



IDA-TALLINNA KESKHAIGLA

# The beginning of a new life



Nine  
months of  
waiting



## East Tallinn Central Hospital | Maternity Hospital Ravi 18

### Floor 0

- Reception
- Pregnancy Care Centre
- Maternity Counselling Centre
- Social worker
- Ultrasound Rooms RB0013, RB0015, RB0016
- Functional Diagnostics Room (CTG)
- Mother and Baby's Room
- Cloakroom, pram storage

### Floor I

- Maternity Hospital Reception and Emergency Care
- Pre-delivery Department
- Ultrasound Rooms RB0110, RB0119
- Breastfeeding Counselling
- Paediatrician
- Newborn Hearing Screening
- Family School

### Floor II

- Postpartum Rooms
- Psychologist

### Floor III

- Delivery Ward
- Neonatology Department
- Breastmilk Donor Bank

### Floor IV

- Gynaecology Department
- Gynaecology Day Care
- Operating Theatres

### Floor V

- Postpartum Rooms



## Breastfeeding Counselling Rooms

Call **666 1900** from **7:15-18:00 Monday-Friday** to register for phone consultations or appointments.

- 1 Ravi Street Unit** (Ravi 18):  
**Floor I** of the Maternity Hospital, **room 128**  
 Opening hours: **8:00-17:00 Monday-Friday**.  
 Call **620 7453** or **53 041 783** for a phone consultation.
- 2 Magdaleena Health Centre** (Pärnu mnt 104):  
**Floor I, Room 120**  
 Opening hours: **8:00-17:00 Monday-Friday**.  
 Call **6067849** or **58601570** for a phone consultation.
- 3 Järve Unit** (Energia 8):  
**Floor I, Room 118**  
 Opening hours: **8:00-17:00 Monday-Friday**.  
 Call **606 7606** or **58 162 525** for a phone consultation.



KESKHAIGLA SÜNNITUSMAJA



IDA-TALLINNA KESKHAIGLA

# Waiting for a new life to begin

Pregnancy and the time after childbirth will be a delightful time for you and your family – you will be joined by a new human being.

On this exciting journey, we welcome you to East Tallinn Central Hospital's Maternity Hospital.

All of our gynaecologists, midwives and paediatricians are dedicated to making sure that your child is born safely and grows up healthy. For women who need psychological support, we offer both mental health and pregnancy crisis counselling.

Our hospital was awarded the baby-friendly hospital certificate by UNICEF in 2008. The principles of a baby-friendly hospital are simple and very humane – love and kindness, a close bond between mother and child, the necessity of breastmilk and the right conditions for successful breastfeeding.





### East Tallinn Central Hospital's Maternity Counselling Centre locations:

- Ravi Street Unit, B block – Ravi 18, ground floor
- Magdaleena Unit Health Centre – Pärnu mnt 104, first floor
- Tõnismäe Unit – Hariduse 6, second and third floors
- 24-hour emergency care: delivery ward reception, first floor of the maternity hospital, Ravi 18, B block

### Telephone numbers:

- **The midwife helpline 606 7576** is open Monday to Friday from 08:00 to 16:00. You can also send your questions to a midwife at [rasedus@itk.ee](mailto:rasedus@itk.ee); you will receive a reply within two working days.
- **Emergency reception, on-call midwife – 5308 0874** (24/7).
- **Delivery ward on-call midwife – 620 7159** (24/7).
- **Reception desk and call centre – 666 1900**. During reception hours you can also contact your midwife or gynaecologist on this number, if necessary.
- **Social worker – 620 7394**. They can advise you on legal issues related to pregnancy, including labour law, subsistence benefit, family allowances, etc.



Additional information: [www.sunnitusmaja.ee](http://www.sunnitusmaja.ee)



## Screenings during pregnancy

At least two ultrasounds are performed on all pregnant women:

- **Measuring nuchal translucency in weeks 11-13 of pregnancy**
- **Analysis of foetal anatomy in weeks 20-21 of pregnancy**

These analyses are free of charge. In the case of medical indications, additional analyses will be performed. We also offer optional ultrasounds for a fee.

### OSCAR test: – ultrasound + blood serum test

In the **11th week of pregnancy**, a blood sample from the mother is tested for two markers (fb-hCG+papp-a). The data are entered into the ViewPoint computer program along with the mother's ethnic background, weight, height, age, comorbid diseases, number of previous births and extent of pregnancy.

An ultrasound is performed **in weeks 11-13 +6 of pregnancy**. During this test, the back of the head of the foetus or the so-called nuchal translucency will be measured, along with the heart rate. The presence of the nose bone and blood flow in the tricuspid valve and the ductus venosus will also be checked, if necessary. If the foetus has increased nuchal translucency, there is an increased chance of chromosomal abnormalities, and additional testing is required.

### Screening results

- If the OSCAR test indicates low risk (1/1001), no further analyses to detect chromosomal abnormalities are needed.
- If the screening indicates medium risk (between 1/11 and 1/1000 for Down syndrome or between 1/10 and 1/100 for Edwards and Patau syndrome), we offer the option to perform an additional NIPT test (cell-free foetal DNA analysis using the mother's blood) free of charge. This is done by taking a venous blood sample. The results will arrive within 10 working days. If the NIPT test indicates low risk, there is no need for further analyses. If the NIPT test indicates high risk, we offer either a chorionic villus biopsy or amniotic fluid testing to specify the diagnosis.
- If the OSCAR test indicates high risk (1:10 or above or if nuchal translucency measures 3.5 mm or more), we will immediately offer a chorionic villus biopsy or amniotic fluid testing.

Medium and high risk does not necessarily mean that your future child will have chromosomal abnormalities. The rate of false positive results is 3.5%. False negative results are very rare.

This analysis also assesses the risk of pre-eclampsia. If there is a high risk of pre-eclampsia, it is recommended to start taking 150 mg of aspirin in the evening before bed until the 36th week of pregnancy. This reduces the risk of early pre-eclampsia by 80%.

A midwife will issue a digital referral letter to women with a registered pregnancy at the East Tallinn Central Hospital Women's Clinic, on the basis of which blood tests can be carried out at the East Tallinn Central Hospital Polyclinic at Ravi 18 in room RC0247 on the second floor of the C block.



Please refer to room **RB0024** on the ground floor of the Maternity Counselling Centre **15 minutes before the ultrasound** (to measure your blood pressure and enter pregnancy data into the computer).



**The ultrasound rooms** are located at the Ravi 18 B block of the Maternity Hospital on the ground and first floors.

Additional information is available from the Women's Clinic reception or from your midwife.

## € Paid tests

### Chromosomal disease risk test, also known as NIPT (Non-invasive Prenatal Testing).

This is a non-invasive prenatal test from the mother's blood that can detect the risk of Down, Edwards, Patau and Turner syndromes in the foetus as well as the foetal sex and the presence of clinically significant microdeletions in up to 99% of cases. It is a screening test that is more accurate than the OSCAR test. In the case of a positive test result, chorionic villus sampling or amniocentesis is required for confirmation and these tests are free of charge.

The Women's Clinic at East Tallinn Central Hospital offers **various paid NIPT tests**. For more information about your options and the prices of NIPT tests, please visit our website [www.sunnitusmaja.ee](http://www.sunnitusmaja.ee) or [www.itk.ee](http://www.itk.ee).

