

# **Are you pregnant? Are you expecting a child?**

Pregnancy, birth and the postnatal period in Norway

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# Preface

Women become pregnant, give birth, breastfeed and care for their children in much the same way across the world, but societies organize their health care programmes for pregnant women differently. That is why we have prepared this information brochure to tell you how we do things in Norway.

Here you will find information about:

- Where to obtain assistance when you are pregnant and about to give birth to a baby
- What happens in your body and to your baby during your pregnancy, the birth and postpartum period
- The rights you have when you are pregnant, when giving birth and during your postnatal period
- What happens at the pregnancy check-up and at the hospital

Being pregnant is both exciting and challenging. You will probably need more information than you will find in this brochure. You can ask midwives, doctors and public health clinic staff if you have any questions. You should also ask friends who have given birth in Norway. There are many books about pregnancy, birth and the postnatal period. Most of these books are in Norwegian or English and will be found in bookshops or public libraries. If you use the Internet, you will find websites that offer useful information. Ask around about how to find websites in your preferred language.

## **Norwegian words and expressions**

While you are pregnant, when you are due to give birth and during your postnatal period you will hear words you may not have learned while attending a Norwegian language course. It will be easier for you to understand what is going on if you are familiar with these terms in Norwegian. This brochure therefore offers three lists of words you might find useful.

# Part 1

## Pregnancy vocabulary

Gravid	Pregnant
Graviditet/svangerskap	Pregnancy
Svangerskapskontroll	Pregnancy check-up
Ultralydundersøkelse	Ultrasound examination/scan
Genetisk veiledning	Genetic counselling
Jordmor	Midwife
Lege	Doctor
Gynekolog	Gynaecologist
Helsestasjon	Public health clinic
Henvising	Referral
Termin	Due date
Foster	Foetus
Blodprøver	Blood samples
Urinprøve	Urine specimens
Blodtrykk	Blood pressure
Vekt	Weight
Blodprosent/hemoglobin	Haemoglobin level or percentage of red blood cells
Blodsukker	Blood sugar
Svangerskapsdiabetes	Gestational diabetes
Pre-eklamsi/ svangerskapsforgiftning	Preeclampsia
Bekken	Pelvis
Vagina eller skjede	Vagina
Livmor eller uterus	Uterus
Mormunn/cervix	Cervix
Omskåret	Circumcision/Infibulation
Abort/spontan abort	Abortion/Miscarriage
Prematur fødsel	Premature birth
Overtidig fødsel	Overdue birth
Dødfødsel	Stillborn baby

# Pregnancy

## Pregnant?

If you are not sure whether you are pregnant or not, you can take a test called a Gravi-test in Norwegian. You can purchase this at a pharmacy and take the test at home. You can also see your regular GP or a midwife for help in taking this test.

## Do you need an interpreter?

You have the right to an interpreter if you do not speak Norwegian, or if you are uncertain whether you will understand everything that is said to you. All interpreters are under the obligation of secrecy. This means that they may not tell anyone about what is said when they interpret for you. You may also ask for interpreting over the telephone. If you need an interpreter, you must inform the doctor or midwife well in advance of your appointment. It may take some days to arrange an interpreter. The interpreter is free of charge.

## Pregnancy check-up

When you are pregnant, as part of routine antenatal care in Norway, you will be given appointments for regular pregnancy health checkups, called "svangerskapskontroll". You decide whether you want to see a midwife, doctor or go to the public health clinic. Doctors and midwives are trained to perform these check-ups. Your husband, partner or another person may accompany you. If problems arise during your pregnancy, the doctor or midwife will arrange an appointment with a specialist.

There are many advantages to going for pregnancy check-ups. Your health and that of your baby are examined, and you will receive useful information and assistance. Pregnancy check-ups are free.

## Arrive on time

In Norway pregnancy check-ups are scheduled so that you must arrive on time for your appointment with the doctor or midwife. You must notify the office immediately if you cannot come or if you are unavoidably delayed. If you do not give notification, your appointment with your doctor or midwife will be cancelled and you will have to make a new appointment.

## Tests and examinations

Blood samples and urine specimens are normally taken at the pregnancy check-up. These tests provide important information about your health and also sometimes about the health of your baby. You will be offered an ultrasound scan around week 18 of your pregnancy. All tests and examinations are voluntary. You have the right to reject what the doctor or midwife proposes, but you cannot demand to have other or different examinations than those that are part of normal procedures. Genetic counselling is also available, as are early ultrasound examinations for women at risk. You will receive more information about the examinations and tests from your midwife or doctor at the check-up.

## Have you been circumcised?

If you have been infibulated/circumcised, you should state this at your pregnancy check-up. The circumcision can be opened in plenty of time before you give birth. Experienced doctors will do this in a hospital and you will be given anaesthetics to numb you for the procedure.

## Useful information

The brochure entitled "Er du gravid? Informasjon om svangerskapsomsorgen" (Are you pregnant? Information about pregnancy check-ups) offers more information about what takes place at pregnancy check-ups. This brochure in Norwegian and English is available from your doctor or midwife.

## Social security benefits

You are entitled to maternity benefits if you have been in paid employment in Norway outside your home for at least six of the last ten months before you give birth. If you become ill during your pregnancy, you must contact a doctor. If you are unable to continue working because it might be harmful for you or your baby to do so, you have the right to be assigned other work tasks or to receive pregnancy benefits.

If you are a student or have no employment outside your home, you are entitled to a financial benefit after giving birth. This amount is adjusted annually.

If you are an asylum seeker, you have limited national insurance rights. You are not entitled to maternity benefit or child allowance.

Talk to your midwife or doctor about your situation, or contact NAV (the social security agency) if you have any questions.

