Pregnancy: the essential guide

A GUIDE TO BETTER UNDERSTANDING YOUR PREGNANCY

USL pescara
JOINT FAMILY ADVISORY SERVICE

AUSL PESCARA
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Foreword

The local health board (AUSL) of Pescara has compiled this leaflet to enable all women to have a better understanding of their pregnancy as it progresses, so they can enjoy greater peace of mind. Nevertheless, it is important to bear in mind that this document is no substitute for the explanations and advice which healthcare professionals (gynaecologist, obstetrician, psychologist, paediatrician, general practitioner) can provide in person.

This leaflet provides lots of useful information on the "Pregnancy care pathway", with a particular focus on the recommended lifestyle choices during pregnancy which can benefit the health of mother and baby. It also includes information on the services which Pescara health board (AUSL) makes available to all mothers.

It is an established fact that a mother's state of health and lifestyle greatly affect the health of her child. 'Lifestyle' is, of course, a combination of many different factors. In particular: diet, physical exercise, everyday routine and substance or alcohol abuse.

Staying healthy

The physical changes that pregnancy brings (e.g. increase in the size of the abdomen and breasts, circulatory changes, etc.) may prompt women to think differently about how they look after themselves. Generally speaking, women who are in good health do not need to make any significant lifestyle changes during pregnancy. Nevertheless, in the early stages of pregnancy, it may be a good idea to change certain lifestyle aspects which could have a negative impact on a successful outcome.

Diet

In general, a healthy balanced diet, coupled with regular exercise and care to avoid other risk factors, like smoking and alcohol, plays a fundamental role in the prevention of numerous diseases and conditions. It has been proven that lifestyle and diet have a significant impact on the body's ability to avoid succumbing to disease, to slow the progression of a condition or, on the contrary, to trigger it. This principle applies, even more importantly, during pregnancy.

During pregnancy, a woman's body requires more nourishment than at any other time in her life, but the commonly held belief that an expectant mother needs to "eat for two" is not only unfounded, but can also be dangerous. Pregnant women need to double their daily intake of certain nutrients, but those who are of normal weight and who lead an active lifestyle should only increase their calorie intake by 15%, consuming no more than 38 calories / kg / day. The ideal weight gain to aim for over the course of an entire pregnancy is around 11 kg: 600 g/month in the 1st trimester, 1200 g/month in the 2nd trimester and 1800 g/month in the 3rd trimester. **Maternal weight gain is not linked to the growth or wellbeing of the baby.**

A mother's **pre-pregnancy weight** is a good reference point for evaluating any significant deviation from ideal weight. Obesity or extreme thinness both represent risk factors during pregnancy.

TO CALCULATE ONE'S "IDEAL WEIGHT" CALCULATE BODY MASS INDEX BMI

BMI = Weight over **Height squared**
E.g.: a woman who weighs 68 kg and is 1.72 m tall;
BMI (68 / 1.72 x 1.72 = 68/2.95)= **23.05**

The reference values for women before pregnancy are the following:
underweight - BMI below 18.5
normal weight - BMI between 18.5 and 24.9

The basic rules for a balanced, healthy diet, which apply throughout life, also apply during pregnancy:

- eat a wide variety of foods like fruit and vegetables (**5 portions** a day, choosing seasonal produce whenever possible), bread, pasta, rice and other cereals, dairy products, meat, eggs, fish to ensure the proper balance of nutrients, vitamins, minerals and fibre;
- avoid long periods of fasting but also excessively large meals;
- drink at least 2 litres of water a day, above all between meals;
- sweets, animal fats, sugar and salt should be eaten in moderation;
- chocolate, coffee and tea should be enjoyed in moderation because of their caffeine content;
- try to eat fresh food, or food that is well-cooked if there is any doubt whatsoever as regards the standard of hygiene in food preparation;
- avoid pre-packed foods if there is any doubt whatsoever as regards the standard of hygiene in food preparation or storage;
- heat foods well so that they are properly hot all the way through;
- when eating in a bar or restaurant, choose food that is freshly prepared to order, rather than ready and on display.

Food hygiene

During pregnancy, it is important to pay particular attention to **food hygiene and hand washing**. A number of infections (toxoplasmosis, salmonella, cytomegalovirus, listeria) which can be **harmful** to the baby can be contracted through food and hands. In recent centuries, the introduction of proper hand washing brought about one of the greatest improvements in the health of mothers and newborns. Today this simple measure continues to offer valuable prevention throughout pregnancy, especially for women looking after young children whose urine and stools can carry a number of viruses (e.g. **cytomegalovirus**). These viruses can cause diseases in the **foetus**.

Toxoplasmosis is a relatively common disease and is not serious; in most cases it produces no noticeable symptoms, and people often do not realise they are infected. In some cases it can produce flu-like symptoms: a high temperature lasting from several days to a few weeks, aching muscles and swollen lymph nodes. However, if the disease is first contracted during pregnancy, it can be passed on to the foetus, especially in the 3rd trimester. The infection can be diagnosed through a simple blood test. This test is done during the first trimester of pregnancy, or before conception.

If the **toxotest is negative**, it means that the mother has never contracted toxoplasmosis and therefore has no **antibodies** to protect against toxoplasma. In this case, the blood test will need to be repeated every six weeks during the pregnancy in order to detect any infection in the early stages. The following simple precautions should also be taken:

- wash fruit and vegetables thoroughly;
- avoid eating raw meat;
- wear gloves when handling raw meat or wash hands thoroughly immediately after handling it;
- wear gloves to do gardening and wash hands thoroughly after touching soil;
- if there is a cat in the house, avoid changing the cat litter or use gloves to do so: **there is no need to get rid of a cat during pregnancy**.

If **the test is positive**, this can indicate an ongoing infection or else an infection contracted in the past. If the disease is first contracted during pregnancy, there is the possibility that it can be passed on to the foetus during the second or third trimester. If contracted in the past, on the other hand, the

possibility of catching the infection again is almost non-existent. The disease is caught mainly by eating food containing a relatively common parasite. In some cases, it may be spread by a blood transfusion or an organ transplant. The percentage risk of transmitting the disease to the baby changes as the pregnancy progresses. In the first few weeks, it is extremely rare for toxoplasma to be passed on to the foetus, but when this does occur it can seriously harm foetal development (resulting in miscarriage or neurological damage); in the third trimester the disease spreads more easily, but in most cases it causes no harm.
In the case of an ongoing infection, depending on the stage of the pregnancy, doctors will advise which tests to have and any treatment that may be required.

Cytomegalovirus (CMV) is a virus which causes an illness that is normally not serious. In the vast majority of cases, the infection is asymptomatic, meaning those who are infected show no symptoms. In 10% of cases, the virus produces flu-like symptoms. Those who have already had the virus are **not** immune, so they can be infected by the virus again. CMV can be dangerous if contracted during pregnancy, because the virus can pass through the placenta and infect the foetus. The risk of the virus spreading to the baby depends on whether it is a first infection, namely if it is the first time that the mother has contracted the virus, or a re-infection. Indeed, women who have had the virus before pregnancy run a low risk of passing it on to their baby.

