

MOTHER/CHILD CLUSTER

MATERNITY UNIT

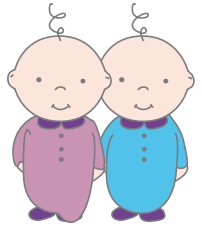
EDITH CAVELL - DELTA SITE

INFORMATION ABOUT

- Your stay
- Feeding your baby
- Your return home...



CHIREC - DELTA SITE
Boulevard du Triomphe, 201-1160 Brussels



WELCOME TO OUR EDITH CAVELL MATERNITY UNIT AT THE DELTA HOSPITAL

Dear Sir / Madam,

We are delighted to welcome you to our institution, and we thank you for putting your trust in us.

This brochure has been designed to answer any questions you may have about your pregnancy, delivery, feeding your baby and your return home. It informs you about the different administrative and practical procedures to be followed before you are admitted to the ward. You will also find information explaining how our maternity ward works.

If you wish to get to know the hospital environment, group sessions are organised with our midwives on a weekly basis. In addition, information sessions on pain management are conducted by our anaesthesiologists and physiotherapists. Evening events on breastfeeding and meetings with our paediatricians, are also organised. **Information:** www.chirec.be

You also have the possibility of meeting a midwife on a one-to-one basis if you feel the need or if you want to go over your birth plan. To make an appointment, please call the following number: **02/434.81.12.**

When you pre-register with the admissions department, open every day from 8.00 am to 6.30 pm, you will receive further details about the conditions of hospitalisation: choice of rooms, financial conditions, ...

Do not hesitate to contact your gynaecologist should you have any questions about your delivery and your stay in our institution.

In line with the ministerial directives, we inform you that the average hospital stay in the maternity ward is approximately 3 days. In order to support you following your return home, we offer follow up appointments run by a midwife and a paediatrician.

CHIREC DELTA SITE

Since December 2017, Chirec will be spread over three hospital sites, DELTA Hospital (500 beds), the St-Anne St-Remi Clinic (300 beds) and Braine-l'Alleud - Waterloo Hospital (300 beds). Two out-patient medical-surgical centres (Clinique de la Basilique and Edith Cavell) and four medical centres (Park Leopold, Europe-Lambermont, and City Clinic Chirec Louise, and Jean Monnet) will complete the care offer.

DELTA HOSPITAL: A PATIENT-CENTRIC HOSPITAL

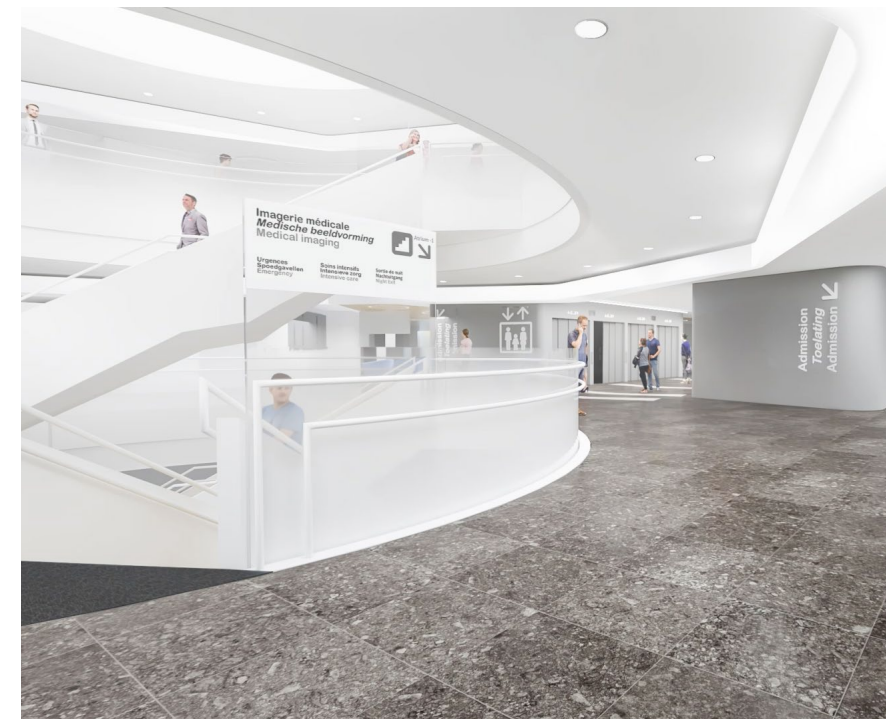
Located at the heart of one of Brussels' major communication hubs, the Delta hospital groups together the medical activities of the Edith Cavell and Park Leopold Clinics.

