



**PREGNANCY
CALENDAR**

Prenatal Care Guide

PREGNANCY CALENDAR

Dear future mother,

The birth of a child is an occasion of great change and growth, both for individuals and the community.

The uniqueness of every woman, every man, every couple and every child means that there are countless ways to deal with pregnancy and birth. This uniqueness is preserved by giving priority to your own choices. For this reason it is essential to have correct, complete and objective information about the different care options.

The goal is to provide consistent and current information on the care process in Emilia-Romagna and make available a tool for cooperation and communication between you and the professionals you will meet, to facilitate appropriate, confident choices.

The pregnancy packet includes:

- The “Pregnancy Info Sheet” that your doctor or obstetrician will use to describe the progress of your pregnancy.
- The “Pregnancy Calendar” designed as a guide that, trimester by trimester, illustrates the assistance available to you.
- The “Fact Sheets”, each dedicated to a specific subject (lifestyle, support during labour, breastfeeding, etc) to help easily find the answers to the most common questions and concerns about pregnancy and the first days after birth. The service or your physician will add whatever else is necessary, possibly giving you other brochures in case you need any further assistance.
- The “Childbirth Choices” sheet that can be used during your pregnancy to write down your guidelines/preferences to submit and discuss at the place where you choose to give birth at the end of your pregnancy.

Your study of the Pregnancy Calendar and the fact sheets will be supplemented by the explanations that you will receive talking to professionals who follow you (obstetrician, gynaecologist, family doctor, paediatrician). More information is available on the websites or in the publications listed here.

The “Pregnancy Packet” is provided to all pregnant women in the region’s family counselling clinics. Women being followed privately can get a copy at their local family counselling clinic (consultorio familiare).

The Pregnancy Packet has been developed with the support of a multidisciplinary team of the Regional Commission on Pregnancy and Birth.





Appointment calendar

TESTS/VISITS	TRIMESTER	DATE
Prenatal diagnosis	1st trimester	
Visits	1st trimester	
	2nd trimester	
	3rd trimester	
Blood/urine tests	1st trimester	
	2nd trimester	
	3rd trimester	
Ultrasounds	1st trimester	
	2nd trimester	
Other tests		
Term pregnancy clinic		
Post-partum		



What are my rights during pregnancy?

Italian law (Legislative Decree 151/2001) guarantees the protection of the health of the working mother and the child's right to adequate care.

The **employed working woman** has a right:

- To paid time off for prenatal examinations, clinical tests, specialised medical visits, if they are to be performed during working hours.
- To not be laid off: the prohibition against dismissal starts at the beginning of pregnancy and continues until the child turns 1 year old.
- To not to be engaged in hazardous, harsh or unhealthy work.
- To 5 months paid mandatory leave (maternity leave) at 80% salary (in some cases 100%) taken before and after the birth of the baby.
- To family allowance (assegni familiari) and other tax allowances for dependent spouses and children, even for immigrant women. Italian citizens are entitled to family allowance (assegni familiari) even for minor children residing abroad.
- To paid maternity leave even if employed with a fixed-term contract.
- To a reduced work schedule throughout the first year of the child's life.

In addition, both employed parents are entitled to an optional period of leave (parental leave) - paid at 30% of salary only if taken within the 3rd year of the child's life - which can be taken after the mandatory leave and before the 8th year of the child's life. It is available to both mothers and fathers, up to a maximum of 6 months (even split into blocks) for the mother, and 7 months (also split into blocks) for the father.

Self-employed women receive a maternity allowance for the 2 months preceding the date of childbirth and 3 months after that date. However, this allowance does not entail an obligation to abstain from one's work.



hospitality information

Women with atypical and discontinuous jobs who do not qualify for maternity benefits or who benefit from an allowance of less than a certain threshold may apply to INPS where they will find assistance and information.

Women who do not work, whether Italian, EU citizens or non-EU citizens with a residence permit, can apply for a maternity allowance at the Social Services Department (Assessorato ai Servizi Sociali) of the municipality of residence and/or at the local INPS office within 6 months from the birth of the child.

Women who are non-EU citizens without a residence permit can contact their local family counselling clinic (consultorio familiare) and associations of volunteers that offer hospitality, information and assistance without running the risk of being reported for deportation because Italian law guarantees health care even to undocumented migrants. They can apply for a maternity residence permit that is valid until the 6th month of the child's life.

