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Sistema Socio Sanitario



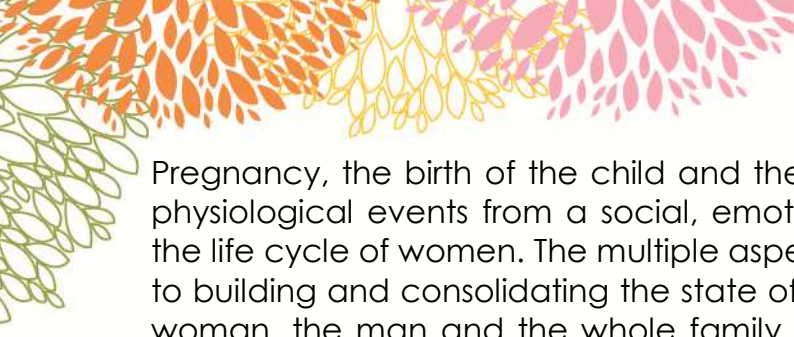
Regione  
Lombardia

ASST Mantova

# BIRTH ROUTE

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Pregnancy, the birth of the child and the period after birth are the most relevant physiological events from a social, emotional and biological point of view within the life cycle of women. The multiple aspects that arise from experience contribute to building and consolidating the state of psychophysical well-being, involving the woman, the man and the whole family. The following section describes the Birth Path started in the Mantova reality, that guarantees to the mother the assistance in pregnancy and after the birth, accompaniment and support in her living circle, through the support of the most suitable health facility. This organizational model provides for the taking charge, the integration of all services involved, the transparency of the care offer, the quality of communication between the operators himself and between operators and family, ensuring major attention to the safety for the entire period of pregnancy and after birth.


### **BIRTH IN MANTOVA**


The Local Health Authority of Mantova is equipped with three birth points able to cover the needs of the mother and child on the provincial area of Mantova, Asola and Pieve di Coriano. The integrated network of the three structures of Obstetrics and Gynecology and of Pediatrics ensures safety through two systems of protected transport of the pregnant woman pathological and at risk of the problematic newborn, carried out by a dedicated team of Obstetrics and Neonatal Intensive Care according to procedures certified by the corporate quality service.

### **THE NETWORK OF THE ASSISTANCE SERVICES**

#### **Family Counseling Center(Consultorio)**

In the provincial area there are fifteen Family Consultorio operating in six sites of the ASST of Mantova. They carry out a particular activity oriented in health promotion in relation to affectivity and sexuality, prevention of health sexually transmitted diseases as well as responsible procreation. Family Consultorio collaborates in screening cervical cancer through the execution of the pap test; offer listening, accompaniment and orientation to citizens in the selection of services. A multi-professional and multi-disciplinary team works in the consultorio and it's formed by obstetricians, gynecologists, health assistants, psychologists and social workers who guarantee pregnancy assistance with controls, visits, examinations, ultrasounds and courses of accompaniment at birth. After the childbirth, meetings aimed to the promotion and support of breastfeeding and other interventions with the aim of encouraging the establishment a positive relationship between parents and their child. The assistance Psychological offered during pregnancy can be a help to deal with the numerous changes observed in women, in the couple relationship and in social relationships, in particular preventing feelings of inadequacy, discomfort, states of anxiety and depression. The reference midwife takes care of the woman during the whole pregnancy and, in presence of any complications, defines together with the Gynecologist of the Consultorio a specialist consultancy path. All the performances foreseen by the national guidelines are for free. Pregnant women followed by Family Consultorio, in good percentage, come from foreign countries and when the woman does not speak italian language, to facilitate communication and understanding of her health and family situation there's the possibility of using telephone interpreting which, in real time, is able to interpreters and translate over 70 languages and





dialects. For more complex situations it is also possible to activate the linguistic-cultural mediator which, by appointment, will reach the family counseling center to assist the woman and the midwife during the advice in order to make communication clear and understandable.