We perform paid tests by appointment **from Monday to Friday between 08:00 and 09:00**. To book a paid test, ask for information from your midwife or write to [oscar@itk.ee](mailto:oscar@itk.ee) and we will offer a suitable appointment for the examination. Before giving a blood sample for the paid NIPT test, you will undergo a pregnancy ultrasound examination.



Register for all analyses at **666 1900**.

**Information** about available appointment times and prices is available at 666 1900.



**The ultrasound rooms** are located in the B block of the Maternity Hospital (Ravi 18).

**Additional information** is available from the reception desk or your midwife.



We perform **paid analyses** by appointment from **Monday to Friday** between **08:00 and 09:00**.



## Pregnancy calendar

Nine months of waiting

### Weeks 1-4

Pregnancy is counted from the first day of your last menstrual period. The average duration of pregnancy is 40 weeks or 280 days. The baby may be born starting from the 37th week of pregnancy up to 41 +6 weeks of pregnancy and still be considered on time. An egg cell matured in the ovaries is released to the oviduct during ovulation. As a result of fertilisation, a zygote is created – the first cell of the future child, storing the genetic information of the mother and father. The fertilised egg cell attaches itself to the thickened endometrium, and this concludes the fertilisation process. The fertilised egg cell divides into a collection of cells called an embryo. The outermost cells of the embryo attach deeper into the endometrium to connect to the mother's blood vessels. Internal cells split into three cell layers, which go on to form the body parts of the foetus. The endoderm germ layer will form the lungs, liver, digestive organs and pancreas; the mesoderm germ layer will form the skeleton, muscles, kidneys, circulatory system and heart; the ectoderm germ layer will form the skin, hair, eyes, tooth enamel and nervous system.

#### What is happening to you?

- You may be feeling more tired than usual and experience mood swings in the beginning of the pregnancy.
- Your breasts may feel fuller, more sensitive and painful.
- When the fertilized egg cell attaches to the endometrium, some bleeding may occur.

#### Recommendations

- To alleviate fatigue, try to rest and do things you enjoy as often as possible.
- If you haven't been taking folic acid while planning the pregnancy, start now. Folic acid supports the development of the child's nervous system.

### Weeks 5-9

The spine, spinal cord and blood vessels develop. The beginnings of the liver and the pancreas emerge. Internal organs continue developing. The neural tube connecting the brain and the spinal cord will close. The beginnings of the eyes form on the sides of the emerging face. The digestive tract starts to form along with the abdominal and chest cavities and the vertebral column. The beginnings of hands and feet have developed. The placenta starts developing. The heart is beating and blood circulation is independent. The oesophagus and trachea are developing. The child starts to move. Fingers and toes form on hands and feet. Auricles form on the sides of the neck. The emerging mouth and the shape of the nose can be distinguished on the face. The eyes are still positioned wide apart, but the eyelids can be distinguished. Up until now, the bone structure of the child was mostly cartilage, but now it starts to be replaced by bone cells. If the child is male, the testicles will develop during this time. In the 8th week of pregnancy, the child is about 9-11 mm in length.

#### What is happening to you?

- Headaches and vomiting may occur and you will urinate more often. You may also feel sleepy or nauseous and have a poor appetite. Sensitivity to smell, salivation and nausea may increase.
- Blue blood vessels may show through the skin of breasts as blood supply to the breasts increases. The nipple may become darker.

#### Recommendations

- It is important to drink plenty of fluids, e.g. still water. Eat small amounts of food every two to three hours. Avoid contact with irritating smells. Eat something solid, for example, a few biscuits in the morning before getting out of bed. If you lose your appetite and vomit more than three times a day, consult your midwife or doctor.
- In weeks 8-11, visit a midwife or a gynaecologist and register your pregnancy. The initial analyses and tests are then ordered.

## Weeks 10-13

The child's bones and joints become stronger. The brain develops rapidly – every minute, a million new brain cells are created. External genitals start to develop. The eyelids are closed (they stay closed until weeks 25-27). Vital organs (liver, kidneys, intestines, brain and lungs) are fully developed and start to function. By the 12th week, the foetus is fully developed. When awake, the child moves actively: turns their head, clenches their fingers and toes, opens and closes their mouth and puts a finger in their mouth. In the 13th week, the child is 9-10 cm in length and weighs 28 g.

### What is happening to you?

- Nausea will start to subside and you will feel better. You may have lost some weight due to nausea or vomiting. When making sudden movements or getting up from a chair you may feel weakness or dizziness.
- Rapid mood swings are linked to hormonal fluctuations and you may experience natural fears and doubts related to pregnancy and impending motherhood.

### Recommendations

- Talk about your feelings or concerns with a midwife, doctor or pregnancy crisis counsellor. Also talk to your partner and other family members to help them understand what is happening to you. Try to experience only positive emotions and do activities that bring you joy.
- Monitor your weight to avoid swelling. Contact your midwife or doctor at the first signs of dehydration (swelling of the hands and feet). Excess body weight can also be a sign of an unhealthy and unbalanced diet.

PLEASE NOTE: During warm periods, some swelling of the hands and feet is normal. Drink plenty of water. When resting, elevate your feet.

## Weeks 14-17

The child reacts to loud sounds. Hair starts growing and the child starts making breathing motions. A unique pattern has developed on the fingers. The nails have fully developed.

### What is happening to you?

- A pigmented line may appear on the centre of your stomach, which will disappear after the birth of the child. Sleeping is more uncomfortable due to the enlarged stomach.
- Nosebleeds and bleeding of the gums may occur. The first stretch marks may appear (pink lines on the belly, thighs and hips).
- The increased amount of the pregnancy hormone progesterone may slow down the intestinal muscles' functioning. Pressure from the growing uterus also affects the intestines and may disturb its normal activities.

### Recommendations

- Find a comfortable position for sleeping, put pillows under your feet and chest.
- Drink plenty of water, eat fruits and vegetables rich in fibre.
- Move as much as possible: go for walks, swim, exercise.
- If constipation does not pass, consult your midwife or doctor.

## Weeks 18-22

The child can hear sounds reaching the inner ear. The area of the brain that receives auditory signals starts working. The senses of smell, taste, hearing, vision and touch are developing. The complex nerve connections necessary for the development of memory and thinking are formed. The beginnings of permanent teeth appear.

### What is happening to you?

- You may feel the child's movements. With the first pregnancy, you will feel movements from the 20th week. Heart rate increases to 80-90 beats per minute.
- The high level of the pregnancy hormone oestrogen may cause pigmentation spots on the face. Birthmarks and freckles may become darker.
- You will lose your breath more easily because there is less space in the abdominal cavity. The organs start pressing on the diaphragm, leaving less space for the lungs.
- You will gain weight, but should not gain more than 400 g a week.

### Recommendations

- Stay physically active. Special exercises for pregnant women will improve your wellbeing and help prepare you for birth. Participate in the pregnancy exercise classes at the family school.
- Recall your previous breastfeeding experience or ask a breastfeeding mother about her experience to prepare for breastfeeding your child. You can also attend a breastfeeding lecture at the family school or see a breastfeeding counsellor.

## Weeks 23-27

The child's movements become stronger. The child will start to open their eyes on the 26th week. The child is approximately 24 cm in length and weighs a little over 1 kg.

### What is happening to you?

- You have adjusted to pregnancy and feel calmer. Your mood swings are less extreme.
- You will gain weight. Your stomach may tense unintentionally. If the contractions of the uterine muscle are painless, there is no cause for concern. If they are painful and frequent, consult your midwife or doctor.



## Weeks 28-31

The child's bone structure becomes stronger. The brain, muscles and lungs improve. They can hear sounds coming from the outside world.