## Your personal maternity record

Your personal maternity record ("helsekortet") is a document where the midwife or doctor enters information about your health. You should always keep your personal maternity record with you in a plastic folder.

## Delivery

The midwife or doctor arranges for you to give birth in a hospital or delivery room. If you feel their choice does not suit you, you have the right to choose another place. In Norway, not many people choose to give birth to their baby at home, but it is possible to do so. If this is what you want, you must arrange this with a midwife who attends to home births.

## Ultrasound

All pregnant women are offered one ultrasound examination in around the 18th week of pregnancy. The examination is performed at the hospital where you are going to give birth to your baby or at the nearest hospital.

## Abortion/termination

According to Norwegian law, all women have the right to decide to have an abortion through the 12th week of pregnancy. This means that you yourself decide during the first 12 weeks whether you want to continue or terminate your pregnancy. You may see a doctor or midwife to obtain information about this procedure and its medical effects. A brochure entitled "Til deg som vurderer abort" (For you who are considering an abortion) offers more information and is available from your doctor or the maternity clinic.

If you wish to have an abortion after the twelfth week of your pregnancy, you must apply for permission. Midwives and doctors are obliged to assist you with your application. A group of experts (a board) at the nearest hospital decides whether you may have an abortion. You will be informed about the practical details of the abortion.

## Spontaneous abortion/Miscarriage

Bleeding during pregnancy may be a sign of imminent miscarriage. It is not uncommon that this happens during the first twelve weeks, particularly if this is your first pregnancy. Your next pregnancy may be entirely normal. You must contact the doctor, emergency medical service or a hospital if you think you are having a miscarriage.

# What happens when you become pregnant?

## Fertilization

If an ovum (egg) from the woman fuses with a sperm cell from the man during sexual intercourse, we say that the ovum has been fertilized. The fertilized ovum attaches itself to the uterus (womb). Here it quickly develops into what is called a foetus, which is the term for a baby inside the womb, before it is born. The foetus lies inside an amniotic sac inside your uterus. The umbilical cord goes from the navel of the foetus to the placenta. The placenta is attached to the uterus. The foetus receives all it needs in the way of oxygen and nourishment through the umbilical cord, and it is very well protected inside the uterus.

## Foetal development

When the foetus is 20 weeks it weighs around 250 grams and is about 24 cm long. Now you will feel your baby moving inside you. It will kick and shift around many times every day. After 40 weeks the unborn baby weighs around 3500 grams and is around 50 cm long. The midwife or doctor checks the growth of the foetus by measuring your stomach with a tape measure at each check-up.

The heart of the foetus beats much faster than it does in adults: between 110 and 160 beats a minute is common. The doctor or midwife will listen to your stomach using a stethoscope to check for the foetal heartbeat.

The midwife or doctor will feel your stomach to determine the position of the foetus. It is important to know this before the birth. Most babies are positioned with the head toward the pelvis and the birth canal. Some (around 4%) have their bottom or feet down. This is called the breech position. Some lie laterally in what is called a transverse lie. If your baby is in the breech position, an x-ray must be taken of your pelvis. The doctor will then see whether there is space for a normal birth. If there is inadequate space or the baby is in a transverse lie, the doctor will propose birth by caesarean section as that is safest for you and the baby.

The foetus develops so it feels, sees and hears while it is in your stomach. It drinks and passes water. Take the time every day to sit down, put your hands on your tummy and feel how the baby is moving.

You should feel the foetus move and kick several times each day. If you feel it has become very calm and quiet, you should be examined. You may call the midwife, doctor or the maternity ward to have your foetus examined if it does not move for many hours.

Books with pictures of foetal development are available from your local public library.

## Due date

A pregnancy normally lasts 283 days, or 40 weeks and 3 days or nine months. The due date is the date when the foetus is 40 weeks and 3 days old. An ultrasound examination is the most accurate way to determine the due date. Births normally occur from two weeks before to two weeks after the due date. Only six in one hundred babies are actually born on the due date.

## What happens to your body when you are pregnant?

Your body goes through a lot of changes during pregnancy. Your breasts will increase in size and may be quite sore to begin with. Your stomach grows and you generally become rounder. Putting on some weight is good, 12 to 14 kilos is normal. If you are too heavy before you become pregnant, you should ask for assistance to change your diet. It is not good if you put on too much weight. If you are underweight,

you might also need to change your diet as you will need a lot of strength for yourself and your baby during this period.

## **Nutrition**

If you have healthy eating habits, you should continue your normal diet. You do not need to eat for two or eat special foods. Healthy food means a varied diet with vegetables and fruit. For the baby to grow and develop, you need a little more vitamins and minerals than otherwise, but not a lot more calories. You only need folic acid and vitamin D supplements. The midwife or doctor will check your level of red blood cells and tell you whether you need any other vitamin supplements or iron tablets. Different foods contain different nutrients, such as proteins, carbohydrates, fats, vitamins and minerals, so you should eat a varied, healthy diet of fish, lean meat, wholemeal bread and grain products and vegetables and fruit. The best thing to drink if you are thirsty is water, but you can certainly also drink one or two glasses of low-fat milk every day. Sugary carbonated drinks, nectar (juice with added sugar) and juice contain a lot of energy. If you drink a lot of these, you may put on a lot of weight. Food containing a lot of sugar or fat is not good for you. Please see [www.matportalen.no](http://www.matportalen.no) (in English or Norwegian) for nutritional information.

## **Smoking, alcohol and narcotics**

Smoking harms your foetus because the nicotine in the mother's blood passes into the foetus. A tobacco-free pregnancy reduces the risk of miscarriage, premature birth and other pregnancy complications. Talk to your midwife or doctor about help with stopping smoking. Call the quit-smoking helpline "Røyketelefonen" on 800 400 85 or visit [www.slutta.no](http://www.slutta.no).

