

EXPERTISE YOU CAN TRUST.

AS THE LARGEST MEDICAL NETWORK IN SWITZERLAND, OUR LEADING-EDGE FACILITIES INCLUDE SURGICAL CENTRES, RADIOLOGY, DIAGNOSTICS, EMERGENCY DEPARTMENTS, RADIOTHERAPY INSTITUTES AND INTEGRATED OUTPATIENT SURGERY UNITS.

DRIVEN BY OUR CORE VISION OF CLINICAL EXCELLENCE, WE PROVIDE PERSONALISED CARE TO ALL OF OUR PATIENTS.

OUR MATERNITY HOSPITALS



WWW.HIRSLANDEN.CH/MATERNITY-HOSPITALS

ADVICE AND INFORMATION
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HIRSLANDEN
KLINIK IM PARK

HIRSLANDEN baby

ALL YOU NEED TO KNOW ABOUT GIVING BIRTH AT THE KLINIK IM PARK

WE DEDICATE OURSELVES TOTALLY TO SUPPORTING YOU IN ACCORDANCE WITH YOUR INDIVIDUAL REQUIREMENTS. OUR MATERNITY UNIT OFFERS A STYLISH AND WARM AND FRIENDLY ATMOSPHERE IN WHICH YOU WILL FEEL COMFORTABLE AND SECURE.

HIRSLANDEN
PART OF THE MEDICLINIC GROUP

THE DIFFERENT SECTIONS OF THIS BROCHURE PROVIDE YOU WITH A WIDE RANGE OF INFORMATION ABOUT GIVING BIRTH, INCLUDING THE FOLLOWING TOPICS:

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WELCOME TO OUR CLINIC

You have chosen to give birth at the Klinik Im Park.
Thank you for your trust - we are certain you will feel comfortable here.

Approximately 600 babies are born every year in the Klinik Im Park Maternity Unit. Many parents-to-be place their trust in us. They do so in the knowledge that they can rely on having competent and understanding support before, during and after the birth.

In this brochure, we inform you about the necessary preparations involved and the course of your stay with us. We also provide you with valuable information about giving birth and your baby. We will be pleased to answer any questions you may have or provide you with further information.

Kind regards,
Your maternity team at the Klinik Im Park



Franziska Vallantine
Head of
Women-Mother-Child Department



Sabine Kolbe
Deputy Head of
Woman-Mother-Child Department

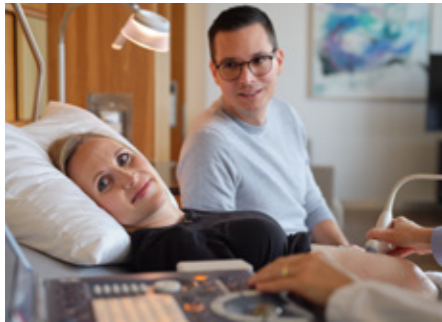


Katrin Würzbach
Team leader
maternity unit



Mareike Dietrich
Team leader
delivery room

THE CORRECT PREPARATION INSPIRES CONFIDENCE AND TRUST



As parents-to-be, you will prepare intensively for the impending birth. We will assist you every step of the way. Our philosophy centres on holistic, individual and family-oriented care before, during and after the birth.

MIDWIFE CONSULTATION

To prepare for the birth, we invite women who are registered to a midwife consultation. Here you will have the opportunity to discuss your questions in connection with the birth and the first days in the postpartum period, as well as to express your wishes and concerns. The midwife consultation takes place about 4 weeks before the due date.

CHILDBIRTH METHODS

We support natural childbirth. Freedom of choice for the mother-to-be is our top priority. Various options are available, such as a water birth or use of the birthing stool, to name just a couple. In certain cases, however, a caesarean birth is recommended: for example, if the doctor establishes before the birth that a natural delivery would be dangerous due to physical or personal reasons.

MEDICAL INFRASTRUCTURE

Our clinic's modern medical infrastructure guarantees optimal medical care and the highest possible security for mother and baby. The warm colours and the lighting effects in the delivery suites will help you feel comfortable. Our Labour Ward has 2 delivery suites with birthing tubs. An operating theatre for caesarean deliveries is integrated directly into the Labour Ward, which enables us to react very quickly in emergencies.

AN EXPERIENCED, EFFICIENT TEAM

Come and get to know our multilingual team and our Maternity Unit as early as possible: experienced midwives are on-call around the clock to care for your well-being. Your appointed doctor works closely with the midwives and can be contacted at any time. Our experienced anaesthesia team is available at all times to help relieve pain during a natural birth or in the case of a caesarean section. After the birth, an experienced neonatologist/paediatrician will examine your baby and is always on stand-by in case of an emergency. Thanks to our ongoing training processes, our highly qualified personnel are always at the cutting edge of their profession.

ANTENATAL CLASSES

Our popular antenatal classes will help you prepare for the birth and eliminate any uncertainties and fears that you or your partner may have. We also offer other classes, such as preparing for birth with antenatal gymnastics and individual birth preparation. Detailed information about our extensive range of antenatal and postnatal courses can be found on our website: www.hirslanden.ch/impark/kurse

SIGNIFICANTLY EASIER WITH ACUPUNCTURE

Alongside traditional Western medicine, we offer various alternative treatments. All our midwives are specially trained and experienced in the use of acupuncture. This method of easing the birth has long been used in China and complements traditional preparations for the birth. Various studies have shown the effectiveness of acupuncture treatment in preparing for birth. The stimulation provided by acupuncture needles promotes cervical ripening and shortens the duration of labour. For inconveniences such as nausea, heartburn, oedema, back pain or carpal tunnel syndrome, acupuncture can provide significant relief. After the birth, acupuncture can help with breastfeeding problems, such as breast engorgement, sore nipples and insufficient milk production. In addition to acupuncture, we offer other alternative therapies such as aromatherapy and homeopathy.



AYURVEDIC MASSAGE

Ayurveda means 'the science of life and the right way to live'. This ancient Indian medical science has the following aims: prevention, the preservation of health and the regeneration of the body. Ayurvedic massage during pregnancy improves general well-being and creates inner harmony. It facilitates contact between the mother and child and promotes emotional bonding. It also has a relaxing and balancing effect. Postnatal Ayurvedic massage aids in the detoxification and cleansing of the body. It releases tension and helps restore energy levels when exhausted after birth. It offers a wonderful opportunity to simply enjoy yourself and be pampered.

The massage also improves the elasticity of the skin, assists correct posture and relieves the legs, back and pelvis. The slow movements of the massage are gentle and smooth and are performed with the aid of warm, fragrant oils.

FOOT REFLEXOLOGY MASSAGE

The foot reflex zone massage is based on the knowledge that certain zones on the foot are connected with body regions. The massage stimulates the blood of the feet and activates the reflex zones. It thus has a regenerating and healing. Blockages can be released by pressure on the reflex zone can be released. The foot reflex zone massage can be used both before the birth (from the 16th week of pregnancy) as well as after after the birth. More information can be found on our website <https://www.hirslanden.ch/de/klinik-im-park/kurse-und-vortraege-der-hirslanden-klinik-im-park/schwangerschaft-und-geburt.html>



**THE HIGHLIGHTS OF OUR
LABOUR WARD**

- Holistic and personal care by the midwife
- Diverse course programme
- Midwife consultation before birth
- Familiar atmosphere in the Klinik Im Park
- Lighting effects in delivery suite to aid relaxation (based on the 5 elements of traditional Chinese medicine)
- Aromatherapy
- Acupuncture

- Homeopathy
- Self-controlled pain relief administration with a pain pump
- Walking epidural
- Birthing tubs in all delivery suites for relaxation or a water birth
- Birthing stool
- Birthing island
- Preparation, observation and care by the midwife before and after caesarean
- Integrated operating theatre for caesareans in the Labour Unit



BEFORE ENTRY

ADMISSION AGREEMENT/ COST REIMBURSEMENT GUARANTEE

Please send to our patients admission department the completed admission agreement and a copy of your health insurance policy by post so that we can request the cost reimbursement guarantee from your insurer in due time.

ANAESTHESIA

Please complete and sign the Anaesthesia Questionnaire and Consent Form and bring it with you to your midwife consultation or upon admission to the clinic. Should you wish to discuss anything before admission, please make an appointment for an anaesthesia consultation: T +41 44 209 22 71 (Anaesthesia office, Mo-Fr, 8 a.m. - 12 a.m.)

DOCTOR'S FEES

All costs associated with the treatment provided by your doctor will be billed to you directly by their practice. The clinic is, therefore, not able to provide any information or comment on the doctor's fees. For further questions, please contact your doctor directly.

INSURANCE COVER

With appropriate insurance, the clinic services, examinations, operations and outpatient pre- and follow-up treatments will be covered by your insurer and charged at the normal tariffs.

DEPOSIT PAYMENT

Without a cost reimbursement guarantee from a health insurance or other insurance company, a deposit must be paid to the clinic before admission. Should this be the case, you will receive written notification from us.

