



SUNDHEDSSTYRELSEN

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New in Denmark – pregnancy and birth



Engelsk/English

Recommendations for expectant parents

Congratulations on your pregnancy.

This leaflet has been written for you and your husband/partner to tell you what is recommended in Denmark when you are expecting a baby. The leaflet provides a brief overview of pregnancy and childbirth, and introduces you to the examinations and tests and other types of pregnancy care which are available. The leaflet only covers normal pregnancy and childbirth.



Normal pregnancy signs and symptoms in early pregnancy

Once you have stopped menstruating after becoming pregnant, you will soon notice various physical changes and symptoms which you might not have been prepared for. Most of these changes and symptoms are completely normal.

Tiredness: At the beginning of pregnancy, many women feel extremely tired. If this is also the case for you, try resting during the day, and make sure to get a good night's sleep. The tiredness usually lifts after week 12.

Nausea: Many women experience nausea (morning sickness) to a greater or lesser degree during the first weeks of pregnancy. For most, the nausea usually disappears after the first couple of months, but for some it lasts longer. If the nausea is extreme, and if it is followed by vomiting, it is a good idea to talk to a midwife about your condition. She can provide useful advice and assess what sort of help you need.

Being pregnant is a normal condition and not an illness, so you can continue to live life as usual. However, it is completely normal to feel anxious, and to worry about whether everything is as it should be. You may also experience mood swings and tender breasts. That is also quite normal. Talk to your husband/partner about how you feel, and discuss what you are experiencing with the midwife and your family doctor (GP). They can help you to understand your feelings and concerns.

When should you be examined by a doctor and the midwife?

A normal pregnancy lasts between 37 and 42 weeks. All pregnant women can see a doctor and midwife free of charge during pregnancy. Your doctor or midwife will examine you, and keep an eye on you to ensure that both you and your baby are well, and that your baby is growing and developing as it should. You will also be invited to have blood tests and an ultrasound scan early on in your pregnancy. The examinations and tests will show whether there is anything the matter with your baby.

When expecting your first child, the normal examinations and tests are:

Week of pregnancy	Examination by doctor	Examination by midwife	Ultrasound and blood tests
6-10	x		
8-13			Blood test (double test)
11-13			Ultrasound scan
15-22			Ultrasound scan and possibly a blood test (triple test)
25	x		
29		x	
32	x		
35		x	
37		x	
39		x	
(41)		x	
4-5 days after birth			Home visit by your health visitor.
5 weeks after birth (baby)	x		
8 weeks after birth (mother)	x		

If you have been pregnant before, the midwife will usually carry out slightly fewer prenatal examinations. If you are circumcised, it is important that you mention it to the midwife the first time you meet her.



If problems occur during your pregnancy, you will be offered more examinations and tests regardless of whether it is your first child or you have given birth before. It is a good idea if your husband or another family member can also attend the prenatal appointments with both the doctor and midwife.

You can also talk to a health visitor during your pregnancy if you find yourself worrying about what it will be like to breastfeed or care for your baby once you have given birth.

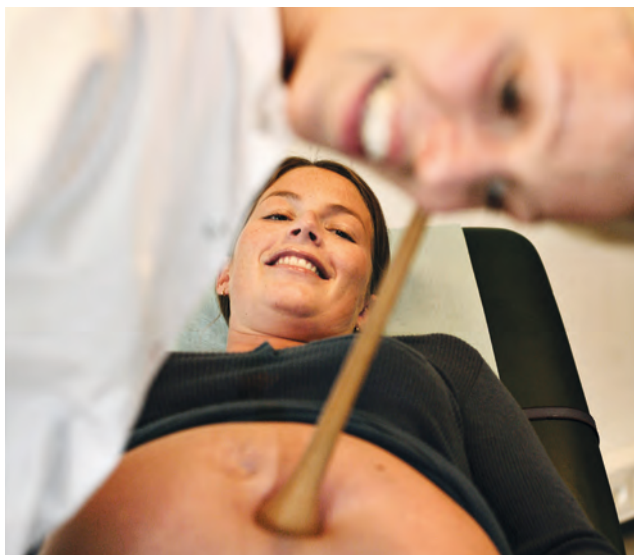
An interpreter can be provided if necessary. You can discuss this with your doctor. Your doctor, midwife, health visitor and interpreter are bound by a duty of secrecy to other authorities and persons.