The hospital's architectural design is hinged around the general functionality of the building, the study of flows and the user-friendliness of the spaces.

Everything has been designed to reduce distances from the car park and the public access points to the most remote hospital units. Inside the hospital, the flows are clearly separated by circulation channels dedicated to staff, on the one hand, and patients and visitors, on the other, thus facilitating access to the various units.

Optimising the welcome we provide and the well-being of our patients was a central concern throughout the development of the project. Particular attention has been paid to the building's comfort, such as soundproofing, natural light, lighting, temperature control.

The overall impression aims for harmony by adopting minimalist, luminous and modern lines. Elements symbolising nature are found at different levels.



ACCESS TO THE DELTA HOSPITAL



BY CAR:

- From Boulevard du Triomphe, access is possible from all directions of traffic thanks to the installation of new traffic light.



BY TRAIN:

- Two stations serve the hospital: DELTA and ETTERBEEK stations.



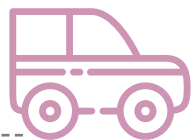
BY METRO:

- The DELTA metro station, line 5, is in the immediate vicinity of the site (500m).



BY BUS:

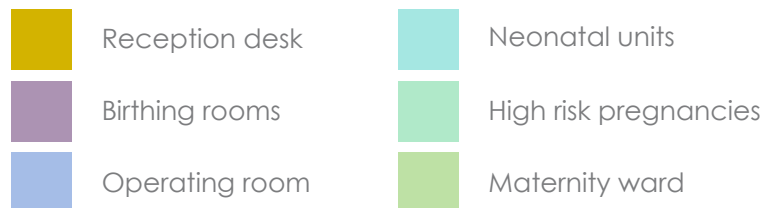
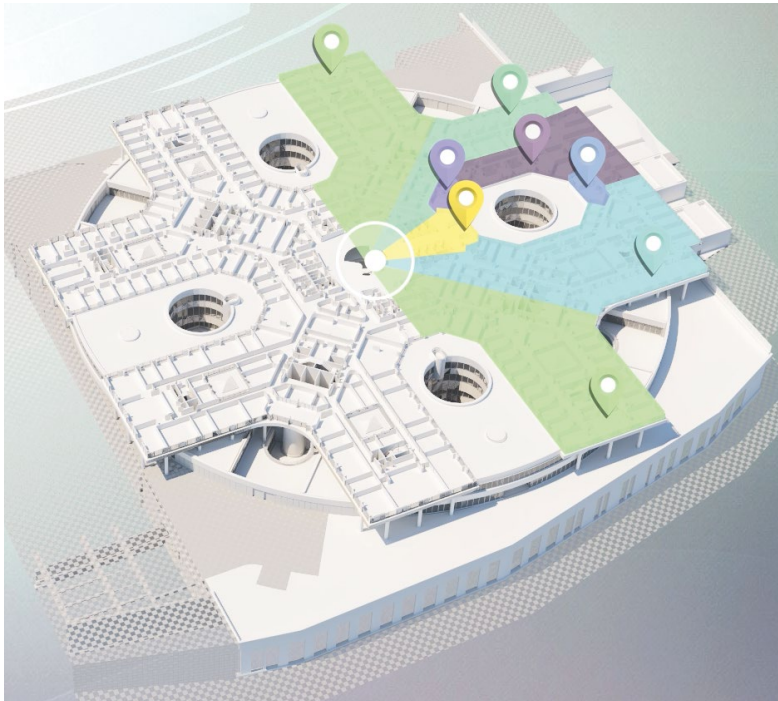
- The Boulevard du Triomphe is served by buses 71 and 72.



THE EDITH CAVELL MATERNITY UNIT OF THE NEW DELTA HOSPITAL

A modern maternity unit, bathed in light, in line with the evolutions of medicine and the aspirations of mothers.

All pregnancy and birth-related services are located on the **2nd floor** to ensure optimal care for the mothers and babies alike.



SOME USEFUL INFORMATION

In case of a problem or threat of premature delivery during pregnancy, your gynaecologist has the possibility of having you admitted to the high risk pregnancy unit (MIC: Maternal Intensive Care). It is the unit where the out-patient monitoring and preoperative consultations are carried out, by appointment: **02/434.82.86**.