### **The Hospital Pole**

In the three Birth Points of the ASST in Mantova, the hospitalization structures for Obstetrics are active. Gynecology and Pediatrics are able to guarantee assistance 24 hours a day with continuous presence of gynecologists, pediatricians, midwives, nurses, support staff and others professional figures adapted to the care needs for pregnancy and physiological childbirth, as for pregnancy and childbirth complicated by pathologies. These facilities are located within the Child Maternal Department and in constant connection with the local advisory services. The investigations and the medical or surgical therapies, both gynecological and obstetric, can be performed depending on the type of surgery, day hospital and hospitalization. The Obstetrics of Mantova, thanks to the presence of Neonatal Intensive Care, accept and manages the pathologies of pregnancy, organizing and if necessary, transfers from peripheral devices. Access to departments for obstetrics patients can take place either urgently, after consulting visit in First aid, both under planned hospitalization.

### **Emergency transfer of the mother and the newborn**

The birth points of Asola and Pieve di Coriano activate the transfer of the pregnant woman and the newborn in collaboration with the emergency department and with the receiving structure in the following cases: before the 35th week with threat of premature birth; in presence of maternal pathology relevant to the doctor's judgment; in the presence of pathology born by the fetus requiring birth at a birth point with Neonatal Intensive Care. In case where the birth of premature or critical newborn occurs in the birth points of Asola and Pieve di Coriano the Neonatal emergency transport service is activated (STEN) with the medical-nursing team of the Neonatal Intensive Care Facility for the transfer to the Hospital of Mantova, center of 2nd level.

### **Free professional activity**

Visits can be booked in the facilities of the Local Health Authority specialist gynecological and obstetricians in private practice by phoning the free number 800 724 505.


## **BEFORE PREGNANCY**

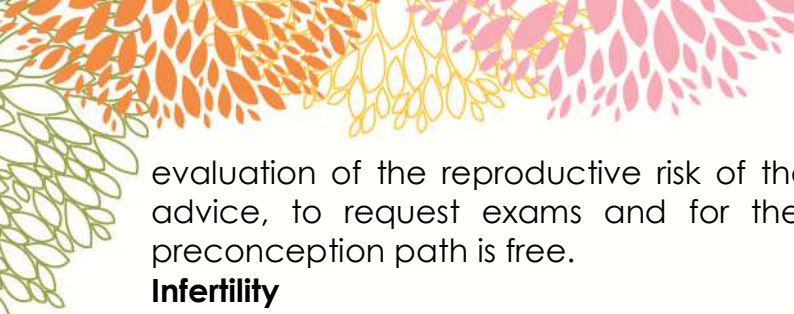
### **Responsible procreation**

By contraceptives we mean the set of methods and means that can be used for plan a pregnancy. Every couple has the right to have complete information, provided by experts, on contraceptives, their undesirable effects and their effectiveness. We can ask the general practitioner, the trusted gynecologist or directly at the family counseling center. Gynecological examinations and any required examinations are subject on ticket payment.

### **The preconceptional period**

Preconceptions period means the long path that leads to the birth of a baby begins before conception, with the monitoring the health of the mother and her partner. Today it is possible to prevent many situations that risk negatively affecting on fertility both female and male. So, even before looking for a pregnancy, it's very useful to plan a meeting with the professionals of the Consultorio for the





evaluation of the reproductive risk of the couple, to receive the preconception advice, to request exams and for the prescription of folic acid. The whole preconception path is free.

### **Infertility**

Medically Assisted Procreation is the set of diagnostic procedures and treatments aimed at restoring fertility, where the search for a spontaneous pregnancy has failed. The Medically Assisted Medical Procreation Center is a 3rd structure highly qualified level. The goal is to safeguard the reproductive function of the individual and of the couple. Outpatient activities in day surgery and laboratory are planned. Hits, consultations, clinical and instrumental examinations are aimed at the diagnostic research of the possible causes of infertility and the most advanced techniques and therapies are adopted in this field. For cases not strictly related to infertility problems, are foreseen adequate structure for the freezing of sperm cells, oocytes(ova) and embryos that can be resort when patients suffering from serious diseases. Finally, regardless of infertility problems, to those who request it's offered the examination of the seminal fluid. Access it takes place on CUP reservation, subject to a demanding medical examination.