### What is happening to you?

- Your growing stomach may become uncomfortable; it is difficult to walk and you tire faster.
- The lungs also need to take in more oxygen with every breath.
- The enlarged uterus may cause heartburn.

### Recommendations

- Eat a little at a time; some foods are more likely to cause heartburn. Take note of these foods and avoid them.

## Weeks 32-36

The nails reach the fingertips. The child gains weight mostly in fat. The nervous system and genitals continue to develop. The child weighs approximately 2.2 kg and is 45 cm in length.

### What is happening to you?

- More colostrum may leak from the breasts.
- If you have noticed rhythmic beats in your stomach, this probably means that the child has hiccups.
- The bottom of the uterus now reaches your chest and may make it harder to breathe.

### Recommendations

- Sitting up as straight as possible and staying active will help alleviate discomfort. Posture can be improved with specific exercises.
- If you have diabetes or gestational diabetes, if you gave your previous child formula in addition to breast milk or if your future child has been diagnosed with a condition that complicates breastfeeding, consult your midwife or contact a breastfeeding counsellor.

## Weeks 36-40

The child gains 23-30 g a day. It may seem that the child is moving less than before, but that is due to it having less space. At 40 weeks, your child is ready to be born. Only 5% of babies are born on their due date – you may give birth two weeks before or after.

### What is happening to you?

- Your weight should not increase much, you may even lose some weight before birth.
- Anticipation of the impending birth may cause anxiety. From time to time, you may experience low moods caused by the abundance of emotions, fear of labour and fatigue.

### Recommendations

- Talk to your midwife or doctor. Pregnancy affects you both physically and mentally and presents greater or lesser challenges on various levels.
- Gather as much knowledge as possible about pregnancy, childbirth and the postnatal period in order to feel more secure.

# Advice on alleviating common pregnancy complaints

## ① Nausea in the first trimester

Approximately 75% of women experience nausea in the first trimester. Nausea usually develops in the 6th week of pregnancy and passes by the 14th week. 1-3% of women suffer from nausea during the entire pregnancy. If the mother eats a bit less than usual and loses a little weight, it is not dangerous for the foetus. The most important thing is to drink plenty of fluids.

### Recommendations

- Eat small, frequent meals to avoid hunger.
- Eat something light (a biscuit, for example) in the morning before getting out of bed.
- Lay in bed for at least 15 minutes before getting up in the morning.
- Fatty, spicy and fried foods can also provoke nausea.
- Drink plenty of fluids (preferably non-carbonated drinks).
- Ginger tablets may provide some relief, but be sure to take them in moderation.
- Rest and get sufficient sleep.
- Get exercise and fresh air.
- Various smells – foods, perfumes, etc. – can provoke nausea.

### Consult your midwife or gynaecologist if you experience any of the following:

- persistent severe nausea and/or vomiting more than three times a day
- rapid weight loss
- signs of dehydration – weakness, dry mouth, headache, drowsiness
- fever and/or abdominal pain in addition to the former

## ② Nausea in the second or third trimester

Nausea usually passes by the second trimester. If nausea and/or vomiting persist or occur for the first time in the second and third trimesters, the pregnant woman should be examined.

### Consult your midwife or gynaecologist if you experience any of the following:

- nausea and/or vomiting for the first time in the second or third trimester, especially if accompanied by abdominal pain, high blood pressure, headache or visual disturbances
- signs of dehydration – weakness, dry mouth, fainting, headache, drowsiness
- significant weight loss



### ③ Pelvic pain/pain while walking, hip pain

Pregnancy hormones increase ligament flexibility to accommodate the growing uterus. This can cause pain in the lumbar and pubic areas. At the beginning of the second trimester, sharp pain on one or both sides may occur. This is caused by stretching of the uterine round ligament. Pain typically worsens when standing up and walking. This pain usually passes mid-pregnancy. In the third trimester, pain in the pelvic region can be caused by the growing child's head pressing down on pelvic structures and nerves.

#### Recommendations

- Lay down and rest. Pain caused by stretching of the uterine round ligament can be eased by laying on the painful side.
- Take a warm bath or shower.
- Try wearing a pregnancy band to reduce pressure on the pelvis.
- Regular physical activity can help relieve the pain, especially if done consistently throughout the pregnancy.
- Try to avoid sudden movements and twisting in the stomach area.
- Wear well-fitting shoes with low soles.

#### Consult your midwife or gynaecologist if in addition to pelvic pain you experience any of the following:

- bleeding or foul-smelling vaginal discharge
- severe, frequent and regular uterine contractions
- fever, chills, fainting
- pain while urinating, blood in the urine
- skin redness and palpatory joint pain
- pain that does not respond to regular doses of pain relievers

### ④ Shortness of breath

During pregnancy, there is a marked increase in oxygen consumption and tidal volume, but respiratory rate stays the same. Additionally, the growing uterus forces the diaphragm up higher, exacerbating shortness of breath, especially towards the end of pregnancy. Up to one third of women experience shortness of breath during pregnancy. This is usually caused by the mother's heightened awareness of her changed breathing patterns, which causes the subjective feeling of shortness of breath. This is most common in the third trimester, but can begin at any time during pregnancy.

#### Recommendations

- Wear comfortable and loose-fitting clothes and underwear.
- Shortness of breath in pregnancy often improves with physical activity. Therefore, moderate exercise is recommended.
- Get some fresh air.
- When sleeping, you can lift the pillow under your head.

#### Consult your midwife or gynaecologist if you experience any of the following:

- fever, cough, chills
- coughing up blood
- chest pain radiating into the left shoulder or arm
- sudden onset of severe shortness of breath
- shortness of breath along with fainting
- shortness of breath and/or chest pain that worsens with exercise

### ⑤ Vaginal discharge

One of the first signs of pregnancy is increased vaginal discharge that usually lasts throughout the pregnancy and increases towards the end. Normal discharge during pregnancy is watery, clear or milky and has little odour.

#### Recommendations

- Wear breathable cotton underwear and change it more often, if necessary.
- If you cannot change your underwear often enough, wear a pantyliner.
- Tampons are not recommended during pregnancy.

#### Consult your midwife or gynaecologist if you experience any of the following:

- visibly watery discharge
- foul-smelling discharge
- stinging or itching in the genitals along with the discharge
- fever, abdominal pain, uterine contractions

### ⑥ Abdominal gas

Due to pregnancy hormones, bowel movements slow down and intestinal gas production increases. The growing uterus also presses down on the intestines, which slows digestion down even more. If you cannot expel the gas, it can accumulate in the intestines and cause severe abdominal pain, discomfort or cramping.

#### Recommendations

- Eat several small meals a day and drink plenty of water.
- Physical activity helps stimulate digestion.
- Eat fruits and vegetables rich in fibre.
- Avoid fried and fatty foods and carbonated drinks.
- Over-the-counter drugs containing simethicone can help relieve gas-related symptoms. For intestinal spasms, NoSpa is also effective.
- If food and drink fail to relieve constipation, laxatives may be helpful. These need to be taken with plenty of water.

#### Consult your midwife or gynaecologist if you experience any of the following:

- constipation along with nausea, vomiting and severe abdominal pain severe, worsening abdominal pain that does not respond to over-the-counter medications
- blood in stool

### ⑦ Lower abdominal pain

Lower abdominal pain in pregnancy is most often caused by stretching of the round ligament of the uterus, abdominal gas and/or constipation or irregular Braxton Hicks contractions.