This unit works in close collaboration with the intensive neonatal unit (NIC: Neonatal Intensive Care). Both are among the 19 recognised centres in the country.



SOME USEFUL TELEPHONE NUMBERS

Reception of the hospital	02 434 81 11
Admissions	02 434 80 20
Monitoring and pre-op consultations	02 434 82 86
Delivery suite	02 434 82 73
High risk pregnancies	02 434 82 70 (2H)
Maternity Ward (Post-partum)	02 434 82 11 (2B)
Maternity Ward(Post-partum)	02 434 82 61 (2G)

Post-natal consultations are also at your disposal, either at the hospital or at home. **To make an appointment, please call the following nr: 02 434 17 50.**

DELIVERY ROOM

In accordance with our policy of care, based on the recommendations of the BFHI (Baby Friendly Hospital Initiative, a quality approach supported by the WHO and UNICEF), we make every effort to ensure personalised support according to your needs and those of you baby.

WHEN SHOULD YOU GO TO THE DELIVERY SUITE?

If you experience painful contractions, loss of amniotic fluid, loss of blood, decreased of foetal movements, ...

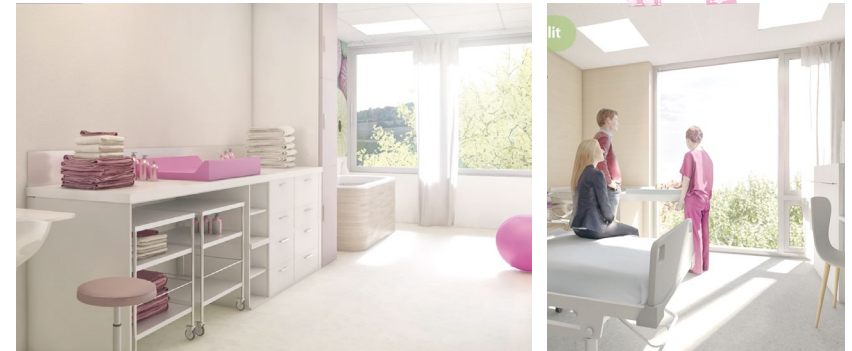
Moreover, if you have any doubt, do not hesitate to call the delivery suite on the following number: **02/434.82.73**

Please do not share this number with your family.

WHAT DO YOU NEED TO BRING FOR YOU ADMISSION?

Various documents:

- The mother's identity card (or passport).
- The marriage record book or marriage certificate.
- The pre-registration documents.
- The identity card of the person accompanying you and who will complete the admissions formalities.
- The DKV card or any other insurance cover document.
- The "Declaration of Choice of Name" document.
- The "Feuille de liaison" (Pink information sheet - handed to you by your gynaecologist).
- Documents authorising cord blood donation (ask your gynaecologist), if you wish to do so.
- Any advance payment for your hospitalisation.
- The kit you need for the delivery room.
- The kit you need for the maternity ward.



KIT TO BRING WITH YOU TO THE DELIVERY ROOM FOR CHILDBIRTH

FOR YOU

- Two short and loose nightshirts
- A dressing gown
- Slippers
- A large terry towel
- A toilet bag
- Miscellaneous: books, music (CD, MP3, Smartphone), biscuits, energy drinks, ... or anything else that will enhance the experience for you.

FOR BABY

- A long-sleeved cotton shirt.
- A sleep suit and a cap.
- A blanket
(No umbilical band or nappies).

LABOUR AND CHILDBIRTH

Our philosophy of care has been inspired by the "Mother Friendly" concept, among others, via which we undertake to respect your needs and those of your baby during labour and delivery.

It is therefore possible for you to be accompanied by a person of your choice throughout labour and during the actual delivery. If the situation permits, you can drink and eat a light refreshment. While we pay close attention to your health and your baby's health, we try to avoid invasive procedures such as artificial breaking of the waters, acceleration or induction of labour, episiotomy and caesarean section.

HOW TO MANAGE THE PAIN?

*Everyone has a different pain threshold.
There is no such thing as painless childbirth ...*

THEREFORE, WE ENCOURAGE YOU TO:

- Take antenatal classes that best suit your needs (physiotherapy, sophrology, haptonomy, emotional preparation for birth) and which help you get to know your body better.
- Walk, move, and adopt different positions to encourage the progress of labour.
- Consider non-medicated methods to relieve pain (dilatation bath, massage, relaxation, ball, etc.).
- Finally, if you wish, a 24-hour anaesthesiologist can perform an epidural anaesthesia.