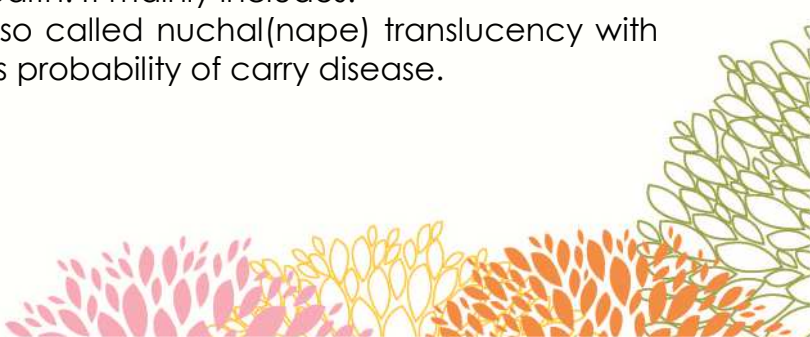
## **THE PREGNANCY**

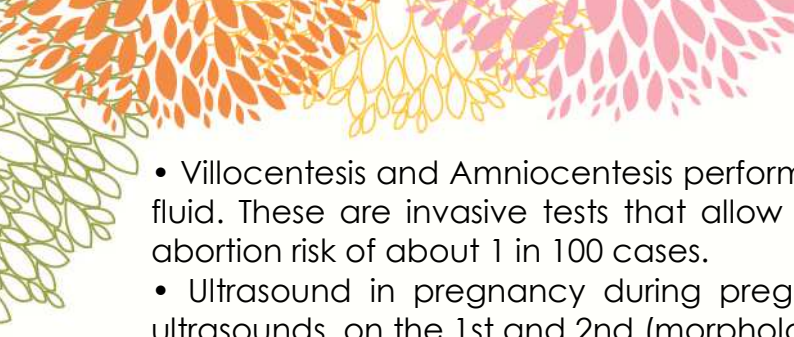
### **Exams and checks**

The woman's health is reflected by the state of pregnancy, so to live it in peace, it is advisable to carry out the checks and assessments foreseen. Obstetric consultations in Family Consultorio are provided by a qualified team who, in case of problems, offers the necessary assistance jointly with the specialists of the three birth points of the territory. Assistance in pregnant women includes: diagnostic investigations, periodicals checkups and prescription of exams to monitor and promote the well-being of the mother and her child, as well as health education and specific consultations. The woman will receive detailed information during individual interviews. The midwife will guarantees assistance throughout the pregnancy, up to admission for childbirth and even after discharge. At least five meetings and three ultrasound examinations(ECO screening) are scheduled, al 1st, 2nd and 3rd quarter. The ultrasounds of the 2nd quarter and in some cases those of the 3rd come carried out in one of the three hospitals by accredited specialists. The documentation of pregnancy assistance is summarized in the regional obstetric folder, which becomes a personal document that will accompany the mother throughout the entire period of pregnancy: in hospital for childbirth and in the consulting room during the puerperium. Access to the Consultorio is foreseen by appointment and the services are exempt from tickets.

### **Prenatal diagnosis**

Prenatal diagnosis means a set of instrumental and laboratory tests used to detect early changes in the chromosomes of the fetus, infectious diseases contracted in utero, malformations and anomalies of fetal development. Through this diagnosis is possible to follow the evolution during pregnancy, to schedule the birth and to organize specific neonatal controls. Prenatal diagnosis also has the purpose of informing on the unborn child state of health. It mainly includes:

- Screening test for Down syndrome, also called nuchal(nape) translucency with bitest which intend to calculate the fetus probability of carry disease.
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- Villocentesis and Amniocentesis performed by the chorionic villus or del amniotic fluid. These are invasive tests that allow a certain diagnosis, but they involve an abortion risk of about 1 in 100 cases.

- Ultrasound in pregnancy during pregnancy are provided for three standard ultrasounds, on the 1st and 2nd (morphological ultrasound) and 3rd quarter.