Alcohol is also passed to the foetus, so you should not drink any alcohol at all. Everything a pregnant woman drinks, she shares with the baby, including alcohol. If the mother drinks alcohol, the baby is also exposed to it and will have the same amount of alcohol in its body as the mother. The baby's brain is especially vulnerable, because it keeps developing throughout pregnancy. Alcohol can disturb this development and cause the child to have learning or concentration difficulties or to be born with defects. This can be completely avoided if the mother does not drink any alcohol during pregnancy. Drugs such as hash, khat and other illegal narcotic substances should not be taken. They can lead to complications during pregnancy or to miscarriage, and to distress and defects in the baby (reduced weight, deformity, withdrawal symptoms etc.).

## **Medication**

If you use medication or think you need medication when you are pregnant, you need to find out whether the medication could harm your baby. Ask the midwife, doctor or a pharmacist whether you can take medication while you are pregnant.

## **Physical activity**

It is safe to be physically active and take part in sports while you are pregnant. If you are in good shape, you will have more stamina and strength. Pregnancy, birth and the postnatal period put extra strain on your body so it is a good idea to be as physically fit as possible. Physical activity does not harm the foetus. If you have been inactive before, a little activity will be better than nothing. Start up gently and build up to at least 30 minutes every day. You can do all 30 minutes in one go, or divide it up into three 10 minute periods, for example.

## **Sex**

You can continue to have sex as you did before you became pregnant. Some women want more sex, some less. This also applies to your partner. You should talk about your feelings about this together as it may help you to continue your marital relationship in a way that will be satisfying to you both.

# Some common problems during pregnancy

## **Nausea**

Many women suffer morning sickness during the first weeks of pregnancy. While bothersome, this is not dangerous. The queasiness normally passes after some weeks. Eating small meals and taking things easy in the morning may help. If you throw up so much that you are unable to eat for several days, you must contact the doctor or midwife. Treatment can be arranged if nausea and vomiting are a serious problem for you.

## **Fatigue**

It is normal to tire easily when you are pregnant. This is something you and the people around you must take into consideration. You need more rest and sleep than normal. Fatigue is often worst during the first and the final weeks of pregnancy.

## **Bleeding**

A few spots of blood or light bleeding are fairly common in early pregnancy and after sexual intercourse, but you should always tell your midwife or doctor if it happens. All bleeding should be examined, even if in most cases it is not a problem.

# Medical conditions during pregnancy

## **Here we mention just two of the most common disorders that might occur**

### **Gestational diabetes/Diabetes mellitus**

The pregnancy check-up tests whether you have glucose (sugar) in your urine, and if so, how much glucose you have in your blood. If your blood glucose level is too high, you have gestational diabetes. In many cases, this goes away after the baby is born. But for some women, too much glucose in the blood means that they have contracted diabetes mellitus. This is a chronic disease. One type of diabetes (type 2 diabetes) is more common in young women from countries in Asia and North Africa than in ethnic Norwegian women. If you have diabetes mellitus, you need to undergo an examination by a specialist so that you get the proper treatment during your pregnancy and when giving birth, and so that you will get the proper follow-up after giving birth. Specific tests have been developed for women who are at risk of gestational diabetes.

### **High blood pressure and preeclampsia**

Each time you see your midwife or doctor they will check your blood pressure. If it is too high, the doctor or midwife will take samples of your urine and blood to check whether you have a serious condition called preeclampsia.

This condition has many levels. In the worst case you may have seizures and fall unconscious. The cause of this condition is unknown.



## Symptoms of preeclampsia

If you have any of these symptoms, you should contact your doctor or the maternity ward directly and without delay:

- severe headache
- sight disturbance, such as flickering vision
- pain in your upper stomach
- strong vomiting
- sudden swelling of your face, hands or feet

A pregnant woman who develops preeclampsia must see a specialist for further examination. If you have preeclampsia, you may need to be on sick leave. Occasionally you may need hospitalization.

## What do you do if you suspect there is something wrong?

**If you feel poorly, or believe there is something wrong with you or your baby, you must call the doctor or midwife. You may also call the maternity ward or emergency medical service**

### Antenatal classes

Many pregnant women in Norway attend antenatal classes, and so do most prospective fathers. Ask if there are classes in your language. The class will be led by midwives or a team made up of a midwife, physiotherapist, nurse and doctor. Topics include: What happens during a pregnancy? What might the birth and the postpartum period be like? What relieves pain during labour? You will also learn about breastfeeding your baby. Some classes include a visit to a maternity ward so you know what to expect when it is time to have your baby.

There is no requirement to attend classes, but many women like to receive information and discuss matters with a midwife and other specialists. Some classes are free, but most charge a small fee.

### Emotions

During their pregnancy most women feel positive and excited, but may also worry about the birth. "Will I manage? Will the baby and I survive?" These are quite typical questions. When the time for the birth approaches, you will nevertheless be ready to give birth. You might become more impatient. Many women have thoughts such as: Let's get this birth going! I feel heavy and tired. I want my baby in my arms instead of my belly!

Your body prepares for the huge effort of giving birth. Trust your body! Women across the entire world are able to give birth. You can too. Births happen every day in all corners of the world and at all times of the day. Be confident, you will manage!

### Anxiety and birth anxiety

Some women become anxious about the birth. This emotion may become so strong that all positive feelings disappear. Fortunately you can get assistance if your problems become overwhelming. Most

maternity wards offer therapy sessions for women who are afraid of giving birth. Your husband can accompany you or you can come with another person you would like to have present. You may call yourself, or have the midwife or doctor arrange an appointment for a therapy session. Regardless of the cause of your anxiety you will receive assistance. Together with the midwife and doctor you will find out how the birth can be a good experience for you.