CHOICE OF POSITION FOR DELIVERY

You are free to choose the position for delivery but do not forget to discuss it with your gynaecologist beforehand.

WELCOMING YOUR BABY

Welcoming your baby with respect is one of our priorities. If your condition and that of your baby allow it, you will be asked to take your baby against you, skin-to-skin and keep him/her there for at least an hour, in a calm and warm environment. It is a special moment for you to get to know each other for the first time and create the first bonds. Skin-to-skin contact helps your child to experience a smooth transition between your womb and the outside world. He/She will be reassured by certain familiar odours or sounds. It is a unique and magical moment.

Held near your breast, and if that is your choice, the baby can feed as soon as he/she feels the urge. The baby will not be washed to prevent the loss of too many calories due to a drop in temperature. After about 2 hours, you and your baby will be transferred to your maternity room.

WHAT WILL YOU NEED TO BRING WITH YOU TO THE MATERNITY WARD

FOR YOU

- Some cotton and/or mesh panties.
- Nightdresses or pyjamas, or, even better, front-opening nightshirts.
- Breast-feeding bras (a model that completely frees up the breasts).
- Terry towels and washcloths.
- A toilet bag.

Tip: A banana-shaped cushion can come in very useful to support your back, to rest your elbow when your baby is feeding (breast or bottle).

FOR BABY

- Cotton shirts or preferably babygrows.
- Various sleep suits.
- Pairs of slippers or socks.
- One pair of cotton mittens (optional).
- Bibs.
- Swaddling cloths to pad the cradle (tetra or fleece are recommended).
- A toilet kit: a neutral soap, a hairbrush (you can buy products on the maternity ward).
- Terry towels and washcloths.
- A bath thermometer.
- Season-specific clothing for the day of departure from the maternity ward.

Your stay lasts on average 3 days. Allow at least one daily change for your baby. You do not need to bring any nappies. You can buy them on the maternity ward.

Extra tips: Wash your baby's linen beforehand with a neutral detergent (Marseille soap). Other soaps and fabric softeners may irritate the skin of some babies.

Mother-baby cohabitation: It is important that your baby stays with you during your stay.

HOW IS YOUR MATERNITY STAY ORGANISED?

The entire maternity team is delighted to welcome you and to accompany you during your stay. For your convenience, we would like to take you through a day on our ward:

- From 7 to 7.30 am:** Arrival of the day team and handing over the night report.
- From 8 am:** Breakfast.
- From 9 am:** Remaking of beds, recovery of meal trays, visit of the midwife to take care of you and your baby.
- At midday:** Distribution of meals.
- At 1.15 pm:** Recovery of meal trays.
- Between 2 and 4 pm:** Another visit by the midwife (care, advice, support with breastfeeding, etc.)
- At 6 pm :** Distribution of meals.
- At 7 pm:** Recovery of the evening trays, if you have finished your meals.
- At 8.15 pm:** Arrival of the night team and handing over the report of the day.

DURING THE DAY

You will be visited by:

- your gynaecologist,
- the paediatrician,
- the physiotherapist.

If you wish, a team of psychologists specialising in accompanying pregnant women, mothers and babies is available on request to the midwife or to one of your doctors.

BABY'S BATH

In order to limit the energy loss of your baby during the first days of life, he/she will not be washed every day. Your baby will be given his/her first bath two days after birth.

Do not forget the "fold zones" (neck, back of the ears, inguinal folds). It is recommended that you clean his/her buttocks and genitals each time you change his/her nappy.

VISITS

Birth is a time of joy and happiness. Visits are obviously fun. Nevertheless, the arrival of a new-born requires adaptation time for all. You will be watching over your little one day and night and dedicating a lot of time and energy to him/her.

The healthcare team has understood the importance of providing care in line with the sleeping rhythm of babies and their mothers.

That is why we insist on the need to respect the visiting hours and duration.

To make sure our mothers and their baby(ies) get the rest they need, visits are not permitted before 3 pm.

Visitors are welcome between 3 and 8 pm.

- **In a private room**, the partner is welcome at any time, day or night.
- If you have chosen **a 2-bed room**, the partner is invited to leave the room by 8pm at the latest.

