

Respiratory syncytial virus (RSV)



Respiratory syncytial virus (RSV) causes infections of the lungs and respiratory tract. RSV can cause severe infection in some people, including babies 12 months and younger, especially premature infants, older adults, people with heart and lung disease, or anyone with a weak immune system (immunocompromised).

Signs and Symptoms

Signs and symptoms of RSV infection most commonly appear about four to six days after exposure to the virus. Infants are most severely affected by RSV. Signs and symptoms of severe RSV infection in infants include:

- Short, shallow and rapid breathing
- Unusual tiredness
- Irritability
- Poor feeding
- Cough
- Struggling to breathe

Causes

Respiratory syncytial virus enters the body through the eyes, nose or mouth. It spreads easily through the air on infected respiratory droplets. You or your child can become infected if someone with RSV coughs or

sneezes near you. The virus also passes to others through direct contact, such as shaking hands. The virus can live for hours on hard surfaces or objects such as countertops, crib rails and toys. If you touch your mouth, nose or eyes after touching a contaminated object and you're likely to pick up the virus.

An infected person is most contagious during the first week after infection. But in infants and those with weakened immunity, the virus may continue to spread even after symptoms go away, for up to four weeks.

Risk factors

Children at increased risk of severe or sometimes life-threatening RSV infections include:

- Infants, especially premature infants or babies who are 6 months or younger
- Children who have heart disease that's present from birth (congenital heart disease) or chronic lung disease
- Children or adults with weakened immune systems from diseases such as cancer or treatment such as chemotherapy
- Children who have neuromuscular disorders, such as muscular dystrophy

MELObabes

Pregnancy Journal

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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

Our Melobabes Maternity Programme will help and support expectant mothers with their exciting journey ahead. This programme is exclusive to all expectant mothers who will be using our hospital facilities for the duration of their pregnancy.

Our Melobabes Maternity Programme includes the following:

- Pregnancy education seminars
- Complimentary antenatal classes
- Complimentary in-house birth registration (only available for babies born at Melomed hospitals in the Western Cape)
*Birth registration certificates are printed by the Department of Home Affairs and issued to parents
- A guided tour of the Maternity Ward.
*Please contact the Client Service Officer for a booking of the maternity ward.
- A special Melomed Pregnancy Journal to help you keep track of the changes you can expect in your body
- Pre-admission

Upon admission you will qualify for other Melobabes Maternity Programme benefits and you will receive:

- A copy of Melomag (in-house magazine)
This magazine is filled with useful information and tips regarding your health as well as exciting competitions

- A nappy bag, containing nappies, a nappy changer and a selection of baby toiletries to get you started in the first few days of motherhood
- Your baby's first immunisation
- The option to have a photo of your new baby displayed on our website

In order to register for the Melomed antenatal classes, kindly complete our Melobabes Maternity Programme registration form and we will keep you informed.

We take this opportunity to wish you everything of the best with this new and exciting journey that is ahead.



For more information, contact us on info@melomed.co.za or visit our website: www.melomed.co.za



[REGISTER HERE](#)



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 410 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

19h00 – 20h00

Public holidays and weekends:

14h00 – 16h00

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 most 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 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.





Packing for two

What to pack in your hospital bag.

Important things

- Identity document
- Medical aid membership card
- Authorisation number
- Insurance information
- Birthplan
- A list of medications you are taking
 - including chronic medication
- Medical history such as allergies
- Cellphone and charger
- Camera, charger or batteries
- Two-point plug/double adapter

For your baby

- Vests and sleep suits
 - clothes that fasten up at the front
- Socks, mittens, and hat
- Baby blankets/Receiving blanket
- Nappies
- Nappy cream
- Disposable baby wipes
- Petroleum jelly
- Cotton wool balls
- Baby powder
- Baby face cloths
- Newborn-sized dummy
- Outfit for leaving the hospital
 - clothes in different sizes for fit
 - consider the weather conditions
- Warm blanket (for the ride home)
- Bottles and teats if you plan to bottle-feed.



Here is a list of your must-haves (and some nice-to-haves) for the hospital. **Start packing about two weeks before your due date to make sure you're ready** or baby's big arrival.