The 2nd level ultrasound is instead performed on specific medical indication in women at particular risk or in case of fetal abnormalities. The ultrasound of the 1st and in some cases of the 3rd trimester are carried out in the advisory room, while all other investigations are performed in the hospital. Standard ultrasounds and research ultrasounds in the cases provided by ministerial protocol are exempt from ticket, while those that are not indicated in the ministerial protocol and the screening test for Down syndrome a ticket payment is required.

### **Pregnancy at risk**

Pregnancy is a natural occurrence, but in some cases due to pre-existing health problems or started in pregnancy, the well-being of the mother or the unborn could be compromised; therefore, controls other than the usual and assistance are necessary specific. Pregnancy, childbirth and the puerperium represent a physiological event, therefore in this case the Family Counseling Service provides appropriate assistance before and after birth; specifically on cases of risk for the woman or the child, are guaranteed additional assistance provided by the Pregnancy Pathology Clinic, present in the three hospitals of the province and other specialized hospital outpatient clinics. In this scenario, while the Consultorio remains the referential assistance for the woman, they will be programmed visits and checkups at the Pregnancy Pathology outpatient clinics. The gynecologist of the Consultorio and the hospital specialist, constantly in relationship between, will guarantee the necessary and appropriate continuity of care.

### **Management of maternal-fetal pathology**

- Fetal pathology

In case of diagnosis fetal pathology or related growth deficit fetal, diagnostic completion is carried out in the ASST multidisciplinary clinics of Mantova that involves various specialist figures related to pathology fetal highlighted (neuroradiologist, pediatric surgeon, cardiac surgeon, geneticist) with advice on prognosis and pre-postnatal therapy. In particular all consultancies for congenital pathology are performed with the medical geneticist to evaluate the genetic risk linked to every specific malformation. Furthermore the place is established in a team mode at the time of childbirth.


- Maternal pathology


In the case of maternal pathology occurring or prior to pregnancy are made regular checks based on the application of management protocols multidisciplinary courses recommended by national and international guidelines.

### **The protection of the working mother**

- Mandatory abstention and optional abstention

Maternity leave is the period of compulsory abstention from work during pregnancy and the puerperium and lasts five months: two months before the presumed date of childbirth and the following three. However, in the absence of contraindications, one can ask to work up to a month before the date of childbirth and extend the period of absence from the work up to four months after childbirth (flexibility). Maternity leave is up to all employees with an employment relationship in progress at the start date of the leave. Mandatory abstention from work can be





followed by parental leave to be used within the 8th year of the child's life. The leave can be continuous or split up shared between mother and father.

- Advance abstention

In most cases, pregnancy is not an impediment to prosecution work but for dangerous, tiring and unhealthy activities, the health of the pregnant woman is protected. In fact, if the occupation involves a work risk and one is not possible shift to other tasks, anticipated abstention is envisaged, even for serious cases complications or pre-existing diseases that may worsen the pregnancy duration (pregnancy at risk). In this situation the worker women can presents the pregnancy certificate at risk, drawn up by a gynecologist specialist, at the ASST in Mantova who will issue a provision that allows the immediate abstention until the 3rd month completed of life of the child.

### **Accompanying courses at birth**

In the Family Consultors and in the three business birth points, they are carried out on a regular basis periodic, cycles of meetings to sustain birth and support to the postpartum / breastfeeding. These group activities, aimed at future parents, represent an important opportunity for health promotion because their goal is to increase the knowledge and skills of parents, but also to reduce isolation social and loneliness in this period of life. The meetings, indicatively, have beginning of the seventh month of pregnancy and are, in part, subject to payment of the ticket. The registrations are collected in the Family Consultors and in the company birth points. There are courses participation requires doctor's commitment and ticket payment.