#### Recommendations

- Eat regular meals in small portions.
- Drink plenty of water (fatigue and dehydration can also cause premature contractions).
- Stay physically active.
- Empty your bladder often.
- Get sufficient rest.

#### Consult your midwife or gynaecologist if you experience any of the following:

- sudden onset of severe lower abdominal pain that does not respond to usual methods or pain relievers
- fever, diarrhoea and vomiting in addition to lower abdominal pain
- sharp lower abdominal pain that increases in frequency, regularity and severity
- foul-smelling discharge, vaginal bleeding or discharge of amniotic fluid in addition to lower abdominal pain
- pain while urinating, blood in urine or inability to urinate in addition to lower abdominal pain

### 8 Frequent urination

Increased urination during pregnancy is caused by the growing uterus pressing on the bladder and by the pregnancy hormone progesterone increasing relaxation of the bladder smooth muscle. In addition to increased urination, nocturnal urination, difficulty urinating, urinary incontinence and a sudden strong urge to urinate may also occur.

#### Recommendations

- Empty your bladder frequently.
- Avoid excessive consumption of caffeine and tea.
- Drink 1.5 to 2 litres of water a day.
- To reduce nocturnal urination, drink your daily water intake in the first half of the day.

#### Consult your midwife or gynaecologist if you experience any of the following:

- pain while urinating or lower abdominal pain in addition to increased urination
- fever, nausea, chills or back pain
- inability to urinate on your own
- blood in urine

### 9 Vaginal bleeding

Approximately 20% of women experience some bleeding in the first trimester of pregnancy. Bleeding in the first trimester can be caused by the fertilised egg cell attaching to the uterine wall. Bleeding slightly increases the risk of miscarriage. Nevertheless, over 90% of women who experience bleeding (including recurrent episodes) in weeks 7-11 successfully carry the pregnancy to term, as long as the foetal heartbeat can be visualised on the ultrasound. During pregnancy, the vaginal mucosa is thicker and more delicate and is therefore more susceptible to contact bleeding, for example during vaginal intercourse. Vaginal bleeding can also be caused by infection, polyps or mechanical trauma to the cervix.

In the second and third trimester, bleeding is less common. This may indicate infection or placental disease.

#### Recommendations

- Stay calm. A small amount of blood in your underwear, especially during the first trimester, does not necessarily mean anything bad.
- If there is a little bleeding in the first trimester and there are no other symptoms of potential risk, monitor yourself at first.
- Always wear a sanitary pad so that the bleeding can be objectively assessed.
- Avoid using tampons (using tampons is not recommended during pregnancy) and vaginal intercourse during bleeding.

#### Consult your midwife or gynaecologist if you experience any of the following:

In the first trimester

- heavy vaginal bleeding
- bleeding along with lower abdominal pain, feeling faint, nausea, vomiting
- fever and lower abdominal pain in addition to bleeding
- stinging or pain in the genitals or vagina in addition to bleeding

### 10 Swelling (of the feet, hands, face)

Swelling is caused by increased amounts of fluid in the woman's body during pregnancy, which accumulates in the tissues. Swelling of the feet is most common, but it can also occur in the hands. Swelling usually occurs in the second half of pregnancy. After birth, swelling usually disappears in a few weeks.

#### Recommendations

- Drink plenty of water, at least 2 litres a day.
- Get enough exercise (walking, swimming, water aerobics).
- If possible, elevate your feet.
- Move and stretch your legs during long periods of sitting.
- If you have to sit for a long time, take frequent breaks and walk around.
- Wear comfortable shoes and socks that do not pinch your feet.
- Wear supportive compression stockings.

#### Consult your midwife or gynaecologist if you experience any of the following:

- sudden onset of swelling
- swelling that does not go down overnight
- headache, visual disturbances, upper abdominal pain, high blood pressure in addition to the swelling
- facial swelling
- pain, swelling or skin colour change on one limb (pale, red or bluish tone) – you may need testing to rule out a blood clot

### 11 Itchy skin

Itching during pregnancy can be caused by a number of things. Itching on the growing stomach can be caused by skin dryness. Pre-existing eczema with the typical rash can be exacerbated during pregnancy. In the third trimester, itching can be caused by the deposition of bile acids in the skin. In this case, itching usually begins on the soles of the feet and the palms of the hands and is particularly intense at night. This condition requires further specifying analyses and, if necessary, treatment.



#### Recommendations

- Use a gentle fragrance-free lotion to moisturise the skin.
- Wear loose-fitting cotton clothes.
- Drink plenty of water to maintain the skin's normal moisture levels.

#### Consult your midwife or gynaecologist if you experience any of the following:

- itching on the soles of the feet, palms of the hands or the stomach at the end of the second trimester or during the third trimester
- a rash in addition to the itching

## 12 Uterine contractions

Uterine distention may have increased in the second half of the pregnancy. This improves blood supply to the uterus and prepares it for delivery. During a contraction, you may feel a part of the uterus hardening. Contractions during pregnancy should be isolated, irregular and painless. A few weeks before your due date, the contractions may become more frequent, regular and intense and cause some discomfort.

#### Recommendations

- Change your posture or activity. Both light physical activity and rest can alleviate contractions.
- Drink plenty of water.

#### Consult your midwife or gynaecologist if you experience any of the following:

- you have regular (10 minutes apart), painful contractions before the 37th week of pregnancy
- you have bloody discharge or bleeding from the vagina before the 37th week of pregnancy
- you have vaginal bleeding or uterine contractions more frequent than five minutes apart or your water breaks after the 37th week of pregnancy

## 13 High blood pressure

Blood pressure usually decreases in the first and second trimester due to changes in hormonal balance. If blood pressure gets very low, feelings of fainting and weakness may sometimes occur. At the end of the second trimester, blood pressure starts to rise again and reaches pre-pregnancy levels a few weeks before the due date. Blood pressure is measured at every midwife appointment.

Blood pressure higher than 140/90 means that you have hypertension or high blood pressure. If your blood pressure is higher than normal before the 20th week of pregnancy, you probably have chronic hypertension. A later rise in blood pressure is most likely associated with gestational hypertension.

High blood pressure during pregnancy increases the likelihood of developing pre-eclampsia, which is a serious pregnancy complication.

If you have high blood pressure, further analyses and treatment are necessary.

#### Recommendations

- Eat a regular balanced diet.
- Do moderate physical activity.
- Monitoring your own blood pressure and symptoms as instructed by your midwife or gynaecologist.

#### Consult your midwife or gynaecologist if you experience any of the following:

- headache, visual disturbances, upper abdominal pain or swelling of the face and hands in addition to high blood pressure
- you stop feeling foetal movements as usual
- bleeding from the vagina

## 14 Headache

Headaches are common in fertile women, which is why they are also common in pregnancy. Migraine-type headaches usually decrease in pregnancy. However, some women may experience an increase in migraines. The frequency of tension headaches and cluster headaches is not affected by pregnancy. If the pain is typical for you, you can take a paracetamol tablet (1 g).

#### Recommendations for avoiding headaches

- Drink plenty of fluids.
- Avoid highly stressful situations.
- Get some fresh air.
- Avoid smoky rooms.
- Avoid loud sounds.
- Eat regularly.
- Get enough sleep.