Which prenatal examinations are carried out by the doctor and the midwife?

At the doctor's: During the examinations at your family doctor, the doctor will ask you how the pregnancy is going, and about your family and your life in general. Blood samples will be taken, and the doctor will check your blood pressure and your urine, and weigh you. At the last two visits to the doctor, the doctor will check that the child is growing as it should. If you are taking prescription medicine, the doctor will decide whether you can continue with the same medicine, or whether you should switch to something else or perhaps take a break. It is important that you talk to your doctor about any medicines you take – including non-prescription drugs. This is because everything you take passes through your bloodstream to your unborn child, who might not be able to tolerate the medicines.

At the midwife: At your first visit to the midwife, you and the midwife will draw up a pregnancy care plan to ensure the best possible pregnancy for you and your baby. The plan will take into account your health, previous pregnancies and births and any mental problems you may have. The midwife will also check your blood pressure, urine and weight, and she will assess whether the child is growing as it should. She will also talk to you about how you feel, both physically and mentally.

You should try to be as open as possible with both the midwife and the doctor, as this will ensure that you receive the best possible support and care for you and your child. This also applies if you have been subjected to violence or threats of violence or if you have experienced other dramatic events in your life. Such experiences can affect you more in connection with pregnancy and childbirth. It is important for the health professionals to know about it, so they can help you in the best possible way.



Healthy habits during pregnancy

To ensure that your child can grow and develop in the best possible way in your womb, it is important that you eat healthily, that you do not smoke and do not drink alcohol while pregnant, and that you lead an active life.

It is good to eat as many different types of food, fruit and vegetables as possible. Talk to the midwife and your doctor if you have any doubts about what is healthy for you and your child, and about the foods you can buy in Denmark which you may not be familiar with.

When cooking, do not use too much oil or salt. It is also a good idea to cut down on sugar, i.e. sweets, biscuits, cakes and soft drinks. You only need to eat a little more than usual when you are pregnant. Be careful not to eat for two, as otherwise you will quickly put on too much weight, which can be hard to lose later.

Tobacco smoke is unhealthy for the child in your womb. If you smoke, you can get help from your midwife or local authority to stop smoking. If the child's father smokes, it is a very good idea if he stops smoking too. Passive smoking – the inhalation of smoke by persons other than the smoker – is also not healthy for your child. If your family and friends are smokers, make sure that they always go outside to smoke.

Go for walks or find other ways to stay fit. This is good for both you and your child, because it helps to keep your weight down and builds up your strength before you give birth.



During pregnancy, it is recommended that you take the following dietary supplements:

400 micrograms of folic acid a day for the first 12 weeks of pregnancy

10 micrograms of vitamin D a day throughout your pregnancy

40-50 milligrams of iron a day from week 10 and for the rest of the pregnancy

500 millilitres of dairy products or 500 milligrams of calcium a day throughout your pregnancy.

Pains and discomforts later in pregnancy

Constipation and haemorrhoids: It is normal to be constipated during pregnancy, and this may result in haemorrhoids. Haemorrhoids are a kind of varicose vein in the rectum, and may cause slight bleeding. Constipation can be relieved by drinking plenty of water, and eating wholemeal bread and lots of vegetables. If you get haemorrhoids, your doctor or midwife can tell you what to do to treat them.

Heartburn: Heartburn occurs because the lower oesophageal sphincter at the top of the stomach becomes more relaxed so that gastric acid is regurgitated. You can relieve heartburn by taking medicine, but talk to your doctor or midwife about it first.