### **Would you like someone with you when you give birth?**

It is a good idea to have someone with you when giving birth. You decide who is to be present. In Norway it has become common that the father is in attendance. If you do not speak Norwegian, it is wise to have someone with you who does. Some maternity wards allow more than one person to accompany you. Take time to consider who you would like to be with you. The aim is for you to feel safe and confident with whoever accompanies you when you give birth. Anyone you bring along must be able to help, comfort and encourage you.

## Part 2

### Birth vocabulary

Rier	Contractions, labour pains, birth pangs
Rie-pause	Contraction pause
Fostervann	Amniotic fluid, water
Vannavgang	Water breaking
Fosterstilling	Position of the foetus
Hodeleie	Vertex or cephalic presentation
Seteleie	Breech presentation
Tverrleie	Transverse lie
Vaginalundersøkelse	Vaginal examination
Klyster	Enema
Vannlating/urin	Passing water / urine
Navlestreng	Umbilical cord
Fosterlyd	Heart sound of the foetus
CTG	CTG (cardiotocography) electronic foetal heart monitoring
Fødestilling	Presentation, lie, position
Amming	Breast-feeding, nursing
Råmelk	Colostrum, first milk
Smerte	Pain
Vondt	Pain, hurt, painful
Smertelindring	Pain relief
Bedøvelse	Anaesthetic
Epidural	Epidural anaesthesia
Induksjon/drypp	Induction/drip

Klippe	Episiotomy
Sy	Suturing
Sting	Sutures (stitches)
Keisersnitt/"Sectio"	Caesarean or caesarean section
Anestesi	Anaesthesia

## Birth

### Premature birth

If you get contractions or your water breaks before you have reached 37 weeks, it is called a premature birth. This means you may give birth too early. You should then give birth at a hospital with a neonatal unit. Pre-term babies need special medical care during their first period of life. Both you and your baby will require more time and care than if your baby had been born around the due date.

### Overdue birth

You have reached the due date for birth and nothing happens. You and everyone around you become impatient. Take it easy - it is normal to give birth slightly before or slightly after the due date. If you have not given birth within two weeks after your due date, we say that you are overdue. Research has shown that many babies receive too little nutrition from the placenta if the overdue time is too long. Therefore the maternity ward will start the birth by means of medication. This is called induction of labour. The effect of the medication is to start labour. The birth then proceeds normally.

### Where to give birth

It is safe to give birth in Norway. You will receive assistance from experts. All maternity wards have all the necessary equipment. Most women in Norway give birth in a hospital. If you live somewhere where there is a midwifery led unit, you can give birth there. To do so, you must be healthy and your pregnancy must have proceeded normally. If you want to give birth in your own home, you must arrange this with a midwife who is willing to attend at a home birth. Giving birth in a hospital or midwifery led unit is free of charge.

### Who assists you during the delivery?

- **The midwife** receives you when you come to give birth and is responsible for all normal births. She is well trained and able to help you during the birth and during the postpartum period. The midwife is responsible for checking that everything proceeds normally. If something abnormal happens, the midwife will call a doctor.
- **The doctors** at the maternity ward have special training in obstetrics and delivering babies. They have responsibility for you if problems arise.
- **Paediatric nurses and/or enrolled children's nurses** in maternity wards, postnatal wards and neonatal units are trained to provide assistance during the birth. They are also qualified to care for children and to help you with breastfeeding your baby.
- A **student** is often present during the birth. S/he may be a student studying to be a nurse, midwife or doctor. You will be introduced to the student when you come to the maternity ward. Students have lots of time and are often able to give you a lot of assistance during the birth.

### Are there only women in the maternity ward?

Most midwives and children's nurses are women. In Norway both men and women are doctors. You therefore cannot assume that there will only be women present.

# The anatomy of birth

## The start of the birth

«Finally! Now it is starting!» You may be thrilled and excited, but perhaps also a bit afraid. You feel menstruation-like pains in your back. There may be some bleeding, and mucus mixed with blood from the vagina. There may also be some leaking of fluid from the vagina. The birth is starting. What happens now?

## Contractions

A birth normally starts with contractions. These are a tightening of the muscles of the uterus. You feel that your belly goes hard and firm. Many women experience back pain when these contractions come. They initially last from 20 seconds to one minute. They should come regularly, with perhaps a 10-minute pause between them. Eventually they grow stronger and last for up to one minute. The pauses are shorter, perhaps only two minutes. These contractions open the neck of the womb (cervix) and help your foetus down into the birth canal toward the pelvic floor.

## When your water breaks

Sometimes a birth starts when the foetal membranes rupture so amniotic fluid, the water that surrounded the foetus, leaks out. When this happens we say that your “water breaks”. The amount of water is not necessarily large. Amniotic fluid is normally colourless, but it may also be whitish or pinkish. If the fluid is yellow or green, you should go to the place where you are to give birth for an extra examination. After your water has broken, labour starts. Contractions sometimes start quickly, or may build up over several days. For some women, the water breaks after the contractions have started.

## When do you call the maternity ward?

- A. When you believe you are going to give birth and have strong contractions
- B. If there is any bleeding
- C. If you have pains in your belly that are not contractions
- D. If your water breaks (amniotic fluid leaks out)
- E. If the baby is very quiet and does not move

You can call and talk to a midwife at the maternity ward. She will give you advice if you are in doubt about anything.

## What should you bring with you to the maternity ward?

**Remember to bring all the papers from your pregnancy check-ups.**

Ask the midwife or doctor what you will need in the maternity ward. Women normally bring: toiletries, sanitary pads, light indoor shoes, loose-fitting pants, tops that open easily for breastfeeding and a bathrobe. Ask in advance whether your baby will be able to use clothes from the maternity ward.