If the infection is passed on to the baby during pregnancy, there are two possible outcomes:

1. in 85-90 cases out of 100, the infection is asymptomatic and causes no harm to the baby: 1 newborn in 10 is at risk of hearing problems which present after birth, sometimes much later on;
2. in 10-15 cases out of 100, the infection can have serious consequences either before birth (enlarged liver, delayed growth with varying levels of severity) or after (jaundice, petechial rash on skin - red marks caused by tiny blood vessels bursting - neurological damage).

So the virus does not always spread to the baby and, even when it does, that is not to say that it will have serious and/or lasting consequences.
The virus is spread through contact with infected individuals, through saliva, blood, urine, or sexual relations. In general, those at highest risk of infection are those who work closely with very young children, in nurseries or pre-school daycare facilities, since they are at greatest risk of infection through contact with children's saliva and urine, for example when changing nappies.

A blood test which checks for the presence of antibodies for the virus can detect if and when cytomegalovirus was contracted: IgM antibodies point to a recent infection, while IgG antibodies are typically found in the case of a past infection. This blood test is not carried out as a matter of routine and is not among those offered free of charge by the Italian health service (SSN), for two reasons: firstly, the CMV blood test cannot indicate whether the virus has been passed on to the foetus, (the only way to tell if the infection has spread to the foetus is through an amniocentesis, an invasive procedure which carries a certain increased risk of miscarriage); secondly, there are currently no standardised treatments for foetal or neonatal CMV infection.
Recently, expectant mothers have been treated with intravenous immunoglobulins in order to prevent serious harm caused by primary CMV infection during pregnancy. In 2009 Abruzzo regional authority, acting on the recommendations of the AUSL of Pescara, and in particular the Infectious Diseases Complex Operative Unit, began an experimental diagnostic-treatment programme for screening and early diagnosis of congenital CMV infection, in tandem with a diagnostic-care pathway for newborns affected by congenital CMV infection. As part of this programme, Pescara health board (AUSL) offers all pregnant women a blood test for cytomegalovirus.

Rubella

Rubella is a viral infection which can be asymptomatic in 20-50% of cases. If contracted during pregnancy, the virus can be passed on to the foetus, resulting in miscarriage, stillbirth or congenital rubella syndrome (eye abnormalities or blindness, deafness, heart malformations, mental retardation). In Italy, the rubella screening test is among the standard tests guaranteed in the first trimester of pregnancy (within week 13) under Ministerial Decree Law (Ministry for Health) of 10th September 1998 (official gazette 20/10/98, n. 245). The aim of the screening test is to check the mother's immunity and identify those women susceptible to infection. Women who test negative for immunity, and who are therefore susceptible to rubella, are invited to repeat the test no later than week 17 of gestation, after which time the risks to the baby decrease considerably. At present there is no treatment to reduce the risk of mother-to-baby infection: after birth, women who have not been immunised are advised to have the rubella vaccination, providing protection in the event of future pregnancies, since the vaccination is 100% effective in preventing foetal infection.

The table below highlights the **precautionary hygiene measure recommended**

FOOD	TYPE
Cereal grains	All types
Cakes	Without filling
	Filled
Cheese	Mature cheese
	Soft/semi-soft cheese with crust or mould (e.g *gorgonzola*, *brie*).
	Mozzarella - Spreading cheese (*stracchino*, *crescenza*).
Milk, Yoghurt	Fresh or long-life (UHT)
	Raw milk bought from dispenser machines Raw goat's milk
Eggs	Cooked (omelette, fried)
	Raw or lightly cooked (soft boiled, lightly fried, zabaione, mayonnaise, custards, tiramisu all homemade)
Meat	Raw minced meat or sliced raw meat (*carpaccio*)
	Canned meat
	Smoked meat

Source: AUSL TO5 - Ce.I.R.S.A. (Interdepartmental centre for Food Safety Research and Documentation)

during pregnancy to prevent the **possibility of contamination** from certain foods.

		ADVICE
		
		
		Beware of homemade sweets containing fresh eggs: they may contain salmonella
		
		May contain *Listeria monocytogenes*
		Avoiding prolonged storage after opening
		
		Boil before drinking. Avoid buying direct from dairy farms
		
		Wash hands after handling eggs and eat any freshly made custard or mayonnaise within one day, as eggs may contain salmonella
		Avoid minced meat. Sliced carpaccio should be eaten immediately after preparing it. Should be avoided by women whose TOXOTEST resulted NEGATIVE
		Eat immediately after opening, avoid storing
		Eat immediately after opening the pack, should be avoided by women whose TOXOTEST resulted NEGATIVE

 no special precautions required

 precautions to be taken

 not recommended in the circumstances described

FOOD	TYPE
Cured meats and charcuterie	Salted cured meats: Parma ham, *bresaola*, speck, *pancetta*
	Large cured salamis: *ungherese*, *milano*, *crespone*
	Fresh salami (sausage) or small lightly cured salami (*cacciatore*). Homemade
	Salted cooked meats: cooked ham, *mortadella*, *porchetta*
Fish	Raw fish (sushi, sashimi, etc.)
	Cooked fish
	Smoked fish
	Molluscs/oysters/shellfish
Fruit and vegetables	Fruit
	Canned fruit
	Packs of pre-washed vegetables ready to eat
	Frozen vegetables
	Frozen herbs (basil)
	Ready-prepared salads in bars or delicatessens
Cooked leftovers	

Source: AUSL TO5 - Ce.I.R.S.A. (Interdepartmental centre for Food Safety Research and Documentation)

		ADVICE
		
		
		Eat in moderation or avoid: may contain salmonella. Should be avoided by women whose TOXOTEST resulted NEGATIVE
		Store well protected in the refrigerator, avoiding prolonged storage
		May contain *Listeria monocytogenes*
		Small fish
		For swordfish, shark or tuna, do not eat more than one portion a week in order to avoid a build-up of possible pollutants (methylmercury)
		Eat immediately after opening, afterwards *Listeria monocytogenes* may be present
		Eat cooked only
		Best eaten peeled
		Eat immediately after opening, avoid storing
		Wash thoroughly before eating
		
		Cook before eating
		May contain *Listeria monocytogenes* or *Toxoplasma gondii*
		Store in the refrigerator for no more than 2 days in sealed containers. Reheat to boiling point before eating

 no special precautions required

 precautions to be taken

 not recommended in the circumstances described

Food supplements

Folic Acid is a B-group vitamin which is normally found in foods like cereal grains, pulses, vegetables and meat (especially in liver). Scientific research has shown that taking folic acid during pregnancy reduces the risk of neural tube defects in the baby. The most common neural tube defects are **spina bifida**, the result of abnormalities to the spinal cord, and **anencephaly**, a result of abnormal development of the skull and brain.