#### Consult your midwife or gynaecologist if you experience any of the following:

- A headache for the first time after the 20th week of pregnancy
- visual disturbances, high blood pressure, upper abdominal pain, swelling of the hands and feet in addition to the headache
- sudden onset of a very severe headache
- speech difficulties, sensory disturbances and drowsiness in addition to the headache
- headache developed after a trauma
- headache of an unusual nature
- headache that is not alleviated by taking pain relievers

## 15 Nosebleeds

During pregnancy, the blood vessels in the nasal mucosa are enlarged and blood flow is increased. As a result, nosebleeds may be more frequent than usual in pregnancy. If you also have a runny nose, nosebleeds are especially likely to develop.

#### Recommendations

- During a nosebleed, lean forwards. Keep your head above your heart.
- Pinch the soft, cartilaginous area of the nose to constrict the bleeding blood vessel. Apply pressure for 5 to 10 minutes.
- Put something cold on your nose (ice pack, ice, bag of frozen vegetables). To avoid frostbite, don't place the ice directly on your skin but first wrap it in a light towel.

**Consult your midwife or gynaecologist if you experience any of the following:**

- bleeding that does not stop in 20 minutes
- bleeding developed after a trauma

## 16 Leg cramps

Leg cramps are more common than usual in pregnancy. The cause of the cramps is often unclear. Leg cramps increase in frequency in the second trimester. They mostly occur at night.

**Recommendations**

- During a cramp, straighten your legs and bend your toes towards you.
- To prevent cramps, you can try a warm bath or shower, massage or elevating your legs above your body.
- Drink plenty of fluids.
- Move your legs frequently. Avoid keeping your legs still for long periods of time.

**Consult your midwife or gynaecologist if you experience any of the following:**

- persistent muscle pain in the shins
- redness and/or swelling in the shins
- the leg is warmer to touch than the rest of the body

## 17 Restless legs

During pregnancy, an intense urge to constantly move your legs may occur. This urge is usually most pronounced in the evenings when you are trying to fall asleep. This is known as restless legs syndrome. Restless legs can cause great discomfort and difficulty falling asleep. After birth, the complaints go away on their own in a month.

**Recommendations**

- Avoid caffeinated drinks (coffee, Coca-Cola, energy drinks) because caffeine increases restlessness.
- Avoid laying down in bed before going to sleep. Don't go to bed until you are ready to fall asleep.
- You can try massage, a hot/cold compress or a warm bath to relieve complaints.

**Consult your midwife or gynaecologist if you experience any of the following:**

- complaints persist despite the alleviating measures and significantly disturb daily life

## 18 Heartburn

Heartburn occurs because the sphincter between the stomach and oesophagus weakens, making it easier for gastric acid to enter the oesophagus. Heartburn can recur in subsequent pregnancies and is equally common in both women pregnant for the first time and those who have given birth before. Heartburn can get worse as the pregnancy progresses and usually subsides after the child is born. Symptoms of heartburn may include a burning sensation in the throat or back of the chest, chest or stomach pain, nausea, vomiting, difficulty swallowing, hoarse voice, sore throat and coughing.

**Recommendations**

- Keep an eye on which foods cause heartburn and try to avoid them. Common foods that induce heartburn include coffee, soft drinks, tea, citrus fruits, chocolate and fatty foods.
- Try eating four to six times a day instead of three larger meals.
- Avoid laying down for three hours after eating.
- Wear loose-fitting and comfortable clothes.
- Try to sleep with your head elevated (15 to 20 cm higher) so it's harder for gastric acid to enter the oesophagus.
- If lifestyle changes are not effective, see your midwife, who can recommend medications (anti-acids, proton pump inhibitors).

**Consult your midwife or gynaecologist if you experience any of the following:**

- difficulty swallowing and feeling like food is getting stuck in your throat
- vomiting blood, or if your vomit has a coffee-ground-like texture
- pitch-black stool

## 19 Fatigue

Fatigue is one of the early symptoms of pregnancy. It can begin as early as a few weeks after conception, subside by the beginning of the second trimester and then return in the third trimester. Fatigue mainly occurs because the body is preparing for the development of the embryo and placenta and creating the necessary conditions for growth. At the beginning of pregnancy, there may be a drop in blood sugar and blood pressure, which can also increase fatigue. It is important to check haemoglobin levels during pregnancy, as low levels can increase fatigue.

**Recommendations**

- Listen to your body. If you feel tired, try to get some rest. Naps are a good way to restore energy.
- Get more sleep at night and try to go to sleep earlier.
- Find a comfortable position for sleeping. Placing pillows behind your back, between your knees and under your stomach can be helpful.
- Eat in small portions, but often. This helps keep your blood sugar levels stable.
- Ask for and accept help. If your relatives or friends want to help you, don't be afraid to let them.
- Get regular exercise. Even though it might feel like you don't have the energy for it, 20 to 30 minutes of exercise in fresh air can help relieve fatigue.
- Try to go to sleep and wake up at the same time every day.

## 20 Varicose veins

Varicose veins are a very common chronic condition. If they occurred before pregnancy, they are likely to become more pronounced and noticeable during pregnancy. Varicose veins occur because blood volume is increased during pregnancy and the veins have to pump the increased amounts of blood upwards against gravity. Genetic predisposition and hormones also play a role in their development. Varicose veins are typically found on the legs but can also occur on the vulva and anus (haemorrhoids). Varicose veins usually shrink or go away in a few months after birth.

#### Recommendations

- Try to move as much as possible. Walking or doing leg exercises activates the calf muscle pump, which in turn helps the veins transport blood to the pelvis and reduces the strain on the veins.
- Elevate your legs when sitting.
- Wear comfortable clothes, shoes and socks that do not restrict blood flow.
- Wear compression stockings, which also reduce the strain on the veins.
- If varicose veins persist after delivery, surgical correction is an option. This is generally not done during pregnancy.

## 21 Haemorrhoids

Haemorrhoids are varicose veins around the anus. They occur because blood supply to the pelvis is improved and the growing uterus puts mechanical pressure on the veins in the lesser pelvis. Constipation can aggravate haemorrhoids, or even create new ones. They are most common in the third trimester and after birth. 30-40% of women experience discomfort caused by haemorrhoids. The most common complaints are itching, feelings of discomfort and bleeding.

#### Recommendations

- The most important thing is to avoid constipation, as straining can increase haemorrhoids and hard stools can damage the anal mucosa.
- Drink plenty of fluids.
- Eat more fibre, as it softens stools and relieves constipation. Fibre-rich foods include fruits (citrus fruits, plums) and vegetables (cooked peas, beans, lentils). The recommended daily fibre intake is 20-35 g.
- Avoid lifting weights, as it increases abdominal pressure and puts strain on the veins.
- To alleviate discomfort, you can try sitting in a bath two to three times a day for 10-15 minutes at a time. Warm water helps relax muscles and improve circulation. There is no need to add any cleansers or other additives to the bath water.
- There are a number of ointments and suppositories that can help relieve the discomfort caused by haemorrhoids. You can ask about these from your midwife.

## 22 Constipation

Constipation is aggravated by pregnancy hormones, as they relax the digestive tract and slow down its peristalsis. The pressure of the growing uterus also affects the functioning of the intestines. As a rule, you should defecate at least once a day.

#### Recommendations

- Drink plenty of fluids. Drink 1.5 to 2 litres of fluids a day, preferably water or juices diluted with water. Plum juice is particularly effective for relieving constipation. Kefir, sour milk and probiotic dairy products are also suitable.
- It is important to eat fibre-rich foods, e.g. fruits (plums, apples, apricots), vegetables (beetroot, swede, carrot) and whole grain products. Legumes, seeds and nuts are also rich in fibre.
- Physical activity is important for relieving constipation. Light physical work, swimming and exercise during pregnancy are beneficial both for digestion and general wellbeing.
- If necessary, laxatives with a local effect can also be taken.