EXTRAS/PRIVATE EXPENSES

You will receive a separate, detailed invoice for your extras (e.g., room service, telephone, visitors' meals, car parking tickets, etc.) from us after discharge.

UPGRADE

Information about our upgrade options can be obtained from our Patient Admissions Office (T +41 44 209 21 60) or on our website: www.hirslanden.ch/impark

QUESTIONS ABOUT ORGANISATION AND COSTS

Questions regarding organisational issues can be directed to our Patient Admissions Office (T +41 44 209 21 60). Questions about cost coverage, health insurance companies and insurance can be directed to our specialist accounting department (T +41 44 209 27 25/26).

SPECIAL REQUIREMENTS

In case of any special requirements, please inform our Patient Admissions Office (T +41 44 209 21 60) in advance. We will be pleased to take care of them for you.

BABY INSURANCE

We recommend that you organise health and accident insurance for your baby before it is born. In this way, it will be insured from the very first moment it comes into the world. A supplementary prenatal insurance can be taken out with some health insurance companies without having a medical examination.



DOCUMENTS FOR THE REGISTRY OFFICE

To register your child at the civil registry office of Zurich, you will receive a birth registration form to be filled in by you upon admission. This form will be completed by the midwife after birth and forwarded to the civil registry office.

The civil registry office will contact you directly if any further documents are needed for registration.





CHECKLIST FOR CLINIC ENTRY

Before admission to the clinic

- Send admission agreement to Klinik Im Park
- Send a copy of your insurance policy to the patient administration of the Klinik Im Park
- Request a copy of the cost reimbursement guarantee for your confirmation
- Only for self-paying patients: payment of the deposit. Bring the receipt with you upon admission
- Keep valuables/jewellery in a safe place

Personal items

- Toiletries
- Comfortable clothing
- Prescribed medicines in original packaging, including dosage information

For the birth

- Comfortable clothing
- Music, if required, playlist (Maternity ward has Bluetooth speaker)

Personal items for your baby

- A set of clothing for the discharge (body, romper suit, cap, socks, jacket)
- Maxi-Cosi or carry cot

Documents (if available)

- Maternity card (Mutterschaftspass)
- Blood type card
- Allergy ID
- Vaccination card
- Any other medical passes
- Test results
- ECG
- Nutrition and diet plans
- Documents for the registry office

Miscellaneous

- Organise transport to the clinic
- Organise care of siblings
- This brochure

Personal items

We recommend that you do not bring jewellery, valuables and large sums of money with you to the clinic. The wardrobe in your room has a safe for your personal items or small amounts of money. The clinic assumes no liability for loss of valuables.

Additional

- _____
- _____
- _____
- _____
- _____

THE BIRTH – THE BIG MOMENT

The peaceful atmosphere in our friendly, modern Labour Ward will help you feel comfortable. Thanks to the individual preparations you have made, you have already been able to get to know some members of the midwifery team who you know will take care of all your requirements. Rest assured, you can put yourself in the hands of the specialist and concentrate fully on the birth itself.

THE ONCOMING BIRTH

As soon as your contractions are regular, your waters have broken or you are feeling uncertain or unwell, please call our Labour Ward (T +41 44 209 22 42). A midwife will advise you what to do next and whether you already need to come to the clinic.

ADMISSION

Please check in at the reception on arrival. The midwife will welcome you to the Labour Ward and will contact your gynaecologist to inform him or her of the impending birth.

Your doctor will work closely with the midwife who is taking care of you. The midwife will accompany the birth process and offer you individual assistance in every respect.



To ensure the safety of you and your baby, specialists are available at all times. Your partner is, of course, more than welcome to be present during the birth.

MORE RELAXATION, LESS PAIN

Whether you would like a comforting compress, an easing massage, calming aromatherapy, homeopathy, a relaxing bath or specifically targeted acupuncture – we offer many different forms of naturopathic therapies during the birth to help you relax and to reduce the pain. If required, conventional pain relief is also available, of course.

BONDING IN THE FIRST SHARED MOMENTS

The first few hours are very important: The newborn recognises the heartbeat, smell and voice of the mother. Through skin-to-skin contact, it receives urgently needed warmth and security. On the other hand, the mother is particularly open and receptive to her baby directly after the birth. It is during this sensitive phase that the unique and lasting relationship between mother/parent and child is formed. With us, your baby remains with you constantly after the birth. The newborn even remains with the parents after a caesarean birth.

THE IMMEDIATE POSTNATAL PERIOD

The first few hours after the birth belong only to you, your baby and your partner. You have time to experience the new situation as a family for the first time. Only your midwife will continue to look after you in the delivery suite and will support the breastfeeding process. After the monitoring period, you will be moved to your room in the Maternity Unit, where a specialist nurse will take care of you.



DOCTOR'S VISITS

Your gynaecologist visits you every day, is available to answer your questions and discusses your further care with the nursing staff.

PEADIATRICIAN

The paediatrician will examine your baby within the first 24 hours after the birth and again before you are discharged. A paediatrician is on duty at all times to ensure the safety of your baby.

PAIN RELIEF IN OBSTETRICS

Every woman experiences the birth of her child in a different way, and labour pains are felt with varying degrees of intensity. Although many pregnant women do not require further assistance during the birth, situations often arise in which measures for pain relief are necessary. A wide range of methods are available for this purpose, enabling the pain relief to be adapted to your individual needs. In addition to the alternative approaches mentioned on page 14, a selection of medicinal methods are available, which will be discussed in more detail below. Some of these methods are employed by midwives, others by our experienced anaesthesiologists.

SELF-DOSED PAIN RELIEF

Laughing gas (nitrous oxide)

One option on offer for self-administered pain relief is nitrous oxide. This technique, which involves inhaling a 50/50 mixture of nitrous oxide and oxygen, has been well established in obstetrics for decades and is routinely used in many countries. The administration of the gas mixture occurs by means of a mouthpiece or mask held by the pregnant woman herself. During labour, deep breaths introduce the mixture into the woman's circulatory system, where it quickly relieves pain.

Ultiva PCA

Thanks to Ultiva PCA, a patient-controlled, intravenous form of pain relief is now also available in an obstetric context. Using this method, the woman giving birth can administer an ultra short-acting, highly potent analgesic (remifentanyl) to herself through an arm vein by means of a PCA pump (patient-controlled analgesia). The dosage of the medication can thus be adjusted in light of the contractions and how the woman feels.

REGIONAL ANAESTHESIA

Regional anaesthesia refers to the relief or elimination of pain in larger regions of the body without an interruption of consciousness. In the context of obstetrics, both so-called peridural anaesthesia and spinal anaesthesia are used.

In peridural anaesthesia, following local anaesthetisation a very thin plastic tube is inserted between two vertebrae near the spinal meninges in the lower part of the spine (fig. 1). Local anaesthetics and painkillers can then be administered through this tube as needed. These drugs bypass the nerves leading from the uterus to the spinal cord, numbing labour pains during birth. Peridural anaesthesia has a long track record as a gentle and effective form of pain relief in obstetrics.

In spinal anaesthesia (fig. 2) - as in peridural anaesthesia - a particularly fine needle is inserted, under local anaesthetic, between the vertebrae all the way to the spinal meninges, which it then pierces. This allows the anaesthetic to be injected directly into the fluid surrounding the spinal cord. Both procedures can be used for vaginal deliveries as well as caesarean sections. More detailed information will be provided in the following chapters.

GENERAL ANAESTHESIA

Nowadays, general anaesthesia (or narcosis) is very rarely used in obstetrics. It is only employed in certain rare circumstances, for caesarean sections or obstetric emergencies.

ANAESTHESIA CONSULTATION

During the personal consultation, your anaesthesiologist will endeavour to answer all your questions. For legal reasons, it is necessary for you to

consent to the measures in writing.

For this reason, please do not hesitate to contact us early on, so that we can answer your questions and clear up any uncertainties during the anaesthesia consultation. It is important for you to be properly informed before the birth of your child, so that you can look forward to the event without fear or anxiety. To make an appointment for an anaesthesia consultation, call us at: T +41 44 209 22 71.