## What happens when you arrive at the maternity ward?

The midwife will receive you and ask you how you are feeling. The standard examinations she will perform will be to:

- Check your blood pressure
- Take a urine sample
- Listen to the foetus’ heart
- Sometimes, if needed, take a CTG, which is a machine monitoring the foetus’ heart sound and your contractions. Two belts are attached to the outside of your belly and the figures and graphs from the monitoring are printed on a strip of paper.
- Vaginal exam. If you have contractions, the midwife will examine whether the cervix (neck of the womb) has dilated. She will put on surgical gloves and examine your vagina to feel your cervix. She

will measure the dilation (opening) of the cervix using her fingers. The size indicates how far into the birth you are. If you are three centimetres dilated and you have contractions, you are at the start of the birth. When you are 10 centimetres dilated, it is time to start pushing out the baby.

After these examinations you will discuss whether you should stay at the maternity ward or go home to wait.

The midwife is responsible for you as soon as you enter the maternity ward. She cannot stay with you all the time to begin with but you can call for her at any time. Ask her to come if you are anxious, in pain or need advice and assistance. During the final phase of the birth she will be with you constantly. She is often accompanied by a children's nurse and occasionally by a student.

### **How long does a birth take?**

Unfortunately we cannot tell you how long the birth will take. Each woman has her own birth rhythm and the time it takes for the birth will vary. If you have given birth previously, your next births will normally take less time than the first one.

### **Contractions are not dangerous**

Remember that contractions are muscle work, hard body work. The muscles of the uterus contract and relax, contract and relax, for hours on end. This very hard work is tiring and may take a long time. But remember, contractions are not harmful or dangerous.

### **Strong emotions**

Giving birth is thrilling, demanding and tiring. Strong forces are at work and this awakens strong feelings. You will laugh and cry, struggle and relax. You may vomit, or go to the toilet repeatedly. Many women are afraid of losing their self-control. When you are giving birth you must follow your instincts and not try to stay in control. Trust your body.

### **Positions during labour STANDING, HALF SITTING**

It is up to you whether you wish to stand, sit or lie down. The midwife can often give good advice on how things can be made easier for you. Change your position often. Be active.

## **The different stages of birth**

**The initial stage is the latency phase.** During this phase you are at home, not in the hospital. This phase may last for hours or days. Your contractions are irregular - around 15 to 20 minutes may pass between each contraction. They may also disappear for some hours. The contractions are not very bothersome in this phase. There may be some blood and mucous from the vagina. Stay active, walk around. Sleep and rest when the contractions take long pauses. You should feel the baby moving. Eat and drink to keep up your energy.

**The second stage is the active phase.** Contractions now come more frequently, and it is normally time to contact the hospital. There may be from two to five minutes between the contractions. Each contraction lasts around one minute. The cervix dilates. The foetus moves further down into the pelvis. This is hard physical work. Drink and eat a little. This will give you strength and keep your spirits up during this phase. Be active, move around in the room and change your position frequently. The contractions may be more painful when you are lying down.

**The pushing down phase.** You will feel the baby pressing against the cervix and your rectum (back passage). The midwife examines you and tells you when everything is ready for the baby to come out. Now you can help your baby by pushing actively during contractions. This phase lasts around one hour. The midwife helps you find good positions so you can use your body effectively. You must push down gently to avoid injury. The baby's head and shoulders are the largest part and take the most time. The rest of the body comes out easily.

**The third stage is the phase when the placenta comes out.** After the baby has been born the placenta must come out. You will then feel contractions again. The uterus contracts to push out the placenta. It feels big, but is soft, and getting it out is normally easy.

### **Your baby has been born!**

The baby cries to open its lungs and start breathing on its own. As soon as the baby has been born the midwife will examine it to check that all is well. The baby will then be put into your arms. It is good for the baby to be in close contact with you and to lie close to your breast after birth. The baby has been through a long birth and needs rest and warmth. Now you can try to breastfeed your baby. Many babies suckle immediately after birth. Look at your baby. The baby will look back at you with a strong stare. The midwife and children's nurse will help you so that your baby is warm and safe and can breathe freely.

### **The first hours after giving birth**

You and the baby will stay in the maternity ward for the two first hours after giving birth. Then you will be moved to the postnatal ward. The midwife looks after you and your baby. Some bleeding from the vagina is normal after birth. You and your baby must be warm and snug. It is normal to be awake and lively even if giving birth was exhausting. Now you can rest and get to know your baby. You will be offered something to eat and drink and you may take a shower if you wish. Some women want their closest family to visit them.

## **What can happen during birth**

### **Tearing, episiotomy and sutures**

When a baby is coming out there may be tearing to the vaginal opening and inside. Occasionally the doctor or midwife will make a surgical cut at the base of the vagina to get the baby out quickly. Tearing will need to be sutured (stitching) immediately after the birth. You will be given an anaesthetic. Doctors and midwives are qualified to stitch tears.

### **If you have been circumcised/infibulated**

If you have been circumcised and not opened before, this is performed during the birth before the baby comes out. The Norwegian health authorities have laid down rules for how this must be done. All midwives and doctors in maternity wards in Norway are familiar with these rules. You will be given an anaesthetic. Pursuant to Norwegian legislation the opening may not be stitched up again to become as narrow afterwards. It may feel strange after the birth. You may feel open and the vaginal tissue may be sore. Good hygiene is important, so rinse well with water without soap after going to the toilet. As is the case for all other women, you should exercise the muscles around the base of the vagina after birth.

### **Pain relief**

A normal birth is not like having surgery. You may have an easier birth if

- you are active and move around
- you receive massages

- you take a shower
- you sit in a bathtub or birthing pool filled with water
- you receive support and assistance from someone you trust

When you relax your labour will be less painful. The midwife and the others with you will be able to help you. Everyone who is giving birth needs encouragement and support.