## ABC Family school

Pregnancy is a special and individual experience for each family, deserving of care and affection.

The aim of our family school is to support families during this special journey of pregnancy, childbirth and the postnatal period.

You'll find the answers to many of your questions at the family school, such as "Does pregnancy mean eating for two?" or "Does a newborn baby need to drink water?" Our family school offers lectures and exercise classes to suit every family's needs. You can attend the lectures alone or with your birth partner (husband, partner, relative or friend), who is always welcome to our family school. The lectures and exercise classes are subject to a fee, but you do not have to pay extra for your partner. Lectures such as 'Breastfeeding', 'Tour of the delivery department' and 'Vaccination – a healthier future for our children' are free of charge for everyone.



You can register for lectures and exercise classes by calling **666 1900** or using the patient portal or our website [www.itk.ee/perekool](http://www.itk.ee/perekool). Lectures are available in Estonian, Russian and English. If you are not able to participate, please cancel your registration in time as we have a limited capacity.



In addition to in-person lectures and exercise classes, we offer a variety of e-lectures. Attend a family school lesson from the comfort of your home or take a moment at work or on holiday to listen to an expert in real time. Registration for e-lectures closes 24 hours before the lecture.

More information at [www.itk.ee/perekool](http://www.itk.ee/perekool)



The most convenient way to register for the family school lecture is through the patient portal <https://ipatient.itk.ee/login> or by calling **+372 666 1900** on weekdays

## The first half of pregnancy

We welcome you to the family school after your first midwife appointment. At the beginning of pregnancy, we recommend lectures such as 'Legislation and women's rights', 'Home remedies for pregnant women' and 'Expecting your baby'. We also welcome you to take part in our exercise, yoga and water aerobics classes for pregnant women.

## The second half of pregnancy

From weeks 22-23 of pregnancy, we welcome you to attend lectures such as 'Ways to ease contractions', 'Childbirth', 'For your birth partner', 'Breastfeeding', 'Newborn care' and many more. The family school calendar is regularly updated with new and exciting topics, so we recommend checking the family school website for all lectures on offer or asking your midwife for the monthly calendar. We recommend that you attend all lectures by weeks 36-37 of pregnancy, so you are fully prepared for the arrival of your newborn child.

## Postnatal period

Here you will find a selection of lectures and exercise classes to attend at the end of pregnancy and after childbirth: 'Postnatal period', 'Infant first aid', 'Discussion panel for abdominal diastasis and pelvic floor muscle exercises', baby gymnastics for different age groups.

**Video lectures** You can also find a wide selection of **pre-recorded video lectures** on the family school website. We recommend viewing these after attending the live lectures to refresh your memory. The videos are available at the webpage <https://www.sunnitusmaja.ee/perekool/perekoolivideoengud/>



# ! Beginning of childbirth

**Childbirth is an extraordinary event that affects every woman's physical, emotional and mental wellbeing. Giving birth is also an extremely intimate experience for the mother.**

Preparing both body and mind during pregnancy leads to a positive childbirth experience for both mother and child. Preparing for your delivery gives you more control over the course of your birth as well as knowledge about how we can help you, if needed. We have offered you the opportunity to attend family school lectures and exercise classes as well as chat and make your birth plan with a midwife or gynaecologist.

## First signs of imminent labour

Up to three weeks before birth, you may lose your mucous plug. The first signs of going into labour can be uterine contractions or your water breaking.

### Go to the hospital if:

- your contractions are regular, painful and at least five minutes apart;
- contractions have not started eight hours after your water broke.

### Go to the hospital immediately if:

- the movements of your foetus have become weak or you cannot feel them at all;
- you experience bleeding;
- your water is green or brown;
- you go into labour or experience signs of labour three or more weeks before your expected due date.

## The three stages of labour

### Opening stage

A distinction between passive and active phases is made during this stage. The passive phase starts with regular contractions and can last for 8 to 12 hours. The contractions in this phase are usually weak and will not affect your daily activities. During this period the cervix shortens, flattens and opens up to 4 cm. It may be accompanied by slimy discharge.

**In the active phase**, contractions become more intense and increase in frequency. By the end of the opening stage, the interval between contractions can reduce to 2-3 minutes apart and they can last for 40-50 seconds. To determine the progression of labour, the opening of the cervix is assessed by indirect examination of the vagina. On average, the cervix opens by 1 cm every hour until it becomes fully dilated. During the examination, the doctor or midwife assesses the presence of amniotic fluid and the child's position and movement by feeling the cervix. The examination is painless, but you may experience some discomfort. To assess the child's health, the midwife checks the foetal heartbeat when you arrive at the maternity ward and throughout the birth. To see how the child is adjusting to birth, cardiotocography is used to monitor their heartbeat (CTG). This method enables the baby's heartbeat and the rate of your contractions to be measured at the same time. If the results of 20 minutes of monitoring show that the child is in good health, the examination is repeated at intervals of a few hours.

### Delivery stage

During the delivery stage, the cervix is fully dilated at 10 cm. Contractions during this stage are called pushes. The child's head moves forward in the birth canal, and as it reaches the vaginal opening, you will feel the urge to push. The movement of the child in the birth canal can last a couple of hours and it ends with the birth of your child. The midwife will be by your side throughout this period.

### Perinatal or placental stage

During this stage, the placenta separates from the uterine wall. Approximately half an hour after childbirth, you will again feel contractions and a slight pressure as the placenta is delivered. During this time, the healthy child is naked on the mother's chest, who is breast-feeding for the first time. The baby will be weighed and measured after this.

### Labour pain

Labour pain is the only pain with a purpose – it results in the birth of your baby. The pain can vary in intensity and extent. You may feel pain in your lower abdomen, in the lower back in the lumbar region and during the delivery stage also in your vagina and perineum. There are ways you can manage the pain yourself. Your body produces pain-relieving hormones called endorphins. Excessive fear of childbirth or labour pain reduces endorphin production. Therefore, trusting yourself and getting support from your birth partner and midwife are essential.

There are several ways to alleviate labour pain. Stay moving during labour. Make use of various positions that feel right to your body and also allow yourself to rest. Your midwife can advise you on having a massage or bath, getting into the shower or using a heating pad. If you feel like the above measures are not enough, it is also possible to use laughing gas, medications and epidural anaesthesia (spinal injection). Our midwives and doctors will help you find the most suitable method.

It is recommended to drink plenty of fluids during labour. Non-carbonated water and herbal teas can help restore your hydration and strength levels. If you wish, you can eat fruit, vegetables or yoghurt during the early hours of labour. You can also bring a few cereal bars or dark chocolate to restore your energy levels.

### Going home

The average time spent in hospital is one to three days. If the birth was natural and uncomplicated and the newborn is healthy, you can leave the maternity hospital as early as six hours after delivery. In the case of early discharge, we offer a postnatal home visit by a midwife. The midwife and paediatrician will give you advice about feeding and taking care of your baby before you go home. You can find the newborn's birth epicrisis and immunisation passport on the patient portal [www.digilugu.ee](http://www.digilugu.ee)

We aim to give you all the support you need during this important occasion and we therefore do everything we can to ensure that the birth goes as expected.



## Coming in to give birth

We welcome you at the reception desk on the first floor of the Maternity Hospital.

If possible, bring a family member or a good friend with you. Come to the Maternity Hospital by car or taxi or in an ambulance, if needed.