For mom

- A robe/dressing gown
- Night dress/pyjamas - front opening for easy breastfeeding
- Easy to wear day clothes
- Comfortable underwear - it is better to bring comfortable briefs to hold maternity pads/disposable underwear
- Nursing bras
- Maternity pads
- Breast pads
- Comfortable slippers and flip flops
- Headband or ponytail holder
- Facecloths
- Toiletry bag
- Comfortable outfit to wear home - something loose-fitting

EXTRAS:

- Energy sweets
- Relaxing music
- Breastfeeding pillow

Extras

- Fruit juice or mineral water
- Healthy snacks
- A comfy pillow from home - with a case that can get ruined
- A feeding cover - if you are expecting visitors
- Breastfeeding pillow



POSTNATAL MOMS AND BABES COFFEE MORNING

DATE: First Friday of every month
TIME: 10:00 till 12:00
VENUE: Melomed Tokai Hospital
Conference room, 5th floor

A support group for new moms who gave birth at any of our Melomed hospitals.

Attendance is **free** and refreshments will be served.

Please confirm your attendance with Mishka Mookery on **021 764 7500** or email **mtcso2@melomed.co.za**.

*Babies up to the age of 12 months are welcome.

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.

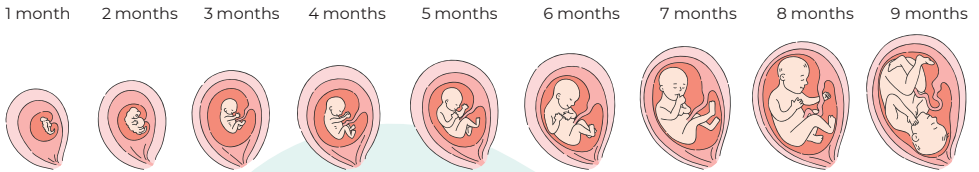
Discharge routine

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

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.



TIP

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

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.

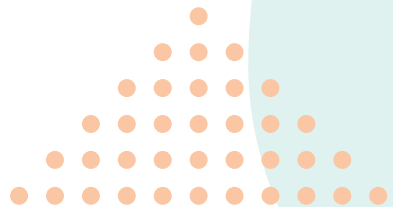
Week 8

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.

Week 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.



TIP

Suffering from heartburn? Try skipping fatty, acidic, or spicy foods; eating small, frequent meals; and waiting a few hours after eating before lying down.

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

- 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.

TIP

If you're pregnant you are more likely to contract urinary tract and Candida infections. Wear only cotton underwear and rather take a shower not a bath.



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.

SCREENING INFO

You may have a second routine ultrasound.

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 compliment 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.

TIP

Breast size is not a prediction of how well you will be able to breast feed. If you have small breasts you will still be able to breast feed successfully.



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.

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!

TIP

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



Weeks 29-30

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 31-32

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 33-34

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.

WEEK 35

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 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!

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 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.

TIP

Increase fibre in your diet to help avoid constipation. A fibre-rich diet only works if you drink more liquids, so aim for at least 8 glasses of fluids, preferably water, each day.



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.





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.

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
 - 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.

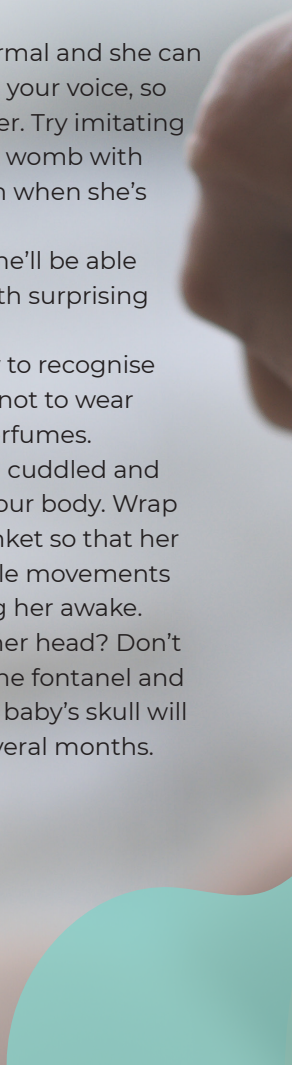
After birth

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.





*Nothing ever fits the palm so perfectly,
feels so right, inspires so much,
as the hand of a child.*

Enjoy parenthood!
