract law
Utengasse 36
4005 Basel
Tel. 061 267 88 09
abz.awa@bs.ch
www.awa.bs.ch

Eifam – Verein von Alleinerziehenden der Region Basel

EIFAM
Alleinerziehende Region Basel
4000 Basel
Tel. 061 333 33 93
beratung@eifam.ch
www.eifam.ch

Elternberatung Basel-Stadt

Specialist centre for parents of children aged from 0-5 years. Free advice on topics like breastfeeding, nutrition, sleep, health and parenting.

Elternberatung Basel-Stadt

Freie Strasse 35, 4001 Basel
Tel. 061 690 26 90
info@elternberatungbasel.ch
www.elternberatungbasel.ch
www.baslerfamilien.info

Fachstelle UND – Familien- und Erwerbsarbeit für Männer und Frauen

info@fachstelle-und.ch
www.fachstelle-und.ch

Familien, Paar und Erziehungsberatung FABE

Greifengasse 23, 4005 Basel
Tel. 061 686 68 68
www.fabe.ch

Familystart – Helpline

For questions relating to pregnancy, childbirth, the six-week period after birth and breastfeeding

From 8 am to 8 pm daily, midwives offer a telephone-based advice service or will put you in touch with a midwife.
Tel. 0848 622 622
info.basel@familystart.ch
www.familystart.ch

Frauenberatung familiea

Women's outreach and legal advice centre
Gerbergasse 14, 4051 Basel
Pre-booking by phone
Tel. 061 260 92 80
frauenberatung@familea.ch

Equality

Kantonale Schlichtungsstelle für Diskriminierungsfragen

Grenzacherstrasse 62
4005 Basel
Tel. 061 267 85 22
www.geschlechterdiskriminierung.bs.ch

Abteilung Gleichstellung von Frauen und Männern

Marktplatz 30a
3001 Basel
Tel. 061 267 66 81
gleichstellung@bs.ch
www.gleichstellung.bs.ch

Breastfeeding

Qualified breastfeeding counsellors IBCLC

List with breastfeeding counsellors:
www.stillen.ch

La Leche League Schweiz

Telephone breastfeeding help and meetings
info@lalecheleague.ch
www.lalecheleague.ch

Stillförderung Schweiz

Schwarztorstrasse 87, 3007 Bern
Tel. 031 381 49 66
contact@stillfoerderung.ch
www.stillfoerderung.ch

INFORMATION AND SERVICES FOR MEN

Männerbüro Region Basel

Information and advice
Monday to Friday 9.00 to 12.00 hrs
Tel. 061 691 02 02
www.mbrb.ch

Männer.ch

Umbrella organisation of Swiss men's and fathers' organisations
info@maenner.ch
www.maenner.ch

Swissdaddy.ch

The fathers' news magazine
www.swissdaddy.ch

Verein Basler Männerpalaver

www.baslermaennerpalaver.ch

HELP WITH MENTAL ISSUES

In the event of an emergency (24 hours)

Universitäre Psychiatrische Kliniken Basel (UPK)
Tel. 061 325 51 00
info@upk.ch
www.upk.ch

Universitäre Psychiatrische Kliniken (UPK)

Gesundheitszentrum Psychiatrie

Acute walk-in clinic
(also without appointment)
Kornhausgasse 7, 4051 Basel
Tel. 061 325 81 81
info@upk.ch
www.upk.ch

NUTRITION

Schweizerische Gesellschaft für Ernährung SGE

Eigerplatz 5, 3007 Bern
Tel. 031 385 00 00
info@sge-ssn.ch
www.sge-ssn.ch

Stiftung Folsäure Offensive Schweiz www.stiftung-folsaeure.ch

The booklet "Ernährung rund um Schwangerschaft und Stillzeit" about diet and nutrition during pregnancy and while breastfeeding is available in German, French and Italian. A summary of the booklet exists in 11 additional languages. Both are available for order and download at <http://www.blv.admin.ch>

CHILDCARE

Geschäftsstelle Tagesfamilien Basel-Stadt

Freie Strasse 35, 4001 Basel
P.O. Box 1028
Tel. 061 260 20 60
info@tagesfamilien.org
www.tagesfamilien.org

Vermittlungsstelle Tagesheime

Freie Strasse 35, 4001 Basel
Tel. 061 267 46 14
www.tagesbetreuung.bs.ch

FURTHER SUPPORT

Schweizerisches Rotes Kreuz Kanton Basel-Stadt, Familienentlastung

If necessary, an SRC employee will undertake childcare or put you in touch with babysitters.

Schweizerisches Rotes Kreuz

Family support and assistance
Kanton Basel-Stadt
Bruderholzstrasse 20, 4053 Basel
Tel. 061 319 56 51
kinderbetreuung@srk-basel.ch
www.srk-basel.ch

Spitex Basel for pregnant women and women who have recently given birth

Spitex Basel provides home support to pregnant women and women who have recently given birth. Depending on your supplemental health insurance cover, your health insurance fund may cover the costs for this.

Spitex Basel

Geschäftsstelle
Feierabendstrasse 44, 4051 Basel
Tel. 061 686 96 15
anmeldung@spitexbasel.ch
www.spitexbasel.ch

CLASSES

German for pregnant women and mothers

K5 Basler Kurszentrum

Gundeldingerstrasse 161, 4053 Basel

Tel. 061 365 90 20

briefkasten@k5kurszentrum.ch

www.k5kurszentrum.ch

For parents-to-be

Baby massage

For an energetic start to life

Elternberatung Basel-Stadt

Freie Strasse 35, 4001 Basel

Tel. 061 690 26 90

info@elternberatungbasel.ch

www.elternberatungbasel.ch

www.baslerfamilien.info

Prenatal classes

Universitätsspital Basel

Tel. 061 328 79 93

geburtsvorbereitung@usb.ch

www.unispital-basel.ch/

geburtsvorbereitungskurse

Bethesda Spital

www.bethesda-spital.ch/

veranstaltungen-kurse

FURTHER LINKS

Arbeitsplatzorganisation

www.mamagenda.ch

Familienhandbuch Nordwestschweiz

www.familien-handbuch.ch

Schreibaby

www.schreibabyhilfe.ch

Swissmom

www.swissmom.ch

Schweizerischer Verband alleinerziehender Mütter und Väter

www.svamv.ch

Staatssekretariat für Wirtschaft SECO

www.seco.admin.ch

Travail.Suisse

www.infomutterschaft.ch

Sexuelle Gesundheit Schweiz

Directory of counselling centres for sexual health and pregnancy

www.sante-sexuelle.ch

sex-i

Sexual health info: information about pregnancy and contraception in over 10 languages

www.sex-i.ch

Disclaimer of liability

Like every other science, medicine is subject to constant developments. The authors of this booklet can therefore extend no guarantee for the up-to-dateness, correctness or completeness of the information provided.

Gesundheitsdepartement des Kantons Basel-Stadt
Medizinische Dienste, Abteilung Prävention
md@bs.ch
www.prevent.bs.ch