PERIDURAL ANAESTHESIA / SPINAL ANAESTHESIA

Fig. 1

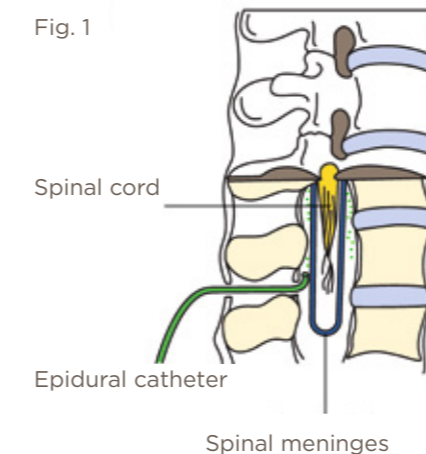
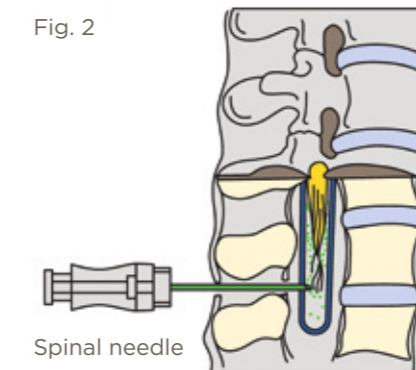


Fig. 2



THE PLANNED CAESAREAN SECTION



ADMISSION

About 24 hours before the procedure the midwife will be waiting for you to take a blood sample and for an anaesthetic consultation (important because of the antibody test). Afterwards you can go home again, and afterwards you can go home again. You will generally be admitted 4 hours before your caesarean. A midwife will examine you, prepare you for the operation and explain the caesarean procedure to you.

FOOD

On the day of the caesarean, you are generally not allowed to eat or drink for 6 hours before the operation. You will receive further information in the letter of invitation for the caesarean section.

ANAESTHESIA

When your blood sample gets taken or on the day of admission, the anaesthetist will discuss anaesthesia and the operation process with you. The anaesthetist will prescribe the medication you need to be given before the caesarean.

ANAESTHESIA CONSULTATION

Please make an appointment for an anaesthesia consultation: T +41 209 22 71. Phone us in advance should you have a special medical history or particular cultural or religious requirements.

PHYSICAL PREPARATION

In order for the caesarean section to be carried out optimally, we ask that you make the following preparations:

- Remove hair from pubic bone
- Remove make-up from face and remove nail polish (hygiene)
- Remove jewellery and piercings (risk of joint swelling), hair clips and hairpieces (hygiene)
- Remove contact lenses (risk of inflammation of the eyes)

THE CAESAREAN

The time has come: The midwife will accompany you to the operating theatre, which is integrated in the Labour Ward. In the warm and safe atmosphere of this suite, the anaesthetic nurse will monitorise your wellbeing in cooperation with one of our experienced anaesthetists. It goes without saying that your partner can be by your side during the caesarean.

IMMEDIATE CARE

During the caesarean section, the midwife and the duty paediatrician will take care of your baby. The midwife will support the bonding process by placing the newborn skin-to-skin while still in the operating theatre. As soon as possible, she will also help you to breastfeed your baby. It is ideal to try within the first hour after birth.

PERSONAL CARE AND SUPPORT

The anaesthetist and gynaecologist will check your state of health and provide any information you may require. You will be cared for and monitored by the midwives for the first few hours in the delivery suite. It is important to us that your little family can remain together in an undisturbed atmosphere.

ANAESTHESIA FOR A CAESAREAN

Wherever possible, it is preferable to carry out the procedure using regional anaesthesia, usually spinal anaesthesia. An epidural anaesthetic can also be used – especially when an epidural catheter has already been placed to relieve labour pains but a caesarean has proved necessary as the labour progressed. With both procedures, you remain awake throughout the caesarean and can experience the birth of your baby fully conscious (see page 16). On rare occasions, a general anaesthetic may be necessary for a caesarean. This switches off the sensation of pain and consciousness, and you sleep through the operation.

What is the difference between a regional anaesthetic for a natural birth and one for a caesarean?

Because all feelings of pain must be completely removed for a caesarean, the level of numbness is much higher. This is achieved through the use of stronger drugs. While it is necessary to retain the ability to push for a natural birth, all movement in the lower part of the body is usually completely switched off for a caesarean. As far as the technique, procedure, risks and side effects are concerned, there is no difference.

When is a general anaesthetic used for a caesarean?

General anaesthesia may be necessary if a regional anaesthetic is not technically possible or not advisable for medical reasons, such as blood clotting problems, infection, etc. Certain obstetric factors, such as an acute risk of bleeding, may also make a general anaesthetic necessary.

What are the risks of general anaesthesia?

The risks of general anaesthesia include the inhalation of the stomach contents into the lungs, which can lead to severe pneumonia. During your pregnancy, your anaesthetist will take specific precautions for your protection. Very rarely, allergic intolerance reactions may be triggered, which could lead to serious heart, circulation or breathing problems. Finally, and also very rarely, damage may be caused to the teeth or dental prosthetics, or injuries may be caused to the mouth or larynx. Fortunately, nerve damage due to the positioning during the operation is also rare.

Can a general anaesthetic harm my baby?

General anaesthetics have been used for caesareans around the world for decades and are very safe for both mother and baby. There is no known effect on the newborn when administered properly.

Anaesthesia consultation

Your anaesthetist will try to answer any questions you may have during the personal consultation. For legal reasons, it is necessary that you give your written consent to our intervention. Therefore, please do not hesitate to contact us in plenty of time, so that we can answer your questions in peace during the anaesthesia consultation and clarify any uncertainties you may have. It is important that you are fully informed before the birth of your baby and can face the event without fear or anxiety. For an appointment for the anaesthesia consultation:
T +41 44 209 22 71



YOUR STAY IN THE MATERNITY UNIT



During your stay in the Maternity Unit, the staff at the Klinik Im Park are there for you and your baby around the clock. We will do everything possible to ensure that you feel comfortable in our clinic.

CARE

In the Maternity Unit, a member of the nursing staff will take care of you and your baby. You will enjoy comprehensive, tailored care to allow you to return to your normal everyday life as quickly as possible and look after your baby independently.

ADVISORY CONSULTATION AND EXERCISES

If you feel the need to discuss the birth with your midwife, please do not hesitate to let the maternity unit staff know. In case of any discomfort while hospitalised in the postnatal ward, you are welcome to ask for acupuncture treatment by one of our midwives.

ROOMING-IN

You are welcome to keep your baby in your room throughout your stay 24 hours a day, so that you become familiar with your child's needs. Your room is equipped with a changing unit containing everything for newborn care and daily checks. You may also ask our nursing staff to take watchful care of your newborn in the nursery at any time.

LEAVING THE UNIT

Should you wish to leave the unit with your baby, please discuss this in advance with the nursing staff. You may only leave the hospital grounds after talking to your doctor and the nursing staff and at your own risk.

BREASTFEEDING ADVICE

The Klinik Im Park employs qualified breastfeeding consultants (IBCLC), who will provide support, answer your questions and demonstrate the most important aspects of breastfeeding. Even after your stay at the clinic you are welcome to contact us if you have any problems: T +41 44 209 21 30.

Outpatient breastfeeding counselling

Appointments by telephone only on T +41 44 209 23 00.



CARE AND SUPERVISION OF THE BABY

GENERAL BABY CARE

Our nursing staff will introduce you step-by-step to caring for your newborn child. In this way, you will learn to recognise your baby's needs and how to respond to them. The baby care will be individually planned in cooperation with the nursing staff.

BODY TEMPERATURE

A baby is not able to regulate its own body temperature in the first few days. Your baby should, therefore, wear seasonally suitable clothing, and you should make sure it is protected from draughts.

FOR THE SAFETY OF YOUR BABY

During your time in our Maternity Unit, you and your child will be cared by our specially trained nursing staff. If your baby requires specific medical care or monitoring, it will be expertly treated by our paediatricians. Additionally, should complications arise, the Klinik Im Park cooperates closely with Kinderspital and University Hospital Zürich with the Kinderspital (children's hospital) and the University Hospital Zurich.



MEDICAL

HEARING TEST

The hearing of every baby is routinely tested.

EARLY RECOGNITION OF METABOLIC DISORDERS

Newborn screening is routinely carried out on all newborns between 72 and 96 hours after birth. A few drops of blood are obtained from your baby from a pinprick puncture in one heel. You will only be notified of the results should there be any irregularities. In this case, you will be asked to bring in your baby to repeat the test. Not every conspicuousness directly means a disease.

Conakion is vitamin K. Newborn babies are often undersupplied with it at the beginning. Even a slight supply can lead to impaired blood clotting, z. e.g. brain haemorrhages. For optimal supply, all babies receive it 4 hours after birth at the newborn screening, which is used for the early detection of congenital metabolic diseases, and at the first paediatrician's examination after 4 weeks, one ampoule of vitamin K each.





OUR RECOMMENDATIONS

Your pelvic floor muscles were under great strain during your pregnancy. During a vaginal birth, they are further stretched by the head of the baby and may even have been injured. Some women, therefore, have the feeling of being wounded in this area after the birth. This feeling is also normal after a caesarean and will improve in just a few days. You should try to avoid straining your pelvic floor after giving birth (up to 10 days after the birth). The following recommendations will help you regain the elasticity and closing functions of these muscles.

LIE DOWN A LOT

Whenever possible, breastfeed lying down. With perineal injuries in particular, such as a cut or tear, you should stand or sit as little as possible in the first days after the birth to relieve pressure on the wound and promote fast healing.