For folic acid to offer effective prevention, a woman must start taking it before conception or, even better, as soon as she stops taking contraception and may therefore become pregnant. This is because the baby's spine and brain finish developing within the first five weeks of pregnancy. Diet alone is not guaranteed to provide a sufficient daily amount of folic acid to prevent neural tube defects. The essential daily intake for the majority of healthy women is **0.4 mg**, with the recommended dosage increasing to **5 mg** per day for women suffering from diabetes or epilepsy, women with a family history of neural tube defects or those who have given birth to children with birth defects or who were stillborn.

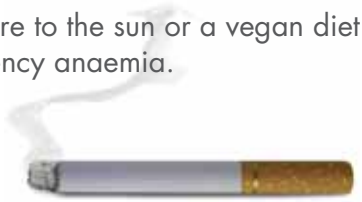
An ultrasound scan, carried out between weeks 17 and 20 of pregnancy, can identify most defects of the central nervous system.

Iodine supplements: proper functioning of the thyroid gland is important in women of a fertile age and above all during pregnancy because any defect, no matter how slight, can create health problems for the mother-to-be and have a negative impact on the neuropsychological development of the newborn and child. In pregnancy the recommended daily intake of iodine and thyroid hormone increases considerably. The increased daily requirement of iodine cannot be met simply by using iodised salt which, experts widely accept, should be used by everyone. An additional iodine supplement is therefore highly recommended throughout pregnancy, as are iron and folic acid supplements. The World Health Organisation advises a daily iodine supplement of at least 200/250µg, to be taken as soon as the pregnancy is confirmed or, even better, from a few months before conception in the case of a planned pregnancy. It is not unusual for autoimmune thyroid conditions to be discovered during pregnancy or before a planned pregnancy. However, bear in mind that with very few exceptions, thyroid conditions are no obstacle to pregnancy, as long as they are diagnosed and treated in time.

The most common thyroid condition is hypothyroidism, or an underactive thyroid. This can easily be corrected by taking a thyroid hormone pill which is a perfect substitute for the natural hormone. With appropriate treatment, normal hormone levels can be restored. Hyperthyroidism, or an overactive thyroid, is less common but can pose a risk to pregnancy if not promptly diagnosed and treated. Hyperthyroidism can be treated with drugs which effectively reduce the excess thyroid hormone produced, allowing normal thyroid function to be restored and the pregnancy to continue smoothly. Before or during pregnancy a swelling on the neck, called a goiter, may develop (with or without nodules). This condition should not be a cause of great concern because the nodules are almost always benign, pose no risk to the pregnancy and simply need to be monitored regularly over time. The presence of a goiter is another reason for taking an iodine supplement during pregnancy.
Other food supplements are necessary **only** in the presence of particular clinical conditions:

- **Vitamin D**, in the event of limited exposure to the sun or a vegan diet
- **Iron** in the event of diagnosed iron-deficiency anaemia.

Smoking



The harmful effects of smoking on pregnancy and the newborn's health are well documented. Smoking is considered the most common cause of easily avoidable conditions. The most serious damage is to the placenta, the organ which guarantees foetal nutrition and growth. Smoking increases the risk of miscarriage, low birth weight, cot death and respiratory illness in newborns. The effect is linked to the amount smoked (= dose dependent): the more cigarettes a woman smokes per day, the greater the risk.
During pregnancy women tend be more motivated to quit smoking, making it easier to continue a non-smoking lifestyle afterwards. It may be useful to talk to a midwife/gynaecologist for advice and details of help available. To a lesser extent, passive smoking (produced by others smoking cigarettes in the pregnant woman's company) can also beharmful.

Alcohol

The harmful effects of alcohol on pregnancy and the baby's health are well documented; with heavy alcohol consumption, the most frequent damage is: miscarriage, foetal abnormalities, low birth weight and, after birth, mental retardation.

Foetal alcohol syndrome (FAS) is the most severe condition caused by drinking alcohol during pregnancy. The abnormalities in foetal development caused by drinking alcohol were only documented quite recently: the first clinical description of symptoms that can clearly be attributed to pre and postnatal effects of alcohol was published in France in 1968 and, a few years later, in the USA. Since then a growing number of studies conducted all over the world have led to a more accurate description of the range of foetal abnormalities linked to exposure to alcohol, called "Foetal alcohol spectrum disorders" (FASD), and their prevalence in various countries.

Height being equal, women's bodies contain less water than men's, so after drinking the same amount of alcohol, the concentration of alcohol in a woman's bloodstream will be higher than that in her male counterpart's. The time required to eliminate alcohol from the bloodstream, already a lengthy process for women, is even longer for the foetus. If a pregnant woman has an alcoholic drink, the alcohol, and above all acetaldehyde (produced as the body metabolizes alcohol) passes directly through the placenta and into the baby's bloodstream. Since the baby is unable to break down alcohol in the way adults do, it is therefore exposed to its harmful effects for an even longer period of time.

The more alcohol the mother drinks, the greater the risk of harm to the baby. Nonetheless, even sporadic drinking of a lot of alcohol poses a great risk to the baby's development, as alcohol consumption can affect development at any stage of pregnancy. Since any harm to the baby is permanent and, to date, there is no known "safe" alcohol limit that is guaranteed free of risk, it is best not to drink any alcohol at all during pregnancy.

Drug use

(e.g. heroin, cocaine, amphetamines, etc.)
All drugs, including those classed as recreational or soft drugs, are categorically contraindicated for women who want to have a baby. Habitual drug use during pregnancy causes a whole range of harmful effects depending on the type of substance taken. The most common are: miscarriage, foetal abnormalities, preterm delivery, reduced foetal growth, withdrawal symptoms in the newborn after birth, increased risk of stillbirth or cot death in the months following birth, behavioural and learning difficulties as the child grows.

Hygiene

It is perfectly safe to **bathe** in a bathtub or shower, at a pleasant water temperature of 30 to 35° C; the only precaution is to avoid bathing in water that it too hot or too cold.
There is no definitive proof of the safety of **hair dyes and perm lotions**: in all likelihood they are harmless, however as a matter of caution they are best avoided, especially in the first trimester of pregnancy.

Dental health

Pregnant women who need dental work can, if necessary, have a **local anaesthetic**.

Clothes

Clothes worn in pregnancy should be loose fitting so as not to constrict in any way; choose comfortable, wide fitting **shoes**, with a chunky, low heel; some women feel more comfortable with **a maternity support belt or shapewear**.