### Entrance

- A car park located behind the Maternity Hospital can be accessed from Hospitali and Ravi streets. The reception is at the back of the hospital.
- There are signs on the hospital premises guiding you to the Maternity Department. When you reach the courtyard of the Maternity Hospital (Ravi 18, B block) you will see a road to the right leading to the back of the building.

There is a sign next to the front door of the maternity reception department.

- When you arrive at the hospital, ring the bell next to the front door.
- Make sure you are aware of our hospital's parking signposts and regulations in advance. Information can be found on our website [www.sunnitusmaja.ee](http://www.sunnitusmaja.ee).

### Free parking when coming in to give birth

Patients coming in to give birth at our Maternity Hospital are offered a parking discount in the area close to the reception (see map). You will get a permit for discounted parking from the reception when coming in to give birth.

- To enter the car park, take a parking ticket from the terminal at the barrier.
- When the barrier opens you can drive to the car park. Take your parking ticket with you and give it to the receptionist, who will issue a parking permit.
- Write the registration number of the car and the driver's contact number on the permit and place it in a visible location on the dashboard.
- Present your parking ticket to the receptionist for validation before leaving the premises.

# ♥ The birth of a child is a miraculous event

## Your own specialist at the birth – the midwife, gynaecologist or paediatrician of your choosing

A healthcare specialist trained in obstetric medicine is present at every delivery in our hospital. During a normally progressing delivery, you will be supported by a midwife. In more complex situations, the best gynaecologists and paediatricians in their field are on hand to help. You can request that your preferred midwife, gynaecologist or paediatrician be present at your delivery. This service is subject to an additional fee. You will meet and get to know your chosen midwife, gynaecologist or paediatrician before your delivery. At the first meeting, you can discuss your ideas and expectations regarding your delivery to establish a safe and pleasant working relationship. If you would like a personal specialist to be present at the birth, please contact the delivery ward at 620 7159 a few months before your expected due date.

### Personal midwife

Midwives can be contacted by calling **620 7159**.

The personal midwife service costs 690 euros.

### Personal gynaecologist

Gynaecologists can be contacted on working days from **09:00 to 16:00** by calling **620 7157**.

The personal gynaecologist service costs 690 euros.

### Personal paediatrician

Paediatricians can be contacted on working days from **09:00–16:00** by calling **620 7177**.

The personal paediatrician service costs 690 euros.



# 😊😊 Private family wards

After giving birth, we offer you the choice between a **private mother-and-child ward**, a **family ward**, which is available in different price ranges depending on the level of comfort, and a **general ward** free of charge. Private mother-and-child and family wards cannot be booked in advance because their availability depends on the number of women giving birth. Inform your midwife of your preferences when you come to the hospital.

### Family ward – 30 euros per 24 hours

The ward includes a double bed, a TV, a bathroom with a shower, towels, a hairdryer, a bed for your child, a changing table, a kettle, a refrigerator, WiFi and catering three times a day.

### Family ward – 20 euros per 24 hours

The ward includes a double bed, a bathroom with a shower, towels, a bed for your child, a changing table, a kettle, WiFi and catering three times a day.

### Family ward with kitchenette and resting area – 60 euros per 24 hours

The ward includes double bed (with an optional extra bed), a TV, a bathroom with a shower, towels, bathrobes and slippers for two, a hair-dryer, a bed for your child, a changing table, a

refrigerator, a kettle, a microwave, WiFi and catering three times a day.

### Mother-and-child room – 15 euros per 24 hours

The ward includes a single bed, a TV, a bathroom with a shower, towels, a hair-dryer, a bed for your child, a changing table, a refrigerator, a kettle, WiFi and catering three times a day.

### General four-person ward – free of charge

The ward includes a bed for the mother, a bed for your child, a nightstand, towels, a sink, a changing table, a dining table, WiFi and catering three times a day. The toilet and showers are in the corridor.

After birth, you and your child will be closely monitored by our midwives and doctors. In the postnatal wards, midwives will check on you regularly and advise and assist you on feeding and caring for your newborn.

We also perform routine vaccinations and hearing tests and screen your child for congenital metabolic diseases, such as phenylketonuria and hypothyroidism.

- After birth, we provide catering three times a day. On the day of your discharge, we provide breakfast and lunch.
- Free WiFi is available in all wards.

For payment purposes, your first and last day in the ward are counted as one day.

**Visiting hours** on all postnatal wards are **15:00 to 19:00** on working days and **12:00 to 19:00** on weekends.

For the sake of your own and your child's health, try to limit the amount of visitors to only your close relatives.



# Breastmilk donor bank

## Breastmilk is the best source of nutrition for all newborn babies

Mothers of premature babies often don't start producing breastmilk right away. Donor milk replaces the mother's own milk until it starts being produced and is very important for reducing future health concerns. A breastmilk donor bank was founded at East Tallinn Central Hospital in 2010, providing breastmilk to newborns in need.

The priority for donor milk is given to babies born very prematurely, followed by bigger premature newborns. Where possible, donor milk is also given to sick children born on time. As soon as the mother produces enough breastmilk of her own, the administration of donor milk ends and the child continues to get their own mother's milk.

## Who can become a breastmilk donor?

Every healthy breastfeeding woman with a child under the age of six months can become a breastmilk donor. Donating breastmilk is voluntary and not reimbursed in any way. To avoid risk of infection, all donor candidates will undergo necessary testing (questionnaire, blood sampling) at our hospital.

### A woman fit to be a breastmilk donor:

- does not smoke or use any other nicotine products (chewing gums, plasters, chewing tobacco);
- does not drink alcohol often;
- does not at the moment, nor have they ever, used drugs or narcotic substances;
- has not received blood transfusions in the past 12 months;
- has not had a tissue or organ transplant in the past 12 months;
- has not gotten tattoos or piercings in the past 12 months;
- is not vegetarian (consultation with the doctor in charge of the breastmilk donor bank is necessary);
- in the past 12 months, has not had sexual intercourse with a partner who may carry HIV, HTLV or hepatitis or who has injected themselves with illegal drugs;
- does not have a chronic infection such as HIV, HTLV, hepatitis B and/or C, malaria, tuberculosis;
- has not been treated for cancer in the past five years.

## Become a breastmilk donor

If you are ready and willing to voluntarily support little premature or sick newborns and wish to become a breastmilk donor, please contact the breastmilk donor bank advisor at **620 7188** or send an email to **emapiimapank@itk.ee**.

The breastmilk donor bank is located in the East Tallinn Central Hospital Ravi Street Unit.

## What happens to your breastmilk at the donor bank?

The conditions in the donor bank meet the requirements for processing and handling donated breastmilk. Breastmilk has to reach the donor bank frozen, where it is tested for bacterial growth (microbiological test). The milk is then thawed, coded, assessed for nutritional value and pasteurised (heat treatment) at 62.5 °C for 30 minutes. After pasteurisation, the breastmilk is placed in the freezer.

# Breastfeeding

## Breastfeeding is the most natural way to feed your baby – 98% of women are able to do it.

In the first six months, your child does not need anything but breast milk to eat and drink. The only addition from the second week of life should be supplementary vitamin D, given once a day. It is normal to continue breastfeeding your child also in their second and third years of life. As a baby-friendly hospital, we support every child's right to breastmilk, even if it takes a little longer to learn and get started with breastfeeding.

Pregnancy hormones prepare your body for breastfeeding. During pregnancy, the mammary glands increase in size, become more sensitive and the area around the nipple becomes darker. As early as the 16th week of pregnancy, colostrum can occasionally spontaneously leak from your breast. Pregnancy is sufficient preparation for breastfeeding. It is possible with breasts and nipples of all shapes and sizes.