BODILY FUNCTIONS

Due to the strain on the pelvic floor during pregnancy and/or birth, the passing of water or bowel movements may be uncomfortable and more difficult after the birth.

PASSING WATER

Sit straight and upright. Take your time, do not push. The bladder will start to empty itself through conscious relaxation. Stay seated for a short time after your bladder has emptied. Only then should you lightly tighten the closing muscle while breathing out in order to attain the closing function. You should always avoid stopping the flow of urine by tightening the closing muscle.

BOWEL MOVEMENTS

Make sure that you have soft bowel movements. Visit the toilet as soon as you feel the first urge to pass stools. Sit with a straight back and tip the pelvis slightly forward. To avoid pressing, push lightly while breathing out, without holding your breath in between. Close your pelvic floor after your bowel movement by tightening the closing muscle while breathing out.

HOSPITALITY



HOTEL SERVICE

Our hotel service employees will assist you throughout your stay, advise you on our selection of cuisine, serve you food and drinks and are your first port of call for all matters regarding your stay at the hospital.

The hotel service at Klinik Im Park caters to all your non-medical needs.

SINGLE AND DOUBLE ROOMS

Our single and double rooms are all equipped with ensuite bathrooms. Towels and care products are available for your use. There is a hair-dryer in the bathroom.

TELEPHONE

You can be reached via the direct line in your room from 7 a.m. to 10 p.m. Your telephone card must be inserted into the telephone before you can use it. From 10 p.m. until 7 a.m., all calls are directed via the reception.

RADIO/TV

You can enjoy a wide variety of radio and television programmes on the television in your room.

INTERNET

Our patients have access to free Wi-Fi for internet access with laptops, tablets or smartphones.

FLOWERS AND PLANTS

Our florist will care for your cut flowers two times a week. Due to reasons of hygiene, only cut flowers are permitted. Please advise your visitors that they may not bring potted plants or arrangements made with oasis foam.

DAILY ROUTINE

In consultation with the nursing staff, you are allowed to freely plan your daily examinations, between the fixed times (mealtimes, therapy, etc.). Please inform the relevant nursing staff when you leave the unit.

VISITORS' PARKING/ROUTE

On page 63, you will find detailed information on visitors' parking.

VISITING TIMES

In consideration of mothers and babies, visitors are warmly welcome in the Maternity Unit from **13.30 until 9 p.m.** Your partner and children may also visit you outside of these times. If you do not wish to receive visitors for a certain time, then please inform the nursing staff.

VISITORS' MEALS/ACCOMMODATION

Your visitors are also warmly invited to stay at mealtimes. Your partner may also stay overnight in your room. Please contact our Patient Admissions Office for more information.

VISITORS' TOILETS

Appropriately marked toilets are available for visitors outside the patient rooms.

SERVICES

BISTRO/ROOM SERVICE

Our bistro in the entrance area, along, are available to you and your visitors.

MENU SELECTION

For the main meals, we serve a choice of menus, diet meals and meals à la carte, all prepared in accordance with the latest nutritional recommendations. In addition to vegetarian meals, kosher meals are available.

DIETARY ADVICE

Our dietitian is available to answer any questions about diet and will be pleased to discuss any special dietary requirements you may have on Mondays, Wednesdays and Fridays from 8 a.m. until 11.30 a.m.

TERRACE

Our comfortable terrace is situated directly on the floor of the Maternity Unit. Here, you can enjoy with your baby their first rays of sunshine in the warmer seasons and receive visitors.

DAILY NEWSPAPERS

Every day, we offer you various daily newspaper. Please contact the staff of the hotel service.



MAIL

Letters, faxes, e-mails, parcels and flowers will be brought as quickly as possible to your room. You can give your own mail to the nursing staff, the hospitality staff or reception.

GUEST-RELATIONS

Please contact our Guest Relations team should you have any questions, feedback or criticisms regarding your stay at the clinic. The team is available on the internal telephone numbers 2208 or 2141.

PASTORAL CARE

Our clinic pastor makes regular patient visits if desired. Please ask the nursing staff or dial the internal telephone number 2896 (Reformist pastoral care), or 2881 (Catholic pastoral care).

HAIRDRESSER

There is a hairdressing salon in the clinic for both men and women. For those patients who are not able to visit the salon, the service can be offered in your room (reservations via the internal telephone number 2133).

LAUNDRY SERVICE/DRY CLEANING

Your private laundry can be washed or dry-cleaned at normal market prices. Please contact the hotel service staff if you wish to make use of this service.

DUTY DOCTORS/EMERGENCIES

An anaesthetist is present in the clinic at any time of the day or night. Our wards and intensive care unit are manned continuously, and both surgical and anaesthesia teams are on call around the clock. Should you not be able to reach your gynaecologist in an emergency, please contact the midwife: T +41 44 209 22 42.

SMOKE-FREE

Please note that the Klinik Im Park is entirely smoke-free. There are garden seating areas available on the floor for smokers.

FIRE PROTECTION

To ensure your safety, the entire clinic is equipped with an automatic fire safety system and clearly marked emergency exits. Candles are not allowed for safety reasons.



THE CLINIC DISCHARGE



It is important to us that you feel confident in handling your baby before you leave the clinic and that you know about all further steps. We have, therefore, prepared a checklist for safety purposes. Please read it carefully before you are discharged and make a note of any uncertainties.

We would like to draw your attention to vacate your room by 11 a.m. when you leave.



TIPS AND TRICKS FOR EVERYDAY LIFE

Back-friendly carrying and lifting techniques to aid your body in this special time of recovery.

GETTING UP

Always turn onto your side to sit up and place your legs over the edge of the bed.



BREASTFEEDING

Select a position that ensures your arms are supported and you do not have to strain. Always use sufficient cushions for support, both for your baby and your arms (when sitting, the cushion should reach breast height, so that you do not have to lean forwards/backwards).



NAPPY CHANGING

The changing surface should always be at the correct working height so that your back remains straight. When standing, this is at hip level. If possible, lean against the surface with your hips.



LIFTING AND CARRYING WEIGHTS

Let other people carry and lift things for you whenever possible. If no help is available, please observe the following in particular:

Bend your knees, keep the weight as close to your body as possible, keep your back straight throughout the entire movement and do not lift more than 6–8 kg (applies after a caesarean birth, but is also recommended after a natural birth).

1. Firstly, bend your knees, lift the Maxi-Cosi with the baby to you and only then push up using your legs and with a straight back.



2. Lean on the bed with your hips or legs, bend forward keeping your back straight, lift the baby and hold it close to you. Only then straighten up and take on the full weight. The same procedure applies for lifting older children out of a children's bed (the child can help by holding on to you).



3. Lifting an older child, variations a-c:
a) Sit down, let the child climb onto your lap and only then stand up using the strength of your legs, leaning slightly forward.



b) Let the child climb onto a chair, bend your knees slightly, hold the child close and only then stand up using your legs and with a straight back.



c) Go down onto your knees, hold the child close to you and then push up with the legs. The back should also remain straight throughout.



4. Baby sling and baby carrier: Make sure that the baby sling or carrier is fixed firmly around your hips. In this way, the weight will be mainly supported by the pelvis, and the shoulder area will be relieved.



CLOTHING FOR YOUR BABY

Make sure that the clothing is practical and comfortable. Choose natural fibres (cotton) when selecting clothing as children perspire more easily in synthetic fibres (polyester, viscose).

The baby clothes should contain as few chemicals and pesticides as possible in order to avoid the development of allergies. Please wash the new clothing thoroughly before use.



RECOMMENDED INITIAL EQUIPMENT

Clothing

- 6-8 body suits, long- or short-armed depending on season, size 56/62
- 2-4 romper suits/pyjamas, size 56/62
- 2-4 sets of clothes, size 56/62
- 1 jacket, size 56/62
- Cap or sun hat
- Socks or tights

Sleep accessories

- Cot, cradle, bassinet
- 1-2 changes of bed linen for the cot
- Sleeping bag if required
- Mattress cover

Baby care accessories

- Changing table
- Nappies
- Gauze nappies 80x80 cm
- Bath
- Bath thermometer
- Bath towels
- Nail scissors
- Fever thermometer
- Care products
- Baby wipes

Accessories for feeding

- Baby bottles with teat
- Bottle brush
- Bottle warmer if required
- Dummies

Miscellaneous

- Baby phone
- Pram with rain protection, mosquito net, sun umbrella
- Baby sling/snuggly/baby carrier
- Car seat
- Sunshade for the car

THE CARE OF YOUR BABY

PREPARING A BATH FOR YOUR BABY

It is important that you have a bath towel, clothing and, if necessary, care products at hand. So you do not endanger the safety of your baby, always stay with it or take it with you. Make sure that the bath water is 37 degrees Celsius and check the water temperature with a thermometer or with your elbow. Bath additives are not necessary during the first weeks after birth. Bathing in clear water is perfectly fine, as bath products dry out the skin and can sometimes trigger allergies. If your baby has dry skin, you can either add a small amount of baby oil to the bath water or apply oil or body lotion after bathing. Babies are normally bathed once a week. Wash your baby's face and hands daily.