Sexual relations

Scientific studies have proven that sexual relations during pregnancy are in no way harmful to the mother or the baby. Therefore, there is no reason to abstain from sex, on the contrary maintaining a loving intimacy can be beneficial. Nevertheless, some clinical conditions may make it necessary to abstain from sexual intercourse temporarily (e.g. spotting or bleeding, invasive procedures, presence of uterine contractions, etc.). Sometimes, as the pregnancy progresses, couples tend to reduce the frequency of sexual intercourse because of an unfounded fear of harming the baby or a spontaneous idealisation of the woman or the father.

Physical exercise

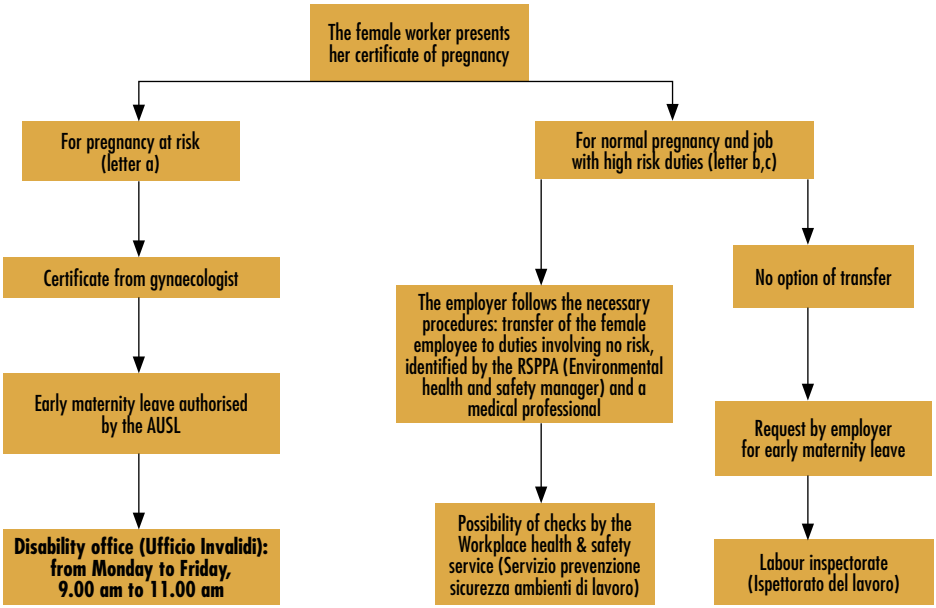
Moderate **exercise** (e.g. walking, swimming, active antenatal exercises based on yoga and stretching) promote healthy circulation and general physical wellbeing. It is best to avoid activities that require intense muscular effort, excessively strenuous sports and those which have a risk of falling.

Work

In Italy, women in employment have the right to maternity protection and employers are legally bound by laws governing maternity leave.
A pregnancy without complications is entirely compatible with normal working activities. In some cases, however, the nature of the work or the working environment itself can pose a risk to the health of the mother-to-be and/or her baby. For this reason, the law requires all workplace hazards to be identified, for the purposes of control and prevention. Pregnant women in employment are entitled to be fully and properly informed with regard to the safeguards enshrined in law.
The various legal provisions relating specifically to this matter are set forth in the Italian Legislative Decree 151/2001 letter a), b) and c) of article 17, paragraph 2 of Consolidated Act on the protection and support of maternity and paternity (Testo Unico delle disposizioni legislative in materia di tutela e sostegno della maternità e della paternità), under article 15 of Italian law 8/3/2000, n. 53.

What is the procedure for requesting early maternity leave due to pregnancy risk? To whom are applications submitted?

Measures safeguarding pregnant women in the workplace



Currently, any early maternity leave due to serious pregnancy risk or pre-existing illness (letter a) is granted by the local health board (AUSL). The provincial employment office (Direzione provinciale del lavoro) handles the evaluation of the other two possible options, namely those laid down in letters b) and c) of article 17, paragraph 2 of Italian Legislative Decree 151/2001. A female worker who finds herself in the position as described at letter a) (serious complications in pregnancy or pre-existing illness) must go to the Disability Office (Ufficio Invalidi) of the AUSL in Pescara, and present a pregnancy certificate from her doctor, a certificate declaring the serious complications of the pregnancy and any other relevant paperwork. If the certificate was issued by a gynaecologist registered with the Italian health service (SSN), no other certification will be required. If the certificate was issued by a gynaecologist

working in the private sector, a legal-medical certificate ('certificato medico-legale') will also be required; the latter is issued by the AUSL upon presentation of the application, based on medical-health checks carried out by the national health service (SSN). While awaiting approval of an application for early maternity leave, female workers should stay off work from the date specified on the certificate of pregnancy at risk.
In the cases laid out at letters b) and c) of paragraph 2 of article 17 of the Consolidated Act, application for early maternity leave can be presented either by the female employee, or by her employer. Applications are assessed by the provincial employment department (Dipartimento provinciale del lavoro).
For compulsory maternity leave, a doctor's certificate is required. This certificate may be issued by a gynaecologist working in the public sector: in local Health Districts/Distretti sanitari (a national health service referral form called 'impegnativa' is required), in Family Advisory Services/Consultori familiari (no referral required), by a general practitioner. Certificates must state the date of the last menstrual period and the estimated date of delivery. These certificates are issued free of charge.

For an up-to-date list and description of maternity services provided by INPS (Italian Social Security and Welfare Institution) see the INPS website www.inps.it (Italian language only).
The homepage of the website:

- *gives the telephone number 803164 which provides information in eight languages (the service is free);*
- *enter the word 'maternità' (maternity) in the search box for a list of INPS maternity/paternity services (maternity benefits (indennità di maternità), maternity payment (assegno di maternità), paternity benefits (indennità di paternità) etc);*
- *in the 'modulistica' (forms) section (at the top of the homepage) again enter the word 'maternità' in the search box to access forms which can be downloaded and filled in (application for maternity leave for female employees, self-certification for maternity leave and illness, application for state maternity payment – for those with entitlement – etc).*

Excessive consumption of coffee

Drinking excessive amounts of coffee during pregnancy increases the risk of miscarriage and of having a baby with a very low birth weight.

Travelling

There are no particular contraindications for **travelling** during pregnancy, apart from avoiding unfavourable situations. If travelling to countries for which specific vaccinations are recommended, follow the advice given by Travel Medicine Centres (Centri di Medicina dei Viaggi). For detailed information, see the website **www.ilgirodelmondo.it** (section for pregnant travellers/travellers with health problems (viaggiatori con problemi di salute/gravidanza) - Italian language only). For long distances, air travel is without doubt the most suitable means of transport. All commercial airlines have their own specific rules relating to pregnant travellers, so it is always a good idea to check with the airline for exact details when booking a flight. Generally, in the case of healthy pregnancies, women are advised that it is safe to fly up to week 36, or week 32 if they are carrying twins. After week 28, pregnant women are requested to provide a medical certificate confirming they are fit to fly and stating the estimated date of delivery.