Furthermore, in Italy the law grants women the right to give birth anonymously in the hospital. The Italian law allows the mother to not recognise the baby and to leave it in the hospital where it was born (Italian Presidential Decree 396/2000, art. 30, par. 2) so as to ensure care, adoptability and its legal protection.

assistance

@ More detailed information at INPS (www.inps.it) typing "motherhood and fatherhood" (maternità e paternità) in the internal search engine.

In the 1st trimester

Each appointment is an opportunity to exchange information within the “care relationship” that will accompany the woman throughout her pregnancy. It is important that the first appointment with your doctor or obstetrician be made within the first 10 weeks to have the time to best plan the pregnancy care.

The first appointment is generally longer than the following visits because it is necessary to gather information about the health of the woman, the partner and the family. It is also an opportunity to receive information about pregnancy care and support, legal rights that protect motherhood and fatherhood, the accompanying courses at birth, lifestyles and how to handle the most common symptoms.

Weight and blood pressure are measured, and some tests are proposed (listed on the next page).

For some women with particular risk factors further assessments are also proposed:

- Hepatitis C test, for example, for patients undergoing hemodialysis, who live with people with hepatitis C, or who have made use of injectable drugs, etc.
- Testing for sexually transmitted diseases (chlamydia, gonorrhoea), for example, for those who have had unprotected sex with multiple partners, who have been raped, who have a history of prostitution, who abuse alcohol and drugs, etc.

The doctor or obstetrician will illustrate the characteristics of children with Down syndrome and screening tests or prenatal diagnosis available to identify it (see the “Prenatal Diagnosis” fact sheet). In particular:

- The possibility of doing the combined test is proposed, to assess the likelihood that the foetus will be affected.
- Information is provided about invasive tests for prenatal diagnosis: Chorionic villus sampling or villocentesis (taking a sample of chorionic villi or placental tissue) that is done in the 1st trimester; amniocentesis (taking a sample of amniotic fluid) that is done in the 2nd trimester.

Finally, during visits, professionals, doctors and obstetricians offer **all women** information on the harmful effects of domestic violence on mother and child and information on services/local associations offering support and assistance (see the “Psychological and Physical Well-being” fact sheet).

1st to 12th week



→ Proposed tests

BLOOD TESTS

Blood type - RH factor

Recommended in the 1st trimester, useful for detecting RH-negative women.

Indirect Coombs test

Important for monitoring RH-negative pregnant women. Recommended for all women during the first visit and then repeated in the 3rd trimester.

Blood count

The only valid test for screening anaemia during pregnancy. It should be done each trimester.

Blood sugar

The test used to detect diabetes pre-existing to the pregnancy. It is recommended during the first visit.

Transaminases test

Only in the 1st trimester, for use in identifying women to propose the hepatitis C test to.

Abnormal haemoglobins

The test is offered to all women in the 1st trimester of pregnancy if it was not done before pregnancy. It helps to identify silent carriers of Mediterranean anaemia and other forms of anaemia.

TESTS FOR INFECTIOUS DISEASES

HIV

Routinely proposed in the 1st and 3rd trimesters because the effectiveness of treatment of HIV-positive pregnant women with antiviral drugs has been well demonstrated.

Rubella (German Measles) Test

Routinely recommended during the 1st trimester, it is repeated in the 2nd trimester if the first test was negative (see "Vaccinations and Pregnancy" fact sheet).

Toxoplasmosis Test

Recommended in the 1st trimester and repeated every 40-60 days in case of a negative result. In this case conduct will be recommended to prevent infection (see "Pregnancy Lifestyles" fact sheet).

Syphilis Test

Recommended during the 1st trimester and to be repeated in the 3rd trimester. Maternal infection can be treated with a specific antibiotic therapy, which also prevents transmission from mother to foetus.

HCV Test (Hepatitis C)

The test is proposed in the 1st trimester to women with risk factors (see page 6).

URINE TEST

Useful for the diagnosis of some diseases that existed before pregnancy, for the diagnosis of urinary tract infections during pregnancy and to detect the possible presence of

protein in the urine. It is recommended each trimester.

Urine Culture

The examination is proposed to verify the presence of a high bacterial load in urine (bacteriuria) that sometimes has no symptoms. Asymptomatic bacteriuria is usually not worrisome, but during pregnancy it is identified so it can be treated.

Tests for sexually transmitted diseases (chlamydia, gonorrhoea)

The test is offered to women with risk factors (see page 6). In the case of a positive result, antibiotics should be started immediately to keep the infection from passing on to the baby during childbirth.