## **THE PART AND THE BIRTH**

### **When to go to the hospital**

The day of childbirth will be one of the most important in life: prepare with care and attention that moment is a gesture of love towards the child. It's important to prepare for time and know what to do. It is advisable to reach the hospital when the contractions begin painful or if the water breaks or blood leaks occur or in any other moment considered necessary. Once arrived in the emergency room, the mother will come entrusted to the midwives who will receive her and ask for the necessary documents: card health, tax code, examinations and ultrasounds of pregnancy and the obstetric record that summarizes the route taken. At this point, in the presence of the gynecologist, they will make a midwifery visit, monitoring the baby's beat and at the same time the contractions and any other possible examinations in the judgment of the specialist. Depending on the stage of labor (prodromal, initial or advanced labor) the woman will be sent back to home, admitted to Obstetrics or sent directly to the Delivery room. In all these cases the presence of a trusted person is always admitted.

### **What to bring to the hospital**

It is advisable to prepare the necessary items for hospitalization near the hospital pregnancy term:

- All tests performed during pregnancy and the obstetric record
- Identity document and health card
- Personal effects for mother and child
- Full of fuel in the car - basket or seat with belts approved for the discharge

For the mother:

- Comfortable underwear for labor and breastfeeding
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- Socks
- Bra suitable for breastfeeding and comfortable briefs that allow the use of absorbents
- Post partum absorbents
- Personal hygiene products
- Any drugs taken at home
- Slippers, possibly with non-slip rubber sole
- Towels of various sizes and use
- Favorite music CDs

For the newborn:

- Four to six changes of clothing adapted to the current season
- Small cotton towels
- Bibs
- Bonnet and socks

It is suggest to prepare an envelope, with surname and mother's name, containing one complete change to be delivered to the operators at the time of delivery.

### **Labor and childbirth**

Pain during labor and delivery can be a obstacle to overcome, a passage that absorbs a lot of energy, limiting the possibility of a more active and serene participation at the birth of the child. To control it you can occur to various approaches, natural or pharmacological. Staff measures are concurrent with the same objective that offer: accepting situations and continuous emotional support; obstetric management respectful, protective of the times and individual rhythms with the support of the partner or a familiar; movement and free postures during labor and delivery.

### **Methods of natural analgesia**

- Free positions

Always trying to promote the naturalness of childbirth, during labor they will be able to use the most pleasant and spontaneous positions in a protected, quiet and intimate environment. Two types of stool, in addition to the bed and the armchair, will allow you to freely arrange at the best your body.

- Hydrotherapy

During labor and delivery, immersion in hot water can be very useful, a good pain-relieving action that relaxes the whole musculature, including the perineum, favoring the time of labor, with positive effects on the newborn. This type of childbirth is possible only when the conditions of mother and child allow it and the doctor and the midwife evaluate its feasibility. It is not contraindicated in the case of positive and not-positive buffers.

- Music Therapy

If you like it, you can buy music CDs to spend your time peacefully: the music you are bound to,

to listen to in labor, will help to create a more environment family and relaxing.

- Aromatherapy

It is practiced at the Asola hospital. It is a holistic discipline that uses essential oils for the achievement of well-being and must be personalized. It can be applied directly through a massage (direct contact with the patient) or with nebulization. There are different types of oils used during the different stages of labor.



### **Pain control in labor**

Peridural analgesia is currently the most effective pharmacological technique for control the pain in labor. It is performed by an experienced anesthesiologist, following one sufficiently rapid and painless procedure. At lumbar region level, a thin plastic catheter is introduced through a needle thanks to which the analgesic solution is administered. The catheter is fixed with a bandage behind the back to allow the woman to move freely. There injected solution blocks only the painful nerve fibers, sparing the motor fibers: yes it is also able to get up and move, to push during the expulsive phase and if desired to give birth in alternative positions. Childbirth therefore takes place with full participation and collaboration, in an absolutely natural way. The possibility of giving birth without pain it is offered free to all women who request it, after an anesthesiology visit and signature of informed consent after the 36th week of pregnancy. At the hospital of Mantova, within the prepared courses, a meeting is held with the anesthetist who will explain the technique, the indications and the possible complications of epidural analgesia. After the 36th week of gestation, the visit for anesthesia can be booked at the CUP without any obligation. The morning of the visit will be performed blood tests and the electrocardiogram necessary for the procedure. The visit will follow anesthesiology that does not involve payment of any ticket and does not force the woman to undergo analgesia during labor. It will be decided during labor itself if use or not of the technique. In Pieve di Coriano the process is similar: here the anesthetist meets the pregnant women on fixed days of the month and the visits are booked by the CUP. Also in Asola for information on the epidural in labor and delivery anesthesia days are fixed and the CUP needs to be contacted.