If travelling by **car**, especially during long journeys it is a good idea to schedule several stops to stretch one's legs, go to the bathroom, change position and get the circulation moving again. Mothers-to-be often ask antenatal medical professionals for a certificate of exemption from compulsory seat belt wearing, convinced that seat belts do not afford protection, but are a hindrance and actually pose a risk to the baby. In actual fact there is no evidence that seat belt use poses a risk to a pregnant woman or her baby, whereas numerous studies have demonstrated the benefits of using a suitably positioned seat belt when pregnant. So, although there is the possibility of a legal exemption for pregnant women (Italian law 284, 4 August 1989, art. 1, section f), **the use of a seat belt is still highly recommended**, apart from in highly exceptional circumstances certified by a doctor. All women should be informed, right from the start of their pregnancy, on the proper way to position a seat belt. The only suitable seat belt is a three-point model. The lap belt must be positioned as low as possible across the hips and under the bump, then the diagonal shoulder belt is passed above the bump, between the breasts. The belt needs to be adjusted so that it feels comfortable to wear and the retractor mechanism doesn't lock without good reason.

Mental health and wellbeing

Pregnancy and motherhood bring huge changes in a woman's life that require a great ability to adapt; it may be viewed as a time of development and transition to maturity, but from a psychological and emotional point of view, it can also be a time of crisis. During this period, a woman must look after herself and then gradually develop a bond with the newborn.
Numerous aspects of her everyday life undergo substantial changes: her relationship with her partner, with her family, her body image, her maternal instinct, her imaginings of the soon-to-be-born baby.
Being prepared for pregnancy and motherhood therefore requires a global approach that takes into account the many different aspects involved. So it is best to take every opportunity to reach and maintain, throughout pregnancy, not just physical but also mental wellbeing, by sharing feelings, anxieties and expectations with loved ones and health professionals, in the knowledge that "silence doesn't help": to this end, all Family Advisory Services (Consultori Familiari) have a psychologist among their team.

Information on antenatal screening and diagnostic procedures

Nearly all babies are born healthy, but approximately 3 in 100 newborns have some kind of abnormality or hereditary illness. Some of these can be detected before delivery through specific tests called **antenatal diagnostic testing**, while others can only be diagnosed after the baby is born. This means that, despite all the advances in technology, not all medical conditions can be prevented or diagnosed early on. Before birth, tests can be carried out to check for some conditions linked to an alteration in the number or structure of chromosomes, like Down's syndrome, for example. Prior to the development of biochemical tests and ultrasound scans, screening for Down's syndrome was based purely on the mother's age and several invasive tests offered (chorionic villus sampling first trimester, amniocentesis second trimester) to women over 35. Current policy in many European countries is to offer invasive tests to women over 38 years of age.

These **diagnostic tests are classed as invasive** because they involve using a needle to take a sample of the placenta or the amniotic fluid from the womb, which in one case in a hundred can result in miscarriage. It is therefore appropriate that selection of pregnant women offered these invasive antenatal diagnostic tests is based not only on the age of the woman but on the results of ultrasound scans and blood tests too. Extensive published studies have shown that this results in more stringent selection of pregnant women and when carried out in specialist centres, reduces the number of invasive tests.

Antenatal screening tests

Screening tests allow doctors to give a "personalised" risk of a pregnancy being affected by Down's syndrome and other rare chromosome disorders like Trisomy 18, also known as Edwards' syndrome. In other words, they calculate the probability based on the combined results of an ultrasound scan and the levels of concentration in the mother's blood of certain substances produced by the foetus and the placenta. As we know, the older the mother is, the greater the risk of her baby being affected by Down's syndrome. Nonetheless, the results of screening tests only express how high the woman's risk is of having a child with a chromosome disorder, compared to the total number of women with the same characteristics.

A result is said to be negative when the risk is very low; or positive when the risk is above a certain cut-off value : in this case the woman will be offered diagnostic tests, which she can accept or else decline.

As stated previously, screening tests involve blood tests carried out on the mother's blood plus an ultrasound scan, with these being **offered to all pregnant women**.

Those currently made available are:

Nuchal translucency scan[1] (N.T.)

An ultrasound scan performed between weeks 11 and 13 of pregnancy measures the crown-rump length (CRL), used to calculate gestational age, and the thickness of the tissue behind the baby's neck (nuchal translucency). In addition to indicating any increased risk of chromosome disorders, nuchal translucency can also highlight an increased risk of certain skeletal or heart defects; test results are immediate.

[1] For this scan, health boards must observe specific standardised procedures in which technicians must be fully trained; technicians must also be subject to periodical assessments to verify the accuracy of their measurements.

The combined test

The combined test consists of a nuchal translucency scan plus a blood test. It is carried out between weeks 11 and 13 of pregnancy and provides a more reliable calculation of the risk than nuchal translucency alone. The advantage of this test is that, in the event of a positive result, it enables early diagnostic testing with chorionic villus sampling (for details see below).

The integrated test

This test comprises two stages, firstly the combined test, followed by an additional blood test carried out between weeks 15 and 17. The results from the first and second stages are combined into a single screening result which is more accurate and allows better evaluation of the risk of a neural tube defect (spina bifida).

The triple test

This blood test can be performed up to week 20 for the purpose of risk evaluation. This assessment is less accurate, but can still be carried out on women who are too late for the more accurate tests described above.

Cross-trimester test

This test is very similar to the integrated test. It involves an ultrasound scan to be carried out before the triple test. This ultrasound is very useful for diagnosing Trisomy 18 (Edwards' syndrome).

Contingent test

This test is carried out between weeks 11 and 13 and allows more stringent selection of the expectant mothers to be offered invasive antenatal testing (chorionic villus sampling or amniocentesis). In particular, 2 *cut-offs*, i.e. threshold values, are used to divide pregnant women into three categories: **high risk** (*cut-off* 1 in 30), **low risk** (*cut-off* 1 in 900 and above) and **intermediate risk** (value between 31 and 899). Those considered to be at high risk, i.e. with a risk of more than 1 in 30 (e.g. 1 in 23, 1 in 15 etc), can choose, after immediate genetic consultation, to have **Chorionic villus sampling** or the ***Triple test*** combining the result with the ***Combined test*** at the*cut-off* of 1 in 250. If the result is again positive, the woman is offered an amniocentesis. Those considered to be at intermediate risk, i.e. with a risk of between 1 in 31 and 1 in 899 (e.g. 1 in 200, 1 in 400) are advised to have the ***Triple test*** and the calculated risk is integrated with that from the ***Combined test*** carried out in the first trimester; if the test indicates a lower than 1 in 250 chance of abnormality, no other tests

will be necessary; if, on the other hand, the risk is higher, the mother will be offered an amniocentesis. Lastly, for pregnant women considered to be at low risk (the vast majority, at 92-93%), no other diagnostic test is recommended apart from the foetal anomaly scan in the 5th month, which in any case is recommended for all pregnant women.