Braxton Hicks contractions: From about the middle of the pregnancy you may experience Braxton Hicks contractions, which feel like strong, frequent cramps. The pain may also extend to your lower back during a contraction. Braxton Hicks contractions are usually harmless, but talk to your doctor or the hospital where you are due to give birth if you have many contractions, even when you are relaxed.

Pains in the body: It is normal to experience pain or discomfort in various parts of your body, for example in your legs, calves or in your pelvis. It is not dangerous, but it may be uncomfortable. It is possible to relieve such pains, so talk to your midwife about your needs.

Discharges and frequent urination: You may often notice an increase in vaginal discharge. Normally, the discharge is whitish/clear and odourless. If your discharge looks different or smells, then you should talk to your doctor or midwife about it. You will also find that you urinate more frequently during pregnancy, which is completely normal.

Water retention in your body: Many women experience water retention in their bodies during the latter stages of their pregnancy. Legs and feet in particular are prone to swell, and it is a good idea to sit with your legs up and sleep with them raised on a pillow. Your midwife can also show you exercises which can help.

Serious symptoms during pregnancy

Bleeding: If you start to bleed, it may be insignificant or something more serious. It is usually harmless, but **always** contact the hospital where you are due to give birth or your doctor if you start to bleed.

Diabetes: Some women develop diabetes during pregnancy. Fortunately it is rare, but it has an impact on both your health and that of your child. If you develop diabetes, it will be discovered through the prenatal checks carried out by the midwife and the doctor, and you will be advised what to do for the rest of the pregnancy.

High blood pressure: If your blood pressure becomes too high during pregnancy, it can have serious implications for both you and your child. Your blood pressure will therefore be checked at every prenatal visit to your family doctor or midwife. If you experience constant

headaches, dizziness, blurred vision or extreme water retention in your body between your prenatal appointments, it is important that you always contact your doctor, midwife or the hospital where you are due to give birth and tell them about your symptoms.

In the last few weeks of pregnancy, you may feel greatly inconvenienced by your growing tummy, and you may experience Braxton Hicks contractions more frequently. Your baby may be pressing down on your bladder so that you have to urinate even more often, and it can be difficult to breathe normally and sleep lying flat. Therefore, make sure that you rest during the day, and accept all the help you can get from your relatives or friends. However, you should also keep going for walks and stay active. This is good for both you and your child.

Elective caesarean section: In some situations, the baby cannot be born vaginally, and it may be necessary to plan a caesarean section in advance. A planned – or elective – caesarean is perfectly safe for both the mother and child. If you need to give birth by elective caesarean section, your midwife will tell you about the procedure.

When labour starts

There are various signs that labour has started:



- You may produce a small amount of slimy, brownish or palish discharge tinged with blood once labour starts. This is called the 'bloody show'.
- You experience contractions. Your womb will harden during each contraction, and you may feel pain across your tummy and back. To begin with, the contractions are irregular and ease up, but they will steadily become more regular.
- Your waters break, either as a gush or a trickle. The fluid must be completely clear. For some women, it feels as if they have wet their pants.

Always contact the hospital where you will be giving birth once your waters break. And tell the hospital if the fluid is not completely clear. If labour starts in some other way, you are advised to call the hospital first and talk to the midwife about how you feel and the signs that are telling you that labour

has started. She can then assess when you need to leave for the hospital, and she will be ready to receive you when you arrive. In Denmark, it is quite normal to have your husband or another relative with you when giving birth. They are able to provide support for you.

If labour does not start spontaneously

If your pregnancy lasts more than 41 weeks, your doctor or midwife will talk to you about inducing labour. The decision to induce labour is yours and yours alone, so spend some time talking to the staff about when it might take place, and the implications for you and your child.

Birth

All births are different, and women react differently to the pain and how the birth proceeds. Some women feel worried, while others largely feel excited and expectant between the contractions. How you react depends on many factors. Some women can tolerate a lot of pain, some find it difficult to relinquish control of their own bodies, and others re-experience unpleasant events from their past because of the pain and the uncertainty of not knowing what is going to happen.