HOW TO GIVE YOUR BABY A BATH

Lay your naked baby over one of your arms and grasp its upper arm. The back of the baby's neck should be resting on your wrist. Wash the baby from head to toe with your other hand. In the beginning, only bathe your baby for a few minutes at a time. It is important that you dry your baby well, including its hair and all skin folds, so that sore areas do not develop.

NAPPY CHANGING

Change nappies as needed, at least 4-6 times per day. Do not wake your baby to change its nappy.



BELLY BUTTON

Until the stump drops off and the belly button is completely healed, it is important to keep the area clean and dry to prevent infection. If there is any visible soiling, simply clean it with water and let it dry thoroughly. If you notice any discharge from your baby's belly button, ask your midwife for advice.



EYES

If your baby has sticky, watery or inflamed eyes, wash them with a cotton ball dampened with clear water, starting from the outside to the inside of the eye. Use a new cotton ball for each eye. Contact your paediatrician if there is no improvement.

NOSE AND EARS

Wash the nose and ears only when needed. Take a bit of cotton wool, dampen it with water and insert it into the nasal cavity or ear. Hold your baby's head firmly with your other hand. Do not use cotton swabs!

FINGERNAILS AND TOENAILS

Do not cut your baby's fingernails and toenails in the first 3 weeks after birth! If your baby scratches itself, apply a rich cream to its fingertips several times a day to soften the nails.



BOTTOM

It is not usually necessary to apply lotion to its bottom. If your baby's bottom is slightly reddened, you can apply a wound cream. Use a zinc cream if there is no improvement or if it gets worse.

TAKING TEMPERATURE

You should only take your baby's temperature if you think it feels too hot or too cold. The normal rectal temperature is between 36,5 to 37,5 degrees Celsius. If the results are outside the normal temperature range, please contact your paediatrician.

BREASTFEEDING

Breastfeeding promotes a positive mother-child relationship. In addition, mother's milk contains valuable nutrients for the healthy development of your baby.

PREPARING THE BREASTS

Before each feeding, you should massage your breast briefly, so that the milk flow is stimulated and you can monitor the fullness of the breast.

How to massage your breasts

1. Place one hand underneath and the other hand above the nipple.
2. Stimulate the breast slowly using circular movements. Make a few circular motions in all directions using gentle steady pressure. Your hands should not slide on the skin.
3. Spreading a few drops of breast milk on your nipples before and after breastfeeding will protect them.



BREASTFEEDING POSITION

An optimal breastfeeding technique contributes to an appropriate, comfortable position and good nursing results. It is important to use different positions so that the nipple and areola are protected against different forms of strain. This also stimulates good draining of the breast. The different positions can be facilitated by a breastfeeding pillow and a footstool. The baby should always be able to reach the breast without you having to bend forward. Lay your baby down so that its nose and mouth are level with the nipple.

The **cradle hold** is one of the best known and most used positions. You are in a seated, upright position, leaning back in a chair or in bed. The baby is lying in your arms. Your arms are supported by the breastfeeding pillow so that your baby's head is level

with your breast. Make sure that your baby fits snugly across your belly and its body is in a straight line.

The **side position** is especially appreciated by women with larger breasts. It allows good eye contact with the baby. You are in a seated, upright position, leaning back in a chair or in bed. Your baby is lying sideways under your arm on a breastfeeding pillow, its face is turned towards you. Your baby's head should be level with your breast. Support the head with your hand and lead it to the breast.

Breastfeeding while lying down during the night is relaxing for the mother. You are lying in a comfortable side position, and your baby is at your side. Your baby's back is supported with a rolled towel or by the breastfeeding pillow. You can pull it to the breast using its shoulders.



A proper attaching technique is important to learn the correct sucking pattern, to prevent injury to the nipples and to create a good vacuum. You should follow these steps:

1. Hold the whole breast in one hand with your thumb on top and your fingers below.
2. You can stimulate your baby's lower lip with your nipple or a finger. This encourages the rooting reflex and the forward positioning of the tongue.
3. With a swift movement, lead your baby to the breast. Make sure that the nipple is properly placed in its mouth. The upper and lower lips are turned outwards. The first pulls are very often painful; afterwards, you should not feel any pain. If you do, start over again.

A correct removal technique prevents injury to the nipples. The following steps can help:

1. Place your index finger near the corner of the baby's mouth and your breast and press lightly.
2. Slowly slide your finger between its lips and dental ridge.
3. This releases the vacuum and you can remove your baby from the breast.

Lactogenesis (the start of milk production) changes the milk production process from the internal hormonal mechanism to an externally controlled process (the baby sucking). This usually happens 2 to 3 days after giving birth. It can also be delayed up to 7–20 days.

It is common to have sensitive, painful, taut and firm breasts. To alleviate such problems, use cold compresses (cold packs) or apply a quark wrap after breastfeeding. Using a warm, moist compress before breastfeeding may also help. You can also massage the breast to express some milk or briefly use a breast pump.

GENERAL INFORMATION ON BREASTFEEDING

At the beginning, you should breastfeed 10–15 minutes per breast. Later on, the length of time will depend on your baby's natural sucking needs. This need is still low directly after birth but increases after 2 or 3 days to coincide with the beginning of milk production. Following lactogenesis, it is recommended that you breastfeed for 20 minutes on each side so that your child benefits from the high-fat hindmilk, which becomes available after about 10 minutes. Every baby has

different nutritional requirements and the breastfeeding intervals can vary between 2 and 4 hours. The breasts feel soft and relaxed after a feeding.

Lactogenesis (the beginning of milk production) is determined by the demand of your baby. The more frequently the breast is stimulated by correct breastfeeding or expressing, the more milk that will be produced. The baby's sucking and the associated release of hormones (prolactin and oxytocin) are responsible for this.

To care for your nipples, we recommend that you moisturise the nipple with breast milk before and after breastfeeding as it has an anti-inflammatory effect.

Dehydrated nipples can be treated with a lanolin ointment (e.g. Purelan).

Sore nipples can be protected against further irritation with silicone compresses (e.g. Mepilex).

Blocked milk ducts can be caused by incorrect breastfeeding, sucking and/or attaching technique. The breast is hard, over-heated and sensitive to pressure, and body temperature is slightly higher. Unrecognised or un-

treated blocked milk ducts can lead to mastitis (breast infection).

For treatment of blocked milk ducts, apply a moist, warm compress and massage the breast before breastfeeding or expressing. Breastfeed your baby in a way that its chin is pointing towards the hardening so that the suction force can be more effective. Breastfeed or express every 2 to 3 hours during the acute stage. Place a quark wrap or a cold pack on the affected area after breastfeeding or expressing. Check the breast before and after each breastfeed or expression until the hardening has disappeared.

Mastitis is a painful inflammatory disease of the breast. It can be the result of blocked milk ducts but may also form in response to fatigue, stress or infection. You have flu-like symptoms and have a rapid temperature increase up to 38.5 degrees Celsius. The breast may appear red in colour. In this case, you should increase the frequency and change sides when breastfeeding or expressing. Maintain sufficient fluid intake and make sure you get enough rest. Apply a warm, moist compress before breastfeeding or expressing. Afterwards, use a quark

wrap or a cold pack. We recommend a decongestant and an anti-inflammatory compress at night.

Please contact your Klinik Im Park breastfeeding consultant should you have any questions.
T +41 44 209 23 00.
For additional information, please consult www.stillen.ch.

YOUR BABY WANTS TO BE CARRIED

Your baby was carried and rocked in your belly for nine months. It felt a bond with you, and this provided a natural initial experience for your baby. At birth, this contact is broken, but the baby would like to continue to share this bond with the mother, to smell and feel her and hear her heartbeat. This intimate relationship can be continued by using a baby sling. Your baby experiences lots of body contact, receives affection and feels secure. As a result of being carried, your baby develops body awareness and will be calmer and more balanced. A properly executed wrapping technique also has a positive effect on the hip joints and is the best form of support for babies.

CARRYING AIDS

There are many different types of carrying aids. In addition to the sling, you can carry your baby in a baby carrier (e.g., Baby Bjorn or Ergo). Here, we would like to provide you with a brief summary of the pros and cons of each type.

BABY SLING

Through the use of a baby sling, the baby is tied snugly to your body. The baby does not sit in the sling.

Pros:

- The legs are spread optimally.
- The baby is in an upright position, without sitting.
- The still weak core torso muscles are bolstered by the firm pressure of the fabric, giving the baby support.
- The sling can be used for longer periods by applying various binding techniques.
- It adapts perfectly to every body.

Cons:

- Binding techniques must be learned.
- Unfortunately, the baby sling has not yet lost its alternative image.

BABY CARRIER

In this variant, the baby is carried in a sitting position, directly touching the body of the mother or the father.