There are three steps from screening to antenatal diagnosis:

1 Calculation of the personalised risk level for each woman: **screening test**;
2 If the screening test indicates an increased risk, the woman is advised to have **diagnostic testing**;
3 Having evaluated the diagnostic testing results, the woman **chooses** whether to continue or terminate the pregnancy.

It is important that the pregnant woman fully understands the limitations and opportunities of each of these three steps. For this reason, detailed discussion with the relative healthcare professionals is essential, so that the woman can make an informed choice on whether to undergo antenatal diagnostic testing or let nature take its course.

WHERE CAN SCREENING TESTS BE DONE?

AUSL PESCARA

Pescara health board (AUSL) offers only the **Combined Test**.

Women wishing to have the combined test must make an appointment by calling the following number: **085 4252555** (Monday to Friday from 11.00 am to 1.00 pm).

Pregnant women wishing to book an appointment will need two national health service referrals ('impegnative' - from their family doctor or gynaecologist) with the following wording:

1) *visita ostetrica per consulenza screening prenatale* /obstetric check-up for antenatal screening consultation (no ticket to pay)
2) *ecografia I trimestre con misurazione TN* /1st trimester ultrasound scan with NT measurement (no ticket to pay)

At the end of the antenatal consultation, couples who decide to have blood samples taken for the combined test will be given a referral with the following wording: PAPP-A and bHCG. The referral must be stamped for approval (once the ticket has been paid) at the CUP office of the AUSL in Pescara.

If available appointment times for the blood test are incompatible with the ultrasound test, the combined test can be carried out in the hospital by a doctor working as private physician, under the permitted **intramoenia** regime; in this case the cost of the test must be met by the expectant mother.

CATTEDRA DI GENETICA MEDICA Università degli Studi "G. d'Annunzio" of Chieti

Screening tests are carried out on an appointment basis, and can be arranged in person or over the telephone. On the day of the appointment, pregnant women must report to the Cattedra di Genetica Medica - Università degli Studi « G. d'Annunzio » of Chieti, Nuovo Polo didattico Palazzina C (New Teaching Centre Building C) with their national health service referral (from their family doctor or gynaecologist) with the following wording:

COUNSELLING PRENATALE E TEST CONTINGENTE /
ANTENATAL COUNSELLING AND CONTINGENT TESTS

The referral must be stamped for approval (once the ticket **where applicable**, has been paid) by the CUP office at the AUSL of Chieti.

The pregnant woman may have breakfast before the test, and must:

1. bring a **recent** ultrasound scan which indicates the gestational age, crown-rump length CRL and nuchal translucency TN (if the test is carried out between weeks 11 and 13 of pregnancy) or the key foetal parameters (DBP, LF, LO, CC, CA, CRL: biparietal diameter, femur length, homer length, head circumference, abdominal circumference, crown-rump length);
2. bring her national health card;
3. bring a valid form of identification;
4. inform medical staff of her weight.

Appointments can be booked by calling the following number: **0871 3554138**

Antenatal diagnostic procedures

Chorionic villus sampling and Amniocentesis are procedures that are offered to test for genetic or chromosomal abnormalities, such as Down's syndrome. As stated previously, these are invasive tests which can, in a percentage of cases, interfere with the natural course of the pregnancy and lead to a miscarriage. These invasive diagnostic tests may also be offered to women affected by hepatitis B or C, since there is no evidence of an increased risk of mother-to-baby infection.

In the case of HIV infection, on the other hand, there does appear to be an increased risk, especially if the procedure is carried out in the third trimester. No risk estimates are available for the procedure being carried out in earlier stages of pregnancy, in women taking antiretroviral treatment and with a low viral load.

CHORIONIC VILLUS SAMPLING consists of a sample of chorionic villi being taken in an ultrasound-guided procedure. The test is carried out around week 12 of pregnancy; due to its complex nature and the slightly increased risk of miscarriage, it must be carried out in a specialised authorised clinic.

AMNIOCENTESIS consists of a sample of amniotic liquid being taken in an ultrasound-guided procedure. The test is carried out between weeks 16 and 18 of pregnancy and has an associated miscarriage risk of 1%.
Given the cost and complex nature of these two invasive procedures, the Italian health system (SSN) provides them **free of charge** only to pregnant women over 35 years of age, or who have at least one family member affected by a hereditary disease, or who have given birth to a child with genetic or chromosomal abnormalities, or who have been advised to have the test based on the results of antenatal screening or ultrasound scans. Pregnant women who do not fall into any of the above categories (the majority), have the option of undergoing antenatal screening tests.

Ultrasound scans during pregnancy

An **ultrasound scan** is a medical diagnostic test which uses ultrasonic waves; it interprets the echoes from high frequency sound waves (inaudible to the human hear), to capture images. These sound waves pass through the soft tissue of the body, highlighting internal organs.
In the early months of pregnancy, an ultrasound scan shows the gestational sac and the tiny embryo inside. By measuring the length of the embryo, doctors are able to evaluate its development in respect of the age of the pregnancy, calculated from the date of the mother's last period. If a woman cannot remember the exact date of her last period or has an irregular cycle, an ultrasound scan performed in the first three months of gestation can accurately date the pregnancy and therefore offer an estimated due date.
From the end of the second month, an ultrasound can show the heartbeat, foetal movement and the number of embryos present. From the fourth month, it can be used to measure the baby's head, abdomen and femur; by comparing the values of these measurements with reference curves, doctors can assess whether the baby is of the size expected for that gestational age. At the same time the scan shows: the position of the placenta, the amount of amniotic liquid present and some internal organs.
The sex of the baby can be detected from the fourth month, but whether or not this is visible in the ultrasound images depends on the position of the baby at the time. It is not unusual for the sex to be unidentifiable due to the baby's position, even at full term.
In addition to the structures that are normally displayed and measured (head, abdomen, femur), the ultrasound scan is also used to examine the bladder, kidneys, stomach, spine, intracranial structures and limbs. The ultrasound

is also used to look at other parts of the developing foetus (for example the heart); detailed examinations of certain organs are carried out by skilled medical staff only when specifically necessary, using the appropriate equipment. As can be easily understood, this test **relies almost entirely on the experience and skill of the ultrasound technician, together with the use of modern ultrasound equipment of the highest quality**. Despite this, not all conditions can be diagnosed in the womb and it also depends on the size and position of the baby, on the quantity of amniotic liquid, the thickness of the mother's abdominal wall and the age of the pregnancy. In addition, some abnormalities develop over time and therefore may only become apparent at a later stage in the pregnancy. The **anomaly scan**, together with the first trimester ultrasound, is the most important and detailed check-up in pregnancy. This ultrasound scan is sometimes called an anomaly scan because it examines the morphology of the foetus to rule out or ascertain the presence of any abnormalities. It is carried out between weeks 19 and 21 week of pregnancy. It is offered at this particular stage in the pregnancy for two reasons:

1. the foetus is at the ideal stage of development for examination, since there is an optimal relationship between the size of the foetus and the amount of amniotic liquid;
2. after this time the law does not allow for a termination of the pregnancy even if the foetus is affected by severe abnormalities.