### **Operative delivery and caesarean section**


In the case where is necessary a quicker delivery of the birth (operative birth with suction cup) or caesarean section, the woman will first be adequately informed. Caesarean section is generally performed under spinal anesthesia, except for contraindications medical or emergency situations. In case of latex allergy the ASST of Mantova, in all its principals, offers the possibility to give birth spontaneously or to be subjected to cutting caesarean in safety with pre-set latex-safe routes.

### **Donate cord blood**

At the end of childbirth, after the child's umbilical cord has been severed, in the vessels cordonals remains a little bloody considered as waste product. This blood is instead rich in stem cells and can be used for transplanting patients with leukemia or other serious blood diseases. So far as collected, the bank of the cord blood conserves it for years, remaining available to people who need transplantation. You can ask to voluntarily and freely donate the cord blood. It is a free choice, personal and voluntary, which does not involve risks for the woman or for the child.

- Mothers from foreign countries

The sick population from foreign countries and who need a transplant do not currently finds a compatible donation; in fact, the genetic characteristics for the compatibility are different in every population and in almost all countries of origin do not exist conservation banks. This is why foreign mothers donate is so important. To donate cord blood is necessary to undergo free blood tests before delivery and six months later, to rule out the presence of diseases that may be transmitted to the receiving patient.





### **Spontaneous birth in the case of a previous caesarean section**

Eighty percent of pre-manufactured women can cope with spontaneous delivery. It is known that childbirth spontaneous is always to be preferred because the repeated caesarean section involves a greater one probability of complications for the mother and the baby. The possibility of rupture of the uterus during labor in the precesarized labor, which can also occur in the last months of pregnancy, is extremely rare. To minimize this occurrence, during pregnancy, important information is collected regarding both previous births, carried out by caesarean section, both elements of current pregnancy. This technical information is evaluated, interpreted and discussed with the woman. A further final evaluation is then carried out in the hospital where the woman pre-terminated is however subject to precautionary preoperative tests.

### **Breech presentation of the fetus and spontaneous birth**

In the breech presentation the fetus is positioned inside the uterus with the head up. The spontaneous delivery with a breech fetus is more complex, so cutting is preferred caesarean which, however, involves specific risks for the mother and the child with respect to the vaginal birth. To avoid the use of cesarean, two methods are offered, moxibustion and the turning of the fetus: at least in about half of the cases manage to position in normal situation (upside down). If these maneuvers were not successful, Caesarean section is programmed.

### **Request for caesarean section without medical indication**

The fear of childbirth, the fear of not receiving quality care, a presumed major safety for the newborn are the most frequent motivations for which the woman asks to give birth by caesarean section. Instead spontaneous birth is always be preferred because it causes less problems for both the mother and the child. When the woman asks to give birth by caesarean section without medical indication, during pregnancy they come discussed and shared the motivations of the request with the operators. In case of persistent disagreement between the woman, the doctor and the midwife, a psychological support is requested and a second medical opinion.