SOME USEFUL INFORMATION

Useful medical information

Several screening tests are carried out during the perinatal period, in order to detect the very rare diseases of deficiencies which, treated early, result in a better prognosis for the child.

Here are the tests performed:

At birth:

- screening for haemoglobin diseases.

From the 3rd day:

- thyroid tests, trypsin (cystic fibrosis),
- Guthrie (phenylketonuria, ...),
- 17 OH progesterone (adrenal disease).

The results are only communicated to the paediatrician within 2 weeks, and only when they need to be checked or abnormal.

The administrative procedures to register your baby's birth

Every child born in Belgium must be declared to the Registry Office of the municipality of birth **within 15 calendar days** of birth. This declaration must be made **exclusively** at the Auderghem Civil Registry Office, located on the ground floor of the Delta Hospital, boulevard du Triomphe, 201 in Brussels.

After the declaration of birth of your child, you will be given the documents necessary for adjusting the mutual medical cover and obtaining family allowances.

If you are unable to make this declaration within the legal deadline, please notify the registry office.

There is no exemption (for example nationality) from this legal requirement.

BIRTH REGISTRATION PROCEDURE

In all cases, please bring the respective identity cards or residence permits (passport required if you are a foreign national), as well as the document “*Formulaire à compléter pour déclarer votre enfant*” duly completed and signed by the parents. The document is available in the ‘Passport’ folder, at the maternity ward or at the Auderghem Registry Office.

If you are married:

- Identity document(s) - see procedure above.
- Marriage booklet (if you were married in Belgium).
- Marriage certificate, **translated and authenticated*** (mandatory if no entry in the Belgian national register).

*Note:

- Any document coming from abroad or from a Consulate/ Embassy must, if necessary, be legalized and/or translated into French or Dutch by a sworn translator (translation to be legalized by the Court of First Instance).
- https://diplomatie.belgium.be/en/services/legalisation_of_documents/search_criteria

If you are not married:

- Identity document(s) - see procedure above.
- If there is a prenatal recognition; one of the parents can present himself/herself with the act of recognition. The prenatal recognition (by the father or co-parent) must be done in your municipality.
- If there is no prenatal recognition, the child may (subject to verification of the records) be recognized at the time of the birth declaration. In this case, it is essential that you present yourself together at the time of the declaration of birth.

If paternal/co-parental recognition is not considered :

The mother of the child must report within 15 days as stipulated in the above procedure.

Attention please:

If it is the **first child you have together**, you will choose the surname, common to all the following children of the same couple. You will complete the section « *Déclaration de choix de nom* ».

If this is not your first child in common, (Belgian: the child will have the same surname as his or her eldest sibling(s)) **or if the child is not of Belgian nationality**, you will complete the section “*Choix de la loi applicable à la détermination du nom*”.

For children who can claim several nationalities, including Belgian nationality, and providing a certificate of nationality for the child and/or any other necessary documents, we may, in some cases, apply foreign law to the determination of the name. These particular cases will be examined during your visit to the Office.

Opening hours of the Auderghem registry office

From Monday to Friday, from 8.30 am to 1.00 pm.
(An appointment can be made in the afternoon).

Modified schedule from July 1st to August 31st: from 8am to 1pm.

NB: Please make an appointment by phone or e-mail, mentioning the child's date of birth and the name of the mother. If you come without an appointment, we cannot guarantee that your file will be taken care of immediately.

Tel. : 02/676.49.09

e-mail : chirec1160@auderghem.irisnet.be

All the information necessary for the registration of your child with your municipality will automatically be handled by the Auderghem Registry Office.



FEEDING
YOUR BABY

*Whatever your choice when it comes to feeding your baby,
the healthcare team will always be at hand to help you.*

In the following pages, you will be taken through some practical information (latching on), general information (colostrum, your baby's rhythms, skin-to-skin contact, etc.). The benefits of breastfeeding for you and your baby will also be exposed.

The chapter will end with suggestions of books and websites that can help you with breastfeeding.

When it comes to breastfeeding, nature has thought of everything. The majority of women can feed their baby, regardless of the size and shape of the nipples.



HOW IS BREASTFEEDING MANAGED ON OUR MATERNITY WARD?

DURING PREGNANCY:

How and where to find information during your pregnancy?