In the case of a low-risk pregnancy, three ultrasound scans are considered sufficient: one in the first trimester, one in the second (at weeks 19 - 21) and another in the third (at weeks 28-34).

In a small percentage of cases, where the medical specialist deems it necessary, additional ultrasound scans will be carried out.

Vaginal and rectal swab

Group B streptococcus (*Streptococcus agalactiae, GBS*) is a microorganism that can cause a severe infection in newborn babies. The bacteria can live in the gut or vagina, and may or may not produce symptoms. Therefore all pregnant women are advised to have a vaginal and rectal swab for GBS culture between weeks 36 and 37 of pregnancy.
Pregnant women with a group B streptococcus infection must receive antibiotics during labour.

Antenatal courses

Antenatal courses are designed to "accompany" women on their journey towards motherhood. The courses provide support, generally through a midwife and a psychologist, and endeavour to boost participants' knowledge, skills and individual resources, to help them understand and control their emotions and share their experience of childbirth and parenthood. They are therefore a great opportunity to learn, find support and share thoughts and views regarding the best and most natural choices for labour, delivery and the first few months of baby's life. A chance to learn to listen to the sensations, personal rhythms and movements of the growing baby. Antenatal courses also offer expectant mothers time to focus on their own body as they prepare physically for labour and giving birth. From a physical point of view it's not simply about learning techniques, but trying out movements, positions and ways of breathing which can be of help throughout the various stages of labour/giving birth. It goes without saying that no course can teach all there is to know about maternity and parenthood, but antenatal classes provide a foundation of greater awareness of the emotional experiences ahead. The transition to parenthood is part of a developmental process that can be influenced by many factors: one's own physical and mental history, the relationship with one's own mother, individual personality, the relationship with one's partner and family. In today's modern society, where the structure of everyday life often leads to a certain degree of isolation with little sharing of personal experience with others, dedicating time to engage in dialogue and exchange as a couple, and then with other couples, other women and medical experts, is a useful way of reducing anxiety and uncertainty.

The courses generally consist of around ten group meetings. The main themes tackled are: a healthy lifestyle in pregnancy, the relationship with one's partner during pregnancy, the mother-baby bond, parenthood, the birth plan and delivery choices, the baby blues, the right start for successful breastfeeding, contraception after childbirth, keeping fit and healthy after childbirth, looking after baby and the services available to support mothers and babies. Group meetings can be continued after birth to provide support to new parents during the postpartum period, to promote massage techniques for newborns aimed at favouring wellbeing and bonding, to support exclusive breastfeeding, to offer information on psychomotor development and the parent-child relationship. For further information and course enrolments, contact the Family Advisory Service (Consultori Familiari). In addition, some Family Advisory Services also have a "Baby Pit Stop", a specially equipped space with baby changing facilities and a breastfeeding area.

TELEPHONE NUMBER FOR AUSL FAMILY ADVISORY SERVICES IN PESCARA:

Montesilvano: 085/4253365
Pescara: Via Pesaro 50, 085/4253903
Pescara: Via Milli 2, 085/4254980
Pescara: Via Naz. Adriatica nord 140, 085/4253470-1-2
Penne: 085/8276523
Scafa: 085/9898817

Antenatal courses are organised by Family Advisory Services and by private organisations too.

Umbilical cord donation

The Ospedale Civile public hospital in Pescara allows mothers to donate the **umbilical cord blood**. Until recently, the blood from the umbilical cord was discarded as waste material straight after delivery along with the cord and placenta. However, recent studies have shown that

CELESTE PARMEGIANI
Life can deal a fatal blow sometimes... everything can depend on a gesture: the donation of a few cells can be an act of love that brings new life

the blood inside the umbilical cord and placenta contains precious cells, called haematopoietic **stem cells**. These cells are entirely similar to those found in bone marrow, which give rise to red blood cells, white blood cells and platelets. Because of these characteristics, they can be used to treat a range of blood diseases, including aplastic anaemia and leukaemia among others. Patients suffering from these conditions can be given a stem cell transplant from placental blood in order to restore the proper functioning of their bone marrow, which starts producing normal red and white blood cells and platelets again. Cord blood stem cell transplant is a viable alternative to bone marrow transplant. In particular, with cord blood stem cell transplant there is a much lower risk of rejection for the receiver and, for the donor, the procedure is painless and risk-free. Donating umbilical cord blood is actually very simple and **does not involve any risk to mother or baby**, given that it is collected in a sterile bag once the cord has been cut, when the baby has been safely delivered and before delivery of the placenta. Umbilical cord blood can be collected after both standard vaginal delivery and caesarean section delivery. For the blood to be viable for transplant purposes, at least 100 millilitres must be collected. However, as umbilical cord blood is a biological product, its suitability for transplant is evaluated based on several criteria designed to prevent the transmission of serious neoplastic, genetic and infectious diseases that can be passed on through blood (hepatitis, HIV, syphilis, cytomegalovirus, T-lymphotropic virus).

The donation procedure entails a talk with a specialist doctor or with a suitably trained healthcare professional, who will record the medical history of the parents and their respective families. In order to rule out any potential risk factors associated with the passing on of any infections, the lifestyle and sexual behaviour of both parents will also be evaluated. The mother's state of health and the course of the pregnancy will also be assessed in order to rule out any element that might pose a risk to the mother or her baby during delivery. The obstetric conditions will nevertheless be reassessed just before delivery.