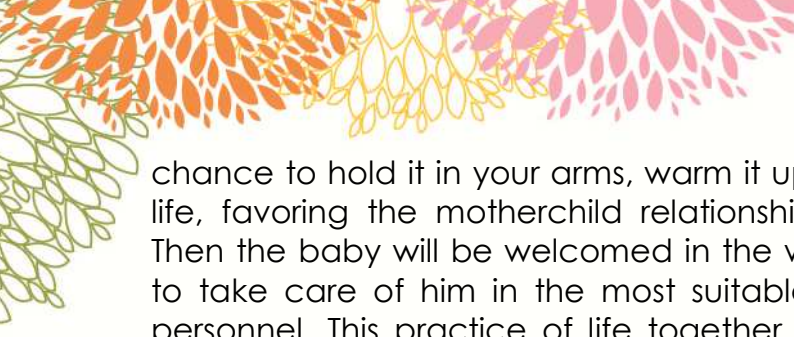
### **Delivery in anonymity**

When a woman in the pregnancy assesses not to be in the conditions for play the role of mother with the unborn child she can decide to complete the pregnancy, but not to proceed with the recognition of the child that will be adopted, later, from a suitable couple to welcome the child, through a supervision of the Tribunal for minors. The right of the woman not to recognize the child is established by the Art. 30 of Law 396 of 2000. After birth, the mother has ten days to decide whether to recognize the child. The mother who does not recognize the child has the same rights as the others women, at all stages of pregnancy until childbirth; moreover it will be assisted and informed so that the choice is aware. If you want to remain anonymous in your declaration of birth will be done by the doctor or midwife who attended the birth: your name will forever be classified. The unrecognized child of course maintains the rights fundamental: right to name, Italian citizenship and education.

## **HE'S BORN! SHE'S BORN!**

### **The newborn near the mother**

In all the birth points of the ASST in Mantova it is possible to have your child in you delivery room, as far as the situation is fine and is born at term. It will be offered the



chance to hold it in your arms, warm it up and nourish it from the first moments of life, favoring the motherchild relationship and the beginning of breastfeeding. Then the baby will be welcomed in the ward next to the mom, who will continue to take care of him in the most suitable times and ways, with the help of the personnel. This practice of life together is called rooming-in, it allows reciprocal knowledge and facilitates the mother to understand the needs of their child.


In the early hours of life the maternal nourishment is represented by the colostrum, which is the best possible for the newborn because it is highly energetic, specially during a period when he is not able to receive the most mature milk, which will start to occur after the first week of life. Find placement in rooming-in is also a full-term for newborn in good clinical condition that it requires diagnostic classification, but does not require close health care.

### **Breastfeeding**

Breast milk is the best food, able to favor a special relationship between mother and her child, she is feeding, care and transmission of love. Mother's milk contains all the substances necessary for the growth of the baby in the first 6 months of life. It is also practical: always ready and clean, well digestible and has no costs. It is a living liquid, because it will modificate over time adapting to the child's characteristics: its composition varies during feeding, throughout the day and as the baby grows. The milk protects against infections, especially in the first year of life. Breastfeeding is good for you too: for example the contraction of the uterus and to reduce the loss of blood after delivery. Many other benefits for the child's health, even years later, are been highlighted by scientific research. For the newborn who is not in very good health and in particular for the premature baby is tended to promote breastfeeding, allowing the mothers and fathers to stay close to their child, to touch him, to welcome him in womb as soon as the health conditions permit it. This practice, called marsupiotherapy, it helps the growth of the newborn as long as it will be able to suck directly at the breast. In the temporarily event that the newborn can not be attached to the breast, the milk will eventually be collected and stored in Neonatology in Mantova or as an alternative to domicile. However, the ASST of Mantova does not have a milk bank.

### **The exams of the newborn**

The story of each newborn begins with pregnancy. The task of the neonatologist has the role to evaluate how child was in the belly, through the tests performed on the blood of the mother and ultrasound to rule out infections, malformations and fetal growth abnormalities. By analyzing these exams it is possible to identify a personalized assistance for all newborns, it anyway still be subjected during the stay in screening metabolic, bilirubinemia monitoring, otoemissions to exclude deafness congenital, red reflex for retinal diseases. Metabolic screening, mandatory in Italy on ministerial indication are carried out at the 49th hour of life through the collection of blood on a card that will then be send to the regional reference center to exclude hypothyroidism, phenylketonuria, mucoviscidosis and adrenogenital syndrome Congenital. Bilirubin monitoring is done with a simple device leaning on the baby's skin. This substance increases in all newborns in the first days of life to go down then after the first week. If the values were too much elevated, phototherapy lamps will be used.