- From your gynaecologist and/or paediatrician.
- During breastfeeding group information sessions.
- During individual breastfeeding consultations given by a midwife.
- By consulting books, brochures or websites (see reference at the end of this chapter).
- From breastfeeding information and support associations.

AT BIRTH:

If your condition, as well as that of your baby, allows it, you will have the opportunity to hold him/her to you, skin-to-skin.

Skin-to-skin contact stimulates lactation, maintains the baby's temperature and builds up the emotional bond. This close and privileged contact will make it possible to observe when your baby is ready to nurse.

From birth, your baby will be placed near your breasts and will nurse as soon as he/she is ready to do so.

Some babies are ready to nurse in the first hour of life, others will not nurse at first and will need a little time before starting.

If your baby is to be admitted to the neonatal unit, rest assured that everything will be done so that you can breastfeed them despite this separation.

WHAT YOU NEED TO KNOW BEFORE GIVING BIRTH

THE COLOSTRUM

In the first few days, your baby feeds on the colostrum, which provides them with everything they need in terms of quantity and quality (vitamins, antibodies, proteins, etc.).

Let's not forget that, at birth, the capacity of the stomach does not exceed 10 ml (one tablespoon).

YOUR BABY'S RHYTHMS

In most cases, the baby is very awake in the first two hours after birth. Guide him/her to your breast if he/she tries to suckle (i.e.: if they put their fingers in their mouth, sticks out their tongue, make sucking noises, etc.), or if he/she has his/her eyes wide open.

Do not wait for your baby to cry.

Settle into a comfortable position and make sure your baby is in the correct position:

- They must be facing you to be able to nurse without turning their head.
- Their mouth is wide open, they stick out their tongue beyond the lower gum.
- They stretch a large part of the areola in their mouth.
- Their chin touches the breast, the nose is free.

For the first feeds, we advise you to call on one of the midwives to make sure that you and your baby are in the correct position.

It will be an opportunity to try other nursing positions, sitting or lying down.

Then it is up to you to find the ones that will suit you best (lying, classic sitting, cross-legged, baby astride, rugby ball position, etc.)

You can give them your breast on demand and not according to a fixed schedule.

From the 2nd and 3rd days, your baby will wake up and demand to be fed more often. The number of times you nurse is important at the beginning of your breastfeeding: **you should breastfeed 8 to 12 times per 24 hours.**

This frequency corresponds to the needs of your baby and this will help you to produce enough milk.

Also keep in mind that your baby will change a lot in the first weeks and that the rhythm of feeds will vary and then become more regular. Do not be surprised if your baby is more active, more awake at night or at certain times of the day. Indeed, the night-day rhythm is acquired spontaneously in the first months. Therefore, adapt your rhythm to that of your baby, take a nap as soon as you have the opportunity.

A peaceful climate is important, especially when you first start to breastfeed. Make sure that your calm and privacy are respected during feeding. Make the most of your stay at the maternity ward to rest as much as possible. Try to manage your visits as best you can, and do not hesitate to impose a schedule of visits if you are too tired.

In the beginning, it is not advisable to offer the pacifier (or dummy) to your baby because it can hamper the first attempts at breastfeeding, and decrease the number of feeds.

If the baby is crying and does not want to feed, cuddle him/her.

MY QUESTIONS:

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CUDDLING AND SKIN-TO-SKIN

SKIN-TO-SKIN

Skin-to-skin helps:

- regulate blood glucose (blood sugar), during the first hours of life,
- stimulate lactation,
- maintain temperature,
- the sleep-wake rhythm,
- the construction of the emotional bond.

Your baby will feel reassured and his/her weight loss will be reduced.

CUDDLING

Despite the external opinions that often associate the need for contact with whims, cuddling, on the contrary reinforces the autonomy of your child.

During the first few weeks, it is important that your baby is making use of your arms, where they can calm down and get to know you by being close to you (mum and dad).

BREAST ENGORGEMENT (Falsely referred to as 'lactation')

After hormonal changes, you will notice, after a few days, and in a transient way, an increase in the volume and a hardening of your breasts. These, as well as your nipples, may be more sensitive. This will result in a greater production of milk, adapting to the needs of the baby.

This period is often accompanied by the baby blues. Your baby may be more active, more awake and feed more often. The nature of the feeds will change. In fact, your baby first receives a small reserve that stimulates them to continue feeding. After a while, you will hear them swallowing greedily.