PAP TEST

Proposed to women older than 25 who have not had one in the last 3 years, for early detection of cervical cancer. Performing this test during pregnancy poses no risk of miscarriage or other complications.

OBSTETRIC ULTRASOUND

An ultrasound in the 1st trimester has the objective of identifying with certainty the time of pregnancy and verifying if it is a multiple pregnancy (see "Prenatal Diagnosis" fact sheet).

COMBINED TEST

The test includes an ultrasound and a blood test. It provides an estimate of the risk that the foetus is affected by Down syndrome. It is done before the 13th week of pregnancy (see "Prenatal Diagnosis" fact sheet).

WEIGHT CHECK

Weight is an indicator of a healthy diet and lifestyle. It is used together with height for the calculation of the body mass index (BMI).

BLOOD PRESSURE CHECK

Test useful for diagnosing possible hypertension (high blood pressure) pre-existing to the pregnancy. It is routine tested during every visit.

OBSTETRICIAN VISIT

This visit includes testing of blood pressure, weight and listening to the foetal heartbeat (after the 12th week). Vaginal exploration is done during the first visit and every time it is deemed necessary.

In the 2nd trimester

During the visits of this trimester the woman is asked to describe her state of health. The doctor or obstetrician answers questions and clarifies doubts, discusses the results of the tests and the assistance that is offered in this trimester, proposing the necessary exams.

In general during this period:

- Blood pressure is tested.
- Starting from 24 weeks assessment of proper foetus growth is done by measuring the increase in size of the uterus (the fundal height, distance from the top of the uterus to the pubic symphysis using a tape measure).
- If not already immune, a blood test for rubella (German measles) and toxoplasmosis will be proposed.
- If in a high-risk category for diabetes, a specific blood test is proposed (glucose load curve).
- If blood tests show that the haemoglobin level is lower than 10.5 g/100 ml, therapy may be indicated.
- An ultrasound scan will be offered (commonly called "morphology") for the diagnosis of abnormalities in the foetus, to be done in weeks 19-21 (see "Prenatal Diagnosis" fact sheet).

Furthermore:

- information is provided on the childbirth and parenting classes (see the "Childbirth and Parenting Classes" fact sheet) and labour and delivery (see the "Choosing Where to Give Birth" fact sheet).
- If the first visit was done after the 14th week then the Triple test for the assessment of risk of Down syndrome is proposed.

13th to 27th week

Proposed tests

BLOOD TESTS

Blood count

The only valid test for screening anaemia during pregnancy. It should be done each trimester.

Blood sugar - Load curve

This test is offered to women who are at risk of developing gestational diabetes based on the presence of certain risk factors (obesity or overweight; gestational diabetes in a previous pregnancy; family history of diabetes; age older than 35; being originally from South Asian countries, especially India, Bangladesh, Pakistan; being from the Caribbean or the Middle East). Blood sugar is first checked by drawing blood during fasting. The person is then asked to drink a glass of water in which a substantial amount of sugar has been dissolved. The blood sugar level is then checked again after 60 and 120 minutes by drawing more blood. Overall the test takes about 2 hours.

TESTS FOR INFECTIOUS DISEASES

Rubella (German Measles) Test

To be repeated in the 2nd trimester if negative (see also Tests proposed in the 1st trimester).

Toxoplasmosis Test

See Tests proposed in the 1st trimester.

URINE TEST

Useful for the diagnosis of urinary tract infections during pregnancy and to detect the possible presence of protein in urine. It is recommended each trimester.

OBSTETRIC MORPHOLOGY ULTRASOUND

The morphology ultrasound is performed between the 19th and 21st week and is used to diagnose the presence of some congenital malformations in the foetus, evaluate growth, assess any abnormal amount of amniotic fluid (see "Prenatal Diagnosis" fact sheet).

WEIGHT CHECK

Weight is an indicator of a healthy diet and lifestyle. Weight gain should be within the limits indicated in the table on the "Pregnancy Info Sheet".

BLOOD PRESSURE CHECK

Essential test to diagnose possible pregnancy-induced high blood pressure. It is performed routinely at each visit.

FUNDAL HEIGHT

This check is done to make sure that foetus growth is proceeding smoothly. It is performed by using a tape measure to measure the distance between the fundus (the highest limit of the belly) and the pubic symphysis (the lowest point of the belly).



In the 3rd trimester

During visits, the doctor or obstetrician answers questions and clarifies doubts, illustrating the results of tests and the care that will be offered for the last months of pregnancy and childbirth based on these tests.