## Other pain relief

**Pills.** Ordinary, over-the-counter pain-relieving tablets tend not to have much effect on birth pains. Your baby is affected by any medication you take, so only some medicines are safe to use.

**Epidural anaesthetics** provide effective pain relief during labour. Epidural anaesthetics are administered by an anaesthetist. You will then be conscious but will feel less or no pain when you have contractions.

**Acupuncture may also provide some relief from** birth pains. Many midwives are qualified to give acupuncture.

### Forceps, vacuum suction

The midwife will summon a doctor if problems arise during the birth. If the baby has to come out quickly, or you cannot manage to push down enough, the doctor can help you. The doctor will use instruments such as forceps or vacuum suction to help the baby out. This will not normally injure you or the baby.

### Caesarean section

A caesarean section is only performed when it is necessary for your or your baby's health. The doctor determines whether a caesarean is required, either before the birth has started or after it has begun. A caesarean is a surgical procedure that must be performed in an operating theatre, not at the maternity ward. You will stay some hours in the recovery unit before going to the postnatal ward. If the caesarean was planned during your pregnancy, you may receive epidural anaesthetics. You will then be awake but feel no pain. If the caesarean is decided on after the birth has started, you will usually be given spinal or epidural anaesthetics. If there is a real hurry to get the baby out, general anaesthesia may be needed. You will then be unconscious during the procedure.

During the two or three days after a caesarean you will need something for the pain. It is important you keep moving and walking around to prevent blood clots (thrombosis). You can breastfeed your baby normally. You may stay in the maternity ward for four or five days after having a caesarean section.

### What happens if the foetus dies before birth?

In Norway it is rare that a foetus dies late in pregnancy. If something is wrong, you might notice that the baby is very calm or not moving at all. Call the doctor, midwife or maternity ward if you feel there is something wrong. Do not wait more than 24 hours. The doctor or midwife will then examine you using ultrasound and other techniques to determine whether your baby is alive. It is not always possible to know why a baby dies. The birth should nevertheless be by usual vaginal delivery. Many women find it very distressing to give birth in such a situation and want the baby to be delivered by caesarean section. A caesarean is more risky for you because it is a surgical procedure. A regular birth is best and safest for your body. You will be given medication against your pains. After delivery you may stay in the maternity ward and receive assistance with your needs.

If the baby is examined after the birth, it is sometimes possible to determine why it died. A next pregnancy and birth may be entirely normal for you and your baby. You will be offered extra pregnancy check-ups.

## Part 3

### Vocabulary for the postnatal period

Barsel	Postnatal period
Barselbesøk	Postpartum visits
Hjemmebesøk	Home visit
Brystmelk	Breast milk
Amming	Breast-feeding, nursing
Råmelk	Colostrum, first milk
Brystknopper	Nipples
Selvregulering	Self-regulation
Barnelegevisitt	Visit by a paediatrician
Gulsott	Jaundice
Bleie	Diaper, nappy
Bind	Sanitary pad
Blødninger	Bleeding
Renselse	Lochia
Sårbarhet	Vulnerability
Postnatal depresjon / fødselsdepresjon	Postnatal depression
Sting	Sutures
Etterkontroll	Postnatal check-up
Samleie	Sexual intercourse
Prevensjon	Contraceptives



# The postnatal period

Some hours after birth you and your baby will move to the postnatal ward. Here you may stay for some days if you wish to get your breastfeeding started and rest up after the birth.

Most maternity and postnatal wards in Norway are "baby friendly hospitals". This means that you and your baby are in the same room together all the time after birth. This way you will get to know your baby. The staff will assist you with breastfeeding. They can also show you how to change diapers and how to bath and care for your baby. They can also mind your baby for some hours when you need this.

## Family room

At some hospitals your baby's father or another person may stay with you and the baby after the birth. This may be a postnatal hotel or a family room at a postnatal ward. The person accompanying you must normally pay for board and lodging.

## The baby's skills and needs

Your baby has already developed many senses and is a sensitive little being. The newborn child is slightly short-sighted. It learns to recognize its mother's face after a few days. Babies also recognize voices they hear often. They like to lie close to their mother or father. Babies are totally dependent on receiving food and care from us adults. They are helpless. We may not always understand what a baby wants, but when it cries, we must take it into our arms and comfort it.

Babies must not be handled roughly, for example by being shaken, as this can cause brain damage.

You may bathe your baby every day or less frequently. Some children have bowel movements every day, others a few times per week. All babies pass water many times every day. This is a sign that the baby is getting enough milk.

## Talk about the birth

A birth is a major event in your life and in the life of all women. Being able to talk to someone about what has happened may be very good for you. If things didn't go how you planned or imagined during the birth, it may be very useful to be told why these things happened. While you are in the postnatal ward you may ask to speak with the midwife or doctor who attended the birth. If you have had an upsetting experience, you can also ask for an appointment at the hospital some weeks after the birth to go through what happened at a little more distance in time.

## Customs at the maternity and postnatal ward

Everyone employed at a hospital is duty bound to assist you and your child. The postnatal ward has rules for what may or may not be done there. If you are uncertain, ask the staff. Because we are all different it may not be possible to satisfy all your wishes. If you are sharing a room with other women, you must be considerate to each other.

## Visits in the ward

Women have different wishes and needs for visits. Many people really enjoy visiting a mother who has just had a baby. Some mothers want to hold off visits from friends and relatives until they are home again. For others it is important to be visited during the first days after the birth. Bear in mind that you must show consideration for the women you are sharing a room with. If you would like many people to visit you, it may be best if you go to a visitors' room or another common room to ensure that your roommates can rest peacefully. If you find it difficult when the woman in the next bed has visits, you should ask the staff for assistance.