Too much engorgement should be reported and monitored by the healthcare team. We have several methods to relieve you. Remember that on-demand cuddling and breastfeeding are generally the best way of meeting the needs of the very young.

MANUALLY EXPRESSING BREAST MILK

This technique, which midwives will show you on the maternity ward from the first day, can be useful at any time, either to collect milk while waiting for the baby to be ready to nurse, or in anticipation of an absence, or to make it easy for the baby to latch onto the breast by making the areola less tense, or finally to relieve the breast in case of engorgement.

THE ADVANTAGES OF BREASTFEEDING

FOR YOU BABY

In addition to an economic and ecological advantage, breastfeeding promotes:

- optimal nutrition,
- reduction of infectious risk,
- reduction of allergies,
- reduced risk of contracting chronic diseases, childhood cancers, etc.
- decreased obesity.

FOR YOU

Breastfeeding, you its "user-friendliness":

- Generates a hormonal climate that promotes your deep sleep thanks to the release of oxytocin.
- Allows faster uterine involution (= the uterus regains its initial place faster) and therefore you will suffer less blood loss.
- Promotes the loss of pounds accumulated during pregnancy.
- Decreases the frequency of some breast cancers.
-

DO YOU WANT TO KNOW MORE?

BROCHURES

- Infor-Allaitement, Allaiter..., 2005, (distributed for free during breastfeeding visits and when you arrive on the maternity ward).
- Infor-Allaitement, Prévenir et guérir les douleurs aux mamelons, 1996, Infor-Allaitement, Comment tirer votre lait et le conserver, 1999, Infor-Allaitement, J'attends des jumeaux, j'ai envie de les allaiter, 2002,
- Infor-Allaitement, Vous souhaitez allaiter, vous allaitez déjà, 2000
- ONE - Kind en Gezin

WEBSITES

- <http://www.infor-allaitement.be>
- <http://www.allaitementmaternel.be>
- <http://www.one.be> ou <http://www.kindengezin.be>

Via these websites, you can order very interesting brochures.

YOUR RETURN HOME

My questions:

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While you will be looking forward to leaving the maternity ward, at the same time, you may be a little anxious, especially if it is your first baby.

As with most parents, you may be apprehensive about being alone with your baby at home. The first 24 hours can be a little more difficult as you and your baby have to adapt to your new life. It is therefore preferable to organise your return home (presence of your spouse or a third person, help with shopping and housework, etc.). Rest assured, you will quickly find your bearings, your new rhythm of life, and leave behind the schedule of the maternity ward.

If you are asking yourself "Do I have enough milk?", keep a close eye on your baby: if he/she is energetic, if he/she swallows regularly, if he/she wets his/her nappies (5 to 6 heavy nappies per 24 hrs) and has regular bowel movements (soft stools), you can be sure he/she is drinking enough! Assessing his/her weight will confirm that your baby is getting enough milk.

After a few days, you will be happy to be alone with your family, at home, ... If you have any questions, you need to be reassured, you can call out one of our midwives or a breastfeeding consultant to your home.

Requests for home care can be made through the midwives and nurses who care for you on the maternity ward.

We, the maternity caregivers, are often delighted and amazed to see how parents become specialists of their baby!

But we can't resist giving you a few (more!) tips...

Rest!

Live at the rhythm of your baby, take naps as soon as they sleep. It is very important to get enough sleep to "keep up", otherwise everything will seem more difficult.

Avoid receiving visits the first week, first take the time to take care of yourself.

Do not forget to eat!

A mum must have the diet of a high-level athlete!

Make your life easier: simple meals, prepared quickly will do the trick.

Wholemeal bread, vegetables, eggs, pasta, cheese, steak, fish, fillet of chicken, a little olive oil, rapeseed oil, fruit, ... and why not a little chocolate!

Treat yourself, and let others serve you!

If you are breastfeeding, remember to drink enough. Limit coffee, tea and other beverages that are stimulants.

Avoid alcoholic beverages and if you have any questions, contact your doctor.

Accept help

Organise the help around you, channel it so that it really suits you.

Be specific, dare to say what you want and need.

Your loved ones will be delighted to provide targeted help: a shopping list to follow, run an errand to the pharmacy, a meal prepared in advance ...

You will save precious time for you and your baby.

Your baby's meals and sleep

Continue feeding on demand.

Your baby will slowly but surely regulate his/her meals. If you are breastfeeding, continued nursing will help your baby during this transition period.