Furthermore:

- The mother's blood pressure is checked and proper foetus growth is assessed by measuring the uterus (fundal height).
- Some tests are proposed (see the next page).

Around the 34th week plans are made to contact the hospital where the birth will take place. Women receive information on assistance available after childbirth, about the tests that are offered immediately after birth, breastfeeding and caring for newborns (see fact sheets).

At 32-34 weeks the foetus is in the right position for birth, in cephalic presentation or head down. If it is in breech presentation (not head down) the doctor and obstetrician provide information on the possibilities for making it turn (through external manipulation).

28th to 41th week



→ Proposed tests

BLOOD TESTS

Indirect Coombs test

Recommended to all women during the first visit and in the 3rd trimester (28 weeks).

Blood count

The only valid test for screening anaemia during pregnancy. It should be done each trimester.

TESTS FOR INFECTIOUS DISEASES

HIV

Routinely proposed in the 1st and 3rd trimesters because the effectiveness of treatment of HIV-positive pregnant women with antiviral drugs has been well demonstrated.

Toxoplasmosis Test

See Tests proposed in the 1st trimester.

Syphilis Test

Routinely recommended during the 1st trimester and to be repeated in the 3rd trimester. Maternal infection can be treated with a specific antibiotic therapy, which also prevents transmission from mother to foetus.

Hepatitis B

Recommended during the 3rd trimester. If the test is positive, there are effective therapies to prevent transmission to the child.

URINE TEST

Useful for the diagnosis of urinary tract infections

during pregnancy and to detect the possible presence of protein in urine. It is recommended each trimester.

RH IMMUNE GLOBULIN INJECTIONS

This therapy is offered routinely to all Rh negative women with negative Coombs test at 28 weeks.

VAGINAL SWAB

Identifies an infection of beta-haemolytic streptococcus group B. Offered to all women after 36 weeks. For those women who test positive, the doctor will propose an antibiotic treatment during labour.

WEIGHT CHECK

Weight is an indicator of a healthy diet and lifestyle.

BLOOD PRESSURE CHECK

Essential test for diagnosing possible pregnancy-induced high blood pressure. It is performed routinely at each visit.



Maternity Wards in the Emilia-Romagna Region

PROVINCE	MATERNITY WARD	CONTACT
PIACENZA	OSPEDALE "GUGLIELMO DA SALICETO" di Piacenza	0523 301111
PARMA	AOSPU OSPEDALI RIUNITI di Parma	0521 702111 - 0521 703111
	OSPEDALE FIDENZA	0524 515111
	OSPEDALE "SANTA MARIA" di Borgo Val Di Taro	0525 9701
REGGIO EMILIA	AOSP "S.MARIA NUOVA" di Reggio Emilia	0522 296111
	OSPEDALE CIVILE di Guastalla	0522 837111
	OSPEDALE "FRANCHINI" di Montecchio Emilia	0522 860111
	OSPEDALE "MAGATI" di Scandiano	0522 335111
	OSPEDALE "S.ANNA" di Castelnovo ne' Monti	0522 617111
MODENA	AOSPU POLICLINICO di Modena	059 422 2111
	OSPEDALE "RAMAZZINI" di Carpi	059 659111
	OSPEDALE CIVILE di Sassuolo	0536 846111
	OSPEDALE PAVULLO NEL FRIGNANO	0536 29111
	OSPEDALE MIRANDOLA	0535 602111
BOLOGNA	AOSPU "S.ORSOLA-MALPIGHI" di Bologna	051 636 2111
	OSPEDALE MAGGIORE di Bologna	051 6478111
	OSPEDALE "SANTA MARIA DELLA SCALETTA" di Imola	0542 662111
	OSPEDALE BENTIVOGLIO	051 664 4111
FERRARA	AOSPU "ARCISPEDALE S.ANNA" di Ferrara	0532 236111
	OSPEDALE "SS. ANNUNZIATA" di Cento	051 683 8111
RAVENNA	OSPEDALE "S.MARIA DELLE CROCI" di Ravenna	0544 285111
	OSPEDALE LUGO	0545 214111
	OSPEDALE FAENZA	0546 601111
FORLÌ-CESENA	OSPEDALE "M. BUFALINI" di Cesena	0547 352111
	OSPEDALE "G.B. MORGAGNI - L. PIERANTONI" di Forlì	0543 731111
RIMINI	OSPEDALE "INFERMI" di Rimini	0541 705111