## Meals

Most maternity wards are qualified to prepare meals that are suitable for you, if they are notified about what you need. You may for example need Halal food or other special food. If you would like to eat food brought to you from your home, you may ask to use the kitchen or ask the staff to arrange this for you.

**Traditions** during the postnatal period may be a good thing to observe. Most cultures have customs relating to mother and child during this period when they are so vulnerable. Tell the maternity ward staff about which traditions are important for you and your family.

## Old and new baby-care customs

Many grandmothers are surprised at the absence of rules and fuss when it comes to baby-care these days. A case in point is navel care: in earlier times many were taught that the baby's navel had to be cleaned and washed in a particular way. The navel had to be powdered or covered with cream and bandaged several times each day. Now we do none of these things. The navel should be kept dry, but you may bathe your baby as you like. Just make sure that you dry the baby's skin well afterwards. The stump of the umbilical cord withers and the navel heals up within a week.

Many other things have also become simpler. We may understand the natural development of babies better. Therefore old customs and habits may not always be the best ones.

## Examinations and tests of your baby

On the first or second day after the birth a paediatrician will come for a thorough check-up of your baby. The doctor will explain everything to you. If the doctor needs to take extra blood samples or examine your baby, you will be told why. Babies, who need to, will be vaccinated against hepatitis B or tuberculosis.

All babies born in Norway (and in many other countries) must have a blood sample taken after birth for screening purposes. This is free of charge and voluntary. If you do not wish a sample to be taken, you must tell the midwife. It is planned that from autumn 2011 the same blood sample can be investigated for 23 different diseases. Only a few children are born with these diseases every year and they can be cured with medication and a special diet.

## Going home

When you are about to leave the postnatal ward the midwife will give you good advice about how things will be at home. Ask about anything you would like to know. You will be given some papers from the hospital. Keep these in a safe place. The hospital notifies the population register that you have given birth to a baby. You will be sent a form for the baby's name and a child allowance application form.

## Circumcision of boys

Circumcision of boys is permitted in Norway. Ask in the maternity ward to find out where this can be performed, but note that public hospitals do not circumcise boys after birth.

In Norway and the other Nordic countries there have been cases of persons without formal training performing circumcisions that have led to serious complications. Circumcising boys is not considered to be medically necessary in Norway, but circumcision for cultural reasons is permitted. We suggest that you let a professionally trained person perform the circumcision.

## Circumcision of girls

Circumcision (infibulation) of girls is prohibited by Norwegian law, as it is in most countries in the world. If you live in Norway, you may not send girls abroad to be circumcised. If circumcision has been a tradition in your family, it may appear strange and difficult that it is not permitted here. Talk to the staff at the

public health clinic. They can give you information about the Norwegian law on this. They can also put you in contact with other families where this has been discussed.

## Breastfeeding

Your body makes the finest baby food - mother's milk. It has all the important nutrients. It is always correctly mixed, has the right temperature and is absolutely clean.

The most important thing you can do to give your baby a good start in life is to breastfeed it. Not all babies find it easy to suckle. Not all women find it easy to put their baby to their breast. Ask for assistance. Midwives and children's nurses are responsible for helping you. Before you go home from the maternity ward, you must find it easy to have your baby suckle. You may become thirsty when you are breastfeeding. Keep a jug of water close by. You need 2-3 litres of water each day.

### Colostrum

Colostrum is the first milk that comes. It is yellow and thick and does not look like ordinary milk. This is wonderful food for your newborn baby. If your baby suckles on its first day of life, it gets these nourishing drops. This milk covers all needs for food during the first days of life for the baby. In some cultures it has been believed that colostrum was not good for the baby. It was hand expressed and discarded. This was wrong. The yellow colostrum is made especially for newborn babies.

### Starting breastfeeding

The feeding needs of babies are satisfied by what the mother has in her breasts. Never worry that the breasts feel empty during the first days. If you pinch your nipples just a little bit, you will see that some drops appear. That is sufficient. The milk will come in greater quantities after two, three or four days, and this will continue until your baby stops suckling.

Your baby must be allowed to breastfeed as frequently as it wants to. Ask for assistance to determine whether the baby latches on to the nipple correctly. You may feel sore to begin with, but there should be no pain. The second day after birth is often the great suckling day. Now the baby wants to suckle very frequently. This stimulates the breasts into producing milk and is important for you to produce enough milk. You will have little time for anything else than breastfeeding, eating and drinking this day. Fortunately it becomes easier over time!

On the third day after the birth the breasts will often be swollen and painful and you may have a slight fever. This is because your breast glands are working hard to produce milk. Let the baby suckle often. After the third day the baby will get more milk with each meal. That gives you more time to rest between each breastfeeding. It is nice to receive encouragement and assistance from other women who have breastfeeding experience.

### Supplements for newborn babies?

Your baby needs nothing but mother's milk during the first six months of its life and does not need water, sugar water or other milk than mother's milk. In many cultures it is common to give babies supplements. Do not do this! It is not healthy for your baby to get water with sugar or honey or herbal tea. Your baby's health will be best if it gets only mother's milk. After six months your baby may be given other food together with mother's milk. It is good for your baby if you keep breastfeeding it as long as possible.

## **“Ammehjelpen” (Breastfeeding assistance)**

Many need assistance with breastfeeding to make it work. Tell the staff if you find it difficult. If it becomes impossible for you to breastfeed, you will be given advice on other food for your baby. The maternity ward and your maternity clinic will help you. “Ammehjelpen” is an organization where women with experience provide assistance and advice. There are also books, films and other information about breastfeeding. Perhaps someone can help you translate from the Norwegian language and explain things to you.

## **Stopping breastfeeding**

When you feel it is about time to stop breastfeeding, you should first ask for advice from the public health clinic.