### **The declaration of birth**

The issue of the declaration of birth is governed by Presidential Decree 396 of 3/11/2000 "New Order of Civil Status". The law provides two paths:

- The declaration of birth can be made in the City Hall of the territory where the childbirth takes place (Mantova, Asola and Pieve di Coriano), within ten days from the birth of the child or in the City Hall of residence of the mother, always in the same temporal terms.
- The declaration can be made directly in the Hospitals of Mantova, Asola and Pieve of Coriano within 3 days of birth. For the Hospitals of Asola and Pieve di Coriano it is necessary contact the secretariat of the Presidio Medical Department, with the same type of documentation. For the Mantova hospital, contact the Acceptance Office Administrative and Spedality in the presence of staff, always with the attestation of occurred birth signed by the doctor or midwife who attended the birth and with the identification documents of both parents. The procedure differs depending if the couple is legally married or not: in the first case the declaration of birth it is only signed by the father, in the second case the signatures of both parents are necessary.

Valid identification documents are:

- For Italian citizens the identity card, the driving license and the passport.
- For foreign citizens, a passport, a residence permit or an identity card Italian if residing in Italy.


### **Be born before the deadline or with health problems**

The premature baby

Premature birth is a complication of pregnancy. It's called premature every born between the 22nd and the 37th week of gestation. In this context, newborns are distinguished slightly premature between 34 and 37 weeks of gestation, premature babies between 29 and 34 weeks and severe premature babies below 28 weeks and weighing less than 1,000 g. Mild prematurity or minor pathologies can be accepted in rooming-in in one of the three birth points of the Mantova ASST. For its importance and if clinical conditions allow it, every newborn or premature can stay with the mother and receive the milk. The most serious prematurity is accepted in the Neonatal Intensive Care Unit in Mantova, preferring, where is possible, the mother transport before the birth or, alternatively, the transport of the baby in ambulance with dedicated personnel. At the Hospital of Mantova an Intermediate therapy is also available in case the newborns who have reached are assisted greater stability. In this area more attention is paid to education aspect, allowing the family a more secure and peaceful discharge.

### **Rare diseases**

The Local Health Authority of Mantova is a reference center for fourteen rare diseases. Being a center of reference for a rare disease means to possess experience in diagnostic and therapeutic activities, in addition to the facilities of support. The center of reference issues the certification of diagnosis for rare pathology, produced by the specialist in charge of the child, useful for obtaining the certificate of unlimited validity exemption issued by the ASST of residence. The pathologies of interest Pediatric follow-up are: some rare disorders of metabolism and carbohydrate transport (glycogenosis), Turner Syndrome (Pediatrics of the Mantova Hospital), some types of hereditary anemias and hereditary disorders of coagulation (Immunotransfusion Service e Pediatria di Mantova) and progressive myoclonic epilepsy, essential myoclonus Hereditary, West Syndrome and Lennox



Gastaut Syndrome (Infantile Neuropsychiatry). On the site of the Coordination Center of the Regional Network ([malattierare.marionegri.it](http://malattierare.marionegri.it)), headed by the Mario Negri Institute of Ranica (BG), are available in detail and with constant updating all the pathologies followed, the relative sites, the specialists of reference, the contacts, the pathways activated at regional level, in addition to the protocol for taking in load and to the reference documentation.

## **FINALLY HOME**

### **Postpartum assistance**

The first few weeks after giving birth are characterized by profound changes not only physical and psychological for the woman, but which also concern the relationship within the couple. To live better this delicate period, called puerperium, you can contact the Family Consultorio, where a multidisciplinary team will provide all relevant information, in particular about early infant care (for example navel dressing and breastfeeding) and will schedule controls for the mother and the infant in the clinic or at home according to their need. The service is free of tickets.

### **The choice of pediatrician**

Health care is guaranteed to all citizens (Italians and foreigners entitled) through a network of services (medical and pediatric, pharmaceutical and specialist assistance) outpatient, hospital, home care and consultancy) by registering with the Service Regional Health, which is mandatory for the newborn and involves the pediatrician's choice.