The first time you give birth, labour can last as long as 24 hours. For women who have given birth before, labour is usually shorter. There are several stages to labour and birth. To begin with, the birth canal starts dilating, and during this period it is best to stay at home. When you arrive at the hospital, the midwife will guide you through the different stages of labour. Once your cervix has dilated to 10 cm, the child is ready to be pushed out. The second-stage contractions feel different, and you will know that you have reached this stage.

Pain relief

Several pain relief options are available during labour. You can be given hot towels or a massage, you can take a hot shower or bath, or you can be given gas and air or an epidural, which is a local anaesthetic in your back. Some hospitals provide acupuncture, or sterile water injections, which can also relieve the pain. It also helps to change position, so you create as much space as possible for the child to pass down the birth canal.

Emergency caesarean section

If there are sudden complications during labour, it may be necessary for you to have an emergency caesarean section. This is a situation which you and your husband or other relative may experience as being quite chaotic and unsettling, but you will be told about the procedure as it happens. You can be sure that the medical team knows what they are doing, and that they will do their utmost to ensure the best possible

outcome for you and your baby. Usually, you will be conscious while the caesarean section is being performed, and your husband or other relative can also be with you in the operating theatre.

Afterwards, the midwife will discuss the birth with you, so you can find out what happened, and why it was necessary to perform an emergency caesarean.

Immediately after the birth

Immediately after the birth, your baby will be placed on your tummy, and your husband or the midwife will cut the umbilical cord. The placenta will be expelled shortly afterwards, and then the midwife will check to see whether you need stitching. Your baby can find its way to one of your nipples and start breastfeeding.

You will be served some food and drink on a tray shortly after you have given birth, and after a while your baby will be examined, measured and weighed by the midwife. This examination does not happen immediately, as it is important not to disturb the initial bonding between mother and baby. After a couple of hours, you will usually be offered admission to a maternity ward or patient hotel if it is your first child.

Many women who have given birth before choose to go home within 6-8 hours of giving birth, and they are then contacted by the midwife the following day. Everyone who returns home within the first 72 hours receives a visit from a health visitor after 4-5 days at home. If you have been admitted for an extended period of time, the health visitor will visit you at home by prior agreement.



Days following the birth: You may experience pain in your womb, which is a sign that it is contracting. This is called afterpains. The first day in particular you will bleed quite a lot, but this will gradually become less and less. Talk to your doctor or the health visitor if you have any symptoms which you don't understand or which persist.

Newborn baby tests and checks

All newborn babies are checked for congenital diseases by taking a sample of blood from the heel within 72 hours of birth. You will only be informed of the results of the heel-test if there is anything the matter. All babies are also examined to check their hearing. This examination does not hurt the child. However, some children will need to have this examination done twice if the first examination was unsatisfactory.

Many babies are jaundiced after being born. This is also quite normal. Only if your child is very jaundiced and becomes lethargic and will not breastfeed will it need treatment in hospital. Breastfeed your child as often as possible, as it can help to relieve the jaundice. If you are in doubt, contact your family doctor, the hospital or the health visitor.

Breastfeeding

Breast milk is the healthiest nutrition for a baby, and in Denmark it is normal to breastfeed your baby. When you breastfeed, you are providing your child with important nutrients, vitamins and minerals. Your milk also protects your child against a wide range of diseases. And the more you breastfeed, the more milk you produce. Breastfeeding usually has to be learned by both the mother and child. It may be painful for the first few days. However, this is quite normal and usually passes. The midwife and the health visitor will help you, and can provide assistance if breastfeeding continues to be painful.

If you are unable to or do not want to breastfeed, you have to give your child infant formula. Follow the instructions on the packet carefully.



Becoming parents can be difficult, but it is also wonderful. By helping each other, it will be easier for you to enjoy being parents and spending time together as a couple.

You can read more about infant health in the leaflet "New in a Foreign Country – Health Guidelines for Parents with small Children". You can ask your health visitor for the leaflet or find it online at www.sst.dk.

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