The first few weeks, they must eat at least 8 times per 24 hours and if they have soft and abundant stools several times in 24 hours (from 3 to 8 stools per 24 hrs), then that is a sure sign that they are well fed! With older babies, stools may be less frequent.

Quickly forget the idea that a new-born just sleeps and eats! Some of them are big sleepers, others very light sleepers... They also have other needs: to be carried, cradled, reassured by your arms, your voice, feel you close by, smell your odour.

Tell yourself that each child is different, and that the same solution is not suitable for all.

You will learn to recognise their needs.

If you have any concerns about your baby, questions concerning bathtime, feeding, their weight curve, rhythms, weaning, sleep, family, ... do not hesitate to ask information and help from the paediatrician, gynaecologist, maternity psychologists, home care midwives, breastfeeding consultant, various associations and organisations.

You may feel exhausted, overwhelmed at times but it is important that you do not allow this impression to continue and spoil this moment for you.

You have embarked on a real adventure and we hope that you will experience all the little and big joys of a fulfilling family life.

Pursuit of breastfeeding

The WHO recommends continued exclusive breastfeeding for six months.

YOUR RIGHTS:

The end of your maternity leave is fast approaching and there are already many questions looming on the horizon and fears about weaning.

The return to work does not automatically mean the end of breastfeeding! There are several ways to stay with your child:

- If you work in a high-risk environment*, you can benefit from a prophylactic breastfeeding leave paid by the mutual health insurance and ending the day before the 5th month of your child.
- You may be granted another traditional breastfeeding leave in agreement with your employer if you work in a sector where a collective agreement provides for such leave (although unpaid!)

* Federal Public Service for Employment and Labour:
rue Ernest Blérotstraat, 1 - 1070 Brussels

Phone: +32 (0)2 233 42 14 - www.employment.belgium.be

- If the parent(s) work in the private sector, they may benefit from a career break in the context of a parental leave, either full-time, part-time, or 1/5th leave according to the initial working time. It can be taken per child before they reach the age of 12.
- You can benefit from a career break under the time credit system; this system is not only intended for the education of children but is accessible to both parents, the forms are the same but the conditions are very different (See ONEM).
- You are also entitled to breastfeeding breaks, your employer cannot refuse them. You can claim this right for 9 months after the birth of your baby.

Currently, it is essential to notify your employer two months before resuming your job.

Ask for more information from your mutual health insurance and the Federal Public Service for Employment and Labour.

You are entitled to 30 minutes for 4 hours of work, and two times 30 minutes for a day of 7.30 at the most.

Your employer must allow you to breastfeed or to express your milk in a room provided for this purpose.

- Of course, you also have the option of taking unpaid breastfeeding leave if your employer agrees.

We hope that you will be very satisfied with the quality of the care and services provided during your stay with us. However, we would really like to know how satisfied you are in order to further improve our services.

We would be grateful if you could send us your suggestions using the questionnaire you received on arrival.

This can be deposited in the "Quality service" box in the unit.

With our warmest regards,
The Maternity team.

HOSPITAL GROUP CHIREC

Hospital sites - Brussels



DELTA

Boulevard du Triomphe, 201 - 1160 Brussels
☎: 02 434 81 11



ST-ANNE ST-REMI

Boulevard Jules Graindor, 66 - 1070 Brussels
☎: 02 434 31 11

One-day hospital sites - Brussels



BASILIQUE

Rue Pangaert, 37-47 - 1083 Brussels
☎: 02 434 21 11



EDITH CAVELL

Rue Général Lotz, 37 - 1180 Brussels
☎: 02 434 81 01

Medical Centres - Brussels



Medical Centre PARK LEOPOLD

Rue du Trône, 100 - 1050 Brussels
☎: 02 434 81 03



CityClinic CHIREC Louise

Avenue Louise, 235B - 1050 Brussels
☎: 02 434 20 00



Medical Centre EUROPE - LAMBERMONT

Rue des Pensées, 1 - 5 - 1030 Brussels
☎: 02 434 24 11

Hospital site and medical centre - Walloon brabant



BRAINE-L'ALLEUD - WATERLOO

Rue Wayez, 35 - 1420 Braine-l'Alleud
☎: 02 434 91 11



Medical Centre JEAN MONNET

Avenue Jean Monnet, 12 - 1400 Nivelles
☎: 02 434 79 11