Once collected, the umbilical cord blood is quickly taken to the placental blood bank, where it is analysed and checked. If found to be suitable, it is frozen and stored in liquid nitrogen at a temperature of -196° C until needed by a transplant centre. The mother undergoes routine tests at the

[2] *This work of art was created by a student of the Ripetta artistic high school in Rome following a trip to the EMBL laboratories, organised as part of a project titled "The long and fascinating journey of the research on stem cells".*
Pamphlets for schools - Istituto Superiore di Sanità (Italian Higher Institute of Health).
Chairman: Enrico Garaci

time of donation and these are repeated after 6 and 12 months to rule out any infections that might make the collected blood unsuitable for use. These tests consist of two blood samples, one before delivery and the other six months after the birth of the baby. This makes it possible not only to rule out any infectious or congenital diseases undetected at birth, but to gather information about the health of the newborn.
Under Italian legislation, donated blood is made available to any patient who meets the necessary clinical characteristics and who is compatible with the donation (in other words, patients who may benefit from a transplant of cord stem cells). In the case of first-degree relatives affected by diseases treatable with umbilical cord stem cells, public cord banks are authorised to store umbilical cord blood for family use (or **directed donation**).
Autologous storage, i.e. storage of cord blood for possible future treatment of the donor baby in the event of disease in later years, has no proven efficacy and is not currently recommended. In Italy cord banks are not permitted to store umbilical cord blood for autologous transplant purposes. It is, however, possible to contact foreign cord banks for such purposes, requesting authorisation from the Italian Ministry for Health to export cord blood, after prior consultation - by telephone or otherwise - with the Italian national transplant service, 'Centro Nazionale Trapianti' (www trapianti.ministerosalute.it/cnt/). The healthcare management of the maternity unit (Punto Nascita) in question must be informed of this request in advance in order to enable them to comply with all legal requirements. All related costs (from collection to transportation and delivery to the foreign cord bank) must be met by the donor family.

More detailed information is available:

- > during antenatal courses organised in AUSL Family Advisory Units (Consultori Familiari)
- > directly from the BANCA DEL SANGUE CORDONALE (Umbilical cord blood bank), after prior arrangement by telephone
  Tel. 085.4252374 / e-mail: pescaracbb@ausl.pe.it

Reference medical professionals: Dr. Tiziana Bonfini, Dr. Elisabetta Liberatore, Dr. Ilaria Di Marzio

The mother's birth plan

Pescara health board (AUSL) maternity units are happy to offer guided tours of delivery suites: tours need to be arranged in advance via a telephone call to the midwives. During such visits, expectant mothers can find out what facilities are on offer at the unit, although this will depend on how labour and delivery progress. In particular, mothers can get detailed information about:

1. birthing options
2. presence of a partner or friend during labour
3. pain management methods
4. skin-to-skin contact with the newborn
5. feeding the newborn
6. rooming in
7. duration of the hospital stay
8. umbilical cord donation
9. presence of the father after the birth

Pescara Hospital "Punto Nascita" 085-4252547

PACKING A BAG FOR THE HOSPITAL

FOR MOTHER

1. PATIENT RECORD AND TESTS CARRIED OUT DURING THE PREGNANCY
2. PERSONAL DOCUMENTS (National Health Card and Identity Card)
3. 3 NIGHTDRESSES, PREFERABLY BUTTON-DOWN, IN WHITE NATURAL FIBRE
4. COMFORTABLE, WASHABLE SLIPPERS (for use in the shower too)
5. DRESSING GOWN
6. SHORT COTTON SOCKS
7. 3/4 PAIRS OF DISPOSABLE PANTIES IN MESH + 1 PACK OF LARGE, LONG SANITARY PADS (incontinence type); ALTERNATIVELY, POSTPARTUM PANTIES
8. 1 PACK OF NORMAL SANITARY PADS
9. INTIMATE DETERGENT WITH PH 3.5 (preferably non-foaming)
10. SOAP-FREE BATH/SHOWER DETERGENT
11. TERRY TOWELLING OR LINEN TOWELS, OR ABSORBENT PAPER
12. 1 PACK OF MULTIPURPOSE WET WIPES
13. COTTON NURSING PADS
14. 2 NURSING BRAS
15. NIPPLE CLEANSING SOLUTION
16. 1 PACK OF COTTON WOOL
17. 1 PACK OF TOILET SEAT COVERS
18. 1 ROLL OF KITCHEN PAPER
19. 1 ROLL OF TOILET PAPER
20. SET OF CUTLERY
21. PAPER NAPKINS
22. CUPS WITH LID OR DISPOSABLE CUPS
23. MATERNITY BELT (**NECESSARY** ONLY IN THE EVENT OF CAESAREAN SECTION)
24. DIRTY LAUNDRY BAG

FOR BABY

1. 1 LARGE TOWEL FOR WRAPPING BABY IN AT BIRTH
2. 1 COTTON SHEET TO PLACE ON BED WHEN CHANGING THE BABY
3. LARGE BIBS FOR FEEDING THE BABY

Further information is available from the neonatal department

FOR LEAVING HOSPITAL:

- BLOUSE/SHIRT
- BODYSUIT OR UNDERVEST IN COTTON OR WOOL/COTTON BLEND (DEPENDING ON TIME OF YEAR)
- BODYSUIT OR TOP AND TROUSERS
- HAT
- SOCKS
- HEAVIER KNITTED JUMPER IN COTTON OR WOOL BLEND (DEPENDING ON TIME OF YEAR)
- BLANKET
- PRAM OR BABY CARRIER

Documents required for registration of the newborn's birth

The baby can be registered within 3 days of the birth, at the 'Ufficio di Stato Civile' registry office located inside Pescara hospital between the CUP and the BNL (Banca Nazionale del Lavoro), or, within 10 days of the birth, at the 'Ufficio di Stato Civile' office either in the town where the baby was born or the town where the parents are residents.
In addition to a valid form of identification, the parent who is registering the birth must also present the certificate of birth (*certificato di assistenza al parto*) issued by the midwife or doctor who attended the birth. In the case of unmarried cohabiting parents, both must be present to register the birth.

THE REGISTRY OFFICE IN THE HOSPITAL IS OPEN FROM MONDAY TO FRIDAY FROM 08.30am– 12.00pm

The newborn's health card

The local tax office (Ufficio dell'Agenzia delle Entrate) sends out a European health card (Tessera Sanitaria) for the newborn baby.
Within 30 days of the birth, parents must inform the scheduled admissions department (Accettazione ricoveri programmati) of Pescara hospital of the health card number by calling 085/4252537, otherwise they will be billed for the hospital stay.

Choice of paediatrician

To choose a paediatrician, parents need to go to their local healthcare centre (Distretto Sanitario), to the office for selecting/switching doctor, **(Ufficio scelta e revoca)**, and present their 'stato di famiglia' family status certificate (or self-certification) with the newborn baby's name and tax code.
There they will find a list with the details of all the paediatricians working in their local healthcare area. Parents are free to choose the paediatrician they want from the list and to switch paediatrician at any time until the child reaches 14 years of age, extended to 16 years in special cases.

Further information is available on websites and information brochures: it is always best to use websites that have the backing of scientific organisations.

- **www.salute.gov.it**
  (Italian Ministry for Health)
- **www.nice.org.uk**
  (website of the British National Institute for Health and Care Excellence)
- **www.saperidoc.it**
  (website of the Documentation centre on perinatal and reproductive health- SaPeRiDoc)
- **www.nice.org.uk/nicemedia/pdf/CG062Publicinfo.pdf**
  (contains information for women and their families)
- **www.epicentro.it**
- **www.has-sante.fr/portail/jcms/c_5071/grand-public?cid=c_5071**
  (French national Ministry for Health)