Pros:

- Easy handling.
- Fathers feel more comfortable using it.

Cons:

- The legs are spread insufficiently for optimal development of the hips, since the bridge between the legs is too narrow.
- The core torso muscles of a baby are not yet sufficiently well-developed in the first few months.
- The baby sits in the baby carrier. This means that the baby slumps down and its back assumes a crooked S-shape.



HOW TO TIE A BABY SLING

We recommend using a cloth that is between 4.7 metres (up to size 42 δ, 48/50 σ) and 5.4 metres (above size 43 δ, 50 σ) in length. Always ensure that the cloth is lying flat against your body and that both edges of the fabric remain free. This makes it less likely that the cloth will become twisted.

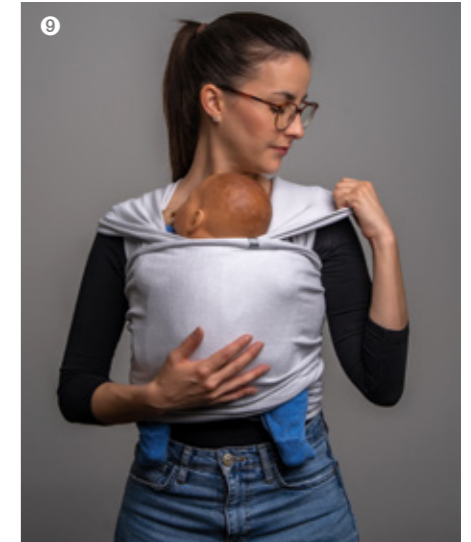
- 1 Place the cloth across your chest, so that the centre of the cloth rests on the centre of your chest.
- 2 Taking it one side at a time, wrap the ends of the cloth around you, passing underneath your arms. Cross the two ends behind your back and then pull each end up and over the opposing shoulder towards the front of your body.



- 3 Pull both ends down through the gap between the horizontal band of cloth and your stomach.
- 4 Next, cross the ends of the cloth in front of your stomach to form an X shape.
- 5 Then, pull both ends behind your back again and tie them in a double knot.
- 6 Holding your baby on your shoulder, pull the cloth away from your body and insert one of the baby's legs and buttocks into one of the bands forming an X shape on your chest. Then, pull the fabric up over the baby's back until it is nice and smooth. The fabric should be pulled up all the way to the baby's ears. Any extra cloth should be rolled up behind the baby's knees



- 7 Next, take the baby's other leg and insert it into the other band. The baby should now be 'sitting' with its buttocks in the X shape. Once again, the cloth should be pulled up until it is smooth and wrinkle-free. Any extra cloth should be rolled up behind the baby's knees.
- 8 The horizontal band of cloth should now be pulled up over top of the X-shaped cloth, leaving the baby's feet outside. Once again, the fabric should be pulled all the way up to the baby's ears.
- 9 To keep the baby's face free, pull the inner edge of the fabric on your shoulders down towards your upper arm, forming a kind of small sleeve.



WHY IS MY BABY CRYING?

A crying baby can bring parents to despair. Parents often feel helpless and overwhelmed. There are several reasons babies cry and some can be resolved quickly. It requires a lot of patience, inner calm and resilience. Try not to be nervous – a baby is allowed to cry. Maybe it only wants to be fed!

Babies cry most often because they are hungry. So do not hesitate to offer

the baby food. If it is hungry, it will calm down upon breastfeeding or when you give it a bottle. Make sure the baby burps well after or during a meal.

Some babies are not comfortable when their nappy is full. This can be resolved quickly by changing your baby. Make sure you change your baby at a comfortable room temperature

and take off only as much clothing as necessary. Babies get cold very quickly.

It is possible that your baby is no longer comfortable in its current position. Newborns cannot turn over by themselves. They need your help. Try to lay the baby in another position or pick it up for a while.

Babies also cry when they are bored or they want to be held. Do not hesitate to carry your baby around. The little ones need body contact to feel safe and secure.

Babies often cry after a demanding day. Did you have a lot of visitors? Were you away from home for a long time? Was it loud? These and other stimuli can irritate and overwhelm a baby. This does not mean that you must only sit at home. However, after intense days, try to find more patience and understanding for your baby. Carry it around with you or try to create a calm and relaxed atmosphere. Your baby will be able to calm down slowly.

If your baby does not settle down, hold it firmly in your arms. Do this even if it seems to resist at first. Compare them with us adults: We also have days when we are in a bad mood or have got up on the wrong side of the bed. Babies most likely experience the same thing. Show some understanding, take your baby into your arms or carry it around in a sling. Your child should feel that you are there for it. Try playing soft music that you listened to during your pregnancy.

At first, babies cry very often. The maximum amount of crying happens around the age of 6 weeks. After that, the crying should decrease. Try different methods and techniques that appeal to you personally. Happily accept the well-intentioned advice from relatives and friends. However, you should decide for yourself what is right for you and your child. But the advice may come in useful at a later date. The reasons why babies cry are endless. And there are just as many ways to comfort and soothe a child.

Excessive criers

There are babies who cry excessively and persistently over a longer period and cannot be comforted by anything. These children are known colloquially as colicky babies. The following guide provides a rough definition of a colicky baby: The baby screams...

- more than 3 hours per day
- on more than 3 days per week
- during more than 3 successive weeks

The stress caused by a baby that constantly cries, screams or whines must not be underestimated – even if the baby cries less than described above. It affects the physical and mental well-being of all those involved. If you experience this, consider measures such as:

- consulting the paediatrician
- visiting the advisory service for mothers and fathers
- contacting the breastfeeding consultant
- consulting websites like www.schreibaby.ch or www.schreibabyhilfe.ch



TIPS FOR AT HOME: FOR THE MOTHER

DIET WHILE BREASTFEEDING

Usually, there is no reason to change your diet while breastfeeding. We recommend a balanced, rich and healthy diet. This means lots of fruit, vegetables, whole grains, dairy products and meat or fish, spread over 5-6 meals per day. The quality and quantity of the mother's milk cannot be significantly affected.

Drink sufficient amounts (approx. 2 1/2 litres/day). Peppermint and sage tea are not recommended as they reduce milk production. Up to 5 cups of coffee per day is harmless. We recommend a certain restraint with dairy products due to the increased risk of allergic reactions. The same applies for food products that may affect the taste of your milk. These include asparagus, onions, garlic and rhubarb. Raw meat, sushi and steak tartare, however, can be consumed again safely.

PERSONAL HYGIENE

Your body is more prone to infection in the first 6 weeks after birth, so you should pay even more attention to your personal hygiene than usual. The bleeding following birth lasts for up to 4 weeks and then decreases continuously. If bleeding continues for longer than that, or intensifies, you should contact your doctor.

MEDICATION

Only take medication after consulting your doctor. Next medical check-up: please make an appointment for a follow-up check-up after about 6 weeks.

MIDWIFE AT HOME

We recommend you to early find a midwife for postpartum. The midwives of the team at the Klinik Im Park can look after a limited number of women in childbed, who live in the city of Zurich or on the shore of Lake Zurich.

Please contact us in this regard via T +41 79 819 32 85. Otherwise you can find freelance midwives on the website of the Swiss Midwives Association: www.hebamme.ch

ADVICE ON BREASTFEEDING AT HOME

After you leave the hospital, the health insurance fund will cover 3 breastfeeding consultations in addition to midwifery care.

You can either book these with your postpartum midwife or at our clinic as part of the outpatient breastfeeding counselling. Breastfeeding counselling at Klinik Im Park T +41 44 209 23 00