## **Other changes to your body**

Your body changes a lot during pregnancy. After giving birth there are new changes and new hormones in your body. Your breasts grow much larger when they start to produce milk. Your belly, needless to say, shrinks after you have given birth. But it does not become firm and flat all at once. The skin and muscles have been stretched during these 40 weeks of pregnancy. Now your body needs time to pull itself together again.

## **Bleeding**

You will bleed as you do when menstruating during the initial days after a birth, and then the bleeding will gradually diminish. After a week there will be little blood. After 14 days most women will have stopped bleeding. There will also be some discharge of mucous with the blood. This discharge will continue for some weeks after you have stopped bleeding. It smells like blood, so you must wash and rinse every time you have been to the toilet. If the smell is very strong, this may be a sign of inflammation. You should then check whether you have a fever and contact the maternity ward.

## **Emotional reactions**

During the initial days after the birth you will notice that tears come more frequently than before. Many notice this already during their pregnancy. One minute you might be happy and contented, and the next you might be distressed and weepy. This is normal. Almost all women feel this way. When you are given care and love, assistance and comfort, sleep and rest, you will cope better. But all new mothers think about their responsibility for the new baby. In time you will grow accustomed to being a mother.

## **Mental problems during the postnatal period**

If you do not feel happy but distressed and cry a lot every day, you need help. Perhaps you are unable to sleep or cannot manage to eat. You may feel you are unable to care for your baby or you may feel totally exhausted. If this is your situation, you need help as soon as possible. Tell your family about what you feel. They must help you and the baby. You, or someone else in your family, must contact the staff at the maternity ward or the public health clinic and explain the situation. You will receive help from specialists. You will get well more quickly if you get help quickly.

# Home after the birth

## **Paternity leave**

Men who have just become a father are entitled to leave from work for 14 days. Some are paid during their leave, but unfortunately not all.

## **Health visitor**

The health visitor (a registered nurse) from your public health clinic will come to your house during the first weeks. You may also contact the clinic if you need assistance or if the health visitor does not come to see you. The baby should be weighed within 7 to 10 days. This can be done at the public health clinic, or the health visitor can bring scales. Your baby must have its first health check-up with a doctor when it is six weeks old. At the public health clinic you will meet other women who have recently had a baby.

## **Sleep and rest**

When you have given birth you need rest and sleep. Your newborn baby will also need to breastfeed in the middle of the night. You will get most rest and sleep if you follow your baby's sleep rhythm during the first weeks. This means that you must be allowed to sleep in the daytime. It is also important to keep moving. Your body needs activity to be restored to what it was before you became pregnant. It is not healthy to stay in bed all the time.

## **Where should the baby sleep?**

Babies should always sleep on their back, and may sleep in their own bed. You may also have your baby in your bed, but then a number of things are required. Your baby must not lie too close to you. You must never sleep with your baby in your bed if you have drunk alcohol or taken medication that will reduce your alertness. A baby must never sleep in the same bed as a person who smokes. It is recommended that the baby should have its own blanket or comforter.

## **Clothing and things for the baby**

Your baby does not need much during the first weeks. Initially you need nappies, shirts and pants, a warm blanket, a comforter and a bed. Outside, your baby needs a hat - to keep warm in winter and to keep the sun off in summer.

Dress your baby according to the temperature in the room or outside. You don't need to keep the temperature especially high indoors; a normal indoor temperature is 21 to 23 degrees. You can have the bedroom a little cooler. Many babies are dressed too warmly. Feel your baby's neck, not the hands or feet, which are always a bit cold with newborn babies. The baby should feel warm to the touch, but should not be sweaty. Babies who are too warm become angry, restless and they cry.

If you take your baby in your car, it must be secured properly. You can rent or buy the necessary seating or bag harness.

## **Sibling jealousy**

If your baby has older siblings, it is wise to pay special attention to them after a birth. It is not easy for a small child to understand that there is love enough for everyone. Even older children may become uncertain about this. Give extra love and pay extra attention to the older children during the first days back home. Let someone else change the new baby's nappies while you do this. It is often enough with a few days of extra love and attention for the feeling of security to return.

## Good advice

Everyone who has given birth should dress warmly during the initial period after the birth. This protects against infections. Your breasts must be protected and kept warm. Norway is a cold country, and you should wear warm socks, stockings, pants and jackets, if you did not give birth during a warm summer period. You also need solid walking shoes when taking your baby out in the pram.

## Fever

Some women get a slight fever on the day milk production starts in their breasts. This passes after a day and is not dangerous. If you feel generally unwell, you should take your temperature. If you are running a fever, you must contact the maternity ward and ask for help.

## Bleeding

It is not normal to have heavy bleeding after you have come home. If this happens, you should contact the emergency medical service or return to the hospital.

## Menstruation

The first menstruation after birth comes at different times for different women. Many do not get their menstruation back before they stop breastfeeding. Remember that you begin to ovulate before you menstruate. Thus you may become pregnant if you have sexual intercourse.

## Marital life, family planning and contraception

You can have sexual intercourse when you feel ready for it. Many books state that you should wait for six weeks. There is no medical reason for this, but it could serve as a good rule of thumb. Many women feel slightly anxious about the first sexual intercourse after having a baby. The vagina may be slightly sore and dry due to the hormonal changes. You might want to include a longer period of foreplay before penetration and use a lubricant. If you want to avoid becoming pregnant, you and your partner must use contraception. Condoms are simplest to use initially. You can have an IUCD (intrauterine contraceptive device or 'coil') fitted after 10-12 weeks. Ask your doctor or midwife about further family planning/contraception.

## Check-up after 2-3 months

You may ask for a check up ("etterkontroll") by a doctor or midwife two or three months after you gave birth. Your pubic and pelvic area and vagina will then be examined and you will be offered family planning or contraception. You can also have a test to check your red blood-cell count.