## The best thing for you and your baby

In addition to being the best food for your baby, breastfeeding also provides a safe and loving connection. Breastmilk contains all the necessary nutrients and antibodies for your child's growth. Breastmilk changes over time according to your child's needs and therefore always has the right formula. Breastfeeding is also good for your own health; it helps you recover from childbirth and lose the extra weight gained during pregnancy and reduces the risk of developing several diseases. Breastfeeding is convenient for both you and your child as the breastmilk is always at the right temperature and in the right amount. It is also more convenient to breastfeed your baby at night.

## Come and attend our family school!

Achieving successful breastfeeding can initially take some time, practice and patience. Every newborn is unique and therefore even second-time mothers can have some questions. At our baby-friendly hospital, we pay special attention to ensure that all women have a successful start to breastfeeding. Attending the breastfeeding lecture at our family school during pregnancy is great preparation. You can get the information you need and the midwife can answer any questions you may have. After birth, our whole team can help you if needed: midwife, gynaecologist, paediatrician, paediatric nurse.



If you have any questions about breastfeeding and the health of your breasts at home after giving birth, call our **breastfeeding counselling office**. Breastfeeding counselling is free of charge and is available in Estonian, Russian or English.

## The offices are located at:



**Room 128** on the first floor of the Maternity Hospital at the **Ravi Street Unit** (Ravi 18). Office hours are on **Monday to Thursday** from **09:00 to 17:00** and **Friday** from **09:00 to 15:00**.

Counselling via phone at **620 7453**.

**Room 18** on the first floor of the **Järve Unit** (Energia 8). Office hours are on **Monday to Thursday** from **09:00 to 17:00** and **Friday** from **09:00 to 15:00**.

Counselling via phone at **606 7606**.



To register for phone consultations or appointments, call 666 1900 on **Monday to Friday** from **07:15-18:00**.



## Mother and child skin-to-skin contact

After birth, the child is placed on your chest for skin-to-skin contact.

This is important because it:

- keeps the child warm;
- helps them adjust;
- helps them to start breastfeeding;
- provides them with the parent's protective microbiota.

Sometimes, the mother is not able to hold the baby immediately after birth. In this case, skin-to-skin contact should be initiated as soon as possible. If the mother's health does not enable skin-to-skin contact, the father can also take over.

Children who have skin-to-skin contact with their parents after birth cry less and are in better health in the future.

Even if skin-to-skin contact is not possible immediately after birth or lasts less than two hours, it still has a positive effect on breastfeeding. Therefore, we want to make sure that your baby can be placed on your chest as soon as possible even if you didn't have a natural birth, had a cesarean section or you or your child required intensive care. Skin-to-skin contact can also be used afterwards to soothe the child, promote breastfeeding and support the production of breastmilk.



## What should you bring with you to the hospital?

The mother-to-be should bring the following items:

- pregnancy card (along with the blood card with your blood type, rhesus group and ultrasound images)
- photo identification document
- comfortable clothes of your choosing
- indoor shoes
- underwear – just in case, prepare for a stay longer than a few days
- supportive cotton bras
- a few packages of sanitary pads for the postnatal period
- personal hygiene supplies
- something to eat or drink of your choosing (fruit, cereal bar, yoghurt, water, tea)
- prescribed medicines

The birth partner should bring the following items:

- a change of clothes and footwear
- something to eat or drink of your choosing (fruit, cereal bar, yoghurt)
- books or magazines
- personal hygiene supplies

### Items for the baby

The hospital will provide everything the baby needs (clothes, diapers, etc.) during the hospital stay. You can use your own clothes if you wish. Bring a car seat, if necessary, to take your baby home.

**Bring clothes for taking the baby home depending on the season:**

- summer baby – blouse/onesie, footed pants, jacket, hat, socks, gloves and a light blanket
- winter baby – blouse/onesie, footed pants, jacket, hat and socks, plus a warmer hat and a thicker overcoat





# Exercise for mother and baby

Don't forget to take care of yourself and your body during pregnancy.

You should exercise throughout your pregnancy. If you prefer gentler exercise, participate in the yoga or exercise classes offered at the Maternity Hospital. At the yoga class, you will learn relaxation and deep breathing under the guidance of an expert. At the end of every class, you will have the opportunity to get advice from the midwife and discuss any topics that interest you.

If you prefer more active exercise, attend our physiotherapist aerobics classes at the Järve Unit (Energia 8) or the Ravi Street Unit (C block, second floor). At the Järve Unit, you can also attend water aerobics classes. Try out a variety of exercise classes to find the right one for you.



You can register for lectures and exercise classes by calling **666 1900** or on our website [www.itk.ee/perekool](http://www.itk.ee/perekool).

Lectures and exercise classes are subject to fees.

**Additional information:** [www.sunnitusmaja.ee/perekool](http://www.sunnitusmaja.ee/perekool)

## Water aerobics for pregnant women

Water aerobics is an excellent way to keep fit throughout pregnancy. It trains all muscles, improves joint mobility and regulates your heartbeat and respiratory function. Water massages the whole body, improves metabolism, stimulates blood circulation and normalises blood pressure. You will feel lighter in the water, and the minimal gravity on your body makes it much easier to move around. It also improves the supply of oxygen and nutrients to the foetus.

## Group exercise for pregnant women

Exercise classes are suitable throughout pregnancy because the intensity of the workout can easily be modified in the aerobics class. Exercising during pregnancy strengthens your muscles, improves your posture, stimulates circulation and keeps weight gain under control. It makes you feel good and has a positive effect on both your own and your baby's health.

## Mother and baby exercise

This is an excellent way to have fun with your baby. In class, we do fun and developmental exercises with your baby. Group exercise fosters your baby's socialisation and supports their well-rounded development. For you, it's a great way to improve your bodily awareness and restore your muscle tone while spending time with your baby.

Group exercises are suitable for babies aged 3-10 months.

## Infant physiotherapy

In this class, we assess the child's sensorimotor development and advise parents on position treatment and exercises that can be done at home. If necessary, we also massage your baby. In the event of problems with the musculoskeletal system, we will use kinesiological tape. Active physiotherapy is particularly important for children belonging to risk groups, but all parents interested in promoting their child's development are welcome. Infant physiotherapy is suitable for all children starting from the first month of life.

## Infant massage

**Infant massage is necessary for all babies from the first months of life.** Massage stimulates circulation, heart activity and breathing, has a positive effect on metabolism, helps the child pass gas, increases appetite and promotes better sleep. It also improves muscle elasticity, mobility and coordination.

## Infant swimming

We recommend taking your baby swimming from their second month of life. The muscle tone of very tense babies improves the more often they go swimming. The water environment calms the baby and helps them relax. Swimming brings a lot of joy to both the baby and the mother and helps raise healthier and stronger children.



### Swimming lessons take place

at the Järve Unit (Energia 8) of the East Tallinn Central Hospital and at the Wellness Centre at the Magdaleena Unit (Pärnu mnt 104, D block).





Call  
us!

Free  
advice line  
"Ask a  
Midwife"

☎ 606 7576

Our experienced midwives  
answer your questions.

The advice line operates  
on weekdays from 8:00-16:00.



You're welcome to our Family School lectures!

See here: <https://www.sunnitusmaja.ee/perekool/>

Call 666 1900 or book here: <https://ipatsient.itk.ee/>



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