ADVISORY SERVICE FOR MOTHERS AND FATHERS

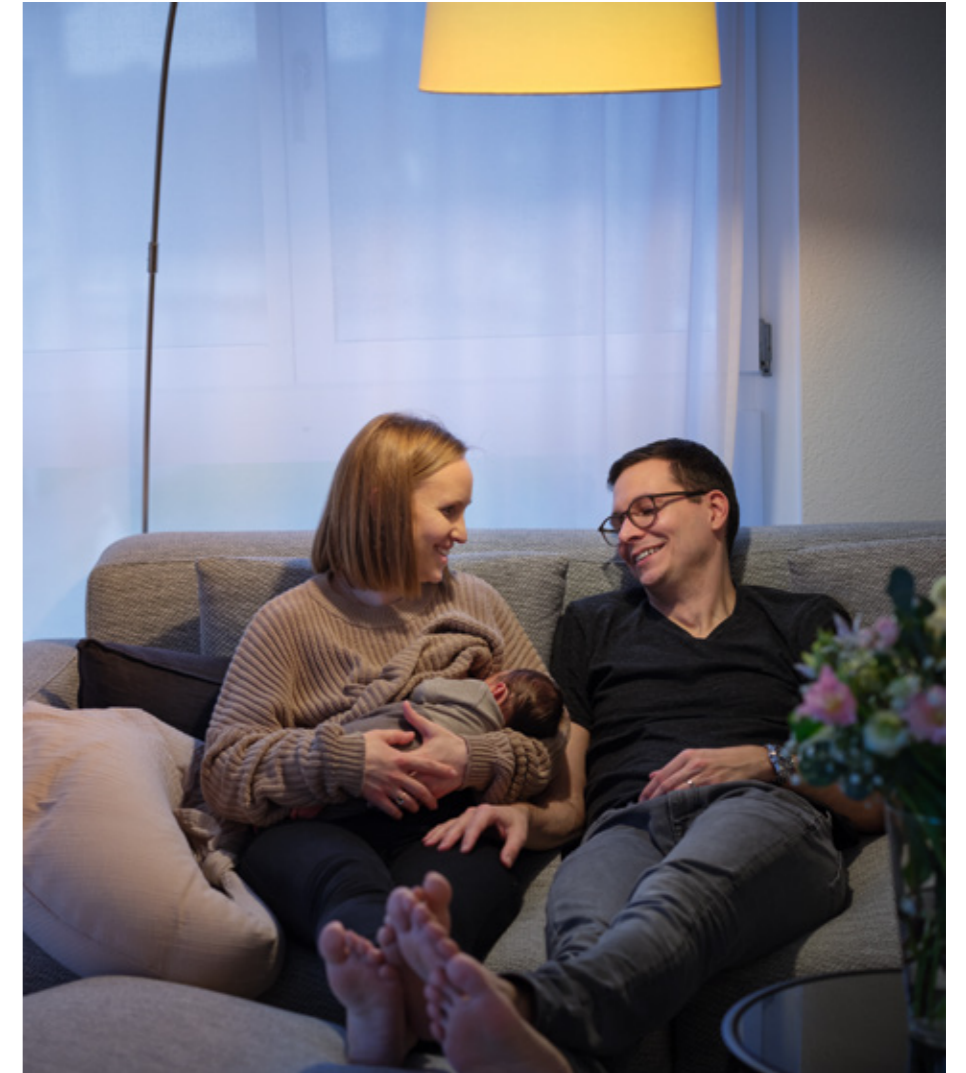
An advisory service for mothers and fathers is available in your community and can assist you with any questions concerning your baby. It provides valuable support to complement that of your paediatrician following your release from the hospital. If you wish, you can register while in the clinic.

BABY BLUES

Your emotions may fluctuate for a few days after giving birth due to the hormonal changes. Let the tears flow, this is quite normal. It may help if you can speak to someone about your fears or worries; the nurses, the doctor or the mothers' advisor can assist you in this situation.

CARRYING HEAVY OBJECTS

After the birth, you should not carry heavy loads. This means nothing heavier than your baby's weight and no drinks crates, heavy shopping bags or anything similar.



POSTPARTUM GYMNASTICS FROM THE 1ST TO 2ND WEEK

All exercises should be pain-free and performed initially with minimal exertion (especially exercises 1a - e). They have been planned with increasing difficulty and are suitable for the first 8 weeks after birth. Initially, you should exercise for a maximum of 20-30 minutes per day. After 4-5 weeks, 3x12 repetitions of each exercise may be performed. After the final check-up by the doctor (after about 6-8 weeks), you can return to doing sports and/or start with post-natal exercises.

1. Lying on your back

a) Stimulate metabolism/thrombosis prophylaxis/reduce swelling of the legs: Circle your feet alternately clockwise and counterclockwise. Occasionally bend and stretch your feet and your knees. Switch sides as soon as one leg gets tired. Perform this exercise until the calf and foot muscles are warmed up.

b) Abdominal breathing/diaphragmatic activation: Place your hand on your stomach. Breathe slowly in and out. Feel how your stomach rises while inhaling (the diaphragm pushes the abdominal organs down) and lowers again while exhaling. With caesarean section:

The wound caused by a caesarean needs at least 10 days to heal. In these first few days, apply pressure to the full length of the scar with both hands (or a rolled towel) when you get up, cough, sneeze, strain or laugh.

c) Abdominal tension/activation: Place your hands on your lower abdomen. Try to build up slight tension while exhaling by pulling the belly button inward toward the spine and relax again while inhaling. Take a break for two breaths and then start the exercise again.

d) Pelvic floor tension/activation: While exhaling, try to activate your pelvic floor. Imagine that you're trying to interrupt the flow of urine while going to the toilet. Release the tension slowly while inhaling.



e) Bridge: After inhaling, tighten your abdominal and pelvic floor muscles slightly. While exhaling, lift the pelvis slowly so that one vertebrae after the other leaves the floor. Then, lower the hips again in one flowing movement (try to maintain the tension during the whole movement). Take a break for two breaths, relax and then start the exercise again.

2. Knees and elbows position

a) Knees with your knees hip-width apart directly below your hips, place your elbows below the shoulder and keep your back straight. In this position, the pelvic floor is relieved of pressure, the uterus returns to its original position and the post-birth discharge can flow out easily. Breathe calmly in and out. Stay in this position for as long as it is comfortable.

b) Tighten the pelvic floor slightly while exhaling and release it again while inhaling into the abdomen.

3. Hands and knees position

a) Try to breathe deeply into the abdomen even in this position. Activate the pelvic floor and abdominal muscles while exhaling and release while inhaling.

b) Hold the starting position while inhaling. While exhaling, make a round back (cat's back) and look towards your belly button.

c) While exhaling (pelvic floor and abdominal are activated), stretch the left arm forward and the right leg backward. Your back should remain stable and flat. While inhaling, go back to the starting position and then switch (right arm/left leg).

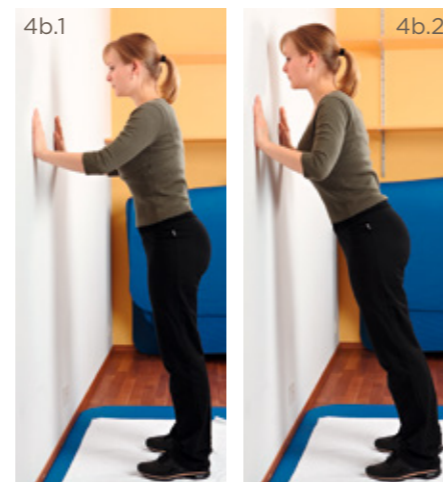


TIPS FOR AT HOME: FOR THE BABY

4. Standing

- a) Stand hip-width apart with your hands on your breastbone. Bend your knees while exhaling – your back must remain straight and your weight distributed over the entire soles of your feet. Return to the starting position (pelvic floor and abdomen are tensed) while inhaling. Only bend your knees so far as your leg muscles allow and are able to push you up again.
 - b) Wall push-ups: Place your hands on the wall at shoulder height, about shoulder-width apart, and keep your back straight.
1. Lean forward and support yourself on the wall while inhaling (the whole body is tensed). While exhaling, straighten your arms back to the starting position. The pelvic floor and abdomen are tensed.

2. Stay in the push-up position on the wall and alternately remove the hands slightly from the wall without moving the torso or hips. If you have musculoskeletal problems (e. g., symphysis or sacroiliac joint pain), please enquire about personalised physiotherapy consultations.



BREASTFEEDING

We recommend that you time breastfeeding according to the drinking needs of your baby. After a short while, it will find its own rhythm – the frequency is very individual (5–8 times per day). Frequent breastfeeding helps in the first months during growth spurts. Milk production will increase and adapt to the needs of your baby.

HANDLING BREAST MILK

Breast milk may be stored as follows:

- 4–6 hours at room temperature
- 3 days in the refrigerator
- 3 months in the freezer section of a fridge
- 6 months in a deep freezer

Frozen breast milk should first be thawed under cold, and then under warm, running water. It should then be warmed up in a water bath. The same applies for breast milk from the refrigerator. Do not warm breast milk in a microwave. Already warmed breast milk may no longer be returned to the fridge and then reheated. It is advisable not to heat breast milk in large quantities. Instead, warm another small amount if the child is still hungry.

MILK POWDER DIET

When feeding your baby with milk powder, the volume is measured according to their current body weight, but should be mostly based on the baby's requirements. The daily amount is about 1/6 of body weight, spread over 5–6 meals. Instructions for preparation can be found on the package. You can prepare the amount needed for one day and keep it in the fridge for 24 hours.

Daily fluid intake:

4 th day:	6 x 40 ml	= 240 ml
5 th day:	6 x 50 ml	= 300 ml
6 th day:	6 x 60 ml	= 360 ml
7 th day:	6 x 70 ml	= 420 ml
8 th day:	6 x 80 ml	= 480 ml
9 th day:	5 x 100 ml	= 500 ml
10 th day:	5 x 110 ml	= 550 ml

From the 11th day, the daily fluid intake is 1/6 of body weight.

An example:

3000 g: 6 = 500 ml

500 ml: 6 = 84 ml

(if the child drinks every 4 hours)

500 ml: 8 = 63 ml

(if the child drinks every 3 hours)

The child may consume more than the prescribed amount – but less than that is not good.

CLEANING OF BOTTLES, TEATS AND DUMMIES

Clean the baby bottles with a bottle brush and rinse them with hot water. We recommend boiling them or washing in the dishwasher twice a week. An extra rinse cycle is advisable to remove any rinse agent residue. Milk residues in the teats dissolve better if you put a little salt in them prior to cleaning.

FLUID REQUIREMENTS

Your baby will not usually need any additional liquid, regardless of whether you breastfeed or use powder milk. You may give your baby a small amount of weak unsweetened fennel or caraway tea as a therapeutic measure against abdominal pain.

WEIGHT

In the clinic, your baby was regularly weighed naked. At home, a weekly check by the advisory service for mothers and fathers is sufficient. According to recommendations by the WHO, weight gain in the first 3 months should be 30g/day or 210g/week. The minimum weight gain should be 20g/day or 140g/week.

ELIMINATION

Your baby should regularly excrete urine (wet nappies). The stool is very soft and the frequency very individual, with at least 6 wet nappies in 24 hours (for breastfed babies, once a week to several times a day).

PAEDIATRICIAN

After leaving the hospital, the first check-up with the paediatrician is at the age of about one month. Your paediatrician will inform you about vaccinations. The first vaccination is administered at about two months of age. Your paediatrician will discuss the other check-ups with you.

CRADLE CAP

Cradle cap is scaling skin on babies and is usually normal. The cause is unknown. Frequently, however, it indicates a predisposition for the development of allergies. As long as the cradle cap only covers the scalp, it is usually harmless. But if it spreads onto the face – typically in the eyebrows – you should consult your paediatrician. Normal cradle cap can be oiled with a high quality oil (olive or almond oil). Massage the oil into the scalp in the evening, for example, and wash it off with a mild baby shampoo the following morning after combing out the flakes.

GOING OUT WITH YOUR BABY

You decide how often and how you want to go out with your baby. There are many possibilities, ranging from a sling Babybjörn or baby carrier, to a stroller or a car seat. Dress your baby appropriately for the weather. It is important that your baby does not have to spend a lot of time in vehicles at the beginning, as this is not good for its back. Ask a specialist dealer to show you the proper way to secure the car seat in your vehicle. The clinic nursing staff would, of course, also be very happy to answer any questions.

SUNSCREEN

If possible, chemical sunscreens should not be used in the first year of your baby's life because the UV-filter poses too great a stress to its skin. However, it is important that your baby does not get sunburned as the subsequent risk of skin cancer is high. The best prevention is to play in the shade under a parasol, with airy but protective clothing, including a sun hat and sunglasses. The remaining exposed skin (arms, hands, face) should be protected by a sunscreen with micro pigments which reflect the UV-rays like a mirror, rather than filtering them chemically. There are also special UV-protection outfits that have short sleeves and legs and which cover sensitive areas optimally. Exposure to sun should generally be avoided between 11 a.m. and 4 p.m.



DAY AND NIGHT RHYTHM

The baby's distinctive sleeping and waking rhythm develops during the first year of life. Prior to this, there is no day and night rhythm. The baby wakes up when it is well-rested and goes to sleep when it is tired. You can help your baby find the right rhythm if you do not disturb the natural conditions. If your baby wakes up during the night, turn on as little light as possible and limit your speaking and volume. You do not necessarily need to change your baby at night (except if it has a sore bottom).

A baby needs about 14–18 hours of sleep in the first few weeks of life. Babies are usually only awake at mealtimes, during nappy changing and when bathing.

We recommend that babies sleep on their backs. Lay your baby down on its side occasionally during the day (only if no hip problems exist!) and on its stomach (only under supervision). Your baby should not lie on its stomach unattended, due to the increased risk of sudden infant death syndrome (see information below). During the day, you may put your baby to bed in this position if you supervise it. This strengthens its neck, back and abdominal muscles.

The ideal room temperature for your baby is 18 degrees Celsius. You can decide whether you want to use a duvet, sleeping bag or a Zevi-blanket for your baby. Make sure there are no cords or ribbons (e.g., from bedding) within the reach of your baby. A pillow is not needed during the first two years of life. Furs are not recommended either, as they can produce hyperthermia. However, a fur works well as cold protection in the stroller.

SUDDEN INFANT DEATH SYNDROME

Sudden infant death syndrome (SIDS) is the sudden, unexpected death of a seemingly healthy baby. Death occurs during sleep and mostly affects babies in the first year of life. It is referred to as sudden infant death syndrome only when no other cause can be found during the autopsy. Fewer than 0.1% of babies are affected by sudden infant death syndrome. The risk to a baby decreases with age. The causes of sudden infant death syndrome are still unknown and unpredictable. It is believed that multiple factors lead to sudden cardiac or respiratory arrest.

Recommendations by the Swiss Society of Paediatrics:

- Avoid smoking and ensure a smoke-free environment.
- Always place your baby on its back to sleep.
- Protect your baby from overheating.
- Make an effort to establish a regular daily routine for your baby in the first year of life.
- Try your best to breastfeed your baby.
- Keep your baby near to you whenever possible and provide sufficient body contact.
- Visit the doctor regularly with your baby. (www.swiss-paediatrics.org)

TIPS AND INFO FOR THE FATHER



Dear dad, you have a very important and significant role in the postpartum period and, of course, afterwards. We would like to give you some tips and examples of how you can support your wife and your child during this exciting time.

SHORTLY AFTER THE BIRTH

- Spend a lot of time with your wife and the child.
- Your wife will be very tired. Pamper her a little.

- Answer telephone calls, for example, and protect your wife and child from too many visitors.

TAKING CARE OF YOUR BABY

- Help with the care of the baby. Especially during the first days, you can help your wife with this, particularly after a caesarean section.
- Let a nurse in the ward show you how to care for your baby.
- Learn the different ways to carry your baby.

- You can soothe your baby by:
 - Picking it up.
 - Rocking it gently in your arms.
 - Talking to it soothingly.
 - Going for a short walk with it in a baby sling.

FEEDING YOUR CHILD

If the child is breastfed:

- If the baby falls asleep repeatedly during breastfeeding, you can stimulate its hands and feet, so that it stays awake and continues drinking.
- Bring your wife something to drink. Breastfeeding will make her thirsty.
- Hold your child upright after breastfeeding, so that it can burp.

If the child is bottle-fed:

- Take turns with your wife giving the bottle and ask the nursing staff for instructions.

HOW YOU CAN SUPPORT YOUR PARTNER

The post-delivery period is very exciting for your partner as well as for you. Getting to know your child is the priority.

The mother's hormonal changes can cause her moods to fluctuate and she may cry sometimes. Be assured that these feelings are quite normal. In such moments, it is important that you are there to support your partner. If you

are feeling uncertain, talk to the nursing professionals.

Also try to schedule visits from family and friends so that things don't get on top of you and your partner. You are getting to know your child; the feeding of the baby needs to find a rhythm, and confidence in caring for the baby must be generated. It is important that you both take your time.

You can, of course, leave your baby in the nursery during the hospital stay if you want to go for a short walk with your partner or get something to drink in our lobby.



COURSE AND TREATMENT OFFER AFTER BIRTH

Even in the time following birth, we offer a comprehensive range of courses for you.

Postnatal exercises and pelvic floor training.

Acupuncture helps with breastfeeding-related problems, such as blocked milk ducts, sore nipples and insufficient milk supply.

Foot reflexology massage and Kinesiotaping are also helpful methods to treat various problems and contribute to well-being.

Ayurvedic massages give you energy if you are exhausted after birth and also pamper your body.

Detailed information about our extensive range of antenatal and postnatal courses can be found on our website: www.hirslanden.ch/impark/kurse



PAEDIATRICIAN:	
Advisory service for mothers and fathers:	
We are here for you	
Delivery Ward	+41 44 209 22 42
Maternity Ward	+41 44 209 21 30
Patient Admissions	+41 44 209 21 60
Klinik Im Park Reception Desk	+41 44 209 21 11
Breastfeeding Consultation	+41 44 209 23 00
Anaesthesia Doctor on Duty	+41 44 209 28 57

HOW TO FIND US

Public transport

- The Klinik Im Park is easy to reach by public transport:
- Take Tram 7 from Zurich main station and get off at Billoweg.
 - Take the S2 or S21 to Enge station, then continue with Tram 7 and get off at Billoweg.
 - Take the S8 or the S24 to Wollishofen station, then transfer to Tram 7 and get off at Billoweg.

Visitor parking

A limited number of paid parking spaces are available for visitors in the underground parking garage. Please note that behind the clinic (Kappelisstrasse, Bellariastrasse), only a limited number of blue zone parking spaces are available. Larger car parks are located at Mythenquai (Succulent Plant Collection/public bathing beach, 500 m via Strandbadweg) and Honrain at the Landiwiese bus station (400 m).

Address

Klinik Im Park
Seestrasse 220
8027 Zürich

